

Role Of Anger As A Mental General In Selection Of The Homoeopathic Similimum – A Prospective Observational Study

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Abstract

Background:In homoeopathy the centre stage of the prescription is given to the mental and emotional symptoms in the management of chronic diseases. Anger is one of the emotional factors, which is believed to be a major mental general and etiological factor in the progression of diseases and choice of remedies. While there are a number of remedies described in the classical homoeopathic literature which relate to anger, there are few systematic clinical trials that examine the importance of anger in the selection of the homoeopathy similimum. **Aim:**To identify the importance of anger as mental general in picking of homoeopathic similimum and its effect on therapeutic effects. **Methods:**This study was prospective observational study, which was conducted in the Outpatient Department of Government Homoeopathic Medical College and Hospital, Madurai. One hundred and twenty (120) participants with either acute or chronic problems were entered into the study who had prominent emotional problems of anger. A detailed homoeopathic case-taking was done, focusing on the rubrics of mental generals, emotional etiologies and anger related rubrics. The Clinical Anger Scale (CAS) was used to measure anger severity at Baseline and follow-up. Individualized homoeopathic prescription was chosen based on the classical homoeopathy and repertorial analysis. **Results:**In the mental generals for remedy, angry mental generals played a very important role in the differentiation and totality formation. There were typical constitutional remedies linked to different qualitative patterns of anger including violent anger, suppressed indignation, irritability and brooding resentment. Anger dominant totality patients who were followed-up had reduced CAS scores and physical and emotional symptom improvement. **Conclusion:**Homeo Anger is a mental general which should be systematically assessed during the process of selecting Similimum and may have a positive impact on the therapeutic results. Emotional etiologies and qualitative anger patterns are very useful individualizing characteristics for constitutional prescribing.

Keywords:Anger, Mental General, Homoeopathy, Similimum, Emotional Etiology, Constitutional Remedy, Clinical Anger Scale, Psychosomatic Medicine

Introduction:

The way in which disease is thought has changed from a purely structural and pathological approach, to a more biopsychosocial approach that takes into account emotional and psychological factors that influence health. Recent advances in modern medicine have demonstrated that emotions are more and more recognized as having a profound impact on the neuroendocrine, autonomic, immune and behavioral responses that underlie susceptibility to disease and treatment effects. Anger, in particular, among these emotional determinants plays a very important role, due to its various physiological and psychological effects.

Anger triggers the amygdala, hypothalamus and sympathetic nervous system and causes an increase in levels of catecholamines, cortisol, vasoconstriction, inflammatory mediators and a decrease in the regulation of the autonomic nervous system. Chronic activation of these pathways is responsible for cardiovascular diseases, digestive disorders, metabolism disorders and imbalances in the immune system. Thus anger has emerged as more than just a subjective emotional state; it has been identified as a biological agent that can contribute to pathology.

Throughout the history of medicine, the role of the emotions in disease causation has been recognised. Emotional states were regarded as important etiological factors in systemic illnesses in traditional medicine systems like ayurveda and

traditional Chinese medicine, and in the Hippocratic medicine, temperament and emotional imbalance were considered related with humoral disturbances. Psychosomatic, behavioural medicine further shows emotional stresses associated with chronic disease in the modern medicine.

The importance of the mental and emotional symptoms has always been highlighted in Homoeopathy in analysing the case and selecting the remedy. Samuel Hahnemann in the Organon of Medicine, identified emotional disturbances like anger, grief, fright and indignation as important causative factors that can disrupt the vital force. Homeopathy believes that all diseases are caused by a dynamic disturbance at the mental and emotional level, that is, first the disease manifests in the mind and then in the body.

In homoeopathy, mental generals are the highest-ranking symptom in symptom hierarchy since it is the best approximation to the individuality of the patient. Emotional manifestations like violent anger, suppressed indignation, irritability to contradiction and silent brooding are considered to be very descriptive features which can be used in the selection of remedy. Repertories and Materia Medica have a wealth of information on anger related remedy profiles, showing the importance of anger in constitutional prescribing. Though there is abundant theoretical discussion on anger in classical homoeopathic texts, systematic clinical research on the use of anger in finding the similimum and on the outcome of treatment, is still sparse. In the light of this, the present study was taken up to systematically explore the importance of anger as a mental general in homoeopathy.

Materials and Methods:

Study Design

The present study was conducted as a prospective observational study to evaluate the role of anger as a mental general in the selection of the homoeopathic similimum and its influence on therapeutic outcomes. Patients presenting with anger-related emotional disturbances were observed over a defined period and managed according to classical homoeopathic principles without any experimental manipulation or randomization. The study focused on systematically documenting the natural clinical course of patients undergoing individualized homoeopathic treatment in a routine outpatient setting.

Study Setting:

The study was carried out at the Outpatient Department of Government Homoeopathic Medical College and Hospital, Madurai. The institutional clinical setting provided access to a heterogeneous patient population belonging to different socioeconomic and demographic backgrounds. All case recording, prescription procedures, follow-up consultations, and data collection activities were conducted within the institutional facilities.

Study Population and Sample Size:

The study population consisted of patients attending the outpatient department with acute or chronic complaints associated with prominent anger-related emotional symptoms. Particular attention was given to patients exhibiting characteristic manifestations such as irritability, violent anger, suppressed indignation, anger from contradiction, silent brooding, and emotionally triggered somatic complaints. A total of 120 eligible participants fulfilling the inclusion criteria were enrolled during the study period.

Inclusion and Exclusion Criteria:

Individuals of either sex and all age groups presenting with prominent anger-related emotional symptoms were included in the study. Participants willing to provide informed consent and comply with regular follow-up consultations were considered eligible for inclusion. Patients requiring emergency medical or surgical intervention, individuals suffering from severe psychiatric disorders requiring specialized psychiatric care, patients unable to provide adequate case history, and those who failed to attend follow-up visits regularly were excluded from the study.

Case Taking and Data Collection:

A detailed homoeopathic case-taking was conducted for all participants according to classical homoeopathic principles. Special emphasis was placed on mental generals, emotional etiologies, constitutional tendencies, physical generals, characteristic particulars, and miasmatic background. Detailed evaluation of anger patterns was carried out to identify the qualitative nature, intensity, modalities, and associated manifestations of anger. Various forms of anger including violent anger, suppressed indignation, irritability from contradiction, brooding resentment, sudden explosive anger, silent anger, and anger associated with physical complaints were carefully documented. Clinical details were systematically recorded using a structured case proforma.

Clinical Anger Scale Assessment:

The severity of anger was assessed using the Clinical Anger Scale (CAS) at baseline and during follow-up visits. The scale was used as an objective psychological assessment tool to evaluate changes in anger intensity following individualized homoeopathic treatment.

Repertorial Analysis and Remedy Selection:

Repertorial analysis was performed using characteristic mental generals, anger-related rubrics, physical generals, and peculiar symptoms obtained during case-taking. Anger-related rubrics played a significant role in totality formation and remedy differentiation. The final remedy selection was confirmed through detailed *Materia Medica* comparison and individualized according to the constitutional profile of the patient.

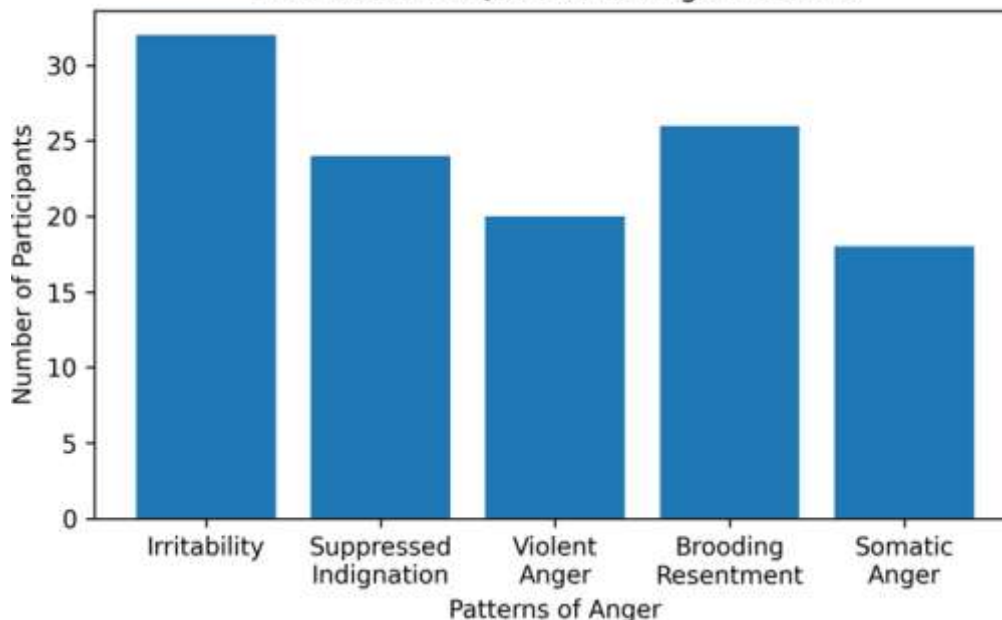
Intervention and Follow-Up:

Individualized homoeopathic remedies were prescribed according to the law of similars and classical homoeopathic prescribing principles. Potency selection and repetition were individualized based on susceptibility, intensity of symptoms, chronicity of disease, and constitutional assessment. Participants were followed prospectively throughout the study period to assess changes in emotional wellbeing, severity of anger, physical complaints, and overall clinical improvement. Follow-up assessments included reassessment of Clinical Anger Scale scores and evaluation of general health status.

Statistical Analysis:

The collected data were compiled and analyzed using appropriate descriptive and inferential statistical methods. Statistical evaluation was performed to determine the relationship between anger patterns, repertorial analysis, remedy selection, reduction in Clinical Anger Scale scores, and overall therapeutic outcomes..

Figure1:Distribution of Qualitative Anger Patterns
Distribution of Qualitative Anger Patterns



Results and Discussion:

Demographic Characteristics

The study population consisted of 120 participants selected from the outpatient department of Government Homoeopathic Medical College and Hospital, Madurai. Both male and female participants representing various age groups and socioeconomic backgrounds were included in the investigation. Most participants presented with chronic complaints associated with significant emotional disturbances related to anger.

Qualitative Patterns of Anger

Detailed case analysis revealed multiple qualitative expressions of anger among the participants. The most frequently observed patterns included irritability from contradiction, suppressed indignation, violent explosive anger, silent brooding resentment, and anger associated with somatic complaints. Certain patients demonstrated acute impulsive anger with aggressive expression, whereas others exhibited prolonged emotional suppression accompanied by internal distress and physical manifestations. The qualitative nature, modality, intensity, and associated symptoms of anger varied considerably among individuals and contributed significantly to constitutional differentiation.

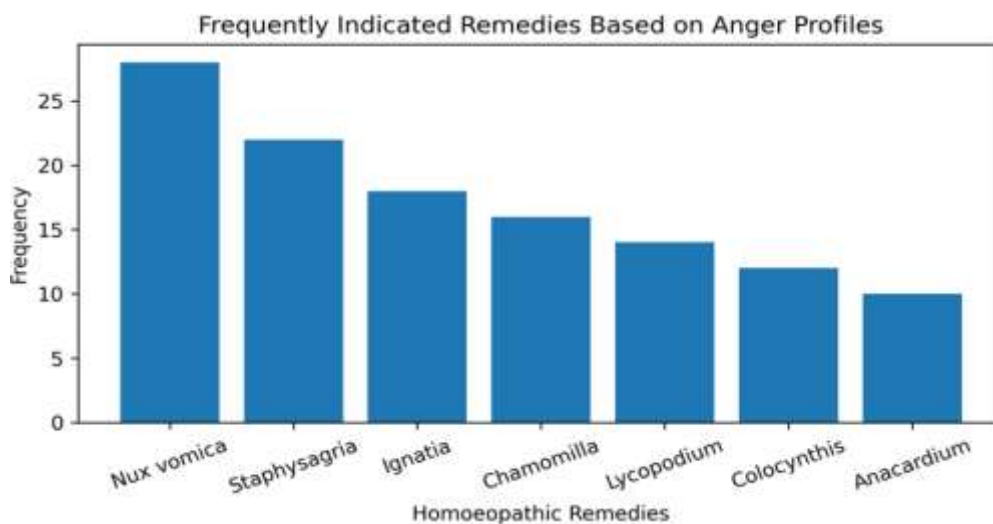
Role of Anger in Repertorial Analysis

Anger-related mental generals occupied a prominent position during repertorial analysis and totality formation. In a considerable number of cases, emotional characteristics related to anger were more decisive in remedy selection than

pathological diagnosis or local physical symptoms. Rubrics such as anger from contradiction, ailments from anger, suppressed indignation, irritability, and brooding resentment were frequently utilized during repertorization. The inclusion of these rubrics enabled more accurate differentiation between remedies with otherwise similar physical symptomatology.

Remedy Differentiation Based on Anger Patterns

Distinct anger patterns demonstrated close correspondence with characteristic constitutional remedies described in classical *Materia Medica*. Violent anger associated with impatience, irritability, and intolerance to contradiction commonly indicated remedies such as *Nux vomica* and *Chamomilla*. Cases characterized by suppressed indignation, emotional sensitivity, and internalized resentment frequently corresponded to *Staphysagria*. Patients exhibiting silent brooding after emotional insult and grief-related emotional suppression often required *Ignatia*. Contradiction-induced anger with dominance and irritability showed affinity toward *Lycopodium* and *Nux vomica*, whereas anger accompanied by gastrointestinal complaints frequently indicated *Colocynthis* and *Nux vomica*. Destructive or impulsive anger associated with emotional conflict demonstrated correspondence with *Anacardium*.



Clinical Anger Scale Outcomes

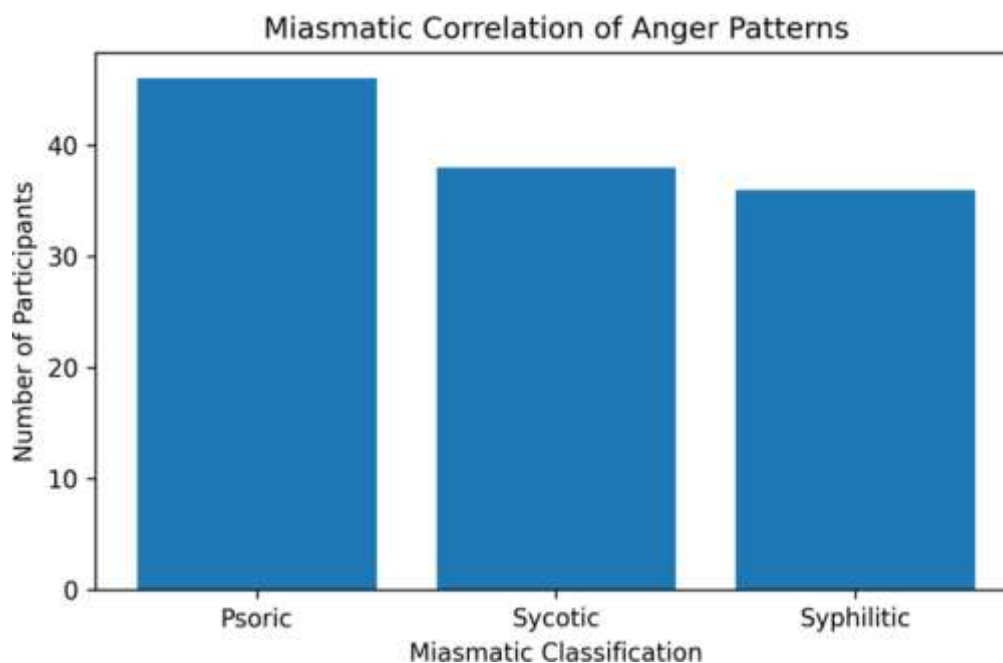
Assessment using the Clinical Anger Scale revealed a reduction in anger severity among the majority of participants during follow-up evaluations. Patients receiving individualized homeopathic prescriptions based predominantly on anger-related mental generals demonstrated gradual emotional stabilization and improved anger regulation. Improvement was observed both in the frequency and intensity of anger episodes, suggesting a favorable therapeutic response following individualized treatment.

Improvement in Physical Complaints

Reduction in anger severity was frequently accompanied by improvement in associated physical complaints. Many participants reported relief in symptoms such as headache, gastrointestinal disturbances, sleep disorders, functional digestive complaints, palpitations, and stress-related somatic manifestations. Improvement in emotional wellbeing often preceded noticeable physical recovery, consistent with classical homeopathic observations regarding the direction of cure.

Miasmatic Correlation of Anger Patterns

Distinct qualitative expressions of anger demonstrated observable miasmatic tendencies. Psoric manifestations were commonly characterized by irritability, hypersensitivity, impatience, and emotional reactivity. Sycotic tendencies were frequently associated with suppressed resentment, passive aggression, and prolonged brooding. Syphilitic expressions of anger demonstrated violent, destructive, impulsive, or self-directed tendencies. Miasmatic interpretation contributed to deeper constitutional understanding and assisted in refining remedy differentiation during chronic prescribing.



Discussion

The findings of the present study support the classical homoeopathic principle that mental and emotional symptoms occupy the highest position in symptom hierarchy during remedy selection. Anger was observed not merely as a transient emotional response but as a highly individualized constitutional expression reflecting dynamic disturbance of the vital force. The qualitative variations in anger patterns provided characteristic individualizing features that significantly contributed to similimum selection.

The study demonstrated that emotional manifestations such as irritability from contradiction, violent outbursts, suppressed indignation, and silent brooding frequently became decisive symptoms during totality formation. In numerous cases, these mental generals outweighed pathological diagnosis and local physical symptoms in guiding remedy differentiation. These findings correspond with Hahnemannian principles emphasizing the importance of emotional and mental states in chronic disease management.

The present observations also align with modern psychosomatic and psychoneuroimmunological research demonstrating the influence of chronic anger on systemic physiological processes. Emotional disturbances associated with anger have been shown to influence autonomic regulation, endocrine balance, inflammatory pathways, and immune responses. Participants presenting with chronic anger-related emotional disturbances frequently exhibited associated somatic complaints such as headache, gastrointestinal dysfunction, sleep disturbances, palpitations, and stress-related symptoms. Improvement in emotional wellbeing following individualized homoeopathic treatment was often accompanied by parallel improvement in physical complaints, indicating the close interrelationship between emotional and somatic health.

Distinct qualitative expressions of anger played a major role in remedy differentiation. Remedies such as *Nux vomica*, *Chamomilla*, *Staphysagria*, *Ignatia*, *Lycopodium*, *Colocynthis*, and *Anacardium* demonstrated strong correspondence with specific anger profiles described in classical *Materia Medica*. Violent explosive anger associated with intolerance and irritability corresponded strongly with *Nux vomica* and *Chamomilla*, whereas suppressed indignation and emotional sensitivity frequently indicated *Staphysagria*. Silent brooding and grief-associated emotional suppression showed close similarity to *Ignatia*. These findings reinforce the practical value of detailed emotional assessment during constitutional prescribing.

The study further demonstrated the clinical significance of emotional etiology in homoeopathic case analysis. Many participants reported onset or aggravation of physical complaints following episodes of anger, humiliation, contradiction, or prolonged emotional suppression. Recognition of these emotional causative factors contributed substantially to remedy selection and narrowing of repertorial possibilities. Emotional etiologies such as ailments from anger functioned as strong prescribing indications and frequently directed the physician toward the constitutional similimum.

Miasmatic analysis provided additional depth in understanding constitutional anger expressions. Psoric manifestations commonly presented with hypersensitivity and irritability, sycotic constitutions demonstrated suppressed resentment and emotional fixation, whereas syphilitic tendencies exhibited destructive and violent anger. Identification of these miasmatic patterns assisted in refining constitutional analysis and long-term management of chronic emotional disturbances.

Conclusion

The present study demonstrates that anger is a clinically significant mental general in the selection of the homoeopathic similimum. Systematic evaluation of anger-related emotional patterns contributes substantially to totality formation, repertorial analysis, constitutional assessment, and remedy differentiation.

Distinct qualitative expressions of anger such as violent anger, suppressed indignation, irritability from contradiction, and brooding resentment provide highly individualizing characteristics that guide constitutional prescribing.

Individualized homoeopathic treatment based on anger-dominant totality was associated with reduction in anger severity and improvement in both emotional and physical symptoms.

The study supports the classical homoeopathic principle that mental and emotional symptoms occupy a central role in therapeutic individualization and emphasizes the importance of integrating emotional etiologies into clinical case analysis. Further large-scale controlled clinical investigations are recommended to strengthen the evidence regarding the role of anger in homoeopathic similimum selection and treatment outcomes.

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