EJPMR, 2026, 13(11), 593-600 **Review Article** **Impact Factor: 8.158**

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

ISSN (O): 2394-3211

ISSN (P): 3051-2573

Coden USA: EJPMAG

SUPPRESSED ANGER, INSULT AND PSYCHOSOMATIC HEALTH A LITERATURE REVIEW WITH A HOMEOPATHIC CLINICAL PERSPECTIVE

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How to cite this Article: Prof. (Dr.) A. K. Dwivedi* (2026). Suppressed Anger, Insult And Psychosomatic Health A Literature Review With A Homeopathic Clinical Perspective. European Journal of Pharmaceutical and Medical Research, 13(11), 593–600.
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Article Received on 15/10/2026 **Article Revised on 05/11/2026** **Article Published on 10/11/2026**

ABSTRACT

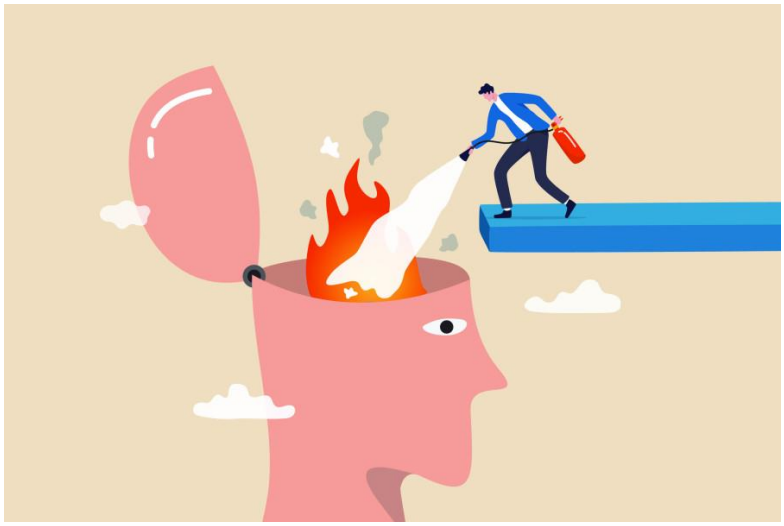
Emotional experiences such as anger, humiliation, resentment, interpersonal conflict and prolonged psychological stress are frequently encountered during clinical case-taking. In some patients, emotional experiences appear to coincide with the onset, persistence or aggravation of physical symptoms such as headache, migraine, sleep disturbance, gastrointestinal complaints, fatigue, skin disorders and other stress-sensitive conditions. The present narrative literature review examines the possible relationship between suppressed anger, perceived insult, chronic psychosocial stress and physiological dysregulation, with particular emphasis on the hypothalamic-pituitary-adrenal axis, sympathetic nervous system, immune regulation, inflammation and neuroendocrine mechanisms. Contemporary psychoneuroimmunology literature demonstrates substantial interaction between psychological processes and immune function. Stress-related neuroendocrine and autonomic signalling can influence leukocyte trafficking, cytokine activity and hematopoietic processes. However, current evidence does not establish that suppressed anger or insult alone directly causes cancer, bone-marrow suppression, autoimmune disease or psoriasis. The relationship is better conceptualized as a possible modifying, precipitating or maintaining factor in susceptible individuals rather than a single disease-causing mechanism. From the classical homoeopathic perspective, emotional events and maintaining circumstances are incorporated into individualised case-taking. Hahnemann's Organon of Medicine, particularly §5 and §73, gives importance to exciting causes, circumstances and mental emotions in understanding disease presentations. The review also presents selected homoeopathic medicines traditionally associated with anger, indignation, humiliation, grief and suppressed emotional expression. These remedy descriptions represent traditional materia-medica symptom pictures and should not be interpreted as evidence that these medicines cure cancer, autoimmune disease or other serious disorders. Current systematic reviews continue to find insufficient reliable evidence for homeopathy as a treatment for specific diseases.

KEYWORDS: suppressed anger, insult, psychological stress, psychoneuroimmunology, psychosomatic medicine, migraine, insomnia, autoimmune disease, cancer, bone marrow, psoriasis, homoeopathy, materia medica, individualisation.

INTRODUCTION

Human beings continuously interact with their social and emotional environment. Anger, humiliation, interpersonal conflict, rejection, grief, disappointment and perceived injustice are common psychological experiences. The clinical significance of these experiences increases when they become persistent, unresolved or repeatedly suppressed.

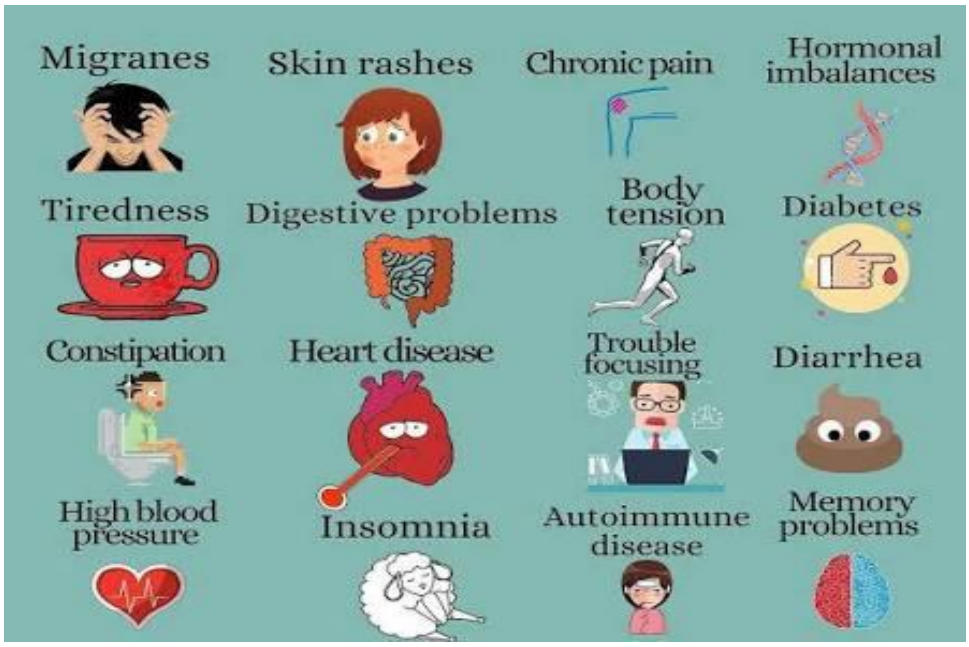
- During clinical case-taking, patients may report statements such as.
- I was deeply insulted, but I could not say anything."
- I have kept my anger inside for years."
- There is constant tension at home."
- My headache becomes worse after conflicts between my daughter-in-law and son."
- I have been unable to sleep since the incident."
- I appear calm on the outside, but I feel very angry inside."



Representative Images

Such narratives are clinically relevant because psychological stress can interact with autonomic, endocrine, immune and inflammatory pathways.

Modern psychoneuroimmunology provides a biological framework for understanding communication between the brain, endocrine system, autonomic nervous system and immune system. A large meta-analysis involving hundreds of studies demonstrated measurable relationships between psychological stress and immune-system parameters.



Representative Images

Therefore, emotional history should not necessarily be regarded as an incidental component of case-taking. It may provide information about precipitating or maintaining circumstances and about the patient's overall response to illness.

OBJECTIVE OF THE REVIEW

The objectives of this review are

- To examine the relationship between psychological stress, anger, humiliation and physical health.
- To review possible neuroendocrine, autonomic and immunological mechanisms.
- To examine the relationship between psychological stress and headache/migraine and sleep disturbances.
- To critically review evidence concerning stress and cancer, autoimmune disease and hematopoietic function.
- To discuss the classical homoeopathic concept of exciting, maintaining and fundamental causes.
- To present selected homoeopathic medicines traditionally associated with suppressed anger and emotional conflict.
- To identify gaps in evidence and propose clinically testable research questions.

Concept of Suppressed Anger

Anger is a normal emotional response to perceived threat, injustice, frustration or violation of personal boundaries.

The clinical concern is not the mere presence of anger but the individual's pattern of processing and expressing anger.



Representative Images

Two individuals may experience the same insult

Person A: expresses anger appropriately and resolves the conflict.

Person B: suppresses anger, repeatedly thinks about the incident and experiences prolonged emotional arousal.

The second pattern may contribute to chronic psychological stress, particularly when accompanied by rumination, sleep disturbance, anxiety or social conflict.

It is therefore more scientifically appropriate to investigate

Insult → emotional response → cognitive processing/rumination → autonomic/endocrine activation → behavioural and physiological consequences rather than assuming:

Insult → specific disease

Psychoneuroimmunological Mechanisms

Psychological stress activates interconnected physiological systems, particularly.

Hypothalamic-Pituitary-Adrenal Axis

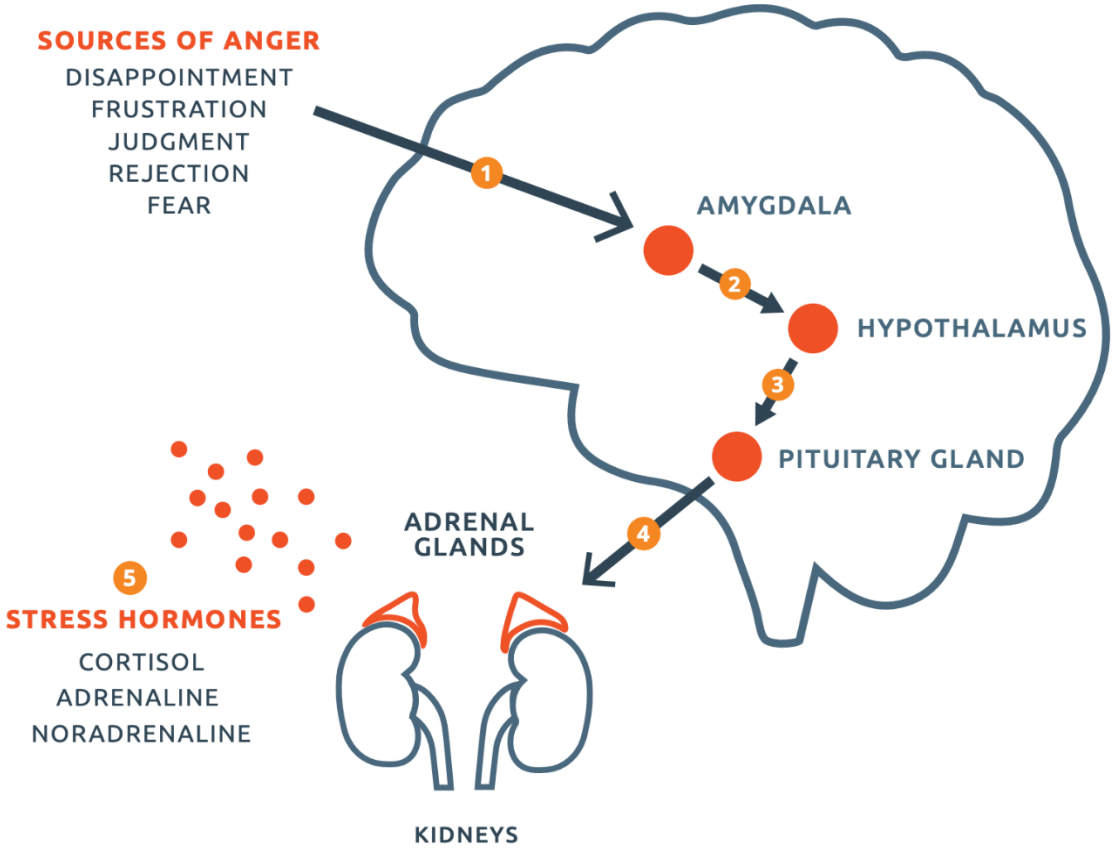
Psychological stress can activate the HPA axis and alter cortisol secretion.

Persistent dysregulation may influence

- metabolism
- sleep
- immune regulation
- inflammatory signalling
- energy balance
- stress responsiveness

Sympathetic Nervous System

The sympathetic nervous system releases catecholamines that influence multiple organs.
Importantly, sympathetic signalling also reaches the bone marrow. Contemporary research demonstrates that sympathetic fibres participate in regulation of hematopoietic stem cells and leukocyte trafficking. Psychogenic stress can influence hematopoietic processes through adrenergic signalling.



Representative Images

This provides a biologically plausible basis for studying the relationship between psychological stress and hematopoietic regulation.
However, this does not establish that suppressed anger causes bone-marrow suppression.

Immune Regulation
Stress can influence

- leukocyte activity
- cytokine production
- inflammatory signalling
- immune-cell trafficking
- immune responsiveness

Recent reviews continue to describe stress as capable of producing either enhancement or suppression of immune responses depending on the duration, intensity and characteristics of the stressor and the individual.

Psychological Stress and Headache/Migraine
Headache and migraine are particularly relevant examples of conditions in which psychological and behavioural factors may influence symptom burden.
A systematic review of psychosocial difficulties in migraine identified emotional problems including anxiety, depressive mood, anger and stress among relevant psychosocial factors.
Sleep disturbance is another important component. Poor or disrupted sleep is recognized as a potential trigger or aggravating factor for headache disorders, creating a possible cycle:
Emotional stress → sleep disturbance → increased headache susceptibility → further stress → worsening symptoms.
Psychological and behavioural interventions have therefore been investigated as adjunctive approaches in migraine management.
This supports the clinical importance of asking about emotional stress during headache case-taking, although it does not prove that a particular family conflict is the sole cause of migraine.

Psychological Stress and Autoimmune Disorders
The immune system is influenced by neuroendocrine and psychological processes.
Recent literature describes associations between psychological stress and immune dysregulation, while observational research has investigated relationships between traumatic stress and autoimmune rheumatic diseases.

A clinically useful model is therefore
Genetic susceptibility + environmental factors + infection/other triggers + psychological stress + immune dysregulation rather than:
Anger = autoimmune disease.
Stress may potentially act as a trigger, modifier or exacerbating factor in susceptible individuals.
This distinction is essential for scientifically responsible clinical communication.

Stress, Cancer and the Need for Caution
The relationship between psychological stress and cancer is complex.

Earlier research has investigated possible mechanisms involving
- neuroendocrine signalling
- immune regulation
- inflammation
- angiogenesis
- tumour microenvironment
- behavioural factors

However, epidemiological evidence concerning cancer incidence has remained inconsistent.
A 2026 systematic review and meta-analysis of prospective studies found no consistent association between psychological stress and cancer incidence, with the certainty of evidence graded very low.
A 2026 umbrella review including more than four million participants similarly found no statistically significant association between psychological stress and overall cancer incidence, although associations with cancer mortality were more consistently observed.

Therefore, the scientifically defensible statement is
Psychological stress may influence biological processes relevant to cancer and may be associated with some clinical outcomes, but suppressed anger or insult cannot currently be described as an established direct cause of cancer.

Psychological Stress and Bone-Marrow Function
Bone marrow is not an isolated organ. It communicates with the nervous and immune systems.
Research has demonstrated sympathetic regulation of hematopoietic stem-cell niches, leukocyte migration and hematopoietic activity.
This emerging field of neuro-haematology/neuroimmune communication is scientifically important.

It raises interesting research questions
- Can chronic psychosocial stress alter hematopoietic profiles?
- Are specific stress phenotypes associated with measurable changes in CBC parameters?
- Does stress reduction influence inflammatory or haematological biomarkers?
- Which pathways mediate psychological stress–hematopoietic interactions?

At present, these findings should not be converted into the clinical claim that “suppressed anger causes bone-marrow suppression.”

Classical Homoeopathic Perspective
The classical homoeopathic approach places considerable importance on the patient's individual response to disease and on significant circumstances in the patient's history.
Hahnemann's Organon of Medicine §5 specifically discusses the importance of the most probable exciting cause and significant circumstances in chronic disease.
§73 also discusses mental emotions among possible exciting influences in acute disease.

Thus, from a classical homoeopathic case-taking perspective, the clinician may ask
- What happened before the illness?
- Was there an insult or humiliation?
- Was anger expressed or suppressed?
- Was there grief or disappointment?
- What was the patient's reaction?
- What changed physically after the emotional event?
- What maintains the symptoms today?
- What is the patient's constitutional and mental-emotional pattern?

This approach is conceptually different from claiming that a psychological event has been scientifically proven to be the biological cause of a particular disease.
Exciting, Maintaining and Fundamental Causes

A useful clinical framework is
Exciting Cause
The event or factor immediately preceding or precipitating symptoms.

Examples
- acute insult
- emotional shock
- grief
- severe interpersonal conflict
- sleep deprivation

Maintaining Cause
The factor that continues to perpetuate the problem.

Examples
- ongoing family conflict
- chronic workplace stress
- persistent sleep deprivation
- continuing resentment
- repeated exposure to the same stressful environment

Fundamental Cause
In classical homoeopathic philosophy, the concept extends beyond the immediately identifiable trigger and includes the patient's deeper susceptibility and chronic disease framework. Hahnemann's §5 links the investigation of significant history and exciting causes

with the search for what he termed the fundamental cause.
This is a historical/theoretical homoeopathic construct, not an established biomedical mechanism.

Selected Homoeopathic Medicines Associated with Suppressed Anger and Emotional Conflict
The following table represents traditional materia-medica descriptions, not evidence that these remedies treat the corresponding diseases.

- **Staphysagria:**: Anger after insult, humiliation or indignation; emotions suppressed; inability to express resentment, Symptoms after insult, wounded dignity, sensitivity to disrespect
- **Natrum muriaticum::** Internalized grief, resentment and emotional hurt; prefers to suffer privately, Brooding over past events, reserved personality, emotional sensitivity
- **Colocynthis::**Intense anger/indignation following insult or contradiction Severe cramping pains; relief from bending double/pressure is classically described
- **Ignatia Amara::** Acute grief, disappointment and emotional contradiction, Changeable symptoms, sighing, emotional hypersensitivity
- **Nux Vomica::** Irritability, impatience, frustration and anger, Hypersensitivity, intolerance of contradiction, overwork, sleep disturbance
- **Chamomilla::** Extreme irritability and anger; intolerance of pain or contradiction, Marked sensitivity, restlessness, difficult temperament
- **Aurum Metallicum::** Deep disappointment, self-reproach, perceived failure and intense internal distress, Strong sense of responsibility, guilt, worthlessness and disappointment
- **Lycopodium::** Irritability and frustration associated with insecurity or contradiction Performance-related insecurity, irritability, digestive complaints
- **Stannum Metallicum::** Emotional exhaustion and sensitivity, Weakness and exhaustion associated with emotional burden
- **Sepia::** Irritability, emotional exhaustion and aversion to interpersonal demands, Emotional withdrawal, exhaustion, hormonal/constitutional symptom picture.
- **Causticum::** Strong sensitivity to injustice and suffering Deep concern about injustice, chronic emotional burden
- **Aurum Muriaticum::** Strong emotional response to disappointment, responsibility and relationships, Traditional materia-medica picture overlaps with themes of responsibility and emotional intensity.

Important clinical principle
The medicine should not be selected merely because the patient says
"I have suppressed anger."
In classical individualised homoeopathy, the totality of symptoms and the characteristic emotional response are considered.

For example
Insult + suppressed anger + humiliation + subsequent physical symptoms may suggest a different materia-medica picture from:
Insult + explosive anger + irritability + hypersensitivity
or:
Insult + silent resentment + prolonged brooding + grief.

Clinical Case-Taking Model
A structured emotional case-taking format may be useful.
A. Event
What happened?

B. Emotion
What did you feel?

- anger
- humiliation
- grief
- disappointment
- fear
- injustice
- jealousy
- helplessness

C. Expression
What did you do with the emotion?

- expressed openly
- suppressed
- cried
- remained silent
- argued
- withdrew
- developed resentment

D. Timing
When did the physical symptoms begin in relation to the event?

E. Maintaining Factors
Is the stressful situation still continuing?

F. Physical Correlation
Look for changes in

- sleep
- appetite
- headache
- migraine
- gastrointestinal symptoms
- palpitations
- fatigue
- skin symptoms
- menstrual symptoms
- blood pressure
- other objective clinical findings

G. Objective Assessment
Whenever appropriate

- CBC
- inflammatory markers

- metabolic investigations
- thyroid profile
- relevant autoimmune investigations
- imaging
- specialist assessment

This prevents emotional explanations from replacing necessary medical diagnosis.

Proposed Clinical Hypothesis

A clinically testable hypothesis emerging from this review is:

Individuals with persistent unresolved interpersonal stress, humiliation or suppressed anger may demonstrate measurable differences in psychological distress, sleep quality, autonomic activity, inflammatory biomarkers and symptom severity compared with individuals without persistent emotional stress.

This hypothesis is substantially more scientifically testable than claiming that suppressed anger directly causes a particular disease.

Proposed Research Design

A future prospective study could include

Study population

Adults presenting with stress-sensitive complaints such as

- insomnia
- functional gastrointestinal symptoms
- psoriasis
- chronic fatigue
- anxiety-related symptoms

Assessment tools

- Perceived Stress Scale
- Anger Expression/Anger-In measures
- validated depression/anxiety scales
- Pittsburgh Sleep Quality Index
- quality-of-life questionnaire

Biological parameters

- CBC
- CRP
- selected inflammatory cytokines
- cortisol
- heart-rate variability
- other clinically relevant biomarkers

Clinical follow-up

Patients could be followed for 3–12 months to determine whether changes in emotional stress correlate with changes in clinical outcomes.

Homoeopathic subgroup

In an appropriately designed controlled study, patients receiving individualised homoeopathic treatment could be compared with an appropriate control group.

The study should include

- predefined outcome measures
- blinding where feasible
- adequate sample size
- validated psychological scales
- objective biomarkers
- independent statistical analysis
- registration before recruitment

Evidence Regarding Homoeopathy

The evidence for homoeopathy requires careful interpretation

A 2017 systematic review of non-individualised homoeopathic RCTs found that most trials had substantial methodological limitations; the small effect seen in pooled analyses was not robust when restricted to the small number of reliable trials.

A 2023 systematic review of meta-analyses reported positive pooled effects in several meta-analyses, but the evidence base remains debated and heterogeneous.

The U.S. National Center for Complementary and Integrative Health states that there is currently little evidence supporting homeopathy as an effective treatment for any specific health condition.

Specifically in oncology, a systematic review concluded that available studies were heterogeneous and methodologically weak and did not establish that homeopathy was superior to placebo or comparison treatments.

Therefore, claims that a particular homoeopathic medicine can "remove the root cause" of cancer, autoimmune disease or bone-marrow disease should not be presented as established scientific fact.

DISCUSSION

The central clinical observation addressed by this review is important:

Patients do not present with diseases in isolation; they present as individuals living within psychological, social and biological environments.

A patient with migraine may simultaneously experience

- family conflict,
- suppressed anger,
- poor sleep,
- anxiety,
- autonomic activation,
- altered pain sensitivity.

Similarly, a patient with psoriasis may experience psychological stress that worsens perceived disease burden or triggers exacerbations, while the underlying inflammatory disorder remains a genuine biological disease requiring appropriate me.

Biography

Dr. A. K. Dwivedi, BHMS (Gold Medallist), MD, MBA, Ph.D. has been a Registered Homeopaths for over 30 years. He is a Professor & HOD: Department of Physiology S.K.R.P. Gujarati Homoeopathic Medical College, Indore. He is a Member of Executive Council, Devi Ahilya Vishwavidyalaya Indore, MP, INDIA, he is

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