



Exploring the Effect of Constitutional Homoeopathic Remedy in the Management of Essential Hypertension

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ABSTRACT:

The incidence of essential hypertension is increasing rapidly worldwide. With the advancement of civilization came a new set of challenges for man. The occurrence of the disease is no longer prevalent only in the elderly, but has begun to appear among young adults. The development of a lifestyle disease such as essential hypertension usually stems from a person not adapting to their environment. Therefore, management must be holistic, one that can correct this inadaptability and restore the human system to balance. Homeopathic treatment of hypertension, like all other chronic, dynamic diseases, usually means that the patient is prescribed a constitutional remedy that is unique to him. Constitutional medicine is able to extinguish the chronic, dynamic disease process in the system and restore harmony between the mind, body and dynamic vital force. But with the advent of the multifaceted practice of homeopathy (prescription of specific drugs, use of more than one drug, use of allopathic medicine along with homeopathy), this study seeks to investigate the role of institutional medicine in the treatment of essential hypertension by studying 30 cases that were treated with constitutional Homoeopathic remedies.

KEYWORDS: Essential Hypertension, Blood Pressure, Constitutional Homoeopathic Medicines, Physiology, Homoeopathy.

INTRODUCTION:

The modern lifestyle has become hectic, people are constantly rushing for time, trying to realize their ambitions, setting new goals and being intensely competitive. All this began to take its toll on their constitution. There is constant stress in an individual's life, and when stress becomes chronic, the system is no longer able to maintain homeostasis, and one becomes a victim of countless diseases that are caused by one's bad lifestyle. One of these diseases that is becoming more and more common is essential hypertension.

Without blood pressure, life would be impossible. In order for proper perfusion to occur in all tissues, the heart must pump blood with sufficient pressure. While we think of blood pressure as a biological entity, there are also steps in the normal distribution. And that means "nothing like normal pressure at the individual level, but the whole range from the lowest to the highest, both part and parcel of the herd, the natural herd, and no fault of nature" (NJH, January-February, 1996, page-19). But when this arterial pressure exceeds the normal range, it becomes a diseased entity and a very fertile ground for many life-threatening complications.

Hypertension is present worldwide, but its prevalence varies between countries and subpopulations. This disease well demonstrates the phenomenon of the iceberg, when only a small part of patients suffering from hypertension is known, and the majority are still undetected or do not know about it (K. Park Textbook of preventive and social medicine 20th edition). Because most cases are asymptomatic, they remain undiagnosed and tend to seek medical attention when they have already developed complications. EHT is estimated to increase the risk of cardiovascular disease by at least twofold, including coronary artery disease, congestive heart failure, stroke, kidney failure, and peripheral artery disease. That is why hypertension is called the silent killer. In my own experience with IPD, I have seen patients as young as 25 who suddenly develop chest pain diagnosed as MI. It later turned out that the patient was an undiagnosed case of hypertension.

REVIEW OF LITERATURE:

Man progresses through the natural life cycle every moment. In a very short time, man has come to a more civilized world and in this process, man is exposed to the dangers of urbanization every minute, resulting in a stressful environment for living. We are also aware that stressors and modern life together with a disordered lifestyle play a major role in the development of various diseases. One of the diseases is "hypertension", which is said to be a disease of urbanization and rapid civilization. High blood pressure (BP) is a major public health problem in India and its prevalence is increasing rapidly among both urban and rural populations. In fact, hypertension is the most prevalent chronic disease in India.

“Prevalence of hypertension ranges from 20-40% in urban adults and 12-17% in rural adults. The number of people with hypertension is projected to increase from 118 million in 2000 to 214 million in 2025, with almost equal numbers of men and women.

A survey of 26,000 adults in South India showed a prevalence of hypertension of 20% (males 23% and females 17%), but 67% of hypertensive patients were unaware of their diagnosis. Most patients with hypertension still remain undiagnosed and hypertension control is also inadequate. This calls for urgent preventive and control measures for hypertension. Recent studies (2012) show that for every person known to have hypertension, there are two with either undiagnosed hypertension or prehypertension.

(<http://www.cadiresearch.org/topic/hypertension/hypertension-india.>)

This is a great example of the “Ice-berg” disease concept described in Park’s Textbook of Preventive and Social Medicine. According to the disease iceberg concept, disease in a community can be compared to an iceberg. The floating tip of the iceberg represents what the doctor sees in the community. The tip represents persons who have shown symptoms of the disease and are recognized as cases (sick persons).

Several regional surveys have reported prevalence ranging from 6.15% to 36.36% for men and 2% to 39.4% for women in urban areas and from 3% to 36% for men and 5.80% to 37.2% for women in rural areas. But in adult women, BP is lower than in men of comparable age, but after that the rise is steeper, and around middle age, BP is about the same, higher in later life in women (API, Textbook of Medicine, p. 685)

As we well know, of all hypertensives, 90-95% have essential hypertension (also known as primary or idiopathic hypertension), where there is no definable cause for a sustained increase in systemic arterial blood pressure. (Mohan Harsh 2002). Epidemiologic studies suggest that 20 to 60% of essential hypertension is inherited, and the remainder is acquired or environmental (API, Textbook of Medicine, p. 685). The prevalence of essential hypertension increases with age, and individuals with relatively high blood pressure at a younger age are at increased risk of subsequently developing hypertension.

Lifestyle diseases are defined as diseases associated with people's way of life. This is usually caused by alcohol, drug and smoking abuse, as well as lack of physical activity and an unhealthy diet. Diseases that affect our lifestyle are heart disease, stroke, obesity and type II diabetes. Diseases that seem to be more common as countries become more industrialized and people live longer. They can include Alzheimer's disease, arthritis, atherosclerosis, asthma, cancer, chronic liver disease or cirrhosis, chronic obstructive pulmonary disease, type 2 diabetes, heart disease, metabolic syndrome, chronic kidney failure, osteoporosis, stroke, depression and obesity. One of these diseases is hypertension.

As said with the onset of urbanization, the standard of living rose and with it the demand for a bigger pay cheque. Therefore, people choose jobs that require longer working hours. The constant need to remain mentally engaged in one's profession has led one to make unhealthy choices in all aspects of one's life: diets (unhealthy, fast food, irregular eating habits), habits (increased use of drugs and alcohol), sleep (too little and an irregular pattern), and exercise (too little or too much). Along with this, constant mental stress takes its toll on the system. This affection can be very well explained by Hanselye's theory of adaptation:

When an individual experiences stress, whether real or imagined, a cascade of stages is activated for the body to adapt and overcome the stress. When the body fails to restore homeostasis, the body's resources are eventually depleted and the body is unable to maintain normal functions.

When an individual is exposed to stress, whether physical (infection, trauma, lack of energy) or mental (an emotionally charged event), the hypothalamic-pituitary-adrenal axis (HPA axis) is activated, leading to the release of cortisol from the adrenal glands, which has an extended effect on the body, especially the metabolism of carbohydrates, proteins and fats, which explains the physiology of dyslipidemia, NUAPD, hyperglycemia, and these are the most commonly associated diagnoses along with essential hypertension.

When a person is chronically exposed to threat, the system is exhausted and changes occur, either at the behavioral level or at the physiological level. Behavioral changes include smoking, altered eating habits and physical activity. Physiological changes include increased sympathetic activity, which leads to the release of norepinephrine, which is a cardiac stimulant and increases heart rate and subsequently increases BP.

"A homoeopathic remedy which is used to treat HTN should be capable of causing the disturbed physiology of HTN, which is generalized vasoconstriction" (JAIH, September 1942, pp. 365 to 368).

After having all the knowledge about the medicines, the doctor can decide on a specific medicine or a deep acting constitutional medicine. However, which approach should be chosen depends on the case and the experience of the doctor.

Dr.E. Wallace MacAdam, in JAIH, mentions the experience of specific remedies failing in EHT cases. He administered a drug of the nitrite group to every essential hypertensive and found that their effect was short-lived, had to be repeated at frequent intervals, and was not curative. Not in every case can a specific remedy be given unless it is indicated. If listed without notice, they do not respond. And not in all cases we can use the same particular medicine; each drug has its own indication for which it is prescribed.

Dr. Schirmer in FAIH mentions several specific remedies where, although they may be specific, they also have their own individual indications, Crategus tincture (swelling of legs, anxiety around heart), Veratrum album (cold sweat), Strophanthus (palpitation with anxiety around heart), Adonis tincture (rheumatic based), Digitalis tincture (slow pulse), Veratrum Viride (congestive headache)

Dr. Praful Barvalia in the journal IJHM (Vol.30/ No. 3, 1995, p. 149) mentioned a case which demonstrates the role of constitutional medicine in a case of severe hypertension with pathological changes which improved with constitutional medicine. This case also demonstrates the role of a constitutional drug in reducing dispositional symptoms such as anxiety, as well as the limitations of a particular drug when administered off-label.

So it can be safely concluded that the treatment of EHT should ideally be done by giving the patient a constitutional medicine selected on the basis of "Similia Similibus Curantur". And the medicine will be called similimum when there is similarity in the level of symptoms, potency and repetition, and the administration of similimum in a chronic case will bring about a cure.

However, the physician should exercise discretion during treatment, as there may be cases where an acute increase in HTN will require the use of an acute/specific drug to resolve it and get the patient out of danger. Such remedies are Conium when there is vertigo with hypertension, Belladonna when there is congestion of the brain, delirium, restlessness, encephalitis, Aconite when there is full borderline, vibrating pulse with anxiety, Veratrum Viride with headache chiefly occiput, flushed face and pulsations felt after throughout the body, Glonoinum, when there is violent palpitation of the heart, throbbing of the carotid, congested face, and cold extremities.

Once the constitutional remedy and the intercurrent remedy are chosen, we must plan and program the potency and repetition, which is based on the overall receptivity of the patient, i.e. high, medium or low, and decide on the dosage for the given case.

the constitutional drug in reducing dispositional symptoms such as anxiety also shows the limitations of the specific drug if given off-label.

Therefore, it can be safely concluded that the treatment of EHT should ideally be carried out by giving the patient a constitutional remedy selected on the basis of "Similia Similibus Curantur". And the medicine will be called similimum when there is similarity in the level of symptoms, potency and repetition, and the administration of similimum in a chronic case will bring about a cure.

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CONCLUSION:

This study was initiated to investigate the effect of a Constitutional homeopathic remedy in the treatment of essential hypertension,

For this study, 30 cases where a constitutional remedy was prescribed were studied. Each case was recorded in a standardized case record. Analysis and evaluation of symptoms was performed according to standard guidelines. The final assessment of susceptibility, sensitivity, base and dominant miasma was made according to the "planning and programming format". An analysis of each case was then carried out.

I tried to understand and study this topic with the following goals:

- To study clinical-pathological correlations in cases of essential hypertension.
- To explore different criteria in specific cases which will help us adopt them for homeopathic management.
- To study and develop different management strategies in the treatment of essential hypertension.
- To study the effects and draw conclusions of various chronic homeopathic remedies used in the treatment of essential hypertension.

This study shows the range of constitutional and intercurrent drugs in the treatment and management of essential hypertension.

In order to achieve the above objectives and purpose, the following study methodology was adopted:

30 cases of essential hypertension fully documented with at least 6 months of follow-up were studied.

- All these cases were recorded in L.S.M.C. Cases that are fully worked up and the patient's constitutional remedy was derived were included in the study.
- Cases where proper regular blood pressure recording was done were selected for the study.

After this study, it can be concluded that there is some role of constitutional and intercurrent drugs in cases of essential hypertension, among all cases of essential hypertension, BP was reduced to normal range in 29 cases, while in 1 case it was reduced to Stage I from Stage III. In cases where BP was not reduced with a constitutional drug, an intercurrent drug together with a constitutional drug proved beneficial in reducing BP. All 13 stage I HTN cases included in this study had their BP stabilized within 6 months, and stage II and stage III HTN cases had their BP stabilized within 1 year. Cases that were already on antihypertensive drugs, i.e. 17 cases in 8 cases the anti HTN drug was discontinued for an average of 4 months. While in 1 case it decreased and in 8 cases it continued but in these cases the BP was fluctuating even though there were anti HTN drugs, homeopathy helped to stabilize the BP in these cases. The constitutional remedy not only stabilized BP, but alleviated other associated difficulties, general and psychological symptoms that

occurred in the case. It was observed that the 200th potency was most often used, but in cases showing fluctuations in BP values and associated complications, the 50 millesimal potency was required.

From the study, it can be concluded that the constitutional drug is the choice of action in the treatment of the case of essential hypertension.

RECOMMENDATION:

1. To study the role of institutional drugs in cases of NUAPD and dyslipidemia.
2. To study the effects of stressor, psychodynamic and psychosomatic correlations of essential hypertension.
3. To study the role of anxious dispositions in the genesis and development of EHT.
4. To study the role of chronic homeopathic medicines in stage II and III HTN.
5. To study the role of the Kali group in essential hypertension.
6. To study the role of Ferrum Group in stage III hypertension.
7. Effect of diet and additional measures in the treatment of essential hypertension..

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