

THE HOMOEOPATHIC HERITAGE

Bringing Classical and Contemporary Homoeopathy Together

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Scope of Homoeopathy in Hypertensive disorders

- Homoeopathy in a case of hypertension
- A case on hypertension with *Boger's Synoptic Key*
- Psychodynamic and psychosomatic nature of essential hypertension and emerging homoeopathic remedies



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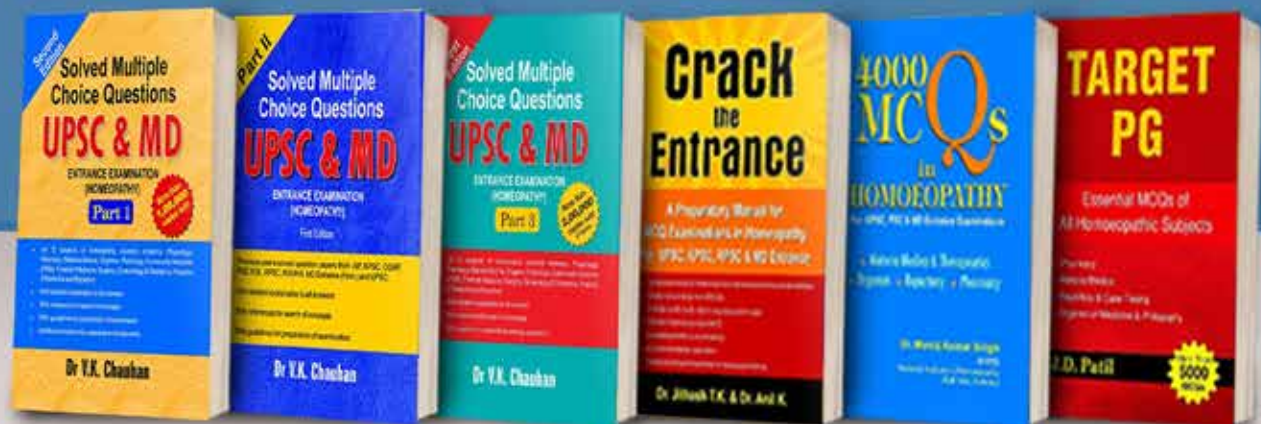
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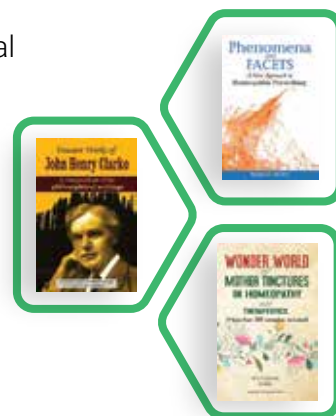
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Cover: Doctor examining a hypertensive patient

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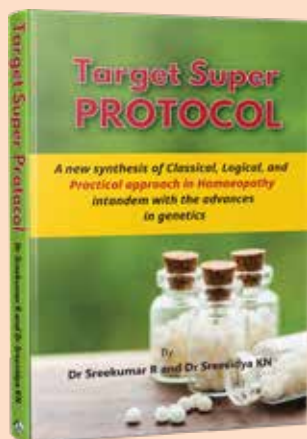
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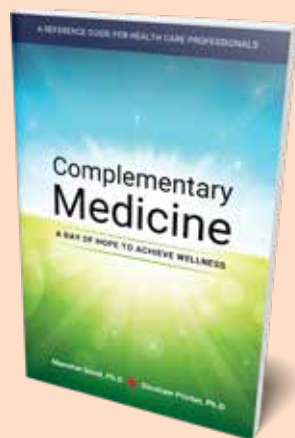


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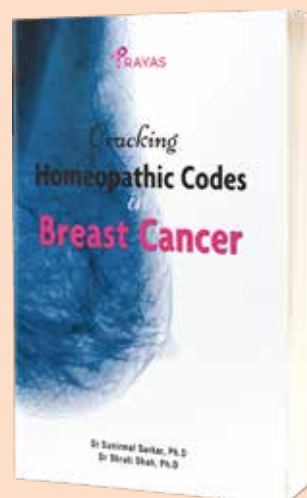


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Dear Readers,

Is it true if a patient suffering from high blood pressure and is symptom-free, he needs no treatment? Homeopathy possess a very significant role in supporting the standard treatments as well as creating a sense of well-being in such patients.

Homeopathic prescription is best when tailored to the individual constitutional make up of a person. Homeopaths assess the constitutional type, personality, lifestyle, family background, likes and dislikes, taking into consideration the totality of symptoms, and prescribe a simillimum remedy which stimulates the body's own healing powers, along with diet and lifestyle management. Homeopathic medicine works best for those with early or borderline hypertension, who are not yet taking medication, or to help maintain good blood pressure control in those who are on only one antihypertensive drug. A recent pilot study, in 2014, assessed the effects of *Viscum album* (mistletoe), an infrequently used homeopathic remedy for hypertension, wherein after 12 weeks' treatment, there was a statistically significant fall seen in blood pressure from an average of 155.8/84.4 mmHg to 141.5/79.5 mmHg. In the times past, older men

were seen "chewing hawthorn", due to its cardio-protective qualities. Thus, the homeopathic remedy, *Crataegus oxyacantha*, i.e. hawthorn, helps to "clean up" the arteries removing the crustaceous matter stuck to their lining.

A Quick Word on Issue Content:

All the articles published under this issue, includes high quality research papers, covering the role of homeopathy in the management of hypertensive cases, thus proving that homeopathy can bring about miraculous results even in lifestyle diseases. A wonderful research paper on psychodynamic and psychosomatic nature of essential hypertension and emerging homeopathic remedies by *Dr Neha Patel*. A clinical study on the efficacy of homeopathic medicines in the treatment of hypothyroidism by *Dr Y. Uma Devi, Prof V.V.S. Murali Krishna* is another feather in the cap of this issue. Clinical case studies of hypertension by *Dr Ruchi Singh, Dr Anjana Kumari*, Boger's Synoptic Key by *Dr J. Senthil Kumar and Dr A. Sumaiyah*, hypertension associated with hypercholesterolaemia by *Dr Yashveer Singh, Dr Mukesh Solanki, Dr Chitrakleha Tiwari*, subjective articles by *Dr Ayushi Malhotra, Dr Yogyata*, a brief therapeutic index by *Dr Shishir Mathur, Dr Rajesh Kumawat*,

Ms. Meenal Saini, Hypertension in paediatric age group by *Dr Pathak Amol Pramodrao, Dr Pathak Vibhuti Amol*, Factors about hypertension by *Dr Mini I V*, *Lycopus virginicus* review by *Dr S. Sabarirajan, Dr S. R. Ameerkhan Babu*, Adrenalinum by *Dr Darshan J. Shah* are the highlighted articles of this issue. An article on the current pandemic of COVID 19 by *Dr Rakesh Gohel* has added more worth to this issue of the journal.

As a homeopathic physician, one must aim to reduce the blood pressure to a level at which the patient can reduce or stop the allopathic medicine. This will surely prove to be a very rewarding exercise for a homeopath for sure.

We hope this issue will help the fellow homeopaths to understand the situations of hypertensive patients and manage such cases in a better way, thus bring the sick to health rapidly, gently and permanently. Also, I look forward to hearing opinions and recommendations. You may also login to our website, www.homeopathy360.com for more information and opportunities related to homeopathy.

Dr Yashika Arora
hheditor@bjain.com



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Homoeopathy for high blood pressure



Blood pressure refers to the measured pressure in the circulatory system. Though many anti-hypertensive medicines available, only 17% to 27% of people with hypertension achieve optimal blood pressure control with medical treatment. Some doctors believe that homoeopathy can play a beneficial role in supporting standard treatments. The homoeopathic prescription is best found when tailored to the individual constitutional make up of a person.

Case study

Chief complaints

In June 2013, an 42 years unmarried man working in a reputed financial company since last seven years, earning good salary, came with the complaint of acute hypertension since 6 weeks. His ECG showed enlarged heart, with pulse rate of 123 per minute. He was very anxious and nervous because his cardiologist mentioned that this can lead to heart attack.

History of presenting complaints

The patient was MBA in finance from American university. The story of current illness started six months ago when one of the director, under whom he worked earlier, was caught by government agencies for a financial fraud worth ten million dollars. Immediately after, an inquiry was set up by government, and one by one, everyone was grilled for the fraud by the agency. As the inquiry progressed, the patient became anxious, disturbed sleep with tossing and turning in bed, no concentration in work, didn't feel like going to office, total indifference and laziness for work, afraid of being put in jail though he had done nothing wrong. He became very irritable with his parents and sister for no reason. When

at home, he used to keep on walking in his balcony due to anxiety. He also used to develop nervous diarrhoea whenever he had to face any government officer.

At physical level, he had headache, especially at frontal area and vertex. His mouth was very dry with extreme thirst for icy cold water. Whenever he thought of inquiry, he used to get palpitation. He also suffered from weakness in eyes due to excessive reading.

Past history

His past history included recurrent tonsillitis for which he took repeated course of augmentin.

Family history

Family history of ischaemic heart disease, stroke, arthritis was present.

Treatment history

He was on tablet labetol 100mg 2 times a day.

On examination, at the first day of consultation, his B.P. was measured as 148/95 mm Hg. He wanted to take homoeopathy instead of western medicine.

Totality of symptoms

MIND - ANGER - easily

MIND - ANGER - interruption; from

MIND - ANXIETY - bed - in bed

MIND - ANXIETY - inactivity, with

MIND - CONCENTRATION - difficult

MIND - DELUSIONS - persecuted - he is persecuted

MIND - DISCOURAGED

MIND - HELPLESSNESS; feeling of

MIND - INDIFFERENCE - duties; to

MIND - LAZINESS

MIND - RESTLESSNESS - move - must constantly

HEAD - PAIN - Forehead - Eminence; frontal

HEAD - PAIN - Vertex

EYE - WEAK

FACE - CRACKED - Lips

MOUTH - DRYNESS - thirst; with

STOMACH - HEARTBURN

STOMACH - THIRST - extreme

RECTUM - DIARRHEA - anticipation, after

RECTUM - DIARRHEA - excitement agg.

CHEST - HYPERTROPHY

CHEST - PALPITATION of heart - anxiety - with

GENERALS - FOOD and DRINKS - cold drink, cold water - desire - ice-cold water

GENERALS - PULSE – frequent

Repertorial sheet

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Justification

See Figure 1

Prescription

He was asked to stop allopathic treatment and control diet. Avoid aluminium vessel cooking, strong tea, coffee and nicotine. Opt for salt restriction. Exercise regularly, especially in fresh air.

VES Explain Facility for ars.

1. MIND - ANGER - easily
2. MIND - ANXIETY - bed - in bed
3. MIND - CONCENTRATION - difficult
4. MIND - DELUSIONS - persecuted - he is persecuted
5. MIND - DISCOURAGED
6. MIND - HELPLESSNESS; feeling of
7. MIND - INDIFFERENCE - duties; to
8. MIND - LAZINESS
9. MIND - RESTLESSNESS - move - must constantly
10. HEAD - PAIN - Vertex
11. EYE - WEAK
12. FACE - CRACKED - Lips
13. MOUTH - DRYNESS - thirst; with
14. STOMACH - HEARTBURN
15. STOMACH - THIRST - extreme
16. CHEST - PALPITATION of heart - anxiety - with
17. GENERALS - PULSE - frequent

Figure 1

24 June 2013: *Arsenicum album* 0/1 was prescribed, 3 times a day for 4 days.

Follow up

1 July 2013: B.P. came out to be 140/90 mm Hg, the patient felt little better in anxiety and restlessness. He was prescribed *Arsenicum album* 0/1, 3 times a day for 15 days.

20 July 2013: B.P. was observed as 168/98 mm Hg, felt worse than before. He spent ten hours at the government agency, talking with officer in charge, where he suffered from fear of death. He was very certain due to vivid thought process that he might be jailed.

Cenchrus contortrix 200c/ 1 dose was given followed by *Arsenicum album* 0/3, 3 times a day for seven days.

See Figure 2

Follow up

29 July 2013: B.P. as 141/85 mm Hg was observed, felt much better in his anxiety restlessness, fear, sleep became better.

Cenchrus contortrix 0/6/ 2 times for one month.

4 August 2020: B.P. was 138/ 84 mm Hg, felt much better.

VES Explain Facility for cench.

1. MIND - ANGER - easily
2. MIND - ANGER - interruption; from
3. MIND - ANXIETY - bed - in bed
4. MIND - ANXIETY - inactivity, with
5. MIND - CONCENTRATION - difficult
5. MIND - DELUSIONS - persecuted - he is persecuted
7. MIND - DISCOURAGED
3. MIND - INDIFFERENCE - duties; to
7. MIND - LAZINESS
10. MIND - RESTLESSNESS - move - must constantly
11. HEAD - PAIN - Vertex
12. EYE - WEAK
13. FACE - CRACKED - Lips
14. MOUTH - DRYNESS - thirst; with
15. STOMACH - HEARTBURN
16. STOMACH - THIRST - extreme
17. RECTUM - DIARRHEA - anticipation, after
18. RECTUM - DIARRHEA - excitement agg.
19. CHEST - HYPERTROPHY
20. CHEST - PALPITATION of heart - anxiety - with
21. GENERALS - FOOD and DRINKS - cold drink, cold water -
desire - ice-cold water

See Figure 2

Cenchris contortrix 0/6, once a day for one month.

3 Sept 2013: B.P. was 136/82 mm Hg with no symptoms, office stress was still going on but patient felt much better.

Placebo with all auxiliary methods like diet, exercise, salt restriction was continued.

Keynote symptoms from *Concordant Materia Medica* by Frans Vermuelen

Characteristics

Like the other snake poisons, it affects the system profoundly. Like *Arsenicum album*, it has dyspnoea, mental and physical restlessness, thirst for small quantities of water, necessity to have loose clothing, like *Lachesis mutus*. Marked alternation of moods; vivid dreams. Is a wonderful restorative and deep acting remedy. Increased sexual desire in both sexes. Ineffectual attempt to recline. Right ovarian region painful. Must lie with the head drawn back or will choke and suffocate. Offensive discharges. Whole body seems enlarged to bursting, esp. about the heart. Throbbing in anus and vulva on waking, followed by a dull aching in sacral region, ameliorated by walking about.

Mind

Forgetful; [dreamily] absent-minded; alternating moods. Delusion that she will be sent to asylum. Anxiety in evening in bed. Anxiety while lying. Presentiment of death. Delusion of being in two places at the same time. Fear of apoplexy. Jealousy. Quarrelsome; from jealousy. SUSPICIOUS. Time passes too slowly.

Head

Aching, in left frontal eminence and left side of teeth.

Eyes

Swelling around eyes, aching and itching in eyes.

Face

Upper lip swollen.

Abdomen

As of a bottle of water shaking up and down in left hypochondrium, while riding in a carriage. Tight clothes around waist unbearable.

Female

Yellow leucorrhoea, and pain in right ovary.

Respiration

Frequent sighing.

Heart

As if distended, fills whole chest, as if it fell down in abdomen. Sharp stitches, fluttering under left scapula.

Lower extremities

As of a cord around hips. OB 6 Nates cold at night in bed.

Dreams

Horrible and vivid dreams, can't be shaken off during waking hours; lascivious, especially of seeing rape and sexual intercourse.

Modalities

Worse: Pressure. Lying down. Afternoon. Night. On waking.



Hypertension and it's homoeopathic management by using different clinical repertories

Dr Ayushi Malhotra, Dr Yogyata

Abstract: The following article describes about hypertension, increasing at a very fast pace nowadays. Different repertories are being used like *Murphy's Repertory*, *Synthesis Repertory*, etc with its general as well as homoeopathic management. This can be controlled by homoeopathic medicine like *Crataegus oxyacantha*, *Lachesis mutus*, *Baryta carbonica*, *Rauwolfia serpentina*, etc.

Keywords: Hypertension, homoeopathy, high blood pressure, *Rauwolfia serpentina*, *Scutellaria laterifolia*.

Abbreviations: WHO – world health organization.

Introduction

Hypertension is known as a “silent killer” since most of the people suffering from hypertension are usually unaware of the problem because it may present no warning signs or symptoms. For this reason, it is essential that blood pressure should be measured regularly. Hypertension is defined as high blood pressure the (force exerted by circulating blood against the walls of the body's arteries, the major blood vessels in the body). Blood pressure is measured as systolic and diastolic. The systolic represents the pressure in blood vessels when the heart contracts or beats whereas the diastolic represents the pressure in the vessels when the heart rests between beats. Hypertension is diagnosed if, when it is measured on two different days, the systolic blood pressure readings on both days is ≥ 140 mmHg and/or the diastolic blood pressure readings on both days is ≥ 90 mmHg.^[1]

Methodology

The data related to this article was being collected from the source books of the authors like

William Boericke, JH Clarke, Robin Murphy, as well as guidelines of hypertension by WHO, etc.

Risk factors

1. Modifiable risk factors

- Unhealthy diet (excessive salt consumption, a diet high in saturated fat and trans fats, low intake of fruits and vegetables),
- Physical inactivity,
- Consumption of tobacco and alcohol,
- Being overweight or obese.

2. Non-modifiable risk factors

- A family history of hypertension,
- Age over 65 years,
- Co-existing diseases such as diabetes or kidney disease.^[1]

Symptoms

- Early morning headaches.
- Nosebleeds.
- Irregular heart rhythms.
- Vision changes.
- Buzzing in the ears.

- Severe hypertension can cause fatigue, nausea, vomiting, confusion, anxiety, chest pain, and muscle tremors.^[1]

Complications

In case of uncontrolled hypertension, following complications can occur:

- Chest pain, also called angina.
- Heart attack, which occurs when the blood supply to the heart is blocked and heart muscle cells die from lack of oxygen. The longer the blood flow is blocked, the greater the damage to the heart.
- Heart failure, which occurs when the heart cannot pump enough blood and oxygen to other vital body organs.
- Irregular heartbeat which can lead to a sudden death.
- Hypertension can also burst or block arteries that supply blood and oxygen to the brain, causing a stroke.
- Hypertension can cause kidney damage, leading to kidney failure.^[1]

Prevention

Reducing hypertension prevents heart attack, stroke, and kidney

damage, as well as other health problems.

- Reducing salt intake (to less than 5 grams daily)
- Eating more fruit and vegetables
- Being physically active on a regular basis
- Avoiding use of tobacco
- Reducing alcohol consumption
- Limiting the intake of foods high in saturated fats
- Eliminating/reducing trans fats in diet.^[1]

Management

- Reducing and managing mental stress
- Regularly checking blood pressure
- Treating high blood pressure
- Managing other medical conditions.^[1]

Repertorial approach according to different repertories

1. *Synthesis Repertory* ^[2] -

- GENERALS- HYPERTENSION –
- CON, VERAT.
- Am-m, Ambr, Aur, Bar-c, Bry, Ferr, Op, Plb, Rauwolf, Sec, Stront, Stront-i, Visc.
- ✓ Accompanied by – heart – Crataegus
- ✓ Sudden – Adren, Coff, Lat-m.

2. *Murphy's Repertory* ^[3] -

- CLINICAL- HYPERTENSION –
- *Crataegus, Lach*
- Aml-n, Aur, Glon, Nat-m, Nux-v, Verat
- ✓ Heart disease with - Crat, Lach
- ✓ Sudden rise of- Adren, Coff,

Glon.

3. *Phatak Repertory* ^[4] -

- HYPERTENSION (BLOOD PRESSURE - HIGH) –
- Aur, Bar-c, Bar-m, Coff, Con, Crat, Glon, Iod, Lycps, Stront, Tab, Uran, Verat-v, Visc.
- ✓ Sudden rise of – Coff.
- Complete Repertory ^[5] -
- CLINICAL – HYPERTENSION
- Arg-n, Aur, Bar-c, Cact, Calc, Caust, Crat, Ign, Kali-c, Kali-chl, Lyc, Nat-m, Phos-ac, Phos, Plum, Psor, Puls, Rad, Rauw, Sec-c, Sep, Sil, Stront, Stront-i, Sumb, Thuja.

Some commonly prescribed medicines for hypertension

1. *GLONOINUM*- Excessive throbbing of heart, pulse beats rapidly with increasing force and frequency; throbbing in the vessels of neck, pulsating headache in forehead and temples, agg. when stooping which causes stitching pain of great violence in cardiac region; laborious action of heart, oppression, frequent pulse; blood seems to rush to heart and mount rapidly to head; alternate congestion to heart and head; severe stitches from heart extending into back, between shoulders; purring noise in cardiac region when lying, pulse intermittent, must have head high; agg. lying on left side, amel. on right side, blending of first and second sound, so that they cannot be distinguished; restlessness in limbs, relieved by walking.
2. *BELLADONNA*- Violent palpitation, prolonged echoing

sound in head with laboured breath. Palpitation from least exertion. Throbbing all through the body. Skin flushed and hot. Anxiety or fear; no thirst. Vertigo with falling on the left side or backward. Worse from touch, noise, jar and lying down.

3. *RAUWOLFIA SERPENTINA*- High blood pressure without marked atheromatous changes in the vessels. It also acts as a sedative.
4. *CRATAEGUS OXYACANTHA* - Pain in region of heart and under left clavicle. Heart muscles seem flabby, worn out. Heart dilated; first sound weak. Pulse accelerated, irregular, feeble, intermittent. Valvular murmurs. Cutaneous chilliness, blueness of fingers and toes; all aggravated by exertion or excitement. Faintness and collapse. Heart failure in hypertrophy and valvular disease^[7].
5. *CONIUM MACULATUM* - Anxious sensation with rapid action of the heart. Pressure at times in the praecordial region, as if the heart would be pressed down, with oppressed breathing (third day). Dull stitches above the heart on deep inspiration, although also soon afterwards on every motion of the body. Flying stitches and tearings, at one time in the cardiac region, at another in the hands, head, and legs. Palpitation on rising, after a stool, with intermissions in the beats of the heart, and after drinking.
6. *VERATRUM ALBUM* - Violent palpitation of heart, which

pushes out the ribs, with choking, and severe fits of anxiety in praecordium. Pulse slow, almost lost. Great activity of arterial system. The blood runs like cold water through the veins.

7. *STRONTIUM CARBONICUM*- High blood pressure with flushed face pulsating arteries, threatened apoplexy.

8. *STROPHANTHUS HISPIDUS*- It is a muscle poison; it increases the contractile power of all stiped muscles. Acts on the heart, increasing the systole and diminishes the rapidity. May be used with advantage to tone the heart and run off dropsical accumulations. In small doses for weak heart, it feels enlarged. In mitral regurgitation, where oedema and dropsy have supervened.

9. *VIPERA BERUS*- violent pain in chest with Chilliness, bloating up of chest, with difficulty of breathing, violent congestion to heart, he tears his clothing open, with excessive sensation of sickness in abdomen, anguish about heart, numbness and lameness of upper extremities.

10. *SCUTELLARIA LATERIFOLIA*- Irregular action of the heart, from derangement of the cardiac plexus, tremulousness and twitching of the cardiac muscels, oppression of the chest with a sticking pain on cardiac region, sensation of throbbing about the heart with flushed face.

11. *MURIATICUM ACIDUM*- Palpitation of heart felt in face; stitches in heart; tension and pain on sternum; agg. when

taking a long breath and on motion; pulse slow and weak, sometimes intermitting; slow during day, more frequent at night.

12. *BARYTA MURIATICUM*- Arteriosclerosis and cerebral affection in the aged. Vertigo and noises in the ears. Increased tension of pulse. Icy cold body with paralysis. Thickening of arteries and bronchial affection in old persons.

13. *LACHESIS MUTUS*- It is the head remedy for high blood pressure. The patient is worse on waking. Sleep into an aggravation. Restlessness. Cannot bear tight clothes, wants to loosen them.

14. *ADRENALINUM*- High arterial blood pressure. Roaring in the ears due to high blood pressure.

Conclusion

In modern world, hypertension is becoming very serious problem day- to-day due to sedentary lifestyle and mental stress. Hypertension is not an incurable disease but can be treated and controlled by some changes in dietary habits and modified lifestyle, along with homoeopathic medicine. Homoeopathic medicines gives great results in the cases of hypertension by using clinical repertories and finding simillimum with the help of Materia medica. Scaling up protocol-based management, improving access to medicines and technologies, and better measuring outcomes, will surely lead to another level of success.

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“A clinical study on the efficacy of homoeopathic medicines in the treatment of hypothyroidism”

Dr Y. Uma Devi, Prof V.V.S. Murali Krishna

Abstract: Nowadays, thyroid diseases are one of the commonest endocrinal disorders worldwide. The prevalence of hypothyroidism is much more common in India compared to the other developed countries. Hypothyroidism is a type of chronic disease, for which many of us think that it requires lifelong follow up and treatment as the disease has a long lasting effects on cardiovascular health and mortality. In addition to being a direct cardiovascular risk factor, hypothyroidism contributes to enhancing other risk factors like hyperlipidaemia and hypertension. Even the subclinical hypothyroidism of moderate severity is associated with higher risk of heart failure and stroke in younger population.

In this paper, the results of the work done on 30 hypothyroid patients using homoeopathic medicines is presented, based on the psychosomatic origin of disease and the totality of symptoms of the case.

Keywords: Endocrinal disorder, hyperlipidaemia, hypertension, subclinical hypothyroidism, psychosomatic.

Abbreviations: SCR: standardised case record, ASS: associated with.

Introduction

Science is the enterprise that builds and organises knowledge in the form of prediction and testable explanation. Homoeopathy is one of the sciences which addresses, among other things, the unexplained health mysteries¹. As the hypothyroidism is the commonest endocrinal disorder worldwide, there is definitely a need for study on the hypothyroidism because of the diversified morbidities it causes on the various systems of the body. Each and every cell of the body has an influence of the thyroid hormones². The disease is ever increasing, after once it is diagnosed and there is no appropriate treatment for this disease till date, except the gradual increasing dosage of levothyroxine supplementation.

Homoeopathy is a system of medicine which is based on the principle that sick man is prior to sick body. Every disease is dealt

from a dynamic point of view, considering the psychosomatic origin and ailment as the basis of disease³. For the totality of symptoms, the elements like the physical constitution of the patient, his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual function etc are considered⁴. Homoeopathy is a system where in the indicated medicines while relieving the patient their symptoms brings the general improvement of the patient as a whole and also decreases the susceptibility of the patient to disease⁵.

In this paper, an attempt to has been made study the effectiveness of homoeopathic medicines in the treatment of hypothyroidism and also to minimise the complications associated with the chronicity of disease. We have made a sincere effort to understand the essential nature of Hypothyroidism, its clinical presentation and it's

homoeopathic approach.

Objectives of the study

1. To study in detail about the hypothyroidism.
2. To emphasise the effectiveness of homoeopathic medicines in the treatment of hypothyroidism.

Materials and methods

- This study has been conducted on the patients of hypothyroidism to assess the effectiveness of homoeopathic medicines in the treatment of hypothyroidism.
- To emphasise the effectiveness of homoeopathic medicines in the treatment of hypothyroidism.

Research design

Non-controlled experimental study design.

Sample design

Total 30 cases were selected by

purposive sampling method. All cases were selected according to inclusion criteria and excluded according to exclusion criteria.

Inclusion criteria

- People between 15–60 years age group of both genders.
- All clinically diagnosed cases of hypothyroidism patients irrespective of their sex, socio-economic status, ethnic group and occupation will be considered.

Exclusion criteria

1. Cases of pregnancy or postpartum related hypothyroidism will not be considered.
2. Cases of any other brain pathology due to which there is some secondary dysfunction of thyroid gland.
3. All types of thyroid cancers.

Source of data

- The data is collected from the patients reported to the outpatient department, inpatient department, peripheral centres and camps of Dr. Allu Ramalingaiah Govt. Homoeopathic Medical College and Hospital, Rajamahendravaram, Andhra Pradesh.
- Data was collected from patients or their parents/attenders, by interviewing the patient's history in detail and after thorough physical examination.
- All data collected in the form of symptoms were recorded in the standardised case record (SCR) of Dr Allu Ramalingaiah Govt Homoeopathic Medical College and Hospital.

Analysis of data

All the collected symptoms of each patient were analysed & totality of symptoms was obtained in each case by taking into consideration the homoeopathic principles.

The potency selection was done based on the demand of the case, taking into consideration the following criteria such as susceptibility, vitality and suppression (if any), changes in the structural and functional level. Mostly single potentised dose was prescribed, based on the totality of symptoms. Very rarely single dose of the complementary medicine was also prescribed based on the requirement of the case. Occasionally *Thyroidinum* 3X supplementation was prescribed for very severe cases.

These cases were followed for a period of 6–12 months duration. During the follow up each case was evaluated keenly including the intensity of symptoms before and after treatment. Thyroid profile was repeated for every 3 months, to consider the improvement of the case not only in the symptoms but also in the pathological point of view. The method used for this study was a clinical method along with the results obtained has been statistically analysed and evaluated. No controls were considered during the study. All cases were treated after taking case with the help of SCR, in which the complete symptomatology of patients (clinical presentation and individual symptoms) was recorded. Selection of remedy in each case was based on the totality of symptoms.

Follow ups

Majority of cases were reviewed for every 15 days to 1 month basis to assess the subjective and objective changes. Each case was followed for a period of 6 – 12 months from the commencement of treatment.

Diet and regimen

All the patients are advised to avoid goitrogens⁶ and to avoid other medicinal agents during the mode of treatment except Thyroxine supplementation.

Assessment of effectiveness

Effectiveness of the medicines was assessed on the basis of clinical improvement and the disappearance or relief of symptoms, improvement in general health by the disease intensity scores and the improvement in the Thyroid Profile. After completion of treatment, the post – treatment disease intensity was compared taking into consideration the general well being of the patient and also comparing the improvement in the Thyroid Profile before and after treatment.

Plan and data analysis

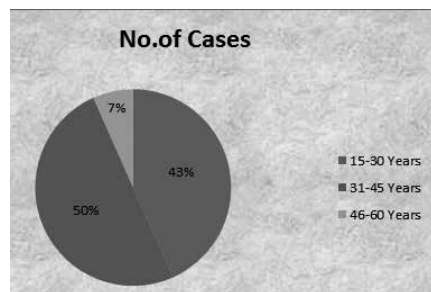
Data will be analysed using descriptive statistics and the results will be presented by using frequency tables, percentages, diagrams and graphs. The significance of the treatment before and after using homoeopathic medicine is tested by using paired t-test.

Tools used

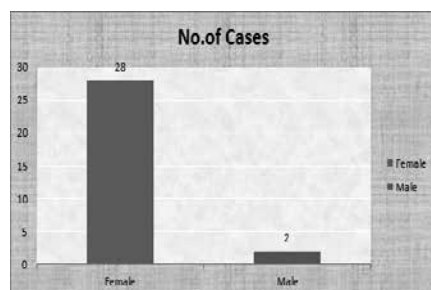
- Standardised case record (SCR).
- Master chart.

Results:

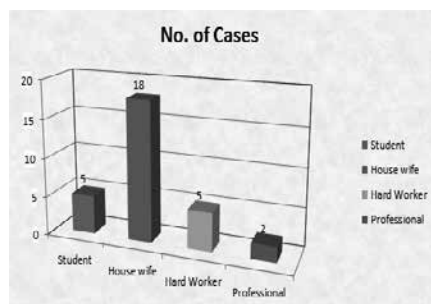
Distribution of cases according to age



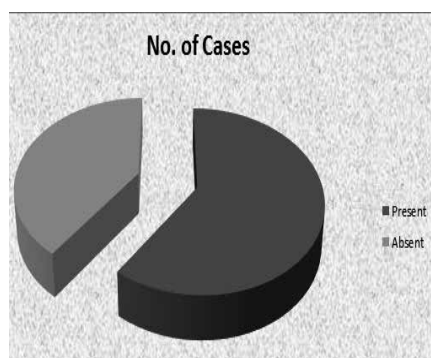
Distribution of cases according to sex



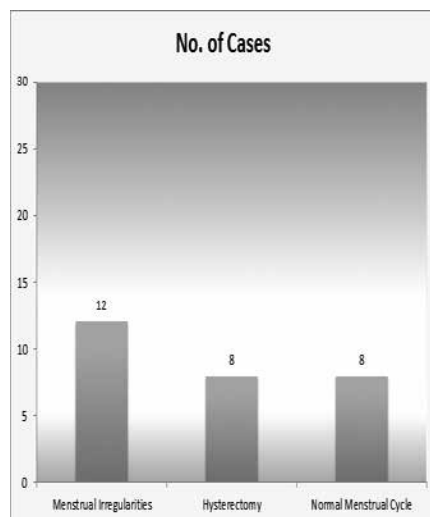
Distribution of cases according to occupation



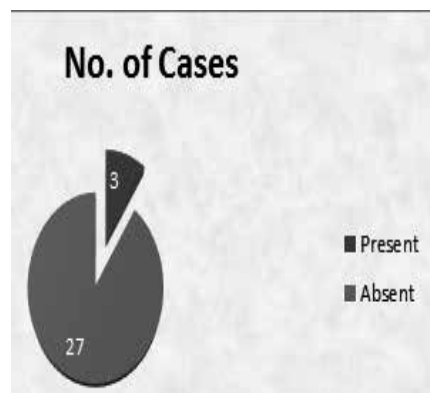
Distribution of cases according to family history of hypothyroidism



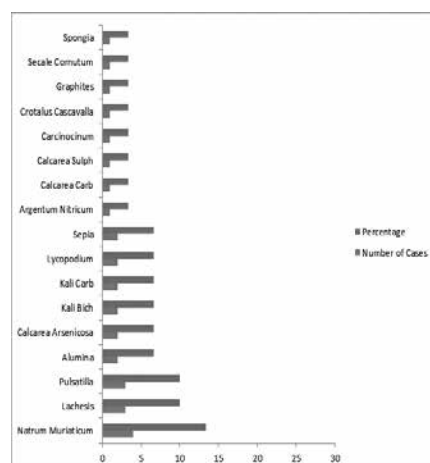
Distribution of cases according to gynaecological disorders / ass with hysterectomy



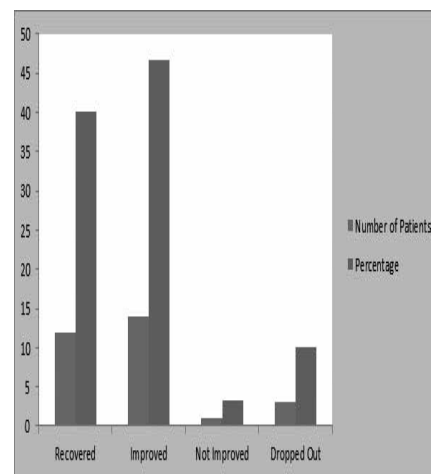
Association of goitre in hypothyroid cases



Distribution of constitutional remedies in the treatment of hypothyroidism



Statistical data of result of the treatment:



Discussion and conclusion

In the past, iodine deficiency was being for the occurrence of hypothyroidism in India, but the disease is still prevalent despite the promotion of iodised salt since 1983. Iodine supplementation can also induce or aggravate autoimmunity, resulting in goitre and thyroid dysfunction. India has completed its transition from iodine deficiency to iodine replete status. According to research done by Unnikrishnan, chief endocrinologist et.al, across the world, with the advent of iodisation, autoimmune thyroid disease has become the most common cause of hypothyroidism⁷.

From the above study, it was clearly evident that hypothyroidism does not just require a mere supplementation, but something more is needed to be understood in order to cure the disease permanently from the root cause.

Although some group of individuals are being exposed to same environmental and physical conditions, not everyone are being suffered from the disease and not

even the same individual remains the same as before in the similar environmental conditions, which might be due to some triggering factors making the person liable to suffer⁸.

According to Sigmund Freud, a famous psychoanalyst, "emotions are responsible for mental disturbances and somatic disorders. Physical symptoms are often the surface manifestations of deeply repressed conflicts."

James Tyler Kent has stated, "It is not from the external things that man becomes sick, not from bacteria nor environment, but from causes with himself. That which we call disease is but a change in the Vital force expressed by the totality of symptoms."⁹

In the *Textbook of Pathology* by William Boyd, the author clearly states that the emotional disturbances are the main cause of thyroid disorders and the hypothalamus is the controlling centre of the emotional activity of the body. Even the pituitary gland itself is also under the influence of nervous stimuli from the hypothalamus and thus directly controls the activities of all the hormones of the body¹⁰. So not only the thyroid disorders but all the endocrinal diseases are a direct result of the emotional disturbance in the person. When these emotional disturbances are considered and given prime importance and treated accordingly, the cure will ensue in a simple and permanent way¹¹.

Homoeopathy is a such a precise system of medicine, which considers the person as a whole by taking into consideration his physical, mental and emotional symptoms along with the ailment,

which made the patient prone to the disease and finally the totality of symptoms is arrived, basing on which the remedy is prescribed¹².

Out of the 30 cases, *Natrum Muriaticum* (in 4 cases); *Pulsatilla* and *Lachesis*(in 3 cases); *Alumina*, *Calcarea Ars*, *Kali bich*, *Kali carb*, *Lycopodium* and *Sepia* (in 2 cases each); *Argentum Nitricum*, *Calcarea Carb*, *Calcarea Sulph*, *Carcinosinum*, *Crotalus Cascavalla*, *Graphites*, *Spongia* (in 1 case each) were selected on the constitutional basis and found to be effective in the treatment of hypothyroidism.

From the analysis of the result obtained, it is obvious that the homoeopathic medicines are effective in the treatment of hypothyroidism.

Limitations

1. Since this is a time bound study, therefore cases could not be studied for longer period. Some cases could not be considered in this study because of discontinuation of treatment.
2. Since the sample size is limited to 30 cases, generalising the result and conclusions of this study need to be done cautiously.

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Enough of homoeo 'n' corona, now talk on homoeo 'n' coronary

Dr Rakesh Gohel

Abstract: Acute diseases, especially epidemics, always drive attention of all because of its suddenness involving majority of people and occasionally comes in the form of undertaker. Corona played the same role in the form of pandemic. Similarly, certain non-communicable diseases are slowly progressively acting as undertaker which is always overlooked. One of major such diseases is cardiovascular diseases. Homoeopathy has pivotal role in preventing cardiac diseases as well as promoting health.

Keywords: Cardiovascular disease, homoeopathy, materia medica, medicines, repertory.

Abbreviations: non-communicable diseases (NCD), cardiovascular diseases (CVD), ischaemic heart disease (IHD), rheumatic heart disease (RHD).

Burden of communicable v/s non-communicable diseases (NCDs)

World is passing through such a phase when, at regular intervals, some or the other mishap in the form of meteoric or telluric disturbances ends up increasing the morbidity and mortality. Since last few years, homoeopaths have witnessed varied form of epidemics and pandemics. Latest worldwide threat happened to be in form of corona virus infection – COVID-19.⁽¹⁾

Along with such threats world is also facing problems of critically high incidence of non-communicable diseases which gradually have become an undertaker for large population worldwide. As per the data provided in book of preventive medicine by Park, the developing countries should be alarmed to take immediate proper steps to get rid of the “epidemics” of non-communicable diseases. It is said that out of 57 million global deaths in 2008, 36 million (63%) were due to non-communicable

diseases (NCDs). Among these, cardiovascular diseases constituted the largest proportion of NCD deaths (47.9 %), followed by cancers (21%), chronic respiratory diseases (11.72 %), digestive diseases (6.1%), diabetes (3.5%) and rest of the NCDs were responsible for 9.78% of deaths. India have been facing a rise in the burden of NCDs causing significant morbidity and mortality, both in urban and rural population.⁽²⁾

Among the cardiovascular diseases (CVD), the major conditions include ischaemic heart disease (IHD), hypertension, cerebrovascular disease (stroke), congenital heart disease, rheumatic heart disease (RHD).⁽²⁾

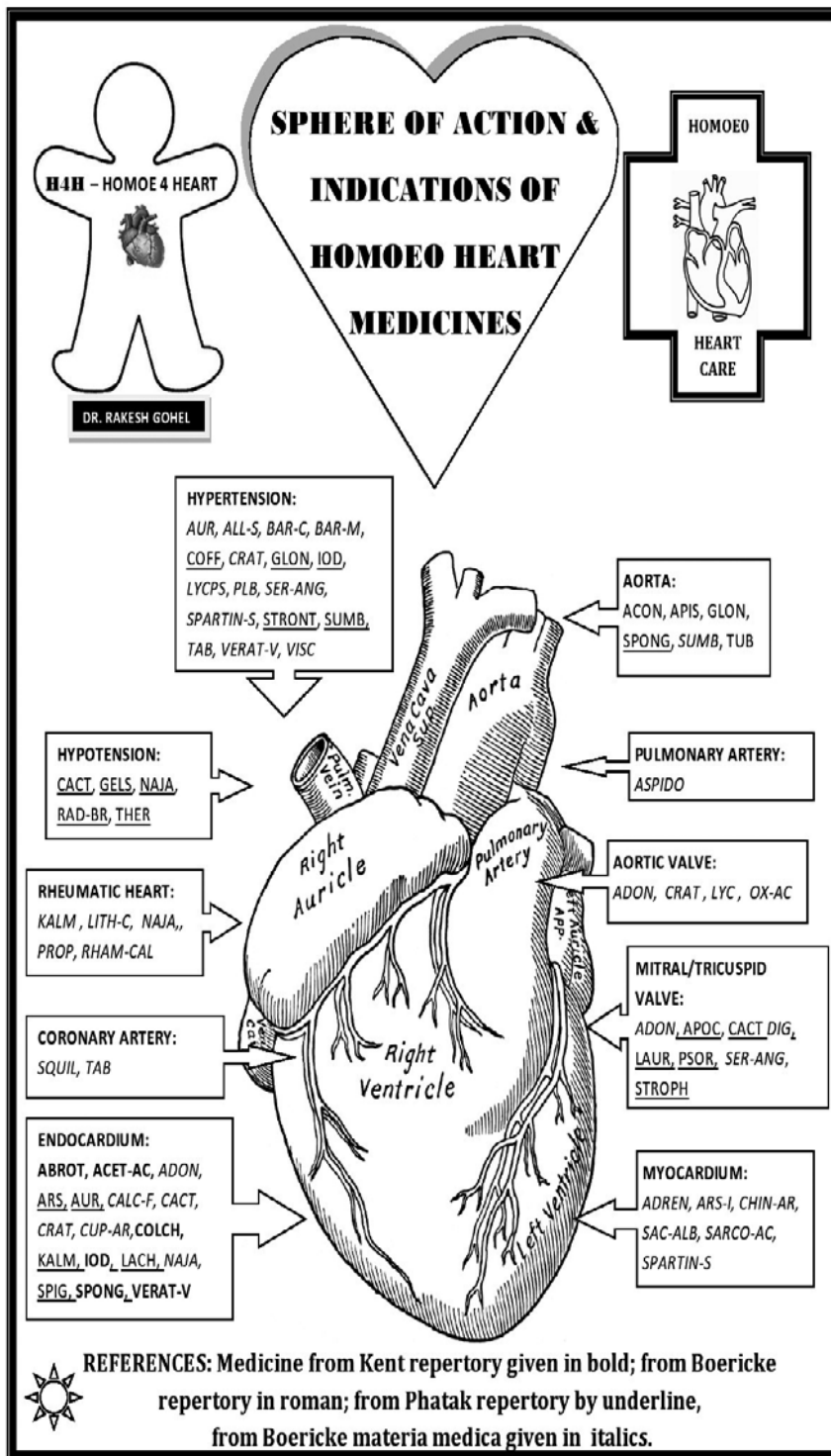
Homoeopathy for heart

Hahnemann had nicely written in “*Medicine of experience*” that on this earth, many animals, insects and creatures have one or the other protective features which help them to fight against predator, for example, snakes have fang with venom, tortoise with armour, deer with stags, etc. On the other hand,

man regarded as an animal, has been created more helpless than all other animals. Man has been subjected to far larger numbers of diseases than animals. It is the man who painfully escapes from his mother’s womb, soft, tender, naked, defenseless, helpless and destitute of all that can render his existence supportable and happy. Hahnemann has stated that there are medicines which can protect man from various diseases, and therefore he must know all about it.⁽³⁾

Homoeopathic chest box is full of useful medicines for various cardiovascular diseases acting over different parts and conditions of heart.

Following is the chart which can be used for clinical snap shot prescription. The medicines are presented according to their action on various parts/ locations of heart as well as in different heart diseases. For reference, *Boericke’s materia medica and its Repertory*, *Kent Repertory* and *Phatak Repertory* are consulted.^(4,5,6)



Chart

Chart:

See Chart

Homoeopathy for coronary affections:

- Coronary artery diseases

manifest itself in many ways like angina pectoris, myocardial infarction; irregularities of the heart, cardiac failure, even sudden death.⁽²⁾

- If homoeopathic medicines are given in time it can check further progress of such diseases. Following medicines may prove to be useful:

- *Arnica montana*: In material doses, it prevents clotting as well as thrombotic phenomenon. For angina pectoris with severe pain in elbow of left arm. Fatty heart and hypertrophy.⁽⁴⁾

- *Ceanothus americanus*: Active haemostatic, materially reducing the clotting of blood. Like aspirin, these 2 drugs, i.e. *Arnica montana* and *Ceanothus americanus*, helpful as blood thinner.⁽⁴⁾

- *Crataegus oxyacantha*: A heart tonic, which is said to have a solvent power upon crustaceous and calcareous deposits in arteries. This indication makes the role of *Crataegus oxyacantha* worthy in heart conditions. Arteriosclerosis, in majority of the cases, acts as mischief. Whatever may be the name of arteries when they get affected by time with deposition of various deposits and leading to narrowing, this remedy comes in action to dissolve this deposits and increasing diameter of vessels so increase in the blood flow. In my clinical practise, many heart patients are benefitted with this medicine. In true sense it act as cardiovascular tonic.⁽⁴⁾

- *Squilla maritima*: This is unique but neglected remedy for heart. Along with *Tabacum*, it has special affinity for coronary arteries. This remedy should keep in mind

for cardiac diseases as it is a cardiac stimulant affecting the peripheral vessels and coronary arteries.⁽⁴⁾

- *Tabacum*: This remedy plays a pivotal role for cardiac affection but still it is overlooked. For dealing with heart patients, this is one of the essential medicines as it is said to be the most homoeopathic drug for angina pectoris, with coronaritis and high tension. Patient has palpitation when lying on left side; intermits, feeble and imperceptible pulse; angina pectoris, pain in præcordial region, pain radiates from center of sternum.⁽⁴⁾

Remember me too!

Following are few remedies which must not be overlooked for cardiac conditions:

- *Strophanthus hispidus*: This remedy increases the systole and diminishes the rapidity. May be used with advantage to tone the heart, and run off dropsical accumulations. Main feature of this remedy is that it has no gastric distress, has no cumulative effects and it is a greater diuretic, is safer for the aged as it does not affect the vaso-motors. Helpful in cases where irritable heart noticed on consequence of the long term use of stimulants especially tobacco-smoking. This remedy has capacity to restore tone to a brittle tissue, especially of the heart muscle and valves. It is useful in failing compensation dependent upon fatty heart. So, one can see vast sphere of action of this medicine for cardiac affections.⁽⁴⁾
- *Convallaria majalis*: Useful for smokers, for tobacco heart, especially when due to cigarettes. Useful when the ventricles are

over distended and dilatation begins, and when there is an absence of compensatory hypertrophy, and when venous stasis is marked along with dyspnoea, dropsy, aneuric tendency. So, in cases where there is no compensatory mischief, this remedy is helpful.⁽⁴⁾

- *Adonis vernalis*: How can one forget “pheasant’s eye”. Most useful heart medicine, after rheumatism, influenza, or bright’s disease, where the muscles of the heart are in stage of fatty degeneration. Here it regulates the pulse and increasing the power of contractions of heart, with increased urinary secretions. Most valuable in cardiac dropsy. Useful in many cardiac mischiefs such as mitral and aortic regurgitation, chronic aortitis, fatty heart, pericarditis, rheumatic endocarditis, myocarditis and cardiac asthma.⁽⁴⁾

Quick reference

- *Allium sativum*: Useful for hypertension as has vasodilatory properties produces arterial hypotension within 30 to 45 minutes after twenty to forty drop doses of the tincture.⁽⁴⁾
- *Baryta carbonicum*: *Baryta carbonicum* is said to be cardiovascular poison acting on the muscular coats of heart and vessels leading to arterial fibrosis. Blood vessels soften and degenerate, become distended, and aneurysms, ruptures, and apoplexy results in. Useful for diseases of old men when degenerative changes begin; whether its cardiac, vascular or cerebral; who have hypertrophied prostate or indurated testes.⁽⁴⁾
- *Baryta muriatica*: Useful when there is hypertension and

vascular degeneration. Usually, for high systolic pressure with a comparatively low diastolic tension.⁽⁴⁾

- *Vanadium*: This remedy is known as oxygen carrier and a catalyser, so it is very useful in wasting diseases like myocardial degeneration even in degenerative conditions of arteries. It is also known to increase and stimulate phagocytes which helps to combat infection.⁽⁴⁾
- *Aspidosperma*: In mother tincture doses this medicine act as “*Digitalis* of the lungs.” It has capacity to remove temporary obstruction to the oxidation of the blood by stimulating respiratory centers, increasing oxidation and excretion of carbonic acid. Very useful for pulmonary stenosis, thrombosis of pulmonary artery and cardiac asthma.⁽⁴⁾

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A case on hypertension with *Boger's Synoptic Key*

Dr J.Senthil Kumar and Dr A. Sumaiyah

Abstract: A condition in which the force of the blood against the artery walls is too high. Usually hypertension is defined as blood pressure above 140/90 mm Hg and is considered severe if the pressure is above 180/120mm Hg. High blood pressure often has no symptoms. Over time, if untreated, it can cause heart diseases and stroke.

Keywords: Cardiovascular disease, homoeopathy, materia medica, medicines, repertory.

Abbreviations: non-communicable diseases (NCD), cardiovascular diseases (CVD), ischaemic heart disease (IHD), rheumatic heart disease (RHD).

Keywords – HTN, hypertension, homoeopathy, *Boger's Synoptic Key*.

Abbreviations – HTN – hypertension, mm – millimetre, Hg – mercury, BP – blood pressure.

Introduction

Hypertension, also known as high blood pressure is a long term medical condition in which the blood pressure in the arteries gets persistently elevated ⁽¹⁾. High blood pressure typically does not cause any symptoms. Long term high blood pressure, however, is a major risk factor for coronary artery disease, stroke, heart failure, atrial fibrillation, peripheral arterial disease, vision loss, chronic kidney disease and dementia ^(2,3).

Types

1. Primary essential hypertension – about 90 to 95 % are primary due to non-specific lifestyle and genetic factors like excess salt in the diet, excess body weight, smoking and alcohol use.
2. Secondary hypertension – remaining 5 to 10% are categorised as secondary high blood pressure due to an identifiable cause, such as chronic kidney disease, narrowing of the kidney arteries, an endocrine disorder or the use of birth control pills ⁽⁴⁾.

Symptoms

Hypertension is rarely accompanied by symptoms and its identification is usually through screening, or when seeking healthcare for an unrelated problem. Some people with high blood pressure report headache as well as light headedness, vertigo, tinnitus, altered vision or fainting episodes ⁽⁵⁾.

Diagnosis

Hypertension is diagnosed on the basis of a persistently high resting blood pressure. The American Heart Association recommends at least three resting measurements on atleast two separate health care visits⁵.

Prevention

- Maintain body weight.
- Reduce salt intake.
- Regular physical activity.
- Limit alcohol consumption.
- Consume a diet rich in fruit and vegetables⁵.

Homoeopathic approach

Homoeopathy operates on the law of similars. Homoeopathy can help high blood pressure, determining its cause through a holistic approach. Homoeopathic treatment is recommended because it not only can lower and stabilise blood pressure, it also has a positive effect on overall health.

Repertorial approach

Synoptic key of Materia medica by Dr C.M. Boger is, in real sense, a key to homoeopathic materia medica, something which is not only useful in bed side prescription but also in a classical way. This book intends to make the general expression or genius of the remedy, thereby helping the prescriber to correct the manner of his practise. The repertory is too instructive in its own way and many hints can be gathered from its unusual layout. It can also be applied as supplementary reference table.

- Year of publication - 1931
- Number of remedies – 489 (repertory part)
323 (synopsis part) ⁽⁶⁾

Editions

I edition – 1915.
II edition – 1916.
III edition – 1928.
IV edition – 1931.
Augmented edition – 1935.

Gradation

1st grade – CAPITAL ROMAN.
2nd grade – **bold roman**.
3rd grade – ordinary roman.

Plan and construction

The entire book consists of three parts. They are as follows:

- 1st part – analysis.
- 2nd part – synopsis.
- 3rd part – consists of:
 - a) Table of approximate duration of action of remedies.
 - b) Complementary remedies.
 - c) Antagonistic remedies.
 - d) Supplementary reference table. ⁽⁷⁾

Boger's evaluation of symptoms/ totality in the *Synoptic key of Materia medica* is as follows:

1. Modalities.
2. Mind.
3. Sensation.
4. Parts affected.

So here also Boger is sticking to his old format of *Boger Boenninghausen Characteristics and Repertory*, that is, location, sensation, modalities and concomitants. ⁽⁸⁾

Case study

A. Introduction

Mr. X of age 54 came with the complaints of on and off vertigo since 5 months. Vertigo occurred especially on standing, with heaviness in the back of the head. He also complained of sudden blackness of vision. On examination, his blood pressure came out to be 180/100 mm hg.

Presenting complaints

Location	Sensation	Modality	Concomitant
Head Occiput	Vertigo Heaviness	< standing up	Sudden blackness of vision

Past history – Nothing specific.

Family history – Father – Hypertensive.

Physical generals

The patient had desire for salty foods, and aversion to fatty foods.

Mental generals

The patient used to become angry easily and was irritable in nature.

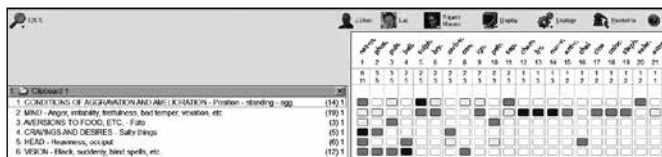
Analysis and evaluation of symptoms

Mental generals ^{Intensity} (miasm)	Physical generals ^{Intensity} (miasm)	Particulars ^{Intensity} (miasm)
Irritable ⁺⁺ (psora) (10) Anger ⁺⁺ (psora) (10)	Aversion – fatty foods ⁺⁺ (sycosis) (10) Desires – salty things ⁺⁺⁺ (tubercular) (10)	Heaviness of occiput ⁺⁺⁺ (syphilis) (10). Sudden blackness of vision ⁺⁺ (syphilis) (10) < standing up ⁺⁺⁺ (psora) (10)

Rubrics ⁸

S.No.	Symptoms	Chapter	Rubric	Page number
1.	Irritable, anger	MIND	anger, irritability, fretfulness, bad temper, vexation, etc.	49
2.	Desire, salty things	CRAVINGS & DESIRE	salty things.	74
3.	Aversion – fatty foods	AVERSIONS TO FOOD, ETC	fats.	73
4.	Heaviness in occiput.	HEAD	heaviness, occiput.	57
5.	Sudden blackness of vision	VISION	black, suddenly, blind spots, etc.	61
6.	< Standing up	CONDITIONS OF AGGRAVATION & AMELIORATION	position – standing-agg.	27

Repertorial result⁹



Prescription

Natrum muriaticum 200/1 dose was prescribed (including symptoms such as heaviness of head, feeling of fainting when raising, sudden darkness of vision, great longing for salt, aversion to fatty foods),¹¹ followed by placebo (3-0-3) pills for 15 days.

Potency and dosage – twelfth to thirtieth and higher, in infrequent dosage.¹²

Follow up

Date	Symptoms	Prescription
30.10.2019	Patient felt better. There was decrease in the heaviness of the head but vertigo still persisted. BP – 180/100 mm Hg	<i>Natrum muriaticum</i> 200/1 dose. (every correctly chosen homoeopathic medicine, even those whose action is of long duration, may be repeated daily for months with ever increasing success - § 248) ¹³ Placebo (3-0-3) / 15 days
15.11.2019	Patient felt better. 30% improvement. Vertigo persisted. BP – 170/90 mm Hg	Placebo (3-0-3) / 15 days
02.12.2019	Patient felt better. Generals became good. Vertigo presented occasionally. BP – 150/90 mm Hg	Placebo (3-0-3) / 15 days
18.12.2019	Patient felt better. Generals became good. No new complaints. BP – 130/80 mm Hg	Placebo (3-0-3) / 15 days.
03.01.2020	Patient felt better. Generals became good. No new complaints. BP – 130/80 mm Hg	Placebo (3-0-3) / 15 days.

Conclusion

Thus, it is clear that homoeopathy treats the patient as a whole, not just the disease. Individualisation plays a major role in homoeopathic prescription and *Boger's Synoptic Key* helps in finding the individualised simillimum remedy, as a quick reference.

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A brief therapeutic index of lesser known homoeopathic remedies for hypertension

Dr Shishir Mathur, Dr Rajesh Kumawat, Ms. Meenal Saini

Abstract: Hypertension is one of the leading causes of global burden of disease. Hypertension doubles the risk of cardiovascular diseases, including coronary arterial disease (CAD), congestive heart disease (CHD), ischaemic and haemorrhagic stroke, renal failure, and peripheral arterial disease. In children and adolescents, blood pressure is associated with growth and maturation. Homoeopathic treatment is based on individualisation as the patient is treated as a whole entity rather than only for hypertension.

Keywords: Hypertension, congestive heart disease, renal failure, homoeopathic therapeutics.

Abbreviations: coronary arterial disease (CAD), congestive heart disease (CHD), National health and nutrition examination survey (NHANES), angiotensin-converting enzyme (ACE), multiple risk factor intervention trial (MRFIT), sodium chloride (NaCl), deoxyribonucleic acid (DNA), International Classification of Diseases (ICD), less than (<), millimetre of mercury (mm Hg), blood pressure (BP).

Introduction

Hypertension, also known as high blood pressure, is the lateral pressure exerted by flowing blood on the walls of arteries. In ICD-9, essential hypertension was coded using 401.0 (malignant), 401.1 (benign), or 401.9 (unspecified). ICD-10 uses only a single code for individuals meeting the criteria of hypertension having no co-morbid heart or kidney disease. This code is 110, essential (primary) hypertension.¹ Blood is carried from the heart to all parts of the body in the vessels. Each time the heart beats, it pumps blood into the vessels. Blood pressure is created by the force of blood pushing against the walls of blood vessels (arteries) as it is pumped by the heart.² In every case of hypertension, there is an increase in peripheral resistance. This increased peripheral resistance is due to spasm of the arterioles, or due to the narrowing of their channels on account of thickening of their walls. Peripheral resistance may also be increased due to the interference with capillary circulation in the kidneys, or due to the inflammation of these organs.³ In the United States, based on result of the National health and nutrition examination survey [NHANES], approximately 30% of adults, or at least 65 million individuals have hypertension. Recent evidence suggests that the prevalence of hypertension is increasing, possibly as a consequence of increasing obesity. Among populations, hypertension prevalence is related to dietary NaCl intake, and the age-related increase in blood pressure may be augmented by a high NaCl intake. Low dietary intake of calcium and potassium may also contribute to the risk of

hypertension. Several strategies are being used in the search for specific hypertension-related genes. Current evidence suggests that genes that encode components of the renin-angiotensin-aldosterone system, along with angiotensinogen and angiotensin-converting enzyme (ACE) polymorphism, may be related to hypertension and to blood pressure sensitivity to dietary NaCl. In the future, it is possible that DNA analysis will predict individual risk for hypertension and target organ damage and will identify responders to specific classes of anti-hypertensive agents. In adults, there is a continuous, incremental risk of cardiovascular disease and renal disease across levels of both systolic and diastolic blood pressure. The multiple risk factor intervention trial (MRFIT), which included >350,000 male participants, demonstrated a continuous and graded influence of both systolic and diastolic blood pressure on CHD mortality, extending down to systolic blood pressures of 120 mm Hg. A recent classification recommends blood pressure criteria for defining normal blood pressure, prehypertension, hypertension (stages I and II), and isolated systolic hypertension, which is frequent among elderly.⁴

Blood pressure classification⁵

S.No.	Blood pressure classification	Systolic (mm Hg)	Diastolic (mm Hg)
1	Normal	<120	And <80
2	Pre-hypertension	120-139	Or 80-89

3	Stage 1 hypertension	140-159	Or 90-99
4	Stage 2 hypertension	≥160	Or ≥100
5	Isolated systolic hypertension	≥140	And <90

Recommended criteria for a diagnosis of hypertension, based on 24-hour blood pressure monitoring, are awake blood pressure ≥135/85 mmHg and asleep blood pressure ≥120/75 mm Hg.

Treatment

Lifestyle interventions

Implementation of lifestyle that favourably affects blood pressure has implications for both the prevention and treatment of hypertension. Dietary modifications that effectively lower blood pressure are weight loss reduced NaCL intake, increased potassium intake, moderation of alcohol consumption. Blood pressure may be lowered by 30 min of moderately intense physical activity, such as brisk walking, 6-7 days a week, or by more intense, less frequent workouts.⁴

Homoeopathic view point

Homoeopathic physician, on the other hand, considers disease as a disturbance of the life force, made known to him only through signs and symptoms. He understands that the patient is prior to the localisation of disease. Hypertension, like other diagnosis, is considered only as a part of the whole.⁶

Although homoeopathic treatment is based on individualisation and totality of person as a whole, there are certain repertories where one can find 'HYPERTENSION' as rubric, like *Lotus Materia Medica* by Robin Murphy and *A Concise Repertory Of Homoeopathic Medicines* by Dr S.R. Phatak. In *Lotus Materia Medica* by Robin Murphy total 118 medicines are mentioned under this rubric out of which 10 are of highest grade.⁷ A Concise Repertorial of Dr S. R. Phatak, total 16 medicines are mentioned.¹⁰

Lesser known homoeopathic medicines for hypertension

Following are some homoeopathic medicines

which can be used in cases of hypertension, not getting fit into totality. These medicines are effective but are not frequently used by practitioners.

1. *Lycopus virginicus* (Bugle weed):

Morrisson made an extensive proving of *lycopus* and developed unmistakable heart symptoms. Lowers the blood pressure, reduces the rate of the heart and increases the length of systole to a great degree.⁷ It is indicated in diseases with tumultuous action of the heart and more or less pain.⁸ Cardiac irritability with depressed force. This may be found with organic disease as well as without.⁹

2. *Strophanthus hispidus* (Kombe seed):

It is a muscle poison; it increases the contractile power of all striped muscles especially the heart.⁸ It acts on the heart increasing the systole and diminishing the rapidity.³ May be used with advantage to tone the heart, and run off dropsical accumulations.⁸ Especially useful in failing compensation dependent upon fatty heart. After the long use of stimulants. Arteriosclerosis, rigid arteries of aged.⁷

3. *Adrenalinum*:

Its chief therapeutic use depends on its vaso-constriction action. It appears to possess a very powerful local action over dilated blood vessels.⁷ Useful in arterio-sclerosis and blood pressure. Vertigo, nausea and vomiting are prominent.³

4. *Tabacum nicotiana*:

Produces high tension and arteriosclerosis the coronary arteries. Angina pectoris with coronary sclerosis and high tension.⁷ Dilatation of heart caused by shock or violent physical exertion.⁸ unsteady heartbeat.¹⁰

5. *Spartium scorpariums*:

Spartien sulphate increases the strength of the heart, slows it and reduces the blood pressure. It lowered the systolic and diastolic pressures in the provers. It weakens the cardiac contraction. Used palliatively in physiological dosage to combat arterial hypertension.⁸

6. *Radium bromatum*:

Constriction. Wakes with palpitations. Low blood pressure.⁸ Pulse, rapid, irregular, fluttering.¹⁰

7. *Sumbulus moschatus*:

It affects heart causing nervous palpitation.¹⁰ High blood pressure due to arteriosclerosis. Pulse irregular. Cardiac asthma.⁹ A tissue remedy for sclerosed arteries. Pulse irregular.⁸

8. *Terminarie arjuna*:

It has been used as a cardiac tonic since the ancient times by ayurvedic physicians, it has been used in both functional and organic diseases of the heart like angina, palpitation and weakness of the heart.¹¹

A great heart remedy. Highly effective in cases of high blood pressure, with vertigo, palpitation and a sense of mental and physical exhaustion.³ Cardiac asthma.¹¹

9. *Boerhaavia diffusa*:

Palpitation with dyspnoea. Hypertension with palpitation, Blurred vision and profuse perspiration, aggravated by stretching the arms, pressure, changing position, evening, bending forward. Increased blood pressure with ringing in ears and heat of vertex.¹¹

10. *Adonis vernalis*:

It is a herbal heart tonic. Indications include rapid and feeble action of the heart. It acts predominantly on the heart when it is affected after rheumatism, influenza. Low vitality with weak heart and slow, weak pulse.⁷ It is useful in lowering arterial pressure.³

11. *Viscum album*:

In middle ages, it was used as an hypo-tensor, anti-epileptic. Lowered Blood pressure.⁷ It acts on lowered blood pressure with dilated blood pressure but does act on the centres of medulla. Pulse is slow due to central irritation of the vagus.¹¹

12. *Strontium carbonicum*:

High blood pressure with a flushed face, pulsating arteries and threatened apoplexy. Arteriosclerosis. Restlessness at night, smothering feeling.⁸ Dull, intermitting pressure in precordial region.⁷

13. *Allium sativa*:

Allium sativa has vasodilatory properties. Thus, it has

a reputation of lowering the blood pressure. Leaping beats of the heart.⁷ Arterial hypotension begins usually in 30 to 45 minutes after twenty to forty drop doses of the tincture.⁸

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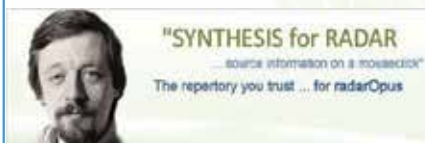
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Psychodynamic and psychosomatic nature of essential hypertension and emerging homoeopathic remedies

Dr Neha Patel

Abstract: Various authors have done the study on essential hypertension as a psychosomatic disorder; But this study attempts to demonstrate the connections between psyche and soma; study the significant life events, causative factors, dispositional qualities, psychological conflicts and defense mechanism used in cases of essential hypertension. Remedies matching this would enhance the knowledge of psychodynamic and psychosomatic nature of the remedies.

Keywords: psychodynamic, psychosomatic, homoeopathic remedies.

Abbreviations: MIL-DIL-mother in law-daughter in law, OPD-out patient department, IPD- in-patient department, Hg - mercury.

Introduction

Essential hypertension was one of the seven classic psychosomatic diseases for which psychoanalytical investigators have proposed psychodynamic etiologies. In considerable proportion of cases, the disease tends to be asymptomatic for prolonged time, hence also labelled as silent killer. Hypertension, this silent killer is estimated to affect 1.56 billion worldwide by the year 2025^[1] Modern civilisation has contributed to the stressful or traumatic life situations to which the organism cannot effectively respond. When combined with faulty lifestyle, disturbed equilibrium results in contributing to the development of psychosomatic disorder like essential hypertension, which is seen in 90% of cases and is a highly important public health challenge that remains, however a major modifiable cause of morbidity and mortality. Hence, this study attempts to understand the connection between psyche (mind) and soma (body) and the remedies matching these factors would enhance knowledge of the psychosomatic and psychodynamic of the remedies.

Aim

To understand the psychodynamic and psychosomatic relationship in patients with essential hypertension and study the emerging homoeopathic remedies.

Objectives

1. Understanding the psychodynamic and psychosomatic relationship in patients with essential hypertension.
2. Studying the group of homoeopathic remedies matching the psychodynamic and psychosomatic in patients with essential hypertension.

Material and methods

1. Study setting: - Cases of essential hypertension from the OPD, IPD and peripheral OPD of Rural Homeopathic hospital (Centre of Excellence), Palghar district, Maharashtra, India.
2. Sample size and selection of samples: 50 cases meeting inclusion criteria were selected by purposive sampling technique.

3. Criteria

Inclusion criteria:

- i. Cases diagnosed with essential hypertension cases with stage 1 and stage 2- hypertension (stage 1: systolic 140–159 mm Hg, diastolic 90–99 mm Hg; stage 2: systolic 160 mm Hg, diastolic 100 mm Hg.).
- ii. Cases above the age group of 20 years – 65 years.
- iii. Cases of both sexes.
- iv. Cases having significant life events.

Exclusion criteria:

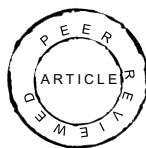
- i. Cases with known psychiatric illness

4. Study design (type of study): prospective qualitative case series.

5. Tools used: life space table, psychodynamic and psychosomatic tool.

6. Brief procedure:

- i. Identified cases as per the inclusion and exclusion criteria was taken up for study.
- ii. The screening questionnaire for physician was used for identification of cases.
- iii. Detailed case taking and



the checklist to assess the conflicts helped in assessing the psychosomatic aspect.

iv. Cases processing were done and senior consultant gave prescription.

v. The emerging patterns of psychological conflicts, dispositions, causative emotions and defense mechanism seen in cases of hypertension were concluded.

vi. Correlation of the psychosomatic aspects in the cases with homoeopathic remedy was done.

7. Outcome assessment criteria

i. Identifying the psychodynamic and psychosomatic relationship in patients with essential

hypertension.

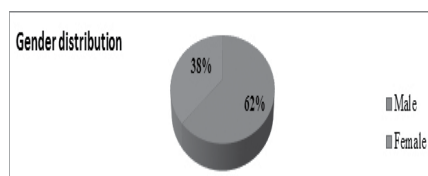
ii. Identifying the remedies matching the psychodynamic and psychosomatic relationship in patients with essential hypertension.

8. **Statistical technique:** The qualitative data was analysed by summarisation technique. Proportion, the mode was used for making a conclusion.

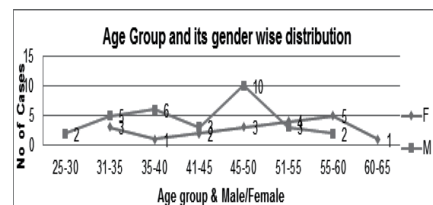
Observations and results

All data were analysed on the basis of objectives of the study.

1. Pie chart representation of the gender wise distribution of essential hypertension:



2. Comparative line graph representing gender wise age group suffering from essential hypertension:



Males between age group of 46-50 have 10 cases and females 55-60 have 5 cases.

3. Tabular representation of significant life events, causative factors, psychological conflicts and dispositional qualities with the emerging remedies in cases of essential hypertension

Significant life event	Causative emotion	Psychological conflict	Disposition	Defense mechanism	Remedy
Husband's illness, dowry issue, criticised by authority, misuse of money by family member, extramarital affair, misuse of money by family member, death of son	Anticipation, suppressed anger, mortification, vexation, grief ^[8]	Breakage of bond with loved ones, suppressed anger and dependency	Irritable, reserved, anxious, sensitive to: scolding, comments, criticism ^[4,5,6,7,8]	Acting out, avoidance, suppression, rationalisation	<i>Natrium muriaticum</i> [4,5,6,7,8] [7 cases]
Cheated by students, niece suicide, son being a special child, Misuse of money by family member, cheated by relative	Suppressed anger, fright, anticipation, vexation ^[8]	Suppressed anger and dependency, role conflict, Self-Image conflict	Anxious, irritable, boaster, ambitious, image-conscious, manipulative ^[4,5,6,7,8, 11]	Acting out, avoidance, displacement, identification, rationalisation, reaction formation, suppression	<i>Lycopodium</i> [4,5,6,7,8, 11] [5 cases]
MIL-DIL – dispute, physical fight for money, death of colleague, no share in property division, criticised by family members	Guilt, vexation, fear of death, indignation ^[8]	Anger outburst, hostile impulses and dependency	Irritable, obstinate sentimental, impulsive, sensitive to: opposition, comments ^[6,7,8, 9]	Acting out	<i>Ferrum metallicum</i> [6,7,8, 9] [5 cases]
Donation for daughter's admission in school, son being a special child, death of father- family responsibility on his shoulders, dispute between family and his wife	Anxiety about money matters, anticipation, vexation ^[8]	Suppressed anger and dependency, self-doubt conflict	Anxious, fearful, indecisive, sensitive to: reprimand, comment ^[4,5,6,7,8, 9]	Suppression, rationalisation	<i>Calcarea carbonicum</i> [4,5,6,7,8, 9] [4 cases]

Son being a special child, staying in a separate house with daughter's children, death of husband, working in a new project	Anticipation ^[8]	Acceptance and rejection conflict, self- image conflict, suppressed anger and dependency	Anxious, fearful, shy, image conscious [4,5,6,7,8, 12]	Anticipation, suppression	<i>Silicea</i> [4,5,6,7,8, 12] [4 cases]
Bad news of husband's accident, no share in property division, daughter ran away to do love marriage	Anticipation, disappointment ^[8]	Suppressed anger and dependency	Anxious, fearful, irritable, attachment with family, fastidious [4, 6,7,8]	Acting out, suppression, rationalisation	<i>Kalium carbonicum</i> [4, 6,7,8] [3 cases]
Money stuck up	Anxiety about money matters ^[8]	Self- doubt conflict	Irritable, anxious, reserved [6,7,8]	Anticipation, suppression	<i>Bryonia</i> [6,7,8] [2 cases]
Death of father, Son's marriage	Grief, contradiction ^[8]	Self- doubt conflict, anger suppressed and dependency	Ambitious, abusive, irritable, jealous [4,5,6,7,8]	Acting out, introjection, suppression	<i>Nux vomica</i> [4,5,6,7,8] [2 cases]
Criticised by authority, MIL-DIL dispute	Indignation ^[8]	Suppressed anger and dependency	Sensitive to: scolding, criticism ^[4,6,7,8, 10]	Suppression	<i>Staphysagria</i> [4,6,7,8, 10] [2 cases]

Other emerging remedies seen in single cases were *Calcarea arsenicosa*, *Ferrum phosphoricum*, *Kalium arsenicosum*, *Kalium silicicum*, *Lachesis*, *Magnesium muriaticum*, *Naja*, *Natrium sulphuricum*, *Sepia*, *Sulphur* and *Veratrum album*.

Discussion and conclusion

Significant life events seen in majority of cases of essential hypertension were illness or death of loved one, financial issues, and dispute with family members. The common causative emotions underlying these events were suppressed anger, anticipation and grief. Psychological conflicts majorly seen were suppressed anger and untoward dependency towards a person/thing. The common defence mechanism used were suppression, acting out and rationalisation. Emerging remedies seen in majority of cases were *Natrium muriaticum*, *Lycopodium clavatum* and *Ferrum metallicum*.

This study helped to understanding the significant life events, the underlying causative

emotions, psychological conflicts generated, dispositional qualities and defense mechanisms used in each case of essential hypertension and the matching remedies, thus enhanced the knowledge of the psychodynamic and psychosomatic nature of the remedies.

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A case report of hypertension associated with hypercholesterolaemia cured by homoeopathic individualised simillimum

Dr Yashveer Singh, Dr Mukesh Solanki, Dr Chitralkha Tiwari

Abstract:

Objective: This case report is presented to establish how hypertension can be controlled by reducing hypercholesterolaemia, considering the metabolic pathways and the pathogenetic mechanisms connecting the two risk factors.

Background: Hypertension is a common disease that leads to high morbidity and mortality. General recommendations like exercise, low salt diet and avoiding stress are of great importance. This case report will help to find out how much homoeopathy is effective in treating hypertension associated with hypercholesterolaemia. In homoeopathy, each patient's clinical picture is determined and analysed to find appropriate drug. Each drug prescribed to a patient, strengthens the patient's vital force and cause remission of symptoms.

Results: Homoeopathy proves to be effective in treating hypertension associated with hypercholesterolaemia.

Keywords: Hypertension, hypercholesterolaemia, homoeopathy, hyperlipidaemia, *Lycopodium clavatum*.

Abbreviations: Hg – mercury, AT1 – angiotensin 1, RNA – ribonucleic acid, kg – kilogram, P.L. – placebo, TDS – ter die sumendum (thrice a day), B.P – blood pressure.

Introduction

Hypertension, one of the most common cardiovascular disorders, is a major risk factor for the development of stroke, coronary heart disease, and renal failure. It affects approximately 26% adult population worldwide and its prevalence is predicted to increase by 60% in 2025. Hypertension is defined as a systolic blood pressure of 140 mm Hg or higher, and a diastolic blood pressure of 90 mm Hg or higher.¹

Hypertension and hypercholesterolaemia are highly prevalent in the general population and their coexistence in the same subjects additively increases the risk of cardiovascular disease. Probably, hypercholesterolaemia is also a risk factor for the development of hypertension.² Several biohumoral mechanisms explain the relationship between hypertension and hypercholesterolemia and the association between these risk factors and accelerated atherosclerosis. The most investigated mechanisms are the rennin-angiotensin-aldosterone system, oxidative stress, endothelial dysfunction, and increased production of endothelin-1.¹ In particular, hypercholesterolaemia seems to promote the upregulation of type 1 angiotensin II (AT1) receptor genes because of an increase in the stability of mRNA followed by structural overexpression of vascular AT1 receptors for angiotension II. ¹ Arterial

hypertension is frequently observed in combination with hypercholesterolaemia which is related to accelerated atherosclerosis.³

Studies have shown the interaction of hypercholesterolaemia and hypertension in initiation of glomerular injury causing further hypertension.⁴

Case report

A 63 year old male patient came to clinic on 13.2.2019 as a hypertensive patient with the complaints of sweating, heat sensation, and dyspnoea, especially after exertion and stress.

In physical examination, heart, lungs, pulse, abdominal auscultation, and opthalmoscopy were all normal. Blood pressure came out to be 168/108 mm Hg and weight was 90 kg. On further evaluation and laboratory investigations, he was found to be suffering from hypercholesterolaemia.

History of presenting complaints

The patient was apparently well 6 months before when he started complaining of recurrent headache, pain and heaviness of eyes, sweating, anxiety, fatigue, feverish feeling. On consultation with the doctor, he was found

to be hypertensive. He was prescribed allopathic anti-hypertensive medicines which he disagreed to take.

Patient as a whole

The patient was a retired engineer with obese built. Mentally, he was timid, earlier he used to be very confident but since past few years, he was facing lack of confidence, loss of memory, poor decision making. Also, he doesn't like to meet anyone, want of solitude.

Analysis of case

The case was analysed as per the characteristic mentals, physical generals, particular and pathological symptoms for framing the totality (the analysis and evaluation of symptoms are listed in the Table 1). Considering the presenting symptomatology, *Synthesis Repertory* was preferred and using RADAR 10.0 software, systemic repertorisation was done (repertorial chart is given in table 2).⁵ Miasmatic evaluation showed the predominant miasm as syco-syphilitic (miasmatic predominance chart is given in table 3).⁶

Table 1: Analysis and evaluation of symptoms

Category	Symptoms	Intensity
Mentals	Timidity	+++
	Want of self confidence	++
	Loss of memory	++

Table 3: Classification of symptoms and their miasmatic predominance 6i.-

S. No.	Presenting symptoms	Classification of symptoms	Psora	Sycosis	Syphilis	Predominant miasm
1.	Timidity	Uncommon	-	√	-	Syco-syphilitic
2.	Want of Self Confidence	Uncommon	-	√	-	
3.	Loss of memory	Uncommon	-	√	√	
4.	Irresolute	Uncommon	-	√		
5.	Anxiety	Uncommon	-	√	-	
6.	Aversion to company	Uncommon	-	-	√	
7.	Hypertension	Common	-	√	-	
8.	Sweating with difficult respiration	Common	-	√	√	
9.	Headache	Common	√	√	-	

Selection of remedy and its potency with justification:

The repertorial result of the case showed that most of the symptoms of this case are covered by *Lycopodium clavatum*. After considering materia medica, *Lycopodium clavatum* is found to be a useful remedy for hypertension and hypercholesterolaemia (hyperlipidaemia). General

	Irresolute	++
	Anxiety	++
	Aversion to company	++
Physical Generals	Hypertension	+++
Particulars	Sweating with difficult respiration	+
	Headache	+

Table 2- Repertorial sheet⁵

constitutional and mental picture of the patient was also similar to *Lycopodium clavatum* as described in materia medica.^{7,8} In miasmatic prescribing, *Lycopodium clavatum* also covered syco-syphilitic miasm.⁶ⁱ

So, according to totality and miasmatic basis, *Lycopodium clavatum* was prescribed. 30C potency was selected due to progressed pathology of case,

CASE STUDY

as in chronic disease with organic change the lower preparation should be used.⁶ⁱⁱ

Prescription with general management-

Lycopodium clavatum 30/2 doses, P.L.30 TDS was prescribed for 14 days. Low salt diet with moderate exercise was advised.

Table 4- Follow-up of the case

Date	Symptomatology	Prescription
01.03.2019	Headache, anxiety much better. No more dyspnoea B.P.- 140/92 mm Hg	P.L.30 TDS prescribed for 30 days.
01.04.2019	No more headache, anxiety and dyspnoea. B.P.- 140/96mm Hg	P.L.30 TDS prescribed for 60 days.
01.06.2019	Slight headache, dyspnoea, anxiety and sweating B.P.- 149/100 mm Hg	<i>Lycopodium clavatum</i> 200/1 dose*, P.L.30 TDS prescribed for 30days.
01.07.2019.	Patient shows marked improvement in headache, anxiety, dyspnoea and sweating, he felt very well in his general well being B.P.- 136/88 mm Hg	P.L.30 TDS prescribed for 60 days.
01.09.2019	Patient became much better, his memory and confidence also improved B.P.- 130/96 mm Hg	P.L.30 TDS prescribed for 60 days
01.11.2019	Patient showed improvement in all his mental and physical complaints B.P.- 130/80 mmHg	P.L.30 TDS prescribed for 60 days.
05.01.2020	Patient better in all aspects his cholesterol profile also became normal	P.L.30 TDS prescribed for 60 days.

***Justification of repetition of medicine and increasing potency on 4th visit:**

Repetition of the medicine was done because after some improvement, when the action of medicine stops, the case comes to standstill position, even after waiting for considerable period.

Change in potency:

Robert's concept:

1. Either inadequate relief or early cessation of the good effect of the potency.
2. When the potency has exhausted its action and is incapable of achieving further improvement.

Kentian concept: the same potency may not be repeated on more than two occasions.

Hahnemannian concept: the same potency not being repeated again has recorded favourable effect⁶ⁱⁱⁱ.

At one stage of the disease, when the vital reaction is low, the patient may need a low potency and frequent repetition and at another a high potency.^{6iv}

In section 246 of 5th edition of *Organon of Medicine*, Hahnemann has asserted that the minutest yet powerful dose of the best selected medicine should be repeated at suitable intervals. Kent has warned that a case can be completely spoiled by improper repetition of dose. Higher and higher potencies of the medicine may be continued as long as the patient experiences continues improvement without encountering one or another complaint that he never had before in his life.⁹

Laboratory report before treatment

Krsnaa DIAGNOSTICS
47% 90 9000

Medical Laboratory Report

Patient Name: [Redacted] Patient UID No: RNJ19020004159
Age and Gender: 63 Years / Male PRN No: 4159
Category: OPD - RJ NIAJIPUR Registered On: 13.02.2019 10:50
Referring Doctor: Self Sample UID No. 900134434

BIOCHEMISTRY

Test Done	Observed Value	Units	Reference Range
LIPID PROFILE			
Direct, Enzymatic			
VLDL Cholesterol - Serum	18.0	mg./dl.	7.0 - 35.0
LDL Cholesterol - Serum	114.0	mg./dl.	85 - 150.0
Total Cholesterol / HDL Cholesterol Ratio	2.9	%	3.0 - 5.0
LDL / HDL Cholesterol Ratio	1.7	%	2.5 - 3.50

Note: Test performed on fully automated biochemistry analyzer

END OF REPORT

DR. PRIYANKA SHARMA
(MD PATHOLOGIST)

Sample Collected On: 13.02.2019 10:51 Sample Accepted On: 13.02.2019 10:51
Results Authenticated: 13.02.2019 17:52 Printed On: 15.02.2019 14:13 E12267

Laboratory report after treatment

राजस्थान सरकार
सवाई मानसिंह चिकित्सालय, जयपुर
(सवाई मानसिंह चिकित्सालय, महाविद्यालय, जयपुर से संबद्ध)

CENTRAL LAB

QF NO. : 1011919631903 NAME : [REDACTED] IN : [REDACTED]
AGE/SEX : 44 Yrs / M DEPARTMENT : Surgery / -
BILL NO. : 012001660062 BILL DATE : 15-JAN-2020 11:33

Department of Biochemistry

TEST	RESULT	UNIT	NORMAL RANGE
Total Lipid Profile	429	mg/dl	400-750 mg/dl
Total Lipids	151	mg/dl	125-225 mg/dl
Phospholipids	65	mg/dl	56-165 mg/dl
Triglycerides	129	mg/dl	Desirable <200, Borderline High 200-239, High Cholesterol >240 mg/dl
Total Cholesterol	49	mg/dl	Desires 30 - 70 mg/dl - Females 30 - 85 mg/dl
H.D.L - Cholesterol	77	mg/dl	>150 mg/dl
L.D.L - Cholesterol	13	mg/dl	<150 mg/dl
V.L.D.L - Cholesterol	73	mg/dl	70-115 mg/dl
Blood Sugar (Fasting)			

Department of Pathology

TEST	RESULT	NORMAL RANGE
Complete Blood Count		
Hemoglobin	13.8	14.0-18.0 gm/dl
Total Leucocyte Count	8.43	4.5-10.0 x1000/cmm
Total Red Blood Cells	4.98	4.5-6.3 mill./cmm
H.C.V	83.5	77-93 fentoliter
H.C.H	27.7	26-32 microgram
H.C.H.C	33.2	42-56 gm/dl
R.P.W - C.V	13.7	12.8 +/- 1.2 %
Platelet Counts	2.98	1.4-4.4 lakhs/ml
Pack Cell Volume	41.6	40-54 %

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Discussion

In 1987, Bignamini and Master proved the effectiveness of homoeopathy in treating hypertension in two different studies.

There are some studies that have tested biologic effects of ultra high dilutions. Their results help to percept the effectiveness of homoeopathic drugs, for example, shaken samples of ultra high dilutions of 3,5-dichlorophenol significantly inhibit luminescence of the bacterium, *vibrio fischeri*. In addition, the effectiveness of homoeopathy in treating some other diseases like migraine, ileus, fibromyalgia and ocular allergy has also been shown. Body reaction to homoeopathic drugs leads to change the dynamism of this disease with an unknown mechanism.

Most patients coming to homoeopathic centres from all over the world get high satisfaction in remission of their symptoms, limitation of activity and well-being after use of homoeopathy.¹⁰

Homoeopathy works effectively by lowering hypercholesterolaemia, and thereby hypertension as evident in the above case.

Conclusion

The legacy effect results in significant clinical benefits in treating hyperlipidaemia and hypertension, and is probably related to prevention of non-fatal events, less disease progression and potentially disease regression which speaks in favour of early initiation of therapy.

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Homoeopathy in a case of hypertension

Dr Ruchi Singh, Dr Anjana Kumari

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Abstract: Hypertension is one of the most common chronic medical conditions characterised by a persistent elevation in the arterial pressure. The definition and categories of hypertension have been evolving over years, but there is a consensus that persistent BP readings of 140/90mm Hg or more should undergo treatment with the usual therapeutic target of 130/80mmHg or less. The case scenario mentioned below includes details of the person's initial presentation, their medical history and their care. Clinical decisions about diagnosis and management with homoeopathic medicines have been discussed which proved to have a positive effect on the hypertensive status of the patients.

Keywords: Hypertension, case study.

Abbreviations: Hypertension (HTN), systolic blood pressure (SBP), diastolic blood pressure (DBP), blood pressure (BP), millimetre (mm), mercury (Hg), renin-angiotensin-aldosterone system (RAAS), target organ damage (TOD), full blood count (FBC), fasting blood sugar (FBS), electrocardiogram (ECG), aggravated by (<), ameliorated by (>).

Introduction

Chronic elevation in BP >140/90; Etiology unknown in 80–95% of patients ("essential hypertension"). Always consider a secondary correctable form of hypertension, especially in pts under age 30 or those who become hypertensive after 55. Isolated systolic hypertension (systolic \geq 140, diastolic < 90) most common in elderly pts, due to reduced vascular compliance^[1]

Hypertension, defined as a systolic blood pressure \geq 140 mmHg and/or a diastolic pressure \geq 90 mmHg, is one of the most common chronic diseases. The overall hypertension prevalence among the adult population was estimated at 26.4% in 2000^[2]; moreover it has been reported that this prevalence increased from 23.9%, in 1994, to 29.0%, in 2008, in the USA^[3]; from 25.0%, in 1993, to 43.2%, in 2006, in Mexico^[4]; and from 15.3%, in 1995, to 24.5%, in 2005, in Canada^[5]

Hypertension is a major public health problem due to its high

prevalence all around the globe [6-7]. Around 7.5 million deaths or 12.8% of the total of all annual deaths worldwide occur due to high blood pressure^[8]. It is predicted to be increased to 1.56 billion adults with hypertension in 2025^[9].

Category	Systolic BP (mm Hg)	Diastolic BP (mm Hg)
BP-Optimal	< 120	< 80
Normal	< 130	85
High normal	130-139	85-89
Hypertension –grade 1 (mild)	140-159	90-99
Grade 2 (moderate)	160-179	100-109
Grade 3 (severe)	\geq 180	\geq 110
Isolated systolic hypertension	140-159	<90
Grade 1		
Grade 2	\geq 160	<90

History-taking is straightforward since, in most cases, hypertension is asymptomatic. However, symptoms

can include headaches, transient ischaemic attacks, mild visual disturbances, epistaxis, exertional dyspnoea (if heart failure has developed), angina, claudication, weight gain (in Cushing's syndrome), nocturia, and haematuria (with renal disease).

Causes of secondary hypertension

1. Alcohol
2. Obesity
3. Pregnancy (pre-eclampsia)
4. Renal disease
 - Renal vascular disease
 - Parenchymal renal disease, particularly glomerulonephritis
 - Polycystic kidney disease
5. Endocrine disease
 - Pheochromocytoma
 - Cushing's syndrome
 - Primary hyperaldosteronism (Conn's syndrome)
 - Glucocorticoid-suppressible hyperaldosteronism
 - Hyperparathyroidism
 - Acromegaly
 - Primary hypothyroidism

- Thyrotoxicosis
- Congenital adrenal hyperplasia due to 11- β -hydroxylase
- or 17 α -hydroxylase deficiency
- Liddle's syndrome
- 11- β -hydroxysteroid dehydrogenase deficiency

6. Drugs

- e.g. Oral contraceptives containing oestrogens, anabolic steroids, corticosteroids, NSAIDs, carbenoxolone, sympathomimetic agents

7. Coarctation of the aorta ^[10]

Pathophysiology

There are various mechanisms described for the development of hypertension which includes increased salt absorption resulting in volume expansion, an impaired response of the renin-angiotensin-aldosterone system (RAAS), increased activation of the sympathetic nervous system. These changes lead to the development of increased total peripheral resistance and increased afterload which in turn leads to the development of hypertension.^[11]

Differential diagnosis

Secondary hypertension should always be sought for as the differential especially if the patient is at extremes of age (young or elderly).

Hyperaldosteronism, coarctation of the aorta, renal artery stenosis, chronic kidney disease, and aortic valve disease should always be kept in the differential. ^[11]

Diagnosis

HTN is a silent disease; 64% of cases remain undiagnosed. Therefore, BP should be measured at every chance encounter. Evaluation of newly diagnosed hypertensive patients has

three main objectives i.e.:

1. To exclude secondary causes of HTN.
2. To ascertain the presence or absence of target organ damage (TOD).
3. To assess lifestyle and identify other cardiovascular risk factors and/or concomitant disorders that affect treatment and prognosis.

The baseline investigations should include the following:

- Full blood count (FBC)
- Fasting lipid profile
- Urine albumin excretion or albumin/creatinine ratio
- Fasting blood sugar (FBS)
- Urinalysis
- Electrocardiogram (ECG)
- Renal profile and serum uric acid
- Chest x-ray (if clinically indicated) ^[12]

Case study

A 45 years old female consulted at outpatient department of homoeopathy university on 6/1/2020, for the following complaints:

Blood pressure was observed high after regular checkups along with:

- Severe headache
- Fatigue or confusion
- Vision problems
- Chest pain
- Difficulty breathing
- Irregular heartbeat

History of presenting complaints

Patient was apparently well 12 months back, when she suffered from severe headache fatigue or confusion vision problems, chest pain, difficulty in breathing,

irregular heartbeat Blood Pressure was high, calculated as 158/94 mm Hg, and pulse as 72/minute.

Modalities:

< warm room, mental exertion.

open air/cold bathing, pressure, tight clothing

Past history

From her records, it was noticed that blood pressure increased twelve months ago. She didn't smoke, but used to drink 10-12 units of alcohol a week and had no notable medical history.

On examination

Blood pressure was measured as 158/94 mmHg. Her heart rate was 72 beats per minute and regular.

(Note: when using automated devices to measure blood pressure, palpate the radial or brachial pulse before measuring blood pressure. If pulse irregularity is present, measure blood pressure manually using direct auscultation over the brachial artery.

Mental generals- Suppressed anger, weeping disposition, consolation aggravated wanted to be alone.

Physical generals:- Patient had desire for spicy food and salts. She also had unsatisfactory stools (once a day), constipation with hard stools, much strain to expel. Perspiration was normal, non offensive, non staining.

Particular symptoms

Blood pressure was observed high after regular checkups. Severe headache, fatigue or confusion, vision problems, chest pain, difficulty in breathing, irregular heartbeat, < warm room, mental exertion, >open air. cold bathing, pressure, tight clothing.

Analysis and evaluation of symptoms

	Symptoms	Intensity
Mental generals	<ul style="list-style-type: none"> • anger suppressed • consolation aggravates • wants to be alone • weeping disposition 	(+3) (+2) (+2) (+1)
Physical generals	<ul style="list-style-type: none"> • patient had desire spicy, salts • she also had unsatisfactory, constipation with hard stool much strain to expel. • Perspiration normal, non offensive, non staining 	(+3) (+3) (+1)
Particulars	<ul style="list-style-type: none"> • Blood pressure was high • Severe headache • Difficulty in breathing • Irregular heartbeat • < warm room, mental exertion. • >open air, cold bathing, pressure, tight clothing • Chest pain 	(+3) (+3) (+3) (+2) (+2) (+2) (+1)
Uncommon	<ul style="list-style-type: none"> • Nothing specific found in patient. 	-
Common	<ul style="list-style-type: none"> • Fatigue or confusion • Vision problems 	-

Miasmatic analysis of symptoms^{[13][14][15][16][17]}

✓ SYMPTOMS	PSORA	SYCOSIS	SYPHILIS
Mind-anger irascibility-suppressed from.	✓		
	✓		
Mind-company – aversion to	✓	✓	
Mind-weeping tearful mood,etc. -consolation agg.	✓		
Stomach-desire-pungent things	✓		
Head-pain –warm room– agg.	✓		
Head-pain – Pressure,amel.	✓		
Respiration-difficult	✓		
Chest-pain- warm room agg	✓		
Chest-pain – pressure-amel.	✓		

Predominant miasm:^{[13][14][15][16][17]}

Psora

Repertorial totality.^[18]

The following rubrics were selected from RADAR 10.0:

Mind – anger irascibility-suppressed from.

Mind – company – aversion to

Mind – weeping tearful mood,etc. -consolation agg.

Stomach – desire –pungent thigs.

Head – pain –warm room- agg.

Head – pain – pressure,amel.

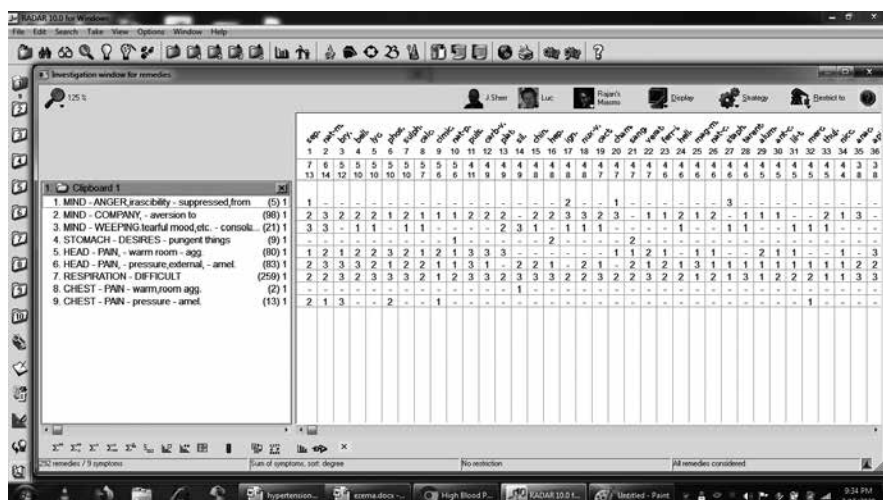
Respiration – difficult

Chest-pain- warm room - agg.

Chest- pain – pressure-amel.

Repertorial sheet^[18]

See Repertorial sheet.



Repertorial sheet

Selection of remedy and its potency with justification

Natrium muriaticum 200/1dose/stat followed by Phytum for 7 days was first prescription because *Natrium muriaticum* covered maximum marks with maximum rubrics after

repertorisation. After comparison of symptoms from various books of materia medica, *Natrium muriaticum* appears to be most similar remedy to the totality of symptoms of the patient; such as suppressed anger, weeping disposition, consolation aggravated, wanted to be alone. Patient had desire for spicy food

and salts. High BP, severe headache, fatigue or confusion, vision problems, chest pain, difficulty in breathing, irregular heartbeat < warm room, mental exertion. > open air, cold bathing, pressure, tight clothing. The patient had moderate susceptibility and the medicine covered maximum symptoms. [19]

Prescription –

Natrium muriaticum 200/1dose and Phytum 30 thrice a day for 7 days.

General management

- Eat healthy foods like fruits, vegetables, whole grains, low fat dairy foods.
- Decrease the salt in diet. low-fat dairy products, dietary and soluble fibre, whole grains and protein from plant sources.
- Maintain a healthy weight.
- Physical activity increase. [20][21]

Follow-up

Date	Changes in symptoms	Prescription	Justification
6/1/2020	BP-158/98 mm Hg Pulse-72/min Severe headache Fatigue or confusion Vision problems Chest pain Difficulty breathing Irregular heartbeat < warm room, mental exertion. > open air, cold bathing, pressure, tight clothing.	<i>Natrium muriaticum</i> 200/1dose Phytum 30 for 7days	After comparison of symptoms from various books of materia medica, <i>Natrium muriaticum</i> appears to be most similar remedy to the totality of symptoms of the patient.
14/1/2020	Better-Severe headache, fatigue or confusion, vision problems, chest pain, difficulty in breathing, irregular heartbeat BP-150/98mm Hg	Phytum 30 for 7 days	As there was improvement patient symptoms.
21/1/2020	Severe headache, fatigue was still present BP-145/90mm Hg. There was difficulty in breathing.	<i>Natrium muriaticum</i> 200/1dose Phytum 30 for 7 days	Symptoms was returned.

28/1/2020	Better BP-140/80mm Hg	Phytum 30 for 7days	As there was marked improvement so Phytum 30 for 7 days repeated.
11/2/2020	Better BP-140/80mm Hg	Phytum 30 for 7days	As there was marked improvement so Phytum 30 for 7 day repeated.

Conclusion

Homoeopathic medicines have a positive effect on the hypertensive status of the patients. The prevalence of hypertension in the age group below 50 years is not uncommon. Hypertension can be treated best before becoming chronic and it should be patient oriented rather than disease oriented. It can best be treated at “prehypertensive stage”. Patients may respond well to the constitutional remedy than to a specific remedy like *Rauwolfia serpentina*, *Viscum album* or *Strophanthus hispidus*.

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Hypertension in paediatric age group and scope of homoeopathy in its management

Dr Pathak Amol Pramodrao, Dr Pathak Vibhuti Amol

Abstract: This article is an attempt of explaining aetiopathogenesis, clinical features, investigations for hypertension in children's along with scope of homoeopathy in its management with a special emphasis upon *Murphy's repertory*.

Keywords: Hypertension, BP, systolic, diastolic, repertorisation.

Abbreviations: BP- blood pressure, HTN- hypertension mm of Hg- millimetres of mercury, CNS- central nervous system, ANS- autonomic nervous system

Introduction

In infants and young children, systemic hypertension is uncommon but if it is found present in childhood, it is indicative of serious underlying disease process. Secondary hypertension is common in most of the children. In order to increase early detection of hypertension, accurate blood pressure measurement should be a part of routine annual physical examination of all children above 3 years of age. Blood pressure increases gradually with age and it varies with sex ⁽¹⁾.

Average blood pressure in children ⁽²⁾

See table.

Incidence

Essential hypertension accounts for 5 – 10 % cases of paediatric hypertension; secondary hypertension is more commonly

seen in children ⁽²⁾.

Risk factors for primary hypertension:

1. Heredity
2. Diet
3. Psychological stress
4. Obesity ⁽¹⁾

Aetiology of secondary hypertension:

1. Hypertension in newborn is associated with renal artery thrombosis.
2. Hypertension in early childhood is because of renal diseases, coarctation of aorta, endocrine disorders, medications, etc.
3. In adolescence, essential or primary hypertension becomes common.
4. CNS and ANS associated causes like increased intra cranial

pressure, polio, encephalitis, etc.

5. Miscellaneous causes like fracture of long bone, hypercalcemia, white cell transfusion, etc. ⁽¹⁾

Aetiology of persistent hypertension:

1. Intrinsic renal diseases: chronic glomerulonephritis, chronic pyelonephritis, obstructive uropathy, congenital lesions, renal tumours, etc.
2. Renovascular causes: renal artery stenosis, renal arteritis, renal vein thrombosis.
3. Endocrinal causes: pheochromocytoma, cushing's disease, aldosteronism, neuroblastoma ⁽²⁾.

Aetiology of transient hypertension:

1. Renal diseases: acute post streptococcal glomerulonephritis, haemolytic uremic syndrome, post renal transplant, urologic surgery, acute tubular necrosis.
2. Miscellaneous causes: administration of steroids, oral contraceptive pills,

Table

Sr. No.	Age	Systolic BP	Diastolic BP
1	1-3 months	70-80 mm hg	45-55 mm hg
2	4-12 months	80-90 mm hg	60-70 mm hg
3	1-8 years	90- 100 mm hg	60-70 mm hg
4	9-14 years	100-110 mm hg	60-70 mm hg

hypernatraemia, poliomyelitis, porphyria hepatica, coarctation of aorta etc ⁽²⁾.

Pathophysiology

Renal and renovascular hypertension accounts for majority of children with secondary hypertension. The children may give history of urinary tract infections, obstructive lesions of urinary tract. In renal diseases, hypertension may be related to sodium retention and hypervolaemia, diminution of vasodilator substances. Renovascular hypertension is associated with sodium retention and increased renin secretion which, in turn, activates renin – angiotensin – aldosterone system leading to sodium and water retention, increased peripheral resistance, vasoconstriction, plasma volume expansion and increased cardiac output. Endocrinopathies involving thyroid, parathyroid, and adrenal gland are associated with hypertension. Hyperthyroidism is associated with systolic hypertension and tachycardia. Hypercalcaemia in hyperparathyroidism is associated with hypertension because calcium plays an important role in increasing vascular tone. Congenital adrenal hyperplasia, aldosterone secreting tumours, cushing's syndrome can also produce hypertension. Pheochromocytoma can lead to hypertension because cardiac and peripheral vascular effect of epinephrine and nor epinephrine, such children usually have persistent hypertension. Poliomyelitis can lead to hypertension because of altered sympathetic tone ⁽¹⁾.

Clinical features

1. It has been noted that

when subjected to stress or competitive task, the offsprings of hypertensive adults respond with greater increase in heart rate and blood pressure than do children of normotensive parents. Similarly, some children of hypertensive parents respond to sodium loading with weight gain and increase in blood pressure than those without family history of hypertension.

2. Children and adolescent with essential hypertension are usually asymptomatic and BP elevation is usually mild. These children may also have mild to moderate obesity.
3. Children with secondary hypertension have BP ranging from mild to severe. Unless the pressure is sustained or rising rapidly hypertension doesn't usually produce symptoms.
4. There is growth failure in children with chronic renal failure.
5. There is headache, dizziness, epistaxis, anorexia, visual changes and seizures.
6. If there is presence of vomiting, temperature elevation, ataxia, stupor, seizures, it indicates hypertensive encephalopathy.
7. Cardiac or renal failure can occur in cases of marked hypertension.
8. Persistent and sustained hypertension in children can give rise to unexplained seizures and heart failure ⁽¹⁾.
9. The patient presents with symptoms of underlying disease, for example, polyuria, polydipsia, weakness, fatigue,

pallor, weight loss, oedema in chronic renal disease.

10. In coarctation of aorta, femoral pulse is weak; BP in lower limbs is less than in upper limb.
11. In pheochromocytoma, there are episodes of palpitation, sweating, flushing, weight loss.
12. Patient with cushing syndrome have plethoric face, buffalo hump type of obesity, hirsutism and abdominal striae.
13. In severe hypertension, patients present with visual disturbance, convulsions, nerve palsy and neurologic deficit ⁽²⁾.

Differential diagnosis

1. Asymmetrical pressures with right and left arm indicate coarctation of aorta, obstructive aortoarteritis.
2. High BP in arms compared to legs occurs in coarctation of aorta and obstructive aortitis.
3. Renal artery stenosis and obstructive aortoarteritis result in abdominal bruits.
4. Hypertension, pallor and oedema indicates chronic renal failure.
5. Weight loss, headache, palpitation, flushing, sweating, postural hypotension indicate pheochromocytoma.
6. Obesity, hirsutism, abdominal striae and buffalo hump indicate cushing's syndrome
7. Abdominal mass, history of haematuria suggest renal tumour, obstructive uropathy, polycystic kidney, etc. ⁽²⁾

Diagnosis in essential hypertension

Age of patient (adolescent), level of BP elevation (usually mild), weight of patient (mild to moderate obesity), positive family history and paucity of signs and symptoms of underlying disease ⁽¹⁾.

Diagnosis in secondary hypertension

1. Patient are rarely obese except in cases of diseases of adrenal cortex.
2. Level of BP elevation (mild to severe), age of patient (usually young), presence of symptoms of underlying disease, family history of renal disease, hypertension, premature cardiovascular disease ⁽¹⁾.
3. Urine analysis should be done in all cases. Clean voided midstream urine collected with aseptic precautions should be cultured for bacterial isolation in case of suspected urinary tract infection.
4. Renal function test to rule out renal failure.
5. Intravenous pyelogram helps to assess size and shape of kidneys, anomaly of calyx, pelvis and ureter.
6. Plasma renin activity, urinary catecholamine's to rule out pheochromocytoma.
7. Renal biopsy, renal ultrasonography, chest X ray, contrast aortography, renal scintiscan, etc. ⁽²⁾

Prognosis

The prognosis of case depends upon:

1. Nature of underlying disease
2. Response to therapy
3. In case of surgical intervention, prognosis depends upon the age of patient at which the correction is performed ⁽²⁾.

Prevention

1. Prevention of HTN in children will prevent risk of cardiovascular disease, stroke, etc.
2. Correct modifiable risk factors such as obesity, sedentary life style, high dietary sodium intake, consumption of alcohol and tobacco ⁽²⁾.

Repertorisation

1. *Murphy's repertory*:

Chapter: blood and diseases

Rubric: hypertension

CRAT, LACH, NAT-M, VERAT, adren, aur, bar-c, calc, glon, grat, nux-v, plum, raulw, sec, stront-c, sulph, sumb ⁽³⁾.

Conclusion

Hypertension in paediatric age group is a very uncommon and is often incidental finding. It's presence signifies serious underlying pathology. The consequences of hypertension depend upon the age of onset of the disease. The earlier the onset, the severe will be the consequences. Whether the hypertension is essential or secondary, it will contribute to risk of developing serious cardiovascular or cerebrovascular diseases in adulthood.

Homoeopathy has a limited scope in treatment of paediatric hypertension because of various

factors such as gross pathological changes may be present in patients of renal failure, pheochromocytoma, renal artery stenosis, etc. and there is very limited literature is available in homoeopathy for this condition. After comparing some modern repertories like *Complete repertory*, *Murphy's repertory*, *Synthesis repertory* for finding the simillimum; I came to know that only limited data available for this and that to in *Murphy's repertory*. So, the budding homoeopaths can do the clinical research or the literature research for the same. Both the things will contribute a lot to the field ⁽³⁾.

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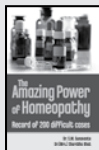
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Open Discussion Forum



Winner for May 2020

Dr Varsha Manchanda

Prize:

The Amazing Power of Homeopathy by Dr SM Gunawante & Dr (Mrs) Sharddha Bhat

Question for June 2020 is

Discuss the protective role of homeopathy in the management of stroke cases?

Send your reply at hheditor@bjain.com. (Last date 7th May 2020)

Follow us at

<https://www.facebook.com/pg/thehomeopathicheritage/>

Prize

Question for May 2020 was

What is the role of homeopathy in the management of hypertensive cases?

Homoeopathic treatment depends upon the symptoms of the disease condition and individual character of the patients. As the disease is severe and related to severe complications, its management is also essential. There are certain drugs which prove to be helpful for the management of cases of hypertension with or without constitutional medicines depending upon the nature and degree of disease condition such as *Rauwolfia serpentina*, *Natrum muriaticum*, *Belladonna*, *Baryta muriaticum*, *Aurum metallicum*, *Gloninum*, *Gelsemium sempervirens*, etc. Along with this dietary management, regular exercises must be advised. Even in those patients having family history of hypertension, one should advise proper monitoring of blood pressure, so that they can easily start their treatment in early stage of blood pressure fluctuations.

– Dr Varsha Manchanda

It depends on the severity of the case and the cause behind the hypertension. If the case is of essential hypertension, and in a mild form, one can manage it with homeopathy successfully conjoint with the general management and the patient can expect cure. In moderate cases of hypertension, homeopathy can help,

what one needs is a holistic approach prescribing on the basis of patient individualisation. In severe cases and the cases having any deep pathology behind hypertension, one must understand that it's the limitation where one has to refer the case to the allopathic physician.

– Dr Amanpreet Singh Chhabra

Cases that have hypertensive categorisation are best handled by the simillimum arrived at by careful homoeopathic case taking and remedy search along with dietary and regimen regulations. In homeopathy, one can take up clients who are hypertensive as the treatable entity, with cure as the target. Hypertensive cases are among the most common diseased cases in India, besides other developing and developed countries of the world. They pertain to the iceberg PHENOMENA of the hypertensive afflicted population that is the 1/10th of total suffering ones. A community approach under homeopathy would be of serviceable role to effectively manage, and prevent cascading effects of hypertensive incidences. Hypertensive cases are those suffering from elevated levels of blood pressure and salt imbalance consequent to irregularities in salt intake and/or

psora-sycotic manifestations, stressful environment and come under life style disorder cases. The salt concerned is primarily sodium (besides calcium, magnesium) chloride, especially when consumed in artificial preparations, uncooked forms, excess amount, with inadequate water intake. These are to be administered the remedy in doses according to homoeopathic laws, especially susceptibility with appropriate advise including low dietary intake of salt, regular exercise, maintain stress free habits. For example, *Rauwolfia serpentina* Q for the cases with pathological affections, *Phosphorus* 200 for ones with functional disturbances related to hypertensive disorders, *Sulphur* 1M in single dose for those that have emotional imbalance, anxiety caused, stress induced hypertensive disorders, and also as intercurrent for the cases with miasmatic background.

– Dr Bharat Motiani

Managing hypertensive cases in homeopathy is an art, thus in case of primary/essential hypertension, homeopathy is concerned with the patient having high blood pressure rather than the HTN itself. The homoeopathic management of essential hypertension is based on the

'principle of similia' being a chronic disorder, it calls for constitutional anti-miasmatic treatment. It is the totality of various characteristics symptoms that guides the homoeopath towards the simillimum. When a case is presented as acute emergency, one can also manage the case by using mother tinctures as an alternative or as a reserve. Mother tincture of *Amyl nitrosum*, *Allium sativa*, *Rauwolfia serpentina*, *Crataegus oxyacantha*, *Passiflora incarnata*, *Baryta muraticum*, *Adonis vernalis*, *Strophanthus hispidus* are proved useful in managing hypertension till the individual drug of patient comes out.

– Dr Megha Patel

Number of individuals suffering from HTN have increased over years however, the rate of controlled BP (<140/90mmHg) remain poor. The demand of traditional, complementary and alternative medicines (CAM) is increasing especially in chronic diseases like Hypertension. Various researches in this regard show that CAM is effective in the treatment of hypertension but further researches are still needed. A cross-sectional questionnaire survey was conducted for hypertensive patient, in order to measure the prevalence, effectiveness and pattern of CAM use. The CAM users did not differ statically from non-CAM users by age, health status, marital status, duration of hypertension, education or income. The prevalence of use of CAM is higher in females than males. >70% of responses reflects the effectiveness of alternative medical system, mind-body medicines in the management of hypertension [11]. A retrospective cohort study was made at the National

Academy of Homoeopathy, India (NAHI), Nagpur, Maharashtra. The purpose was to access the efficacy of homeopathic treatment compared to integrated treatment (Homeopathy + conventional pharmacotherapy) in terms of BP control. Cases were diagnosed and treated for HTN under outpatient department in year 2013. Arithmetical results with repeated measures and analysis showed that there lies no marked alteration in the homeopathy and the integrated group in reducing blood pressure at week six of treatment as suggested by ANOVA. It concludes that homeopathy solitary is as effective as homeopathy + conventional pharmacotherapy in the treatment of hypertension [12]. In order to evaluate the determinants, pattern and the association between CAM use and the adherence behaviour of hypertensive patients in Ghana a cross-sectional was conducted in Teaching Hospitals in Ghana from May-July, 2012. Data was collected on the socio-demographic characteristics of patients. The results showed a significant relationship between CAM use, the widespread use of CAM among hypertensive in Ghana. The side-effects of use of anti-hypertensive drugs in also observed [13]. A nationally representative cross-sectional survey was conducted to measure the prevalence of CAM use among older adults with diagnosed or un-diagnosed HTN and the extent to which CAM is used specifically for the treatment of HTN. HTN status was evaluated by self-report. Use of CAM was high among older adults with HTN, but in majority of CAM was used for the prevention and treatment of other conditions [14]. A case of 28 year old lady who suffered from

uncontrolled HTN, at times her systolic BP had reached upto 180mmHg, was treated successfully with homeopathic remedy "Lachesis muta" showed the effectiveness of complementary medicines in the management of HTN. An observational cohort study was conducted by Bignamini in 1987 to determine the efficacy of Crataegus preparation for cardiac insufficiency, the drug proved effective in lowering both systolic and diastolic hypertension [15]. The efficacy of an infrequently used antihypertensive homeopathic remedy "Viscum album" was determined by 1-group pretest-posttest model in primary HTN. By only few drops of drug a significant fall in BP ($P<0.0001$) and Serum triglyceride ($P<0.0001$) was observed in test group. The dual action of Viscum album, shows that it as an optimizing therapy for primary hypertension [16].

4. Conclusion Use of homeopathic remedies in the treatment of HTN is proved effective clinically, but more scientific researches need to be done. Managing an individual having HTN with homeopathic drugs is an art, the success of treatment is based upon the selection of a drug similar in picture to the acute totality, followed by the administration of appropriate constitutional remedy. A strict guideline regarding diet and life-style modifications is very essential along with simillimum, in order to get the best possible outcomes. When a case is not going to resolve and becoming worse, even after different suitable remedies, it is advisable to refer the case to higher center.

– Raju
■ ■

Upcoming Events Calendar

SEPTEMBER 2020

International Homoeopathic Congress
"Homoeo-World-Vision 2020", IIHP-
Haryana
September 5-6, 2020

FEBRUARY 2021

"Homoeo Youth 2021" 8th
Dr D. P. Rastogi Memorial National
Homoeopathic Seminar, Lucknow
Dr Farokh J. Master
Dr Sunirmal Sarkar
February 13-14, 2021

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Factors about hypertension

Dr Mini I V

Abstract: High blood pressure, also known as hypertension, affects millions -- including children and teens. Learn about causes, symptoms, diagnosis, treatment and prevention, and discover natural ways to manage your blood pressure and stay well. The exact cause of hypertension is unknown, but there are several factors and conditions that may contribute to its occurrence. Lifestyle adjustments are the standard, first-line treatment for hypertension.

Keywords: Hypertension, Systolic Blood pressure, Diastolic Blood pressure, Primary, Secondary and Homoeopathy.

Introduction

Hypertension also known as high blood pressure. It is a long term medical condition in which the blood pressure in the arteries is elevated. Blood pressure is determined both by the amount of blood your heart pumps and the amount of resistance to blood flow in your arteries. You can have high blood pressure (hypertension) for years without any symptoms. High blood pressure generally develops over many years, and it affects nearly everyone eventually. Nearly one-third of people who have hypertension may not be aware of it. This is the most dangerous aspect of Hypertension. Hypertension is called a "silent killer". **Hypertension is a major cause of premature death worldwide¹.**

Systolic Blood pressure represents the pressure in blood vessels when the heart contracts or beats. The Diastolic Blood pressure represents the pressure in the vessels when the heart rests between beats.

Risk factors

There are some risk factors of Hypertensions are drinking too much alcohol, smoking, and family history. Unhealthy diets like salt consumption, a diet high in saturated fat and trans fats, low intake of fruits and vegetables, sedentary life, Physical inactivity

and being overweight or obese.

Classification¹

Hypertension can be classified as Primary (essential) hypertension or Secondary hypertension¹. Primary is due to nonspecific lifestyle, environmental factor and genetic factors. Secondary is due to identifiable causes, such as chronic kidney disease, narrowing of the kidney arteries, an endocrine disorder, or use of birth control pills. Primary is about 90 to 95%, and secondary is about 5 to 10%.

Classification – British Hypertension Society		
Category	Systolic Blood Pressure (mm Hg)	Diastolic Blood Pressure (mm Hg)
Blood Pressure		
Optimal	<120	<80
Normal	120-129	<80-84
High Normal	30-139	85-89
Hypertension		
Grade 1 (mild)	40-149	90
Grade 2 (moderate)	160-179	100-109
Grade 3 (Severe)	>180	>110
Isolated Systolic Hypertension		
Grade 1	140-149	<90
Grade 2	>160	<90

Symptoms include early morning headaches, vertigo, buzzing in the ears, nosebleeds, vision changes, irregular heart rhythms, confusion, anxiety, chest pain, fatigue, nausea, vomiting, and muscle tremors¹.

Complications

Circulatory system- Atherosclerosis, Aneurysm, Aortic Dissections

Chronic Kidney Disease -Haematuria, Uremia, Proteinuria

Cardiac Failure- Pulmonary oedema, Myocardial Infarction, Left Ventricular Hypertrophy

Stroke- Haemorrhage, Infarction, Seizures, Vascular Dementia

Blindness- Haemorrhage, Exudate, AV Nipping, Papilloedema.

Investigations –All patients²

Blood Urea, electrolyte glucose and creatine

Urine for blood, protein, glucose

Lipid profile

ECG

Investigations – Selected

Chest X-Ray: Cardiomegaly, Heart Failure, Coarctation of aorta

Echocardiogram : Left ventricular failure

Renal Ultrasound: Renal disease

Renal Angiography : Renal artery stenosis

Urinary Catecholamines : Phaeochromocytoma

Urinary Cortisol and dexamethasone : Cushing's Syndrome

Plasma Renin Angiotensin : Primary Aldosteronism

Prevention²

Reducing salt intake (below 5g daily)

Increase dietary Potassium

Eating more fruits and vegetables

Avoiding use of tobacco

Avoiding use of Alcohol

Avoid trans fats in diet

Regular Physical exercise

Limit the intake of high saturated fat

Approach to newly diagnosed Hypertension³

Detail History

Examination

Investigations

To obtain accurate and representative measurements of blood pressure

To identify contributory factors and any underlying cause

To assess other risk factors and quantify cardiovascular risk

To detect any complications that are already present

Homoeopathic approach

Hahnemann conclude by saying causation of disease through different stages of disease, first should have definite idea about

nature of disease. By hitting the fundamental cause of chronic disease he could formulate that the major portion of dynamic disease are of miasmatic nature⁴.

Illness occur in 3 different circumstances

1. An external invading factor with overwhelmingly increased strength, or virulence may unconditionally override the body's resistance.
2. One or several of the specific resistance factors is weakened somehow thereby allowing for the invasion of the corresponding outer infective agent.
3. Any function of system, of itself may be altered in such a way to become similar instead of opposed to any of the outer extra human process, thus it spontaneously would create an enslave, as it were of an extra human inimical functioning, endogenous factor, thus the susceptibility over rides all other considerations.

Emotional stress

This affects the production of chemical changes in the body leading to hypertension. The tension produced can lead to many varied emotions. Body produces a surge of hormones when you're in a stressful situation. These hormones temporarily increase your blood pressure by causing your heart to beat faster and your blood vessels to narrow. There's no proof that stress by itself causes long-term high blood pressure⁵. But reacting to stress in unhealthy ways can increase your risk of high blood pressure, heart attacks and strokes⁵. Exercising three to five times a week for 30 minutes can reduce your

stress level. And if you have high blood pressure, doing activities that can help manage your stress and improve your health can make a long-term difference in lowering your blood pressure.

Homeopathic medicines

- Agitation may need Arsenicum album
 - Fear may need Aconite
 - Anxiety may need Gelsemium
 - Anger may need Nux vomica
 - Resentment may need Staphysagria
 - Grief may need Ignatia
 - Black depression may need Aurum metallicum⁶
1. Argentum nitricum: If blood pressure rises with anxiety and nervousness, Argentum Nitricum is indicated. "Stage fright" or anticipation of a stressful event can bring on dizziness, headache, diarrhea, and a pounding pulse. People who need this remedy are typically warm-blooded, imaginative, impulsive, claustrophobic, and have cravings for sweets and salt⁶.
 2. Calcarea Carbonica: This is one of the important remedy helpful to people with high blood pressure who easily tire and have poor stamina. They are typically responsible types who feel overwhelmed when ill and fear a breakdown. Palpitations and breathing problems can be worse from walking up a slope or stairs, and also when lying down. A general chilliness with clammy hands and feet (the feet may heat up in bed at night) and sweat on the head during sleep are other indicators. The person may have cravings for sweets and eggs, and tend toward weight problems⁷.

3. **Glonoinum:** In Glonion the main important feature is flushed face with a pounding headache and visible throbbing in the blood vessels of the neck may indicate a need for this remedy. The chest can feel congested or hot, with a pounding or irregular heartbeat. The person is worse after moving around, heat and sun exposure, and drinking alcohol. A feeling of "being lost in a familiar place" is a strong indicator for this remedy.
4. **Natrum muriaticum:** A person who needs this remedy seems reserved and responsible, but may have strong feelings (of grief, disappointment, anger, grudges, a fear of misfortune) inside. Headaches and palpitations are common, as well as a feeling of tension (even coldness) in the chest. The person feels worse after sun exposure, worse around mid-morning, and better when alone in a quiet place. Craving for salt is the important feature of Natrum Mur and strong thirst can help to confirm the choice⁸.
5. **Phosphorus:** Phosphorus patient is usually sensitive, suggestible, and sympathetic, with a tendency toward weakness, dizziness, a "spaced-out" feeling, and fearfulness. Nosebleeds, facial flushing, palpitations, feelings of heaviness or pain in the chest, and left-sided problems are often seen. A strong desire for cold drinks and refreshing things, and a marked improvement after eating and sleeping are other indicators for Phosphorus⁸.
6. **Veratrum viride:** Paroxysms of auricular fibrillation. Induces fall of both systolic and diastolic blood pressure. Bloated and livid face. Beating

of pulses throughout body, more in right thigh. Constant, dull, burning pain in region of heart. Congestion of face and apoplectic. Convulsive twitching of facial muscles.

7. **Viscum album:** In this the person feels as if whole vault of skull were lifted up. There will be double vision and buzzing and stopped-up feeling in ear. Also there is facial muscles in constant agitation. Pulse will be small and weak; unable to rest in a reclining position. Persistent vertigo and giddiness along with intense throbbing headache. Sharp pain in head and face, leaving them sore and numb feeling in head. Blue ring around the eyes⁹.
8. **Rauwolfia Serpentina** is a safe and effective treatment for hypertension. Carbophosphoric type with nervous and sanguine temperament. Lack of tone in nerves and circulatory system, congestive vascular conditions, insomnia after midnight. High blood pressure without marked atheromatous changes in the vessels⁹.
9. **Baryta Muriatica:** This is one of the deep acting remedy in Homoeopathy. In this remedy the physical anxiety is more marked. There is palpitation, dyspnoea and weakness which is more on ascending stairs. All the complaints are more marked on left side, and worse on sitting. Patient feels comfortable on lying down but the complaints comes during sleep. Dread of bathing and worse while standing. Frequent fainting spells can be seen in this along with the convulsive tendency⁹.

Conclusion

Blood Pressure is the force that a person's blood exerts against

the lateral walls of their blood vessels. This pressure depends on the resistance of the blood vessels and how hard the heart has to work. There are so many risk factors for Hypertension. If we are able to identify these risk factors then we can avoid complications like cardiovascular disease, including stroke, heart attack, heart failure, and aneurysm. Keeping blood pressure under control is vital for preserving health and reducing the risk of these dangerous conditions. Complication can be controlled by regular check-up and proper medication.

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Lycopus virginicus – a complete review on hypertensive remedy

Dr S. Sabarirajan, Dr S. R. Ameerkhan Babu

Abstract: *Lycopus virginicus* commonly called bugleweed or gypsywort, a homoeopathic medicine, chief action is upon the heart. On reviewing numerous literatures, it was proved that *Lycopus virginicus* gave great results in many cases of lowering blood pressure and heart disorders. The following article includes the review about the importance of *Lycopus virginicus*, its profile and the clinical indications.

Keywords: *Lycopus virginicus*, heart, homoeopathy, blood pressure.

Introduction

Plant profile.

Botanical name: *Lycopus virginicus*, *Lycopus europaeus*.

Other common names: bugleweed, gypsywort, european bugleweed.

The bugleweed or gypsywort plant (*Lycopus virginicus*)¹

Habitat:

Bugleweed is a rhizomatous herb endemic to Europe and Asia, and introduced in the United States. In the wild, it proliferates in marshlands and wetlands.¹

Plant description

Bugleweed is a perennial plant belonging to the mint family and is closely related to a european herb known as gypsywort (*Lycopus europaeus*). The two herbs are so closely related they are often used interchangeably as medicinal herbal treatments.¹

Sources:

The plant is collected fresh just when in blossom to prepare a tincture as well as a fluid extract. Tincture of fresh plant in flower. Tincture of whole plant by macerating one part by weight of the fresh plant in two parts by weight of alcohol.²

Therapeutic uses and benefits of bugleweed

- Traditionally, this herb has been used to cure cough and other respiratory disorders. It is also thought of as a natural remedy for sleeplessness.
- American bugleweed (*Lycopus virginicus*) and its european counterpart gypsywort (*Lycopus europaeus*) were widely used in folk medicine for treating anxiety, tuberculosis, and heart palpitations.
- Bugleweed was also utilised by gypsies of old as a cosmetic as this herb is a major component for manufacturing black dye, hence the common name "gypsywort".
- Bugleweed's medicinal properties are said to be due to the presence of lithospermic acid.
- Extracts from this herb are thought to aid in normalising heart rate, indicative of its potential as an alternative treatment for tachycardia.
- Bugleweed is used as an alternative treatment to hormone therapy. Components of the plant may lower the levels of the thyroid-stimulating hormone and thyroxine. This action could be due to the inhibitory effect of the herbal drug on the binding

of the antibodies to the thyroid gland.

- The herb is commonly used as a natural treatment for some symptoms of grave's disease, such as palpitation and convulsions. The herbal activity is sufficient for mild cases of the disease and is considered safe for long-term administration.
- It is traditionally used to stop iodine conversion in the thyroid gland and can be used as a natural treatment for hyperthyroidism and related diseases.
- Bugleweed extracts mainly affect the vascular tissues as well as the sympathetic nervous system.
- The leaves may also be used as a natural cure for wounds and abrasions.¹

Potential side effects of bugleweed

- Use of bugleweed is contraindicated for pregnant women and women who are nursing.
- Because bugleweed may interfere with blood glucose medication, it is contraindicated for patients with diabetes or hypoglycaemia. People with endocrine disorders such as hypopituitarism, pituitary adenoma or hypogonadism should not take it.

- Patients who suffer from osteoporosis or who are taking oral contraceptives or fertility drugs this drug is contra indicated.
- Bugleweed has only been tested in thyroid conditions involving overactive thyroid. There have been no clinical studies performed on humans. The information on the effects of it was derived from animal studies. The effects of medication on animals may be different from the effect on humans. Researchers have not yet evaluated the inhibiting effects of it on hormones.¹

Indications

- *Lycopus virginicus* Q lowers blood pressure. Reduces the heart rate and increases length of systole to a great degree. Indicated in diseases with tumultuous action of the heart and more or less pain, 5 drops of tincture.³
- Rapid heart action of smokers. Precordial pain, constriction, tenderness, pulse weak, irregular intermittent, tremulous, rapid. Cyanosis. Heart's action is tumultuous and forcible. Palpitation from nervous irritation with oppression around heart. Rheumatoid flying pains, associated with heart diseases. Cardiac asthma.²
- *Lycopus* is especially in cardiac irritability and weakness, whether from over-strain of the heart, from rheumatic disease, constitutional debility, or from the use of drugs or stimulants affecting the heart, such as tobacco, etc. It renders the beats of the heart slower, fuller and more regular. Palpitation from nervous irritation or organic

cardiac disease. An excellent substitute for *Digitalis purpurea* in such affections, it quiets cough and irritation of the lungs; lessens arterial action in fevers and plethora. Haemoptysis in phthisis with palpitation, pains in chest and cardiac weakness. An excellent remedy for exophthalmia from cardiac disease, relieving the protrusion of the eyes and tumultuous action of the heart.⁴

- Lower the blood pressure reduces the rate of the heart and increases the length of systole to a great degree. Passive haemorrhages (*Adrenaline* 6x).
- A heart remedy, indicated in diseases with tumultuous action of the heart and more or less pain. Haemoptysis due to valvular heart disease. Rapid heart action of smokers. Precordial pain; constriction, tenderness, pulse, weak, irregular, intermittent, tremulous, rapid. Cyanosis. Heart's action tumultuous and forcible. Palpitation from nervous irritation, with oppression around heart. Rheumatoid, flying pains, associated with heart disease. Cardiac asthma.⁵

Conclusion

The main outcome of homeopathic approach is to regain the body's natural healing and immune the body cells to treat the conditions that affect the body, prevent it and restore the good level of health and well-being. *Lycopus virginicus* is found as effective pathological prescription for lowering blood pressure.

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Can Adrenalinum in decimal potency be used to treat hypertension?

Dr Darshan J. Shah

Abstract: Can we use homoeopathy to treat HYPERTENSION without the use of modern medicines? Can a homoeopathic medicine in DECIMAL potency act as a replacement to modern medicine? Can we give a constitutional medicine in centesimal or 50 millesimal potency along with this decimal potency to STOP the allopathic medicine of the patient and switch them to ONLY homoeopathic medicines?

Keywords: Hypertension, *Adrenalinum*, decimal potency, constitutional, allopathic medicine.

Introduction

Hypertension (HTN or HT), also known as high blood pressure (HBP), is a long-term medical condition in which the blood pressure in the arteries is persistently elevated.^[1] High blood pressure usually does not cause symptoms.^[2] Long-term high blood pressure, however, is a major risk factor for coronary artery disease, stroke, heart failure, atrial fibrillation, peripheral vascular disease, vision loss, chronic kidney disease, and dementia.^[3,4,5,6]

High blood pressure is classified as either primary (essential) high blood pressure or secondary high blood pressure.^[7] About 90–95% of cases are primary, defined as high blood pressure due to nonspecific lifestyle and genetic factors.^[8,9] Lifestyle factors that increase the risk include excess salt in the diet, excess body weight, smoking, and alcohol use.^[2,7] The remaining 5–10% of cases are categorized as secondary high blood pressure, defined as high blood pressure due to an identifiable cause, such as chronic kidney disease, narrowing of the kidney arteries, an endocrine disorder, or the use of birth control pills.^[7]

Blood pressure is expressed by two measurements, the systolic and diastolic pressures, which are the maximum and minimum pressures, respectively.^[3] For most adults, normal blood pressure at rest is within the range of 100–130 millimetres mercury (mmHg) systolic and 60–80 mmHg diastolic.^[9,10] For most adults, high blood pressure is present if the resting blood pressure is persistently at or above 130/90 or 140/90 mmHg.^[7,9]

Lifestyle changes and medications can lower blood pressure and decrease the risk of health complications.^[11] Lifestyle changes include weight loss, decreased salt intake, physical exercise, and a healthy diet.^[7] If lifestyle changes are not sufficient then blood pressure medications are used.^[11] Up to three medications can control blood pressure in 90% of people.^[7] The treatment of moderately high arterial blood pressure (defined as >160/100 mmHg) with medications is associated with

an improved life expectancy.^[12]

BUT, Can we use Homoeopathy to treat HYPERTENSION without the use of Modern medicines? Can a Homoeopathic Medicine in DECIMAL potency act as a replacement to Modern medicine? Can we give a Constitutional medicine in Centesimal or LM potency along with this Decimal potency to STOP the allopathic medicine of the patient and switch them to ONLY homoeopathic medicines?

Body

To find out the answer to this, I read about an interesting drug called **“ADRENALINUM”**.

Some of them are mentioned below –

Adrenaline

Adrenaline, also known as adrenalin or epinephrine, is a hormone, neurotransmitter, and medication.^[13,14] Epinephrine is normally produced by both the adrenal glands and certain neurons.^[13] It plays an important role in the fight-or-flight response by increasing blood flow to muscles, output of the heart, pupil dilation, and blood sugar.^[15,16] It does this by binding to alpha and beta receptors.^[16] It is found in many animals and some single cell organisms.^[17,18] Napoleon Cybulski first isolated epinephrine in 1895.^[19]

Mechanism of action

Physiologic responses to epinephrine by organ

Organ	Effects
Heart	Increases heart rate; contractility; conduction across AV node
Lungs	Increases respiratory rate; bronchodilation
Systemic	Vasoconstriction and vasodilation
Liver	Stimulates glycogenolysis
Systemic	Triggers lipolysis
Systemic	Muscle contraction

As a hormone, epinephrine acts on nearly all body tissues. Its actions vary by tissue type and tissue expression of adrenergic receptors. For example, high levels of epinephrine causes smooth muscle relaxation in the airways but causes contraction of the smooth muscle that lines most arterioles.

Epinephrine acts by binding to a variety of adrenergic receptors. Epinephrine is a nonselective agonist of all adrenergic receptors, including the major subtypes α_1 , α_2 , β_1 , β_2 , and β_3 .^[20] Epinephrine's binding to these receptors triggers a number of metabolic changes.

Its actions are to increase peripheral resistance via α_1 receptor-dependent vasoconstriction and to increase cardiac output via its binding to β_1 receptors. The goal of reducing peripheral circulation is to increase coronary and cerebral perfusion pressures and therefore increase oxygen exchange at the cellular level.^[21] While epinephrine does increase aortic, cerebral, and carotid circulation pressure, it lowers carotid blood flow and end-tidal CO₂ or ETCO₂ levels. It appears that epinephrine may be improving macro-circulation at the expense of the capillary beds where actual perfusion is taking place.^[22]

As a medication, it is used to treat a number of conditions including anaphylaxis, cardiac arrest, and superficial bleeding.^[23] Common side effects include shakiness, anxiety, and sweating. A fast heart rate and high blood pressure may occur. Occasionally it may result in an abnormal heart rhythm. While the safety of its use during pregnancy and breastfeeding is unclear, the benefits to the mother must be taken into account.^[23]

Adrenalinum and various other studies –

1. Arterio-sclerosis, Angina pectoris, chlorosis, Chronic-aortitis, Haemophilia, Hypotension, shock (myocardial infarction) have been helped with adrenalinum.^[24]
2. The main action of Adrenalin is stimulation of the sympathetic endings, notably the splanchnic area, causing constriction of the peripheral arterioles, with resulting rise in blood pressure.^[25]

3. It appears to possess a very powerful local action over dilated blood vessels. When injected into the circulation blood pressure rises, the arteries being contracted.^[26]
4. It causes very prompt rise of blood pressure and increases the slow pulse rate to normal one, because it stimulates the nerve ends attached to the blood vessels of the heart especially 3x and 6x.^[27]
5. Blood - BLOOD vessels, general, - aorta, inflamed, acute - chronic, Blood - BLOOD vessels, general, - aorta, inflamed, acute - ulcerative, Blood - BLOOD vessels, general, - arteriosclerosis, Blood - BLOOD vessels, general, - inflammation, of - chronic, Blood - HYPERTENSION, high blood pressure.^[28]
6. Adrenaline or Epinephrine, the active principle of the medulla of the suprarenal gland is employed as a chemical messenger in the regulation of the activities of the body in fact.
7. Its presence is essential to the activity of the sympathetic nerves. Adrenaline appears to possess a very powerful local action over dilated blood vessels. When injected into the circulation blood pressure raises, the arteries being contracted.^[29]
8. Malignant hypertension, Atherosclerosis in young people, Angina pectoris; constriction chest with anguish, vertigo and nausea/vomiting, Pulse rapid/irregular, Haemorrhages from any part with hypertension.^[30]
9. Is cowardly, despondent, nervous, distracted, averse to mental labor; the eyes feel strained, as if one must open them wide or press on them, the eyeballs ache, better rubbing and pressure; the face flushed, but not red, the urine hot, strong, scalding, copious, frequent and pale; the arms and legs, especially below the knees, tire and ache, especially on walking; the pulse is rapid, irregular and intermittent.^[31]
10. Arteriosclerosis, Angina pectoris, Shock or heart failure during anesthesia, to raise the blood pressure.^[32]
11. Adrenaline or Epinephrine, the active principle of the medulla of the suprarenal gland is employed as a chemical messenger in the regulation of the activities of the body in fact.
12. Its presence is essential to the activity of the sympathetic nerves. Adrenaline appears to possess a very powerful local action over dilated blood vessels. When injected into the circulation blood pressure rises, the arteries being contracted.^[33]
13. Its chief therapeutic use depends on its vasoconstriction action; therefore a most powerful and prompt astringent and haemostatic; and invaluable in checking

capillary haemorrhages from all parts, where local or direct application is feasible, for homoeopathic use 2x to 6x attenuation.^[34]

14. Its main action is as the mediator of the fight or flight response. It quickly increases heart rate, blood pressure, cardiac output.^[35]

Conclusion

The question which arose in my mind was, can we give **ADRENALINUM IN DECIMAL POTENCY** and try to reduce the Anti-hypertensives for the same patient? Here, we could continue our Individualized Homoeopathic Medicine for the patient and wean off the Anti-hypertensive and shift the patients on Adrenalinum in decimal potency (preferably 3X and 6X).

I urge senior homoeopaths and others to consider this thought for further evaluation with their vast experience and huge daily practice.

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About the author

Dr Darshan Jayesh Shah is a Consulting Homoeopath and is fascinated with and has a special interest in the in-depth study of Hahnemann's Organon of Medicine and Aphorisms and its application in practice.



Treasure Works of John Henry Clarke – A compendium of his philosophical writings

*Book compiled and edited by Dr Himanshu Sekhar Tiwary
Forward by Francis Treuher*

Book review by Dr Mansoor Ali

The author managed a painful attempt to collect the most trustworthy philosophical viewpoints of JH Clarke at one place. The most important aspects of Clarke's life also compiled in chronological order.

Dr Himanshu Sekhar Tiwary ensured the original structure of the literature remains intact as far as possible.

This work will help us in re-discovering the philosophical wisdom and clinical gems of JH Clarke with illustrative cases and clinical tips.

Dr John Henry Clarke was born in 1853. He was one of the most eminent homoeopaths of England, who devoted his whole life for the advancement of homoeopathy. He took his degree at Edinburgh University in 1875 as gold medalist in several subjects, followed it up with M.D., academic success, and further appointments in 1877.

He became a keen follower of Dr Compton Burnett who was himself in the direct hierarchy of Ruddock. In April 1885, Dr Burnett edited his last volume of *The Homoeopathic World* and the next month, May 1885, Dr Clarke commenced as editor. He was editor of '*The Homoeopathic World*' for twenty-nine years. He was also a consulting physician to the London Homoeopathic Hospital.

He had the credit of introducing many remedies into the homoeopathic materia medica. He introduced *Pertussinum*, *Carcinosinum*, *Epihysterinum*, *Morbillinum*, *Parotidinum*, *Bacillinum testicum*, *Scarlatinum*, *Scirrhinum* into materia medica.

Previously, no significant attempt has been made to study the entire length and breadth of Clarke's philosophy, homoeopathic profession has missed a great and profound voice necessary for the science of homoeopathy. This book will definitely improve the understanding of the development of homoeopathy to a great extend.

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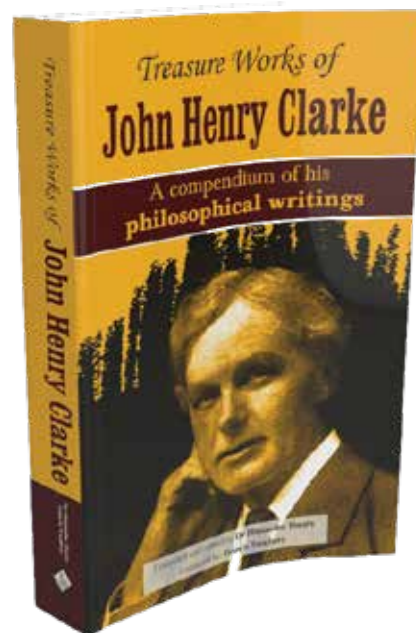
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Dr Himanshu Sekhar Tiwary, a very well known name in the subject of *Organon of Medicine* and homoeopathic literature. He is one of the strongest voices in India for the revival of original and time tested literature of homoeopathy. His past contribution to the treasure works of P. Schmidt as well as therapeutics of cancer from masters of homoeopathy is already well appreciated by the profession. He is presently serving as Medical Officer in CGHS, New Delhi, Govt. Of India.



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