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Hypertension and homoeopathy

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Abstract
Hypertension is a most common cardiovascular disorder posing a major public health challenge to the population. Many factors e.g. heredity, obesity, sedentary habits, stressful life and many more makes a person prone to develop hypertension. Homoeopathy is a holistic system of treatment; it works on individuality of every patient. So, there is no medicine for hypertension, but for the patient. There is a wider scope for the hypertensive patient and homoeopathy works effectively on many accompanying complaints with hypertension and hypertension itself.

Keywords: Essential hypertension, cardiac disease, homoeopathy

1. Introduction
Hypertension is a silent killer of mankind. Most sufferers (85%) are asymptomatic and hence early diagnosis is a problem. The dividing line between normal and abnormal BP is arbitrary because BP is dependent upon many factors like age, race, sex etc. [1] Hypertension can be primary or essential when there is no obvious precipitating factor, or much less common secondary hypertension where there is some identifiable cause. Many factors may contribute to its development e.g. renal dysfunction, peripheral resistance, vessel tone, endothelial dysfunction, autonomic tone, insulin resistance and neuro-humoral factors [14].

Definition: Systemic hypertension is the persistent rise of basal BP above the arbitrary level of 140/90 mm of Hg recorded on 3or more successive occasions [2]. The British Hypertension Society classification is provided in table and is consistent with those defined by the European Society of Hypertension and the World Health Organization–International Society of Hypertension [2].

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)	≥ 180	> 110

White coat hypertension is an office BP 130/80 mmHg or more but less than 160/100mmHg which comes down to 130/80mmHg or less after at least 3 months of anti-hypertensive therapy. Ambulatory or home blood pressure measurement is usually necessary for this diagnosis.
Masked hypertension is an elevated office systolic BP 120 to 129mmHg, and diastolic BP less than 80mmHg but raised BP on ambulatory or home measurements (130/80mmHg or more) [4].

Epidemiology
Several regional small surveys in the last two decades with varying protocols have reported a prevalence which varies from 6.15% to 36.36% in men and 2% to 39.4%in woman in urban areas and from 3% to 36% in men and 5.80% to 37.2% in women in rural areas [5]. Recent estimates have suggested the number of patients with hypertension could increase as much as by 15 to 20%, which could reach close to 1.5 billion by 2025 [6].

Aetiology [2, 5].

The exact causes are unknown but following factors may responsible for it.

Family history

- Genetic factor: epidemiological studies suggest that 20-60% of EH is inherited and remainder is acquired or environmental.
- Age: 25-55 years age are more prominent
- Sex: commonly seen in males
- Weight gain: the Framingham Study showed approximately 1mmHg rise of SBP for every 2lb weight gain. Abdominal obesity may well be the most dangerous. It appears that 70% of hypertension in men and 60% in women could be attributed to abdominal obesity.
- Salt intake: The INTERSALT study of 10079 men and women from 32 countries projected that a 100 mmol/day lower sodium intake over a lifetime would result in a 9 mmHg smaller rise in systolic pressure from 25-55 years age.
- This study demonstrated a clear relationship between salt intake and level of blood pressure among communities.
- Alcohol intake: excessive intake of alcohol is an important risk factor for hypertension, it accounts for 5-30% of all hypertension.
- Physical activity: Sedentary individuals have a 20-50% increased risk of developing hypertension
- Smoking: Tobacco smoking has been reported to cause acute rise of BP, weather prolonged smoking leads to sustained hypertension has not been established.
- Race: it is said to be common in American negroes and Japanese
- Influence of sympathetic nervous system
- Neurogenic hypertension
- Psychic factors
- Renin angiotensin system: this is a potent vasoconstrictor and stimulate aldosterone release from adrenal gland. Though this system has an important bearing on regulating blood pressure yet it has no primary role in the pathogenesis of essential hypertension.

Symptoms [1]

Symptoms due to HTN	Symptoms due to affection of target organs	Symptoms due to underlying disease
Headache usually occurs in morning hours. It is throbbing and usually frontal	**CVS:** • Dyspnea on exertion(incipient LVF) • Anginal chest pain (IHD) • Palpitations	Edema and puffy face- acute nephritis
Dizziness	**Kidneys:** hematuria, nocturia, polyuria.	Weight gain, hirsuitism and stria- cushing's syndrome
Epistaxis: this occurs due to increased pressure causing rupture of capillaries of nose. The bleeding would reduce the circulating volume, and lower the BP.	**CNS:** • TIA or stroke with focal neurological deficit. • Hypertensive encephalopathy • Dizziness, tinnitus and syncope.	Weight loss tremors palpitations and sweating- hyperthyroidism
	Retina: blurred vision or sudden blindness	Weakness- primary hyperaldosteronism
		Joint pain, bronchospasm& peripheral vascular disease symptoms-polyarteritis nodosa

Investigations [3]

For all patients

Urinalysis for blood, protein and glucose

- Blood urea, electrolytes and creatinine
- Blood glucose
- Serum total and HDL cholesterol
- Thyroid function tests
- 12-lead ECG (left ventricular hypertrophy, coronary artery disease)

For selected patients

Chest X-ray: to detect cardiomegaly, heart failure, coarctation of the aorta

- Ambulatory BP recording: to assess borderline or 'white coat' hypertension
- Echocardiogram: to detect or quantify left ventricular hypertrophy
- Renal ultrasound: to detect possible renal disease
- Renal angiography: to detect or confirm presence of renal artery stenosis
- Urinary catecholamines: to detect possible pheochromocytoma
- Urinary cortisol and dexamethasone suppression test: to detect possible Cushing's syndrome
- Plasma renin activity and aldosterone: to detect possible primary aldosteronism.

Complications

Following complications have been reported with uncontrolled hypertension, in multiple large-scale population trials [7, 8, 17, 18].

Coronary heart disease (CHD), Myocardial infarction (MI), Stroke (CVA), either ischemic or intracerebral haemorrhage, Hypertensive encephalopathy, Renal failure, acute versus chronic, Peripheral arterial disease, Atrial fibrillation, Aortic aneurysm, Death (usually due to coronary heart disease, vascular disease, stroke-related)

Studies in India on hypertension

The majority of studies were cross-sectional (90%). In an analysis of worldwide data for the global burden of HTN, 20.6% of Indian men and 20.9% of Indian women were

suffering from HTN in 2005. The rates for HTN in percentage are projected to go up to 22.9 and 23.6 for Indian men and women, respectively by 2025. Recent studies from India have shown the prevalence of HTN to be 25% in urban and 10% in rural people in India. According to the WHO 2008 estimates, the prevalence of raised BP in Indians was 32.5% (33.2% in men and 31.7% in women). However, only about 25.6% of treated patients had their BP under control, in a multi center study from India on awareness, treatment, and adequacy of control of HTN [19-25]

Management of essential hypertension with homoeopathy

As our master Hahnemann said we treat the patient not the disease he also said in his writings that "there is no disease, but sick people". So, in any case of EH, homeopathy is concerned with the patient having high blood pressure rather than the hypertension itself. It is the sick man who has to restore to health, not his tissues, not his body. In aphorism 153, homeopathy stressed upon the importance of individuality of the patient. Hahnemann stated that it is the strange, rare, peculiar characteristic symptoms of an individual and not the common symptoms that indicate the similimum. Hahnemann also lays emphasis on the mental symptoms of patients in all physical disorders. He stated that the emotional reactions and mental disposition of a patient are to be particularly noticed as they often govern the remedy. This statement of Hahnemann is applied naturally to the cases of EH. [9, 10] When we prescribe for a chronic case, we approach to patient's complete picture e.g. their constitution, temperament, heredity, predominant miasm, and their generals and mentals etc. On theses bases we conclude a case as a whole and give them a best similimum which is the key of homoeopathy.

Some important homoeopathic medicines for hypertension [11-13,15, 16].

Natrum Muriaticum: sensation of coldness in the heart. Tachycardia. Heart and chest feel constricted. Fluttering, palpitation and intermittent pulse. Pulsation of the heart shake the body.

Glonoinum: A great remedy for high blood pressure with headache. Surging of blood to the head and heart. Tendency to sudden and violent irregularities in circulation. Heart has a laborious action, fluttering and palpitations with dyspnea. Useful in angina pectoris.

Crataegus Oxyacantha: Used as a heart tonic. Useful in myocarditis, chronic heart disease with extreme weakness. Irregularity of heart, high arterial tension, arteriosclerosis are the main clinicals. It is strongly used to dissolve crustaceous and calcareous deposits in the arteries.

Baryta Mur: It is a medicine for high blood pressure with high systolic reading and a low diastolic reading. Hypertension and vascular degeneration. Increased tension of pulse. Arteriosclerosis with cerebral and cardiac symptoms. Also useful in aneurism.

Adonis Vernalis: a heart medicine, after rheumatism or influenza, or Bright's disease or kidney affections. Where the muscles of heart are in a stage of fatty degeneration, regulates the pulse and increases the power of contractions of the heart, with increased urinary secretion. Most valuable in cardiac dropsy. Low vitality with a weak heart.

Allium Sativum: The medicine is adopted to fleshy subjects with dyspepsia and catarrhal affections. This is a medicine for high blood pressure with high cholesterol levels. This medicine helps in reducing cholesterol levels as well as lowering the blood pressure. Other symptoms include a pain in the chest that prevents sleep and leads to palpitations.it has vaso-dilatory properties

Amylenum Nitrosum: Palpitations of the heart and similar conditions are readily cured by it. Precordial anxiety. Tumultuous action of heart pain and constriction around the heart. Headache and flushes of heat, with anxiety and palpitation are the key notes for prescribing.

Kalmia Latifolia: fluttering of heart with weak, slow pulse and anxiety. Palpitations worse leaning forward. Gouty and rheumatic metastasis of the heart. Tachycardia, with pain (angina pectoris). Heart's action tumultuous, rapid and visible.

Abbreviations: BP (blood pressure), CAD (coronary artery disease), CHD (Coronary heart disease), CNS (central nervous system), CVS (cardiovascular system), DBP (diastolic blood pressure) ECG (electrocardiogram), EH (essential hypertension), HDL (high density lipoproteins), SBP (systolic blood pressure).

Conclusion

Essential hypertension is a most often seen clinical condition in our clinics. It is a chronic disorder and requires long-term care and management. Detailed education regarding lifestyle modification and pharmacological therapy is the key to success for better control of BP and to prevent complications. Weight management, physical activity, limiting alcohol/tobacco/smoking is a critical strategy to decrease cardiovascular risk. Along with all these homoeopathic medicines works wonderfully when they prescribed on individually to a person. After giving the best suited similimum medicine we can effectively manage and cure the cases of essential hypertension.

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