

# Essential Hypertension and Its Homoeopathic Therapeutics

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**Abstract:** Hypertension is an important public health problem in India and leads annually to 1.1 million deaths. It is estimated to account for 10.8 percent of all deaths and 4.6 percent of all disability adjusted life years (DALYs) in the country. Globally also, hypertension is the most important risk factor for death and disease burden and is estimated to be responsible for 9.4 million deaths and 7.0 percent DALYs. As per World Health Organization report in 2008, worldwide approximately 40% of adults aged 25 and above had been diagnosed with hypertension; the number of people with the condition rose from 600 million in 1980 to 1 billion in 2008. Hypertension is directly responsible for 57% of all stroke deaths and 24% of all coronary heart disease (CHD) deaths in India. Several guidelines published in 2013 have refocused international attention on hypertension<sup>[1]</sup>. Therefore keeping in focus the need of present scenario this study aims to evaluate the effectiveness of homoeopathic medicines in cases of essential hypertension in adults.

**Keywords:** Essential hypertension, homeopathic medicine, observational study

## 1. Introduction

Globally, nearly one billion people have high blood pressure (hypertension), and approximately 7.1 million deaths per year may be attributable to hypertension. One of the key risk factors for cardiovascular disease is hypertension or raised blood pressure. In India, Hypertension occurs in 25-30 per cent of middle aged individuals in urban and 15-20 per cent in rural areas of the country. The Prospective Urban Rural Epidemiology (PURE) study has reported that hypertension prevalence in South Asian adults aged 35-70 year varies from 30.7 per cent in India, 33.5 per cent in Pakistan and 39.3 per cent in Bangladesh. According to Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India, the overall prevalence of hypertension in India by 2020 will be 159.46/1000 population. Recent studies using revised criteria (BP greater than or equal to 140 and/or 90 mmHg) have shown a high prevalence of hypertension among urban adults: *men 30%, women 33% in Jaipur (1995)*, and *men 36%, women 37% in Jaipur (2002)*<sup>[2]</sup>.

Management of hypertension includes both medicines and therapeutic lifestyle changes (TLC). Various studies have demonstrated the effectiveness of homoeopathic treatment along with TLC in managing the condition and prevent progression of the disease. Thus demonstrating the effectiveness of individualized homoeopathic medicines in cases of hypertension.

Therefore, there is a need to development of new; more effective and selective antihypertensive drugs are of crucial importance for the treatment of hypertension as well as control of its prevalence.

Most major guidelines recommend that hypertension be diagnosed when a person's systolic blood pressure is  $\geq 140$  mm Hg or their diastolic blood pressure is  $\geq 90$  mmHg, or both, on repeated examination. The systolic blood pressure is particularly important and is the basis for diagnosis in

most patients. Hypertension can increase the risk of cerebral, cardiac, and renal events. Factors that increase BP, such as obesity and high alcohol and salt intake, will be called "hyperten-sinogenic factors". Some of these factors have inherited, behavioral, and environmental components. Inherited BP could be considered core BP, whereas hyperten-sinogenic factors cause BP to increase above the range of inherited BP. It is the most impotent risk factor for diseases of the brain, kidney, heart and peripheral arteries which may prove fatal if not managed effectively<sup>[3]</sup>.

## 2. Classification

Following Table provides a classification of blood pressure for adults (age 18 and older)<sup>[4,5]</sup>.

Category	Systolic (mmHg)		Diastolic (mmHg)
Optimal	<120	And	<80
Normal	<130	And	<85
High-normal	130-139	Or	85-89
Hypertension			
Stage 1	140-159	Or	90-99
Stage 2	160-179	Or	100-109
Stage 3	>180	Or	>110
Isolated systolic hypertension			
Grade 1	140-159	And	<90
Grade 2	>160	And	<90

## 3. Causation of Essential Hypertension

Essential hypertension is currently understood as a multifactorial disease arising from the combined action of many **genetic, environmental, and behavioral factors**.

Given the multifactorial nature of blood pressure homeostasis, any change in blood pressure as, for example, one due to a mutation is likely to be compensated by feedback, complementary action, or change, in some other

control mechanisms, in an effort to return blood pressure to normal.

It is only when the balance between the factor(s) that tend to increase the blood pressure and those that try to normalize it is sufficiently disturbed, when the compensatory mechanisms fail to counteract the perturbation, that essential hypertension results<sup>[6]</sup>.

A century of epidemiological, clinical, and physiological research in humans and animals has provided remarkable insights on the **relationships existing between dietary salt (sodium chloride), renal sodium handling, and blood pressure**. The evidence points to a causal link between a chronically high salt intake and the development of hypertension, when the kidneys are unable to excrete the ingested amount of sodium unless blood pressure is increased<sup>[7]</sup>. In conjunction with this primary causal factor, a number of adjunctive factors, such as **obesity, diabetes, aging, emotional stress, sedentary life style, and low potassium intake**, may increase the probability of developing hypertension<sup>[8]</sup>. Hence, on a similar dietary salt, some individuals develop hypertension while others do not; and the probability to develop hypertension depends on the individual's weight of the hypertension's adjunctive factors.

#### Physical Examination

- Record three blood pressure readings separated by 2 minutes, with the patient either supine or sitting position and after standing for at least 2 minutes.
- Record height, weight and waist circumference.
- Examine the pulse and the extremities for delayed or absent femoral and peripheral arterial pulsations, bruits and pedal oedema.
- Look for arcussenilis, acanthosisnigricans, xanthelasma and xanthomas.
- Examine the neck for carotid bruits, raised JVP or an enlarged thyroid gland.
- Examine the heart for abnormalities in rate and rhythm, location of apex beat, fourth heart sound and murmurs.
- Examine the lungs for crepitation and rhonchi.
- Examine the abdomen for bruits, enlarged kidneys, masses and abnormal aortic pulsation.
- Examine the optic fundus and do a neurological assessment.

#### Laboratory Investigations

- a) Routine
  - Urine examination for protein and glucose and microscopic examination for RBCs and other sediments.
  - Haemoglobin
  - Fasting blood glucose
  - Serum creatinine
  - Potassium
  - Total cholesterol
  - 12-lead electrocardiogram
- b) Additional investigations in special circumstances can include
  - Fasting lipid profile and uric acid
  - Echocardiogram

- c) Other specific tests to rule out secondary causes of hypertension where there is a high index of suspicion are described under "secondary hypertension".
- d) At the present state, tests for hs-CRP and micro albuminuria are not recommended for routine clinical use due to cost considerations. However, for certain situations, these can be useful in risk stratification.

The cost of investigations in the context of the needs of an individual patient and resources available is an important consideration. In patients with essential hypertension where there is a resource crunch, one may be required to initiate therapy without carrying out any laboratory investigations.

## 4. Homeopathic Management

### 1) Aurum Metallicum

This homeopathic high blood pressure remedy is useful for serious people, focused on career and accomplishment, with blood pressure problems related to stress. Worry, depression or anger may occur, especially when these people feel they have made a mistake or failed in some way. A general tendency to feel worse at night, a strong wants for alcohol, sweets, bread, and pastries are other signs for Aurum<sup>[9]</sup>.

### 2) Belladonna

This high blood pressure remedy is useful if the symptoms come on suddenly, with great intensity and heat. The person's face is flush, with dilated pupils, and beats and throbbing may be there in various parts of the body. Despite the general heat, the person's hands and feet may be cold. Vertigo and pounding headaches, worse from jarring and light, may also occur<sup>[9]</sup>.

### 3) Calcarea Carbonica

This hypertension remedy is often helpful to people with high blood pressure, easily tired 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 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 signs. The person may have cravings for sweets and eggs and tend toward weight problems<sup>[10]</sup>.

### 4) Lachesis Mutus

A person who needs this remedy typically is intense and talkative, with inner passion and agitation that need an outlet (pressure cooker). The person may have a strong fear of disease, and feelings of suspicion, revenge, or jealousy are common. The person may also have heart or artery problems, look flushed or purplish, and feel constriction in the chest, with beats in many areas. Feeling worse after taking a nap or on waking in the morning, and a strong intolerance of clothing around the neck (or any restriction) are other signs for Lachesis<sup>[9]</sup>.

### 5) Natrum Muriaticum

A person who needs this remedy seems reserved and responsible but may have strong feelings (of grief, disappointment, anger, lingering grudges, and 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 from being in the sun, around midmorning, and better from being alone in a quiet place. A craving for salt and strong thirst can help to confirm the choice of this remedy<sup>[9]</sup>.

## References

- [1] Mancia G, Fagard R, Narkiewicz K, Redon J, Zanchetti A, BohmEur M, Soc Hyper (ESH) and EurSoc Card (ESC) J Hypertens. 2013; 31: 1281-357.
- [2] Epidemiology of Hypertension: Supplement to JAPI February; 2013, VOL. 61 page no 12-13.
- [3] Go AS, Bauman MA, Coleman King SM, Fonarow GC, Lawrence W, Williams KA. The Amer Heart Asso, the AmerColl Card and the Cent Dis Con and PrevHypertension. 2014; 63 : 878-85.
- [4] Barquera S, Campos-Nonato I, Hernández-Barrera L, et al. Hypertension in Mexican adults: results from the national health and nutrition survey 2006. *SaludPública de México*. 2010;52, supplement 1:S63–S71.
- [5] Meneton P, Jeunemaitre X, de Wardener HE, Macgregor GA. Links between dietary salt intake, renal salt handling, blood pressure, and cardiovascular diseases. *Physiological Reviews*. 2005;85(2):679–715.
- [6] Mullins LJ, Bailey MA, Mullins JJ. Hypertension, kidney, and transgenics: a fresh perspective. *Physiological Reviews*. 2006;86(2):709–746.
- [7] Meneton P, Jeunemaitre X, de Wardener HE, Macgregor GA. Links between dietary salt intake, renal salt handling, blood pressure, and cardiovascular diseases. *Physiological Reviews*. 2005;85(2):679–715.
- [8] Takahashi H, Yoshika M, Komiyama Y, Nishimura M. The central mechanism underlying hypertension: a review of the roles of sodium ions, epithelial sodium channels, the renin-angiotensin-aldosterone system, oxidative stress and endogenous digitalis in the brain. *Hypertension Research*. 2011;34(11):1147–1160.
- [9] Lilienthal S. Homoeopathic Therapeutics. Reprint ed. New Delhi: B Jain Publishers (P) Ltd; 2006.
- [10] Boericke W. Pocket Manual of Homoeopathic Materia Medica. 9th ed. New Delhi: B Jain publishers(p) ltd;