



Hypertension & its Lesser Known Homoeopathic Medicines

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Abstract

Hypertension is very disturbing public health problem. It causes high morbidity and mortality worldwide. It is a major risk factor for subsequent cardiovascular disease. Defining hypertension is very difficult, but individual patient risk only assess from severity of hypertension. So JNC 7 recommends a classification of BP (expressed in mm Hg). It may be primary which may develop as a result of environmental or genetic causes or secondary which has multiple etiologies including renal, vascular, and endocrine causes. Most of the people with hypertension have unaware about their problem because it has no warning sign & symptoms. Occasionally and in severe cases sign and symptoms occur. It is most commonly diagnosed based on repeated BP measurements in a clinical office setting. Therapeutic lifestyle changes should be recommended for all individuals with hypertension and pre-hypertension. Rare medicines are not frequently used but these very specific in their action and are meant for a particular disease. They can be helpful when use according to symptoms similarity.

Key word- Hypertension, High blood pressure, Essential hypertension, Primary hypertension, Secondary hypertension, Lesser known homoeopathic medicines.

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INTRODUCTION

Hypertension is highly prevalent all around the globe, so it becomes a major public health problem¹. WHO identified hypertension as one of the most significant risk factors for morbidity and mortality

worldwide and approximately nine million people annually died by this.

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It does not just develop in older adults. In England in 2015, Over 2.1 million people under 45 years old had high blood pressure². It is a major risk factor for chronic heart disease, stroke, and coronary heart disease¹. For significant reductions in risk of subsequent cardiovascular disease treatment of hypertension is very important².

Definition And Classification³

It is extremely difficult and arbitrary to define abnormally high blood pressure. In addition, the relationship between systemic arterial pressure and morbidity appears to be quantitative rather than qualitative. For an individual patient risk may correlate with the severity of hypertension, a classification system is essential for making decisions about aggressiveness of treatment or therapeutic interventions.

Based on recommendations of the JNC 7, the classification of BP (expressed in mm Hg) for adults aged 18 years or older is as follows:

- **Normal:** Systolic lower than 120 mm Hg, diastolic lower than 80 mm Hg
- **Prehypertension:** Systolic 120-139 mm Hg, diastolic 80-89 mm Hg
- **Stage 1:** Systolic 140-159 mm Hg, diastolic 90-99 mm Hg
- **Stage 2:** Systolic 160 mm Hg or greater, diastolic 100 mm Hg or greater

The classification above is based on after initial screening, on the average of 2 or more readings taken at each of 2 or more visits. A new category prehypertension entitle in the JNC 7 report, emphasizes that patients with prehypertension are at risk for progression to hypertension and important preventive strategies for this are lifestyle modification. Severe cases of hypertension, or hypertensive crises, are defined as a BP of more than 180/120 mm Hg and may be further categorized as hypertensive emergencies or urgencies. Evidence of impending or progressive target organ dysfunction is termed as hypertensive emergencies, whereas situations without progressive target organ dysfunction are termed as hypertensive urgencies.

Etiology³

Hypertension may be primary which may occur as a result of environmental or genetic causes or secondary which has multiple etiologies including renal, vascular, and endocrine causes. Primary or essential hypertension covers 90-95% of adult cases, and a small percentage of patients (2-10%) have a secondary cause.

Causes Of Primary Hypertension³

Hypertension develops secondary to environmental factors, as well as

multiple genes, whose inheritance seems to be complex. Furthermore, obesity, diabetes, and heart disease also have genetic components and contribute to hypertension.

Causes Of Secondary Hypertension³

- **Renal causes** (2.5-6%) of hypertension include the renal parenchymal diseases and renal vascular diseases, as follows: Polycystic kidney disease, Chronic kidney disease, Urinary tract obstruction, Renin-producing tumor, Liddle syndrome.
- **Vascular causes:** Coarctation of aorta, Vasculitis, Collagen vascular disease.
- **Endocrine causes** cover 1-2% and include exogenous or endogenous hormonal imbalances. Exogenous causes include administration of steroids. Endogenous hormonal causes include Primary hyperaldosteronism, Cushing syndrome, Pheochromocytoma, Congenital adrenal hyperplasia.
- **Neurogenic causes** include Brain tumor, Autonomic dysfunction, Sleep apnea, Intracranial hypertension.
- **Drugs and toxins** that cause hypertension include Alcohol, Cocaine, Cyclosporine, tacrolimus, NSAIDs, Adrenergic medications, Nicotine.

- **Other causes:** Hyperthyroidism and hypothyroidism, Hypercalcemia, Hyperparathyroidism, Acromegaly, Obstructive sleep apnea, Pregnancy-induced hypertension.

Risk Factors

Unhealthy diets (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, and being overweight or obese are included in Modifiable risk factors.

A family history of hypertension, age over 65 years and co-existing diseases such as diabetes or kidney disease is included in non-modifiable risk factors⁴.

Sign & Symptoms

Hypertension is called a "silent killer". It may have no warning signs or symptoms, so most people with hypertension are uninformed about their problem. When symptoms do occur, they can include early morning headaches, nosebleeds, irregular heart rhythms, vision changes, and buzzing in the ears. Severe hypertension can cause fatigue, nausea, vomiting, confusion, anxiety, chest pain, and muscle tremors⁴.

Diagnosis

- Essential or primary hypertension is usually asymptomatic; therefore, in clinical practice all adults should have

their BP measured at regular office visits. Hypertension is most commonly diagnosed based on repeated BP measurements in a clinical office setting. Accurate measurement and recording of BP is crucial to categorize the level of BP, ascertain BP-related CVD risk and guide management⁵.

- Since 2010, methods to measure out-of-office BP have been increasingly introduced to guide diagnosis and treatment of hypertension. These include home BP monitoring (HBPM) and ambulatory BP monitoring (ABPM). HBPM introduce to the measurement of BP at regular intervals by an individual at their home or elsewhere outside the clinic setting. ABPM refers measuring and recording the BP at regular intervals (usually every 20–30 minutes), typically for the 24-hour period and while individuals go about their daily activities. The identification of distinct BP phenotypes, including white coat or isolated clinic hypertension and masked or isolated ambulatory hypertension through the ability to measure out-of-office BP. Elevated office BP but normal ABPM or HBPM readings termed as white coat hypertension. By contrast, normal office readings but elevated out-of-

office readings (ABPM and HBPM) termed as masked hypertension⁵.

- The evaluation of a patient with hypertension have need more than the diagnosis of high BP. It should further include assessment of the CVD risk, target organ damage, and concomitant clinical conditions that may affect the BP or related target organ damage along with identification of features indicative of secondary hypertension⁵.
- Family history, lifestyle (exercise, salt intake, smoking habit) and other risk factors should be noted. A careful history will recognize those patients with drug or alcohol induced hypertension and may elicit the symptoms of other causes of secondary hypertension or complications⁶.
- The physical examination goal to establish the diagnosis of hypertension and screen for target organ damage and secondary causes⁵.
- Routine tests investigations require in all patients, these are: Haemoglobin and hematocrit, fasting plasma glucose, serum total cholesterol, low-density lipoprotein cholesterol, high-density lipoprotein cholesterol, fasting serum triglycerides, serum potassium and sodium, serum uric acid, serum creatinine, estimated glomerular filtration rate, urine analysis including

a test for microalbuminuria, 12-lead EKG⁵.

Additional tests based on history, clinical examination and routine tests are as follows: Haemoglobin A1c, quantitative proteinuria, out-of-office BP measurements, echocardiogram, holter monitoring, carotid ultrasound, abdominal ultrasound, pulse wave velocity, ankle-brachial index, other specialist tests for secondary hypertension (renin, aldosterone, catecholamines and their metabolites etc).

General Management

All patients should be managed with non-pharmacologic interventions/therapeutic lifestyle modifications to lower high BP. Patients with pre-hypertension should be followed up yearly to recognize and treat hypertension as soon as possible. All individuals with hypertension and pre-hypertension, therapeutic lifestyle changes should be recommended.

Non-pharmacological management includes weight reduction, sodium restriction, avoidance of alcohol intake, regular physical exercise, healthy eating and cessation of smoking⁷.

Optimal first line treatment for hypertension remains a controversial topic for years. Diuretics and calcium channel blockers are used for years. But, these

drugs sometimes can lead to side effects like hypokalemia, hyperlipidemia etc⁸.

Lesser Known Homoeopathic Medicines For Hypertension

Following are some homoeopathic medicines which can be use in cases of hypertension, not getting fit into totality. These medicines are not frequently used by practitioners but they can be beneficial when use according to symptoms similarity.

- 1. Lycopus Virginicus:-** Lowers the blood pressure, reduces the heart rate and increase the length of systole to a great degree. Epistaxis (because of high blood pressure). Diseases with tumultuous action of the heart and more or less pain⁹.
- 2. Strophanthus Hispidus:-** It is a muscle poison; it increases the contractile power of all striped muscles. Acts on the heart, increasing the systole and diminishes the rapidity. Maybe used with advantage to tone the heart, and run off dropsical accumulations. Arteriosclerosis; rigid arteries of aged. Especially useful in failing compensation dependent upon a fatty heart⁹.
- 3. Adrenalinum:-** Its main therapeutics use depends on its vaso-constriction action. Sensation of thoracic

constriction with anxiety. This is with vertigo, nausea and vomiting⁹.

4. **Amylenum Nitrosum:-** Palpitations of the heart and similar condition are easily cured by it. Tumultuous action of the heart. Pain and constriction all over the heart (angina pectoris). Surging of blood to the head and face; sensation as if the blood would burst through the skin, with heat and redness⁹.
5. **Strontium Carbonicum:-** High blood pressure with a flushed face, pulsating arteries and threatened apoplexy. Arteriosclerosis. Vertigo with headache and nausea⁹.
6. **Sumbulus Moschatus:-** A tissue remedy for sclerosed areteries. Nervous palpitations. Neuralgia all over the left breast and left hypochondrial region (angina pectoris). Cardiac asthma. Pulse irregular⁹.
7. **Tabacum:-** Should prove the most well indicated homoeopathic drug for angina pectoris, with coronaritis and hypertension. Produce high tension and areteriosclerosis of the coronary arteries. Pulse intermits, feeble, imperceptible. Angina pectoris, pain in the precordial region. Acute dilatation of heart induced by shock or violent physical exertion⁹.

8. **Aurum Muriaticum Natronatum:-**

High blood pressure because of disturbed function of nervous mechanism. Arteriosclerosis⁹.

9. **Boerhaavia Diffusa:-** Hypertension with ringing in the ears and heat in the vertex. Frequent palpitations and intermittent, throbbing pain in the cardiac region⁹.

10. **Crataegus Oxyacantha:-** High arterial tension. Irregularity of heart. Arteriosclerosis. Cardiac dropsy. Without a marked increase in pulse, there is extreme dyspnea on least exertion. Pain in the region of heart and under the left clavicle. Heart dilated; first sound weak. Pulse accelerated, irregular, feeble, intermittent⁹.

CONCLUSION

In homoeopathic system of medicines, medicines are prescribed on the basis of totality of symptoms & it covers the patients as a whole not only single part. But many times there are possibility of paucity of symptoms & only few peculiar symptoms are present in cases of hypertension. In that case, there are need of a medicine which covers the at present sign & symptoms & give relief to patient. In these types of cases rare medicines play a very important role in the treatment of hypertension. These medicines are not

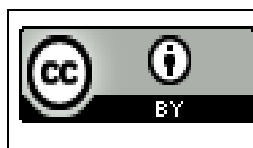
used in day to day clinical practice but have been well proved in cases of hypertension.

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