

HYPERTENSION: THE PLACE OF HOMOEOPATHY

“When he can do no good, let him do no harm”

-- The Hippocratic Oath.

The ideal blood pressure reading for healthy longevity for all age groups is taken to be 120/80 mm Hg. The systolic pressure ranges between 120-140 mm Hg according to the individual changes due to diet, exercise and stress and strain. Therefore, the blood pressure is a constant variable and one has to take into account the above predisposing factors.

Reading of blood pressure must be done carefully. In a report in the *Lancet*, the researchers offer a rule-of-thumb guide to the physicians in the Western societies where 35% of adult women and 25% of adult men are overweight. If an obese patient shows high blood pressure with a regular size cuff measuring 12x23 cm it is better to try again with a cuff measuring 13x35 cm. People with thicker arms than average will show a high blood pressure with a normal size cuff. If doctors wrapped a wider one around the arms of fat people, the incidence of hypertension may decline. There is another fallacy in reading blood pressure in this author's experience. The pressure in the cuff must be slowly raised and decreased. If done quickly there will be a wrong reading of hypertension in the patient. The clinical examination of the patient is a *sine qua non*; depending entirely on ECG reading is not correct.

A very pertinent question which has very often confronted the conscientious and imaginative physician is, whether the incidence of abnormal blood pressure [hypertension] can be prevented? With the rich and valuable experience of the homoeopathic physicians in the world, this question can be answered affirmatively: hypertension can be prevented with a diet regimen, with occasional homoeopathic medication and with a proper outlook on life.

The following are the predisposing factors: heredity, cortical drive [get-on-at-any-cost types] emotional reaction to prolonged anxiety, hyper-reactive pressure responses which derange the baroreceptor reflexes with repetitive stimulation, overweight from excessive calorie intake, excessive sodium intake or retention, smoking of tobacco which raises the free fatty acid level, lack of exercise, soft water and low residue diet, with common accompaniments--baldness, early arcus senilis, xanthelasmata.

Regarding the preventive treatment in drug therapy this author has had good results with the occasional doses of constitutionally selected polychrest remedies like *Lycopodium*, *Sulphur*, *Pulsatilla*, *Aurum*, etc., from 200 to 10M potency at an interval of one to three months. The selection of the remedy for the preventive treatment may depend on the

predisposing factors. In the asymptomatic preventive group one can safely utilize the Hahnemannian principles of one-sided disease approach as laid down in the Organon.¹

The diagnosis of hypertension can be made with a rule of thumb: A patient with the readings of 160/90 mm Hg has a mild variety and with 120/130 mm Hg has a severe variety of hypertension. The primary essential hypertension or secondary hypertension may be vascular, renal, endocrinal or iatrogenic. The following table clarifies further the nosological labels for easy comprehension, diagnosis and prognostication.

Table
Causes of Hypertension

| Vascular | Renal | Endocrine | Iatrogenic |
|---|---|---|---|
| Atherosclerosis | Nephritis | Phaeochromocytoma | Irradiation of kidneys |
| Polyarteritis Renal artery stenosis* | Pyelonephritis Hydronephrosis* | Cushing's disease Aldosteronism | Steroids Analgesic nephropathy [largely irreversible] |
| Essential | Polycystic kidneys* | Acromegaly | Diuretics, prolonged use. |
| Coarctation of aorta | Amyloid Gout pregnancy noradrenalin + | Menopause Toxaemia of oxidase inhibitors | Oral contraceptives Monoamine c. cheese or combined with pressor drugs adrenalin, tricyclic drugs 4-8 times. |

*Amenable to surgery

The fourth column is the essential one for homoeopathic treatment, to understand both the reversible and irreversible Hahnemannian drug disease, in homoeopathic parlance². In some patients when the offending and implicated allopathic drug is stopped, the blood pressure rises for sometime and in many patients it is controlled after the constitutional homoeopathic treatment.

The term 'constitutional' in the homoeopathic literature is confusing to the young Hahnemannians. The term is a relative one and it changes according to the seemingly

indicated homoeopathic remedy; a hypertensive patient is the sum total of psoric-syphilitic, psoric-sycotic or all the three classical Hahnemannian miasms.

There is another very interesting pathology excellently supported by Dr. M.L. Tyler. She says that the so called acute miasms in the past history of a patient can contribute to the maintenance of the chronic illness in the patient.³ She contends that unless such acute miasmatic blocks are dealt with in the course of the treatment, either with an appropriate nosode or a drug with the indications of the past history of illness in the patient, the patient does not progress on the lines of 'centre to the circumference' in the axiomatic parlance of Hering's Law of cure. There is no harm if the classical Hahnemannian physician brings all the acute miasms under one umbrella called psora. But for the young Hahnemannian Tyler's approach greatly facilitates the treatment.

In this author's experience anti-amoebic homoeopathic miasmatic remedies like *Merc. Sol. or Merc. cor.* greatly help many a chronic hypertensive.⁴ Similarly, the incidence of smallpox or vaccinations in the past history of a patient requires *Thuja* or *Variolinum* according to Burnett.⁵ Tyler emphasizes *Thuja* whenever there is an incidence of smallpox in the past history of a patient's illness.

Therefore, both the preventive therapy and the therapy of the hypertensive should be clearly punctuated while preparing the case history of a patient so that the constitutional remedy can be intercepted appropriately as and when needed with the seemingly indicated nosode or any other remedy whichever may be the case.

In deciding the miasmatic remedy or indicated nosode there is a relevant question very often faced by the scientific mind in homoeopathy. Is it necessary to take into account only the severe incidence of pox, with pitting and other deformities in the past history of the patient's illness or can even a very mild incidence of smallpox also be taken as an important landmark in the development of the chronic illness? Both the sides of the coin are relevant and are to be taken into consideration for the evaluation of the constitutional remedy.

The Burnettonian theory of vaccinosis, which is an elaboration of the Hahnemannian classical miasms, greatly helps easy comprehension. For example, a single vaccination given to a patient who did not 'take', and a single vaccination which 'took' severely are equally important for evaluation of the miasmatic remedy or nosode.

Regarding diagnosis of the hypertensive the following tests are mandatory:

Urine: microscopy, culture, urinary ketosteroids.

Blood: Complete picture, ESR, Coomb's test, blood urea, creatinine, cholesterol, lipid profile, and serum electrolites.

Electrocardiography: T wave inversion, S-T deviations, evidence of left ventricular hypertrophy or strain.,

Ophthalmoscopy: Retinopathy grades I-IV.

Radiological: Heart, lungs, intravenous pyelogram, E-K Gitis.

“Many physicians suffer from E-K Gitis. They forget that a host of conditions, e.g. a high carbohydrate meal, digitalis therapy, potassium deficit, hyperventilation, or even an anxiety state may cause T wave depression or even inversion. They assume too readily that an abnormal Q wave can only represent a myocardial infarction when actually it may be the consequence of a localized area of inflammation, an abscess, a tumour, or a contusion of the heart. Heaven help the patient who has not only an innocent cause of chest pain but a minor electro-cardio graphic change which may represent him to be normal. A slight and persistent elevation of the ST segment is not at all rare in many persons with normal hearts. When such patients consult a physician who is primarily oriented towards the electrocardiogram rather than a meticulous history, a false positive diagnosis of coronary disease is often made. We are all familiar with the tragic consequence of such an error”__ Tinsley R. Harrison, *American Journal of the Medical Sciences*, January-February 1975, No. 1, p. 112.

A long three weeks : “In the 1950s Henry [Henry Savage, the poet] fell ill and was admitted to the Royal Marsden Hospital in the Fulham Road suffering from cancer of the lung. With a group of sorrowing friends we went to visit him, bearing champagne. We had quite a party, saddened only by the whispered intimation of the medico that he had but three weeks to live.

“The next day, stimulated possibly by the wine, Henry leapt from his bed, dressed and caught a banana boat from the Pool of London to the Canaries, where he lived in joyful debauch for the next fifteen years”-- Rupert Grayson: *Stand Fast, The Holy Ghost*, p. 51, Tom Stacey Ltd. [1973].

Prognostication of hypertensive is very interesting. Usually in primary hypertensive or in a patient of essential hypertension with exudative retinopathies the text book longevity is maximum five years. But in this author’s experience ten to fifteen years longevity is observed with homoeopathic hypotensives. Nearly fifteen years ago Dr. Peter Sleight raised an unanswered problem relevant even today: “To know why it is that lowering a raised arterial pressure will lead to a substantial improvement in the risks of stroke or renal failure but has no apparent influence on the risk of myocardial infarction”. This author is of the opinion that homoeopathic hypotensives will not only control cerebral and renal crisis but also myocardial infarction.

The appraisal of the psychosomatic approach in the clinical hypertension is essential. Sometimes the conflict in the patient must be brought out to the conscious level of the

patient and must be resolved with 'loud-thinking' sittings with the patient, in addition to the constitutional homoeopathic therapy.

It is relevant to mention the elaborate animal experiments conducted earlier. A male and a female monkey were kept in a cage for sometime. Later the male monkey was isolated and in the cage of the female monkey another male monkey was introduced. The isolated male monkey was kept opposite the male-female monkey cage for sometime. The blood pressure both systolic and diastolic was considerably raised in the isolated monkey.⁷

The stress-raised blood pressure is reversible for sometime but becomes irreversible after a certain period even when the congenial environment is restored. In another experiment the social interaction of mice was manipulated by constructing a 'mouse city', comprising a number of living chambers interconnected with each other and to food chambers by tubes so that there were free movement confrontations between mice. Mice which were reared in isolation remained normotensive but rapidly became hypertensive when placed in the 'mouse city'. If the mice were removed from the system before six months had elapsed, the hypertension remained reversible. After six months it became fixed and was associated with left ventricular hypertrophy and other stigmata of hypertension. The analogies with the modern urban society are obvious.⁸ Hypertension now threatens premature death and disability to several million people in Britain and to many millions more among those populations throughout the world who have adopted the life styles of western civilization.⁹

Yoga therapy, asanas, breathing exercises, relaxation exercises and meditation greatly help the stressful and labile hypertensives to react favourably to homoeopathic therapy in this author's experience. Recently Dr. Lakshmikantan, Professor of Medicine, Madras, published a very valuable paper on the effect of *yoga therapy* in the hypertensives with allopathic hypertensives.⁹ In a critical review of the literature and report of a carefully designed study of bio-feedback and relaxation techniques it was concluded that there was no substantial change in blood pressure in the patients as a group but that one of the 22 patients showed a dramatic and sustained hypotensive response to the active treatment.¹⁰

The Practitioner, a British monthly journal, published a collection of good papers on the subject of hypertension treated exhaustively in 1971 and in 1979. Various authors contributed excellent articles on different aspects of hypertension worth reading to keep oneself abreast of developments in diagnosis, problems and therapy in hypertension.

This author had worked with Dr. Thomson Walker, a consultant cardiologist, in the Royal London Homoeopathic Hospital. He published exhaustive and scholarly papers in *The British Homoeopathic Journal [BHJ]* in 1954 and in 1974 which are worth reading. Drs. A.D. Mac Neill and S.M. Mechie published a good paper in the *BHJ* in 1964. Dr. R.A.F. Jack's publications in the *BHJ* in 1979 are an interesting appraisal of homoeopathic

therapy. Dr. Frank Boadman writing in the *BHJ* (1968) recommends good homoeopathic therapeutics for the elderly hypertensives.

The following cases will give some idea of the management of hypertensives with constitutional homoeopathic treatment. Allopathic colleagues referred to the author some patients who did not respond further to allopathic hypotensives. In such groups, the patients completely stopped allopathic treatment for a few weeks and they were given constitutional treatment in homoeopathy. Later on the patients did take allopathic drugs with marked hypotensive response. In some patients where they became again labile to the treatment, a short homoeopathic treatment proved useful for a hypotensive response to the previously used allopathic drugs. This type of homoeopathic treatment is apologetic in the strict homoeopathic sense, but this author had no choice except to help the helpless patients.

1] Mr. P.G.R. consulted this author for renal failure with no response to the previously helpful hypotensive allopathic drugs. He was advised dialysis as an emergency measure. He was having breathlessness, occipital headache, was easily tired and had no stamina for work. His libido was adversely affected from the previous treatment and he had frequent nasal block with no effect of the decongestant nasal drops; had sleeplessness and palpitation at night; chest x-ray and ECG showed left ventricular hypertrophy and strain, IVP normal. Sometimes he complained of linear headaches.

His BP was 280/140 mm Hg, blood urea 90, fundoscopy grade II retinopathy, serum creatinine 5.5. All the investigations revealed no cognizable aetiology for the hypertension. He was thirstless, hot blooded, mild and adjustable; past history of illness, nothing abnormal. Family history showed hypertension, sudden death, renal failure and strokes on both the paternal and maternal sides.

All allopathic medicines were stopped. He was placed on buttermilk and rice with no common salt. He was given first for a few months one dose of *Pulsatilla* 200 to 10M once in two weeks. On other days he was given medicated pills of *Aconite* mother tincture three times a day.

First two weeks showed no change in the blood pressure; later the blood pressure came under control and was maintained at 140/90 mm Hg throughout. The blood urea and serum creatinine became normal. He attended to his work with no tiredness. He enjoyed normal sex life. Recently he was checked up thoroughly and his blood pressure was 140/80 mm Hg. He stopped treatment but continued *yogasanas*, *breathing* and *relaxation exercises*. He took only vegetarian food and fruits; his salt and fats intakes were restricted. He was given *Syphilinum* 1M to 50M before closing his treatment. This was because *Pulsatilla* was also a syphilitic drug¹¹ and *Syphilinum* appeared in a couple of rubrics of the repertorial analysis of the patient.

2] Dr. P.D., a septuagenarian with blood pressure 280/120 with anterior myocardial infarction; x-ray normal, blood, urine, stool analysis normal, except high ESR. He was a staunch homoeopath and this author studied homoeopathy at his feet. He was getting effort anginal attacks and sometimes pain spells in the chest in sleep after heavy meal. His repertorial analysis indicated *Nat. mur.* He took *Nat. mur.* 200 to 50M once in a week or two and at other times medicated pills of *Nux vom. mother tincture.* After treatment for six months his ECG was normal. *Syphilinum, Mer. cor.* and *Tuberculinum* were given in between. He is now eighty with no problem.

3] Dr. R.K. Rao, aged 48 years, consulted this author sixteen years ago for hypertension. Had past history of renal calculus which passed off with homoeopathic treatment. Also had a history of neurosis when his colleague was trapped by ACB. He had dysentery and loose bowels with E.H. cysts. BP 240/130 mm Hg., ECG, x-rays, urine and stool analysis normal except left ventricular hypertrophy. Family history showed nothing significant except stroke on father's side and hypertension on mother's side.

He was the 'desires company' type. Timid, hot blooded, thirstless, sensitive to noise, aversion to fats, desired cold drinks, warm foods and sweets. He was advised vegetarian foods, restricted fat and salt. He was given *Lycopodium 200 to 50M with Medorrhinum, Merc., sol. and Ignatia* in between with excellent results. Recently after 16 years he died of infective hepatitis, but not due to any cardiovascular accident.

4] A scientist in ECIL, aged thirty five, consulted this author with 180/120 mm Hg. as for the past five years he was having no improvement with allopathic hypotensives. He was six feet tall and weighed 90 kg. Past history of illness showed nothing significant except a severe attack of diphtheria; he had a craving for sweets and anticipatory neurosis, was hot blooded, nervous at high places and highly impulsive; he also had occipital headache with spells of vertigo with buzzing in the ears which indicated *Arg. nit.* Family history showed sudden deaths on the paternal side and amoebiasis on the maternal side. He was placed on salt free and restricted fat diet. He was asked to stop allopathic drugs. He was prescribed *Arg. nit. 1M to 50M* with *Diphtherinum, Merc. sol., Medorrhinum* and *Syphilinum* in between. After treatment for two years he now has 120/80 mm Hg. and is enjoying normal food with restricted fat. He continues the *yogasanas and relaxation exercises.*

5] Mr. H.S., aged 65 years, consulted this author for asymptomatic hypertension. For five years his BP was 200/120 mm Hg. The patient said that he had used allopathic medicines for five years with no effect either on sleeplessness or on hypertension. Investigations revealed nothing abnormal. Nothing significant was found in the past and the family history. On the guidelines of 'one-sided disease' he was treated by this author with homoeopathic medicines for two years but with no result.

Unlike other systems of medicine, homoeopathy has interesting ways of diet regulation in the management of hypertension. It is three-dimensional. It is disease oriented, patient oriented and drug oriented. Although many nosological references are listed in *Kent's Repertory*, blood pressure does not appear as a rubric in it. This is because hypertension is only an objective sign and not a disease.

Some text books on Materia Medica like Farrington's and others make useful mention of the therapeutics of hypertension. Dr. Jack mentions the great benefit obtained with the *tincture of Spatium scoparium* along with constitutional medicines;¹² but this author has no experience with it. Boericke mentions *Crategus* has solvent power upon crustaceous and calcareous deposits in arteries.¹³ This author is benefited with its use in abnormal lipid profile and high serum cholesterol in the patients. This author's 'Heart Rhymes' is a guide with good organotropism in the partially proved remedies.¹⁴ *Plumbum* the drug of choice in K.W. syndrome appeared in *The Hahnemannian Gleanings* [1970], reprinted in this volume and 'Homoeopathy in Coronary Heart Disease' appeared in *Transactions of International Homoeopathic Congress, New Delhi, 1977*.

Angina pectoris on effort and otherwise is another important condition which requires further individualization in the sensation, location, modality and concomitance. There are good rubrics in *Kent's Repertory* on the subject. Sometimes, in addition to the constitutional treatment, some of the partially proved remedies like *Latrodectus mactans* with typical constriction of the chest muscles pain extending to axilla, down the arm and forearm to fingers with numbness of the extremity are of invaluable help. Fox Wesley recommends *Arnica* with left elbow pain, a good pointer in the angina pectoris.

Dr. D.M. Borland recommends *Ars. Ant. t.*, *Carbo veg.* and *Oxalic acid* for acute cardiac emergencies. *Aconite* helped this author pre-eminently in cardiac emergencies. One has to keep at fingertips the indications of the cardiac remedies to meet cardiac emergencies in hypertension. This is what is called specialization in homoeopathy. Dr. Pierre Schmidt's article 'Remedies Indicated in Paroxysmal Tachycardia' is a classic. Dr. Rudolph M. Balantine recommends 'Schuessler's salts' in cardiovascular cases. Useful therapeutic hints are available in the articles by Drs. A. Sutherland, C.P. Bryant and Mulfitani Francisco.

Thomson Walker recommends *Eel serum* in hypertension with no oedema.¹⁵ This author used it with much benefit, with or without oedema, in hypertension, in cardiac arrhythmias. Dr. Frank Boadman recommends some useful rubrics in *Kent's Repertory* as equivalent to psychosomatic profiles in hypertension.¹⁶ In Dr. Templeton's provings on *Rauwolfia*, depression is the leading mental symptom. *Rauwolfia* in 200 potency helped this author where *Ignatia* failed in the often complained depression in the hypertensives. Glasgow physicians recommended CGP [*Crataegus Glonoine* and *Passiflora*] a

combined mixture¹⁷ for the temporary reduction of pressure. This author is greatly benefited with each remedy on indications. This author never uses combination remedy. This author's paper 'Drug Relationship etc.,'¹⁸ shows the undesirability of combination therapy in homoeopathy.

Memory lapses is an interesting theme in *hypertension, cerebral sclerosis* and *hypertensive encephalopathy*. Forgetfulness of the recent events and acute memory for the past events is a good symptom of cerebral sclerosis. Homoeopathy can offer a splendidly useful therapy in such areas. *Anacardium* and a host of other remedies are very useful. Dr. W.H. Boyd recommends *Morgan bowel nosode*¹⁹ in hypertension in the patients in whom *Sulphur* is indicated. This author's experience in hypertension with bowel nosodes shows that the stool culture gives right indications. In the words of J.H. Clarke, homoeopathy is the most complete and scientific system of medicine the world has ever seen²⁰ and hypertension is no exception to its wide use.

References

1. Hahnemann, S. *Organon of Medicine, 6th ed., 277*, Boericke and Tafel [1935]
2. *ibid*, aphorism 207.
3. Tyler, M.L. *Homoeopathic Drug Picture, 559*, London: The Homoeopathic Publishing Co. [1952]
4. Krishna Murty, P.S. "The Scope of Miasmology": *Congreso Liga Medicorum Homoeopathica Internationalis*, Mexico [1980].
5. Tyler, M.L. *Homoeopathic Drug Picture, 821*, London: The Homoeopathic Publishing Co. [1952]
6. Sleight, Peter. 'The Diagnosis of Hypertension', *The Practitioner* [1971] 36.
7. Leigh, Denis. 'Psychosomatic Aspects of Essential Hypertension', *The Practitioner* [1971] 28.
8. Hill, O.W. 'Hypertension: Psychiatric and Psychosomatic Aspects', *The Practitioner* [1979] 188.
9. Stewart, I. Mac. D.O. 'Hypertension', *The Practitioner* [1979] 163.
10. Hill, O.W. 'Hypertension: Psychiatric and Psychosomatic Aspects', *The Practitioner* [1979] 191.
11. Teste, A. *The Homoeopathic Materia Medica, 262* Jain Publishing Co. [1975].

12. Jack. R.A.F. 'Severe Hypertension Treated with Spatium and the Constitutional Homoeopathic Remedy', *J.A.I.H.* [1979] 39.
13. Boericke, William. *Homoeopathic Materia Medica*, 238, Boericke & Runyon, 9th ed.
14. Krishna Murty, P.S. 'Heart Rhymes', *The Hahnemannian Gleanings* [1977] 520 (See elsewhere in the present book).
15. Thomson, Walker William. 'The Clinical Management of Hypertension', *BHJ* [1974] 3.
16. Boadman Frank. 'Hypertension in Elderly Subjects', *BHJ* [1968] 210.
17. Thomson, Walker William. 'The Clinical Management of Hypertension', *BHJ* [1974] 7.
18. Krishna Murty, P.S. 'The Utility and Futility of Drug Relationship in Homoeopathy', *JAIH* [1975] 93.
19. Hennessey, A. 'Hypertension and its Treatment'. *BHJ* [1964] 284,
20. Krishna Murty, P.S. '*Homoeopathy the Most Complete and Scientific System of Medicine the World has Ever Seen: Address to the Indian Medical Association, Amaravati* [14-8-1983].