

Significance of Homoeopathic Medicines in Syncope

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Abstract: Syncope is a distressing health condition that has adverse effects on individual lives. Syncope is one of the most prevalent health disorders, accounting 15% to 39% general population. It affects social & psychological sphere of individuals & has physiological, Psycho-emotional & Pathological causes with all socio-economical groups. The studyCases were taken from the registered patients of Vrundavan hospital OPD from August2019 to January 2020. Each case will be followed up to 3 months. It is single blind control trial, Prospective Qualitative study. **Result:** The use of well selected Homoeopathic Remedy has significant role to improve patient's acute syncope state as well as general health of the patient. **Conclusion:** We observed faster recovery in cases of syncope. Here we observed the significant effectiveness of homoeopathic medicines like Aconite, Arnica, Ars. Alb, Bell, Lach, Nat mur, Nuxvom., Phos, Sepia, Sulph, Syphil, VertAlbetc. in 30 C potency, In the cases of syncope.

Keywords: Homoeopathic medicines, Syncope

1. Introduction

Syncope is defined as transient loss of consciousness due to reduced cerebral blood flow. Syncope is associated with postural collapse and spontaneous recovery. It may occur suddenly without warning or may be preceded by symptoms of varying duration. These include faintness or light headedness, dizziness without true vertigo, a feeling of warmth diaphoresis, nausea, visual blurring occasionally proceeding to blindness. These pre-syncope symptoms may increase in severity until loss of consciousness occur or may be prior to loss of consciousness Syncope may be benign when it occurs as a result of normal cardiovascular effects on heart rate and vascular tone or malignant when due to a life threatening arrhythmias.

At the beginning of syncope attack patient is nearly always in the upright position, either sitting or standing. A cardiac etiology, such as arrhythmia is exceptional in this respect. The patient is warned of the impending faint by a sense of "feeling bad" of giddiness and of movement or swaying of the floor or surroundings object. The patient becomes confused and may yawn, visual spots and dimming may occur, nausea, and vomiting sometimes accompany these symptoms. There is striking pallor or ashy Gray colour of the face (paleness) and generalized perspiration ensues. In some patients, a gradual onset with pre-syncope symptoms may allow time for protection against injury, in others the syncope is sudden and without warning. The onset varies from instantaneous to 10 to 30 seconds rarely longer in depth and duration of unconsciousness. Sometimes the patient remains partly aware of the surroundings, or there may be profound coma. The patient may remain in this state for seconds or minutes. Usually the patient lies motionless with skeletal muscle relaxed, but a few clonic jerks of the limbs (Tetany) and face may occur shortly after consciousness is lost, sphincter control is usually maintained, in contrast to a seizure. The pulse is feeble or apparently absent, the blood pressure may be low or undetectable, and breathing may be almost imperceptible.

Once the patient is in horizontal position, gravity no longer hinders the flow of blood to the brain. The strength of the pulse may then improve, colours begins to returns to the face, and breathing become quicker and deeper, and conscious is regained. There is usually an immediately recovery of conscious. Some patients may be keenly aware of physical weakness, and rising to soon may be predicated another faint .In other patients, particularly those with Tachyarrhythmia's there may be no residual symptoms following the initial syncope. Headache and drowsiness, witch with mental confusion are the usual sequel of seizure, do not follow a syncope attack.

Cause of Syncope

- 1) Disorders of vascular tone or blood volume
 - a) Vasovagal (vasodepressor, neuro-cardiogenic)
 - b) Postural (orthostatic) hypotension
 - Drug induced (especially antihypertensive of vasodilator drugs)
 - Peripheral neuropathy (diabetic, alcoholic, nutritional, amyloid)
 - Idiopathic postural hypotension
 - Multisystem atrophies
 - Physical deconditioning
 - Decreased blood volume (adrenal insufficiency, acute blood loss etc.
 - c) Carotid sinus hypersensitivity
 - d) Situational
 - Cough
 - Micturition
 - Defecation
 - Valsalva
 - Deglutition
 - e) Glossopharyngeal Neuralgia
- 2) Cardiovascular disorders
 - a) Cardiac arrhythmias
 - b) Brady arrhythmias
 - Sinus bradycardia, Sino - atrial block, sinus arrest, sick-sinus syndrome
 - Atrio-ventricular block

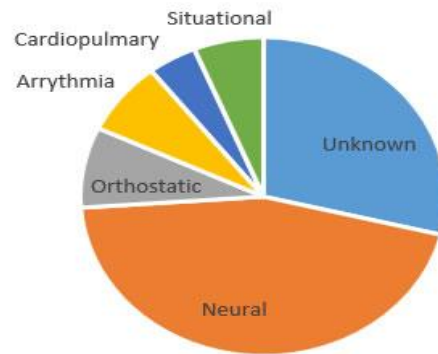
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- c) Tachyarrhythmia's
 - Supraventricular tachycardia with structural cardiac disease
 - Atrial fibrillation associated with the wloff-Parkinson-white syndrome
 - Atrial flutter with 1:1 Atrioventricular conduction
 - Ventricular tachycardia
- d) Other cardiopulmonary etiologies
 - Pulmonary embolism
 - Pulmonary hypertension
 - Atrial myxoma
 - Myocardial disease (Massive Myocardial infarction)
 - Left ventricular myocardial restriction or constriction
 - Pericardial constriction or tamponade
 - Aortic outflow tract obstruction
 - Aortic valvular stenosis
 - Hypertrophic obstructive cardiomyopathy
- 3) Cerebrovascular disease
 - Vertebrobasilar insufficiency
 - Basilar artery Migraine
- 4) Other disorders that may resemble syncope
 - a) Metabolic
 - Hypoxia
 - Anaemia
 - Diminished carbon dioxide due to hyperventilation
 - Hypoglycaemia
 - b) Psychogenic
 - Anxiety attacks
 - Hysterical fainting
 - c) Seizures

Syncope by cause

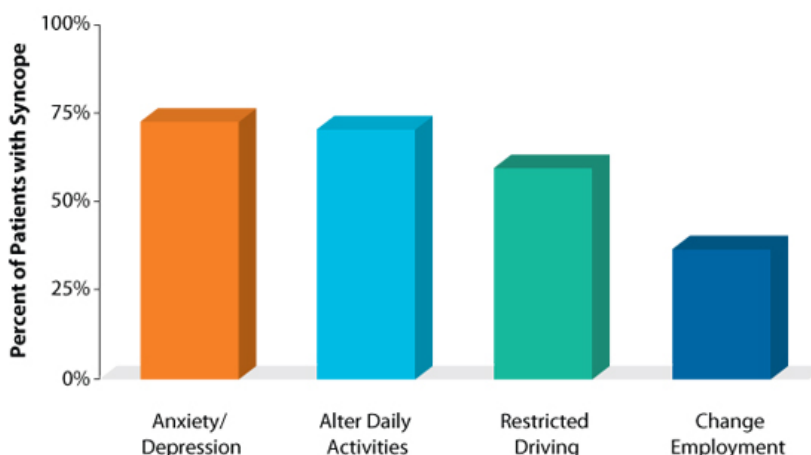


History of Patients referred for this was taken in details with respect to following points

- Name ,address ,contact, number, date of test
- Age
- Sex
- Number of episodes
- Predisposing factors
- Description of every episodes
- History of Pre-syncope
- Duration of loss of consciousness
- History of incontinence, confusion state, trauma, tonic-clonic movements, tongue bite.
- Past history of medical disorders especially.
- Hypertension ,diabetes ,ischemic heart disease ,Parkinsonism etc
- Drug history especially anti-hypertensive medications.

Impact of Syncope

In India prevalence of syncope events per visit par 1000 patients in general population is 18.1-39.7 in general daily private practice is 9.3 and in emergency is 0.7 .Impact of syncope on quality of life, in Socio economic level is due to disability due to fall and fear.



Treatment for Syncope

Auxiliary treatment and homoeopathic management
 Diet: - A balanced and nutritious diet was advised to patients

Homoeopathic Management:

Homoeopathic treatment requires a thorough investigation of the patient's physical as well as mental makeup. This

makes the only guide for the selection of Homoeopathic similimum. Homoeopathic medicines are selected on the basis of constitutional similarity which includes the study of person's physical state, mental state, familial tendencies and state of his present complaints. Few most commonly used homoeopathic medicines for syncope are: Aconite,

Arnica, Ars. Alb, Bell, Lach, Nat mur, Nuxvom., Phos, Sepia, Sulph, Syphil, VertAlbetc.

2. Materials & Methods

1) Study Set Up

The study was conducted at MHF'S HMC SANGAMNER. The study cases were taken from the registered patients from Vrundavan hospital OPD from August 2019 to January 2020.

2) Subjects

All cases of syncope, registered in homoeopathic OPD of Vrundavan hospital We found 30 cases from all resisted cases having diagnosis as syncope

3) Inclusion Criteria

- Patient suffering from natural sickness without complications.
- Patients only on OPD basis.
- All age groups, both sexes.

4) Exclusion Criteria

- Patients simultaneously taking other medications.
- Severe illnesses (Cardiac)
- Acute emergencies

5) Study Parameter

- Patient's improvement was assessed as per episodes of syncope
- Grade 1-No episode of syncope,
- Grade 2 No syncope but has pre-syncope,
- Grade 3 has syncope

Scales (For Outcome Assessment)

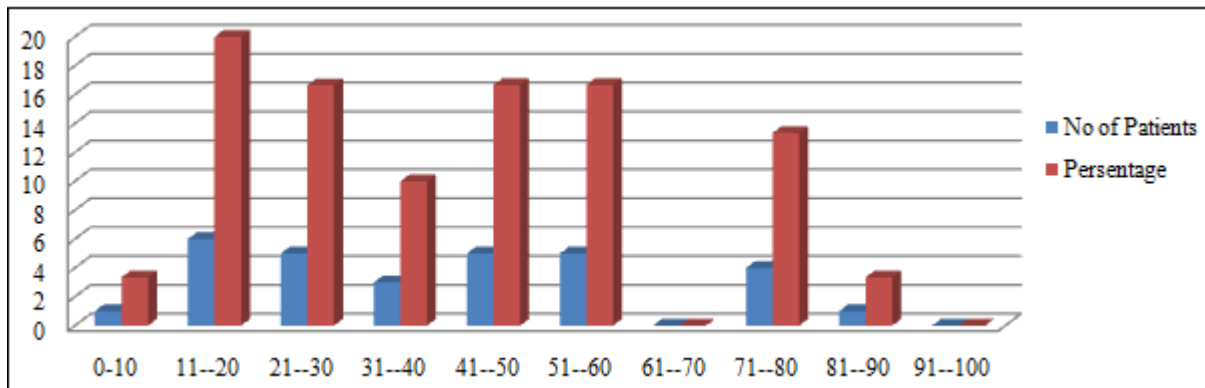
Analytical scale for outcome was used to assess the result after Homoeopathic prescription in cases of syncope in following 3 headings.

- 1) **Improved:** - complete removal of symptoms proper selection and enough time.
- 2) **Not improved:** - After proper selection and enough time patient has shown very minimal, negligible or no improvement in the complaints.
- 3) **Dropped out :-** Patients those who did not complete treatment

Analysis

A sample of thirty cases from patients who attended the Our Patient Department of the college was taken for this study. All the thirty cases were followed up for a period of three months to six month according to syncopal or pre-syncope episodes or need. These cases were subjected to statistical study.

Age Incidence



Sex Incidence

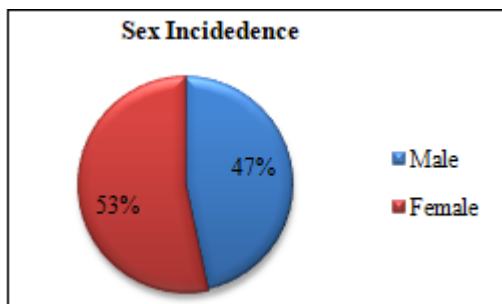
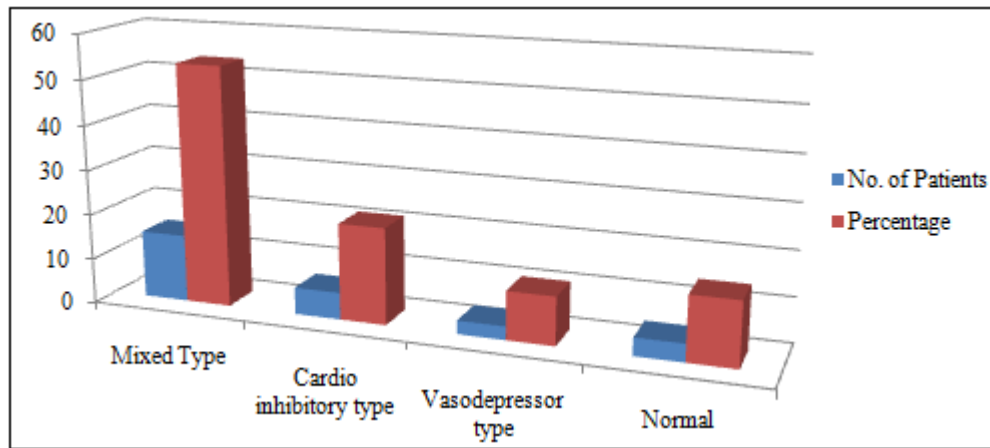


Table showing distribution of cases according to Tilt Table Test Response

Tilt table test showed mixed type, Cardio inhibitory type, Vasodepressor type, Postural hypotension result. But in some cases T.T.T was not done due to Pregnancy and documented postural drop by B.P monitoring. Test is positive in 24 cases out of 28 means 87.50% case. Hence T.T.T is the Gold standard to diagnose Syncope.



Outcome of Study

The study found that; well selected Homoeopathic medicines (by considering susceptibility, disposition, miasms, physical and mental make-up) had improved the syncope as well as general condition of patients.

3. Conclusion

Syncope not only hampers the day-to-day activities but also causes the patients to lose their confidence. Even though it is a specific disorder every person will present with different symptom complexes. Homoeopathy helps in individualizing such different reaction. Homoeopathy will help relieve the patients of their discomfort, thereby looking forward to a better quality of life. Though the subject of syncope has been known to practicing Homoeopaths since long, The subject is often overlooked and neglected. In present scenario different Homoeopaths practice homoeopathy in different ways and everybody claims cures. The word cure itself is understood and applied in different way.

In line of cases witnesses by me in my hospital's OPDs, I came to conclusion that:

- 1) Wonderful results are possible in Homoeopathy not only in acute and functional conditions but also in episodic which autonomic disorder.
- 2) What Homoeopathic physicians lack is consistency and certainty in such kind of results with a high percentage of success!
- 3) Good results are possible only with a flexible, broad minded but individualistic approach is applied with respect to each individual case.
- 4) There is a need to refer to various repertories depending upon the cases in hand. Once the concepts of totality of symptoms are clear, it becomes an easy task to select the right method of Repertorization for particular patient. The nature of symptoms reflected in the case determines the choice of repertory.

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5. Conflict of Interest

The author's declared that they have no any conflict of interest

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