

Hypertension & its Homoeopathic Approach

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Abstract: *“The risk of CardioVascular Diseases such as Stroke and CAD is closely related to levels of BP. Blood Pressure follows a normal distribution in general population and there is no specific cut off above which risk of cardiovascular risk suddenly increases. The diagnosis of hypertension is therefore made when systolic and diastolic values rise above a specific threshold that corresponds to the level of BP at which the risk of cardiovascular complications and benefits of treatment outweigh the treatment costs and potential side effects of therapy. The British hypertension society classification defines mild hypertension as existing when the BP is above 140/90 mmHg. Similar thresholds have been published by the European Society of Hypertension and the WHO-International Society of Hypertension. The cardiovascular risk associated with high BP depend on the combination of risk factors in an individual, such as age, gender, weight, physical activity, smoking, family history, serum cholesterol, DM, and pre-existing vascular disease”[2]*

Keywords: Hypertension, Risk factors, Types, Hypertensives, Life style, HTN, K sound

1. Introduction

Hypertension is condition characterised by increase in arterial pressure of individual. It is most common cardiovascular disease all over the world and constitute an important risk factor for the cardiovascular deaths. Higher the blood pressure higher the risk of complications like stroke, myocardial infarction and renal failure.

Isolated systolic hypertension is defined as a systolic pressure of 140 mm hg or more and diastolic pressure of less than 90 mm hg.

WHO expert committee has also recommended that:

- Blood pressure should be recorded in sitting position of the patient.
- Only one arm either right or left to be used consistently
- The reading at which KOROTKOFF SOUND is first heard is considered as systolic pressure and at which the K sound disappears, as diastolic pressure.
- At least 3 readings should be taken over a period of 3 minutes and the lowest reading is recorded. [1]

2. Types

Hypertension is classified into Primary and Secondary. It is Primary or essential when the causes are generally unknown. This accounts nearly 90% of cases. It is called as secondary when the cause is known such as diseases of kidney, tumors of adrenal gland, consumption of drugs like steroids, oral pills, congenital narrowing of aorta, etc. This accounts for about 10% of all cases. [1]

3. Causes of Hypertension

The various causes of hypertension are listed below:-

Primary (essential or idiopathic) hypertension is systemic hypertension of unknown cause that results from dysregulation of normal homeostatic control mechanisms of

blood pressure in the absence of detectable known secondary causes.

Secondary hypertension is systemic hypertension due to an underlying disorder.[4]

1) Renal

- Acute Glomerulonephritis
- Chronic Nephritis
- Polycystic Disease
- Diabetic Nephropathy
- Hydronephrosis
- Renal Artery Stenosis
- Intrarenal Vasculitis
- Renin Producing Tumors

2) Endocrine

- Acromegaly
- Hypothyroidism
- Hyperthyroidism
- Hypercalcaemia
- Cushing Syndrome
- Primary Aldosteronism
- Pheochromocytoma

3) CardioVascular

- Aortic Valvular Insufficiency
- Coarctation of Aorta

4) Neurological

- Increased Intracranial Pressure i.e, Brain Tumour, Encephalitis
- Guillain-Barre Syndrome, Quadriplegia

4. Risk Factors

- **Age:** The prevalence of hypertension rises with age, and the rise is greater in those who had higher initial B.P. usually as the age advance there is cumulative effects of environmental factors. thus usually the prevalence is above 40 yrs of age.
- **Sex:** During young age there is no difference in B.P. in both the genders. But in the middle age, there is male preponderance. However, in later life, the pattern is

reversed and it is more among women, may be because of postmenopausal changes.

- **Genetic factor:** A polygenic type of inheritance has been postulated based on twins and family studies. However no genetic markers have been identified. If both the parents are hypertensive. Offsprings have 45% possibility of developing HTN and if parents are normotensives, the possibility is only 3%
- **Ethnicity:** Studies have shown higher B.P. levels among black people than among white.
- **Occupation:** Occupation involving stress, strain, including tension predispose for the development of HTN
- **Socioeconomic status:** Prevalence is usually higher among higher socioeconomic status than lower.
- **Physical activity:** Physically inactive and those leading sedentary life are more susceptible for HTN.
- **Obesity:** Greater the weight gain, higher risk of HTN. Especially central obesity (increased waist to hip ratio) has been positively correlated with HTN.
- **Diet:** Higher the salt intake in daily diet, greater the risk Food rich in saturated fats is risk factors for HTN.
- **Diseases:** Like diabetes predispose to HTN.
- **Lifestyle habits:** High alcohol intake raises systolic pressure more than diastolic pressure.
- **Other factors:** Consumption of oral contraceptive pills over a long period of several years, constitute the risk of HTN because of estrogen component. [1]

5. Clinical Features

- Most constant symptom is headache. It is early morning, suboccipital, pulsating headache
- Often associated with stiffness of neck awakening the patient from sleep and gives relief after vomiting.
- Dizziness
- Palpitation
- Easy fatigability
- Epistaxis
- Blurring of vision
- Breathlessness
- Personality change [1]

6. Blood Pressure Management

6.1 Condition of the patient Posture

- Sitting pressures are usually adequate for routine measurement of blood pressure. Patients should sit quietly with back supported for 5 minutes, with arm bared and supported at the level of the heart.
- In patients aged ≥ 65 years, diabetic or receiving antihypertensive therapy, check for postural changes by taking readings 1 and 5 minutes after patient stands up

6.2 Equipment

Cuff size the bladder size (six sizes are available) should encircle at least 80% of the arm circumference and cover two thirds of the arm length; if not, place the bladder over the

brachial artery. If bladder is too small, spuriously high readings may result. The lower edge of the bladder should be within 2.5 cm of the antecubital fossa.

Manometer Mercury, aneroid or electronic devices used in measurement of blood pressure should be calibrated frequently and routinely against standards (typically every 6 months) to assure accuracy. Ensure that the equipment used is in working order: clean, calibrated, filled with non-leaking tubing and has a properly sized cuff.

Ultrasonic For infants use ultrasonic equipment e.g. Doppler method. [3]

6.3 Assessment and Management

Before treating an acute rise in B.P. it is worth considering a few symptom diagnoses that may impact on immediate management:

- **Intracranial event:** Ischaemia of the brain stem will cause acute increase in B.P., A neurological examination and CT Scan of head should be considered.
- **Fluid overload:** Once the capacity of venous blood reservoir becomes saturated, increases in fluid volume will lead to increase in B.P. this can occur in younger patient without the onset of peripheral oedema and originate from myocardial dysfunction or impaired renal clearance.
- **Underlying medical problems:** A brief search for the history of renal diseases, spinal injury and less common metabolic causes such as pheochromocytoma can be worthwhile. In women of childbearing age pregnancy induced hypertension and pre eclampsia must always be considered
- **Primary cardiac problems:** Myocardial ischaemia and acute heart failure and aortic dissection can all present with hypertension.
- **Drug related problems:** Most commonly this involve missed antihypertensives. [2]

7. Prevention of Hypertension

General prevention [6, 7]

In the Eastern Mediterranean Region, the prevalence of hypertension in adults is estimated at approximately one in four, or 125 million persons. Each year, there are several million new cases of hypertension and more of prehypertension [8].

International guidelines, such as those of the WHO Expert Committee on Hypertension Control [9] and the National High Blood Pressure Education Program [10], have stressed the importance of primary prevention of hypertension. The goal of such an intervention would include preventing the blood pressure rise observed with ageing, lowering overall blood pressure levels in the population and addressing other modifiable risk factors in an effort to decrease cardiovascular morbidity and mortality.

Epidemiological and clinical studies uniformly indicate that obesity, sedentary lifestyle and intake of salt and alcohol are

all associated with increased risk of developing hypertension.

In order to decrease the incidence of hypertension in the general population the following lifestyle modifications are necessary:

- Weight control
- Increased physical activity
- Limiting dietary sodium to ≤ 2.4 per day (equivalent to 6 g of sodium chloride)
- Abstention from alcohol
- Increased dietary potassium. Adopting the DASH eating plan, which is a diet rich in fruits, vegetables and low-fat dairy products and low in saturated and total fat and cholesterol, is more important than just altering individual micronutrients such as sodium [11,12,13].

Prehypertensives are at higher risk of developing hypertension and cardiovascular disease than those with normal blood pressure and are therefore excellent targets for primary prevention. Individuals with a family history of hypertension and those with a predisposition to develop obesity or diabetes are also excellent candidates for programmes to reduce weight, salt intake, alcohol use and improve dietary habits while increasing exercise.

Barriers to prevention include:

- Cultural norms;
- Insufficient attention to health education by health care practitioners;
- Lack of reimbursement for health education services;
- Lack of access to places to engage in physical activity;
- Larger servings of food in restaurants;
- Lack of availability of healthy food choices in many schools, worksites and restaurants;
- Lack of exercise programmes in schools;
- Large amounts of sodium added to foods by the food industry and restaurants;
- The higher cost of food products that are low in sodium and calories. Overcoming the barriers will require a multipronged approach directed not only to high-risk populations but also to communities, schools, worksites and the food industry [16].

The recent recommendations that the food industry reduce sodium in the food supply by 50% over the next decade is the type of approach that, if implemented, would reduce high blood pressure in the population [14, 15].

8. Treatment

Appropriate lifestyles measures may obviate the need for drug therapy in patients with borderline hypertension, reduce the dose and/or the no. Of drugs required in patients with established hypertension and directly reduce cardiovascular risk.

Correcting obesity, reducing alcohol intake, restricting salt intake, taking regular physical exercise and increasing consumption of fruit and vegetables can all lower B.P. moreover stopping smoking, eating oily fish and adopting a diet that is low in saturated fat may produce further

reductions in cardiovascular risk that are independent of changes in B.P.

Drugs such as Thiazides, ACE Inhibitors, Angiotensin receptor blockers, Calcium channel antagonist, Combined beta & alpha blockers, other vasodilators such as Prazosin, Doxazosin etc are used. [2]

9. Homoeopathic Treatment

As Homoeopathy works on Principle of Similia Similibus Curantur, the selection of remedy should be done according to symptom similarity of patient. Here listing some Important Homoeopathic Medicines Indicating their Symptoms below:-

9.1 Aconitum Napellus – For High Blood Pressure with Anxiety

Aconitum Napellus is a medicine for high blood pressure along with anxiety and restlessness. The affected person often experiences a sudden fear of death. Other accompanying symptoms include palpitations, a pressure in the left side of the chest, sensation of weight under the breastbone and oppression of the chest. Pain in the heart extending to the left shoulder is also present.[18]

9.2 Belladonna - Congestion

Belladonna always is associated with hot, red skin, flushed face, glaring eyes, throbbing carotids, excited mental state, hyperaesthesia of all senses, delirium, restless sleep, convulsive movements, dryness of mouth and throat with aversion to water, neuralgic pains that come and go suddenly.

Heat, redness, throbbing and burning. Belladonna stands for violence of attack and suddenness of onset. Pain; fullness, especially in forehead, also occiput, and temples. Headache from suppressed catarrhal flow. Sudden outcries. Pain worse light, noise, jar, lying down and in afternoon; better by pressure and semi-erect posture. Boring of head into pillow; drawn backward and rolls from side to side.[19]

9.3 Lachesis - For High Blood Pressure during Menopause

Feels very sad and despondent, <after sleeping, or in the morning.

Enemy of all constriction; must loosen everything (neck, chest, throat, abdomen, etc.)

Left-sided affections generally, especially throat, chest, ovaries.

Inflamed parts very tender to touch and of bluish or dark color.

Great weakness and trembling; tongue trembles when protruding it; catches under the teeth (lower).

Blood decomposes, breaks down, hæmorrhages; blood uncoagulable; ulcers and even slight wounds bleed profusely.

Modalities: < at climacteric; touch, constriction or pressure, sun-heat, after sleeping; > after discharges (suppressed or delayed discharges).

Many complains connected with the menopause: hot flushes, hot sweats, burning vertex headaches, hæmorrhoids, hæmorrhages.

Great physical and mental exhaustion; trembling in whole body; would constantly sink from weakness.[20]

9.4 Natrium Muriaticum - For Those with Salty Tooth

Melancholy, depressed, sad and weeping; Consolation aggravates.

Great emaciation, even while living well, shows most in the neck.

Anæmia with bursting headaches, especially at the menses, also school girls' headache.

Great dryness of mucous membranes from lips to anus; lips dry and cracked, especially in the middle; anus dry, cracked, fissured; constipation.

Heart palpitates, flutters, intermits, pulsates violently, shaking the whole body; < lying on left side.

Itching eruptions, dry or moist; < at the margins of the hair. Modalities: < 10 to 11 A. M. (many complaints), especially malarial affections; lying down, especially on left side; heat of sun or heat in general; abuse of Quinine, relieved by sweat.

Tongue; mapped with red insular patches.

For bad effects; of anger, nitrate of silver; too much salt; craves salt and salty things.[20]

9.5 Gloninum- For High Blood Pressure with Headaches

Sudden local congestion, especially to head and chest; bursting headache rising up from neck, with great throbbing and sense of expansion as if to burst; cannot bear the least jar.

Can't bear anything on the head, especially hat; or pressure as of a hat.

Over-heating in the sun, or sunstroke.[20]

9.6 Argentum Nitricum

Impulsive: time goes too slow; must walk fast.

Apprehension, on getting ready for church, opera, etc., has an attack of diarrhoea.

Vertigo, with buzzing in the ears and weakness and trembling.

Canthi, as red as blood; swollen, standing out like a lump of red flesh.

Irresistible desire for sugar; gastric ailments, with violent loud belchings.

Stool; green, mucous, like chopped spinach in flakes; turns green on remaining on diaper; expelled with much spluttering.

Profuse, sometimes purulent, discharges from mucous membranes, generally.

Dried-up, withered patients, made so by disease. Craves fresh air.[20]

9.7 Phosphorous

Tall, slender, narrow-chested, phthisical patients, delicate eyelashes, soft hair or nervous, weak persons who like to be magnetized. Waxy, half anæmic, jaundiced persons.

Anxious, universal restlessness, cant stand or sit still. < in dark or when left alone, before a thunder storm.

Burnings prominent in every place, as in mouth, stomach, small intestines, anus, between scapulæ, intense, running up spine, palms of hands, heat begins in hands, spreads to face.

Craving for cold things, ice cream, which agrees, or cold water, which is thrown up as it gets warm in the stomach. Must eat often or he faints. Must get up at night to eat.

Sinking, faint, empty feeling in head, chest, stomach and whole abdominal cavity.

Apathetic, unwilling to talk, answers slowly, moves sluggishly.

Hæmorrhagic diathesis; slight wounds bleed profusely, hæmoptysis; metrorrhagia worse; vicarious, from nose, stomach, anus, urethra in amenorrhœa.[20]

9.8 Rauwolfia Serpentina

High blood pressure associated without marked atheromatous changes in the vessels irritative condition in CNS, insanity, violent maniacal symptoms

Dose: give 5 to 10 drops of tincture twice daily in the beginning then give 1X, 2X drops twice daily.[19]

9.9 Calcarea Carbonica (Calc)

This remedy is often helpful to people with high blood pressure who easily tire 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 also 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 indicators. The person may have cravings for sweets and eggs, and tend toward weight problems [17]

9.10 Baryta Mur – For High Systolic/Low Diastolic

Baryta Mur is a medicine for high blood pressure with high systolic reading and a low diastolic reading. The arteriosclerotic (abnormal thickening and hardening of artery walls) changes in the arteries are the main symptom, along with vertigo, irregular heartbeats and a heated sensation in the upper part of the chest.[18]

9.11 Nux Vomica – For High Blood Pressure in Young People

Nux Vomica for high blood pressure is useful medicine for young people who adopt sedentary modern lifestyle habits. These lifestyle habits include smoking, alcohol consumption, sedentary routine, a lack of exercise, etc. These factors predispose a person towards blood pressure[18]

Additionally ‘Dr. Reckeweg’s R85 Cephalob-High Blood Pressure drops’ and ‘R-185-Hypertension Drops’ also help in regulating blood pressure.

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