AN APPROACH TO ISCHAEMIC HEART DISEASE

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INTRODUCTION

Ischaemic heart disease is becoming an increasingly common condition, and is now one of the major causes of death in the civilized world. Although it is to some extent the inevitable consequence of ageing, the alarming increase in coronary events in the younger age groups leads one to suspect that the revolutions in life styles, both physical and psychological, which have occurred in this century, have some bearing on the matter. Once a diagnosis of ischaemic heart disease has been made, the physician is faced with the problem of how best to make use of the available therapeutic agents. To do this, it is helpful to have a clear idea of the aims of the treatment. This implies that the physician needs to have some understanding of the psyche and of cardiopulmonary pathophysiology. By approaching the problem in this way it may be possible to find groups of remedies which act on the heart and correspond to the common clinical presentations. Then, by using mental, *peculiar, general and local symptoms,* one may choose the most appropriate remedy for the situation. This does not imply that there is no place for constitutional prescribing. On the contrary, but there is no reason for not trying to make a sound clinico-pathological diagnosis and prescribing on that as well. It seems appropriate therefore, to try to develop rational therapeutic approaches based on what we know and what we believe to be true. In this way, we may come to know a lot more and perhaps justify our beliefs.

When a patient develops coronary artery disease, the clinical picture is largely determined by the site and size of the occlusion or occlusions, the overall state of his cardiopulmonary function, *his temperament and his past* experience. If there is to be a positive approach to the problem, the physician has to take all of these into consideration. Given appropriate support for the cardiopulmonary function and the psyche, and given modification of un*favourable responses* and habits, one may be able to buy enough time for some healing and the formation of collateral vessels to take place. If in addition, one can directly increase the blood supply to the myocardium and actually stimulate the formation of collateral vessels, so much the better: the ultimate objective is of course to find methods of slowing down or even reversing the arteriosclerotic process. Myocardial ischaemia occurs when there is a discrepancy between the oxygen requirements of the myocardium and its blood supply. As soon as this occurs, myocardial function is impaired. If this is severe, the ejection fraction is reduced, the left ventricle becomes stiff and the end diastolic pressure rises. *The left atrial pressure must* therefore also rise. When this happens, oedema fluid passes into the interstitial tissues of the lung and increases the lung water volume. This results in a

disturbance of the ventilation-perfusion ratio and hypoxaemia develops. Hypoxaemia, anxiety and sympathetic overactivity may aggravate the situation further by increasing the heart rate and ventricular irritability. Myocardial oxygen consumption is related to the product of the heart rate and systolic blood pressure. Thus a marked tachycardia after myocardial infarction will tend to favour the extension of the area of damaged muscle. There is now increasing evidence to suggest that morbidity and mortality after myocardial infarction are related to infarct size. It is therefore reasonable in the acute situation to attempt to reduce sympathetic overactivity, hypoxaemia, lung water and tachycardia without further increasing the left ventricular and diastolic pressure. The initial aims of treatment in acute myocardial infarction can be summarized as:

Relief of pain and anxiety
Prevention and treatment of arrhythmias
The maintenance of a low myocardial work load compatible with adequate perfusion of vital organs
Adequate oxygenation
Reduction of lung water volume

However, since one of the basic objectives must be to minimize the extension of myocardial damage, the following additional factors should also be considered:

Prevention of extension of thrombus
Minimization of haemorrhage into the infarcted areas
Reduction of peri-infarction oedema
Reduction of any spasm in the coronary vessels

If it is possible, by means of therapeutic intervention, to achieve these aims, then one may be able to salvage those areas of muscle immediately adjacent to the area of acute infarction.

APPLICATION OF HOMOEOPATHIC REMEDIES TO MYOCARDIAL INFARCTION AND ANGINA PECTORIS

Acute prescribing

Aconite: The outstanding characteristic of the Aconite state is terror and anxiety. The patient is convinced he is going to die. The drug picture includes praecordial pain radiating into the left arm, tingling in the fingers, a marked tachycardia, palpitations, a full bounding pulse, dyspnoea, and icy coldness of the hands and feet. There is also marked physical and mental restlessness. As with all the Aconite pictures, the onset is acute, and therefore the remedy is only likely to be of benefit at the beginning of the first attack of pain. Aconite is said not to produce in its provings any tissue change, but rather to produce functional disturbances. It would therefore seem to be indicated at the onset of acute coronary insufficiency where there

is marked anxiety and sympathetic over-activity as shown by the tachycardia and raised systolic pressure and shutting down of the peripheral cutaneous circulation. This is just the type of situation in which potentially fatal arrhythmias are likely to occur.

Arnica montana: Arnica is usually given routinely in acute myocardial infarction, unless another remedy is clearly indicated. It has in its provings oppressive praecordial pain radiating into the left arm, anxiety, dyspnoea and the sndden horror of instant death. The pulse is described as feeble and may be irregular. Arnica has two useful peculiar symptoms in this context:

(i) The patient says there is nothing wrong with him when there very clearly is.

(ii) He is restless because the bed feels too hard and the whole body feels sore.

This remedy is usually given in high potency in the initial stages on the basis of the general clinical picture and the possibility that the amount of haemorrhage into the infarcted area may be reduced, or the extension of the thrombus may be prevented. Subsequently, it may be given low to aid healing of damaged tissue, as a stimulant to the myocardium and as an anti-anginal agent. In this latter context the materia medica describes classical angina pectoris, usually in the more robust physically well developed patient.

Cactus grandiflora: The chest pain of Cactus is said to be as if a band were being tightened around the chest. There is radiation of the pain to the left arm, axilla and through to the back. Palpitations and dyspnoea may be marked. The pulse is described as being of small volume, rapid, sometimes irregular and the blood pressure low. Cactus is a remedy frequently used in angina pectoris and myocardial infarction. However, it has in addition cardiac decompensation with an enlarged heart, going on to congestive cardiac failure associated with the mental symptoms of depression and anxiety about heart disease. These mental symptoms are more of the nature of melancholia and general ill humour rather than a true depression, and the fear of death does not have the element of terror as found in the Aconite picture. Cactus then, when used as a heart remedy, seems to have two aspects: firstly as a remedy given high in acute chest pain and secondly as a chronic remedy given low in the burnt-out heart with recurrent attacks of angina. In this second picture, Haematoxylin given low is rather similar in its indications, with the difference that the pain is described as a heavy weight across the chest.

Spigelia: The chest pain of Spigelia is described as tearing, stabbing, or as if the heart were being compressed by a hand. Anxiety is marked and the patient may complain of pains everywhere, but particularly the jaw, the neck and shoulders. There may be numbness in the left arm. Characteristically the patient wants to be propped up lying on the right side. This remedy is said to be most appropriate in the type of patient with a pallid, chilly, nervous disposition and in the present context is recommended in the litera-

ture mainly for inflammatory heart disease and neuralgic pains. However, there are patients with undoubted ischaemic heart disease whose pains are not typically anginal but almost neuralgic in quality. It is perhaps in these patients that Spigelia is of most use in the treatment of acute coronary insufficiency and angina pectoris. It has the modalities of aggravation from cold, eating and exercise.

Spongia tosta: This remedy has an application to inflammatory heart disease but is also used in patients with ischaemic heart disease when the symptoms are appropriate. The chest pain is described as a fullness or bursting, with anxiety, sweating, chilliness and a marked numbness in the left arm. The pain gives rise to a choking sensation and can have the unusual features of being relieved by lying down and worse lying on the right side or bent forward. These positional features suggest the possibility of an element of pericarditis. Acute pericarditis does occur after myocardial infarction but is usually painless. However, the materia medica also describes typical paroxysmal nocturnal dyspnoea, pain and anxiety. As one would expect with Spongia, the broncho-constrictive element, with a sense of suffocation and reslessness, may be marked. There is a desire for cool air and an aggravation from a warm room. There is a desire for warm drinks which may relieve the respiratory symptoms in particular. As one can see there are several features which are very similar to Arsenicum, but the bursting quality of the pain with numbness is quite different. Both types are agitated and may want warm drinks and cool air, but Arsenicum is rather more chilly and Spongia is likely to have facial congestion rather than the pale drawn collapsed facies of the Arsenicum patient.

Spongia is also used as a chronic anti-anginal agent. However, the inner nature of the remedy seems to be more in the realm of inflammatory disease, for example pericarditis, myocarditis, perhaps endocarditis, and right heart strain in association with bronchitis and asthma.

Arsenicum album: Arsenicum also has acute and chronic applications.

(i) In the acute episode the outstanding features are extreme prostration, and anxiety with marked restlessness, pallor, sweating and a desire for sips of cold water or warm drinks. The chest pain is described as a constricting or burning oppression in the chest. The pulse is rapid and of small volume. The patient is orthopnoeic, in a state of low output failure, extremely chilly and wants to be kept warm although he also wants cool fresh air on the face to ameliorate the air hunger. It is said that it is wise to follow the first few doses of Arsenicum with another remedy, usually Sulphur or Phosphorus. What is in effect being described is a state of low output heart failure with high sympathetic activity and anxiety. In this situation the heart to some extent needs the positive inotropic effect of the catecholamines in order to maintain any cardiac output at all. It may well be that while Arsenicum may help the peripheral circulatory collapse, unless something else is given to stimulate the heart, the sudden collapse which is described is likely to

occur. Arsenicum album is used high in these situations.

(ii) In the more chronic situation, Arsenicum album may be of use in the rather chilly broken-down constitution with angina associated with marked anxiety and restlessness, particularly if the chest pain has a burning quality.

Carbo veg.: This remedy has acute and chronic aspects. It is well known as the so-called corpse reviver, with the clinical picture of acute circulatory collapse. The skin is cold, sweaty, and pale rather than cyanosed. There is intense air hunger, the patient wants cool air blowing on him, and despite the extreme coldness of the skin, wants to be uncovered. He cannot stand having the bedclothes up round his neck. The mental features are of confusion and dullness rather than the intense anxiety and restlessness of Arsenicum. In the acute situation Carbo veg. is generally agreed to be best used in the highest potencies. Sulphur and Kali carb. are said to follow it well.

In an article on arteriosclerotic heart disease, Boericke suggests the use of Carbo veg. in what he describes as the chronic anoxaemic state of the obese oedematous sluggish patient with chronic cardiopulmonary decompensation.

Lachesis and Naja, the snake venoms: It would seem reasonable to consider using Lachesis or Naja in the treatment of myocardial ischaemia, on the basis of the symptoms of orthopnoea, paroxysmal nocturnal dyspnoea, constricting pain in the throat and chest and the bluish congested facies. There is a marked aggravation from heat, after sleep, a tremor and marked aversion to any pressure or constriction as from pyjamas or bedclothes. Naja has more numbness than Lachesis in its drug picture and is therefore preferred when numbness in the left arm is an outstanding feature in a case which otherwise suggests Lachesis. In addition, both these snake venoms have in their drug pictures the ability to aid the resolution of haemorrhagic tissue damage and on the basis of this it has been suggested that these remedies may be given after myocardial infarction.

Apis mellifica: Apis has some diuretic action although it is by no means as effective as the allopathic diuretics. It also has the feature of reducing local oedema. These two actions suggest its use in the treatment of acute myocardial infarction to try to minimize peri-infarction and pulmonary oedema, particularly where the general features of a lack of restlessness and fear with thirstlessness are present. These general symptoms differentiate it from Arsenicum as a remedy for pulmonary oedema.

Symptomatic Treatment in Angina Pectoris

Remedies:

Arnica	Spongia	Haematoxylin	Cuprum
Cactus	Spigelia	Arsenicum	Latrodectus

Of these remedies all but Latrodectus and Cuprum have been touched upon in the previous section and it is perhaps rather arbitrary that these two were not included.

Latrodectus: The drug picture is of typical angina pectoris with retrosternal chest pain radiating into the shoulders and back or into the axillae and down the arms and fingers with numbness. The pain has a cramping quality and is associated with a cold sweat and gasping respiration. The pulse is rapid and the skin vasoconstricted. Boerieke recommends its use not only in the acute attack but also given between attacks as a prophylactic.

Cuprum met.: Cuprum met. has as its keynote spasm and cramp. It belongs to the Proteus group. Its drug picture includes praecordial anxiety and pain, palpitation and asthmatic attacks coming on particularly in the early hours of the morning. It may be of use in the so-called Prinzmetals angina which is thought to be due to coronary artery spasm, usually occurring at rest and causing transient ST segment elevation rather than depression.

Low potency remedies used to support the failing heart

In many patients with coronary artery disease and a failing heart, it may be necessary to give a remedy in material dosage to support the myocardium. Although these remedies are not in any way homoeopathic, they are widely prescribed by homoeopathic physicians and appear to have very low toxicity. As with most of the drugs used by homoeopathic physicians, the efficacy of these compounds has not been scientifically fully evaluated. Nevertheless they do seem, in clinical practice, to be useful remedies.

Arnica montana (3x-6): As has been discussed above, this remedy is used for its supportive effect on the myocardium and as an anti-anginal agent. It is also helpful in relieving the sense of general fatigue which so many patients with heart disease suffer from.

Crataegus ϕ: This is commonly used routinely in patients with cardiac enlargement, hypertension, atrial fibrillation, and left-sided chest pain particularly below the clavicle. It seems to be helpful in supporting the end-stage heart in which there is marked exertional dyspnoea with poor myocardial function and a relatively rapid heart rate which does not increase markedly on exercise. It is also useful in managing the irritability, apprehension and despondency so often associated with chronic heart disease.

Convallaria ϕ: This is recommended in ischaemic heart disease with a long history of tobacco consumption, angina pectoris, dyspnoea and palpitations from the least exertion, and a rapid irregular pulse. A bradycardia is also described. Peripheral oedema with a poor urinary output and orthopnoea and ventricular irritability seem to be its main indications. It has also been recommended in rheumatic heart disease. The special characteristic which indicates the use of the remedy is the sensation as though the heart was starting and stopping.

Adonis vernalis ϕ: This remedy is indicated in heart failure with a low blood pressure and usually a slow pulse, though a rapid irregular pulse is also described. It seems to increase myocardial contractibility and to have some anti-arrhythmic properties.

Prunus virginiana (3-6): This seems to be indicated mainly in right ventricular strain and irritability associated with chest disease. In this context it is very similar to Spongia tosta used in low potency except that in Prunus virginiana the nocturnal cough is worse on lying down. Laurocerasus is another remedy which may be of use in cor pulmonale.

Apocynum ϕ: This remedy is also predominantly a right heart remedy with some diuretic action. Thirst, nausea and gastric irritability may be marked. Some authors recommend it for alcoholic cardiomyopathy.

Strophanthus ϕ: This increases myocardial contractibility and slows the heart rate very like digitalis. It has some diuretic effect and is less accumulative than digitalis. It is recommended as an anti-arrhythmic in tobacco, coffee and alcohol users.

The long-term management of the patient with ischaemic heart disease

Some of the foregoing discussion is relevant to this phase of management. The patient needs something to control the anginal attacks and breathlessness, and he may need an inotropic agent, a diuretic or an anti-arrhythmic. In some cases a single remedy may suffice. In others, several different remedies may be required. However, a great deal more can be done and needs to be done if the patient is to return to something approaching a normal life. A lot has been written in the past few years about the beneficial effects of regular exercise, weight reduction, giving up smoking, diet and the control of hypertension. Rather less space has been devoted to the management of the psychological aspects of heart disease. In the rather crude division of people into type A active aggressive personalities and type B passive personalities, there is little doubt that coronary artery disease is more common in the former group. In order to approach the psychological aspects of heart disease I feel that one has to broaden the view, commonly held, that psychosomatic disease is functional and in some way unreal. I believe that it is more than likely that psychological and emotional stress, and particularly the repression or the gesture of internalization of feelings, may well result in humoral, neurological and metabolic changes which give rise to many forms of degenerative or sclerotic disease. Addition to food, tobacco and alcohol may be regarded as reflections of an unsatisfactory emotional life, and they certainly increase the rate of the arteriosclerotic process. I am not convinced, however, that these factors are in themselves causal. If there is to be any real amelioration or actual reversal of the process, I believe that not only does there have to be a change in the life style and habits, but also some degree of change in the psyche. To this end, the encouragement of a positive approach to his disease and the control of anxiety and depression should be one of the mainstays of the management of the patient with ischaemic heart disease.

From the point of view of Homoeopathy, high potency constitutional prescribing comes into this aspect of treatment. There are, however, a few

remedies which have been suggested as being particularly useful and these include Aurum met., Aurum mur., Baryta carb. and Plumbum.

Aurum met. and Aurum mur.: Aurum met. is commonly used in patients with heart disease and associated depression. There is a tendency to hypertension and the drug picture covers the symptomatology of angina pectoris, nocturnal dyspnoea, palpitations and peripheral oedema. It has an aggravation from cold weather, but a desire for open air while being well wrapped up. Warm air increases the dyspnoea. The mental features are important. The characteristics of the depression are more a loss of the love of life than a fear of death. In fact, the patient may well feel suicidal in a positive rather than a negative way. The feelings of worthlessness and self-reproach arise from his frustration at being unable to do the things which in the past were well within his capabilities. This contrasts with the Stannum type of depression in which there is marked inertia and a negative despondeney. The patient with the Aurum type of illness has essentially a driving personality; a 'type A' person in the sense discussed above. Although it may be part of the reason he developed heart disease in the first place, a little gold may help to lift the depressive element and allow him to channel his energies into an active approach to his problems.

Aurum mur. has essentially the same mental indications but with perhaps greater anxiety. This may be related to the muriatic radical. The modalities are different: warm air, a warm bed or a warm room aggravate the symptoms, and cold, wet weather ameliorates them. Symptoms of retrosternal oppression and palpitations on exertion, venous engorgement, and peripheral oedema with a rapid and irregular pulse are described. It is grouped with the Proteus bowel nosode on the grounds of its manifestations of sympathetic overactivity.

Baryta carb.: This remedy is recommended by Boericke in the treatment of the senile hypertensive arteriopath, particularly where there are features of a co-existing arteriosclerotic dementia, myocardial irritability and intense sweating. Chest pain as such is not a marked feature. It may be helpful in delaying insidiously progressive arteriosclerosis.

Plumbum met.: Plumbum met. is also recommended by Boericke in the treatment of the hypertensive arteriopath. The pulse is said to be slow and of small volume. Associated features are melancholia, slowness of perception and comprehension, constipation, and urinary frequency particularly at night.

CONCLUSION

This article is not in any way intended to be a definitive exposition on the treatment of ischaemic heart disease. It is simply an attempt to formulate a more rational approach to homoeopathic prescribing in what is now a very common disease. There is little value in attempting to do clinical studies

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Arundo used once with success on the indication: *"itching of the palate"*. This is a minor remedy that always needs to be complemented.

Sanguinaria canadensis: "Chronic rhinitis; membranes dry and congested; marked vasomotor disturbances".—Boericke.

Sanguinaria nitrica. "Nose feels obstructed. Profuse, watery mucus, with burning pain. Enlarged turbinates at beginning of hypertrophic process. Secretion scant, tendency to dryness. Small crusts which bleed when removed. Post nasal secretions adherent to naso-pharynx, dislodged with difficulty. Dry and burning nostrils; watery mucus with pressure over root of nose. Nostrils plugged with thiek yellow, bloody mucus. SNEEZING. Rawness and soreness in posterior nares".—Boericke.

Dulcamara: the symptoms are aggravated by dampness. The effect is always spectacular, but the amelioration does not last more than 2 or 3 months. It needs to be complemented by a deeper acting remedy.

And now, if you add up all the cases, you will find a few more than 50 and a little over 100 per cent of the cases. This is because minor remedies like Ambrosia and Arundo had to be complemented. To conclude, we would remind you of the 9 remedies which covered around 70 per cent. of the cases: Sulphur, Nux vomica, Arsenicum album, Thuya, Lachesis, Calcarea carbonica, Lac caninum, Kali iod., and Medorrhinum which seems to have it over Hepar sulph. if we limit ourselves to the fifty cases.

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with any group of patients if one does not have hypotheses on which to design the study. Then, when the studies have been done, one is in a much better position critically to evaluate the original hypotheses.

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