

HOMOEOPATHIC MANAGEMENT OF HYPERTENSION

DR. S. S. KOCHHAR, Nagpur

Hypertension is essentially understood to be an illness of modern civilisation. As per a Western estimate hypertension is present in about 15% of the population. Recent works in the field of clinical psychology have established it to be a psychosomatic disorder. On scanning the pages of repertories of homoeopathic materia medica, one is surprised not to find a mention of this name. The reason is simple. The invention of sphygmomanometer is a twentieth century development much later than the classical provings and the standard repertories. At that time the pulse was the measure. But we know today that hypertension, an objective symptom, is an important pathological general. Before we discuss the homoeopathic aspect, we should glance through the other aspects by raising some simple questions namely Why?, What?, How? and Where?.

WHY?

It is a well-known fact that the blood pressure is higher in anxious subjects. It is high under stress, while straining at stool and even at orgasm. It is interesting to note that in nervous subjects the senior physicians record higher blood pressure than their assistants. Wolff (1953) has shown that essential hypertension may be triggered by emotional tension and that such tension may persist and affect heart functioning even though feelings of anxiety, hostility and other emotions are repressed and the individual regains surface calm. Davies (1970) found that some individuals are prone to develop high blood pressure when they are subjected to sustain emotional stress and cannot find an adequate outlet or channel of expression for their feelings. With time, conscious feelings of emotion may be repressed, but the underlying emotional tension continues. Graham (1962) found the following typical patterns in hypertension: Feels endangered, threatened with harm, has to be ready for anything, to be on guard. Musaph (1969); Sternbach (1971) found that the emotions most frequently associated with psychosomatic disorders were *anger*, *fear* follows in second place and *anxiety* in third. Giving the above quotations Coleman in his book *Abnormal Psychology And Modern Life* summarises: In connection with the dynamics of hypertension and other psychosomatic disorders we find that they typically seem to involve (1) arousal of emotional tensions in response to stress situation, (2) failure of such tension to be adequately discharged with the result that the emotional arousal becomes chronic, (3) channeling of undersigned tensions to be a particular organ system, which sustains physiological damage.

In this way the role of emotional factors can be understood.

WHAT?

Hypertension may be either secondary or essential. There are about 10 to 20% of cases where it is due to some detectable cause. It is then called *secondary*. It may be renal disease, endocrinal, like Cushing's syndrome, pheochromocytoma or due to oral contraceptive pills, or such other detectable causes. But, there are 80 to 90% of cases where in spite of refined diagnostic methods the (physical) cause cannot be established. Such cases are called *essential hypertension*. These are the cases which mainly fall under the psychosomatic group.

HOW?

A figure of 140/90mm Hg in an otherwise healthy individual may be taken as the upper limit of normal blood pressure.—Price. Hypertension being a sign, determined by instrument, is dubious to be assessed by symptoms. Headache, dizziness, irritability, fatigue and insomnia are inappropriately attributed to the hypertension. They are more common due to the knowledge of the disease. Hypertension above 220/120 is called malignant hypertension and is known for dangerous complications. Fundus examination showing papilloedema indicates advanced stage of the disease.

WHERE?

There are several complications which depend upon the range of the hypertension, irrespective of the variety of it. Sudden breathlessness awakening the patient from sleep suggests L.V.F. For detecting as well as left atrial hypertrophy, E.C.G. is useful. Plasma urea and creatinine indicate the renal functions. Urine sugar is a necessary investigation, because diabetics are known hypertensives. The case is mild if the heart is not enlarged, fundi are normal, there is no proteinuria and no other evidence of renal impairment. Women appear to withstand hypertension better.—Davidson. Even with 220/110mm Hg without fundal or heart abnormality they (women) remain in good health for years. Normally patients with untreated malignant hypertension rarely live for more than one year.

WHAT SHOULD/CAN A HOMOEOPATH DO?

Whether essential or secondary, hypertension indicates chronic disease. As said earlier it is a pathological general. Like any other chronic disease it can be caused by psora, syphilis or sycosis; singly or in combination. Therefore, through proper anamnesis of the case, curative treatment evolves. However, a few hints are offered. Firstly, treatment of malignant hypertension is a highly risky job and should be left to allopaths. Some homocopaths simultaneously allow the use of allopathic drugs. But, when the range is below critical level, Homoeopathy can and does show good and curative results. There should be great emphasis on regular treatment and check-up. It

should be kept in mind that Allopathy advises life-long treatment. Davidson rightly warns the spouses not to act as eternal reminders of their partner's hypertension. Cigarette smoking and obesity should be controlled. It should be emphasised that relaxation is the golden key. Modern clinical psychologists have found unlearning of faulty autonomous responses through utilisation of feed back, reinforcement and other learning principles very useful to regulate the erring system. Homoeopaths can decidedly use it as well as *yoga*, as auxiliary tools.

In the WHY of our script, we dealt with the emotional factors and their role in the disease. In Homoeopathy, we attach great importance to the mental symptoms. The mental symptoms of our drugs have been beautifully depicted in our *materia medicas* and *repertries*. While attempting to cure a patient of hypertension this aspect should be well remembered. Before closing this article, I attach a small list of rubrics; with their page numbers from Kent's *Repertory*, which prove very useful in this connection.

Page No.	Rubric
2	Anger, ailments after, vexation Anger with anxiety Anger with fright Anger with indignation Anger with silent grief
9	Bad news, ailments from
40	Emotional excitement, ailments from
49	Fright, complaints from
51	Grief, ailments from
55	Indignation, bad effects following
60	Joy, excessive, ailments from
63	Disappointed love, ailments from
68	Mortification, ailments from
71	Reproaches, ailments from
75	Rudeness ailments from
79	Sexual excesses, ailments from

—*Souvenir 1983, 4th All India Homoeopathic Congress, Bombay*
