

HYPERTENSION

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Hypertension is one of the conditions or states that frequently affects members of the immediate family, and apparently has the significance of an inherited tendency. This state, if unabated, as a rule has a severe and violent ending.

Tension is the act of straining or stretching; a state of tenseness, mental or physical. As you sit and look from your home or office window, stand on a street corner and observe passers-by, watch the management and workers in a shop or factory, or read your daily paper, you will note that few people escape this state at least for short intervals daily. As a rule, the greater the responsibility, the greater the tension. This in varied times, in varied people, affects their general physical state. Anything above normal must have some effect on our being. In many acute uncomfortable states the patient visits his or her physician and suggests that the condition is probably a hypertension. This has developed to the extent that the daily press and drug manufacturers are exploiting tranquilizers of which there are many on the market today.

A noted cardiologist has estimated that there are nearly 15 million adult Americans suffering from some degree of hypertension. Some experts agree that the ataractic or tranquilizer business is booming and it is estimated that total annual sales are running from 75 to 100 million dollars. Their use has become so general that party invitations may carry the following: B.Y.O.T., Bring Your Own Tranquilizer.

The use of these preparations has gained such a grasp on our general public that our Federal Government is rumored about to appropriate a million dollars this year for federal research on tranquilizers.

The American public is gullible. With eagerness for big and easy money, and the desire to achieve a comfortable and relaxed state for a few hours of time, the use of tranquilizers, apparently, has become a must to the users, i.e., he or she thinks so.

Tension gradually becomes more or less permanent as time passes and is influenced by an hereditary tendency, environment, social status, duties, responsibilities, equilibrium and temperament. The tranquilizer may tranquilize during its period of action, depending upon the inherent tendencies or acquired physical abnormalities the person may be endowed with.

No sharp distinction can be drawn between physiological and pathological blood pressure, since it appears to be delicately balanced and under the influence of many factors, and varies greatly with the age of the patient. Any factor may be disturbed and cause a clinical increase in blood pressure. Normal blood pressure is rather arbitrary. Statistics obtained by insurance companies indicate that there is a rapid increase in the mortality rate over the normal in persons who have persistent systolic pressures above 140 mm. of mercury and diastolic pressures above 90 mm.

Some of our leading authors classify hypertension as benign or essential hypertension and malignant hypertension.

Hypertension may be associated with acute or chronic nephritis, chronic pyelonephritis, other urological conditions such as : obstructions, kidney and bladder tumors, kidney stones, T.B., etc.

High blood pressure may appear with certain congenital defects such as polycystic kidney, hypoplastic kidney, coarctation of aorta, etc., as well as with hyperthyroidism, adrenal tumors, basophilic adenoma of pituitary, toxemia of pregnancy.

Burgess says :

Essential hypertension of long duration is a nonprogressive, benign condition which, in the absence of cardiac, retinal or renal damage, is compatible with a duration of life up to normal expectancy in individuals over 50 and in many who are under that age. It is the commonest type of hypertension seen in private practice. The anxiety that is associated with the knowledge on the part of a patient that his blood pressure is high may be very distressing ; therefore, it is usually wrong to direct the patient's attention to the

condition. Unless or until the patient shows cardiac, retinal or renal damage to be beginning, surgery is certainly not indicated, and the temptation to use the modern hypotensive drugs should be resisted. Early malignant hypertension may be indistinguishable at first.

Pickering states :

Essential hypertension in the older age group really is very common, comprising half or more of the population. It is uncommon in the young. In youth severe hypertension is nearly always secondary. Arterial pressure tends to rise with age. The differences between normal blood pressure and essential hypertension are quantitative and not qualitative. The higher ranges of blood pressure carry progressively increasing hazards to well being and life, particularly from cardiovascular renal disease. The benign course is stable for long periods. The malignant type is rapidly progressive to death from renal failure in about a year. There is a characteristic difference in intensity. There is now available evidence that the malignant phase may be reversed to the benign phase by therapeutic measures.

In general, the regular school of medicine relies upon methonium, hexamethonium-bromide, veratrum and rauwolfia serpentina.

So long as pharmaceutical research is unable to develop more potent and efficient remedial treatment for hypertension than our long tried and reliable homœopathic remedies, our treatment will not change. When something better and more efficient and satisfactory is offered, we shall be glad to accept it.

After all, hypertension is a symptom, and in many instances, an important one.

Hahnemann views life as a substantial, objective entity ; a primary, originating power or principle and not as a mere condition or mode of motion. And from this arises his theory of disease and pathology as primarily "a dynamical, or functional disturbance of the vital force."

Hahnemann states that

. . . Disease is nothing more than an alteration in the state of health of a healthy individual caused by the dynamic action of external, inimical forces upon the life principle of the living organism, making itself known only by perceptible signs and symptoms, the totality of which represents, and for all practical purposes constitutes, the disease.

To conclude this paper, there are appended summaries of a few case histories of hypertensive patients which show

the effect of homœopathic treatment on the leading symptom of high blood pressure.

Mrs. C., aged 53, weight 126 lbs., blood pressure 234/100.

Had gall bladder surgery in 1933. She has had hypertension since 1954 when she was hospitalized for nosebleed which her physician was unable to control at home. Another severe nosebleed on May 11, 1956. Inactive kidneys the past year with oedema of feet and legs.

Remedies used were *Phosphorus*, *Plumbum* and *Apis*.

L. R., aged 55, hypertensive since 1940; in 1949 blood pressure reached 230/90.

She is timid, nervous, quiet, sensitive, bashful and shy, and a worrier. Frequent attacks of sore throat.

Remedies used were *Phytolacca*, *Belladonna*, *Calcarea carb.*, *Pulsatilla*, *Psorinum*, *Bacillinum*, *Gelsemium*. The blood pressure dropped to 140/90.

Mrs. J. L., aged 75, hypertensive about 15 years, blood pressure 255/104. Urine showed sugar up to 2%. She is a large, robust, very active woman who is fair, fat and flabby with little to say, who had one attack of cardiac dyspnoea a few years ago after an acute cold.

Remedies used were *Belladonna*, *Calcarea carb.*, *Baryta carb.* The blood pressure dropped to 180/90.

Mrs. D. was a short, stubby, obese, diabetic patient who had been hypertensive for fifteen years, blood pressure reaching 315/100. She was irritable, nervous and depressed; cried easily when relating her symptoms, but was cheerful and happy when trying to help her neighbours and friends. In addition, she was not trustworthy; if she wanted to do something she did it regardless of orders to the contrary. She would follow a strict diet for a day or two, then eat anything she wanted and always be worse.

Remedies used were *Iberis*, *Strophanthus*, *Sambucus*, *Nux vomica*, *Chamomilla*, *Pulsatilla*. The blood pressure dropped to 180/90, but she died at age 67 from cerebral hemorrhage due to cardiovascular disease.