

Despondent at times for the last 8 or 9 years. During the war she tried to commit suicide by slashing her wrists. She was placed in Patton Asylum for three months and given shock treatment with apparent recovery. However, she had a relapse in 1948 and again just before she came to us. She talked of killing herself.

At the time she came to us she would go to bed days at a time. She was argumentative and irritable. No interest in anything. Menses scanty and come every three months.

She has been on *Aurum met.* in increasing potencies since March, 1949. Since the middle of June, 1949, she has had none of her mental symptoms. Her family says she is the best she has been since before the war.

—*Heal Thyself, January, 1952.*

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## HYPERTENSION: PHYSIOLOGY AND HOMŒOPATHIC TREATMENT

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Statistics of the Metropolitan Life Insurance Company show that every other individual in the United States past fifty dies of cardiovascular disease, with probably 50 per cent of these deaths due to essential hypertension. This demonstrates sufficiently the magnitude of the problem of hypertension; fortunately, Homœopathy can contribute a great deal towards its therapeutic solution.

Arterial hypertension is a disease of modern Western civilization, rare among Eastern races. This fact would, therefore, imply the importance of personality type and way of life in the genesis of high blood-pressure. That the way of life has a great deal to do with arterial tension is emphasized by the fact that high blood-pressure, unknown among African Negroes, is particularly wide-

spread among American Negroes. Again, investigations of certain monastic orders, such as the Trappists, who live as vegetarians and take the vow of silence, have shown that they never suffer from high blood-pressure as compared with other groups of whites of the same age level.

According to origin, high blood-pressure can be due to three causes: renal, endocrine, psychogenic. There may be often a mixture of all three causes leading to arterial hypertension. From the point of prognosis, the differentiation is made into benign and malignant hypertension, the latter developing at a rather early age and characterized particularly by fixed high diastolic pressure levels above 120 mm.

The renal type is caused by either inflammatory or degenerative processes involving the glomeruli and the arterioles of the kidney, leading in severe cases to nephrosclerosis. The purely endocrine type is due either to adrenal cortical or medullary dysfunction or due to tumor formation in the adrenal medulla. The vast majority of cases, and those with which we are mainly concerned in this paper, are the cases of so-called essential hypertension. Recent research has led to the conviction that this most common type is due, at least to a great extent, to psychogenic factors.

There are two theories which try to explain the development of high blood-pressure, the neural and the humoral theories. According to the humoral theory, based on experiments, ischemia of the kidneys, produced by contraction of the arterioles releases a chemical agent, renin, which converts a blood globulin to the active pressor substance which acts, constricting the smooth muscles of the blood vessels.

The neural theory assumes a direct influence upon the blood vessels through an increase of tonus of the vasomotor center and the sympathetic nerve. It is possible that neurogenic stimulation of the renal vessels may lead to vasoconstriction, subsequent ischemia, and may set the

humoral mechanism in motion, thus producing a vicious circle. The neurogenic excitation in turn may be of humoral origin, brought about by stimulation of the adrenals.

Cannon, in his classic studies, found that the emotions of fear and rage produce an increase in blood-pressure through stimulation of the adrenals. These experiments supply the fundament for the theory of the emotional origin of high blood-pressure which has been further elaborated by Franz Alexander and others, who have employed psychological methods for the study and treatment of patients with high blood-pressure. Alexander found that different personality types with high blood-pressure had all one common trait, their inability to express a basic hostility and aggressive feelings freely, thus inhibiting and suppressing the emotions of anger, fear, and rage. The excitatory influence of the emotion of rage turns inward and, if not released through action, it will lead (according to Cannon's findings) to a chronic stimulation of the adrenal and sympathetic system, and, consequently, through neural or humoral pathways, or a combination of them, to an elevation of the blood-pressure levels. This rise will be in the beginning of the cycle of more passing nature, but will, later on, by producing in this process lasting damage to the arterioles of the kidneys, develop into fixed high blood-pressure.

There are some contributing factors in the genesis of hypertension, such as obesity, heavy smoking, sedentary life habits, and possibly toxic substances which one meets in everyday life and to which certain persons may be particularly susceptible. I should like to mention the fact that drinking water is supplied through lead pipes and if the amount of lead found in 1 liter of drinking water (which amounts to approximately a 6x attenuation) after staying in a lead pipe for nine hours, does not exceed 0.1 mg. per liter, it is considered harmless. Since cases of lead poison-

ing through drinking water have been reported when the amount of the dissolved lead was 5.5 mg. per liter, it is possible that a chronic intake of very small amounts of lead through the drinking water may produce in sensitive individuals those kidney changes characteristic of lead which are responsible for an increase in blood pressure. The same might be said now also of the tetraethyl lead contained in gasoline, and the possible chronic effect of inhalation of the exhaust gases.

After this survey of the origin and genesis of arterial hypertension, we turn now to its treatment. In severe cases with acute changes, bed rest for a period of time might be advisable and help to reduce an excessive rise in arterial tension. Where sedentary life habits seem to have an adverse influence, moderate exercise in the form of regular walks will be beneficial. The importance of physical and mental relaxation in hypertension must be stressed, and here proper psychotherapy, particularly in incipient cases, may have a truly curative value. A decrease in smoking or, when necessary, a complete elimination of the smoking habit, is often advisable, considering the blood-pressure-raising quality of nicotine. Among dietary measures, nothing can reduce high blood-pressure quicker than a period of fasting or a pure fruit diet, which can be combined with bed rest. A vegetarian diet has proved definitely helpful. Microscopic examination of the capillaries of persons experimenting with meat and vegetable diets has shown that a meat diet produces capillary contraction, which disappears with change to a predominantly vegetarian diet. Reducing of weight in obese patients is always advisable, since with loss of weight often also the blood-pressure is reduced. With such dietary measures, including a moderate reduction of salt, the so-called rice diet, with its unpleasant monotony and only transitory effect, becomes superfluous.

However, many of these measures will not be necessary, or will serve as auxiliary measures only, if we employ

our homœopathic remedies. Treating patients with high blood-pressure, we naturally do not treat the high blood-pressure, but the patient who exhibits a totality of various characteristic symptoms, supplying the basis for the prescription.

Every remedy in our *Materia Medica* can become a remedy relieving with the totality of the symptoms also the symptom of an elevated blood-pressure.

Antedating psychosomatic medicine for a hundred and fifty years, Hahnemann stressed the prime importance of the mental symptoms in all physical disorders, and this will apply quite naturally to those disturbances in which the essential high blood-pressure is suspected to be mainly of emotional origin. When the psychosomaticist speaks of resentment and suppressed anger in the high blood-pressure patient, then *Aurum*, among others, has had this indication for the homœopathist for over a hundred years, and often has proved curative; so have *Nux vomica*, *Natrum muriaticum*, *Cocculus*, and others with the same mental symptom but with a different personality type.

When the modern psychosomatically-oriented allopath emphasizes the underlying timidity in the high-blood-pressure-type patient, the homœopath knows that *Baryta carb.* and *Plumbum* rank high in this rubric.

There is a group of substances, some of them part of our *Materia Medica*, which are able to raise the blood-pressure through their physiological action. To give a list of these drugs, we mention the following: Nicotine (*Tabacum*), Strychnine (*Nux vomica*), Veratrine (*Veratrum viride*), Ephedrine (*Ephedra*), Ergotoxine (*Secale*), Picrotoxine (*Cocculus*), Digitoxin (*Digitalis*). And among inorganic substances: *Natrum muriaticum*, *Barium*, *Plumbum*. Among endocrine products: Adrenalin, Pituitrin.

On one or another occasion, but always on the basis of the totality of symptoms, one or another of these remedies will be indicated; however, since the basis of our

prescription will be always the totality of the characteristic symptoms, with the mental symptoms in the lead, any remedy of the *Materia Medica* can prove to be curative in a patient with high blood-pressure. A few examples will serve to bear out this contention :

A 32-year-old male patient has suffered from malignant hypertension since the age of 24, when it was discovered. He was first seen after an apoplectic attack with rightsided hemiplegia, from which he completely recovered. He makes a pleasant impression but admits to getting angry frequently without showing it. He perspires easily, is thirsty, likes salt. His face often looks flushed. His blood-pressure is 160|115. *Natrum mur.* 200., one dose.

He returned one month later feeling very well, blood-pressure 140|90. Because of recurrence of a chronic condition of bronchial asthma, other remedies have to be given from now on. Half a year later the blood-pressure showed a new rise. Again *Natrum mur.* 200., one dose, with the same effect as before. Recently, five years since, the patient was reported as being very well.

Female patient, 58 years old, came to the office complaining about daily attacks of dizziness and congestions to the head. Blood-pressure 220|110. *Glonoïn* 200., one dose, brought the systolic pressure to 180 in two weeks. The pressure went up again to 190|105.

Inquiries about her life and her emotional attitude finally furnished the information : All her life she felt basically that life is not worth living. *Aurum met.* 200., one dose, brought the blood-pressure immediately to 150|90 with disappearance of all symptoms, and for months it has stayed this way.

Female patient, 60 years of age, complained about dizziness. Blood-pressure 205|110. Worried about a young niece for whom she felt responsible. Frequently suppressed anger. Disliked salt but had to eat rather salty food during a vacation of two months. *Natrum mur.* 200., one dose.

Blood-pressure came down to 150 and has remained that way for half a year.

Woman, 82 years old, had suffered from high blood-pressure with very obstinate occipital headaches, for a number of years. Both cleared up after *Carbo an.* A sudden shock, provoked by bad news, made the systolic pressure climb to 200. *Gelsemium* 1M, one dose, brought blood-pressure down within 24 hours to 150, with general calming effect, and relieved a situation potentially dangerous at this age, instantly.

A female patient, 70 years old, developed a cold with nightly attacks of cough and mild wheezing, persisting and reminding one of cardiac asthma in the initial stage. *Kali carb.* relieved but not permanently. The blood-pressure stayed at 200|100. After quite some time of treatment of the bronchial condition, the patient reluctantly revealed a deep emotional involvement in a love affair which made her particularly unhappy because of her age. *Ignatia* 200., one dose. The next time I saw her, two weeks later, the blood-pressure was 130, and the patient felt better in every respect, including her mental distress.

A female patient, nearing her eighties, was greatly worried about her blood-pressure, which was around 170. She was in the habit of letting things drop. She had constant fear of a stroke. *Apis* 200., single dose. The blood-pressure came down to 140, and after the one dose of *Apis* stayed normal for the past five years.

All these examples are commonplace to those who are familiar with Homœopathy. They merely demonstrate that the correct remedy chosen according to the law of similars will be truly curative—as in so many other conditions—in arterial hypertension.

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#### DISCUSSION

DR. ROGER A. SCHMIDT [San Francisco, Calif.]: I should like to thank Dr. Gutman for this outstanding paper and make a few remarks about

high blood-pressure, at least as I have experimented with it in my own practice. I think it is an element that is very difficult to evaluate as to the action of the homœopathic remedy because there are so many factors influencing this very thing. In the first place, I am sure that over 90 per cent, perhaps 95 per cent of my patients, have a higher blood-pressure the first time they come to my office than they have at the second visit, which shows the emotional tension, and for the last year or two, especially in patients who come to be treated for high blood-pressure, because that is their main symptom, I have tried a test that has proved very valuable also in prognosis.

After I have taken the tension and, let's say, it is 240/150, I ask the patient to make some hyperventilation, and within 30 seconds in some instances, the pressure will fall between 20, 30, to 40 points, *within 30 seconds*, and when it does, I notice that those patients respond very quickly, and you get very agreeable and quick results with them. But if, after hyperventilation, there is no fall in the blood-pressure, those patients will prove very resistant and difficult to help on that particular score.

I always take the trouble to take pressure on both sides, because there are sometimes very important discrepancies, and if you take the pressure sometimes on the right side, where it is always high, without thinking about it, next time you may take it on the left side, and find it is 50 points lower, and you think you have gotten great results, and will not realize that the pressure on the left side has always been very low, so I think those points have to be taken into consideration.

DR. ARTHUR WELLER [Orange, N. J.]: If Dr. Rabe were here, he would say he has been using the posterior pituitary, and I wonder if Dr. Gutman has used it. I have not tried it, but Dr. Rabe, I am sure, would have talked about it if he had been here today. I think it is well worth looking into the posterior pituitary. I think Dr. Boericke's pharmacy has put it up, and it has given good results in the Montclairs.

DR. GUTMAN (*closing*): I have not used the posterior pituitary and on the whole I am not prone to prescribe on one symptom, particularly a physiological one because, as Dr. Schmidt has stressed, we have to consider the great complexity of factors involved always in hypertension and therefore we can see how important it is to try, if possible, to get the true picture, to base our picture on the totality of symptoms, and then really relieving the cause, but I would agree that these remedies which physiologically raise the blood-pressure, and which I enumerated, might serve, so to speak, as a sort of nosode in the cases where we are stuck or do not find clearcut indications.

—*The Homœopathic Recorder*, February 1952.