

## ARTERIAL HYPERTENSION

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Synonym: Full, hard pulse.

Terminology: *English*: High blood pressure, *German*: Grosse spanning. *Spanish*: Hypertension. *Italian*: Hypertension.

The inequality of the blood pressure does not constitute a special disease, but a pathological condition which is met in a great number of diseases, and which plays a more and more important role in modern therapeutics. It is important then, to keep an eye on it, and it is no exaggeration to say that it is wise to examine one's blood pressure from time to time for the enjoyment of a long life.

In a number of diseases the measurement of the pressure facilitates the choice of the remedy. At the very onset we will group some medicaments together, and eliminate others that are similar, but absolutely useless, if not harmful.

In conserving the ordinary symptomatology of the remedy, one also adds a characteristic symptom which dissipates the uncertainty, and then proceeds more surely and directly to the suitable medicine. Thus, a remedy is not prescribed for a fever. There are fevers with hypertension and fevers with hypotension. There is a group of remedies for sthenic fevers and a group of remedies for adynamic fevers: *and even if the remedy suits all the symptoms, one tends to be mistaken if the remedy aggravates the blood pressure already changed.* For example, Aconite is a remedy for hypertension; it is useless and harmful to employ Aconite in diseases with hypotension, even when the other symptoms indicate Aconite.

In diseases of the heart and blood vessels, in some conditions of the lungs, without taking into account a number of other diseases, the study of the blood pressure becomes *the key to the therapeutics.* It is important that the homoeopathic school of practice should not remain behind in this modern research, and in the face of the practice of contraries by the dominant school. For the regulation of the blood pressure, we are able to offer the action of similars, that is to say, the cure of hypertension by hypertensors, and of hypotension by hypotensors. How do we arrive at such opposite conclusions? *By the modification of the doses. A substance which is hypertensive in strong doses becomes hypotensive in feeble doses or vice versa.* One can almost be sure that not a single agent exists which changes the pressure that does not show opposed phenomena during various phases of its action.

This confirmation of physiological law is admitted by all physiologists and therapeutists who use the contrary action of a poison according to its degree of intoxication. This fundamental law is found again in therapeutics:

the same remedy which is hypotensive in large doses becomes hypertensive in small (homoeopathic) doses and vice versa.

Let us then consider a certain number of substances having an action on the blood pressure, and study their degree of homoeopathicity according to three points: First, their action as modifiers of the pressure in the category of hypertensors or of hypotensors; second, their affinity for certain organs: kidneys, lungs, brain, uterus, etc.; third, their mode of action: nerve poisons, muscle poisons, of the myocardium, or of the muscular walls of the arteries, vaso-constrictor or vaso-dilator of the arterioles, etc.

This is not all; a system of glands having internal secretions (the suprarenal capsules, pituitary gland, thyroid gland) play a role in this regulation.

There are even external secretions which modify the tension in the vessels, bile for example and spermine. It is then an ensemble of phenomena which contributes in the regulation of this tension, and the last word is not yet said on this subject.

We will consider substances having a hypertensive action and consequently homoeopathic to this condition.

*Aconitum napellus* stands at the top, perhaps the principal medicament in the present condition of homoeopathic science for acting quickly in cases of acute hypertension. It always remains useful in the acute phases of chronic hypertension or at the beginning of treatment. Clinical experience confirms it every day, and there are numerous cases where the blood pressure has fallen as measured by the sphygmomanometer.

Pouchet in his *Pharmacodynamics* says "Aconite, and especially Aconitine, have an influence on the peripheral circulation through the nervous system which is shown by its effects on the heart and circulation. The contractility of the myocardium is conserved during the whole duration of the action of Aconitine. At the beginning, the pulse is full, vibrant, with more or less marked rhythmic contractions to such a degree that there is a persistence of the contractility of the myocardium even at a late period. In nearly all sphygmographic tracings reported, an increase of the force and number of contractions have even doubled the primary rhythm. At the beginning, under the influence of very small doses, the blood pressure increases and later it still increases. It is only in the last phase of its action that one observes a circulatory depression."

In our homoeopathic school, Hahnemann, in 1796, spoke of it in *Hufeland's Journal*, and later, in 1811, in his *Materia Medica* mentions a group of drugs that would produce alternate chills and heat, at the head of which he placed Aconite.

At that time we were far from the modern science of today, but Hahnemann in his time had some idea of it.

He clearly indicated the circulatory action of Aconite. Since Hahnemann, all homoeopaths have prescribed Aconite, being guided by the indica-

tions of a full, bounding, vibrating pulse: so when bleeding was done for almost everything, Aconite was called the homoeopathic lancet.

This action of Aconite has not failed for a century and it is astonishing that most physicians hardly ever use the hypertensive action of Aconite.

It may be summed up by this expression: for acting quickly and rapidly in a case of acute hypertension, nothing equals it. Aconite is then suitable for acute cases which still have no profound lesions; for in its intoxication the changes in the tissues are not very evident, if at all. Its power is entirely functional; it poisons the cerebro-spinal nervous system. Congestion of the endocardium and pericardium may be found, but it has not produced arterial lesions like the chloride of barium, adrenaline, lead, tobacco, etc.

As Dr. Richard Hughes said, the predominating condition for the use of Aconite is one of tension: tension of the pulse, tension of the arteries, tension of the arterioles, which causes the characteristic tingling of the extremities, of the fingers and of the tongue caused by excitation of the sensibility of the peripheral organs. Its points of election, outside the peripheral organs are the brain and nerve centres. Aconite's mental characteristics are great anxiety, restlessness, fear, and fear of death.

This subject of hypertension shows in a remarkable way the excellent properties of Aconite in the first stage of fever, in the sthenic period, congestive, with the skin hot and burning, the pulse full, tense, bounding and frequent, the real period of febrile hypertension. I would emphasize also the premonitory period of chills; where vaso-constriction of the capillaries raises the tension in the larger vessels.

*Aconite always remains the first remedy for reducing blood pressure, and it prevents subsequent congestion.*

Thanks also to the study of blood pressure, we are warned of the uselessness of Aconite in adynamic fevers where hypotension is marked: Aconite becomes then a danger. For example, Aconite must be listed as always contraindicated in typhoid fever, because it is a fever with hypotension.

I would always recommend Aconite for the sthenic heart which is overworked and which leads to hypertrophy, and even in the clearly confirmed hypertrophy of youth. Nothing equals Aconite in these forms of cardiopathies where the heart still has not undergone degeneration.

The impulse of the blood wave is felt throughout the arterial system; beating of the carotid arteries, pulse bounding, dilatation and elongation of the arteries; the patient complains of palpitation, constriction, suffocation, precordial anxiety, attacks of dyspnoea.

It remained for the sphygmomanometer to verify the action of Aconite in homoeopathic doses. Examples of the reduction of a blood pressure from 180mm to 200mm to normal, and others lowered somewhat, but not to normal. These observations have been confirmed many times. How long does the action of Aconite last? That is difficult to say. The duration of the action of a remedy varies according to the disease.

A hypertension without lesions can be cured in an illimitable way. In arteriosclerotic individuals we can lower the blood pressure for several days or weeks, perhaps some months in certain cases, but the bad arteries bring a return of the hypertension.

I would also like to mention the remarkable action of Aconite in the strained heart or asystole without lesion. Nothing is more illuminating than the comparison of the overworked heart with the proving of Aconite. We can help runners, athletes, fliers, and all persons who overwork their hearts with this remedy *given in potentized form*. These sportsmen have early or confirmed hypertension and gradually develop asystole and a dangerous hypotension. Without suffering the consequences like some of the Marathon runners, numerous young persons strain and overwork their hearts in milder sports or in betting matches which may become dangerous. This prepares the way for cardiac hypertrophy. In these cases know of no better remedy than Aconite for quick action in calming a tumultuous heart with a rapid pulse and bringing it back to normal, and also arresting the consequences of the overworked heart. The law of similars is again verified here. The symptoms of the strained heart appear rapidly, and the action of Aconite is rapid in its effect.

The nearest similar to Aconite in these cases is perhaps Arnica; but Arnica acts much slower.

We have spoken of hypertension without lesions. We should remember that Aconite is most efficacious in the beginning of endocarditis, pericarditis with hypertension. Aconite will always remain the remedy for the beginning of these affections, and it is useful even in acute exacerbations of subacute or chronic disease.

In arteriosclerosis, a very high blood pressure can be reduced from time to time by the use of Aconite for a few days to a week and repeated at intervals as required.

It is the remedy for plethoric individuals and their various diseases, as colds, at the beginning of many inflammatory troubles, early respiratory ailments especially. Also for cerebral hypertension and vertigo of plethoric patients. It is the remedy for cerebral haemorrhage where one has noted symptoms of hypertension.

In conclusion, Aconite is one of our great remedies for acute rapid hypertension as confirmed clinically and by the sphygmomanometer.

Some members of the solanaceae family resemble Aconite. Delphinine, the active principle of the Delphinium *staphysagria*, has great similarity, both approaching Veratrine (Pouchet).

In what doses should Aconite be given for hypertension? Certainly not in the mother tincture which would only end by fatiguing the heart muscle. It is the Hahnemannian dose that it is necessary to prescribe, the 6 centesimal, 12 centesimal or the 30 centesimal. We usually prescribe the 6 or the 30 centesimal dilution on disks or diskettes.

Belladonna, or rather its alkaloid atropine, may cause lowering of the blood pressure (very brief and only occasionally demonstrated), followed by an extraordinary rapid pulse with a great increase of the arterial pressure. After a certain time, if the dose has been sufficient, there is noted a progressive lowering of the pressure until death. The rapidity of the pulse lasts until the end. In atropining animals the pulse is not modified, neither by section nor by galvanism. According to the best authorities, Atropine increases the vascular tension, dilates the arteries and capillaries and increases the energy of ventricular contractions. Luehsinger attributes the enormous increase of the pulsations to paralysis of the intra-cardiac ends of the pneumogastric nerve.

Van Renterghem attributes the redness of the face and upper parts of the body to the rapidity of the pulse and increase of the blood pressure. Belladonna resembles Aconite quite a little in some ways, so why is Belladonna less suitable than Aconite to human hypertension? The reason is that Aconite is a more general hypertensor than Belladonna. Belladonna has a special localization, its characteristic is hypertension of the upper part of the body—the head, the brain, the neck, the eyes etc., shown clearly by physiological and clinical evidence. In acute hypertension of the brain, with delirium, agitation, encephalitis or congestion, Belladonna is really more homoeopathic than Aconite, but it does not possess the general action of Aconite on the heart, blood vessels and capillaries of the entire body. Both remedies suit acute cases, and act on the nerves rapidly. Both remedies cause death in poisonous doses before there is any evidence of tissue changes, except congestion.

Atropine is the antagonist of Morphine. Muscarine is also an antagonist to Atropine.

Baryta carbonica and Baryta muriatica, are hypertensors and consequently are homoeopathic to hypertension which I will discuss further in detail in my article on arteriosclerosis.

These drugs are of great importance, not only for hypertension, but for arterial lesions as well. Clinical observations are multiplied and verified from day to day.

Adrenaline: Sajous, in his remarkable work and study, has shown the connection among three glands of internal secretion (the suprarenal capsules, the pituitary gland and thyroid gland) and their importance in vascular tension. Everyone knows that in Addison's disease where the glandular secretion is lessened and vitiated one notes extreme hypotensive phenomena; and when adrenaline solution is injected into a vein a great increase in blood pressure follows promptly.

Similar phenomena are seen with an extract taken from the posterior body of the pituitary gland. This extract given in infinitesimal doses, according to the law of similars, has been recommended in the treatment of arteriosclerosis.

Cholesterin in the blood increases vascular tension, and note, also the association of hypertension with cholesteremia.

The laboratory has shown clearly that Cinchona products increase cholesterin in the blood, and acting on the principle of similars, China in potency has proved one of the first remedies in cholesteremia.

Cholesterium in homoeopathic dilution, should play a role as an isotherapeutic agent.

Opium 3 trituration has a slight increase in the pulse rate, followed by a slow, full pulse which is characteristic, as well as drowsiness and cerebral torpor. It becomes homoeopathic to these cerebral phenomena due to exaggeration of the blood pressure.

Glonoine 3 centesimal is one of the principal remedies for acute exacerbations during the course of chronic hypertension, as in patients with chronic aortitis or chronic nephritis.

Arnica 12 and 30 centesimal has a full, tense pulse. It is a remedy having a slow action, acting on the muscles, on the myocardium and muscular walls of the vessels. It is especially recommended after Aconite for subacute or chronic hypertension due to cardiac strain or overwork. The action of the Arnica extends to the blood capillaries causing venous stasis secondarily, and considerable peripheral resistance in the arterial circulation, thus provoking sudden hypertensive attacks, often ending in extravasation of blood.

Caffeine, Coffea are remarkable examples of the contrary effects of the same medicament according to the doses employed. Whereas Caffeine is an energetic drug for increasing the pulse rate and raising the blood pressure, Coffea given in homoeopathic doses, is a valuable remedy for cardiac irritability often a forerunner of hypertension.

Pulsatilla. The active principle of Pulsatilla, Anemoxine, acts on the circulation. It is to be regretted that physiological research has not been specially directed to the blood pressure of the genital organs of the female.

Secale cornutum possesses a characteristic action on the striated muscular fibres of the uterus causing arterial hypertension in the large vessels.

Lastly, all the tonics of the heart used by the old school are hypertensors and should be employed regularly by homoeopaths in infinitesimal doses against hypertension. Strophanthus, Crataegus, Adonis, Convallaria, etc. and animal products, such as those of the salamander, serum d'anguille, etc.

Have we constitutional remedies to combat hypertension? This is precisely what we are endeavouring to demonstrate.

The Nux vomica patient is frequently the type of person who is a subject for hypertension. Further, the action of its alkaloid, Strychnine, is distinctly hypertensive. The Nux temperament is that of the business man, the sedentary intellectual, those who do not take time to eat, and who constantly in a nervous state are preparing themselves for permanent hypertension. Every physician knows that intellectual and physical overwork are factors in the production of hypertension and arteriosclerosis.

Then there is the Lycopodium patient, the arthritic, who does not metabolize certain proteins properly and develops uric acid, which poisons him slowly, and who ends with arteriosclerosis.

The Sulphur patient is another type of the arthritis diathesis with cutaneous manifestations and internal metastases. Also eczematous patients, who from time to time have attacks of asthma or gravel, and end with arterial hypertension.

Aurum and Aurum iodatum are especially indicated when there is a history of syphilis, a syphilitic background.

Lachesis and Sanguinaria canadensis should be studied at the time of the menopause in women, who develop a compensatory hypertension.

Sanguinaria has a longer duration than Lachesis. It acts more surely.

Lachesis has as its characteristic, cutaneous hyperaesthesia, where the patient finds it impossible to have anything touch the neck, so that it must be kept uncovered.

Lastly, a hypertensive individual should exercise moderately in the open air. If he is old, he should exercise according to his age; if he is young, he should exercise according to his strength—this is one of the best means to improve the circulation in the capillaries.

Hot or warm baths favour dilatation of the capillaries and are hypotensors; cold baths contract the capillaries and are hypertensors.

Pardon me for not mentioning diets and physical agents which are in most books on the practice of medicine. A milk diet is known as a hypotensor.

Alcohol, tobacco and coffee should be used very sparingly, if at all. All these are more or less toxic to most persons and it is better to abstain from their use entirely.

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