

HYPERTENSION: ITS RATIONAL MANAGEMENT AND HOMOEOPATHIC TREATMENT

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RESPONSIBLE RATIONAL MANAGEMENT

A little attentive perusal of the problems should convince any physician, whatever school he may belong to, the outstandingly serious responsibility of undertaking the charge of the case of hypertension, however minor it may appear superficially. It should be realised that an all-through rational management of the case from the very beginning may avert many a serious crisis in the later stage when it may be too late; and particularly that, large amount of medicinal treatment which is not much fruitfully dependable and congenial, should be scrupulously avoided as far as possible. Rather too much dependence on medicine of any school, even homoeopathic, are very often found to further spoil the case. This applies with special weight in the frequent use of the highly potent medicines of the modern allopathic school. All these modern drugs may at best occasionally tackle the underlying material pathological condition but never the basic dynamic trends which engender those pathological substrata of hypertension. So they may have some effective *palliative value* for more or less time, but never any curative value. Hence, they have to be used *ad infinitum*, in the so-called 'maintaining doses'. But very inconveniently each of them, even in the required small doses, used for very long time has various unavoidable side-effects which are very often more troublesome or even dangerous in some susceptible cases than the original condition, thus actually creating a steadily expanding perpetual vicious cycle around the problem.

In *practical tackling* of the cases, the following points should be heeded to:

(1) Try by all means to obviate or at least to mitigate the fear complex, the most difficult basic factor in this condition. For this the following means may be tried:

(a) Try seriously not to allow the patient to know his B.P. reading.

(b) If he happens somehow to know the same, all attempts should be made to allay his panic by convincing him that proper Hahnemannian approach along with sufficient acquaintance with modern advancements of general medicine has very often been found to bring this disease considerably under the effective control of scientific management. But in order to get full advantage of this he must pay his most serious attention to the following points:

(i) He must not expect a dramatic lasting relief of his troubles before the whole of his condition is brought under sufficient control.

(ii) Until that most desirable goal is reached he will have to exert a sea

of patience to bear with all his ephemeral troubles however overbearing they may be, only with a view to provide full scope for really curative medicines.

He must firmly remember that all those alluring palliative drugs will never give him permanent relief, but only perpetuate his condition and at the same time disturb the possibility of finding out the really curative remedy.

(iii) In any case, he must conscientiously eschew self-medication and take no drug unless under the freshly written prescription of the physician in charge of him.

(iv) He must select his doctor with very critical scrutiny and circumspection, and avoid any physician who (a) prescribes cursorily for any or every trouble presented to him without thorough interrogation of all his problems, and adequate examination of the whole of his condition or (b) changes his prescription too frequently or (c) uses a number of drugs at a time.

(v) Once the patient selects his doctor, he must stick to him for sufficient length of time, in order to get full benefit from the experience of the latter during the long period the particular patient had been under his direct care. During that period he must most scrupulously eschew taking any medicine from any other doctor, big or small, even if the latter be a homoeopath, only because that is sure to disturb the line of treatment he is now undertaking. Whenever felt necessary, he may request his doctor-in-charge to arrange for a consultation with any physician of his choice and to keep in touch with latter whenever required.

TREATMENT

This I like to discuss under two separate categories (a) *homoeopathic* and (b) *allopathic*.

Only because, in Homoeopathy its treatment is inseparably related with a proper rational management of individual case in hand it must be dealt with first.

Homoeopathic management: It is guided by the desires, aversions, agreements, disagreements with respect to food, drink, bath, etc. and modalities in relation with them as well as all environmental conditions (including temperature, humidity, etc.) and also with mode of life with respect to movement, rest, etc. These features together with mental trends and temperaments and personal habits represent the personality of the case, which must be squarely consistent with the management, to be conducive to curative treatment.

The elicited pathological features of the case only help us in moderating and monitoring our guidances in compliance with dynamic natural demands of the case (vide, my article 'Homocopathic Regimen' THE HAHNEMANNIAN GLEANINGS (1976) XLIII, 2 : 58 and I.J.H. (1982) VI, 3 : 125.

Homoeopathic treatment: We all know that the effectivity of this line of therapeutics depends not at all on the unqualified pathological data, but only on characteristic individual totality of symptoms of the particular case

in hand. The amount of effectivity and duration of the action of the prescribed homoeopathic remedy cannot but depend upon the quality of individualising similarity with the range, depth and chronological duration of the elicited symptom—totality of the case. If the latter provides us with the portrait of an acute totality, the selected remedy will yield only short lasting superficial relief. Even in such cases, the wider the range of symptom-similarity, the longer will be the duration of relief.

Hence in every case we should try to collect the maximum number of characteristic individualising symptoms including concomitant and accessory symptoms.

We should remember here that the shorter will be action of the prescribed remedy, the more will be necessity of frequent repetition or what is more harmful, frequent change of prescription, which obviously will stand in the way of bringing the patient to the curative path, disturbing the course of cure as per Hering's laws.

On the other end, if we can find out a remedy covering the complete totality of symptoms including the features of the miasmatic background, we can expect a long lasting relief and even control the constitutional tendency towards hypertension. Such a remedy is often found to reverse or at least check the downhill trend of even malignant hypertension (syphilitic miasm). The only essential condition required for the effective beneficial action of such homoeopathic remedies is that their process of curative activity must not be interfered with by any palliative drug including even the so-called homoeopathic ones.

Occasionally for various reasons, there occurs a situation where a truly homoeopathic remedy covering the whole case with a sufficient number of general and particular guiding symptoms cannot be worked out, while an emergency condition is threatening. In such a condition a palliative remedy of any school of medicine has to be temporarily used with a view to avert the crisis and securing sufficient time to wait for a better opportunity for finding out an appropriate homoeopathic remedy (such a situation may happen also in various other conditions like a threatened cardiac failure, renal failure, diabetic coma, etc.). The homoeopathic school also accepts some such remedies based only on clinical experience, without sufficient scientific proving, like *Rauvolfia serpentina* (an indigenous drug), or one with some significant pathological indication like *Aurum met.* (cases with low 'pulse pressure'), *Baryta mur.* (high 'pulse pressure'), etc. for checking hypertension.

The homoeopathic palliatives are, in general, less harmful than those of the other school, owing to the facts that (1) they seldom cause any permanent change unless used too long, creating a long-lasting primary action and (2) they do not produce any vital side-effects thanks to their small dosage.

Even if these partially accepted homoeopathic palliatives fail to fulfil our expectation, there remains no alternative other than to take the help

of modern Allopathy, only because *even a day of the life of the patient is far more important than the prestige of any pathy.*

Allopathic management and treatment: Like the line of treatment in this school, its principles of management also are guided the least by the dynamic requirements and indications of the personality of any individual case. This cannot but hamper the all-round holistic treatment of the whole individual case. Even then, as stated just above, we are helpless in some situations. Personally, of course, I always try to induce our allopathic colleagues at least to try our methods of management even while continuing their line of treatment and maintain critical observation on the results of the same. This effort proves to be fruitful in many a case.

So far as their therapeutics is concerned, it is fast enriching itself *pari passu* with the prodigious advancement in the knowledge in general medicine, expounding the underlying intricacies of various disease conditions. But the main problem with their therapeutics is that, the more it is advancing depending isolatedly on the various particular features of material pathology, neglecting the necessities of living matter and holistic aspect of the living individual, the more they are creating various complications or even new disease conditions often far more difficult or nay formidable, by their primary action and so called side-effects.

Very fortunately, in recent times some of the sober elements of high rank, belonging to their school, coming to the extreme end of their lop-sided approach to medicine are tending to pay some attention to a balanced all-sided attention to individual cases as initiated by Hahnemann long ago, as far as possible for their firmly set up mental trend.

I strongly feel that all Hahnemannian physicians should make the fullest possible use of this situation. For this purpose, they will have to pay serious attention to the following points:

(1) To come in touch with all the positive contributions of the science of general medicine in recent times, so far as they are conducive to our sole mission of restoring the sick to permanent health, i.e. bringing about real cure.

(2) Try to enrich Hahnemannian medicine, particularly its *materia medica* with those facts and data.

(3) Try to maintain regular intimate friendly contact with our really erudite allopathic colleagues who are abreast with the latest developments of general medicine, through various recent publications, journals etc. so far as the busy professional life of both sides can permit. This will help greatly in enriching our knowledge in general medicine with the minimum expenditure of time and at the same time, help the other side in reorienting their attitude to medicine in general, more and more, and in clearly apprehending the Hahnemannian approach.

REFERENCES

1. Price's *Text Book of Medicine*, 11th edition.
2. Davidson's *Principles and Practice of Medicine*, 13th edition.
3. Das, P. C.: *Text Book of Medicine*, 2nd edition.
4. Harrison's *Principles of Internal Medicine*, 8th edition.
5. Hahnemann, S.: *Organon of Medicine*, 5th & 6th editions.
6. Hahnemann, S.: *The Chronic Diseases—Their Peculiar Nature and their Homoeopathic Cure*.
7. Other classical books related with the last two of J. T. Kent, Stuart Close, H. A. Roberts, J. H. Allen, H. C. Allen, Dunham etc.

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