

HYPERTENSION—THE PLACE OF HOMOEOPATHY*

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"When he can do no good, let him do no harm."—The Hippocratic oath.

The ideal blood pressure reading for healthy longevity for all age groups according to this author is 120/80mm Hg. The systolic pressure ranges between 120-140mm Hg according to the individual changes due to diet, exercise and stress and strain. Therefore, the blood pressure is a constant variable and one has to take into account the above predisposing factors.

Reading of blood pressure must be done carefully. In a report in the *Lancet*, the researchers offer a rule-of-thumb guide to the physicians in the Western societies where 35 per cent of adult women and 25 per cent of adult men are overweight. If an obese patient shows high blood pressure with a regular size cuff measuring 12×23 cm it is better to try again with a cuff measuring 13×35 cm. People with thicker arms than average will show a high blood pressure with normal size cuff. If doctors wrapped a wider one around the arms of fat people, the incidence of hypertension may decline. There is another fallacy in reading the blood pressure in this author's experience. The pressure in the cuff must be slowly raised and decreased. If done quickly there will be a wrong reading of hypertension in the patient. The clinical examination of the patient is *sine qua non* instead of entirely depending on ECG.

A very pertinent question which very often confronted the conscientious and imaginative physician is, whether the incidence of abnormal blood pressure (hypertension) can be prevented? With the rich and valuable experience of the homoeopathic physicians in the world, it can be answered affirmatively, when the regimentation in diet and outlook on one's life is geared to achieve that end by the patient with the occasional homoeopathic constitutional medication.

The following are the predisposing factors, heredity, cortical drive (get-on-at-any-cost types) emotional reaction to prolonged anxiety, hyper-reactive pressure responses which derange the baroreceptor reflexes with repetitive stimulation, overweight from excessive caloric intake, excessive sodium intake or retention, smoking of tobacco which raises the free fatty acid level, lack of exercise, soft water and low residue diet, with common accompaniments—baldness, early arcus senilis, xanthelasmata.

Regarding the preventive treatment in drug therapy this author is benefited

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with the occasional doses of constitutionally selected polychrest remedies, like *Lycopodium*, *Sulphur*, *Pulsatilla*, *Aurum* etc., from 200 to 10M potency at an interval of one to three months. The selection of the remedy for the preventive treatment may depend on the predisposing factors. In the asymptomatic preventive group one can safely utilise the Hahnemannian principles of one-sided disease approach as laid down in the *Organon*¹.

The diagnosis of hypertension can be made with the rule of thumb: A patient with the readings of 160/90mm Hg has a mild and with 220/130mm Hg has a severe variety of hypertension. The primary essential hypertension or secondary hypertension may be vascular, renal, endocrinal or iatrogenic. The following tables clarify further the nosological labels for easy comprehension, diagnosis and prognostication.

The fourth column is the essential one for homoeopathic treatment, to understand both the reversible and irreversible Hahnemannian drug disease, in the homoeopathic parlance². In some patients when the offending and implicated allopathic drug is stopped, the blood pressure rises for sometime and in many patients it is controlled after the constitutional homoeopathic treatment.

The term 'constitutional' in the homoeopathic literature is confusing to the young Hahnemannians! The term is a relative one and it changes according to the seemingly indicated homoeopathic remedy; a hypertensive patient is a sum total of psoric-syphilitic, psoric-sycotic or all the three classical Hahnemannian miasms.

There is another very interesting pathology excellently supported by Dr. M. L. Tyler. She says that the so-called acute miasms in the past history of a patient can contribute to the maintenance of the chronic illness in the patient.³ She contends that unless such acute miasmatic blocks are dealt with in the course of the treatment, either with an appropriate nosode or a drug with the indications of the past history of illness in the patient, the patient does not progress on the lines of 'centre to the circumference' in the axiomatic parlance of Hering's law of cure. There is no harm for the classical Hahnemannian physician to bring all the acute miasms under one umbrella called psora. But for the young Hahnemannian Tyler's approach greatly facilitates.

In this author's experience anti-amoebic homoeopathic miasmatic remedies like *Merc. sol.* or *Merc. cor.* greatly help many a chronic hypertensive.⁴ Similarly, the incidence of smallpox or vaccinations in the past history of a patient requires *Thuja* or *Variolinum* according to Burnett.⁵ Tyler emphasises *Thuja* whenever there is an incidence of smallpox in the past history of a patient's illness.

Therefore, both the preventive therapy and the therapy of the hypertensive should be clearly punctuated while preparing the case history of a patient so that the constitutional remedy can be intercepted appropriately

TABLE
CAUSES OF HYPERTENSION

Vascular	Renal	Endocrine	Iatrogenic
Atherosclerosis	Nephritis	Phaeochromocytoma	Irradiation of kidneys
Polyarteritis	Pyelonephritis	Cushing's disease	Steroids
Renal artery stenosis*	Hydronephrosis*	Aldosteronism	Analgesic nephropathy (largely irreversible)
Essential	Polycystic kidneys*	Acromegaly	Diuretics, prolonged use
Coarctation of aorta	Amyloid	Menopause	Oral contraceptives
	Gout	Toxaemia of pregnancy	Monoamine oxidase inhibitors c. cheese, or combined with pressor drugs adrenalin, noradrenalin. + tricyclic drugs 4-8 times
	Wilm's tumour (nephroblastoma)	Diabetes	
		Ovarian dysgenesis	

* Amenable to surgery.

as and when needed with the seemingly indicated nosode or any other remedy whichever may be the case.

In deciding the miasmatic remedy or indicated nosode there is a relevant question very often quoted by the scientific mind in Homoeopathy. Is it necessary to take into account only the severe incidence of pox, with pitting and other deformities in the past history of the patient's illness or even very mild incidence of smallpox can also be taken as an important landmark in the development of the chronic illness? Both the sides of the coin are relevant and the obverse and reverse sides of the coin are to be taken into consideration for the evaluation of the constitutional remedy.

Burnettonian theory of vaccinosis, which is an elaboration of the Hahnemannian classical miasms, greatly helps easy comprehension. For example, a single vaccination given to a patient, which did not 'take' and a single vaccination, which 'took' severely are equally important for evaluation of the miasmatic remedy or nosode.

Regarding diagnosis of the hypertensive the following tests are mandatory:

Urine: Microscopy, culture, urinary ketosteroids.

Blood: Complete picture, ESR, Coomb's test, blood urea, creatinine, cholesterol, lipid profile, serum electrolytes.

Electrocardiography: T wave inversion, S-T deviations, evidence of left ventricular hypertrophy or strain.

Ophthalmoscopy: Retinopathy grades I—IV.

Radiological: Heart, lungs, intravenous pyelogram, E-K-Gitis.

"Many physicians suffer from E-K-Gitis. They forget that a host of conditions, e.g. a high carbohydrate meal, digitalis therapy, potassium deficit, hyperventilation, or even an anxiety state may cause T wave depression or even inversion. They assume too readily that an abnormal Q wave can only represent a myocardial infarction when actually it may be the consequence of a localized area of inflammation, an abscess, a tumour, or a contusion of the heart. Heaven help the patient who has not only an innocent cause of chest pain but a minor electro-cardiographic change which may represent him normal. A slight and persistent elevation of the ST segment is not at all rare in many persons with normal hearts. When such patients consult a physician who is primarily oriented towards the electrocardiogram rather than a meticulous history, a false positive diagnosis of coronary disease is often made. We are all familiar with the tragic consequence of such an error"—Tinsley R. Harrison, *American Journal of the Medical Sciences*, January-February 1975, No. 1, p. 112.

A long three weeks: "In the 1950s Henry (Henry Savage, the poet) fell ill and was admitted to the Royal Marsden Hospital in the Fulham Road suffering from cancer of the lung. With a group of sorrowing friends we went to visit him, bearing champagne. We had quite a party, saddened only by the whispered intimation of the medico that he had but three weeks to live.

"The next day, stimulated possibly by the wine, Henry leapt from his bed, dressed and caught a banana boat from the Pool of London to the Canaries, where he lived in joyful debauch for the next fifteen years"—Rupert Grayson: *Stand Fast, The Holy Ghost*, p. 51, Tom Stacey Ltd. (1973).

Prognostication of hypertensive is very interesting. Usually in primary hypertensive or in a patient of essential hypertension with exudative retinopathies the text-book longevity is maximum five years. But in this author's experience ten to fifteen years longevity is observed with homoeopathic hypotensives. Nearly fifteen years ago Dr. Peter Sleight raised an unanswered problem relevant even today worth a million dollars: "To know why it is that lowering a raised arterial pressure will lead to a substantial improvement in the risks of stroke or renal failure but has no apparent influence on the risk of myocardial infarction."⁶ This author is of the opinion that homoeopathic hypotensives will not only control cerebral and renal crisis but also myocardial infarction.

The appraisal of the psychosomatic approach in the clinical hypertension is essential. Sometimes the conflict in the patient must be brought out to the conscious level of the patient and must be resolved with 'loud-thinking' sittings with the patient, in addition to the constitutional homoeopathic therapy.

It is relevant to mention the elaborate animal experiments conducted before. A male and a female monkey were kept in a cage for sometime. Later the male monkey was isolated and in the cage of the female monkey another male monkey was introduced. The isolated male monkey was kept opposite the male-female monkey cage for sometime. The blood pressure both systolic and diastolic was considerably raised in the isolated monkey.⁷

The stress-raised blood pressure is reversible for sometime but becomes irreversible after certain period even when the congenial environment is restored. The social interaction of mice was manipulated by constructing a 'mouse city', comprising a number of living chambers interconnected with each other and to food chambers by tubes so that there were free movement confrontations between mice. Mice, which were reared in isolation remained normotensive but rapidly became hypertensive when placed in 'mouse city'. If the mice were removed from the system before six months have elapsed, the hypertension remained reversible. After six months it became fixed and was associated with left ventricular hypertrophy and other stigmata of hypertension. The analogies with modern urban society are plain.⁸ Hypertension now threatens premature death and disability to several million people in Britain and to many millions more among those populations throughout the world who have adopted the life styles of western civilization.⁹

Yoga therapy, *asanas*, breathing exercises, relaxation exercises and meditation greatly help the stressful and labile hypertensives to react favourably to homoeopathic therapy in this author's experience. Recently Dr. Lakshmikantan, Professor of Medicine, Madras, published a beautiful paper

on the effect of *yoga* therapy in the hypertensives with allopathic hypotensives.⁹ In a critical review of the literature and a report of a carefully designed study of biofeed back and relaxation techniques it was concluded that there was no substantial change in blood pressure in the patients as a group but that one of the 22 patients showed a dramatic and sustained hypotensive response to the active treatment.¹⁰

The *Practitioner*, a British monthly journal, published a collection of good papers on the subject of hypertension exhaustively in 1971 and in 1979. Various authors contributed excellent articles on different aspects of hypertension worth reading to keep oneself abreast of developments in diagnosis, problems and therapy in hypertension.

This author had the good fortune of working with Dr. Thomson Walker, a consultant cardiologist, in the Royal London Homoeopathic Hospital. He published exhaustive and scholarly papers in *The British Homoeopathic Journal (BHJ)* of 1954 and of 1974 which are worth reading. Drs. A. D. Mac Neill and S. M. Meechie published a good paper in the *BHJ* of 1964. Dr. R.A.F. Jack's publications in the *BHJ* of 1979 is an interesting appraisal of homoeopathic therapy. Dr. Frank Boadman recommends good homoeopathic therapeutics for the elderly hypertensives in the *BHJ* of 1968.

The following cases will give some idea of the management of hypertensives with constitutional homoeopathic treatment. Allopathic colleagues referred some patients who did not respond further to allopathic hypotensives. In such group, the patients stopped completely allopathic treatment for a few weeks and they were given constitutional treatment in Homoeopathy. Later on the patients did take allopathic drugs with marked hypotensive response. In some patients where they became again labile to the treatment, a short homoeopathic treatment proved useful for hypotensive response to the previously used allopathic drugs. This type of homoeopathic treatment is apologetic in the strict homoeopathic sense, but this author had no choice except to help the helpless patients.

(1) Mr. P.G.R. consulted this author for renal failure with no response to the previously helpful hypotensive allopathic drugs. He was advised dialysis as an emergency measure. He was having breathlessness, occipital headache, was easily tired and had no stamina for work. His libido was adversely affected from the previous treatment and had frequent nasal block with no effect of the decongestant nasal drops; had sleeplessness and palpitation at night; chest x-ray and ECG showed left ventricular hypertrophy and strain, IVP normal. Sometimes he complained of linear headaches.

His BP was 280/140mm Hg, blood urea 90, fundascopy grade II retinopathy, serum creatinine 5.5. All the investigations revealed no cognisable aetiology for the hypertension. He was thirstless, hot blooded, mild and adjustable; past history of illness, nothing abnormal. Family history showed hypertension, sudden deaths, renal failure and strokes in both paternal and maternal sides.

All allopathic medicines were stopped. He was placed on buttermilk and rice with no common salt. He was given first for a few months one dose of Pulsatilla 200 to 10M once in 2 weeks. On other days he was given medicated pills of Aconite mother tincture three times a day.

First two weeks showed no change in the blood pressure; later the blood pressure came under control and was maintained at 140/90mm Hg throughout. The blood urea and serum creatinine became normal. He attended to his work with no tiredness. He enjoyed normal sex life. Recently he was checked up thoroughly and his blood pressure was 140/80mm Hg. He stopped treatment but continued *yogasanas*, breathing and relaxation exercises. He took only vegetarian meal and fruits; his salt and fats intakes were restricted. He was given Syphilinum 1M to 50M before closing his treatment. This was because Pulsatilla was also syphilitic drug¹² and Syphilinum appeared in a couple of rubrics of the repertorial analysis of the patient.

(2) Dr. P.D., a septuagenarian with blood pressure 280/120 with anterior myocardial infarction; x-ray normal, blood, urine, stool analysis normal, except high ESR. He was a staunch homoeopath and this author studied Homoeopathy at his feet. He was getting effort anginal attacks and sometimes pain spells in the chest in sleep after heavy meal. His repertorial analysis emerged Nat. mur. He took Nat. mur. 200 to 50M once in a week or two and at other times medicated pills of Nux vom. mother tincture. After treatment for six months his ECG was normal. Syphilinum, Mer. cor. and Tuberculinum were given in between. He is now eighty with no problem.

(3) Dr. R. K. Rao, aged 48 years, consulted this author sixteen years ago for hypertension. Had past history of renal calculus which passed away with homoeopathic treatment. Also had a history of neurosis when his colleague was trapped by ACB. He had dysentery and loose bowels with E.H. cysts. BP 240/130mm Hg., ECG, x-rays, urine and stool analysis normal except left ventricular hypertrophy. Family history showed nothing significant except stroke in the paternal side and hypertension in maternal side.

He was 'desires company type'. Timid, hot blooded, thirstless, sensitive to noise, aversion to fats, desired cold drinks, warm foods and sweets. He was advised vegetarian foods, restricted fat and salt. He was given Lycopodium 200 to 50M with Medorrhinum, Merc. sol. and Ignatia in between with excellent results. Recently after 16 years he died of infective hepatitis, but not due to cardiovascular accident.

(4) A scientist in the ECIL, aged thirty five, consulted this author with 180/120mm Hg. as for the past five years he was having no further effect with allopathic hypotensives. He was six feet tall and weighed 90 kg. Past history of illness showed nothing significant except a severe attack of diphtheria; he had craving for sweets and anticipatory neurosis, was hot blooded, nervous at high places and highly impulsive; he also had occipital headache with spells of vertigo with buzzing in the ears which indicated Arg. nit.

Family history showed sudden deaths in the paternal side and amoebiasis in the maternal side. He was placed on salt free and restricted fat diet. He was asked to stop allopathic drugs. He was prescribed Arg. nit. 1M to 50M with Diphtherinum, Merc. sol., Medorrhinum and Syphilinum in between. After treatment for two years he is having 120/80mm Hg. and is enjoying normal food with restricted fat. He continues the *yogasanas* and relaxation exercises.

(5) Mr. H. S., aged 65 years, consulted this author for asymptomatic hypertension. For five years his BP was 200/120mm Hg. The patient said that he had used allopathic medicines for five years with no effect either for sleeplessness or for the hypertension. All investigations revealed nothing abnormal. Nothing significant was found in the past and the family history. On the guidelines of 'one-sided disease' he was treated by this author with homoeopathic medicines for two years but with no result!

Unlike other system of medicine, Homoeopathy has interesting ways of diet regulation in the management of hypertension. It is three dimensional. It is disease oriented, patient oriented and drug oriented. Although many nosological references are listed in Kent's *Repertory*, blood pressure does not appear as a rubric in it. This is because hypertension is only an objective sign and not a disease.

Some text-books on materia medica like Farrington's and others make useful mention of the therapeutics of hypertension. Dr. Jack mentions of great benefit with the tincture of *Spartium scoparium* along with constitutional medicines;¹² but this author has no experience with it. Boericke mentions, *Crataegus* has solvent power upon crustaceous and calcareous deposits in arteries.¹³ This author is benefited with its use in abnormal lipid profile and high serum cholesterol in the patients. This author's 'Heart Rhymes', a published paper, is a useful guide with good organotrophism in the partially proved remedies.¹⁴ 'Plumbum the drug of choice in K.W. syndrome' appeared in *THE HAHNEMANNIAN GLEANINGS* (1970) and 'Homocopathy in Coronary Heart disease' appeared in the *Transactions of International Homoeopathic Congress*, New Delhi, 1977 are useful papers on the subject by this author.

Angina pectoris on effort and otherwise is another important condition which requires further individualisation in the sensation, location, modality and concomitance. There are good rubrics in the Kents' *Repertory* on the subject. Sometimes in addition to the constitutional treatment some of the partially proved remedies like *Latrodectus mactans* with typical constriction of the chest muscles pain extending to axilla, down the arm and forearm to fingers with numbness of the extremity is of invaluable help. Fox Wesley recommends *Arnica* with left elbow pain, a good pointer in the angina pectoris.

Dr. D. M. Borland recommends *Ars. Ant. t.*, *Carbo veg.* and *Oxalic acid* for acute cardiac emergencies. *Aconite* helped this author pre-eminently in the cardiac emergencies. One has to keep at fingertips the indications of the cardiac remedies to meet the cardiac emergencies in hypertension. This

is what is called specialisation in Homoeopathy. Dr. Pierre Schmidt's article 'Remedies Indicated in Paroxysmal Tachycardia' is a classic, Dr. Rudolph M. Balantine recommends 'Schuessler's salts' in cardiovascular cases. Useful therapeutic hints are available in the articles by Drs. A Sutherland, C. P. Bryant and Mulitani Francisco.

Thomson Walker recommends Eel serum in hypertension with no oedema.¹⁵ This author used it with much benefit both in oedema and without oedema in hypertension, in cardiac arrhythmias. Dr. Frank Boadman, recommends some useful rubrics in the Kent's *Repertory* as equivalent to psychosomatic profiles in hypertension.¹⁶ Dr. Templeton's provings on Rauwolfia, depression is the leading mental symptom. Rauwolfia in 200 potency helped this author where Ignatia failed in the often complained depression in the hypertensives. Glasgow physicians recommend CGP (Crataegus Glonoina and Passiflora) a combined mixture¹⁷ for the temporary reduction of pressure. This author is rewardingly benefited with each remedy on indications. This author never uses combination remedy. This author's paper 'Drug Relationship etc.'¹⁸ shows the undesirability of combination therapy in Homoeopathy.

Memory lapses is an interesting theme in hypertension, cerebral sclerosis and hypertensive encephalopathy. Forgetfulness for the recent events and acute memory for the past events is a good symptom of cerebral sclerosis. Homoeopathy can offer a splendidly useful therapy in such areas. Anacardium and a host of other remedies are very useful. Dr. W. H. Boyd recommends Morgan bowel nosode¹⁹ in hypertension in the patients in whom Sulphur is indicated. This author has rich experience in hypertension with bowel nosodes, but the indications are on the stool culture. In the phraseology of J. H. Clarke, Homoeopathy is the most complete and scientific system of medicine, the world has ever seen²⁰ and hypertension is no exception to its wide use!

REFERENCES

1. Hahnemann, S.: *Organon of Medicine*, 6th ed., 227. Boericke and Tafel (1935).
2. Hahnemann, S.: *Organon of Medicine*, 6th ed. aphorism 207. Boericke and Tafel (1935).
3. Tyler, M. L.: *Homoeopathic Drug Pictures*, 559. London: The Homoeopathic Publishing Co. (1952).
4. Krishna Murty, P. S.: 'The Scope of Miasmology': Congreso Liga Medicorum Homoeopathica Internationalis, Mexico (1980).
5. Tyler, M. L.: *Homoeopathic Drug Pictures*; 821. London: The Homoeopathic Publishing Co. (1952).
6. Sleight, Peter: 'The Diagnosis of Hypertension', *The Practitioner* (1971) 36.
7. Leigh, Denis: 'Psychosomatic Aspects of Essential Hypertension', *The Practitioner* (1971) 28.
8. Hill, O. W.: 'Hypertension: Psychiatric and Psychosomatic Aspects', *The Practitioner* (1979) 188.
9. Stewart, I. Mac. D. G.: 'Hypertension', *The Practitioner* (1979) 163.

10. Hill, O. W.: 'Hypertension Psychiatric and Psychosomatic Aspects', *The Practitioner* (1979) 191.
11. Teste, A.: *The Homoeopathic Materia Medica*, 262 Jain Publishing Co. (1975).
12. Jack, R.A.F.: 'Severe Hypertension Treated with Spartium and the Constitutional Homoeopathic Remedy', *J.A.I.H.* (1979) 39.
13. Boericke, William: *Homoeopathic Materia Medica*, 238 Boericke & Runyon, 9th ed.
14. Krishna Murty, P. S.: 'Heart Rhymes', *THE HAHNEMANNIAN GLEANINGS* (1977) 520.
15. Thomson Walker William: 'The Clinical Management of Hypertension', *BHJ* (1974) 3.
16. Boadman Frank: 'Hypertension in Elderly Subjects', *BHJ* (1968) 210.
17. Thomson Walker William: 'The Clinical Management of Hypertension', *BHJ* (1974) 7.
18. Krishna Murty, P. S.: 'The Utility and Futility of Drug Relationship in Homoeopathy', *JAIH* (1975) 93.
19. Hennesey, A.: 'Hypertension and its Treatment': *BHJ* (1964) 284.
20. Krishna Murty, P. S.: 'Homoeopathy the Most Complete and Scientific System of Medicine the World has Ever Seen; Address to the Indian Medical Association, Amaravati, (14.8.1983).