

Hypertension

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Definition

An intermittent or sustained elevation in systolic blood pressure (above 140 mm Hg) or diastolic blood pressure (above 90 mm Hg) or a systolic and diastolic pressure 20 mm Hg above the individual's baseline pressure.

Introduction

Your blood pressure changes constantly to adjust your circulation to your activities. It increases during exercise and decreases during sleep. However, during rest a normal reading is a systolic blood pressure less than 140 and a diastolic pressure less than 90.

A person is diagnosed as having high blood pressure if the blood pressure stays at 140/90 or more. The doctor usually will not make this diagnosis until you have been checked more than once and your blood pressure is high each time.

Most people are surprised to learn they have **Hypertension** (high blood pressure). **"But I feel just fine!"** they say, and often think that it can't be very serious as long as they don't have symptoms. Unfortunately, that's why high blood pressure is so dangerous--you can have it for years without knowing it, but all the time it is making your heart work hard and raising your chances of heart attack and stroke. For this reason, high blood pressure has earned the title of **"The Silent Killer."**

Every time your heart beats, it pumps out about 5 ounces of blood, less than a cup. But because the blood must travel through about 12,400 miles of blood vessels, the heart pumps with a great deal of force. This produces a high-pressure wave of blood through your arteries. Normally, the arteries are elastic and expand with each heartbeat. When the heart relaxes between beats, the arteries also relax, and the pressure is lower. Blood pressure readings are always given as two numbers, for example, 120 over 82 (written as 120/82). The first number (**systolic blood pressure**) is always higher and measures the pressure during the heartbeat. The lower second number (**diastolic blood pressure**) is the pressure in the arteries while the heart is relaxed.

These two numbers tell much about how hard your heart is working and the condition of your blood vessels. The harder it is for blood to flow through your arteries, the higher both the systolic and the diastolic readings will be.

As part of the normal aging process, the arteries harden and become less elastic. The arteries no longer "cooperate" by expanding when blood pumps through them. This raises the pressure inside the arteries. Your heart is forced to work harder and harder to pump those 5 ounces of blood. Over a long period, the heart enlarges and the blood vessels to the brain and kidneys become damaged. This combination of heart enlargement and damaged blood vessels greatly increases the risk of heart attack, stroke, and kidney failure.

It is not uncommon to see normal systolic blood pressures greater than 150 in patients over age 70. Stressful situations will raise your blood pressure as part of a normal physiologic reaction.

GENERAL GUIDELINES (Adults):

Diastolic pressure	below 85-mmHG	Normal
Diastolic pressure	85-89	High normal
Diastolic pressure	90-104	Mild hypertension
Diastolic pressure	105-114	Moderate hypertension
Diastolic pressure	115+	Severe hypertension

When the diastolic pressure is below 90 mmHG:

Systolic pressure	below 140	Normal
Systolic pressure	140-159	Borderline hypertension
Systolic pressure	160+	Systolic hypertension

Causes & Incidence

About 90% of people with high blood pressure have **essential hypertension**, meaning that the cause is unknown. It can strike anyone, regardless of age, sex, race, economic status, or background. However, known risk factors include a familial history of the disease, race, obesity, tobacco smoking, stress, and a high-fat or high-sodium diet in genetically susceptible individuals. Persons with mild or moderate hypertension may have no symptoms or may experience headaches, especially on rising, ringing in the ears, light heaviness, easy fatigability, and the feeling that their heart is beating wildly.

High blood pressure is often accompanied by anxiety attacks, rapid or irregular heartbeat, profuse sweating, pallor, nausea, and, in some cases, fluid in the lungs. Malignant hypertension, marked by a diastolic pressure higher than 120, severe headaches, blurred vision, and confusion, may result in heart attack or stroke.

Hypertension may be secondary to kidney problems (renal artery stenosis), hyperthyroidism, adrenal gland problems, or heart disease.

Who is At Risk?

Do you think your blood pressure may be high but have not spoken to your doctor about it? Consider the following questions:

Regarding your medical history:

- Have you previously taken medication for high blood pressure but quit?
- Do you have a family history of hypertension or heart disease?

Regarding your lifestyle:

- Do you get little or no regular physical exercise?
- Are you overweight for your height, age, and build?
- Do you smoke or use tobacco?
- Do you eat a lot of salty foods or add a lot of salt to your food?
- Is your diet high in cholesterol and/or saturated fats?
- Do you drink alcoholic beverages?
- Are you stressed or anxious at work and/or at home?

If you can answer **yes** to any of these questions, it is essential that you consult with your doctor. Using the information given here you can prepare yourself for that visit.

Symptoms

Hypertension is generally asymptomatic until complications develop. It is usually discovered on routine examination.

Diagnostic Tests

Elevated pressures on at least two occasions from measurements taken on three separate days are needed to label a person hypertensive. Secondary causes are then ruled out to make a determination of primary hypertension.

Management of Hypertension

If you and your doctor discover that you do have hypertension, your doctor will prescribe you the necessary medication and may ask you to make some changes in your lifestyle. There are some very effective steps that you can follow to take control. It may be difficult at first to make these healthy changes, but soon you will be feeling and looking better and wondering why you did not do it sooner. The following are some factors about your lifestyle that may make you more likely to develop hypertension. Some of them you have the power to change, but there are others you cannot.

1. **Obesity:** People who are obese are 30 percent or more above the ideal weight for their height, age, and build. This is very dangerous for their health. Maintaining your ideal weight can reduce your chance of developing hypertension. You can do this by eating right and getting enough exercise. You may think this is hard, but it does work. Talk to your doctor about a sensible weight-loss program. Sometimes, losing weight can help lower your blood pressure.

2. **Smoking/Tobacco Use:** One of the goals of controlling hypertension with medication is to protect you from the risk of developing heart disease and stroke. Smoking decreases the protective effects of hypertension medications in preventing heart disease and stroke. Therefore, it is extremely important to avoid tobacco use if you have hypertension. If you are already a smoker, there are many programs available to help you quit the habit.
3. **Nutrition:** People who have poor diets or who skip meals frequently may not be getting enough important nutrients, such as calcium, potassium, and magnesium. Proper levels of these minerals are essential for overall health. Excessive alcohol consumption may also raise blood pressure, as may consuming large amounts of fat. Excess intake of salt (also called sodium) causes water retention. The increased water in the body makes blood pressure rise.
4. **Age:** As people age, their chance of developing hypertension tends to increase. Many factors affecting overall health, such as weight, diet, lifestyle, and environmental influences, may contribute to this tendency.
5. **Heredity (Family History):** If your parents or brothers or sisters have hypertension, there is a very good chance that you will develop it too. That is why it is important that your doctor take a family history during your examination. If you do not know whether your family members have hypertension, ask. It is especially a concern if a close family member has severe hypertension or has died from heart disease before the age of 55.
6. **Race and Ethnicity:** Certain ethnic backgrounds have a greater chance of developing hypertension. For example, African Americans may develop hypertension when they are young. If and when hypertension develops, it can also be more severe. As a result, serious consequences related to hypertension, such as stroke and heart disease, can develop more frequently in people of certain ethnic groups.
7. **Gender:** No concise clinical data yet exist to differentiate hypertension in men versus women, especially young and middle-aged women. Birth control pills and pregnancy can occasionally cause hypertension in women, and these should always be considered in hypertensive women.
8. **Stress:** There has been a connection established between stress in the working environment and hypertension. It can only benefit you to try and decrease or eliminate the amount of stress in your life. The role of relaxation treatments as an effective treatment to lower stress-related hypertension has not been proven. If you have any questions, consult your physician.
9. **Exercise:** Studies have shown that regular exercise helps control blood pressure. Lack of exercise is a strong risk factor for heart disease, especially if you have hypertension. You do not have to run a marathon or spend most of the day in the gym to reap the benefits of exercise. Moderate exercise is enough. Just pick something you enjoy--and stick with it.

Frequently Asked Questions

How should I prepare for a physical examination?

Before you see your doctor, it is a good idea to make a list of any questions, symptoms, or concerns that you may have. Also be prepared to discuss your family medical history.

What exactly happens during a physical examination for hypertension?

A physical examination for hypertension may include:

- Two or more blood pressure determinations in three positions: seated, standing, and lying down
- Thorough eye examination to check for signs of retinal disease related to hypertension or diabetes mellitus. Both can cause degenerative changes in the eye
- Examination of the neck with a stethoscope to listen for unusual sounds in the arteries, swollen neck veins, and enlarged thyroid
- Examination of the heart to check for evidence of an enlarged heart, abnormal heart sounds (murmurs), irregular heartbeats, and other signs that indicate possible heart disease
- Examination of the chest to listen for abnormal lung sounds
- Examination of the abdomen
- Examination of the arms and legs for weak or absent pulses and swelling.
- Neurological examination

What laboratory tests are performed?

Some include:

- Complete blood count (CBC)
- Serum chemistry, including potassium, creatinine, and magnesium
- Urine analysis
- Fasting blood sugar
- Fasting lipoprotein profile (low-density lipoprotein [LDL], high-density lipoprotein [HDL], cholesterol, and triglycerides)
- Electrocardiography (ECG)
- Chest radiography.

Your doctor may request more specific tests.

How does my doctor evaluate my progress after I begin therapy?

Your doctor will reexamine you at regular intervals, usually starting within the first month of therapy, and will repeat some or all of the initial tests. He or she will then make any indicated adjustments in your medication.

My blood pressure always measures much higher in the doctor's office than at home. Is my home blood pressure kit defective?

Your home sphygmomanometer (blood-pressure-monitoring device) is probably fine. Some people--and maybe you are one of them--become anxious at the sight of their doctor, especially when the examination is about to begin. This anxiety can cause significant but temporary increases in blood pressure known as "**white coat**" or "**lab coat**" hypertension. Doctors know about this phenomenon and often adjust for it in their very sensitive patients.

What I should do? If I think I am experiencing a side effect from my medication(s)?

There are some common side effects associated with different types of Anti-hypertensive medications. Always ask your doctor about any possible side effects that you think you may be experiencing.

Blood Pressure & Posture

When measuring the blood pressure of elderly or obese patients, make sure they do not slouch or cross their legs -- this will produce a more elevated blood pressure reading. Instead, have patients sit up straight with their legs uncrossed. A false, elevated blood pressure reading might be avoided as a result.

WATER Rule

Remember the following mnemonic when evaluating patients for hypertension:

W: Weight reduction

A: Alcohol use

T: Tobacco use (smoking or chewing)

E: Exercise

R: Restriction of salt.

Homoeopathic Treatment

The following are the most indicated Homoeopathic Medicines, which if prescribed as the law of totality gives very good results:

Plumbum: Hypertension and arterio-sclerosis. It seems to suit rather the pre-sclerotic states than those of actual sclerosis, which latter are naturally unattackable by any drug. It has a cramplike constriction of the peripheral arteries, a wiry pulse, and especially if the symptoms be associated with a chronic nephritis it is all the more indicated. Patient feels the pulse in the fingers. Slight motion causes fainting. Dr. Donner, of Stuttgart, says, "I give Plumbum frequently in arterio- sclerosis in the higher dilutions. I am no friend of high dilutions, but with this remedy I have seen wonderful results follow its use, especially in cases complicated with granular kidneys." He uses the 30th dilution. It suits the anaemic, pale, emaciated patients with extreme weakness.

Baryta Muriatica: Dr. A.L. Blackwood says that wherever there is very high blood pressure Baryta mur. 6x will give relief. This does not apply to cases where the pressure results from diseased kidneys or calcareous blood vessels, but in otherwise apparently normal persons.

Sulphur: King of Hahnemann's antipsorics, Sulphur ought to be reserved for the pretumoral state. It is to be prescribed as constitutional remedy to hypertensives, whose general arterial hypertension is accompanied by an intense portal congestion, which is both arterial and venous. The Sulphur patient who has some congestive troubles, gush of heat in the head arterial hypertension very often goes towards **Lachesis**, at the end, with the same symptoms in these two remedies but in Lachesis with varicocities on the cheeks and nose. Lips are purple and sometimes livid.

Aurum Metallicum: In the proving of this drug all most all symptoms of Hypertension has been observed which is given below for better understanding of this remedy:

A sensation of heat with rush of blood, waves to the head, pressure sensation, heaviness, dullness and sensation of vertigo in the head, rushing and weaving in the head (as if one sat in rushing water), noises, rushing and swishing in the ears with diminution of heating, thereby variable cold and hot sensation: sensation of cold over the entire body, later increased sensation of heat, striking waves in the blood, just as if it boiled in the arteries, facial heat with cold hands and feet; chill at evening and in bed; the leg up to the knee is cold as ice; sensation of numbness in the arms and legs, soon after awakening, more apparent on lying still. The improvement of symptoms by walking in the open air, the general aggravation by cold as well as through mental effort is easily understood on the basis of these vasomotor symptoms. To these are added the cardiac and pulse symptoms: severe palpitation and extraordinary dread, desire for sleep and fatigue in all extremities; at times a single very marked heart beat, oppression of the heart which compels deep breathing which relieves (aur. mur, D 4, Buchner), sensation as though the heart ceased beating 2-3 seconds and then suddenly began with a strong beat; oppression on the chest with feeling of anxiety; irregular heart beat with anxiety and dyspnoea; severely irregular heart; in one prover with aur. Colloid. D 6, immediately after ingestion, slowing of the pulse, which readily became irregular, at times the beat ceased and thereby the blood pressure fell from 112 to 95, a demonstration, which must be tested further. This great unrest and irregularity in the arterial system the older observers had described as arterial erethism and which on the re-introduction of gold therapy led to febrile states with transient chills. It is clear that in homoeopathy gold and its salts are important agents for such reactions in the heart and vascular system, which have their origin in vasomotor disturbances as well as organic factors. Particularly arterial hypertensions, the sclerosis of the coronary and cerebral vessels are important indications.

But also there is a marked influence on the secretion of urine-at first increased, but later even suppressed, which forms an indication for nephrosclerosis. In this respect aurum is, in general, more suitable for the larger arteries and those of the upper part of the body while plumbum involves the arterioles especially of the kidneys (nephrosclerosis).

Arnica Montana: Hypertension of athletes. Used for shock, emotional as well as physical shock.

Staphisagria: Hypertension because of some insult.

Naja T: Related to heart condition. Lassitude, coma, acute dyspnoea. Respiratory paralysis. Paralysis is due to blockage of nerve impulses. Vaso-constriction. Loss of normal balance and muscle control. Stupor and depression. Hypertension and collapse.

Kali-phos: High potency in neurasthenia, hypertension.

Raulwfa: Palliative remedy for high BP.

Eel Serum: Whenever the kidney becomes acutely affected, either from cold or infection or intoxication, and the attack is characterized by OLIGURIA, ANURIA and ALBUMINURIA, we will find the EEL'S SERUM eminently efficacious to re-establish diuresis, and in rapidly arresting albuminuria. When during the course of HEART DISEASE, the kidney, previously working well, should suddenly become affected and its function inhibited; and when besides we observe cardiac irregularities and a marked state of asystolia, we may yet expect good results from this serum. But to determine here the choice of this remedy is not an easy matter. While DIGITALIS presents in its indications, the well-known symptomatic trilogy; ARTERIAL HYPERTENSION, OLIGURIA AND OEDEMA; THE SERUM OF THE EEL seems better adapted to cases of HYPERTENSION AND OLIGURIA, WITHOUT OEDEMA. We should bear in mind that the elective action of the eel's serum is on the kidney, and I believe we can well assert that if DIGITALIS is a cardiac, the EEL'S SERUM is a renal remedy.

Crategus Ox: High blood pressure with arterio-sclerosis. It acts on muscles of the heart by improving the oxygen supply.

Nat Mur: High blood pressure after the ill effects of grief, guilt, disappointment, fright.

Verat Alb: High blood pressure with the history of over use of tobacco.

In **acute cases** Belladonna, Gelsemium, Bryonia and Glonine gives instant results. In **psychosomatic cases** Ignatia, Hyoscyamus, Cocculus Ind and Rhus Tox when indicated gives permanent relief from Hypertension.

Failure with hypertension: Use **Crotalus horridus, Crategus, Natrum Mur & Baryta carbonica**. Constitutional remedies like **Carcinocin, Sulphur, Thuja** clears the way for correct remedy in stub born cases.

Vibronic Remedies

Blood Pressure 1M: It has the properties of Adrenaline, Belladonna, Epiphagus, Glonoine and Iris V.

SEP-5: It has the properties of arteries, arterial tissue, arterioles, capillaries, veins and vein tissues.

WARNING

“ Under no circumstances one should take these medicines by itself ”.

The above given details about the medicines for treatment of Hypertension should be taken under the proper guidance of a qualified & registered Homoeopathic Physician.