

## Review Article

## Exercise, Diet, Homoeopathy- a Healing Triad of Resistant Hypertension

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**Article History****Received:** 18.03.2023**Accepted:** 24.04.2023**Published:** 04.05.2023**Journal homepage:**<https://www.easpublisher.com>**Quick Response Code**

**Abstract:** This article deals with a very old subject that is also a challenge for the medical fraternity and masses. The masses and the medical fraternity go through the hypertensive related health issues in their daily lives. The issue is clubbed as Resistant Hypertension (RH) issues which are troubling the commonest human being to that of the scientific community. While the modern medicine through the existing treatment deals with the problem with chemical medications for the circulatory system, this article focuses on Homoeopathic system of medicine. Homoeopathy is clinically effective, cost effective and has no side effects. As all the homoeopathic medicines go through human clinical trial or are proved on human beings, all medicines have a mental calming aspect during the trials. This shows that there are N numbers of medicines in homoeopathy for the RH issues also. The current piece deals with some of the leading medicines based on the clinical experience of the lead author. Readers are requested to adhere to the protocol discussed here. The reader will get an idea of the problem at global & national level through the eyes of clinical health in the beginning sections before delving in to the Homoeopathic system of the AYUSH platform. Currently, the AYUSH platform has regained its value in the era of the current pandemic. The pandemic has escalated the RH issues further. In the absence of effective therapy in the modern medicine, the article peeps through what homoeopathy can offer to deal with RH issues that are effective clinically, safe and without side effects.

**Keywords:** RH, Homoeopathic Materia Medica, CCB, ARB, Diuretic, Constitutional medicine, Nosode, Bach Flower Remedy, Bowel Nosode, Miasms.

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### BACKGROUND [16, 18]

The current article looks into the aspects of hypertension disorders during the life period out of which RH is one of the main challenges.

The article looks into the brief history of public health programs on hypertension issues in India & the emergence of RH as an issue. It moves on to the

current situation on hypertension in India & the role of Homoeopathy to deal with these disorders therapeutically as a component of Ministry of AYUSH. The article suggests the integration of medical pluralism in cardiac and circulation health through inclusion of Homoeopathy in the gamete of Cardio Vascular (CV) health.

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As each & every drug in Homoeopathy is only proved on human beings, all the drugs have a mental component as it is only human beings who can express their physical & mental symptoms during proving of the drugs as per the guidelines set by the Homoeopathic Research Councils (HRC) of each nation. In India, Central Council for Research in Homoeopathy, an autonomous body under the ministry of AYUSH lays out such guidelines.

The article gains more relevance during the current COVID 19 pandemic which has precipitated the stress levels of population since March 2020 and most of them are more prone to hypertensive disorders during their life stage.

## **INTRODUCTION [1-7, 16-19, 33]**

Globally, the prevalence of Resistant Hypertension (RH) is from 2% to 40%. In India, It is estimated that at least one in four adults in India has hypertension, but, only about 12% of them have their blood pressure under control.

India launched National Programme for Prevention and Control of Cancer, Diabetes, Cardio Vascular diseases and Stroke (NPCDCS) in 2010 and it covered the entire country by 2017.

India has set a target of 25% relative reduction in the prevalence of hypertension by 2025. To achieve this, it is important to fast-track access to treatment services by strengthening interventions such as the India Hypertension Control Initiative (IHCI). IHCI is a multi-partner initiative of the Government of India's Ministry of Health & Family Welfare, Indian Council of Medical Research (ICMR), WHO Country Office for India and Resolve to Save Lives that acts as a technical partner.

Uncontrolled blood pressure is one of the main risk factors for Cardiovascular Diseases (CVDs) such as heart attacks and stroke. Globally these are the most common cause of death and disease. CVDs are also responsible for one-third of total deaths in India. Of the estimated 220 million people in India living with hypertension, only 12% have their blood pressure under control.

The above status in India is in the report on the progress made under IHCI that was released on 9 May 2022 during a meeting organized by ICMR to discuss mainstreaming IHCI strategies under India's National Programme for Prevention and Control of Cancer, Diabetes, Cardio Vascular diseases and Stroke (NPCDCS).

The phenomenal rise of hypertension across the globe is because of an unhealthy life style. As a result, 15-20% of patients suffering from hypertension may develop RH. These RH patients have a 40-50%

increased risk of heart disease, kidney disease, cardiovascular events, renovascular damage, kidney failure and strokes.

In the US, 130/80 mm of Hg blood pressure reading is high and in Europe it is 140/90 mm of Hg. In India, it is 140/90 mm of Hg. From among these hypertensive patients, the RH patients evolve.

Similarly, the Indian Systems of Medicine & Homoeopathy (ISMH) became a department in 1995 across all the states & the centre. Prior to that, the ISMH was operational through directorates at both state & centre level under the department of Health & Family Welfare. The ISMH was renamed as Ayurveda, Yoga, Unani, Siddha, Homoeopathy & Sowa Rigpa (AYUSH) department in 2003. Sowa Rigpa system of therapeutics was added in Central Council of Indian Medicine in 2012. The department was converted to a Ministry in November 2014. Through its network of public and private partners, homoeopathy is addressing the issue of hypertension.

### **About resistant hypertensive disorders [8-12]**

Resistant Hypertension patients require more than or equal to 3 maximally tolerated ant hypertensive drugs, one of which is a diuretic to attain target blood pressure.

RH is defined as blood pressure that remains above 14/90 mm of Hg despite optimal use of three antihypertensive medications of different classes including a diuretic. It is a challenging clinical problem among population despite extensive medical therapy.

RH is also defined as above goal elevated blood pressure in a patient despite the concurrent use of 3 hypertensive drug classes, commonly including a long acting calcium channel blocker, a blocker of the rennin-angiotensin system (angiotensin converting enzyme inhibitor or angiotensin receptor blocker) and a diuretic.

An aggressive blood pressure treatment regimen consists of Angiotensin Converting Enzyme Inhibitor (ACEI) or Angiotensin Receptor Blocker (ARB) along with Calcium Channel Blocker (CCB) and a thiazide diuretic. Patients not responding to maximally tolerated doses of this combination are additionally prescribed beta or alpha adrenergic receptor blockers or alpha/beta blockers.

### **About the diagnosis and category of resistant hypertensive disorders [6, 7, 13, 14]**

RH as a specific subgroup remains understudied. The prevalence and prognosis of RH can be estimated and presumed, neither is known. RH are of different types which are associated phenotypes. The names of these are refractory hypertension, controlled hypertension, masked uncontrolled hypertension.

To diagnose RH, some of the factors are to be ruled out. These are multiple causes including pseudo-resistance that includes inadequate doses or wrong medication, the white collar effect where a patient displays elevated blood pressure only at the clinic and not at home, adherence to therapy and use of an accurate measuring instrument.

There are three main reasons that explains the pathology of RH. The first is physiological insufficiencies like obstructive sleep apnea, renal artery stenosis, hyperaldosteronism and idiopathic cases. Physiological insufficiencies can be addressed by physical or surgical intervention. Hyperaldosteronism occurs due to due to higher levels of aldosterone and clinically it is seen that 25% of RH patients have an inappropriately high levels of plasma aldosterone concentration.

### **Prognosis and care [6, 7, 19, 20]**

RH patients require life style modification. Diabetic and obese RH patients are at high risk. Regular aerobic exercise for at least 150 minutes per week, accompanied by weight reduction and a low sodium diet can control RH. Dietary Approaches to Stop Hypertension (DASH) approaches involve diet low in salt and rich in fruits, vegetables, whole grains, low fat dairy and lean protein are helpful for RH patients.

Psychiatric conditions like stress and anxiety play a role in the complex pathogenesis of RH. Hence meditation and inner engineering methods are helpful. Antihypertensive drugs become ineffective due to uncontrolled stress and anxiety. The prognosis is unknown but the risks are well known.

### **Homoeopathic approach [33]**

As already mentioned above, all Homoeopathic medicine has mental symptoms as the drugs are proved on human beings. Given below are Homoeopathic medicines that are primarily from four sources. These are H.C. Allen's Key notes, Robin Murphy's *Materia Medica*, Phatak's *Materia Medica & Boericke's Materia Medica*. These four text books are used to teach homoeopathic students who become qualified homoeopaths later. The treatment plans for the RH disorders mentioned above are given below.

The issues like RH can be resolved through the Universal Health Coverage (UHC) where the AYUSH systems like homoeopathy can play an active role. An article stresses the inclusion of the traditional systems to achieve UHC in India.

### **Homoeopathic treatment protocol [20-29]**

Here, we have to see that these are cases which were on medications for long and subsequently these cases became resistant to treatment. Each homoeopath should remember that exercise and diet are the main stay of the treatment. A prescription of exercise of 150

minutes per week, the DASH diet as mentioned in the prognosis and care section are a must along with the homoeopathic medicines.

The treatment plan is on the lines of the physiology, pathology and biochemistry of RH patients as mentioned above.

Miasmatically, if the RH patient has physiological issues only, anti Psorics are to be prescribed.

If the RH patient has a heart that has Cardiomegaly, Telangiectasia, Phlebitis, anti Sycotics are to be prescribed.

If the RH patient has conditions like Renal Sclerosis, Vessel Damage, anti Syphilitics are to be prescribed.

### **Specifics**

These cases are resistant to three types of drugs along with a Thiazide diuretic. So the medicines are mentioned accordingly.

The medicines 'Renine' and 'Renum' in potencies are to be given instead of ACEI and ARB blockers.

The medicines 'Calcitonin' and 'Calcarea Hypophosphorosa' are to be given in potencies instead of the CCBs.

The medicines 'Boerrhavia Diffusa' and 'Argemone Mexicana' are to be given as mother tinctures in drop doses along with 'Elatarium' in potencies instead of the Thiazide diuretic.

For White Collar Effect- If the patient is very weak, prescribe 'Camphor' to both the sexes and all age groups. Similarly, prescribe 'Oxalic Acid' in potencies to all adult males and 'Helonias' in potencies to all adult females and 'Calcarea Phos' in potencies to both males and females who are less than 18 years of age.

For Obstructive Sleep Apnea- The medicines 'Chlorum', 'Cuprum Met' in potencies and 'Grindelia R' and 'Laurocerasus' in mother tincture through drop doses should be prescribed.

For Renal Artery Stenosis- 'Sarothamnus Scoparius' in potencies and 'Viscum Album' in mother tincture through drop doses.

For Idiopathic Cases- 'Glonoine' mother tincture in drop doses along with 'Natrum Iod' and 'Zinc Iod' in potencies.

For cases of Hyperaldosteronism- 'Aconitum Lycotomum' and 'Argentum Iod' are to be prescribed in potencies to reduce the inflammation of the adrenal

gland. Along with these two medicines, ‘Scrofularia Nodosa’ in mother tincture drop doses should also be prescribed.

For the adrenal gland, the medicines like ‘Adrenaline’ and ‘Cortisone’ can also be prescribed but only in 6CH and 30CH potencies so that the gland is regulated physiologically and not activated as it happens in high potencies.

For cases of Uncontrolled Stress and Anxiety- medicines like ‘Resorcinum’, ‘Aconitine’, ‘Scopolaminum’, ‘Strychnine’ and ‘Musa Sapientum’ are to be prescribed in potencies.

From among the bowel nosodes, ‘Impatiens’ can be prescribed in potencies who have impatience and ‘Mimulus’ to get rid of the fear component in patients.

**Conventionals**

Here, medicines that act on heart and vessels are to be prescribed so that the chronic effects of the hypertension are addressed.

For action on Heart- It is possible that these cases would have taken the common homoeopathic medicines before they became RH cases. Hence, the treatment plan suggested here is different.

Medicines like ‘Scolopendra’, ‘Cereus Bonplandi’, ‘Prunus Virginiana’ are to be prescribed for heart.

The bowel nosode ‘Dysentery Compound’ can be prescribed in potencies as it is a heart nosode.

For Vessels- for veins- ‘Ferrum Mur’, ‘Eosin’ and ‘Polygonum Punctatum’ are to be prescribed in potencies for arteries, ‘Terminalia Arjuna’ and ‘Viscum Album’ are to be prescribed in mother tincture in drop doses.

**Burden of Disease [30-34, 15]**

**Table 1: Prevalence of Hypertension among adults in India (Source- NFHS 5, 2019-21)**

Gender	Indicator	Percentage in urban India	Percentage in rural India	Total in India
Females (15 years and above)	Mildly Elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg)	13.6	11.9	12.4
Females (15 years and above)	Moderately or severely elevated blood pressure (Systolic more than or equal to 160 mm of Hg and/or Diastolic more than or equal to 100 mm of Hg)	5.2	5.2	5.2
Females (15 years and above)	Elevated blood pressure (Systolic more than or equal to 140 mm of Hg and/or Diastolic more than or equal to 90 mm of Hg) or taking medicine to control blood pressure	23.6	20.2	21.3
Gender	Indicator	Percentage in urban India	Percentage in rural India	Total in India
Males (15 years and above)	Mildly Elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg)	17.1	15.0	15.7
Males (15 years and above)	Moderately or severely elevated blood pressure (Systolic more than or equal to 160 mm of Hg and/or Diastolic more than or equal to 100 mm of Hg)	5.9	5.5	5.7
Males (15 years and above)	Elevated blood pressure (Systolic more than or equal to 140 mm of Hg and/or Diastolic more than or equal to 90 mm of Hg) or taking medicine to control blood pressure	26.6	22.7	24.0

This reflects the magnitude of the problem in the country as well as the steps that the nation needs to take to deal with the crisis. So 21% of females and 24% of males in the age group of 15 years and above currently under medication for hypertension are the target groups to be converted to RH cases. Currently, the Crude Death Rate includes Non Communicable Diseases (NCD) deaths and this trend is catching up as NCDs have the upper hand than the Communicable Diseases (CD) as a result of epidemiological transition.

In India, Homoeopathy is the third preferred system of treatment after Allopathy and Ayurveda. About 10% of the population depends on Homoeopathy for their health issues. As per IHCI report mentioned above, 220 million people live with hypertension in India and only 12% of them have their blood pressure in control. Considering this, the rest 88% are at risk for being RH cases. As mentioned above, the global prevalence rate of RH is 40% maximum. If we consider the IHCI report, out of 220 million, only 12% are not at risk of being RH cases. So  $220 \times 12 / 100 = 26.5$  million

are not at risk. Therefore,  $220-26.5= 193.5$  million hypertensive patients are at risk of RH. Actual number of RH cases from among these patients will be  $40/100*193.5$  million= $77.4$  million as the prevalence rate of RH is 40%.

Homoeopathy is used by 10% of the population in India. So, out of the 1300 million populations, 130 million use Homoeopathy or 130 million use Homoeopathy for their health issues. These 130 million consist of all age groups i.e. infant to old age. The 15+ age group suffers from hypertension as per NFHS 5. Considering that, it is half the population in India (25-65 year age group) or 65 crore or 650 millions. As 130 million use homoeopathy, half of the users will be in 25-65 year age group or 65 million. So if homoeopathy is integrated in to the antihypertensive battle in India, 65 million people can be saved from being RH cases.

As per NFHS 5, 24% males and 21% females take medications for blood pressure control. So taking into account the 10% use, we can infer that currently in India, 2.4% males and 2.1% females take homoeopathic medicines to keep their blood pressure in control.

## CONCLUSION [6]

As all drugs in homoeopathy have a group of mental symptoms, Homoeopathy is and will be effective against RH disorders in general & especially for all psychic related RH disorders. The current article adds another feather in the Homoeopathic cap as it can deal with the probable upcoming of large number of cases of RH disorders in view of high stress levels due to the ongoing COVID 19 crisis. However, it should be also seen that along with constitutional/deep acting/polychrest homoeopathic medicines, specific medicines are also required to deal with the cases. Simultaneously, nutrition, counselling and all psychic health modalities like stress reduction are adhered in each case.

In fact, the detailed case taking of a case & empathetic hearing are the elements of supportive therapy as RH cases are chronic and resistant. The Homoeopathic approach of case-taking/anamnesis exactly fits into the criteria of supportive therapy. Hence, as a part of treatment, the supportive therapy is inherent in Homoeopathic treatment. Green leafy vegetables & nuts are to be added in the diet in order to enable the body to improve organ functions. The vegetarians should be supplemented with Vitamin B12 & Zinc supplements as these are good for CV health & diets of vegetarians lack these nutrients. The primary sources of these two supplements are sea food & non-vegetarian foods.

The Homoeopathic fraternity should be ready to cover the masses as there is no other therapeutic system that can cover the masses effectively while

being economical and cost effective. Simultaneously, it has a wide range of medicines as seen in the contents of the sections mentioned above.

## Declaration of the lead author

Prof. Shankar Das was the Ph.D. guide of the lead author at Tata Institute of Social Sciences, Mumbai. The lead author also certifies that he has expressed his personal opinion based upon his public health and clinical experiences. The treatment approach or the medicines suggested are only suggestive in nature.

## ACKNOWLEDGEMENT

The lead author thanks Dr. Umakant, Dr. Chintamani, Dr. Padmalaya, Dr. Lipi Puspa and Dr. Manjushree for their inputs in the Homoeopathic section and all the other co-authors for their inputs in the Non-Homoeopathic section.

**Financial support and sponsorship:** Nil

**Conflict of interest:** Nil

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**Cite This Article:** Tridibesh Tripathy, Shankar Das, Umakant Prusty, Chintamani Nayak, Lipipuspa Devata, Padmalaya Rath, Sumitra Dhal Samanta, Manjushree Kar, Rakesh Dwivedi, Mohini Gautam (2023). Exercise, Diet, Homoeopathy- a Healing Triad of Resistant Hypertension. *East African Scholars J Med Sci*, 6(5), 147-152.

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