

Short Communication

Medicine is not Competition: Addressing Hypertensive Crisis with Integrative Used of Allopathy and Alternative Medicine

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Abstract: Integrative Medicine is becoming friendlier and patient centered in clinical science. The author of this paper discusses the integrative approach of allopathic medication and the combination of African herbal formulation for cardiovascular Health for hypertensive crisis. The combination of both protocols helped reduced high blood pressure reading of systolic 203 mmHg and Diastolic of 130 mm Hg to 131 mmHg and 86 mmHg respectively within 24 hour of administration.

Keywords: Allopathic drug, Phytomedicine, Hypertensive crisis, Nyarkotey Tea, Hibiscus Sabdariffa, Integrative Approach.

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SHORT COMMUNICATION

Hypertensive urgency (HU), defined as acute severe uncontrolled hypertension without end-organ damage, is a common condition. Notwithstanding its association with long-term morbidity and mortality, guidance regarding immediate management is scant (Campos, C. L. *et al.*, 2018).

Patients with chronic hypertension are more likely to experience AHE, including the possibility of associated end-organ damage (Tulman, D. B. *et al.*, 2012). About 1% of hypertensive patients will experience an episode of AHE, known as hypertensive crisis (Kuppasani, K., & Reddi, A.S. 2010; & Owens, W.B. 2011).

An AHE may also be the initial presentation in patients without a prior diagnosis of hypertension, signaling the new onset of hypertension as co-morbid condition. A hypertensive crisis is defined as an elevation in systolic blood pressure (SBP) >180 mmHg and diastolic blood pressure (DBP) >120 mmHg. It is imperative to distinguish between the two types of hypertensive crises — hypertensive emergency versus urgency.

A hypertensive emergency is an elevation of BP >180/120 mmHg with evidence of end-organ damage to heart, kidneys, eyes, or brain (Chobanian, A. V. 2003; & Kuppasani, K., & Reddi, A.S. 2010). Hypertensive urgency is defined as the same rise in BP, however with no concurrent evidence of end-organ damage (Chobanian, A. V. 2003; & Kuppasani, K., & Reddi, A.S. 2010)

Acute hypertensive episodes, If not recognized and treated immediately, AHE leave the patient at risk for end-organ damage and perioperative complications (Vaughan, C.J., & Delanty, N. 2000).

The author of this paper reports case study of a 33year old young man who was admitted at the Amrahia Health Centre at 10 am GMT with high blood pressure of systolic 203 mmHg and Diastolic of 130 mm Hg. The readings were further monitored every fifteen minutes after the Doctor administered the allopathic drugs. He was discharged to go home at 2 pm GMT. He combined the allopathic drugs (Amlodipine 10mg, Bisoprolol fumarate 10mg and Bendroflumethiazide 2.5mg) prescribed to be taken once daily, 30 minutes after food with an herbal formula called Nyarkotey Tea approved by the FDA in Ghana for Cardiovascular Health and general well-being. The formula with the active ingredient Hibiscus Sabdariffa

with other herbs blend synergistically together in a tea form was administered three times on that day and the following day. The allopathic drug was also taken once daily as prescribed by the Medical Doctor.

He reported to the Health Facility the following day at 2pm GMT. His blood pressure was taken again and it fell to 131 mmHg and 86 mmHg respectively within 24 hour of administration. It is not understood, whether the stand alone allopathic drug or the herbal formula helps reduced the high blood pressure level. But, it is evident that, an integrated approached to his treatment helped further reduced high blood pressure within 24 hours by 72point at the systolic level which is significant and 44 point at the diastolic level.

Body's natural response

It must be first understood that high blood pressure is a logical response of our body's intelligent control system. A reduction of blood flow (due to narrowed blood vessels and/or increased viscosity of blood) will lead to a deficiency of oxygen and energy to the cells and organs. To overcome this, our body elevates the blood pressure to maintain a sufficient supply of oxygen and energy to the cells and organs of the body. Drugs that are used to reduce the blood pressure do not overcome the circumstances that are causing the higher resistance to the flow of blood. On the contrary, they work against the efforts of our body to maintain a sufficient supply of oxygen and energy, in spite of harder circumstances. That's why one feels worse when taking those pills. The pills can't cure high blood pressure. But also comes with "side-effects", namely, dizziness, headache, fatigue, depression, throbbing of the heart, lack of energy, lack of concentration, impotency, frigidity and more (<http://twinhealers.in>).

The integration of allopathic, Complementary Alternative and traditional Medicine use in our modern health settings is something that the Medical Community and policy makers have to discuss in the treatment pathway. The major issue allopathic practitioner faced is the quality of training of Traditional and Alternatives Medicine Practitioners and integration. Also the safety and effectivity concern of CAM modalities is also another area of interest. However, one would also argued that, modern system of medicine today, also started from somewhere to get scientific foundation. Therefore, both practitioners should have open-minded approached to deal with their patients to improve quality of life care.

While there are many medications to lower blood pressure, both conventional and integrative medicine agree that the first line treatment for hypertension should be lifestyle changes. Some changes are straightforward, if you are smoker quitting is

imperative or if you drink more than two alcoholic beverages a day reducing your intake is important.

Hippocrates had written that disease was both pathos (suffering) and ponos (toil), as the body worked to restore normalcy. The reason modern medicine has only concentrated on the toil is because fever, BP, sugar levels are measureable, while suffering is individual and internal. Raising blood pressure is the natural, intelligent, function of the body to cope with circumstances. But what could cause a permanent reset of the regulation system to a higher value of regulate blood pressure as it happens in essential hypertension? Why would the body move away from the best value for blood pressure?

Perhaps the answer can be found in the work of Dr. Hans Selye. Selye postulated that sickness was an adaptive response. For example, a fever that raises the core body temperature by 1 degree Celsius, costs the body an additional 13% energy. Suppressing a fever may save this additional expenditure, but the organism will fail in fighting off infection and may eventually die. However, to conserve this additional burden the body brings about behavioral changes such as huddling, making postural changes and seeking shelter. These are the subjective symptoms which are of little value in allopathic practice.

Selye coined the term syndrome of being sick to describe this stage of coping. This is the closest that one can come to explain the importance Homeopathy places on symptoms and sensations described by the patient. They go beyond the objective signs that laboratory tests will ever reveal. A practitioner of Homeopathy and Bach Flower Therapy is looking for these subjective symptoms to find a remedy. In the example given above, the fever is the objective symptom – the ponos described by Hippocrates. The description of pain, the amelioration caused by postural adjustment, the craving for warm drinks and aversions to cold drafts of air are part of pathos. How can we ever expect to find a remedy without taking pathos and ponos into account together?

From an exercise perspective, moving more is key. The recommended 30 minutes of moderate exercise like walking or biking can make an impact in your blood pressure reading. As we shared in a previous post, recent research even suggested that short intense exercise was helpful.

Nutrition can have a large impact on your blood pressure and heart health. Diets like the Mediterranean diet which is abundant in fish, vegetables, fruit, good fats and whole grains has been proven to be beneficial at lowering your risk of heart disease. It is also recommended to decrease your sodium intake—best done by avoiding processed, canned and frozen foods. Foods like 70% or more dark

chocolate and olive oil can be part of a heart healthy diet.

Managing stress and developing a consistent mind body practice is an essential tool in modulating blood pressure. While there are many medications to lower blood pressure, both conventional and integrative medicine agree that the first line treatment for hypertension should be lifestyle changes. Some changes are straightforward, if you are smoker quitting is imperative or if you drink more than two alcoholic beverages a day reducing your intake is important.

We must recognize the significance of both system of medicine and the role they both played and also understand and recognized that, Medicine is not competition; the patient is the captain of the ship and not the physician. The end result is improving quality of life care and not creating enmity among practitioners of CAM and allopathy. Time for integration!

Conflict of interest

None

REFERENCE

1. An Integrated Approach to Manage Hypertension. To be accessed at <http://twinhealers.in/an-integrated-approach-to-manage-hypertension/>
2. Campos, C. L., Herring, C. T., Ali, A. N., Jones, D. N., Wofford, J. L., Caine, A. L., ... & Oles, K. S. (2018). Pharmacologic treatment of hypertensive urgency in the outpatient setting: a systematic review. *Journal of general internal medicine*, 33(4), 539-550.
3. Chobanian, A. V. (2003). National heart, lung, and blood institute; national high blood pressure education program coordinating committee. Seventh report of the joint national committee on prevention, detection, evaluation, and treatment of high blood pressure. *Hypertension*, 42, 1206-1252.
4. Chobanian, A. V., Bakris, G. L., Black, H. R., Cushman, W. C., Green, L. A., Izzo Jr, J. L., ... & Roccella, E. J. (2003). Seventh report of the joint national committee on prevention, detection, evaluation, and treatment of high blood pressure. *hypertension*, 42(6), 1206-1252.
5. Kuppasani, K., & Reddi, A.S. (2010). Emergency or urgency? Effective management of hypertensive crises. *JAAPA*. 23:44-49
6. Owens, W.B. (2011). Blood pressure control in acute cerebrovascular disease. *J Clin Hypertens (Greenwich)* 13(3), 205-211
7. Tulman, D. B., Stawicki, S. P., Papadimos, T. J., Murphy, C. V., & Bergese, S. D. (2012). Advances in management of acute hypertension: a concise review. *Discovery medicine*, 13(72), 375-383.
8. Vaughan, C.J., & Delanty, N. (2000). Hypertensive emergencies. *Lancet*. Jul 29; 356(9227):411-7.