

“A CLINICAL STUDY OF ANTIMIASMATIC TREATMENT ON PATIENTS WITH ESSENTIAL HYPERTENSION IN THE AGE GROUP 40 -60 YEARS.”

RUNNING TITLE- HYPERTENSION WITH HOMOEOPATHY

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ABSTRACT

BACKGROUND: According to the WHO, hypertension is the most common health issue facing today's growing population. The prevalence of essential hypertension ranges from 85 to 95 percent, while that of secondary hypertension is around 5%. Homoeopathy, however, is used as a substitute in these cases (i.e., HTN), and it produces effective treatment results. Despite the morbidity and mortality linked to retinopathy, neuropathy, and nephropathy, cardiovascular infection remains the main cause of death. Lifestyle disorders are ice-berg diseases that are spreading over the globe at an exponential rate. It is now also the alarming illness of younger age, while once being viewed of as a disease of middle age and older. The illness that threatens the nation's entire development and, in consequence, the quality of life. Treatment for these lifestyle disorders is often very expensive nowadays. When compared to other forms of healthcare, homoeopathy is a holistic form of therapy that is highly conservative and reasonably priced.

METHOD: This is a non-randomized, single-blind clinical trial on Essential Hypertension in adults aged 40 to 60 from the outpatient clinic at Bharati Vidyapeeth Deemed University Homoeopathic College and Research Centre, Katraj, Pune. A total of 32 patients with pre-existing and newly diagnosed hypertension cases are enrolled; 30 patients (female and male) remain in the study till its conclusion, while 2 participants withdraw from it. Blood pressure measurements are evaluated for the study, and the treatment is suggested after a thorough case analysis. To compute, the Paired T test was employed to assess the data collected.

RESULT: The ultimate result of the outpatient treatment was a decrease in blood pressure after 10–12 weeks. The results from the pre- and post-test were analysed using the Student paired "t" test. Both before and after treatment, the blood pressure levels of hypertensive patients were much lower, and the patients also experienced symptom relief. 30 patients are assessed over the course of the trial, and the case is handled to change the patient's lifestyle (exercise, nutrition) in order to stop the complaints from getting worse.

KEYWORDS: Homoeopathy, Blood Pressure, Hypertension, Antimiasmatic Treatment

INTRODUCTION:

All definitions of hypertension, including those released by the World Health Organisation (WHO)/International Society of Hypertension (ISH) and the Joint National Committee (JNC) in prevention, detection, evaluation, and treatment of high blood pressure (JNC-8) are arbitrary. Currently, hypertension is defined as SBP of 140 mm Hg or above and/or DBP of 90 mm Hg or greater at any level of BP in patients using antihypertensive drugs in individuals 18 years of age and older who are not severely unwell. [3]

Hypertension having two major types

1. Primary or essential hypertension

2. Secondary hypertension

Normal range- Systolic- 100-130 mmHg Diastolic-60-80mmHg.

ESSENTIAL HYPERTENSION: The type of hypertension that, by definition, has no known aetiology is called essential hypertension, also known as primary hypertension or idiopathic hypertension. 80–95 percent of hypertensive patients have this form of hypertension, making it the most prevalent. It is frequently family and most likely results from the interplay of genetic and environmental factors.[1]

SECONDARY HYPERTENSION : An underlying

condition that specifically contributes to the increase of blood pressure can be found in the remaining 5-20% of hypertensive individuals. Often, a specific reason for the

blood pressure spike is more obvious in those with secondary hypertension. [1]

Bloodpressureclassification	Systolic,mmHg	Diastolic,mmHg
Bloodpressure		
Optimal	<120	<80
Normal	<130	85
Highnormal	130-139	85-89
Hypertension		
Grade 1(mild)	140-159	90-99
Grade2(moderate)	160-179	100-109
Grade3(severe)	≥180	>110
Isolatedsystolichypertension		
Grade1	140-159	<90
Grade2	≥160	<90[2]

AETIOLOGY

Causes/Riskfactorsof EssentialHypertension

1. Non-modifiablefactors
 - Age
 - Positivefamilyhistory(40-60%)
2. Modifiablefactors
 - Psychologicalstress
 - Obesity,(38%)
 - Increaseintakeofsaturatedfat
 - Lowlevelofphysicalactivity
 - Highsaltintake(30%)
 - Smoking(31%)
 - Alcoholconsumption(30%)

[6]

ANTIMIASMATIC TREATMENT

Antimiasmatic treatment is the medical care used to eradicate the miasm. It first appeared in Chronic Diseases by Samuel Hahnemann and the fourth edition of the Organon of Medicine. The anti-miasmatic medication treats the person's essence to address the presenting symptoms from their source and reduce susceptibility to infection, which strengthens the person's constitution.

[7]

According to aphorism number five, "useful to the

physician in assisting him to cure are the particulars of the most probable exciting cause of the acute disease, as well as the most significant points in the entire history of the chronic disease, to enable him to discover its fundamental cause, which is typically due to a chronic miasm. These investigations must take into account the patient's ascertainable physical constitution (especially when the disease is chronic), moral and intellectual character, occupation, way of life, and habits, as well as his age, sexual function, and other factors.[11]

MATERIALS AND METHODS

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(a) THEORETICAL STUDY-

Theoretical research on this topic will be done using the 6th edition of the Organon of Medicine, Stuart Close's The Genius of Homoeopathy, James Tyler Kent's lectures on homoeopathic philosophy, ML Dhawale's Principle and Practise of Homoeopathy, journals, Google scholar, Pub Med, reliable websites, previous homoeopathic research related to my topic, and the Homoeopathic materia medica.

(B) CLINICAL STUDY- 30 cases of Essential Hypertension, covering both sexes and patients between the ages of 40 and 60, will be investigated.

(C) CASE DEFINITION-Patients with pre-existing and newly-diagnosed hypertension will be evaluated, and a course of treatment will be provided.

STUDY DESIGN-
ALLOCATION: Non – randomised
END POINT : Effectiveness
MASKING: Single blinding
MODE OF INTERVENTION: Oral route

Philosophy as per the instruction given by Dr. Samuel Hahnemann's 5th edition of Organon of medicine

- (a) **SAMPLING PROCEDURE** – Sample size will be minimum 30 cases. Case as per case definition will be selected from O.P.D & I.P.D of Bharati Vidyapeeth Medical foundation Homoeopathic Hospital, peripheral O.P.D and various rural and urban camps series.
- (b) **SELECTION OF REMEDY** – The remedy will be selected after detailed case taking and will be prescribed based on antimiasmatic approach and reference will be taken from various homoeopathic literature wherever its need.
- (c) **DOSE AND STRENGTH OF THE DOSE** – Drug will be administered in various potencies (30, 200, 1M, 10M, 50M, C M) on the basis of law of Homoeopathic

- (d) **DRUG ADMINISTRATION** – This will be done through oral route only. Dose will be given powder (lactose), or globules as per need of the patient as per requirement.
- (e) **DRUG DISPENSING** – Will be done in globules, powder, liquid form because medicines touch more in liquid form. (Ref. Aph. No. 272)
- (f) **STORAGE:-** Storage of drug will be done in Bharati Vidyapeeth Homoeopathic Hospital Pharmacy as per rules of Homoeopathic Pharmacopoeia of India (HPI) . Liquid will be stored in amber coloured glass bottle, & kept dark place, away from sunlight. Freshly prepared powder (lactose) dose will be used for dispensing purpose.

Data Analysis and Interpretation
Demographic characteristics of patients

Table 1: Distribution of patients according to age

Age Group	No of patients	Percentage
40-45	10	33.3
45-50	10	33.3
50-55	8	26.7
55-60	2	6.7

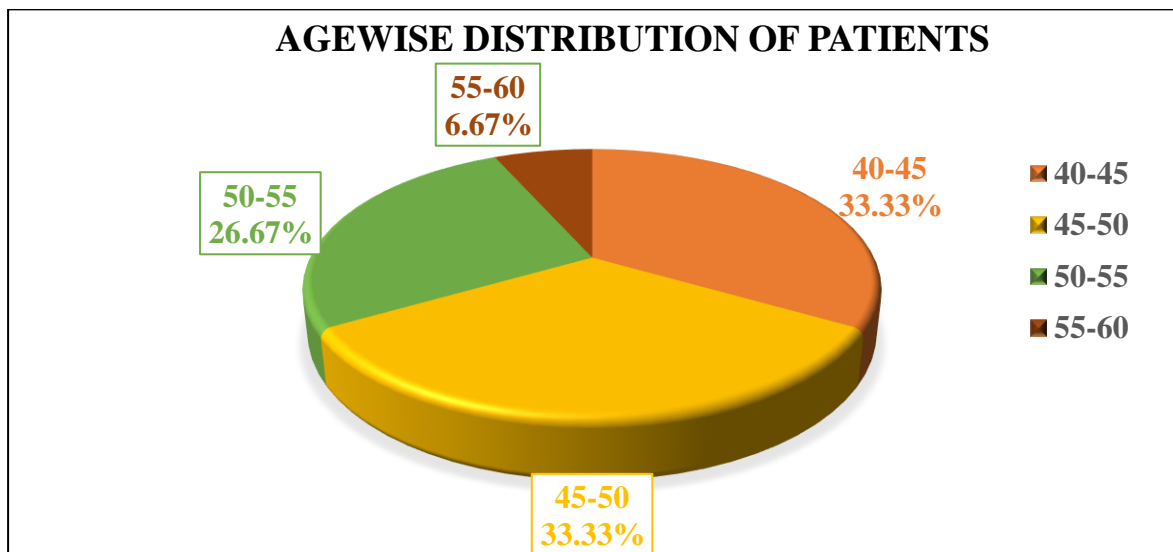


Figure 1: Pie diagram representing Age-wise distribution of patients

Above table 1 and diagram (figure 1) show that 33.3% of the patients had an age between 45-50 years, 33.3% had an age between 40-45 years, 26.6% of the patients had

an age between 50-55 years and 6.6% patients had an age between 55-60 years in the study.

Table 2: Distribution of patients according to Blood Pressure Category for Systolic Blood Pressure.

Blood Pressure Category	Systolic Blood Pressure Before Treatment		Systolic Blood Pressure After Treatment	
	No. of patients	Percentage	No. of patients	Percentage
Normal	0	0.0	2.0	6.7
Pre-Hypertension	1	3.3	12.0	40.0
Stage 1 Hypertension	12	40.0	16.0	53.3
Stage 2 Hypertension	17	56.7	0.0	0.0
Total	30	100.0	30.0	100.0

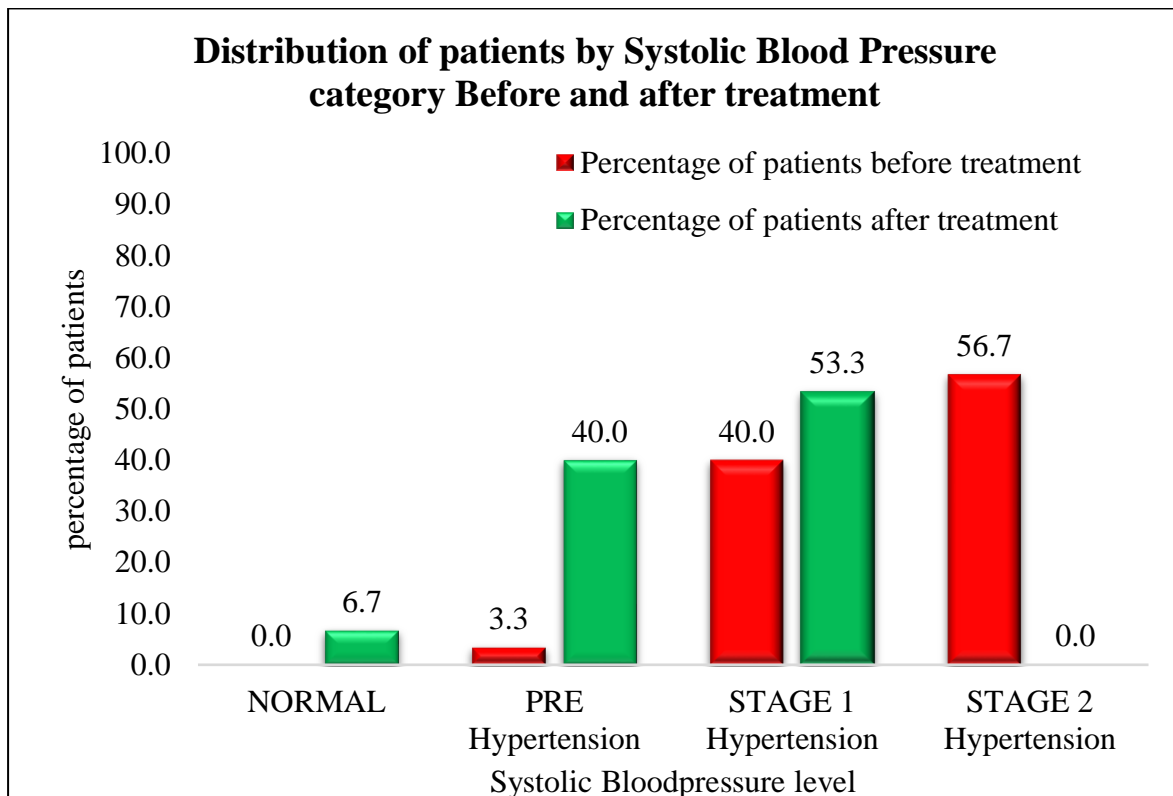


Figure 10: Distribution of patients by Systolic Blood Pressure Category Before and after treatment for hypertension.

Table 10 and Fig 10 show the distribution of patients by Systolic Blood Pressure Category Before and after the treatment for hypertension. Before treatment, almost 56.7 % of patients had Stage 2 hypertension,40% had Stage 1 hypertension and 3.3% of patients had Prehypertension Systolic Blood Pressure.

After the treatment, almost 0 % of patients had Stage 2 hypertension,53.3% had Stage 1 hypertension and 40% of patients had Prehypertension Systolic Blood Pressure, whereas 6.7% of patients had normal Systolic Blood pressure.

Table 3: Distribution of patients according to Blood Pressure Category for Diastolic Blood Pressure.

Blood Pressure Category	Diastolic Blood Pressure Before Treatment		Diastolic Blood Pressure after treatment	
	No. of patients	Percentage	No. of patients	Percentage
Normal	1	3.3	5	16.7
Pre-hypertension	0	0.0	17	56.7
Stage 1 hypertension	15	50.0	8	26.7
Stage 2 hypertension	14	46.7	0	0.0
Total	30	100.0	30.0	100.0

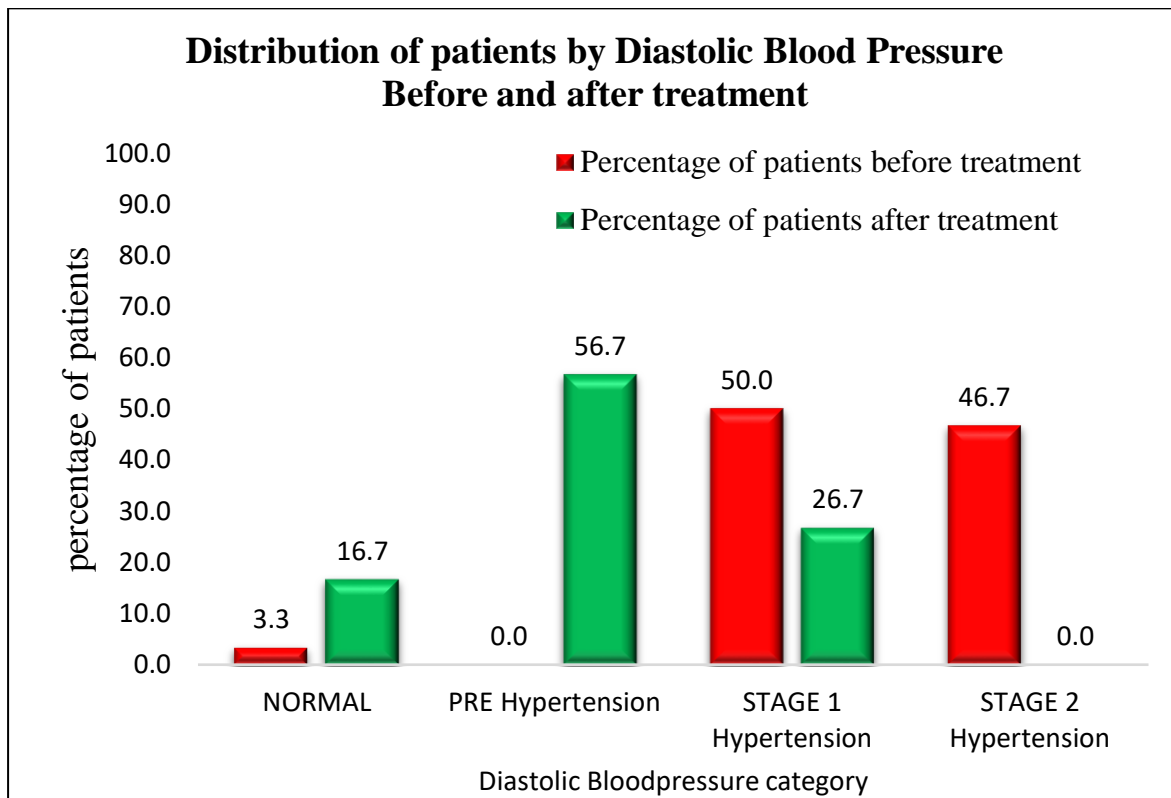


Figure 11: Distribution of patients by Diastolic Blood Pressure Category Before and after treatment for hypertension.

Table 11 and Fig 11 show the distribution of patients by Diastolic Blood Pressure Category Before and after treatment for hypertension. Before treatment, almost 46.7 % of patients had Stage 2 hypertension, 50% had Stage 1 hypertension and 3.3% of patients had normal Diastolic Blood Pressure.

After the treatment, almost 0% of patients had Stage 2 hypertension, 26.7% had Stage 1 hypertension and 56.7% of patients had Prehypertension Diastolic Blood Pressure, whereas 16.7% of patients had normal Diastolic Blood pressure.

HYPOTHESIS TESTED:

H₀: Antimiasmatic treatment has no effect in treating patients of essential hypertension in the age group 40-60 years. Vs

H₁: Antimiasmatic treatment has an effect in treating patients of essential hypertension in the age group 40-60 years.

DISCUSSION

Hypertension is one of the most common lifestyle diseases which have a worldwide prevalence. Among this essential Hypertension has prevalence rate of 95% and if not treated on time it may lead to complication and increase mortality rate. The present study was primarily aimed to investigate the effectiveness of antimiasmatic treatment in the management of cases of

essential hypertension between age group 40-60 years of age. Since it is a single arm study, only one group was involved in the study without any control group. In this study 32 cases (male & female) of essential Hypertension with age group 40-60 years were selected, 2 patients dropped out from this study after 1 or 2 follow ups while 30 patients completed the study. They were subjected for 10-12 weeks of treatment with homoeopathic medicine after proper case taking. They were prescribed antimiasmatic medicine and the change in blood pressure levels before and after treatment were evaluated, which showed a positive effect on the hypertension status of the patients in the study sample. This effect was demonstrated by the results of the statistical analysis (systolic and diastolic levels of blood pressure) using student paired test, which manifest that the pre treatment and post treatment levels of blood pressure are indeed different. It proves that antimiasmatic approach has scope in treatment of hypertension.

Age wise distribution: 33.3% of the patients had age between 40-45 years, 33.3% had an age between 45-50 years, 26.6% of the patients had an age between 50-55 years and 6.6% patients had an age between 55-60 years in the study. The data suggests that more risk for developing essential hypertension is between 40-50 years age group.

Sex wise distribution – sex wise distribution was also calculated in percentage, out of 30 cases 15 are male and

15 are female, according to the study both male and female are equally prone to get essential Hypertension.

Out of 30 cases the result shows 5 marked improvement, 17 cases with mild improvement and 18 moderately improved cases and nil individuals whose blood pressure values are not improved.

Post treatment outcome

Improvement

Marked

Moderate

Mild

No Improvement

Worse

Dropped out

CONCLUSION:

The silent killer is high blood pressure. The heart, brain, kidneys, and other organs are all negatively affected by prolonged and sustained high blood pressure. We can avoid problems and deaths brought on by hypertension by diagnosing the condition and providing the appropriate care. The widespread and prevalent lifestyle condition known as hypertension has a significant negative influence on adult and elderly individuals. Thirty patients finished the research study. The outcome shows that in people with essential hypertension, blood pressure decreased. 30 patients were selected for the study. The study started by assessing the blood pressure values. Prior to the initial prescription of the cases, all patients were made to check their blood sugar values, urea, creatinine, Hb and ECG. All 30 patients had normal results without any secondary complication. The 30 patients were selected who has only essential hypertension and no other complication. After detailed case study by taking the totality, antimiasmatic treatment was prescribed. Where 5 cases showed marked improvement. 17 cases showed mild improvement and 18 with moderate improvement and nil cases with no improvement.

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This shows a significant improvement in cases of essential hypertension where medicines were prescribed by taking totality and giving importance to antimiasmatic treatment.

Assessment criteria for blood pressure measurement

Criteria

When the reduction of blood pressure level is more than 10-20mmHg.

When the patient blood pressure level reduction is more than 6-10 mmHg.

When the patient blood pressure level reduction is less than 4-6 mmHg.

No change in blood pressure even after treatment for more than 1 year.

When the condition of the patient deteriorated in all aspect even after treatment.

When the patient did not report back for any follow up & does not fulfill the requirements of the project, does not want to keep the patient under study on valid reasons.

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