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A study to assess the effectiveness of constitutional remedies vs *Lycopus virginicus* mother tincture in case of essential hypertension

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Abstract

Essential hypertension is the term applied to the 95% of hypertensive patients, tends to be familial and is likely to be the consequence of an interaction between environmental and genetic factors. The prevalence of essential hypertension increases with age, and individuals with relatively high blood pressures at younger ages are at increased risk for the subsequent development of hypertension. This study is to know the efficiency of homeopathic medicines in the cases of essential hypertension, and also to make a comparative study with *Lycopus virginicus* mother tincture Vs constitutional treatment.

Keywords: Homoeopathy, hypertension, constitutional remedies, *Lycopus virginicus*

Introduction

'Essential hypertension' is high blood pressure for which there is no clearly defined aetiology. From a practical perspective, it is best defined as that level of blood pressure at which treatment to lower blood pressure results in significant clinical benefit a level which will vary from patient to patient depending on their absolute cardiovascular risk^[1].

Essential hypertension is the term applied to the 95% of hypertensive patients in which elevated blood pressure results from complex interactions between multiple genetic and environmental factors. The proportion regarded as "essential" will diminish with improved detection of clearly defined secondary causes and with better understanding of pathophysiology, it is uncommon before age 20 years^[2].

Lycopus virginicus a heart remedy, Indicated in diseases with tumultuous action of the heart and more or less pain. Hemoptysis due to valvular heart disease. Lower the blood pressure reduces the rate of the heart and increases the length of systole to a great degree. Passive hemorrhages. Rapid heart action of smokers. Precordial pain; constriction, tenderness, pulse, weak, irregular, intermittent, tremulous, rapid. Cyanosis. Heart's action tumultuous and forcible. Palpitation from nervous irritation, with oppression around heart. Rheumatoid, flying pains, associated with heart disease. Cardiac asthma^[3].

Classification of blood pressure

Normally there is a gradual rise of blood pressure as age advances. In elderly persons with a normal heart, there is disproportionately greater increase in systolic blood pressure compared to diastolic blood pressure since the blood vessels lose their elasticity due to aging process. Out of the two levels it is diastolic levels which are important and significant as the harmful effects of the pressure levels are concerned. Depending on blood pressure levels, Hypertension has been graded as follows:

Normotensive

Systolic below 140 mmHg diastolic below 90mmHg.

Borderline

Systolic 140-160 mmHg diastolic 90-95.

Hypertension

Systolic above 160 mmHg and/or diastolic above 95mmHg^[4].

Objective

To study the causes of Essential Hypertension, to assess the efficacy of *Lycopus Virginicus* mother tincture in Essential Hypertension and to assess the efficacy of Constitutional Homoeopathic Medicine Vs *Lycopus Virginicus* in the treatment of Essential Hypertension

Table 1: Classification of blood pressure for adults aged above 18 years or older*

category	JNC VI		JNC VII		Clinical staging
	Systolic (mm of Hg)		Diastolic (mm of Hg)		
Optimal	<120	And	<80		Normal
Normal	120 to 129	Or	80 to 84		prehypertension
High normal	130 to 139	Or	85 to 89		
Hypertension**	140	Or	90		Hypertension
Stage1	140to159	Or	90to99		Stage 1
Stage 2	60 to 179	Or	100 to 109		Stage 2
Stage3	180	Or	110		

* When SBP and DBP fall into different categories, the higher category should be selected to classify the individual's blood pressure status. For example, 160 to 192 mm Hg should be classified as Stage 2 hypertension, and 174/120 mm Hg should be classified as Stage 3 hypertension.

** Based on the average of two or more readings taken at each of two or more visits after an initial screening. JNC = Joint national committee; SBP = Systolic blood pressure; DBP = Diastolic blood pressure [5].

Materials and Methods

Source of data

Patients will be collected from the In-patient and Out-patient Departments, Peripheral Centres, Rural Health Camps and Medical Camps conducted by Vinayaka Missions Homoeopathic Medical College Hospital.

Method of collection of data

Inclusion criteria

Age group 25 to 70 of both sexes.

Diagnostic criteria mainly on clinical parameter i.e., systolic BP >140 mm of Hg & diastolic > 90 mm of Hg along with to rule out secondary hypertension by ECG, Urine routine & Renal function test are done.

In some chronic hypertensive cases additional investigations (including ECG, Urine routine & Renal function test) will be done to rule out Secondary hypertension.

Exclusion criteria fixed for the study

The sample of both sexes below 20years of age and above 70 years of age.

Cases of Secondary hypertension.

Cases with major complications and end organs involvement.

Methodology of selecting patients in groups

Patients will be selected on the basis of inclusion and exclusion criteria. Patients will be categorised in to two groups, Group I will be receiving only constitutional treatment, Group II will receiving only *Lycopus virginicus* Q, The duration of the study is pooling of the cases in first six months, followed by treatment period for the next 1 year observation period for last 6 months for assessing the prognosis.

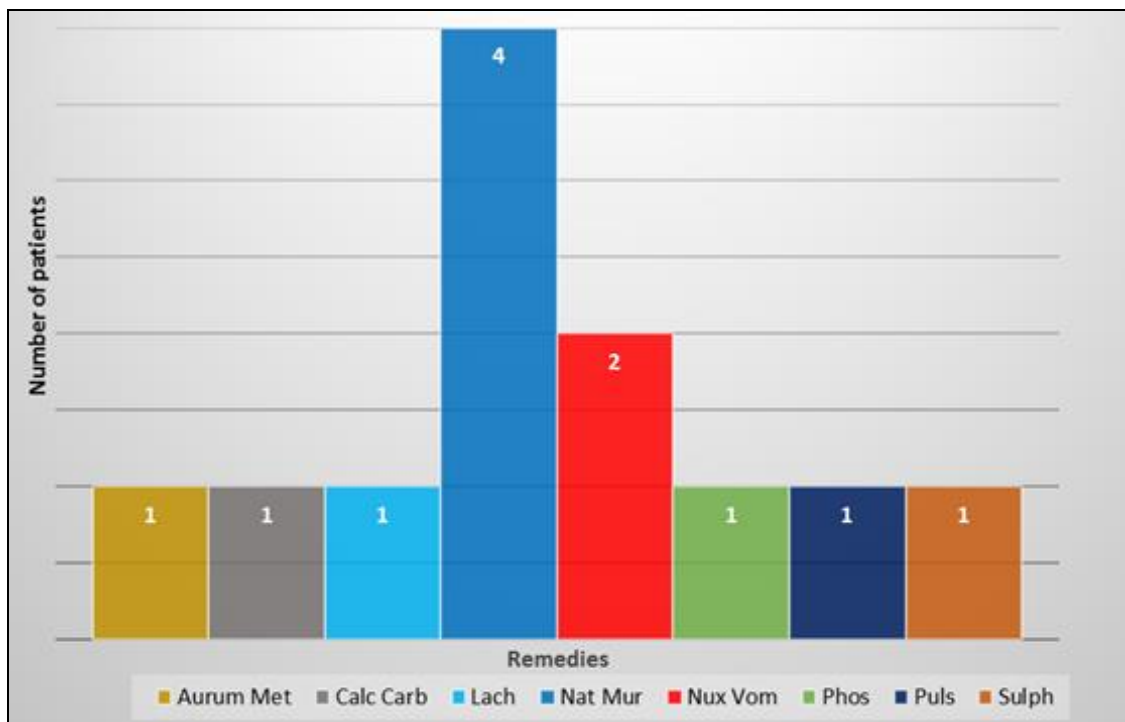


Fig 1: Distribution of cases according to remedies selection in patients in group i

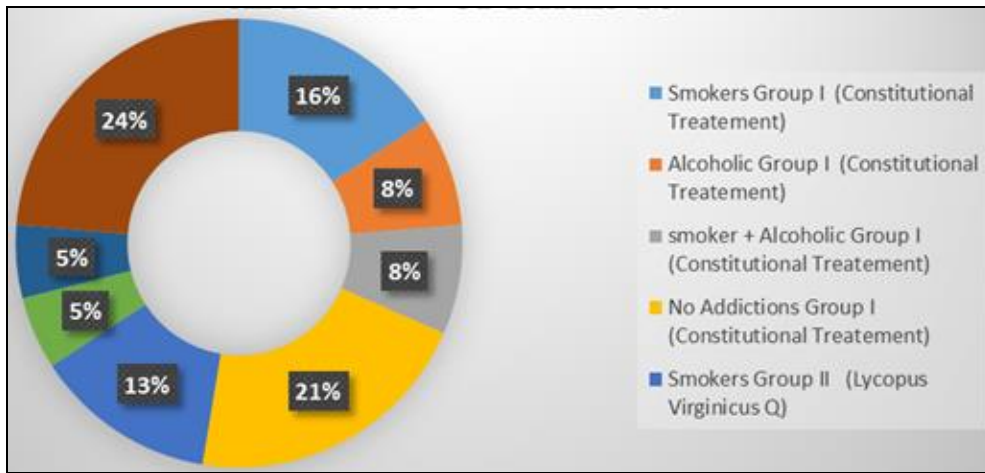


Fig 2: Distribution of cases according to addiction of patients

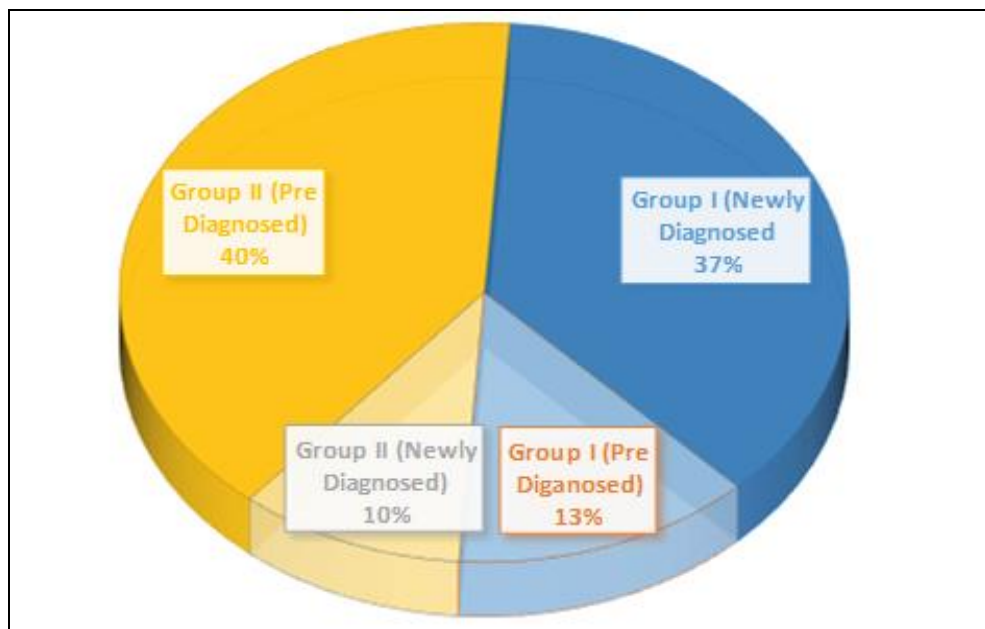


Fig 3: Distribution of cases according to newly diagnosed vs pre diagnosed essential hypertension in patients

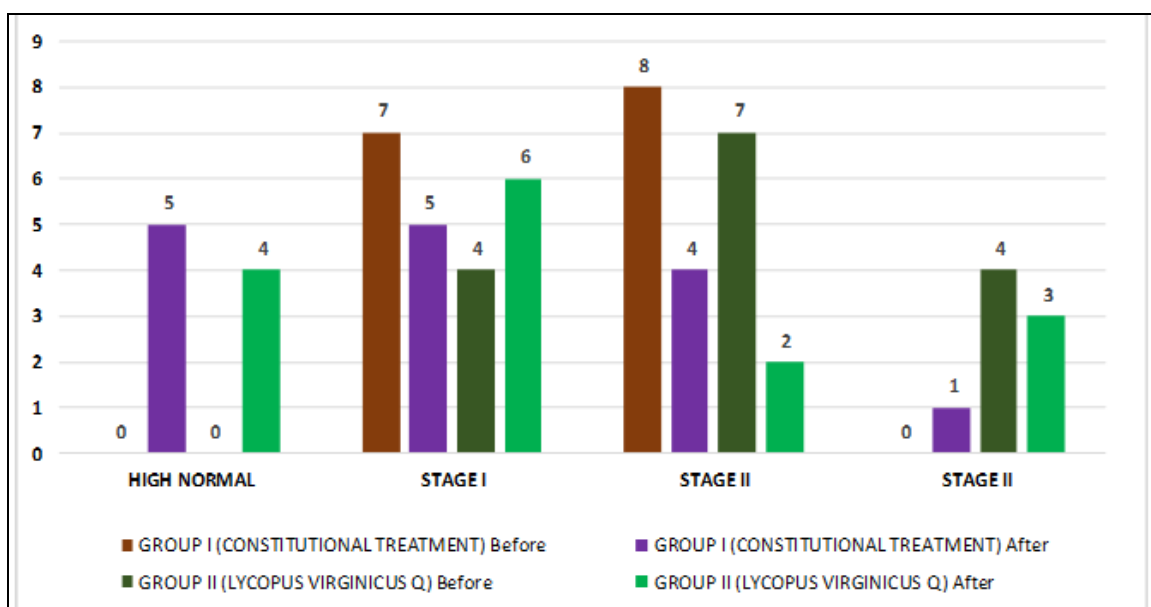


Fig 4: Distribution of cases according to systolic blood pressure (JNC7)

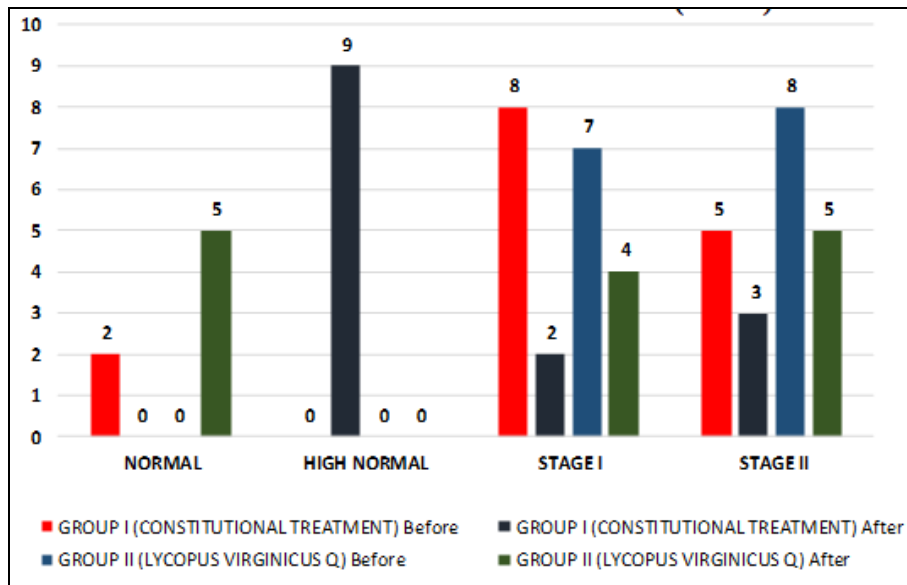


Fig 5: Distribution of cases according to diastolic blood pressure (JNC7)

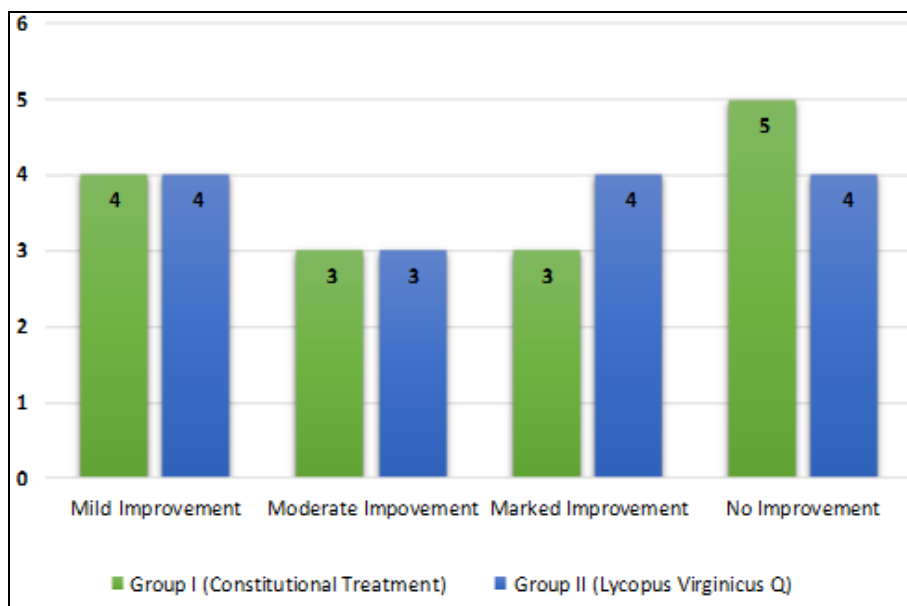


Fig 6: Distribution of cases according to treatment results

Summary and Conclusion

Thirty clinically diagnosed cases of Essential Hypertension were taken into consideration for the study. The patients were between the age group of 25 - 70 years. Patients of both sexes were treated. A detailed case history with the proper clinical examination was done in all the patients. Patients will be selected on the basis of inclusion and exclusion criteria. Patients will be categorised in to two groups, Group I will be receiving only Constitutional treatment, Group II will be receiving only Lycopus virginicus Q.

- The commonly affected age group according in this study were 55 – 64 (33%) and 35 – 44 (23%) years.
- In this study Group I (Constitution treatment) Male patients are 07(47%) and Female patients are 08 (53%), group II (Lycopus virginicus Q) Male patients are 08(53%) and Female patients are 07 (47%). In this study both Male and Female are equally affected.
- In this study most of the affected are House wife each group has 05 patients each (33% of total population), followed by Weavers 03 patients in each group (20% of

total population).

- Group I (Constitution treatment) systolic blood pressure before treatment in stage I (07) patients, after treatment high normal (05) patients, stage I (05)
- Group II (Lycopus virginicus Q) in systolic blood pressure stage II (07) patients, after treatment high normal (04) patients, stage I (06) patients
- Group I (Constitution treatment) in diastolic blood in stage I (08) patients, after treatment high normal (09) patients.
- Group II (Lycopus virginicus Q) in diastolic blood pressure before treatment in stage I (07) patients, after treatment normal (05) patients, stage I (04) patients, stage II (05).
- According to literature in this study there are 14 newly diagnosed Patients of Essential Hypertension (40%) and 16 were Pre diagnosed Patients of Essential Hypertension (60%) which is evident.
- Psoro syphilitic miasm is playing both in fundamental as well dominant miasm role in the occurrence of Essential Hypertension in this study.

- In this study the most commonly used remedies were Nat Mur in 4 cases Ars alb in 3 cases and Nux vom in 2 cases it covers almost 9 patients in the Group I (Constitutional Treatment).
 - The intercurrent medicines which were used in the treatment were, Medorrhinum, syphilinum, tuberculinum
 - Group II (Lycopus Virginicus Q) patients, all received by Lycopus Virginicus Q.
 - Most of the patients were Mild Improved (26%), Marked Improved were (23%), and Moderate Improvement (20%), No Improvement is seen in 9 patients (33%) no completely Cured cases were there in this study.
 - Group I (Constitution treatment) result has shown that less number of patients 05 were under No Improvement which is (37%) while Moderate Improvement was seen in (20%) of patients 03 and Mild improvement is seen in 04 patients which is (27%). Marked Improvement was seen in 20% of patients (03) and there are no completely cured patients in this group.
 - Group II (Lycopus Virginicus Q) result has shown that less number of patients 04 were under No Improvement which is (27%) while Marked Improvement was seen in (27%) of patients 04 and Mild improvement is seen in 04 patients which is (27%). Moderate Improvement was seen in (20%) of patients 03 and there are no completely cured patients in this group.
 - Comparison of two groups is done by ANOVA, comparison of Systolic blood pressure the table value is 4.2 and calculated value is 2.3203. Diastolic blood pressure the table value is 4.2 and calculated value is 0.174.
 - With this statistical analysis both treatments are effective in treating Essential Hypertension and there is no marked difference in both treatments.
8. Indu Khurana. Medical Physiology for Undergraduate Students, Cardiovascular System, Elsevier. 2012; 1:242
 9. Channdi Chand Charterjee. Cardio Vascular System, Human Physiology, Medical Allied Agency Calcutta. 2002; 1:301-313.
 10. Rhodney A, Rhoades David R, Bell Robert V. Considine Medical Physiology Principles for Clinical Medicine, Cardiovascular Physiology, Systemic Circulation Lippincott Williams & Wilkins, a Wolters Kluwer business. 2013; 4:267-269.

References

1. Bryan Williams. Cardiovascular Medicine, Hyperension, Essential Hypertension, Warrell David A., Cox Timothy M., Firh John D., Benz Edward J., (2003), Copyright © 2019, Oxford University Press, (cited 14 October 2019), Available from: <https://oxfordmedicine.com/view/10.1093/med/9780199204854.001.1/med-9780199204854-chapter-161701/version/0>,
2. Michael Sutters. Systemic Hypertension, Maxine A. Papadakis, Stephen J McPhee; Current medical diagnosis and treatment; Mc graw hill, 52nd edition, 2013, 435-438.
3. William Boericke MD. Homeopathic Materia Medica; Pocket Manual of Homeopathic Materia Medica & Repertory; B. Jain Publishers, 9th edition, 1927, 413
4. Khosla SN. Diseases of Cardiovascular system, Essentials of Medicine, Indian Binding House, Noida, 2011, 271.
5. Paul Anand M. cardiology; hypertension, Y.P. Munjal, API text book of medicine; vol I; jaypee medical publisher, 9th edition. 2012, 685-689.
6. John E Hall. The Heart, Over view of circulation; Biophysics of pressure, Flow and resistance, Textbook of Medical Physiology, Elsevier Saunders. 2011; 11:157-160.
7. ArthurJ-Luciano, Dorothy Sherman, James Vander.