



# International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

[www.homoeopathicjournal.com](http://www.homoeopathicjournal.com)

IJHS 2022; 6(2): 226-228

Received: 01-01-2022

Accepted: 03-03-2022

**Maalolan S**

Department of Paediatrics,  
Sarada Krishna Homoeopathic  
Medical College,  
Kulasekharam, Tamil Nadu,  
India

**Berlina Terrence Mary D**

Department of Anatomy,  
Sarada Krishna Homoeopathic  
Medical College,  
Kulasekharam, Tamil Nadu,  
India

**Corresponding Author:**

**Maalolan S**

Department of Paediatrics,  
Sarada Krishna Homoeopathic  
Medical College,  
Kulasekharam, Tamil Nadu,  
India

## Role of baryta carbonicum 200 in the management of essential hypertension: A case study

**Maalolan S and Berlina Terrence Mary D**

DOI: <https://doi.org/10.33545/26164485.2022.v6.i2d.563>

### Abstract

With an Unprecedented pace of urbanization and living of high life a Mute Assassin has been introduced to the world at an increasing prevalence which is Hypertension. As a result, hypertension influenced diseases remain the most common causes of morbidity and mortality in developing as well as developed societies. The role of conventional medicines in the management of hypertension has its own pros and cons. And there is an ever-increasing transition by people to alternative system of medicines like homoeopathy in the management of lifestyle disorders like Hypertension. Baryta carbonicum is one of the most effective homoeopathic medicines in the management of Hypertension of those people who exist in different stages of hypertensive spectrum. So, this article aims to substantiate the role of Baryta carbonicum 200 in the management of Essential Hypertension.

**Keywords:** Baryta carbonicum, essential hypertension, homoeopathy, life style disorders

### Introduction

Hypertension is the pressure exerted by the blood on the walls of the arteries. Current clinical criteria for defining hypertension are generally based on the average of two or more seated blood pressure readings during each of two or more outpatient visits<sup>[1]</sup>. The interpretation of blood pressure involves the High normal category with the systolic reading of (130-139 mmHg) and diastolic measure of (85-89 mmHg). Stage 1 Hypertension is interpreted by the systolic reading of (140-159 mmHg) and diastolic measure of (90-99 mmHg). Stage 2 Hypertension involves the systolic measure of (160-179 mmHg) and diastolic reading of (100-109 mmHg). Stage 3 Hypertension refers to the systolic level of (> 180mmHg) and diastolic level of (>110mmHg). Isolated Hypertension which is more common in geriatric population is defined as the systolic value (> 140mmHg) and diastolic value (< 90mmHg)<sup>[2]</sup>. Essential hypertension has a multifactorial etiology<sup>[3,4]</sup>. There is a strong genetic association which tends to run in families and children of hypertensive parents tend to have higher blood pressure than their peer groups. Various Environmental factors also have significant risk on the development of hypertension. The major factors are Obesity, Lack of Physical activity, Alcohol intake, Stress, Increased consumption of Sodium, Insulin resistance<sup>[5]</sup>. As a Result of hypertension there is thickening up of the elastic lamina of larger arteries, smooth muscle hypertrophy, deposition of fibrous tissue, the vessels dilate become tortuous and their walls become less compliant. In smaller arteries there is development of arteriosclerosis and lumen narrows. This leads to the development of most common change in cardiovascular system which is Left ventricular Hypertrophy and can progress to Diastolic Dysfunction if not intervened properly<sup>[6,7]</sup>.

### Role of Homoeopathy in the management of Essential Hypertension

The major aim is to prevent or delay the complications of hypertension which is end organ damage thereby decreasing the rate of mortality and morbidity and to improve the quality of life along with healthy lifestyle practices. Homoeopathic medicines have a great efficacy in the management of those who are diagnosed as hypertensive and belonging to stage 1 category. And to those who are in stage 2 and stage 3 category, initially it is advisable to pursue with allopathic medicines along with homoeopathic medicines. Thereafter a complete management of homoeopathic drugs is sufficient for the regulation of blood pressure. The following is a documented case study showcasing the effectiveness of Baryta carbonicum on managing a pathological condition of Essential Hypertension.

## Objectives

To know the potential role of Baryta carbonicum 200 in the management of Essential Hypertension.

## Methodology

A case diagnosed as Essential hypertension after two or more outpatient visits based on history, physical examination and random blood pressure was selected. Those cases with established complications and secondary hypertension were excluded. And the patient was intervened with administration of homoeopathic medicine Baryta carbonicum 200. Following which all the changes were observed and reassessment was done on every week.

## Outcome assessment

- Observation of changes in the patient's symptoms.
- Improvement of blood pressure after the intervention of homoeopathic medicine.

## Case Study

56-year-old male patient resident of Aralvaimozhi visited the peripheral rural health centre on 14.8.2021 with complaints of palpitation and headache. He had already been to a general physician and was diagnosed as Essential Hypertension. He was on Telmesartan 40 1-OD since July

2021. He had a financial setback few months back, following which he was disappointed, took a lot of stress and lost confidence. And thereafter he had recurrent Palpitations and Headache. These Complaints were aggravated whenever he was thinking about his financial loss. There was no chest pain, no dyspnea. Patient occasionally has recurrent dry cough and pain in both the knee joints. Apart from which all the generals were normal except for stool where he has to strain during defecation and sleep was disturbed, unrefreshed. All the Systemic Examinations were normal. His ECG and Echocardiography had no significant findings. BP was 150/100 mm of hg.

## Intervention

Patient was prescribed with Baryta carbonicum 200 /2D. 1D in 10ml aq 10gtt T.D.S based on the symptom totality and in reference with Materia Medica <sup>[8, 9]</sup>. And Patient was advised to continue with Telmesartan40 and asked to monitor his BP regularly. He was advised to destress himself with regular physical activities and yoga.

## Follow up and Outcomes

Follow-up of the patient was assessed on every week. The Follow-up is summarized as below. [Table.1]

**Table 1:** Patient's follow up

Date	Symptom changes	Prescription
28.8.21	Palpitations still persists. Occasional dry cough only at night. Stool once in a day but has to strain to pass. Headache in frontal region still persists. Pain in both knee joints still persists. BP was 150/100 mm of hg.	Baryta carbonicum 200/2D. 1D in 10ml aq 10gtt T.D.S. Advised to continue Telmesartan 40.
4.9.21	Palpitations persists but intensity is reduced. Occasional cough persists. Pain in both knee joint still persists. Headache is reduced. Stool once in a day, straining is reduced. BP was 140/90 mm of hg.	Baryta carbonicum 200/1D in 10ml aq 10gtt T.D.S. Advised to continue Telmesartan 40.
11.9.21	Palpitation is reduced. Headache is reduced. Occasionally there is cough. Stool Regular once a day, straining is reduced. Knee joint pain still persists but intensity of pain is reduced. BP was 140/100 mm of hg.	Baryta carbonicum 200/1D in 10ml aq 10gtt T.D.S. Advised to Continue Temesartan 40.
25.9.21	Palpitations are reduced. B/L knee joint pain persists but intensity of pain is reduced. Stool regular once a day, straining is reduced. Occasional cough is reduced. Headache is reduced. BP was 140/90 mm of hg.	Baryta carbonicum 200/1D in 10ml aq 10gtt T.D.S. As per his General Physicians advice Telmesartan dose was reduced to Telmesartan 20 OD.

Patient is under constant monitoring and continues to do well.

## Results and Discussion

In the above case study, patient's symptoms were aggravated on thinking about his financial loss. And on reference with materia medica Baryta carbonicum covers all his totality. And moreover, the remedy is very much useful in general degenerative conditions, especially in the coats of arteries (cardiovascular and cerebral) <sup>[8, 9]</sup>. And the patient was administered on 200 potency since there were many characteristic symptoms. The patient was advised to

continue with telmesartan 40 and was asked to destress himself with regular physical activities and yoga.

## Conclusion

On the subsequent follow-up there was mild improvement on his symptoms and gradually his blood pressure also improved. During the course of treatment there was also reduction in the dosage of telmesartan as per his general physicians advise.

Hence from the above case study it is evident that Baryta carbonicum200 has a potential role in the management of Essential Hypertension.

**References**

1. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J, editors. Harrison's Manual of Medicine. McGraw-Hill. 18<sup>th</sup> edition, 2013, 834-842pp.
2. Das KK. Textbook of Medicine. Jaypee Brothers Medical Pub. 5<sup>th</sup> edition, 2008, 828-841pp.
3. Kumar P, Clark ML. Clinical Medicine. Saunders Ltd, London, United Kingdom. 7<sup>th</sup> revised edition, 2009, 798-805pp.
4. Kaplan NM. Kaplan's clinical hypertension. Lippincott Williams & Wilkins. 1<sup>st</sup> Indian edition, 1994, 47-108pp.
5. Oram S. Clinical Heart Disease. CBS publishers and distributors. 2<sup>nd</sup> edition, 1981, 372-412pp.
6. Chatterjee K, Anderson M, Heistad D, Richard Kerber E. Cardiology: an illustrated textbook. Jaypee Brothers Medical Pub. Volume 2; First edition, 2013, 1129-1143pp.
7. Lilly LS, Braunwald E. Braunwald's heart disease: a textbook of cardiovascular medicine. Elsevier Health Sciences. 3<sup>rd</sup> edition. 1988, 862-883pp.
8. Ralston SH, Penman ID, Strachan MW, Hobson R, editors. Davidson's Principles and Practice of Medicine E-Book. Elsevier Health Sciences. 22<sup>nd</sup> edition, 2014, 607-613pp.
9. Ohta Y, Tsuchihashi T, Kiyohara K. Relationship between blood pressure control status and lifestyle in hypertensive outpatients. Internal Medicine. Lippincott Williams and Wilkins. 2011;50(19):2107-2112. 50.5321
10. Boericke W. New manual of homoeopathic Materia Medica and repertory. B. Jain Publishers. 49<sup>th</sup> impression, 2009, 106-108pp.
11. Murphy R. Lotus Materia medica. B. Jain Publishers. 2<sup>nd</sup> revised edition, 2002, 240-244pp.
12. Clarke JH. A Dictionary of Practical Materia Medica. B. Jain Publishers. Reprinted edition. 1997;1:248-253.
13. Hering C. Herings Guiding Symptoms of Our Materia Medica. B. Jain Publishers. 2003;1:737-757.
14. Cowperthwaite AC. A text-book of materia medica and therapeutics. B. Jain Publishers. 13<sup>th</sup> edition, 2004, 125-129pp.
15. Close S. The Genius of homoeopathy lectures and essays on homoeopathic philosophy. B. Jain Publishers. 16<sup>th</sup> impression, 2016, 183-212pp.