Arterial hypertension and homeopathic medicines: perspectives use in modern combination therapy

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Currently, the use of homeopathic medicines in the treatment of arterial hypertension occupies a worthy place in modern domestic medicine, especially in outpatient practice. At the same time, there is a need to clarify the indications and contraindications for the use of registered one-component and complex homeopathic medicines (OGLS and KGLS) in combined antihypertensive therapy. The use of KGLS is primarily determined by the action of the OGLS included in their composition. Based on their indications, we prescribed registered complex drugs. This made it possible to achieve a stable therapeutic effect in the early stages of the development of arterial hypertension without the use of antihypertensive therapy and to delay the development of more severe forms of arterial hypertension.

Key words: arterial hypertension, homeopathic treatment.

Issues related to the treatment of arterial hypertension (AH) remain a topical research topic to this day. Diseases of the circulatory system are one of the most common diseases both in the Russian Federation [5] and in other industrialized countries [6-9]. Often, including in the literature on homeopathy, we find disappointing opinions that the proportion of completely cured patients "with the help of homeopathic and allopathic methods is not very large" [1]. This opinion is confirmed by the statistics of many independent studies. The reasons for such a disappointing state of affairs are varied [5].

For example, a study by Cardiomonitor, dedicated to the study of the causes of inadequate treatment of hypertension, showed that there is a significant discrepancy between the opinion of doctors and the opinion of patients about the effectiveness of treatment, and actual practice. So, reaching the target level of blood pressure is noted only in 37% of cases. At the same time, doctors believed that the target blood pressure was achieved in 76% of patients receiving antihypertensive treatment, and patients in 96% of cases were sure that they had adequately controlled blood pressure [7; eight]. According to this study, in only 16% of cases, doctors actually correct the prescribed therapy; in 84% of cases, patients continue to receive the same treatment. At the same time, only 1/3 of patients retain adherence to treatment, the rest simply stop taking medications. Changes in antihypertensive therapy are presented as follows: the increase in the dose of the drug is 35%; the addition of the second drug is 25%; replacement by another drug is 40% [8].

The HOT-Study showed that monotherapy was used in 59% of patients, in the rest - combined treatment. Correction of treatment due to the appointment of a second drug contributed to a significant improvement in the effect: blood pressure decreased to 124/84 mm Hg. Art., therefore, the use of combination therapy increased to 49% [7].

When conducting a voluminous study in which medical records were included 1.2 million patients with hypertension, it was found that the cancellation of antihypertensive therapy after 6 months from the start of admission due to side effects occurs in 15% of cases with the appointment of ACE inhibitors, in 15-20% of cases - with the appointment of diuretics, in 20 - 25% - when prescribing - blockers (BAB) and in about 20% of cases - when prescribing calcium antagonists (AA) [9].

Initial antihypertensive therapy, according to a study by JK Jones et al., Was

changed in 35% of included patients. Diuretics were canceled in 50.6%, BAB - in 35.4%, AK - in 31.7% [9]. It was found that the higher the selectivity of BAB, the lower the frequency of side effects. The use of nonselective BABs (propranolol - anaprilin) due to the appearance of side effects (the development of true and rhine-like syndrome, a negative effect on sexual function in men, the appearance of possible depressive conditions, etc.) limited the possibility of their use [5]. Calcium channel blockers can cause headaches, ankle swelling. The most common side effects of ACE inhibitors are dry cough (15-20%), rash, angioedema. All this, unfortunately, does not improve the quality of life of hypertensive patients.

From the above data, in our opinion, it follows that in the search for new approaches in the combined therapy of hypertension, an important role is played by identifying the individual characteristics of the patient, which fully allows the use of the homeopathic method of treatment.

We have a small, but rather positive experience of the combined combined use of modern antihypertensive drugs (AGS) and the homeopathic method of treatment in outpatient practice.

Currently, the use of homeopathic medicines (FPP) in the treatment of hypertension occupies a worthy place in modern domestic medicine, especially in outpatient practice. At the same time, there is a need to clarify the indications and contraindications for the use of registered OGLS and KGLS in combined antihypertensive therapy.

Since OTC drugs are increasingly used by both doctors and patients, we set the goal of this work to formulate criteria for the rational use of OTC drugs in the treatment of patients who have to take antihypertensive therapy on an outpatient basis.

Over the past ten years, nineteen CGLS have been registered in Russia, the indications for the use of which are hypertension and concomitant diseases [4]. They include thirty-nine out of more than nine hundred registered in Russia and more than three and a half thousand OGLS used in international practice (see Table 1) [3; 4].

Table 1

One-component FPP included in the registered KGLS

MONOPREPARATIONS	COMPLEX PREPARATIONS
1. Acidum hydrocyanicum (Hydrocyanic acid)	Tonginal®
2. Allium sativum (Garlic)	Angiochran
3. Anamirta	see Cocculus
4. Arnica Montana (Mountain arnica)	Angiochran, Aurocard®, Aurum-plus, Cardioica®, Pumpan®, EDAC-135 (EDAS-135), EDAC-137 (EDAS-137), EDAS-138 (EDAS-138), EDAS-935 (EDAS-935), EDAS-937 (EDAS-937)
5. Aurum chloratum	Aurocard®
6. Aurum jodatum (Colloidal gold)	Angiochran, Aurum-plus, Hypertensin, EDAC-135 (EDAS-135), EDAC-137 (EDAS-137), EDAS-138 (EDAS-138), EDAS-935 (EDAS-935), EDAS-937 (EDAS-937), EDAS-Julia health (EDAS-Julia sana)
7. Barium chloratum (Barium chloride) see Baryta muriatica	Aurum-plus
8. Barium jodatum (Barium iodide)	Aurum-plus

9. Berberis (Common barberry)	EDAS-Julia health (EDAS-Julia sana)
10. Cactus grandiflorus (Selenicereus large-flowered)	Coralgin (Coralgin), EDAS-135 (EDAS-1 35), EDAS-935 (EDAS-935)
11. Camphora (Camphor)	Tonginal®
12. Carduusmarianus (Milk thistle)	Coralgin
13. Cimicifuga racemosa (Black cohosh)	EDAS-Julia health (EDAS-Julia sana)
14. Cocculus (Anamirta cocculus)	Aurum-plus
15. Convallanamajalis (May lily of the valley)	Aurocard®, Pumpan®
16. Crataegus (Hawthorn)	Aurocard®, Hypertensin, Cardioica®, Coralgin, Cralonin®, Crataedus-plus, Pumpan®, EDAS-106 (EDAS-106), EDAS-135 (EDAS-135), EDAS-137 (EDAS-137), EDAS-906 (EDAS-906), EDAS-935 (EDAS-935), EDAS-937 (EDAS-937)
17. Digitalis (Foxglove red)	Pumpan®, EDAS-Julia health (EDAS-Julia sana)
18. Echinacea (Echinacea)	EDAS-Julia health (EDAS-Julia sana)
19. Gelsemium sempervirens (Yellow jasmine)	Aurum-plus (Aurum-plus), Crataegus-plus (Crataegus-plus), EDAC-137 (EDAS-137), EDAS-937 (EDAS-937)
20. Glonoinum (Nitroglycerinum) (Nitroglycerine)	Tonginal®, EDAS-906 (EDAS-906)
21. Gnaphalium arenarium (Immortelle, or Tsmin sandy)	Crataedus-plus
22. Gnaphalium uliginosum	Hypertensin
23. Hyosyamus (Black henbane)	Primula / Onopordon composita
24. Ignatia (Chilibuha Ignacy)	Aurocard®, Hypertensin, Cardioica®, Cralonin®, Crataegus-plus
25. Inula (Elecampane high)	EDAS-Julia health (EDAS-Julia sana)
26. Kalium carbonicum (As potassium carbonate)	Cralonin®, Pumpan®, EDAS-135 (EDAS-135), EDAS-935 (EDAS-935)
27. Latrodectus mactans (Karakurt maktans)	Coralgin
28. Lycopodium clavatum	EDAS-Julia health (EDAS-Julia sana)
29. Melilotus officinalis (Melilotus officinalis)	Angiochran (Angiochran), EDAS-906 (EDAS-906), EDAS-137 (EDAS-137), EDAS-937 (EDAS-937)
30. Magnesium phosphoricum	EDAS-137 (EDAS-137), EDAS-937 (EDAS-937)

31. Nitroglycerinum	see Glonoinum
32. Nuxvomica (Chelibukha vomit)	EDAS-906 (EDAS-906)
33. Onopordon acanthium	Primula / Onopordon composita
34. Primula officinalis	Primula / Onopordon composita
35. Rauwolfia serpentina	Hypertensin, Crataegus-plus
36. Secalecornutum (Ergot)	EDAS-138 (EDAS-138) (Ellastin-E)
37.8era (Pigment-containing secretion of the glands cuttlefish)	EDAS-Julia health (EDAS-Julia sana)
38. Spigelia anthelmia (Cnn-helium antihelminthic)	Coralgin (Coralgin), Kralonin (Cralonin®), EDAS-135 (EDAS-135), EDAS-935 (EDAS-935)
39. Tabacum	Tonginal®
40. Thuja occidentalis (Thuja western)	EDAS-Julia health (EDAS-Julia sana)
41. Vanadium metallicum (Vanadium)	Angiochran
42. Veratrum album (White hellebore)	Tonginal®
43. Viscum album (Mistletoe)	Hypertensin (Nuregtensin), Crategus-plus (Cgataegus-p1us), EDAS-137 (EDAS-137), EDAS-138 (EDAS-138), EDAS-937 (EDAS-937)

The use of these CGLS is primarily determined by the action of the OGLS included in their composition, Based on their indications, we prescribed registered complex drugs, This allows us to achieve a faster and more stable therapeutic effect in the early stages of the development of hypertension without the use of antihypertensive therapy and delay the development of more severe forms of hypertension, in which the use of antihypertensive therapy is required.

In cases where the use of AGS (- blockers, calcium antagonists, etc.) was accompanied by the manifestation of side effects and the patient's condition did not allow talking about their cancellation, combined therapy was used. Modern combination therapy of AGS and the use of homeopathic remedies (OGLS and KGLS) made it possible to practically halve the dose of antihypertensive drugs: - blockers - metoprolol (egilok, corvatol) - 12.5-25 mg / day; indapomide (arifon) - 1.5 mg / day, ACE inhibitors (perindopril - 2 mg / day, enalapril, renitek - 5 mg / day). This makes it possible to reduce the risk of complications and side effects of antihypertensive therapy [3].

A positive experience in the combined treatment of hypertension was achieved by the combined use of one of the CGLS (1-5 drops per 1 tbsp. 1-5 times a day) and egilok (12.5 mg / day), or indapomide (1.5 mg / day), or perindopril (2 mg / day). In cases of insufficient effectiveness of such combination therapy, hydrochlorothiazide (hypothiazide) was added to the treatment - 12.5 mg / day. and MGLS, such as Aconitum napellus (6CH-12CH 2-6 granules / day), Aurum metallicum (6CH 2-6 granules / day), Baryta carbonica (6CH-15CH 2-6 granules / day), Cactus grandiflorus (3CH-6CH 2-6 granules / day), Plumbum metallicum (6CH 2-6 granules / day), Secale cornutum (3CH-6CH 2-8 granules / day), Strontium carbonicum (6CH 2-6 granules / days), etc., prescribed according to the classical method of modern homeopathy [2; 3].

The question of the doses and frequency of use of homeopathic medicines remains on the

today is open and requires further elaboration of the material. Therefore, the selection of doses and the frequency of taking homeopathic medicines must be approached taking into account the individual sensitivity of the patient, which will reduce the risk of developing a homeopathic exacerbation and the manifestation of "pathogenesis of the action of homeopathic medicines"

LITERATURE

1. Kehler Gerhard Homeopathy / Per. with him. Yu.I. Korshikova. - M .: Medicine, 1989. - 592 p .: ill.

2. Kosmodemyanskiy L.V., Butenin AM, Butenin MA The role of organ-specific symptoms in choosing a homeopathic remedy in cardiology // Proceedings of the XI Scientific and Practical Conference "Topical Issues of Homeopathy: Place and Possibilities of the Homeopathic Method in practical health care ", St. Petersburg, June 22-23, 2001 - St. Petersburg .: SPb PA" Homeopathic Association ", 2001. - P.108-153.

3. Kosmodemyansky L. V., Gurevich M. A. The use of homeopathy for combined treatment of patients with hypertension in outpatient practice: Homeopathic Yearbook. - M .: Valang, 2004. - S. 140-151.

4. Patudin A.V., Mishchenko V.S., Ilyenko L.I. Homeopathic medicines, approved in the Russian Federation for use in healthcare, veterinary medicine and cosmetics. - M .: Valang, 2001 .-- 263 p.

5. Mortality rate of the population of the Russian Federation: 2001 (Statistical materials). - M .: MZ RF, 2002 .-- 181s.

6. Croog SH, Levine S., Sudilovsky A., et al. Sexual symptoms in hypertensive patients. A clinical trial of antihypertensive medications // Arch. Internet. Med. - 1988. - Vol. 148. - No. 4, April. - 1,788.

7. Hanson L, Zanchetti A. The Hypertension Optimal Treatment (HOT) Study-Patient characteristics: randomization, risk profiles, and early blood pressure results // Blood Pressure. 1994. 3: 322-7.

eight. Hosie J., Wikiund I. Managing hypertension in general practice: can we better? // J. Human Hypertens. - 1995 .-- 9: 515-8.

nine. Jones JK, Gorkin L, Lian JF Discontinuation and changers in treatment of new courses of antihypertensive drugs: a study of a United Kingdom population // Brit. Med. J. - 1995. - Vol. 311. - P. 293-295.

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