

Treatment of hypertension at a young age (case study)

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Last fall, a 36-year-old young woman with hypertension came to us. From the anamnesis it was found that the patient considered himself about 8 years old, when an increase in blood pressure to 170 by 110 units was accidentally noted. Then blood pressure continued to increase for a month, and soon the figures were recorded to 190 by 110 units. With an increase in pressure, motor activity, anxiety and a feeling of blood flow to the head increase. Since these phenomena occurred 2 months after childbirth, the disease was explained as an emotional breakdown, and the doctor prescribed anti-stress therapy. Calming drugs did not give the desired effect. Then the patient underwent additional examinations of the kidneys and heart (urinalysis and ultrasound of the kidneys, ECG and ultrasound of the heart), but there were no pronounced abnormalities. Additionally, an endocrinologist was consulted. Ultrasound examination of the thyroid gland and hormonal status (T3, T4, TSH) showed no abnormalities. After that, the patient underwent examination by a neuropsychiatrist, who was prescribed a long course of treatment with sedatives. Against the background of the treatment, the blood pressure did not rise above 170 to 110, but the patient constantly felt inhibited. After another search and change of drugs, symptoms of severe dysbacteriosis appeared: for the last 6 months, daily liquid stool with remnants of undigested food, rumbling and bloating. Against the background of the treatment, the blood pressure did not rise above 170 to 110, but the patient constantly felt inhibited. After another search and change of drugs, symptoms of severe dysbacteriosis appeared: for the last 6 months, daily liquid stool with remnants of undigested food, rumbling and bloating. Against the background of the treatment, the blood pressure did not rise above 170 to 110, but the patient constantly felt inhibited. After another search and change of drugs, symptoms of severe dysbacteriosis appeared: for the last 6 months, daily liquid stool with remnants of undigested food, rumbling and bloating.

When collecting an anamnesis of the disease, several interesting nuances were noted:

1. High blood pressure numbers are noted in the first half day (up to 15 hours), while in most hypertensive patients this occurs in the evening and at night.
2. In the evening, even without the use of antihypertensive drugs blood pressure can drop to 110 to 60.

During the survey at the APK "IMEDIS-EXPERT" it was found that there are no clear indications of geopathogenic, radioactive and electromagnetic load. There are indications of psychovegetative load (a strong degree of vegetative load). Then, through the index of hypertension, it was found that for the most part it is associated with the endocrine system: Glomus carotis D32 ↓ + endocrine index (severe disturbances - level 3 ↑) and the state of the endocrine system (tension 5 ↑). After that, a search for the primary affected organ was carried out through the Glomus carotis D32 index. It turned out to be Glandula suprarenalis sinistra D6 - left adrenal gland. Further, it was consistently found that through the left adrenal gland, the focal load (Thuja D30) and the dominant focus (Causticum D400) are well tested. The next pointers were Rhus tox. D60 (cystic processes) and Interferon D30 (viral burdens). Through a pointer to viral burdens, a pronounced resonance was found for the Gripp VA-2L nosode.

Thus, at the end of the first dose, the following BR drugs were made:

1. Glomus carotis D32 ↓ + Glandula suprarenalis sinistra D6 ↑ + Cu met. D400 ↓ +

meridian TR ↑.

2. Glandula suprarenalis sinistra D6 ↓ + Causticum D400 ↑ + Gripp VA-2L ↓ + meridian TR ↑.

3. Glandula suprarenalis sinistra D6 ↓ + Rhus tox. D60 ↑ + Cu met. D400 ↓ + meridian IG ↑.

In addition, the following homeopathic remedies were selected through the indicators of hypertension and the left adrenal gland: Coffea C6, Hamamelis C6, Actea racemosa C12. Through the index of the mucous membrane of the small intestine, the following drugs were identified and prescribed: Bacteroides nos., Enterococcus nos., Peptostreptococ. anaerob. nos., Mercurius corrosivus C6, Podophillum C6.

On a repeated visit, the patient noted that the stool was normal, and there were no problems with digestion, blood pressure did not rise above 160 per 100 units.

When testing through the left adrenal gland and viral burdens, it was revealed that Gripp VA-2L is now undetectable, but Gripp V-5 and Herpes simplex give a confident resonance. BR drugs were again made:

1. Glomus carotis D32 ↓ + Glandula suprarenalis sinistra D6 ↑ + Thuja D30 ↓ + Gripp V-5 ↑ + Cu met. D400 ↓ + meridian TR ↑.

2. Glomus carotis D32 ↓ + Glandula suprarenalis sinistra D6 ↑ + Rhus tox. D60 ↓ + Herpes simplex ↑ + Cu met. D400 ↓ + meridian IG ↑.

Additionally, the prescribed homeopathic mono preparations were corrected: Coffea C30, Adrenalin C6, Lycopus vir. C6, Capsicum C6, Crataegus C6, Mezerium C6.

At the third visit, the patient noted that blood pressure was higher than 140 to 90 units. does not rise, and there was a pronounced rash of herpetic rash on the face (a very favorable sign according to homeopathic laws).

In accordance with the changed condition, new BR medications were made and the homeopathic treatment, which she continues to receive, was adjusted.

Based on the above material, it becomes clear why blood pressure was much more often noted in the first half of the day. The physiological level of hormones is always maximum in the morning, and in the adrenal glands there was always a "trigger" zone (focal load of three viruses), which the body tried to suppress every morning through the immune system. The result was an additional rush of adrenaline and a corresponding vascular reaction.

In conclusion, it should be said that modern diseases began to differ in a multi-level structure. They develop as a result of several etiological factors that are identified and treated in layers.

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