



## Heart Health and Homeopathy

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### Abstract

Statistics suggests that two out of six people will die from heart disease and six out of ten men over age 30 may have signs of heart disease. Yet, the irony is a majority of people continue to disregard their body signals. The result is 'invited' trouble sooner than one would think. The saving grace, however, is heart disorders are manageable; besides, they can be prevented, or even reversed, with timely, professional medical treatment.

A multitude of risk factors plays a role in the development of heart disease-cigarette, smoking, physical inactivity, stress, obesity, high blood cholesterol, hypertension (high blood pressure) and diabetes. These factors are controllable and not controllable. If, for instance, one has any two of any of the following risk factors-high blood pressure, high blood cholesterol and cigarette smoking-the chance that they will have a heart attack is four times greater than if they had none. On the other hand, if they have all the three major controllable risk factors- hypertension, high blood cholesterol and smoking-the chance is eight times greater.

It is possible for one to 'control' the three major risk factors-viz., diabetes, obesity and sedentary lifestyle as also other accompanying factors, such as type 'A' personality, besides aggression, certain medical conditions and conventional medications. However, there are factors that are not under one's control: male susceptibility, family history and increased age.

The best way one can reduce the risk of heart disease is by minimizing, or avoiding, the risk factors-giving up smoking, avoiding alcohol, restricting salt usage, limiting calorie intake, exercising regularly, reducing emotional stress, getting monitored and investigated for hypertension, elevated fat, cholesterol and other factors.

The first step, of course, should be aimed to lower one's high blood pressure-the higher the blood pressure, the greater is the risk of heart attack, stroke and kidney disease.

More importantly, if any of one's close relatives have had high blood pressure, at an early age, such individuals should be advised to have their blood pressure monitored on a regular basis.

### Fact of the Matter

Dietary fads and lifestyle changes, together with excess cigarette smoking, alcohol consumption and the presence of hypertension, obesity and diabetes, have led to an increasing number of people presenting with clinical manifestations of arterial disease (atherosclerosis). This is a process in which deposits of fatty substances- cholesterol, triglycerides, cellular waste products, calcium (not the calcium in food or dietary supplements) and other substances-build up in the inner lining of an artery. This build up is called plaque. A slow, complex disease, atherosclerosis usually starts in one's childhood and progresses when people grow older. In some people, it progresses rapidly, in their third decade. Research suggests that the process begins with damage to the innermost layer of the artery, the endothelium.

Homocysteine is yet another factor that needs to be considered in the prevention of heart disease. A naturally occurring amino acid found in blood plasma, excess homocysteine is suggested to annoy the lining of the blood vessels, causing them to become scarred, hardened and narrowed.

### Cholesterol: good & bad

Cholesterol can be 'good' (high-density lipoprotein, or HDL) and 'bad' (low-density lipoprotein, or LDL). When excess LDL cholesterol circulates in the blood, it can slowly build up in the inner walls of the arteries that feed the heart and also brain. Gradually, LDL cholesterol can form plaques that clog the arteries (atherosclerosis). The resulting effect may be heart attack, or stroke. Approximately, one-third to one-fourth of blood cholesterol is carried by high-density lipoproteins (HDL). Labeled 'good' cholesterol, a high level of HDL is suggested to protect us from heart attack. All the same, not everyone is cock-a-hoop with the cholesterol hypothesis. There is a body of medical opinion that

says the 'cholesterol myth' is the greatest deception in medical history. However this may be, research suggests that low HDL cholesterol levels less than 40 mg/dL increase the risk of heart disease. It is also suggested that HDL removes excess cholesterol from the plaque in the arteries; this, in turn, slows down their build-up.

The levels of HDL cholesterol and LDL cholesterol in the blood are measured to evaluate the risk of having a heart attack. The 'normal' level for LDL cholesterol is less than 100 mg/dL; HDL should ideally be above 40 mg/dL.

### Elevated fats: hidden dangers

Hyperlipidemia is elevation of lipids (fats) in the bloodstream. Lipids include cholesterol, cholesterol esters, or compounds, phospholipids and triglycerides. They are transported in the blood as part of large molecules called lipoproteins. Excess cholesterol in the blood is called hyperlipidemia. The condition is also called hypercholesterolemia.

Triglycerides are derived from food and also made in the body. People with high triglycerides often have a high level of total cholesterol, a high level of LDL cholesterol and a low HDL cholesterol level. Many

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people with heart disease present with high triglyceride levels. People with diabetes, or obesity, are also likely to have high triglycerides. Triglyceride levels of less than 150 mg/dL are normal.

### Healing with homeopathy

Homeopathy is mind-body medicine. It works on the individual's overall personality, it uses natural remedies to correct psycho-physiological factors. It recommends individuals to physically and mentally relax. It also advocates appropriate exercise, leisure patterns, balanced diet and behaviors. In so doing, it calms down the person's innate self, which may sometimes be suppressed for a long time. This 'suppressive' effect may be a likely 'prompt' for hypertension, heart disease and diabetes.

The prospective outcome of the homeopathic approach is not just limited to the waning of symptoms, or signs, of illness. Rather, it involves achieving a complete, on-going physical and psychological wellbeing in the long-term.

Homeopathy advocates a relationship of directness and continued communication to exist between the individual and the professional homeopathic physician. It also suggests that one should not stop, or adjust their conventional medications, without first consulting their conventional physician.

### Homeopathy: clinical studies

In a double-blind randomized clinical study, a group of people suffering from mild-to-moderate hypertension were enrolled. The study compared individualized homeopathic therapy with placebo (dummy pill). Successful results were obtained with 82 per cent of those subjects taking homeopathy compared with 57 per cent of those using placebo [1].

In another randomized double-blind study, a group of people suffering from essential hypertension (high blood pressure, with no identifiable cause) were treated either with standard conventional pharmaceutical products, or homeopathic remedies. Pharmaceuticals were found to provide superior blood pressure reducing effects, but homeopathic remedies were found to be the better choice for the management of the subjective symptoms of hypertension [2].

In a controlled study, researchers attempted to determine the effects of potentized aspirin on rats exhibiting reduced platelet aggregation associated with portal hypertension (high blood pressure in the portal vein and its tributaries). Given that material doses of aspirin are known to be associated with a reduction in platelet aggregation, one of the aims of the study was to confirm that the reverse of this would be the case if potentized aspirin were used. The study confirmed that, compared to controls, the potentized homeopathic remedy, aspirin 14C, normalised deficiencies in platelet aggregation in rats that were involved in the study [3].

A group of people suffering from mild cardiac insufficiency (inadequate blood flow to the heart muscles) were given *Cralonin*, a homeopathic combination product, containing the homeopathic *Crataegus oxyacantha*, *Spigelia anthelmia* and *Kalium carbonicum* or a combination of an ACE inhibitor and a diuretic, the 'standard' conventional medical treatment prescribed for the condition. Both groups showed equally effective results [4].

The prospective study gathered data of the practical relevance of *Cralonin* on a total of 665 patients. The study also documented the symptoms for which *Cralonin* was prescribed as well as dosages and methods of administration. Approximately 50 per cent of the patients

in the study took *Cralonin* as an adjuvant to standard conventional therapy with antihypertensives, or cardioactive drugs. The participating practitioners assessed patient tolerance of *Cralonin* as "excellent" or "good" in the great majority of cases. No side-effects were reported. The homeopathic therapeutic efficacy was rated "good" or "very good" in approximately 90 per cent of patients. The treatment was also most effective and fast-acting in cases of functional cardiac symptoms and stabbing pain (cardiodynia).

The study showed that there are advantages with *Cralonin* as an alternative to ACE inhibitors and diuretics in mild cardiac insufficiency. It may be mentioned that *Cralonin* is prescribed either alone or as an adjuvant therapy for functional or organic heart disease and post-infection cardiac symptoms.

*Cralonin* has an excellent tolerability profile. This has been well documented through long use and also by way of an observational study involving 2,178 patients. ACE inhibitors and diuretics are associated with unwanted effects: cough in case of ACE inhibitors and reduced quality of life (QOL) with many diuretics. Subjective reports on *Cralonin* from patients show favorable effects on QOL besides, effects such as reduced nocturnal urination would apparently improve a patient's perceived QOL.

A good tolerability profile is particularly relevant in the case of cardiac insufficiency. Patients with only mild symptoms are unlikely to adhere to a regimen with noticeable side-effects, whereas more severely afflicted patients are usually prescribed multiple drug regimens, where compatibility can be an issue.

The compatibility of *Cralonin* with currently recommended conventional medications indicates that the preparation can be safely added to existing conventional drug regimens [5].

### Cranolin: clinical effects

A review of recent research suggests that *Crataegus oxyacantha* (hawthorn), a constituent of *Cranolin*, is beneficial in the treatment of heart disease for the following reasons-viz., it is evidenced to induce cAMP-independent positive inotropy; cause peripheral and coronary vasodilation; provide protection against ischemia-induced ventricular arrhythmias, possess antioxidative properties; and, exhibit anti-inflammatory effects.

*Crataegus* may directly inhibit sodium-potassium ATPase and indirectly influence intracellular processes by interacting with cardiac beta-1 receptors.

Acknowledged pharmacological effects of *Crataegus* extracts include:

- Positive inotropism, by increasing intracellular Ca<sup>2+</sup> concentration
- Increasing the supply of energy and oxygen to the myocardium, by dilating the coronary vessels
- Alleviating arrhythmia, by lengthening the refractory period.

Double-blind studies with placebo controls, as already cited, have verified the therapeutic efficacy of phytotherapeutic preparations of *Crataegus* in coronary insufficiency (Table 1).

The hawthorn plant also contains pharmacologically active flavonoids that are suggested to inhibit vasoconstriction and actively dilate blood vessels. As of now, 33 different flavonoids have been identified in *Crataegus*-this includes 20 flavone and 13 flavonol derivatives.

Ingredient	Selected Characteristics/Symptoms
<i>Crataegus</i>	Coronary insufficiency; geriatric heart disease; cardiac arrhythmias; angina pectoris; blood pressure disorders.
<i>Spigelia</i>	Acute cardiac inflammation; angina pectoris; neuralgia
<i>Kalium carbonicum</i>	Cardiac disorders; anasarca (generalized edema, with accumulation of serum in the connective tissue); degenerative disorders of the skeletal system (vertebrogenic angina pectoris); general weakness.

- Biologische Medizin 2000, 29 : 72-79 [5]

**Table 1:** Ingredients and its selected characteristics.

Many clinicians believe that *Crataegus* extracts possess actions, or 'synergy effect,' attributable to a complex of active constituents. In an observational cohort study conducted by Schroder et al. [4], the efficacy of a "homeopathic preparation of *Cranolin*-based on extracts of *Crataegus*, *Spigelia anthelmia* and *Kalium carbonicum*-in patients with mild heart failure was reported to be 'not inferior' to commonly used ACE inhibitors, or diuretics, for 13 out of 15 variables chosen to assess efficacy."

*Spigelia anthelmia* acts on the heart and the nervous system. It has been homeopathically prescribed to treat pericarditis, anemia, debility, chilly body parts due to poor circulation, palpitations and weak, irregular pulse, dyspnea and angina pectoris. The remedy picture, from the homeopathic perspective, relates to excess nervous agitation and frequent palpitations. Evidence-based reports also correspond to the remedy's efficacy in heart murmurs and valve disorders.

*Kalium carbonicum* is from the homeopathic standpoint, suitable for hypertension in overweight individuals having a tendency to dropsy and parietic conditions. Symptoms often revolve on vertigo, while turning head, occipital headaches or migraine with nausea, especially while travelling. There may be excess anxiety, besides palpitations with a 'burning feeling' in the heart 'region.'

### Hypertension: homeopathic research

Clinical research on the effectiveness of homeopathic treatment, apart from *Cranolin*, in the management of essential hypertension is relatively small. Most of such published work is not focused or keyed to the homeopathic individualistic approach. Besides, the homeopathic remedies used seem to have a strong evidence-based status, not rigorously documented outcomes.

One would also do well to recall a study conducted by Bignamini et al. [6] which examined the effect of *Baryta carbonica* 15C in 34 elderly hypertensive subjects [6]. Although the results did not show any significant effects of the remedy, when compared with placebo, one interesting outcome was patients, whose symptom patterns 'matched' with the remedy profile of *Baryta carbonica*, showed a substantial reduction in blood pressure. Yet another study conducted by Dr. Farokh J Master [7] showed tangible improvement in the hypertensive treatment group [7]. The homeopathic remedies used in the study were *Adrenalinum*, *Eel serum* and *Baryta muriatica*, which is regarded by some clinicians as the 'homeopathic amlodipine.'

The Central Council for Research in Homoeopathy (CCRH), in India, is conducting a large clinical study on hypertension-the outcome of the study is expected to provide a better understanding of the homeopathic perspective in the effective clinical management of hypertension.

### Conclusion

Homeopathy can certainly play a useful role, not only in preventative cardiac care, but also as a supportive (adjuvant) line of treatment, in conjunction with conventional medicine. In most cases of hypertension, where blood pressure control, with conventional medications appears incomplete, the individual may be at risk of possible complications. Homeopathy in such instances-although not in extremely acute, life-threatening conditions, like heart attack or stroke-can play a complementary role, leading to effective control of hypertension, and other cardiac concerns, when promulgated with appropriate lifestyle changes. This is an exciting area not only for further research, but also for new, wide-ranging clinical studies.

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