

Role of Homoeopathic Medicines in the treatment of Hyperlipidaemia and Coronary Heart Disease

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ABSTRACT

The high serum total cholesterol and high level of low-density lipoprotein (LDL) cholesterol is a very important risk factor for coronary artery diseases. This increased level of lipids is called dyslipidaemia or hyperlipidaemia. Hyperlipidaemia causes remarkable cardiac problems in patient. It causes heart diseases in patient like coronary artery disease (CAD), which is a blockage in the artery of heart and peripheral artery disease (PAD), these diseases lead to atherosclerosis, hypertension, heart-attack, strokes. Nowadays CVD is a most dangerous and most commonly occurring diseases. Homoeopathy has a big role to diminished cholesterol level in patients who are suffering from dyslipidaemia. and by decreasing level of cholesterol we can avoid forcoming cardiac diseases which could occur by Hyperlipidaemia. In the following article, Hyperlipidaemia is being described and how homoeopathic remedies could treat this. By homoeopathic treatment, one can also decrease the complications of CVD.

KEYWORDS: Homoeopathy, dyslipidaemia, CVD, CAD, PAD, homoeopathic remedies, miasm, repertory.

Abbreviations: coronary artery disease (CAD), peripheral artery disease (PAD), cardiovascular disease (CVD), coronary heart disease (CHD), low-density lipoprotein (LDL), coronary heart disease (CHD), very low-density lipoprotein (VLDL), high-density lipoprotein (HDL)

INTRODUCTION

Coronary heart disease (CHD) is one of the largest contributors to mortality and morbidity worldwide. Globally, CHD accounts for 17.5 million deaths in 2012, with over 75% of deaths occurring in developing countries]. By 2015, 16% of all female and male deaths were caused by CHD. Hyperlipidaemia is thought to be a primary risk factor for CHD and may play a role before other risk factors appear.

When we look at the various types of lipoproteins, it is the level of low-density lipoprotein (LDL) cholesterol that is most directly associated with CHD. While very low-density lipoprotein (VLDL) has also been shown to be associated with premature atherosclerosis, it is more strongly associated with peripheral vascular disease. (e.g. intermittent claudication) than with CHD. High-density lipoprotein (HDL) cholesterol is protective against the development of CHD – the higher its mean level in a group of individuals, the lower the incidence of infarction in that group. HDL should be more than 40 mg/dl.

To further refine CHD risk prediction based on serum lipid levels, a total “cholesterol/HDL ratio” has been developed. A ratio of less than 3.5 has been recommended as a clinical goal for CHD prevention.

With newer techniques, high-density and low-density lipoproteins have been further subdivided into sub-fractions. Recent evidence indicates that levels of plasma apolipoprotein-A-1 (the major HDL protein) and apolipoprotein-B (the major LDL protein) are better predictors of CHD than HDL cholesterol or LDL cholesterol respectively. Therefore, measurement of apolipoproteins may replace lipoprotein cholesterol determinations in assessing the risk of CHD.

PHYSIOLOGY

Lipids are transported and metabolised by apolipoproteins, which combine with lipids to form spherical or disc-shaped lipoproteins, consisting of a hydrophobic core and a less hydrophobic coat. The structure of some apolipoproteins also enables them to act as enzyme co-factors or cell receptor ligands. Variations in lipid and apolipoprotein composition result in distinct classes of lipoprotein that perform specific metabolic functions.

LIPID AND CVD

Plasma lipoprotein levels are major modifiable risk factors for cardiovascular disease. Increased levels of atherogenic lipoproteins (especially LDL, but also IDL lipoprotein(a) and possibly chylomicron remnants) contribute to the development of atherosclerosis. Increased plasma concentration and reduced diameter favours sub-endothelial accumulation of these lipoproteins. Following chemical modifications such as oxidation, Apo B-containing lipoproteins are no longer cleared by normal mechanisms. They trigger a self-perpetuating inflammatory response during which they are taken up by macrophages to form foam cells, a hallmark of atherosclerotic lesions. These processes also have an adverse effect on endothelial function.

Conversely, HDL removes cholesterol from the tissues to the liver, where it is metabolised and excreted in bile. HDL may also counteract some components of the inflammatory response, such as the expression of vascular adhesion molecules by the endothelium. Consequently, low HDL cholesterol levels, which are often associated with TG elevation, also predispose to atherosclerosis.

Management of Hyperlipidaemia

Lipid-lowering therapies have a key role in the secondary and primary prevention of cardiovascular diseases. Assessment of absolute risk, treatment of all modifiable risk factors and optimisation of lifestyle, especially diet and exercise, are central to management in all cases. One of the most important things in the natural treatment of Hyperlipidaemia is to reduce body weight and take regular exercise, which will help to regulate blood cholesterol and decrease the high risk of developing cardiovascular diseases, especially coronary heart disease.

MIASMATIC BACKGROUND: – Accumulation of lipid is sycotic miasm, and if one thinks about arteriosclerosis so there is thickening which is sycotic, while loss of elasticity belongs to syphilitic miasm.

REPERTORY: Homoeopathic repertory is unique which indexes the symptoms systematically for easily finding the remedy. In homoeopathic repertory, the term “arteriosclerosis” had been used which means thickening and loss of elasticity of the walls of arteries of all sizes. There are many forms of this classified by the types of lesions and arteries involved, such as atherosclerosis with fatty lesions in the arterial intima of medium and large muscular arteries.

SYNTHESIS REPERTORY

CHEST–ARTERIOSCLEROSISof coronaries: – Ars-I., aur.,Bar-c., bar-i., cact.,Crat.

GENERALS-OSSIFICATION- ARTERIES; of :-aur., Bar-c., lith-c., sec., vario.

GENERALS- BLOOD VESSELS -COMPLAINTS OF ARTERIES; of :-Cact.

GENERALS-INFLAMMATION- Blood vessels- Arteries: – ars., Calc., carb-v., Kali-i., Nat-i.,sulfa.

GENERALS- BLOOD VESSELS-degeneration of :- bar-c., bar-m., vanad.

PHATAK’S REPERTORY

ARTERIO SCLEROSIS: – sumb.

MURPHY’S REPERTORY

ARTERIO SCLEROSIS: – Ars-i., Arn., Calc., Glon., Stront-c., Stront-i., Tab., Vanad., Visc.ATHEROMA: – aur-m., bell., brom., Calc., Calc-f., caps., Graph., Lac-ac., Lach., Plb., Sil., sulph.

elderly people in :- Lach.

morbusbrighti , in :- ph-ac.

obese person, in :- caps.

pulmonary arteries, dilatation of right heart :- phos.

COMPLETE REPERTORY

CHOLESTEROL increased: chlf. cortiso. dulc. ins. mag-f. perh. sulph. thyreotr.

GENERALITIES – ARTERIOSCLEROSIS –Adren., Am-i., Ars-i., Cupr., Glon., Nat-i., Kali-i., Stront-i., Stroph-h.

BOGER BOENNINGHAUSEN CHARACTERISTICS AND REPERTORY

CIRCULATION- BLOOD-VESSELS- distended-, swelled- hard, sclerotic, thickened – Arn..aur..
calc-ar.. calc-c.. cup.. flu-ac.. form... iod., plb.. sec-c., stro.. tab.. vis-a.

BOERICKE'S REPERTORY

CIRCULATORY SYSTEM- ARTERIES- Atheroma of arteries – Adren., Am-i., Am-van., Aur.,
Phos., Plb., Plb-i., Polyg-a., Sec., Stront-c., Stront-i., Sumb., Vanad.

SOME INDICATED HOMOEOPATHIC MEDICINES:-

AURUM METALLICUM:- Arteriosclerosis, high blood pressure, nocturnal paroxysms of pain
behind the sternum. Sclerosis of liver, arterial system, brain.

CACTUS GRANDIFLORUS :- Constriction of the heart, as if from an iron band. Endocarditis
with mitral insufficiency together with violent and rapid action. Acts best in the incipency of
cardiac incompetence. Weakness of the heart in arteriosclerosis. Low blood pressure.

CALCAREA FLUORICA:- Arteriosclerosis; threatened apoplexy. Chief remedy for vascular
tumours with dilated blood vessels and for varicose or enlarged veins.

CUPRUM METALLICUM :- Angina pectoris. Slow pulse; or hard, full and quick. Palpitations,
precordial anxiety and pain. Fatty degeneration.

PHYSOSTIGMA-VENENOSUM :- Feeble pulse; palpitations, spasmodic action, with feeling
of pulsations throughout the body. Heart beats distinctly perceptible in chest and head. Fluttering
of heart felt in the throat. Fatty degeneration.

SQUILLA MARITIMA:- A cardiac stimulant affecting the peripheral vessels and coronary.

VANADIUM-METALLICUM:- A remedy in degenerative conditions of the liver and
arteries. Arteriosclerosis, sensation as if the heart was compressed, as if blood had no room in the
aorta. Anxious pressure on the whole chest. Fatty heart.

GUATTERIA GAUMERI:- Guatteriagaumeri Greenman (Annonaceae) has been used as bark
infusion in the traditional mexican medicine for the treatment of hypercholesterolemia and
cholelithiasis.

CONCLUSION:-

Despite the wealth of data supporting the beneficial effects of pharmacologic therapy on cardiovascular risk, patients often express a desire to accomplish similar goals with diet alone. In one of the studies from low-fat vegetarian diet plus exercise, stress management and group support have numerous additional benefits beyond lowering LDL cholesterol by 40%. These comprehensive lifestyle changes caused a 91% reduction in angina and significant improvements in myocardial perfusion and ventricular function after only 1 month as compared to control group. All medications, including lipid-lowering drugs have side effects, known and unknown. In contrast, it costs virtually nothing additional to eat a healthful diet, walk, meditate, and quit smoking and only side effects of these behaviours are beneficial ones.

It is nearly three decades since it became clear that elevation of serum cholesterol was one of the factors which carried an increased risk for the development of myocardial infarction. Today, there is a vast body of evidence showing a triangular relationship between habitual diet, blood cholesterol-lipoprotein levels and CHD, and that these relationships are judged to be causal. There is no population, in which CHD is common, that does not also have a relatively high mean level of cholesterol (i.e. greater than 200 mg/dl in adults).

It is now well-established fact that a persistently high cholesterol level can almost certainly precipitate a cardiac event such as CHD. Still most people do not have an idea of nutritional requirements and a balanced diet. Unhealthy dietary practices include a high consumption of saturated fats, salt and refined carbohydrates, as well as a low consumption of vegetables and fruits and these tend to cluster together .

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