

Hypertension in practice

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Hypertension affects approximately 50 million individuals in the United States and about 1 billion people worldwide. The diagnosis is made on the proper measurement of the blood pressure, during two or more separate visits, while the patient is seated and calm.

The following guidelines apply (National Heart, Lung and Blood Institute 2003):

	Systolic	Diastolic
Normal	< 120 mm Hg	< 80 mm Hg
Pre-hypertension	120-139 mm Hg	80-89 mm Hg
Stage I hypertension	140-159 mm Hg	90-99 mm Hg
Stage II hypertension	> 160 mm Hg	> 100 mm Hg

In Homotoxicology, hypertension is seen as a state of dysregulation and is classified into the impregnation phase. In treating hypertension, we treat not only the high blood pressure and the possible end organ damage (such as kidney, heart and eye disease) but also the dysregulation syndrome. Apart from the detoxification mentioned previously, special attention is also given to the neuroendocrine system, the cellular respiration and the antioxidant status.

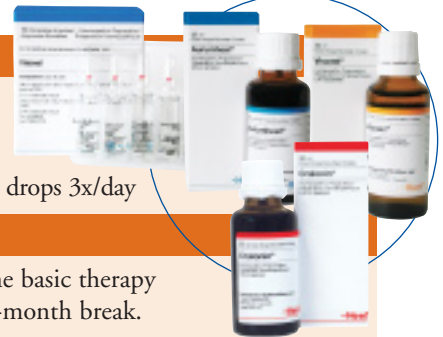
The decision of whether the biological therapy is sufficient should be determined individually, keeping in mind that Stage II hypertensive patients are probably not candidates for antihomotoxic therapy alone. In practice though, even in these patients, the biotherapeutic program can work drug sparingly, and reduce a patient to a Stage I or even a pre-hypertensive state.

Basic protocol for hypertension

CRALONIN and **AURUMHEEL**: 10 drops 3x/day of each

Additional treatment in stage I and II:

RAUWOLFIA COMPOSITUM: 1 oral vial 3x/week or **VISCEEL**: 10 drops 3x/day



Regulatory therapy

The basic therapy and regulation therapy are taken together. While the basic therapy continues all the time, the regulatory therapy is repeated after a three-month break.

Weeks 1-4: Advanced detoxification

HEPAR COMPOSITUM + SOLIDAGO COMPOSITUM or **EQUISETUM ARVENSE-INJEEL** + **THYREOIDEA COMPOSITUM** or **FUNICULUS UMBILICALIS SUIS-INJEEL**:

1 oral vial of each 2x/week for 4 weeks.

Weeks 5-8: Basic detoxification

DETOX-KIT: 10 drops of each preparation 3x/day for 3 weeks.

Weeks 8-12: Neuroendocrine Regulation

THALAMUS COMPOSITUM or **GLANDULA SUPRARENALIS SUIS-INJEEL** + **HYPOTHALAMUS SUIS-INJEEL**: 1 oral vial of each 2x/week for 4 weeks.

This should restore the normal chronobiology of the cardiovascular system, the immune system and the hormonal system.

If specific end organ damage is already present, **UBICHINON COMPOSITUM** or **UBICOENZYME** is added, with support for the specific organ; for example, **OCULOHEEL** for visual impairment, **APIS-HOMACCORD** for pedal edema. If microalbuminuria is present (this can be measured in the office or the laboratory), continue with **SOLIDAGO COMPOSITUM** or **EQUISETUM ARVENSE-INJEEL** until it has normalized.

The importance of **CRALONIN** as a long-term remedy is important to highlight.

The patient should be followed up regularly (every 4 weeks) and should not be allowed to remain in stage I too long. Hence, if there is no improvement, consider conventional therapy, but continue biological therapy as adjuvant and reassess at regular intervals.

