

Chauhan / Gupta

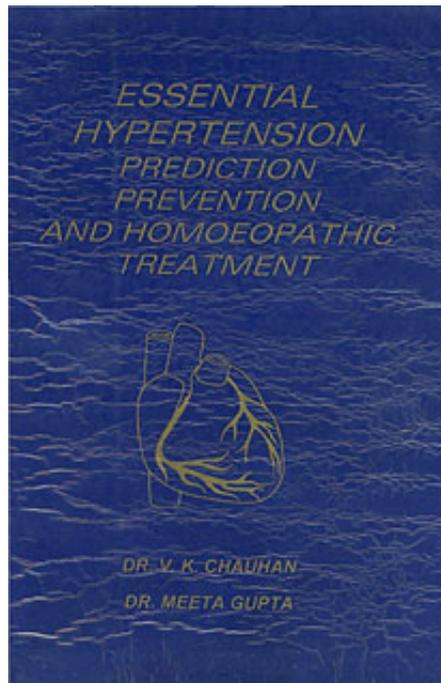
Essential Hypertension Prediction Prevention and Homoeopathic Treatment

Leseprobe

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von [Chauhan / Gupta](#)

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MIASMATIC ANALYSIS

Miasmatic analysis is an integral part of the '*Homoeopathic Evaluation*' of every individual case of chronic disease. Its synthesis provides insight into the pace and prognosis of disease for the individual under consideration. It also assists in selection of remedy, choice of potency and repetition.

Miasms are considered as latent and intrinsic predisposing causes for chronic diseases. These get activated in presence of extrinsic exciting and maintaining causes. The susceptible subject may harbor disease and yet remains asymptomatic or have one-sided presentation for a long time. Therefore the proper elucidation of such miasmatic traits, along with identification of environmental exciting and maintaining causes are integral aspect of miasmatic cleavage and patient individualisation.

The important intrinsic predisposition is recognised by family history of hypertension, gout, diabetes mellitus, coronary artery disease, sexually transmitted disease, along with age, sex, occupation, temperament, environmental stress, food habits, salt intake, build (obesity), are taken as markers, which guide in the understanding the hidden miasmatic background.

Early identification of latent miasmatic traits and evaluation of predominant miasm, in the individual enables us to initiate suitable preventive and curative measures.

MIASMATIC CLEAVAGE FOR HYPERTENSION

<u>Features</u>	<u>Predominant Miasm</u>
1. Ageing or premature old age: identifiable by degenerative features	Syphilitic
2. Male sex (Macho complex, unrealistic attitude with over confidence and malicious aptitude)	Sycotic
3. Female Sex: (Hormonal disturbance: post-menopausal female)	Sycotic.
4. Temperament: Type-A personality.	Psoro-Sycotic
5. Build: Obesity.	Sycotic
6. Family History / History of	
a. Diabetes Mellitus	Syco-Syphilitic
b. Hyperlipidaemia	Sycotic

<u>Features</u>	<u>Predominant Miasm</u>
c. Hypertension.	Sycotic
d. Gout.	Sycotic
e. STD: Gonorrhoea.	Sycotic.
f. STD: Syphilis	Syphilitic.
7. Personal History:	
a. Occupations, such as politicians, advocates, doctors, defence, diplomats, precipitate hidden predominant traits.	Psora/ Sycosis/ Syphilitic
b. Mental stress and anxiety (Stress or suppression of emotions precipitates hidden traits and flares them up from the latent state).	Psoric / Sycotic / Syphilitic
c. Dietary factors (Desire for):	
a. Salt	Sycotic.
b. Fatty, pungent salty food; sweets.	Sycotic
c. Eats to bursting point	Sycotic.
d. Strong stimulating things.	Syphilitic.
9. Complaints:	
a. Insidious, surreptitious onset and progress.	Sycotic.
b. Silent painless condition, but overt in its manifestations.	Syphilitic,
10. Pathology	
a. Medial muscular hypertrophy	Sycotic
b. Duplication of elastic lamina	Sycotic
c. Intimal proliferation	Sycotic
d. Atherosclerosis	Syco-syphilitic
e. Fibrinoid necrosis	Syphilitic
f. Aneurysm	Syphilitic
g. Infarction	Syphilitic
h. Organ failure	Syphilitic

EVOLUTION OF HYPERTENSION

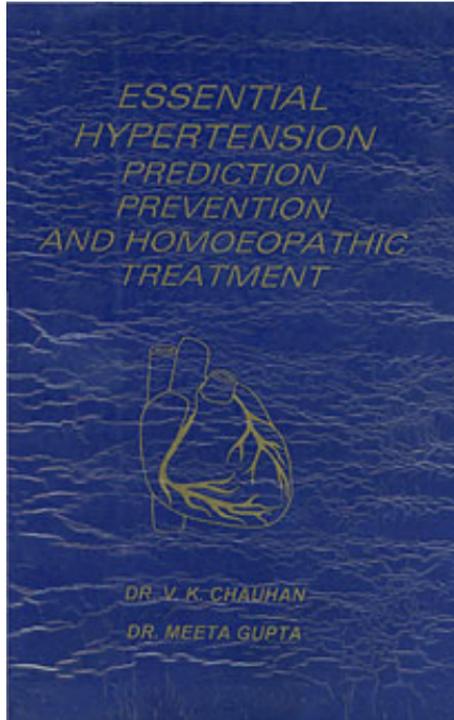
Evolution of hypertension is described in terms of its natural history, which signifies the way in which hypertension develops over the time from the earliest stage to its termination in the absence of any intervention, preventive or curative.

Natural history of hypertension presents a wide spectrum of the disease manifestations. At one end of the spectrum are pre-clinical and sub-clinical stages, which are not ordinarily identifiable and at the other end are, target organ failure, resulting in death. In the middle of the spectrum lie conditions ranging in severity from mild to moderate, depending upon the state of susceptibility and the stage of the disease in the individual subject.

When the patient comes to a physician, his present condition may be just an episode of a particular stage in the natural history of hypertension. The sequence of events in the hypertension can be interrupted or modified by the early diagnosis and treatment or by preventive measures, which, if introduced at the earliest stage, will retard the further progress of the disease.

For the clinical assessment and planning of effective intervention strategy, the hypertension is divided into following stages based on its natural history:

- Pre-clinical stage.
- Sub-clinical stage.
- Clinical Stage:
 - Primary one-sided clinical stage.
 - Secondary clinical stage.
 - Tertiary clinical stage.



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