

DR. M. L. DHAWALE MEMORIAL ORGANIZATIONS
Present
ICR SYMPOSIUM IN HOMOEOPATHIC PRESCRIBING
HOMOEOPATHIC MANAGEMENT OF ESSENTIAL HYPERTENSION
On 15th, 16th & 17th September 2017

VENUE: SION HOSPITAL AUDITORIUM, SION, MUMBAI
9.00 am to 6.00 pm

Introduction

Hyper-tension, as the name itself suggests, has two components - hyper as hyperactive / over excited / over stimulated and tension as pressure, mental / emotional strain. In hypertension, we see triggered hyperactive cardiovascular response. Is there tension in hypertension? A question asked repeatedly! Essential hypertension is one of the seven classic psychosomatic diseases for which psychoanalytical investigators have proposed psychodynamic aetiologies. Though Hypertension can be secondary, a majority of cases, almost 90%, are of essential hypertension.

Modern civilization has contributed to stressful or traumatic life situations. When combined with faulty lifestyle, the fading line between needs and wants leads to disequilibrium. This leads to psychosomatic disorders like essential hypertension, a highly important public health challenge and a major modifiable cause of morbidity and mortality.

The disease often tends to be asymptomatic for a long time - hence also labelled as a Silent Killer. Worldwide, 7.6 million premature deaths (about 13.5% of the global total) were attributed to high blood pressure. About 54% of strokes and 47% of ischemic heart disease worldwide are attributable to high blood pressure. The number of people living with *hypertension* is predicted to be 1.56 billion worldwide by the year 2025.

As the development, the course and the consequence of high blood pressure can be influenced by genetic, dietetic, and psychosocial factors, we need to study hypertension as a psychosomatic disorder and understand the connection between the genetic factor, the mind [psyche] and the body [soma] in these cases.

Homoeopathy, a holistic science with its insight into predisposition, disposition and disease, with the consideration of Miasms and Causation (Precipitating, exciting and maintaining) comes in here as one of the main systems to deal with this 'epidemic'. The hypertension of our patients is many times also accompanied with Dyslipidaemia, Obesity, Hypothyroidism, IHD, Diabetes, etc. A Homoeopath is required to be equipped from all perspectives of management. He has to be a good clinician, a good cardiologist, an endocrinologist, a psychologist and also a life coach to be an ideal Homoeopath. 'Is this possible in this life time?' would be the obvious question. Don't forget, dear Homoeopaths, that we all are trying to undertake this task day in day out. And to prevent from us getting 'hypertension', this symposium will enlighten us into different areas of Knowledge required in handling real Hypertension. In this symposium we will address Essential Hypertension without much comorbidity and complications as these states will require further in-depth study encroaching on the limited time. So let us start from simple cases and keep others for the future. We will focus on:

- Understanding causation from the Homoeopathic perspective: AF, Dominant Miasm, Fundamental Miasm,
- Constructing totality and understanding remedy profiles,
- Using remedies and their regulation,

- Using anti-Miasmatic forces
- Counselling for life style change,
- Determining the scale of potencies appropriate (centesimal, LM) and Repetition (single or few or multiple)
- Managing antihypertensive drugs with the consultation of the cardiologist

The complex choices are difficult to make, even with guidelines. Hence we begin this journey of essential hypertension with no major comorbidity and complications.

We expect to get insight in the treatment of Hypertension as well as into the lives of Patients (our teachers) and grasp the skewed perception of the self too!!

Objectives of the Symposium:

1. To understand the clinical evolution of hypertension
2. To understand the psyche behind the hypertension and its conflict in coping up with complex world
3. To evolve sensitivity, skills in case receiving, and develop discipline in recording cases of Hypertension.
4. To understand the internal world of the patient of hypertension and its impact on the physician and his perceptions
5. To understand Clinico-pathological-Miasmatic and psychological correlations in Hypertension
6. To learn to select suitable approach to Totalities and coming to similimum
7. To understand the causation of hypertension from bio-psycho-social perspective and its impact on the evolution of the disease.
8. To comprehend and apply the concepts of quantitative and qualitative aspects of host susceptibility to cases of essential Hypertension.
9. To learn to apply principles of Posology in the holistic management of Hypertension and evaluating remedy response.
10. To learn the effect of anti-hypertensives and the process of their regulation
11. To learn the role of diet, counselling and ancillary management in patients of Hypertension
12. To evolve a standardized approach to the understanding and treatment of Hypertension through Homoeopathy.

METHODOLOGY:

Case based discussion in large groups. Cases will be distributed in advance and it is expected that participants will come prepared with the working. Together we will achieve more!!

Presentations on relevant topics of clinical management will be done along with ancillary management.

Participants who have interesting experience of management of hypertension are requested to mail it to the Symposium Committee for presentation

Fees: Rs 3000/-Payable to-Dr. M. L. Dhawale Memorial Trust Homoeopathic PG Institute. Early Bird Fees – Rs. 2500/- till August end. 18% GST will be charged extra.

Details for NEFT

Name of A/c: Dr. M. L. Dhawale Memorial Trust Homoeopathic PG Institute

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References

Physiology

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Medicine

2. Anand Paul M, 2003, API, “*Textbook of Medicine*”, 6th edition, Section VII, chapter 20.
3. “*Harrison’s principles and practice of internal medicine*” 18th Edition, Chapter 247, McGraw Hill eBook.
4. Davidson, 2010, “*Principles and practice of medicine*”, Churchill Livingstone, 21st edition, chapter 18.

Psychosomatic

5. “*Stress and emotion*”, Volume 14, Spielberg Charles D. Irwin G. 23-Oct-2015.
6. “*Heart Disease: Environment, Stress, and Gender*”, Gerdi Weidner, Maria Kopp, Margareta Kristenson, 2000, IOS Press.
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8. Ahuja Niraj, “*Textbook of postgraduate psychiatry*”, 2nd edition, Section 6, Chapter psychosomatic disorders, page. no. 392
9. Kaplan and Sadock’s, (2005), “*Comprehensive text book of psychiatry*”, 8th edition, Lippincott Williams and Wilkins publishers, Pg. No; 2141-2143.