



Scope Of Homoeopathy In Myocardial Infarction

Dr. Viren D. Nimbark*

*M.D. HOMOEOPATHY, HOD, Associate Professor, Dept. of Surgery, Rajkot Homoeopathic Medical College, Parul University, Gujarat.

***Corresponding Author:** Dr. Viren D. Nimbark

*M.D. HOMOEOPATHY, HOD, Associate Professor, Dept. of Surgery, Rajkot Homoeopathic Medical College, Parul University, Gujarat.

Abstract:

Myocardial infarction (MI) also known as heart attack, occurs when the blood flow to a part of the heart muscle is blocked, usually by a blood clot. This can lead to damage or death of the heart muscle cells, and can be life-threatening. Myocardial infarction are one of the leading causes of death worldwide, and it is important to recognize the signs and symptoms of a Myocardial infarction and seek medical attention immediately if you suspect you or someone else is having one. Risk factors for Myocardial infarction include high blood pressure, high cholesterol, smoking, diabetes, obesity, and a family history of heart disease. Treatment for Myocardial infarction may include medications, procedures such as angioplasty or stenting to open up blocked arteries, and lifestyle changes such as diet and exercise.

Epidemiology

The most important behavioural risk factors of heart disease and stroke are unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol.

Risk factor

1. Smoking: Tobacco smoke contains chemicals that can damage the lining of your arteries and increase the buildup of plaque.
2. High blood pressure: When your blood pressure is high, it can damage the walls of your arteries and increase your risk of a Myocardial infarction.
3. High cholesterol: High levels of LDL (bad) cholesterol can lead to the buildup of plaque in your arteries, increasing your risk of a Myocardial infarction.
4. Diabetes: People with diabetes are at higher risk of developing heart disease, as high blood sugar levels can damage the lining of your arteries.
5. Obesity: Being overweight or obese can increase your risk of a heart attack, as it can lead to high blood pressure, high cholesterol, and diabetes.
6. Lack of physical activity: A sedentary lifestyle can increase your risk of a heart attack, as regular exercise helps to keep your heart healthy.
7. Family history of heart disease: If you have a family history of heart disease, you may be at higher risk of a Myocardial infarction.
8. Age: The risk of a heart attack increases as you get older, especially if you have other risk factors.
9. Gender: Men are more likely than women to have a Myocardial infarction, although women's risk increases after menopause.
10. Stress: Emotional stress can trigger a Myocardial infarction in some people, especially if they already have other risk factors.

Types

There are several types of Myocardial infarction including:

1. ST-elevation myocardial infarction (STEMI): This is the most severe type of Myocardial infarction and occurs when a coronary artery is completely blocked, leading to damage to a large portion of the heart muscle.

2. Non-ST-elevation myocardial infarction (NSTEMI): This type of heart attack occurs when a coronary artery is partially blocked, leading to damage to a smaller portion of the heart muscle.
3. Silent myocardial infarction: This type of heart attack occurs without any noticeable symptoms and may only be detected through an ECG or blood test.

Clinical features

The clinical features of myocardial infarction may include:

1. ECG changes: Electrocardiogram (ECG) changes are often seen in patients with a heart attack. These changes may include ST-segment elevation, ST-segment depression, or T-wave inversion.
2. Elevated cardiac enzymes: Blood tests may show elevated levels of cardiac enzymes such as troponin, creatine kinase, or myoglobin.
3. Chest pain or discomfort: This is the most common symptom of a Myocardial infarction and may feel like pressure, tightness, or squeezing in the chest.
4. Shortness of breath: This may occur with or without chest pain and may be accompanied by sweating, nausea, or lightheadedness.
5. Pain or discomfort in other areas of the body: This may include the arms, back, neck, jaw, or stomach.

ECG Changes during Myocardial Infarction (MI)

| Location of MI | Leads Affected | Vessel Involved | ECG Changes |
|----------------|---|---|---|
| Anterior wall | V ₂ to V ₄ | Left Anterior Descending artery (LAD) - Diagonal branch | <ul style="list-style-type: none"> • Poor R-wave progression • ST-segment elevation • T-wave inversion |
| Septal wall | V ₁ and V ₂ | Left Anterior Descending artery (LAD) - Septal branch | <ul style="list-style-type: none"> • R-wave disappears • ST-segment rises • T-wave inverts |
| Lateral wall | I, aVL, V ₅ , V ₆ | Left Coronary Artery (LCA) - Circumflex branch | <ul style="list-style-type: none"> • ST-segment elevation |
| Inferior wall | II, III, aVF | Right Coronary Artery (RCA) - Posterior descending branch | <ul style="list-style-type: none"> • T-wave inversion • ST-segment elevation |
| Posterior wall | V ₁ to V ₄ | Left Coronary Artery (LCA) - Circumflex branch Right Coronary Artery (RCA) - Posterior descending branch | <ul style="list-style-type: none"> • Tall R waves • ST-segment depression • Upright T waves |

6. Abnormal heart sounds: A doctor may hear abnormal heart sounds such as a murmur or gallop when listening to the patient's chest with a stethoscope.
7. Low blood pressure: In some cases, a Myocardial infarction may cause a drop in blood pressure, which can lead to dizziness or fainting.
8. Arrhythmias: A Myocardial infarction may cause abnormal heart rhythms such as ventricular tachycardia or fibrillation.
9. Nausea or vomiting: This may occur along with other symptoms or on its own.
10. Fatigue: Feeling unusually tired or weak may also be a sign of a heart attack.
11. Dizziness or lightheadedness: This may occur along with other symptoms or on its own. It's important to note that not all patients with a Myocardial infarction will have all of these clinical features. Some patients may only have mild symptoms, while others may have more severe symptoms.
12. Unstable angina: This is a condition where the blood flow to the heart is temporarily reduced, leading to chest pain or discomfort. It is considered a precursor to a Myocardial infarction and requires immediate medical attention.

Investigation

The investigation of a Myocardial infarction involves various tests and procedures to diagnose the condition and determine the extent of damage to the heart.

1. Medical history and physical examination: The doctor will ask about the patient's symptoms, medical history, and family history of heart disease. They will also perform a physical examination to check for signs of a Myocardial infarction such as chest pain, shortness of breath, and irregular heartbeat.
2. Electrocardiogram (ECG): An ECG is a non-invasive test that records the electrical activity of the heart. It can detect abnormal rhythms, damage to the heart muscle, and signs of a Myocardial infarction.
3. Blood tests: Blood tests can measure levels of enzymes and proteins that are released into the bloodstream when the heart is damaged. These include troponin, creatine kinase, and myoglobin.
4. Echocardiogram: An echocardiogram uses sound waves to create images of the heart. It can show the size and shape of the heart, how well it is pumping blood, and any damage to the heart muscle.
5. Cardiac catheterization: This is an invasive procedure where a thin tube is inserted into a blood vessel in the groin or arm and guided to the heart. A dye is injected into the arteries of the heart to visualize any blockages or narrowing.
6. Coronary angiography: This is a type of cardiac catheterization where a dye is injected into the coronary arteries to identify any blockages or narrowing.
7. Stress test: A stress test involves exercising on a treadmill or stationary bike while hooked up to an ECG machine. It can help determine how well the heart is functioning during physical activity.

Prevention

Here are some general tips to help prevent a Myocardial infarction :

1. Quit smoking: Smoking is a major risk factor for Myocardial infarction. Quitting smoking can greatly reduce your risk.
2. Eat a healthy diet: A diet rich in fruits, vegetables, whole grains, lean proteins, and healthy fats can help reduce your risk of Myocardial infarction.
3. Exercise regularly: Regular physical activity can help keep your heart healthy and reduce your risk of Myocardial infarction.
4. Maintain a healthy weight: Being overweight or obese can increase your risk of Myocardial infarction. Maintaining a healthy weight through diet and exercise can help reduce your risk.
5. Manage stress: Chronic stress can contribute to heart disease. Find ways to manage stress, such as meditation, yoga, or talking to a therapist.
6. Control high blood pressure and cholesterol: High blood pressure and cholesterol can increase your risk of Myocardial infarction. Work with your doctor to manage these conditions.
7. Limit alcohol consumption: Drinking too much alcohol can increase your blood pressure and contribute to heart disease. Limit your alcohol consumption to one drink per day for women and two drinks per day for men.
8. Manage diabetes: Diabetes can increase the risk of Myocardial infarction. If you have diabetes, work with your healthcare provider to manage your blood sugar levels and reduce your risk of Myocardial infarction.

Homoeopathic management

It is important to note that in the case of a Myocardial infarction, immediate medical attention is crucial. Homoeopathic remedies can be useful as a complementary treatment to conventional medical care, but should not be used as a substitute.

That being said, some homoeopathic remedies that may be helpful in managing Myocardial infarction symptoms include:

1. Arnica: It is commonly used for the treatment of physical trauma and shock. It may help in reducing pain and inflammation associated with a Myocardial infarction.
2. Crataegus: This remedy is made from hawthorn berries and can help improve the strength and function of the heart muscle. It can also help reduce cholesterol levels and improve circulation.
3. Naja: It is a remedy made from the venom of the Indian cobra. It may help in improving blood circulation and reducing the risk of blood clots.
4. Aurum metallicum: It is a remedy that may help in reducing anxiety and depression associated with a Myocardial infarction.
5. Digitalis: This remedy is often used for heart conditions and can help regulate heart rate and rhythm.
6. Aconite: This remedy is used when the onset of symptoms is sudden and intense, such as during a panic attack or after a fright. It can help calm the nervous system and reduce anxiety.

7. Nux vomica: This remedy is often used for individuals who have a history of overindulgence in food, alcohol, or drugs. It can help improve digestion and reduce stress on the heart.

8. Lachesis: This remedy is often used for individuals who feel worse after sleeping or lying on the left side. It can also help reduce high blood pressure and improve circulation.

9. SERUM ANGUILLAE: It is observed that cardiac irregularities and a marked state of asystolia, we may yet expect good results from this serum. Digitalis is indicated for the well-known symptomatic trilogy: arterial hypertension, oliguria and œdema and SERUM ANGUILLAE seems better adapted to cases of hypertension and oliguria, without œdema.

10. TRACHINUS: Swelling of whole body; of wounded arm then of head and chest. Stinging, burning, throbbing pain increasing to unendurable intensity lasting an hour and then decreasing. It should be indicated in cases of acute blood-poisoning with intense pains and Violant palpitation of heart.

REFERANCE

1. HOMOEOPATHIC MATERIA MEDICA - WILLIAM BOERICKE
2. HAHNEMANN'S ORGANON OF MEDICINE B.K.SARKAR
3. LECTURES ON HOMOEOPATHIC MATERIA MEDICA - J.T. KENT
4. TEXTBOOK OF HOMEOPATHIC MATERIA MEDICA BY DR. S.K.DUBEY
5. PRACTICAL MEDICINE - P. J. MEHTA