“Practical Tips“ Series
SANUM Meridian Therapy

Hypertonia

by Dr. med. M. Al-Haj
**Definition**

A hypertonia is the case when the arterial blood pressure is constantly raised above the normal measure. Currently, normal is considered to be 140/90 mmHg, beginning from the 15th year of life. Measurements of 140-160/90-95 mmHg are spoken of as threshold hypertonia. By definition, a genuine hypertonia is at hand when the systolic blood pressure is above 160 mmHg and diastolic pressure above 95 mmHg. These values apply regardless of age and in the state of physical rest.

Regarding the etiology of hypertonia in a holistic, medical perspective, the research obtained by Professors G. Enderlein and L. Wendt are referenced. Accordingly, a predominantly nutritionally conditioned rise in viscosity of the blood may be significantly involved in a case of hypertonia, and likewise, nutritionally conditioned changes in the vascular walls. In this, not only cholesterol plays a role, but also a diseased accumulation of Proteins on the basilemmas of the capillaries. According to Enderlein, the condition of „congestion“ (= Stausucht = Endobiosis), as a consequence of excessive intake of animal proteins, is not rarely the chief factor for the development of hypertonia.

**Hypertonia as Risk Factor**
Beside smoking or adipositas, hypertonia is the no. 1 risk factor, which statistically shortens life expectancy considerably. In Europe, the diseases caused by high blood pressure are among the most frequent causes for death. Attacks of stroke in the brain or other vital organs can be the consequence of a permanently raised blood pressure. The heart also gets weakened by the constant overwork, so that this can at last lead to heart failure. Not to be forgotten are the atherosclerotic vascular changes occurring due to hypertonia.

**Pathogenesis**

One differentiates between primary = essential hypertonia and secondary = symptomatic hypertonia.

1. **Primary (essential) hypertonia**

90% of all hypertonic patients suffer from primary (essential) hypertonia, which likely is connected with family heredity. Additional external factors, such as a sitting lifestyle, over nutrition, false eating habits, smoking, stress, etc. promote and aggravate the course of the illness. Usually, the disease profile develops in the years between 35 and 50, whereby the complaints occurring can be subjectively very different. Some hypertonic patients are nearly free from complaints in the beginning stage, others are nervous, irritated, dizzy, depressed, or they complain about headaches and noises in the ears. Because the subjective complaints fail to tell much about the severity of the disease in many cases, the disease profile of „hypertonia“ has been divided into three stages, on the recommendation of the WHO:

**Stage 1:** Hypertonia without signs of disturbances in the cardiovascular system (blood pressure from 160/95 mmHg upward).

**Stage 2:** Hypertonia with left heart hypertrophy, vascular changes at the background of the eyes, angiine complaints, stress dyspnoe, headaches, irritability, dizziness, performance defect. Diastolic blood pressure usually 110 to 125 mmHg.

**Stage 3:** Hypertonia with heart insufficiency, blood supply disturbances in the brain, weak kidneys, bleeding in the retina. Diastolic blood pressure 120-150 mmHg.

2. **Secondary (symptomatic) hypertonia**

Only about 10% of hypertonic patients suffer from secondary or symptomatic hypertonia. In these patients, high blood pressure is purely a symptom of another primary disease. So, for instance, in „renal“ hypertonia, the cause of the raised blood pressure can be a glomerulonephritis, a cirrhosis of the kidney, a pregnancy nephropathy or a constriction of the kidney arteries. Renal hypertension is the most frequent form of secondary hypertonia, with a 6-8% portion. In „endocrine“ hypertonia, the cause may be a hyperthyroidosis or a Cushing syndrome. In „cardiovascular“ hypertonia, there may be a sclerosis of the aorta, in „neurogenic“ hypertonia a meningitis or a brain tumor. For all forms of secondary hypertonia, the therapy must, naturally, start with the primary disease.

Medications also could trigger secondary hypertonia, which, however, disappears again after their discontinuation.

**Diagnosis**

The diagnosis of primary hypertonia is a diagnosis by exclusion. One
must first determine, whether it is of a secondary nature, or if it is the symptom of a primary illness. Only when this is safely ascertained, can the diagnosis of primary (essential) hypertonia be made.

**Accompanying Measures**

As supportive, accompanying measures in the following therapy of primary hypertonia have, among others, proven themselves very well:
- reduction of overweight;
- dietary measures, such as limitation of salt intake, less animal fat, less alcohol, less sugar;
- a full value nutrition;
- a regular sports activity;
- reconsideration of the lifestyle.

### The Therapy of Hypertonia

**A. Injections** in the following SANUM acupuncture points with:
SANUVIS one amp. + GINKGOBAKEHL one amp.

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Designation</th>
<th>Localization</th>
</tr>
</thead>
<tbody>
<tr>
<td>GB 20</td>
<td>Wind Pool</td>
<td>At the lower occipital edge close behind the Processus mastoideus.</td>
</tr>
<tr>
<td>LI 11</td>
<td>Pool at the Bend</td>
<td>At the lateral end of the elbow fold when bent to 90°.</td>
</tr>
<tr>
<td>ST 36</td>
<td>Leg Three Li</td>
<td>In the tiny dimple 1 cun beneath the head of the fibula, one finger's width lateral to the edge of the tibia.</td>
</tr>
<tr>
<td>LV 3</td>
<td>Great Surge</td>
<td>Above the recess between I and II Os metatarsale.</td>
</tr>
<tr>
<td>SP 6</td>
<td>Three Yin Intersection</td>
<td>2.5 cun above the inner knuckle at the dorsal edge of the tibia.</td>
</tr>
<tr>
<td>SP 2</td>
<td>Great Metropolis</td>
<td>On the inside of the foot at the lower edge of the projection of the Os naviculare in vertical elongation of the front line of the shank.</td>
</tr>
</tbody>
</table>

Suggested therapy - Twice weekly, 0.2 to 0.5 ml subcutaneous injected per point.

---

![Diagram of acupuncture points]

**Abbreviation**

- **GB 20**: Wind Pool
- **LI 11**: Pool at the Bend
- **ST 36**: Leg Three Li
- **LV 3**: Great Surf
- **SP 6**: Three Yin Intersection
- **SP 2**: Great Metropolis

**Designation**

- Wind Pool
- Pool at the Bend
- Leg Three Li
- Great Surf
- Three Yin Intersection
- Great Metropolis

**Localization**

- At the lower occipital edge close behind the Processus mastoideus.
- At the lateral end of the elbow fold when bent to 90°.
- In the tiny dimple 1 cun beneath the head of the fibula, one finger's width lateral to the edge of the tibia.
- Above the recess between I and II Os metatarsale.
- 2.5 cun above the inner knuckle at the dorsal edge of the tibia.
- On the inside of the foot at the lower edge of the projection of the Os naviculare in vertical elongation of the front line of the shank.
B. Autologous Blood Treatment

1st week: Mondays and Fridays, 2.0 ml autologous blood + 1.0 ml MUCOKEHL 5X i.m. each.

2nd week: Mondays and Fridays, 2.0 ml autologous blood + 1.0 ml MUCOKEHL 5X i.m. each.

3rd week: Mondays and Fridays, 3.0 ml autologous blood + 1.0 ml MUCOKEHL 5X i.m. each.

From the 4th week: 1x weekly, 1 injection of autologous blood with 5.0 ml autologous blood + 1.0 ml MUCOKEHL 5X i.m.

In total, the injections are applied for 6-8 weeks.

C. Medicinal Adjuvant Therapy

- UTILIN 6X (every 3 weeks, i.m.) 1.0 ml.
- Phoenix Cuprum Drops 3 days 3x 50 drops daily before a meal; from the 4th day on 3x 30 drops before a meal.
- Phoenix Aurum Drops 3x 30 drops after a meal.
- SANKOMBI 5X drops 1x daily 8 drops before a meal.
- MAPURIT capsules 2x 1 capsule taken daily with meals.
- Arte Rautin forte S Dragees 3x 2 dragees daily.

First published in the German language in the SANUM-Post magazine (27/1994)

© Copyright 1994 by Semmelweis-Institut GmbH, 27318 Hoya (Weser), Germany

All Rights Reserved