



## Case report

# Case report on integrative cardiology and acupuncture treatment for hypertension and its cofactors such as daily, multiple, long lasting vertex and occipital migraines/headaches<sup>☆</sup>



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## ABSTRACT

This case report describes the usage of integrative cardiology tools including acupuncture to help mitigate cofactors such as migraines and headaches due to hypertension. The patient suffered from idiopathic hypertension since the age of 16 accompanied with daily, long lasting severe occipital and vertex headaches/migraines. The patient incorporated nutritional recommendations as well as started an exercise and meditation programme, and received a total of (13) acupuncture treatments, and was also prescribed a Chinese medicinal herbal formula. After completing (13) acupuncture treatments, the patient had no symptoms of the cofactors (occipital and vertex headaches, irritability, and short tempered) related to hypertension. Acupuncture could play a role in treating cofactors related to hypertension.

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## 1. Introduction

Essential hypertension also called primary or idiopathic hypertension by definition has no identifiable cause, and prior to 1940, was virtually not recognised as a disease. 95% of all hypertensive patients fall into the category of essential hypertension [9,10]. According to the Center for Disease Control and Prevention, 70 million of the US population suffer from hypertension [6,7,12] and various cofactors based on 2006 data – that is approximately 29% of the US population or 1 in every 3 adults [12].

Hypertension is the most common problem for primary care visits in the USA. Unfortunately, only 50% of hypertensive patients have the disease under control [11,12], and continue to suffer with various cofactor related issues. The American Heart Association estimated the economic toll from hypertension at \$76.7 billion annually to the US economy [8]. Hypertension increases the risk of heart attacks, stroke and kidney disease [4,5]. It is paramount to have proper disease management tools available in order to prevent subsequent debilitating illnesses resulting from hypertension and its cofactors. According to research, acupuncture could be used as an adjunct in the treatment of hypertension and its cofactors [2].

<sup>☆</sup> This case report is a true testament of the significant impact of interdisciplinary collaboration on complex patients. It has been the first case in which a young female patient had gained relief from daily migraines/headaches which were initiated due to blood pressure fluctuations via an integrative treatment approach.

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## 2. Presenting concerns

Patient is a 38 year old female who suffered from hypertension since age 16. She is a mother of 3 children, experienced pre-eclampsia and placental abruption on all three pregnancies – had vaginal deliveries. Patient had been under care of a cardiologist since her teenage years, and was placed originally on atenolol for several years but medication was abruptly stopped (reason unknown to patient) by the cardiologist which caused her to have a hypertensive crisis in early 2015. At that time, patient was put on methyldopa which caused her to have an allergic reaction. This resulted in an ER visit; patient was stabilised, and placed back on atenolol 50 mg daily and nifedipine 30 mg daily. Blood pressure remains at 140/100 mmHg with the exception of daily short term blood pressure spikes. At the same time, patient has been experiencing daily, long lasting intense vertex and occipital headaches (on a scale 0–10; 6–7/10). Headaches were not managed or controlled via medication.

## 3. Clinical findings

Patient has significant family history for hypertension. Her biological father and multiple paternal uncles all developed hypertension at a young age. Patient is of Asian decent; 5 feet tall and weighs 122 pounds. Patient's diet consists of oatmeal for breakfast, salads and lean protein for lunch and dinner; she does not add salt to food, and she consumes a moderate amount of carbohydrates. She had suffered from chronic constipation for

several years, and also experiences abdominal bloating. Patient sleeps approximately 5–6 h per night, and is usually interrupted by her young children. Patient does not follow an exercise routine, but is actively involved in the care of her three young children. Patient also complains of constant neck pain for which she receives chiropractic adjustment on a regular basis.

Patient self-referred herself for evaluation of her hypertension and subsequent headaches from an integrative cardiology perspective.

### 3.1. Physical exam showed no abnormalities

Vital signs: BP 146/108 mmHg, Temperature 98.8 degree Fahrenheit or 37.1 degree Celcius; BMI 23.83 kg/m<sup>2</sup>; constitutionally well developed and well nourished; normocephalic; negative for thrombolytic.

Cardiovascular: patient experiences normal heart rate, regular rhythm, normal heart sounds and intact distal pulses, no heard murmurs heard.

Neurological: patient is alert and oriented to person, place and time. No cranial nerve deficit, negative for seizures, syncope and facial asymmetry.

Psychiatric: Patient has normal mood and affect; behaviour is normal, and optimistic outlook on life, very animated but not hyperactive.

Integrative cardiology evaluation resulted in the following recommendation for outpatient treatment:

- Follow up with her regular cardiologist for her usual medical Management and micronutrient testing – currently atenolol 50 mg daily oral, nifedipine 30 mg daily oral, Omega fish oil (3S/DHA/EPA/FISH) 1 tablet, Cyanocobalamin Vit B12 oral 1 tablet daily, Cholecaliferol Vit D3 1000 unit chewable daily.
- 3 day doctor's data stool test to evaluate for dysbiosis.
- Urine testing for heavy metal toxicity.
- Heart-Math Biofeedback sessions.
- 30 min of aerobic exercise daily.
- Acupuncture.
- Pranayama Universal Breathing – APP for iPhone.
- Supplements: CoQ10 100 mg daily, Magnesium Citrate 400 mg at bedtime, garlic supplement, Metagenics Cardiogenics Intensive Care.
- Foods to add to daily regiment: Celery – 4 stalks, garlic – 4 raw cloves, onions – 4 raw slices, wakame, natto, dark chocolate (at least 70%) 10–30 g.

Blood pressure development: Please note, no other blood pressure readings were taken.

### Blood pressure development

Date	Blood pressure readings
Initial visit 5/20/15	146/108 mmHg
6/30/2015	130/90 mmHg
12/17/2015	141/90 mmHg
3/29/2016	126/84 mmHg
6/16/2016	134/85 mmHg

## 4. Diagnostic focus and assessment

For the acupuncture treatments, the patient was asked at the very beginning of each session to answer the following questions verbally on a scale from 0 to 10 whereby 0 is no pain and 10 is the highest pain level.

- Did patient experience any headaches if so
  - What was the frequency of the headaches?
  - What was the intensity of the headaches?
  - What was the duration of the headaches?

Initially MYMOP (Measure Yourself Medical Outcome Profile) for patient's assessment was considered but due to time limitations, the above mentioned verbal shortened evaluation was used [1]. Patient's level of "happiness" and "improved temperament" was not part of the initial treatment goal but was referenced several times as a positive by the patient herself. Also a decrease of neck, back and low back pain was mentioned by patient numerous times but was not part of the initial treatment goal. The treatment goal was to decrease/diminish headaches and migraines.

Please refer to "Timetable A" to see the progression of the migraines/headaches symptoms indicated on a scale 0–10. This Timetable A also illustrates the various cardiology appointments and their recommended tests.

The figure, "Timeline for Cardiology and Acupuncture Services" shows a visual representation of patient interventions on a consecutive time line such as cardiology and acupuncture visits, acupuncture and herbal phone consultations and the development of the patient's blood pressure.

Please refer to the table for "Blood Pressure Development" to see swiftly how the blood pressure improved from the first cardiology visit back in May 2015 to the last follow-up in June 2016.

## 5. Therapeutic focus and assessment

Patient followed the recommendations of the integrative cardiologist; was medication compliant (atenolol 50 mg and nifedipine 30 mg daily), included nutritional recommendations (celery, garlic, onions, wakame, natto, dark chocolates), as well as taking vitamins (D3, B12, Fish oil, CoQ10, Magnesium citrate, Garlic, Metagenics Cardiogenics Intensive Care). Patient also started 30 min of daily aerobic exercise and started working out with a trainer two times a week 1 h each. Patient also incorporated Heart-Math biofeedback and pranayama breathing technique.

*Acupuncture treatment:* Due to the nature of the chief complaint of daily, long lasting and intense headaches, the patient received acupuncture every 4th or 5th day for a total of [5] acupuncture treatments each lasting 30 min. After the 5th treatment, patient reported absence of any headaches. The following three acupuncture treatments were given once a week. Patient reported again no headaches within treatment intervals of one week. Than two acupuncture treatments followed every other week – again no headaches. Another acupuncture treatment was scheduled after a three week interval. Patient experienced only one minor headache. At this time, patient also was prescribed an ancient Chinese herbal formula, Liu Wei Di Huang Wan, 1 g daily for two weeks; patient had a follow-up herbal consultation after being on the formula for two weeks; since patient experienced no headaches, the herbal prescription was decreased to every other day 1 g only. Another follow-up was scheduled 4 month later – at this time, patient reported experiencing only occasional tension but no headache – at this time the herbal prescription was decreased to only 2 times per week 1 g each time.

Patient also reported an improvement in her mood aside from being headache free.

Patient also indicated that her lower and middle back and neck are pain free, and the back feels looser all together.

Acupuncture had an immediate impact on the headaches as opposed to the dietary changes and nutritional supplements. During the first couple of treatments, patient experienced a headache prior to the acupuncture session. The headaches

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