

Chest Pain and Homoeopathy



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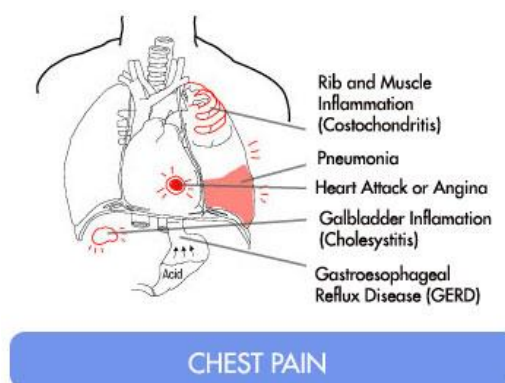
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In day to day clinical practice, chest pain appears as a very common symptom. Often, it becomes very difficult to recognize whether it is of importance in evaluation or to be ignored. In this article, major causes and differential diagnosis of chest pain along with corresponding remedies is discussed.



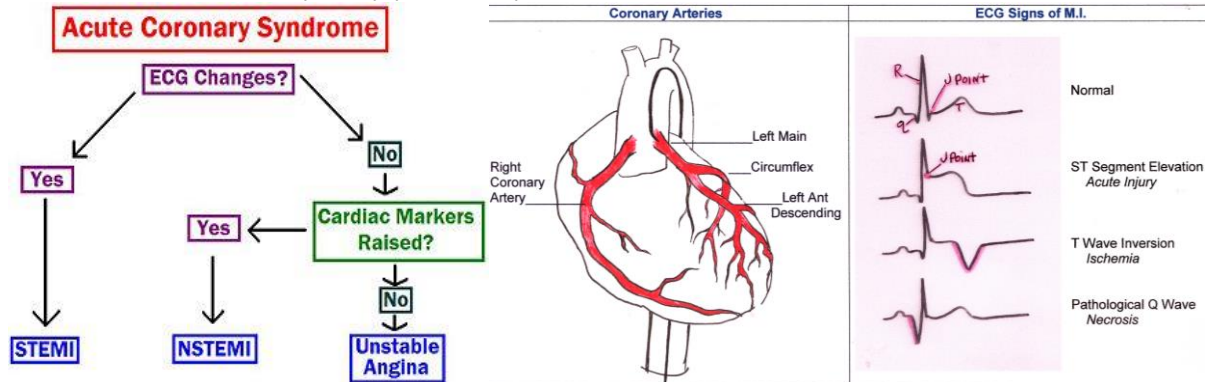
The main causes for chest pain include the following-

Cardiac Causes

Cardiac causes must be evaluated with ECG, Echocardiography and chest X Ray. CK MB, Troponin and other markers. Computed tomography of the chest, MRI, transesophageal echocardiography, and aortic root angiography all have a high sensitivity and specificity for detection of a dissection or minor anomalies.

Acute coronary syndrome

- This is the most common cause.
- Ischemic chest pain classically presents as substernal pressure, tightness, or heaviness with radiation to the jaw, shoulders, back, or arms. (Psora)
- The pain is typically worse on exertion and better by rest. (Psora)
- Concomitants may be dyspnoea, diaphoresis, and nausea. (Psora)

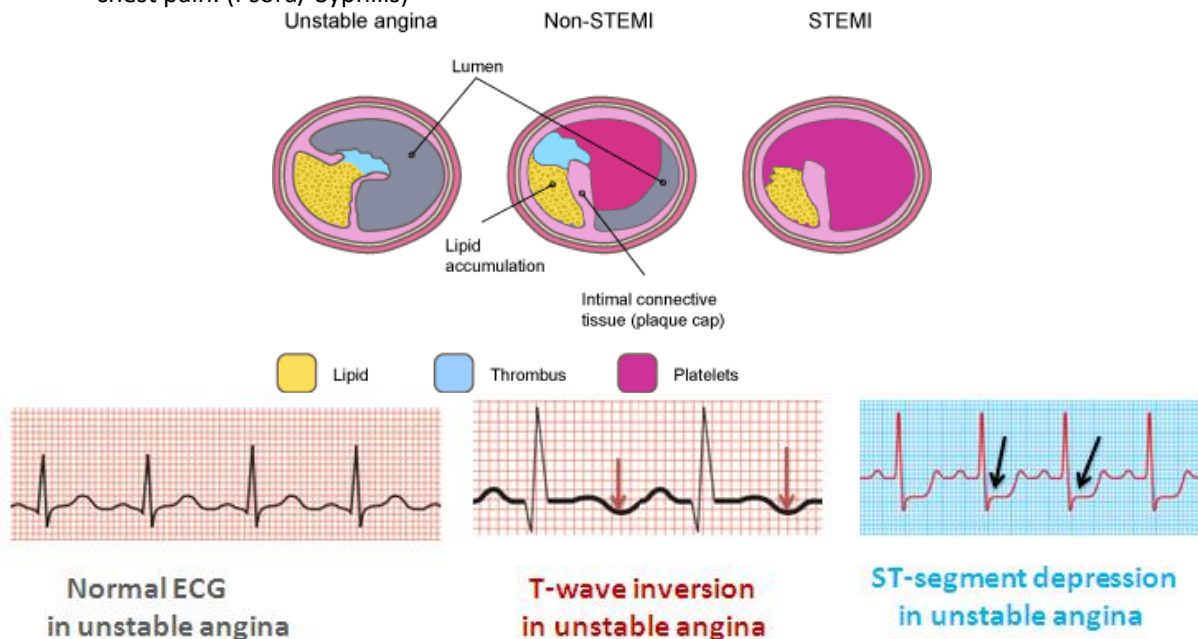


Homoeopathic remedies

acon. Agar. allox. alum. ant-t. ap-g. apis aq-mar. Arg-n. ars. asc-t. aster. AUR-M. AUR. aza. bamb-a. bar-c. bry. cact. camph. carc. Card-m. caust. cham. Chel. chin. Cimx. con. cystein-l. Dios. dream-p. dulc. Eup-per. Euphr. ferr. fuma-ac. helo-s. iber. ind. iod. jug-r. kali-bi. kali-n. kali-p. Kalm. kreos. lac-h. lact-v. led. lob. merc. mez. mim-p. morph. mosch. mur-ac. nat-c. nit-ac. nit-s-d. osm. ox-ac. ph-ac. phel. phos. plac. polys. psor. puls. pyrid. pyrog. Ran-b. Ran-s. rhus-t. Rumx. ruta samb. Sang. sangin-n. sel. SENEG. sep. Sil. spig. spong. stroph-s. sulph. symph. Syph. tarent. tax. ter. ther. tril-p. vanil. Verat. zinc.

Unstable angina

- Recent onset or increasing symptoms of chest discomfort occurring at rest without elevation of biomarkers (e.g., creatine kinase and troponin) is called unstable angina. (Psora)
- Diabetics, women, or the elderly may present with different symptoms, such as dyspnoea without chest pain. (Psora/ Syphilis)



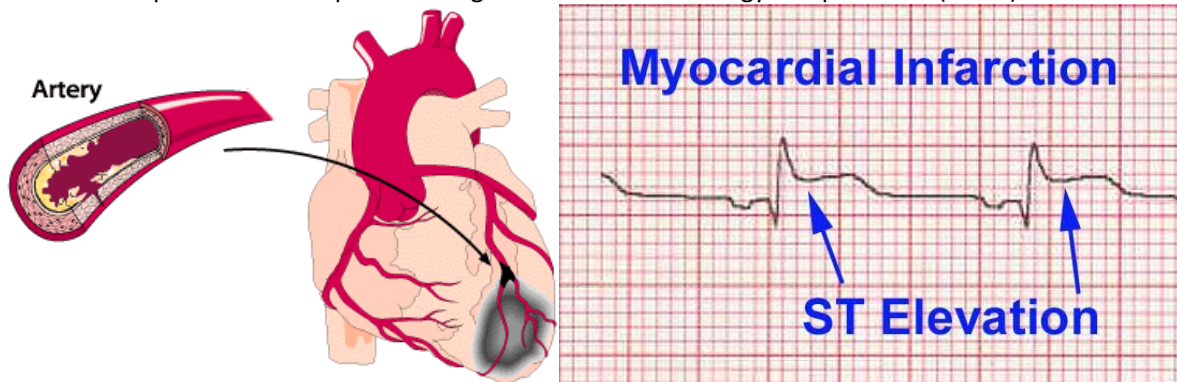
Homoeopathic remedies

acet-ac. acetylch-m. Acon. acon-ac. adren. Agar. AM-C. Aml-ns. anac. ang. APIS arg-col. arg-cy. ARG-N. ARN. ARS. ars-i. asaf. asar. Asim. AUR. AUR-M. Bar-m. bell. bism. CACT. calc-hp. camph. Carb-v. carneg-g. caust. cere-b. Chel. chim-m. chin. CHININ-AR. Chinin-s. chlol. chr-ac. chr-o. Cimic. cit-ac. coca cocain. conv. crat.

crot-h. crot-t. **Cupr.** cupr-act. **Cupr-ar.** des-ac. **Dig.** **Dios.** diph. diphtox. elaps foll. form-ac. fuma-ac. gels. germ-met. glon. haem. **Hep.** hist. **Hydr-ac.** ign. iod. ip. **Jug-c.** **Kali-c.** kali-i. kali-n. kali-p. **Kalm.** kola **Lach.** lact. lact-v. **LAT-M.** **Laur.** lil-t. **Lith-c.** lith-met. lob. **Lyc.** lycps-v. **Mag-p.** magn-gr. mal-ac. **MED.** merc. morg-g. morg-p. morph. **Mosch.** mucor **NAJA** nat-i. nat-n. nat-ns. nat-pyru. **Nux-v.** olnd. **OX-AC.** penic. petr. **PHOS.** phyt. pip-n. pitu-gl. plb. prot. prun. psor. **RHUS-T.** sacch-l. **Samb.** samb-c. saroth. scarl. scol. sep. **SPIG.** spir-aeth-c. **SPONG.** squil. staph. stict. **Stram.** stront-c. stront-i. stry. sulph. **Syph.** **Tab.** **Tarent.** thala. **Ther.** thuj. thyr. **Verat.** verat-v. verb. vib. wies. **Zinc.** zinc-val.

Myocardial infarction

- Ischemic chest pain typically lasts less than 20 minutes; pain of longer duration suggests myocardial infarction etc. (Psora/ Sycosis/ Syphilis)
- The cardinal features of myocardial infarction are chest pain that radiates to both arms and hypotension. (Psora/ Syphilis)
- With a normal electrocardiogram, positional chest pain, chest pain reproduced by palpation or chest pain that is sharp or stabbing makes ischemic etiology less probable. (Psora)

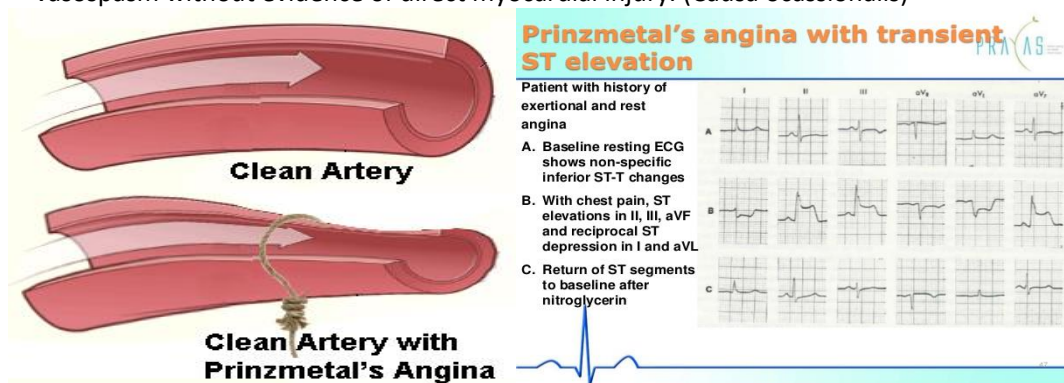


Homoeopathic remedies

am-c. ars. cimic. crot-h. hist. lach. lat-m. **Naja** parathyr. tab.

Prinzmetal's angina

- Coronary artery vasospasm, called Prinzmetal's angina typically presents as rest pain, similar to angina. (Psora)
- It may be associated with ST-segment elevation on the resting electrocardiogram. (Psora/ Syphilis)
- Cocaine use can cause chest pain and ST segment changes due to ischemia or secondary to vasospasm without evidence of direct myocardial injury. (Causa occasionalis)



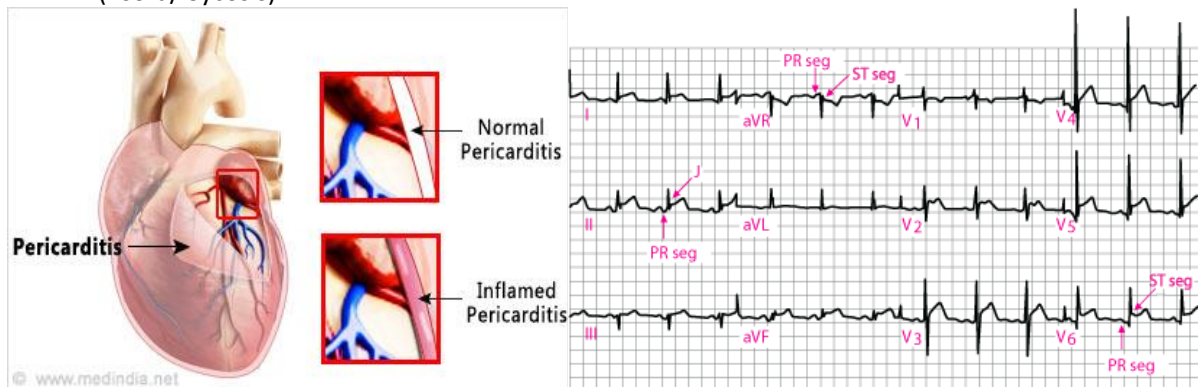
Homoeopathic remedies

agar. haem. lat-k. **Lat-m.**

Acute pericarditis

- Acute pericarditis may be preceded or accompanied by symptoms of an upper respiratory tract infection and fever. (Psora/ Sycosis)

- Pericarditis is characterized by sudden onset of sharp, stabbing substernal chest pain with radiation along the trapezius ridge. (Psora/ Sycosis)
- The pain is often worse with inspiration and lying flat. (Psora)
- Friction rub is frequently present at some time during its course. (Psora/ Sycosis)
- The classic rub consists of three components- atrial systole, ventricular systole, and diastole. (Psora/ Sycosis)
- A confirmatory electrocardiogram shows diffuse ST-segment elevation and PR-segment depression, findings that are specific but not sensitive. (Psora/ Syphilis)
- An echocardiogram differentiates significant pericardial effusion or pericardial tamponade. (Psora/ Sycosis)

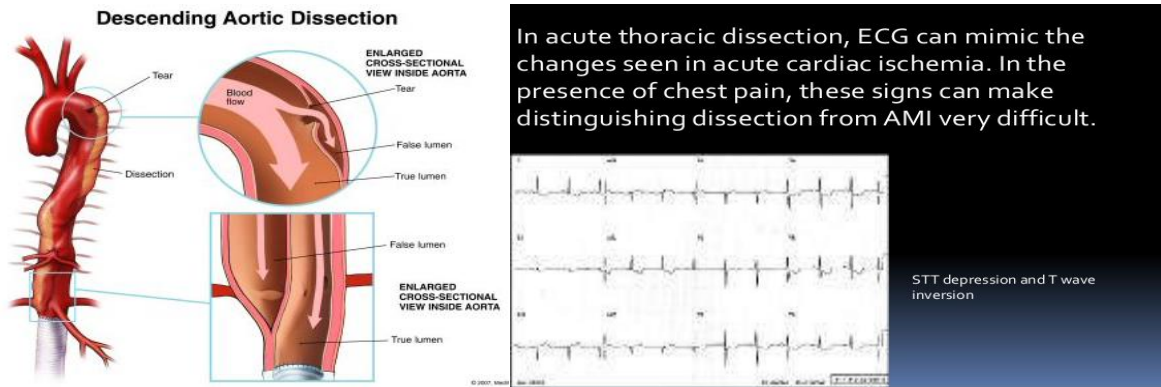


Homoeopathic remedies

ACON. adon. anac. ant-ar. Ant-t. Apis apoc. ARS. Ars-i. ars-s-f. Asc-t. aur. bell. Bry. Cact. cann-s. canth. carb-v. chlor. Cimic. Colch. Dig. eberth. franc. Iod. kali-ar. Kali-c. kali-chl. Kali-i. Kalm. Lach. lycps-v. magn-gr. Merc. Merc-c. naja nat-m. ox-ac. phase. phase-xyz. plat. PSOR. seneg. SPIG. Spong. squil. staphycoc. streptoc. SULPH. Verat. Verat-v.

Dissection of the thoracic aorta

- The dissection of the thoracic aorta typically present with abrupt onset of severe, sharp, or "tearing" chest pain often radiating to the abdomen, or back pain. (Psora/ Syphilis)
- Aortic dissection can be associated with syncope due to decreased cardiac output, stroke, and myocardial infarction caused by carotid and coronary artery occlusion/dissection, cardiac tamponade, and sudden death due to rupture of the aorta. (Psora/ Sycosis/ Syphilis)
- Hypertension is present in 50% of patients. (Psora/ Sycosis)
- A pulse differential (diminished pulse compared with contralateral side) on palpation of the carotid, radial, or femoral arteries is one of the most useful findings. (Psora/ Syphilis)
- An early diastolic murmur due to acute aortic insufficiency may be heard, particularly if the dissection involves the ascending aorta. (Psora/ Syphilis)
- The presence or absence of a diastolic murmur is not useful in ruling in or ruling out dissection.
- A wide mediastinum on a chest radiograph is the most common initial finding. (Psora/ Sycosis)
- Computed tomography of the chest, MRI, transesophageal echocardiography, and aortic root angiography all have a high sensitivity and specificity for detection of a dissection flap.
- Homoeopathy is often wonderful in cases of threatening aortic dissection as well as in minor ones but in extended or established cases, vascular surgery may be indicated.

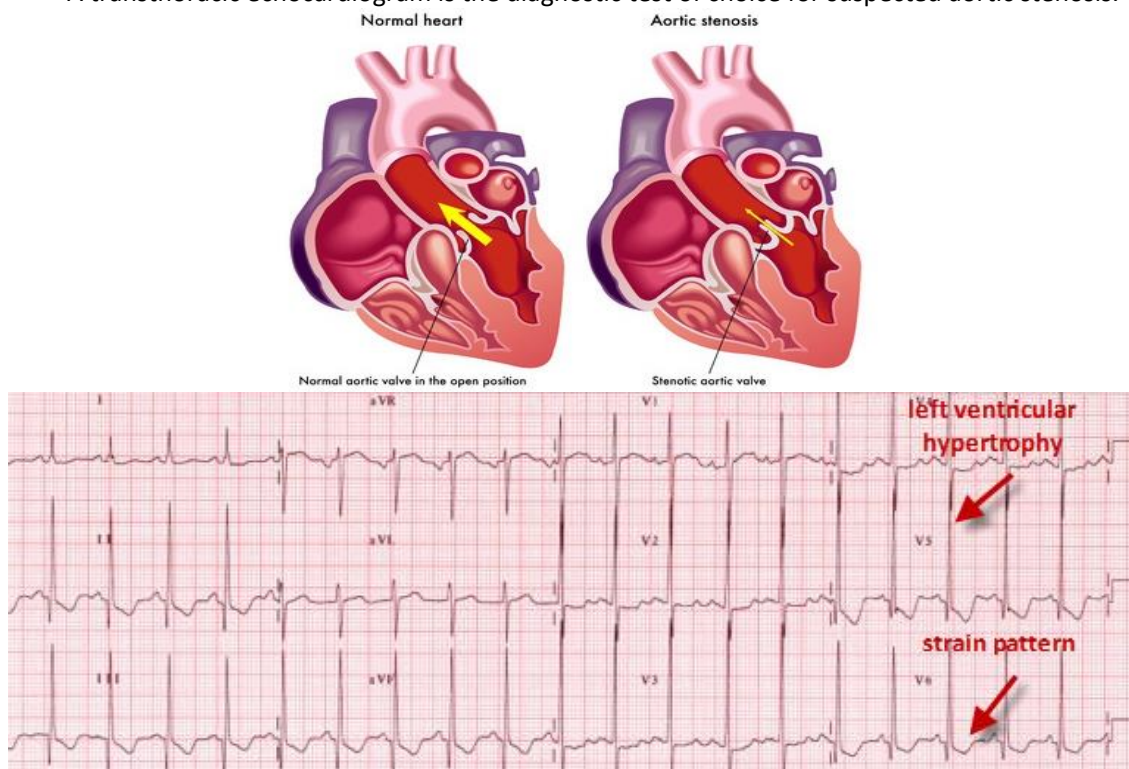


Homoeopathic remedies

acon. Phos. Sep. thuj.

Aortic stenosis

- Aortic stenosis is a cause of exertional chest pain and may be also accompanied by dyspnoea, palpitations, and exertional syncope due to a diminished cardiac output. (Psora/ Sycosis/ Syphilis)
- Physical examination reveals a systolic, crescendo-decrescendo murmur best heard at the second right intercostal space with radiation to the carotids. (Psora/ Sycosis)
- A transthoracic echocardiogram is the diagnostic test of choice for suspected aortic stenosis.



Homoeopathic remedies

acon. Adon. agar. Aml-ns. ant-t. Apis apoc. Ars-i. Ars. aspar. aur-br. aur-i. Aur-m. aur. Bar-c. CACT. calc-f. calc. camph. carb-ac. Chel. chinin-ar. Cocc. Colch. coll. Conv. crat. Crot-h. cupr-s. Cycl. Dig. ferr-ar. ferr-i. FERR. Glon. helo-s. hep. hydr-ac. Hydr. iber. IGN. iod. ip. kali-ar. kali-br. Kali-c. KALM. kreos. Lach. lat-m. laur. lith-c. lob. Lyc. Lycps-eu. lycps-v. Merc. NAJA nat-ar. nat-c. Nat-m. Nit-ac. nux-v. onos. ox-ac. Phos. plb. Psor. Puls. RHUS-T. sang. sep. SPIG. SPONG. stann. stram. Stroph-h. Sumb. tab. Tarent. Tell. thuj. thyr. toxo-g. tub. vanil.

Syndrome X

- Syndrome X is a cause of angina-like chest pain in young women. (Psora)

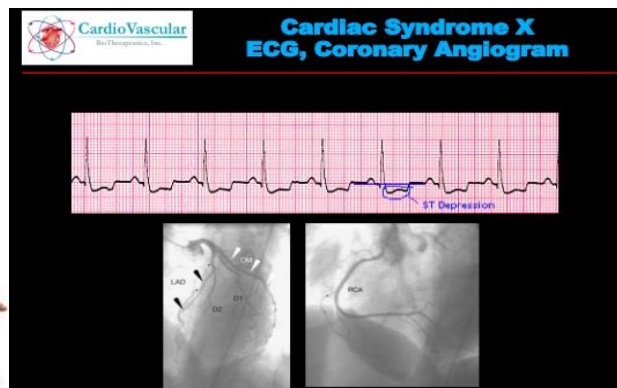
- It is characterized by angina symptoms, ST-segment depression on exercise testing, and normal coronary arteries on angiography. (Psora/ Syphilis)
- The etiology of the pain is unknown, but there is a strong correlation with psychiatric disorders. (Psora/ Syphilis)

Metabolic syndrome (Syndrome X)

- Central obesity
- High blood pressure
- High triglycerides
- Low HDL-cholesterol
- Insulin resistance



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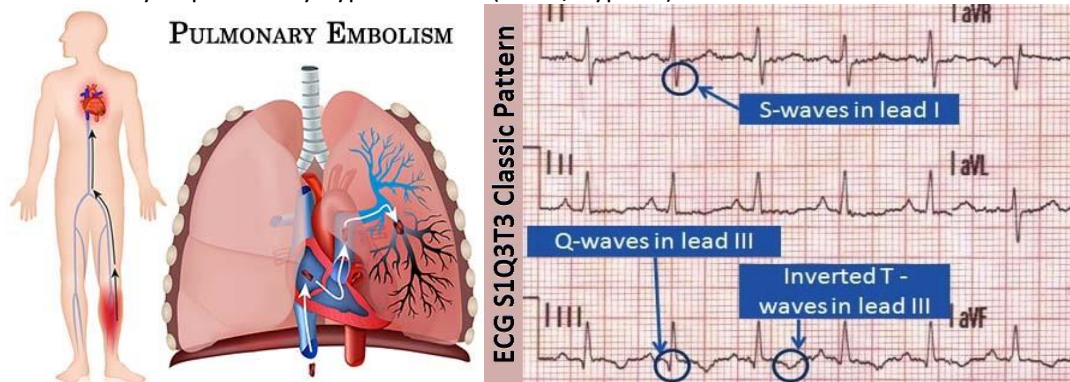
Homoeopathic remedies
kola mand. thuj.

Pulmonary Causes

Pulmonary causes of chest pain are initially evaluated with a chest x-ray. In patients with dyspnoea, pulse oximetry or an arterial blood gas analysis is indicated. In the setting of moderate to high suspicion for pulmonary embolism, a helical CT scan of the chest or a ventilation/perfusion lung scan with or without duplex Doppler examination of lower extremities is an appropriate initial approach. A negative D-dimer helps exclude the diagnosis of pulmonary embolism and is most helpful when the clinical suspicion is low.

Pulmonary embolism

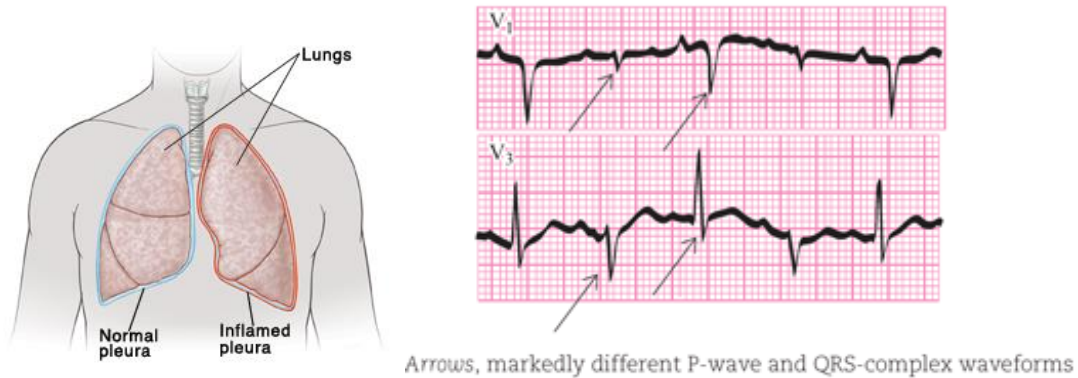
- Pulmonary embolism may present with acute pleuritic chest pain, dyspnoea, and, less often, cough and hemoptysis. (Psora/ Sycosis)
- The presence of risk factors for pulmonary embolism such as recent surgery, immobilization, history of previous venous thromboembolism and malignancy may suggest the diagnosis. (Causa occasionalis)
- Physical examination findings are nonspecific but may include tachycardia, tachypneic, and wheezing. (Psora)
- A right-sided S3 and a right ventricular heave may be present if there is acute right heart failure secondary to pulmonary hypertension. (Psora/ Syphilis)



Homoeopathic remedies
both.

Pleurisy

- Pleuritic chest pain can also be a manifestation of pneumonia and often is associated with fever, chills, cough, purulent sputum, and dyspnoea. (Psora/ Sycosis/ Syphilis)
- The physical examination may show wheezing or crackles and signs of consolidation such as dullness to percussion, egophony, and bronchophony. (Psora/ Sycosis/ Syphilis)

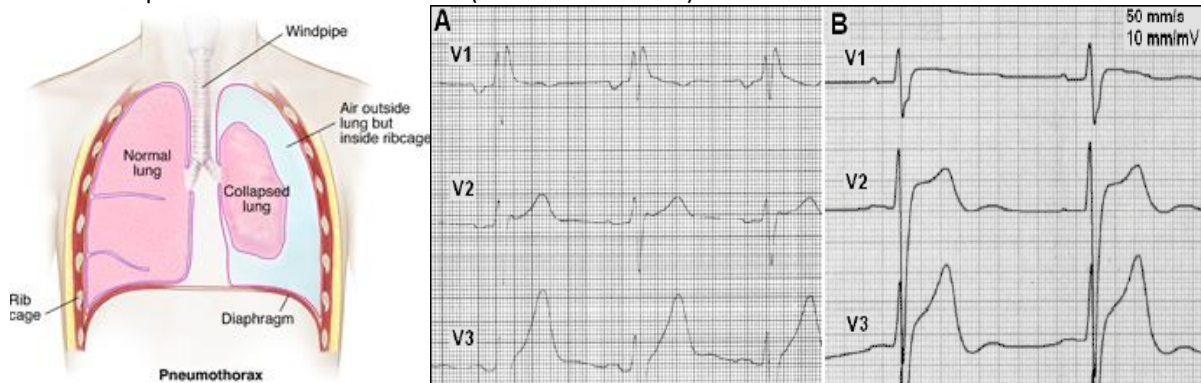


Homoeopathic remedies

Ant-ar. Kali-i. tub.

Pneumothorax

- Sudden onset of pleuritic chest pain and dyspnoea may be a sign of pneumothorax. (Psora/ Syphilis)
- The physical examination may show decreased breath sounds on the affected side. (Syphilis)
- If a tension pneumothorax is present, hypotension and tracheal deviation to the opposite side of the pneumothorax can be seen. (Causa occasionalis)



Homoeopathic remedies

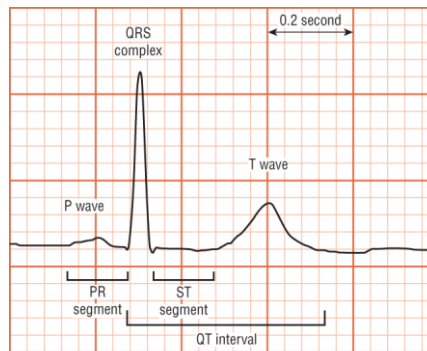
acon-f. arn. chlorpr.

Gastrointestinal Causes

A strict clinical examination of the patient and minor investigations may confirm the gastrointestinal causes of chest pains.

- These can mimic ischemic chest pain. (Psora)
- Main differences include pain lasting minutes to hours and resolving either spontaneously or with antacids. (Psora)
- Discomfort associated with reflux is often positional, worse when lying down and after meals, or awakens patients from sleep. (Psora)
- Other symptoms may include heartburn, regurgitation, chronic cough, sore throat, and hoarseness. (Psora)

- On physical examination, patients may exhibit wheezing, halitosis, dental erosions, and pharyngeal erythema. (Psora)



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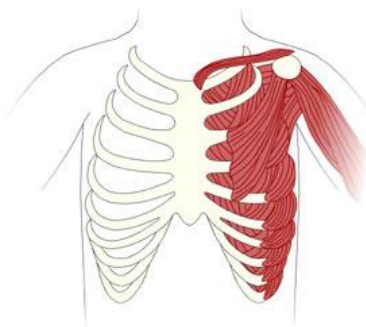
Homoeopathic remedies

alum-p. alum. alumn. am-c. anag. ant-c. Arg-n. Arn. Asaf. aspar. bell. bry. calc. caps. carb-v. caust. chel. CHIN. cimic. con. cupr. kali-c. kali-n. lac-h. lach. laur. lyc. mag-m. mez. nat-c. nux-v. petr. phos. plb. psor. puls. Ran-b. seneg. Sil. spong. sulph. sumb. thuj. tritic-vg. vanil. verat. zinc.

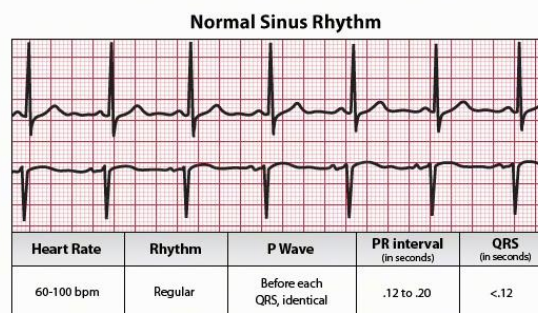
Musculoskeletal Causes

For musculoskeletal chest pain, the history and physical examination are keys to the diagnosis. Selected x-rays and laboratory tests may be indicated.

- These are more common in women than men.
- Common causes include costochondritis, arthritis, and fibromyalgia. (Psora/ Sycosis/ Syphilis)
- Musculoskeletal chest pain has an insidious onset and may last for hours to weeks.
- It is most recognizable when sharp and localized to a specific area of the chest; however, it can also be poorly localized. (Psora)
- The pain may be worsened by turning, deep breathing, or arm movement. (Psora)
- This type of chest pain may or may not be reproducible by chest palpation (pain reproduced by palpation does not exclude ischemic heart disease), and the cardiovascular exam is often normal.
- The presence of tender points in the upper chest increases the likelihood of fibromyalgia. (Psora/ Sycosis/ Syphilis)



Musculoskeletal Pain



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Homoeopathic remedies

cupr. hydr-ac.

Psychiatric Causes

In absence of any positive laboratory investigation, psychiatric evaluation may confirm the psychogenic cause of chest pains.

- Chest pain can also be a manifestation of severe anxiety and panic attack. (Psora)
- Symptoms include sweating, trembling, or shaking, sensations of choking, shortness of breath or smothering, nausea or abdominal distress, or feeling dizzy, unsteady, or lightheaded. (Psora)
- On physical examination, tachycardia and tachypnea may be present, but the remainder of the cardiovascular and pulmonary exam is unremarkable. (Psora)



Homoeopathic remedies

aconin. bell-p-sp. cact. Lil-t. Mosch. nux-v. tarent.

Conclusion

The chest pain is very common sign we happen to face in our daily practice. Not all the cases of chest pain are critical, but we cannot ignore its existence. A simple chest pain caused due to underlying major cause tends to become fatal. All the needful investigations must urgently be carried out and diagnosis of chest pain must be confirmed as an emergency. Only after correct and timely diagnosis, the prognosis, plan of treatment and further management can be done to save the life. Homoeopathy being holistic in approach, has the most effective and fastest curing powers, and must be applied very skillfully for assuring sure shot cure.

Bibliography



Addressing Chest Pain in Older Adults Current Diagnosis & Treatment: Geriatrics



Basic Chest Radiography (CXR) > EVALUATION OF CHEST PAIN AND/OR DYSPNEA Principles and Practice of Hospital Medicine, 2e ... Commonly, chest radiographs are urgently ordered to evaluate causes of chest pain and to look for complications such as asymptomatic pulmonary edema in the setting of myocardial ischemia. Although the chest radiograph may be normal despite a life-threatening condition, such as an aortic...



Chapter 14. Chest Pain > Chest Pain Unit CURRENT Diagnosis & Treatment Emergency Medicine, 7e ... An emerging method of evaluation of chest pain in the Emergency Department is the Chest Pain Unit. Various structures can be utilized, but most are protocol-driven observation units intending to screen low risk patients for cardiac origin of chest pain. Often located in the ED proper, the Chest...



Chapter 21. Nuclear Cardiology > Evaluation of Acute Chest Pain Hurst's The Heart, 13e ... subsequently are ruled out for acute ischemic syndromes, chest pain units have been instituted for the acute evaluation of chest pain patients presenting to the ED. SPECT MPI with 99m Tc -sestamibi or 99m Tc-tetrofosmin, with injection during chest pain, provides an excellent opportunity to reduce...



Chapter 27. Chest Pain The Patient History: An Evidence-Based Approach to Differential Diagnosis



Chest Discomfort > OUTPATIENT EVALUATION OF CHEST DISCOMFORT Harrison's Principles of Internal Medicine ... of the Patient with Chest Discomfort 1. Could the chest discomfort be due to an acute, potentially life-threatening condition that warrants urgent evaluation and management? Unstable ischemic heart disease Aortic dissection Pneumothorax Pulmonary embolism 2...



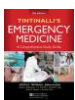
Chest Pain Symptom to Diagnosis: An Evidence-Based Guide, 3e



Encyclopedia Homoeopathica



Gastrointestinal Disorders > CHEST PAIN OF UNDETERMINED ORIGIN Current Medical Diagnosis & Treatment 2017 ... One-third of patients with chest pain undergo negative cardiac evaluation. Patients with recurrent noncardiac chest pain thus pose a difficult clinical problem. Because coronary artery disease is common and can present atypically, it must be excluded prior to evaluation for other causes...



Low-Probability Acute Coronary Syndrome > COCAINE-ASSOCIATED CHEST PAIN Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8e ... In a study of 130 patients with cocaine-associated myocardial infarction, the mean age was 38 years. AMI occurs in approximately 6% of patients who present to the ED with chest pain after cocaine use. The initial evaluation of the patient with cocaine-associated chest pain is the same as outlined...



Noninvasive Cardiac Imaging: Echocardiography, Nuclear Cardiology, and Magnetic Resonance/Computed Tomography Imaging > Testing Strategy Considerations in Patients Presenting with Chest Pain to the Emergency Department Harrison's Principles of Internal Medicine ... presentations represent an acute coronary syndrome (ACS). Strategies used in the evaluation of these patients include novel cardiac biomarkers (e.g., serum troponins), conventional stress testing (ETT), and noninvasive cardiac imaging. It is generally accepted that the primary goal of this evaluation...



NUCLEAR CARDIOLOGY > Evaluation of Patients with Acute Chest Pain Hurst's The Heart, 14e ... Almost 8 million individuals are evaluated each year for acute chest pain in the emergency department (ED). 307 Despite standardized protocols and high vigilance, between 2% and 6% of patients are erroneously discharged with missed MI, 308 with higher mortality rates than patients who...



Oropharyngeal & Esophageal Motility Disorders > A. Chest Pain of Unknown Origin CURRENT Diagnosis & Treatment: Gastroenterology, Hepatology, & Endoscopy, 3e ... Patients in whom the initial evaluation does not yield a cause are identified as having CPUO. The first step in the evaluation of a patient with CPUO is to carefully exclude coronary artery disease because of the life-threatening nature of cardiac chest pain. This may require coronary...



Radar 10



The Screening Physical Examination > Chest pain and shortness of breath DeGowin's Diagnostic Examination, 10e ... The chest can be evaluated for pleural effusion and the lung for interstitial pulmonary edema. The heart can be assessed for systolic function, pericardial effusion, and signs of right ventricular strain. ...