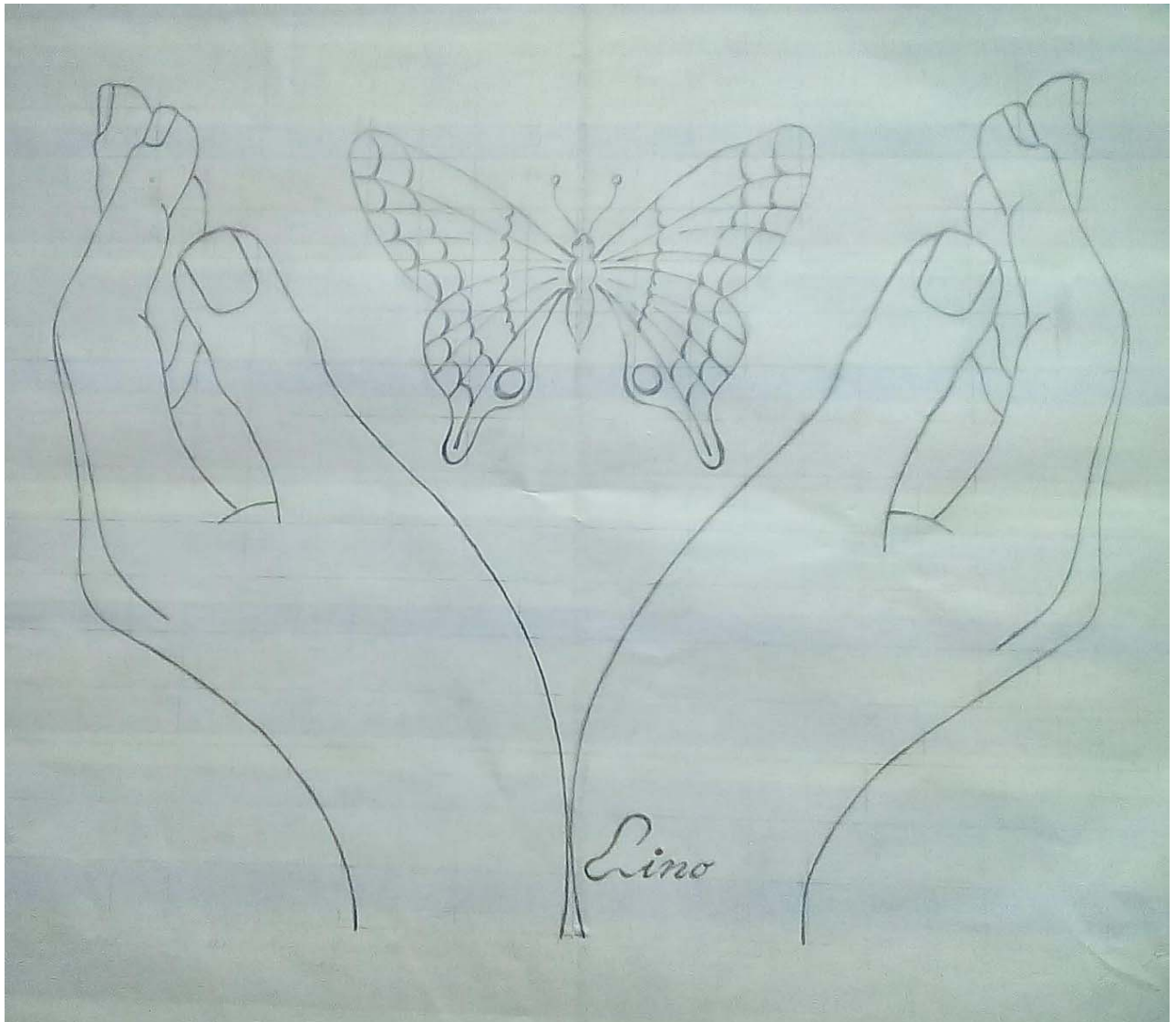


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Safety of the nutraceutical Diuripress in patients with hypertensive heart failure.

Paparello P.T.¹, Marchitto N.², Raimondi G.³

1) Med-Inf Association. Fondi, Latina (Italy). www.med-inf.com

2) "SAPIENZA" University of Rome, Italy; Internal Medicine Department and Geriatric Clinic, S. Giovanni di Dio Hospital, Fondi, (Latina), Italy.

3) "SAPIENZA" University of Rome, Italy.

Correspondence Author: Paparello Paola Tamara **Email:** paolapaparello@libero.it

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ABSTRACT

BACKGROUND: Many subjects suffer from both cervical and lumbar pain, due to the presence of vertebral protrusions for which there are possible surgical solutions. These subjects often respond only partially to medical and rehabilitative therapies. A treatment of lumbar and cervical pathologies carried out with osteopathic manipulation is gradually gaining ground, therefore we decided to prepare this study to evaluate its possible application in the nursing field. **AIM:** The aim of our pilot study, carried out on 20 patients, is to analyze the cardiovascular safety of Diuripress when used in therapy, in order to improve the circadian regularity of blood pressure through the effect of hawthorn, maintain the physiological drainage of body fluids by means of hibiscus and orthosiphon and finally normalize the electrolyte balance of magnesium. The analysis of cardiovascular safety was performed by exploring the main arrhythmic indices (Qt, Qtc and Tpeak to T end index). **MATERIALS and METHODS:** To carry out our study, we considered 20 patients over 18 years of age (mean age 20 years). All patients gave their consent to undergo non-invasive electrocardiographic recordings, necessary to evaluate heart rate variability (HRV). The examined patients underwent an initial electrocardiographic recording (Time 0) and were subsequently treated with cervical manipulation or lumbar manipulation. The subjects were also divided into two different groups: the first group included all patients undergoing treatment of the cervical region, while the second group included those patients undergoing osteopathic treatment of the lumbar region. Upon completion of the treatment, all patients underwent a second electrocardiographic recording (Time 1), in order to identify any differences in the neuro-vegetative system between the two separate groups. **RESULTS:** The results of our pilot study allow us to assert that treatment with Diuripress is safe even in geriatric patients suffering from hypertensive heart failure. The absence of statistically significant variations in the main arrhythmic indices QT, Qtc and Tp/Te represents a great clinical advantage because it excludes the possibility of correlations with cardiac arrhythmias, often frequent in elderly patients. **DISCUSSION:** The data obtained from the study group treated with osteopathic manipulation indicate an increased sympathetic tone (LF average 679.7 vs 731.5 post) and a decreased parasympathetic tone (HF

587.9 vs 371.1 post) as confirmed in the report by the overall increase in the balance ratio (LF / HF 1.4 pre vs 1.9 post). The three variables under examination— which indicate the value of the adrenergic and the acetylcholinergic tone— show variations in two different moments of the study, before and after treatment, but did not give significant statistical signs. In order to better classify the sympathetic balance variations in the two different conditions, the patients were divided into two groups: one group suffering from lumbar pathology and the second group suffering from cervical pathology. Both groups underwent the statistical analysis of the parameters of the sympathetic (LF) and parasympathetic (HF) modulation index. In the study group on osteopathic manipulation of the cervical spine, there was an increase in the value of the sympathetic tone (LF mean 165.9 vs 222.8 post) and a decreased parasympathetic tone (HF average 147.1 pre vs 202.4 post), as confirmed, within ratio, from LF/HF variations (LF/HF 1.2 pre vs 1.1 post). However, in the study of lumbar osteopathic manipulation, we noted an increase in the value of the sympathetic tone (LF mean 985.6 vs 1027.5 post) and a decreased parasympathetic tone (HF mean 780.6 pre vs 677.2 post), as confirmed by the variations of the LF / HF ratio (LF / HF 1.0 pre vs 1.6 post).

CONCLUSION: The study allowed us to observe the presence of different levels of neurovegetative tone in patients treated with osteopathic manipulations. During the assessment carried out after the osteopathic manipulation maneuvers, it emerged an increase in orthosympathetic tone and a reduced parasympathetic tone among the patients subjected to examination. The same trend occurred following the separation of the patients examined by specific treatment categories. Our data show that patients undergoing lumbar osteopathic manipulation showed an improved orthosympathetic tone and decreased parasympathetic tone; while patients undergoing osteopathic manipulation of the cervical spine show an increase in both orthosympathetic and parasympathetic tone, with a high prevalence of the orthosympathetic tone, confirmed by variations in the LF/HF ratio. **LIMITS of the study:** in light of the limited amount of subjects included in our study, the data emerging from the statistical analysis should be interpreted as preliminary data. A further increase in the number of patients examined in our study will allow us to better define the variations of the sympathetic vagal balance with respect to the osteopathic manipulations on the lumbar spine or the cervical spine and confirm the presence or absence of statistically significant variations on the sympathetic tone indices (LF) and parasympathetic tone indices (HF).

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