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The Mechanism Causing Arterial Hypertension is Different in this New Global Immunodeficiency

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The definition of arterial hypertension is when the systolic blood pressure of 130 mmHg and diastolic blood pressure of more than 80 mmHg [1].

When I was attending medical school in Brazil, I studied several mechanisms that could be involved in the development of arterial hypertension. However, most cases were classified as essential hypertension, with no detectable cause [2-3].

Recently, I have observed cases of arterial hypertension in which patients are unable to reduce their blood pressure levels despite the use of antihypertensive medications [4].

Since I realized that all of my patients were presenting a lack of energy in the five internal organs of Traditional Chinese Medicine—the Liver, Heart, Spleen, Lungs, and Kidneys—which I consider to be a characteristic of this *New Global Immunodeficiency*, caused mainly by the modernization of telecommunication after the implementation of 4G and 5G technology, I have observed that many patients who arrive for treatment with elevated blood pressure levels experience a reduction in blood pressure after receiving highly diluted medications to restore the lack of energy of these organs mentioned above, according to the theory I created when I began my homeopathy course in Brazil (2015) titled *Constitutional Homeopathy of the Five Elements Based on Traditional Chinese Medicine* [5-7].

This theory was created to address the energy deficiency in these five elements that the world's population has been experiencing in recent years. Due to the modernization of communication systems, the widespread use of cell phones, and the implementation of 4G and 5G technology in the environments where we live and work, these electromagnetic waves may invisibly affect the energy of our internal organs. As a result, many of the emotional and physical diseases observed today may have their origin in this energy deficiency caused by exposure to this electromagnetic radiation [5-8].

Therefore, the lack of energy in these organs, especially the Kidneys and Liver, generates energetic imbalances that can lead to elevated Blood pressure. We can observe that patients using antihypertensive medications may still be unable to adequately control their blood pressure because the actual mechanisms causing hypertension may not be addressed. Currently, this condition may be related to energy deficiency in these five internal organs according to Traditional Chinese Medicine [6, 9].

I would like to present a recent clinical case to illustrate what is currently occurring. A 54 years-old female patient, came for an acupuncture session because she was undergoing treatment for trigeminal neuralgia and was experiencing a headache on the right side of her face and lateral skull region. I measured her blood pressure using a wrist monitor on her left upper limb, and her blood pressure was 190/120 mmHg.

I performed bloodletting at the apex of her right ear and applied acupuncture points to the same ear using mustard seeds fixed with adhesive tape.

I measured the energy of the five internal organs that compose the Five Elements Theory of Traditional Chinese Medicine and found that all five internal massive organs were completely depleted of energy, rated one out of eight. I then administered one dose of the Wu Wei protocol, composed of highly diluted medications according to the theory I developed, entitled *Constitutional Homeopathy of the Five Elements Based on Traditional Chinese Medicine* [7].

In addition, I inserted acupuncture needles bilaterally at the Triple Energizer 6 (TE-6) point and asked the patient to remain seated for 15 minutes in a separate room so that the treatment could take effect.

After 15 minutes, the patient returned, and I measured her blood pressure again using the same device. Her blood pressure had already decreased to 130/80 mmHg.

I asked her to return the following day for a follow-up blood pressure evaluation. When she returned, her blood pressure remained stable at 130/80 mmHg.

I prescribed the highly diluted medications of the Wu Wei protocol for daily use. I did not prescribe any conventional antihypertensive medication because the medications commonly recommended today, being highly concentrated, could further reduce this patient's energy according to the Arndt-Schulz Law. Since her energy levels

were already low, this could potentially lead to adverse effects such as thrombosis, myocardial infarction, stroke, or even sudden death [7, 10].

The second clinical case I would like to share in this article concerns a 38-year-old female patient who had been suffering from arterial hypertension for six years following a highly stressful emotional event. At that time, her blood pressure reached 220/190 mmHg.

She received medical treatment on that day because she had fainted. The physicians administered medication to lower her blood pressure, and since this occurred during the COVID-19 pandemic, it was not advisable for her to remain hospitalized. Therefore, she was discharged home. At the time, she was staying with relatives, and many services and institutions were being closed because of the pandemic [5-6].

When she returned to her hometown, she consulted three different cardiologists, each of whom proposed a different explanation for her condition. The first suggested that she might have kidney disease. The second believed she was consuming excessive amounts of sodium. However, all laboratory and diagnostic tests were normal. The third cardiologist stated that such severe hypertension could be related to emotional factors, but there was no longer any emotional condition present that could explain the persistence of such elevated blood pressure levels.

At that time, she was taking six different medications to control her blood pressure and was following an appropriate diet. Her treatment included diuretics, angiotensin receptor blockers, and other medications that she no longer remembers because she is no longer taking them today.

Despite following the prescribed treatment, she recalls that her blood pressure never returned completely to normal. It frequently remained around 140/80 mmHg, 140/100 mmHg, or with systolic values near 150 mmHg. At these levels, she usually experienced no symptoms. Severe symptoms occurred only when her systolic blood pressure reached 200 to 220 mmHg, causing intense headaches, especially in the occipital region and neck.

The most serious event occurred on September 18, 2025. She woke up with an extremely severe headache. At that time, she was correctly taking her antihypertensive medication. After waking up, she took another dose of her blood pressure medication, but the headache remained intense.

Shortly afterward, she began to experience tingling on the left side of her body. Initially, she believed it was not serious and assumed it might have resulted from remaining in the same position for an extended period.

She woke up at 7:30 a.m., went to have her nails done, and then went to work. By approximately 9:00 a.m., the tingling had worsened significantly, and she began losing strength in her left leg, impairing her ability to walk. The same process affected her left upper limb. Her left arm and hand gradually lost strength, eventually leading to an inability to move her left hand.

At the same time, she noticed that her face was also being affected. The left side of her face became drooped, her lips became asymmetrical, and one eye appeared sunken. Her assistant commented that it looked as though she had just come from the dentist because the left side of her face was visibly drooping.

She immediately understood what was happening because she had lived with hypertension for many years and was familiar with its potential complications. She quickly asked for help. Her symptoms were highly characteristic, and she knew she was experiencing a stroke.

She was taken to an emergency department, where her blood pressure measured 220/190 mmHg. The diagnosis of ischemic stroke was confirmed.

This patient arrived at my clinic six years after that episode, in 2026, still presenting with arterial hypertension despite the use of antihypertensive medications.

During her initial evaluation, her blood pressure was 190/110 mmHg. I measured the energy of the five internal organs associated with the Five Elements Theory of Traditional Chinese Medicine—the Liver, Heart, Spleen, Lungs, and Kidneys—using the technique of radiesthesia. All five organs were found to be completely depleted of energy, rated one out of eight.

She began treatment with highly diluted medications designed to replenish the energy of these five organs according to the theory I developed, entitled *Constitutional Homeopathy of the Five Elements Based on Traditional Chinese Medicine* [7].

After one week of treatment, she returned for reevaluation, and her blood pressure had decreased to 130/80 mmHg [7].

Therefore, this medication designed to replenish the energy of the Five Elements, intended for use in patients presenting with this *New Global Immunodeficiency*, should be available in emergency rooms, outpatient clinics, anesthesia carts, and hospital pharmacies. It should be accessible throughout all sectors of medical care because it addresses what I consider to be the underlying factor causing arterial hypertension in the new type of human being we are treating today, which differs from the population we encountered fifteen or twenty years ago [9-10].

Because many individuals no longer possess adequate energy in their internal organs—which, according to Traditional Chinese Medicine, are responsible for generating the energy necessary to maintain proper Blood circulation through the interaction of *Yin*, *Yang*, *Qi*, and Blood—this generalized deficiency of vital energy leads to the formation of internal Heat. This internal Heat, by itself, may contribute to the development of arterial hypertension [9, 11, 12].

However, because these alterations occur at the energetic level, physicians frequently request complementary diagnostic tests that often return normal results. This does not necessarily mean that there is no underlying factor contributing to elevated blood pressure [5, 6, 9].

The alteration initially occurs at the energetic level and is not detectable through laboratory testing. Only after many years of energetic imbalance may abnormalities become evident in laboratory examinations [13, 14].

Therefore, medications commonly prescribed to lower blood pressure may not be fully effective in patients with arterial hypertension if the underlying cause of the elevated blood pressure is related to energetic imbalances. According to the principles of Traditional Chinese Medicine, these imbalances may involve the

Liver, Kidneys, Gallbladder, and the formation of internal Heat [9]. Measures should be taken to correct these energetic disturbances in order to normalize Blood pressure levels and reduce the possibility of adverse effects associated with the use of highly concentrated medications currently recommended worldwide for the treatment of hypertension. Most patients continue to receive highly concentrated medications despite belonging to what I consider a new population profile characterized by immunodeficiency rather than immunocompetence, as discussed in my previous publications [9-12].

Furthermore, the complication experienced by the patient described in Case 2, who developed an ischemic stroke, may have been related to the use of highly concentrated medications. Since she already presented significant energetic deficiency in these organs and received medication intended to lower her Blood pressure, her energy levels may have been further reduced, making it more difficult for Blood to adequately reach the nervous system and potentially contributing to an ischemic process within the central nervous system [10, 11, 15].

Due to the changes in the energetic profile of the global population associated with the modernization of communication technologies and the implementation of 4G and 5G systems, it has become necessary to reevaluate the medical curriculum of the majority of medical schools aroud the world. Following the implementation of the Flexner Report (1910), which significantly modified medical education, the medications taught and prescribed in modern medicine have become predominantly highly concentrated, produced by the pharmaceutical industry. In the specific case of arterial hypertension, these approaches may no longer be fully adapted to the new population profile that we are observing today, which I consider to be immunodeficient because of deficiencies in the internal organs associated with the Five Elements Theory of Traditional Chinese Medicine [5, 16, 17].

Medical schools should include education regarding the use of highly diluted medications and promote awareness that the mechanisms responsible for arterial hypertension may exist at a deeper energetic level. Understanding how to address these situations has become increasingly important in contemporary medical practice [9, 18].

In addition, it will be necessary to establish more schools dedicated to Homeopathy in order to train physicians in these approaches and to integrate the new theory developed for the treatment of patients living in this era of advanced communication technologies. In this way, treatment can be directed toward the root cause of disease at the energetic level, potentially reducing severe or even fatal adverse effects that may occur when highly concentrated medications are used in a population experiencing significant reductions in internal energy, as is currently observed worldwide [10-16].

In conclusion, the cases presented in this article suggest that arterial hypertension may be associated with energetic deficiencies involving the Five Elements of Traditional Chinese Medicine in this New Global Immunodeficiency, caused by the modernization of telecommunication after the implementation of 4G and 5G technology. The use of highly diluted medications aimed at restoring the energy of these organs may represent a therapeutic approach capable of reducing Blood pressure levels while addressing what may be the root cause of the condition. Further studies are necessary to better understand these relationships and to evaluate the role of energetic treatments in the management of arterial hypertension in the modern population.

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