Hypertension

(READING TIPS: For fast reading, scan through the topic headings in BOLD BLACK, important conclusions in BOLD BLACK ITALIC, and "Must Know" in BOLD BLACK ITALIC UNDERLINED..)

Before You Begin

Information presented here is for general educational purposes only. Each one of us is biochemically and metabolically different. If you have a specific health concern and wish my personalized nutritional recommendation, write to me.

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**Diet Tips for Reducing Blood Pressure**

**Summary**

Elevated blood pressure is a major risk factor for heart attack or stroke. It is also know as the "the silent killer" because people with elevated blood pressure do not "feel" like they have a health problem. This "silence" camouflages the danger of hypertension and the need to do anything about it.

**Over sixty million Americans have high blood pressure (also known as hypertension), including more than half of white Americans from 65 to 74 years of age, and 71% of African-Americans in the same age group.**

What are the alternative anti-aging options for normalizing borderline to moderate hypertension.

**Classification of Hypertension**

The ideal anti-aging blood pressure for an adult is 120 (systolic) / 80 (diastolic).

Hypertension is divided into the following levels:

2. Mild: 140-160 / 95-104  
3. Moderate: 140-180 / 105-114  
4. Severe: 160+ / 115+

*Statistically, over 80% of those afflicted with hypertension fall into the borderline to moderate range.*

**When Should Drugs Be Used To Treat Hypertension?**

All who have hypertension should be under the care of a physician for a complete work-up and treatment. It is often necessary for those with severe and moderate hypertension to use drugs to bring the blood pressure down to anti-aging levels. However, **for those with borderline to mild hypertension, virtually every authority, including the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure, has recommended that non-drug therapies be used as the first step treatment. Large-scale studies,**
including the Australian and Medical Research Trial, have shown that drugs offer minimal, if any benefit, in protecting against heart disease in people with borderline and mild hypertension. In addition, drugs carry significant risks and associated side effects.

Side Effects of Anti-Hypertensive Drugs

Traditional hypertension medications range from beta-blockers, vasodilators, and diuretics, to calcium channel blockers. They are prescribed under the supervision of a physician and many have unpleasant side effects.

Beta-blockers (such as propanolol - trade name Inderalâ) have been known to decrease high-density lipoprotein (HDL) levels and increase triglycerides. Further, for those with borderline or mild hypertension, reduction in blood pressure from medications alone has not been found to substantially decrease the rate of coronary heart disease. This is contrary to the expectations, since hypertension is an acknowledged risk factor for coronary heart disease.

High Blood Pressure Protocol

The following 4 step protocol should be followed concurrently for at least 60 days. In most cases, you will see lowering of blood pressure. Do not stop your medications if you are current them and and always consult your doctor prior to starting any naturally oriented program.

Attention

Because of tremendous individual variation, the use of nutritionals should therefore be personalized for your body. One person’s nutrient can be another person’s toxin. If you have a specific health concern and wish my personalized nutritional recommendation, write to me.

1. Nutritional Supplementation

A. Coenzyme Q10 (CoQ10), L-Carnitine, and Lipoic Acid

CoQ10, also known as ubiquinone, is a coenzyme essential for the proper functioning of the mitochondria. It acts as a "spark plug" during the production of ATP, the energy currency of all body processes. CoQ10 deficiency has been found in 39% of patients with high blood pressure. This finding suggests there is a need for CoQ10 supplementation. Meanwhile, various medications, such as a class of
Statin drugs commonly used to lower cholesterol, inhibit the production of CoQ10.

When 10 patients with high blood pressure were given 100 mg of CoQ10 daily for 10 weeks, systolic pressure dropped from 161 to 142 mm Hg and diastolic pressure dropped from 98 to 83 mm Hg. In other words, expect a 10% drop in systolic and diastolic blood pressure with CoQ10 supplementation. Cholesterol levels also dropped from 227 mg/dL to 204 mg/dL.

The exact mechanism of action for lowering blood pressure remains unknown. It may be due to CoQ10's ability to lower levels of the dangerous oxidized form of cholesterol and to stabilize the vascular system via its antioxidant properties.

It is well documented that CoQ10 increases the efficiency of the energy production mechanism within the mitochondria. Mitochondria are the energy factories of the cell. The energy currency they produce is ATP. An increased efficiency in energy production results in a stronger heart muscle. In countries like Japan, CoQ10 is used extensively as an alternative and natural treatment for angina and congestive heart failure.

The body's production of CoQ10 begins to decline after age 20 to just 50% by age 70. Numerous long-term studies have been conducted to ascertain the efficacy of CoQ10 supplementation. These studies indicate that in those patients with myocardial dysfunctions such as ischemic cardio-myopathy or congestive heart failure, CoQ10 supplementation results in statistically significant improvements in condition. In an 8-year study of 424 patients with cardiac dysfunction, 58% improved by one functional class, 28% by two classes, and 1.2% by three classes. Further, overall medication requirements dropped, with 43% of the patients discontinuing between one and three drugs. Only 6% were required to add one drug.

CoQ10 also plays a vital role as an antioxidant in cellular membranes and plasma lipoproteins. It is present in all plasma membranes and in LDL-cholesterols. Studies illustrate CoQ10's protective action against the oxidative modification that makes LDL-cholesterol atherogenic. In its reduced form, ubiquinol, CoQ10 also functions as a chain-breaking antioxidant and is believed to regenerate vitamin E. In a study on 40 patients undergoing elective coronary artery bypass surgery, pretreatment with CoQ10 at 150 mg/day for seven days served as protection against oxidative compounds.

You can get CoQ10 from your diet, although the amount is minute. For example, one pound of sardines or 2.5 pounds of peanuts provides just 30 mg of CoQ10.

Working synergistically with CoQ10 as anti-aging cardio-protective and vaso-protective agents are two endogenous antioxidants that also enhance mitochondrial function and reduce free radical damage - L-carnitine and lipoic acid.
The ability of the cell to utilize fatty acids as a source of fuel is essential for optimizing the production of ATP by mitochondria in cardiac cells to keep the heart properly functioning. L-carnitine assists in this transportation process by bringing fatty acids from the extracellular space into the mitochondria. In one double blind trial, 500 mg per day of a modified form of carnitine called propionyl-L-carnitine led to a 26% increase in exercise capacity after six months.

Lipoic acid is both a water- and fat-soluble antioxidant. It neutralizes free radicals in both the fatty and watery regions of cells, in contrast to Vitamin C, which is only water-soluble, and Vitamin E, which is only fat-soluble. Lipoic acid is therefore called the "universal antioxidant". As such, it has the ability to recycle both Vitamin C and E in our body. It also helps break down sugars so that energy can be produced from them through cellular respiration. In addition to serving as a thermometer of the body's antioxidant network, lipoic acid is the only antioxidant that can boost the level of intracellular glutathione, a cellular antioxidant of tremendous importance. Glutathione is a water-soluble antioxidant essential for the optimum functioning of the immune system.

A 12-week course of intake is needed before a decline in blood pressure is seen.

Daily Nutritional Supplement consideration:
Coenzyme Q10: 60 - 120 mg
L-Lipoic Acid: 70 - 300 mg
L-Carnitine: 300 - 1200 mg

B. Magnesium

Only 25% of Americans meet the Recommended Dietary Allowance (RDA) of 300 - 400 mg per day for magnesium. Most American women get between 175 and 225 mg per day, and men, between 220 and 260 mg. For the diet alone to supply enough magnesium, you would need to eat about 2000 calories a day. Nuts, whole grains, and legumes are excellent dietary sources of magnesium.

Magnesium is a critical mineral and cofactor in over 300 enzymatic reactions in our body, including the production of energy. Many nutritional expert feels that the optimum intake of magnesium should be from 6 - 10 mg / 2.2 pounds of body weight (about 700 mg a day for the average American). Magnesium is easily absorbed and interacts synergistically with potassium in many body systems. In one double-blind study, 21 male patients with high blood pressure were given 600 mg of magnesium (as magnesium oxide) or a placebo. Mean blood pressure decreased 10%. Magnesium supplementation appears to work best in conjunction with a high potassium diet. Population studies indicate that those who drink "hard water" high in minerals like magnesium have lower incidences of hypertension. However, high doses of magnesium may cause diarrhea.
Daily Nutritional Supplement Consideration:
*Magnesium Oxide: 200 - 400 mg 3 times a day.*

C. Garlic

Garlic has been used for thousands of years for its immune enhancing properties. Modern use of garlic also focuses on its ability to lower cholesterol and blood pressure. Fresh garlic contains 0.1 to 0.36% of a volatile oil composed of the sulfur-containing compounds: alliin, allicin and others. **Allicin is the primary compound responsible for the pungent odor of garlic, as well as its pharmacology. Allicin is inactivated by heat, which explains why cooked garlic produces neither as strong an odor as the raw, nor nearly as powerful physiological effects.**

Numerous double-blind placebo-controlled studies have been done with standardized commercial preparations that provided a daily dose of at least 10 mg alliin, or a total allicin potential of 4,000 mcg. This is equivalent to 4,000 mg of fresh garlic - roughly **one to four cloves.** This is the dosage recommended by the German Commission E which establishes dosage requirements to allow for therapeutic claims in Germany. **Results show a reduction of 11 mg Hg for systolic and 5.0 mm Hg for diastolic can usually be achieved within a one-to three-month period.** Results are significantly better when fresh garlic is used compared to aged garlic.

**Daily Nutritional Supplement Consideration:**
*Standardized commercial preparations that provide a daily dose of at least 10 mg alliin, or a total allicin potential of 4,000 mcg, or 1-4 cloves of fresh garlic a day.* In the USA, a standard 500 mg garlic pill of 8,000 ppm allicin potential yields 4,000 mcg of allicin, while a 500 mg garlic pill of 12,000 ppm allicin potential yields 6,000 mcg of allicin.

D. Hawthorn (Crataegus monogyna)

Extracts from hawthorn berries and from the flowering tops of hawthorn are widely used by physicians in Europe for their cardiovascular enhancing properties. As a botanical, **hawthorn's cardiovascular effects are mild.** It requires at least two to four weeks before any effect can be seen. The exact mechanism is not fully known, although **it appears that hawthorn has vasodilating properties.**

**Daily Nutritional Supplement Consideration:**
*Standardized Hawthorn Extract: 100 - 400 mg (2% flavonoids and 18.75% procyanidins).*
E. Vitamin C

Clinical studies show that vitamin C intake has a modest effect (a drop of 5 mm Hg) on lowering blood pressure in people with mildly elevated of blood pressure. More importantly, vitamin C increases HDL cholesterol (the good cholesterol). Many clinical studies demonstrate that vitamin C can normalize blood cholesterol. Thus vitamin C decreases cholesterol in patients with high cholesterol and optimizes it in people who have low blood cholesterol values. It also helps shift the blood lipid levels toward a favorable HDL/LDL ratio by increasing HDL. Together with its fat soluble form, ascorbyl palmitate, and certain amino acids such as L-proline and L-lysine, the role of vitamin C in enhancing and maintaining healthy anti-aging blood vessel walls and decreasing other risk factors for heart disease is well-documented.

Daily Nutritional Supplement Consideration:

Vitamin C: 1,000 - 3,000 mg
Ascorbyl Palmitate: 200 - 500 mg
L-Proline: 200 mg
L-Lysine: 200 mg

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F. Calcium

Calcium, while primarily associated with the prevention of osteoporosis, has other anti-aging benefits such as anti-hypertensive properties. In a double-blind placebo study, 46 patients were given 1.5 grams of calcium carbonate a day for 8 weeks. Blood pressure was lowered significantly, but only in salt-sensitive African-Americans. Another study showed that elderly hypertensive patients responded with a decline in systolic and diastolic blood pressure of 13 mm Hg and 5 mm Hg respectively, when the diet was supplemented with 1 gram of elemental calcium a day.

Once the blood pressure has been normalized, calcium supplementation should be reduced to 300-500 mg a day in line with maintaining a calcium to magnesium ration of at least 1 to 1 and up to 1 to 2 for best anti-aging health.

Daily Nutritional Supplement consideration: 1,000 - 1,500 mg
2. Modified Mediterranean Diet

People that lives the Mediterranean region of the world have comparatively lesser incidence high blood pressure than the rest of the world. The main reason is because of their diet.

Anti-aging Food Pyramid

The anti-aging pyramid is a simple graphic format based on the modified Mediterranean Diet. This food choice program consists of 50-55% complex carbohydrates of low glycemic index type food such as legumes, nuts, whole-wheat, and whole fruits, 20-25% protein (preferably from plant sources), 25-30% fat, and 5% sweets, candies and dessert. This is in sharp contrast to the typical American diet where 46% comes from simple carbohydrate such as white bread and pasta, and 43% of calories comes from fat (most saturated and trans-fat)
There are three major layers to the Anti-Aging Food Pyramid. They are divided into daily intake layers, 2-3 times a week layers, and once a week layers. Imagine a pyramid with three groups of layers, each layer getting much narrower as it gets closer to the tip.

The broad base layers of the pyramid starts with 10 glasses of pure filtered water a day and complex carbohydrates supplying up to 55% of the calories. These carbohydrates are those of low glycemic index type - barley, cereal, legumes, and above ground green leafy vegetables.

A limited amount of nuts, which is a fatty food, is also included in this first base layer. Three servings of vegetables should be taken daily. High glycemic index complex carbohydrates such as wheat, rice, and corn should be restricted. Moderate amount is acceptable if they are mixed with fat and protein.

Egg forms also part of the base layers. It is a good protein source. One egg per day is acceptable (including those used in cooking and baking). Organic eggs are the best.

Olive oil and fats from fish; nuts are part of this daily layer. 25-30% of the calories in your comes from fats. The fats in the diet should come mainly from olive oil, which is high in monounsaturated fats and also a good source of antioxidant. Some comes from the fish, poultry and meat consumed.

The second group of layers is a much smaller layer contains protein food from fish and poultry. You should eat from this group 2-3 times a week. Fish should be those that live in deep and cold water, such as salmon and tuna. Poultry should preferably come from free-range chicken.

The third group of layers, which is very small, contains foods that one should eat 1 time a week. These include sweets, red meat (lean).

If you want a step by step dietary approach, My Detox Diet plan will help you to lower your cholesterol gradually.

You can also pick up many tips on how to change to a healthier lifestyle by reading my over 100 Anti-aging Strategies.

Diet Tips for Reducing Blood Pressure

Anti-aging diet and lifestyle changes are the first and foremost step in the treatment of borderline to mild hypertension. Consider the following anti-aging tips, which, if followed, are highly effective in normalizing hypertension.

1. Maintain an ideal body weight. For the medium framed

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female, the ideal body weight is equal to 100 pounds + 5 pounds for every inch of height above 5 feet. For males, the ideal body weight is 106 pounds + 6 pounds for every inch of height above 5 feet. Thus, a female 5 feet 6 inches tall should have an ideal body weight of 130 pounds while a male 5 feet 10 inches tall should have an ideal body weight of 166 pounds.

2. **Follow the anti-aging diet that emphasizes plant foods.** Vegetarians generally have lower blood pressure and lower incidences of hypertension than the general population. Their diet contains more potassium, complex carbohydrate, fiber, calcium, and vitamin C and less saturated fat and refined carbohydrates than the diets of non-vegetarians.

3. **Two blood pressure lowering foods:**
   a. **Celery** is high in 3-n-butylphthalide. In animal studies, intake of the equivalent of 4 sticks of celery for humans was shown to lower the blood pressure by 12%.
   
   b. **Garlic** has been documented to cause a modest reduction in blood pressure. Take at least 4 cloves a day of fresh garlic a day for a 10 mm Hg drop in systolic and 6 mm Hg in diastolic pressure.

4. **Avoid stimulants such as coffee or stress** because their adrenergic simulative effects constrict blood vessels which leads to hypertension.

5. **Maintain a high potassium and low salt diet by decreasing salt intake and increasing intake of fruits, vegetables and legumes.** The diets of most Americans have a sodium:potassium ratio of 2:1. For anti-aging purposes, maintaining a 1:5 ratio is recommended. Optimally, the ratio can be closer to 1:100 as most fruits and vegetables have a ratio of 1:50. While it is good to restrict sodium intake, many studies show that this alone does not improve blood pressure in most people. A **high potassium intake is needed.** Potassium supplements alone (2.5 - 5 gm/day) cause a drop in systolic pressure of 12 mm Hg and in diastolic pressure of 16 mm Hg. This is especially effective in those over age 65 who do not respond as fully to common anti-hypertensive drugs. Potassium supplementation sold over the counter is limited to 99 mg by the FDA because of problems associated with high doses of potassium salt. Fortunately, potassium is easy to come by from food sources (1 medium size banana contains 400 mg of potassium, a slice of watermelon, or a tomato contains 530 mg). **Banana and watermelon as a source of potassium is generally not recommended due to its high sugar content and lack of fiber.** The so-called salt substitutes such as NoSaltâ are, in actuality, potassium chloride at a dosage of 530 mg potassium per 1/6 teaspoon.

3. **Exercise**

No diabetes program is complete with a well-balanced exercise program. **While**
most people think of exercise as a way to reduce body weight, exercise does much more, including reducing insulin resistance and impotence.

A well-balanced exercise must include three components:

a. Flexibility training
b. Cardiovascular training.
c. Strength training.

Ideally, about 2000 calories should be burned per week. Working out with 30 minutes of aerobics exercise at moderate intensity 5 times a week plus 15-20 minutes of strength training 3 times a week will accomplish this goal.

4. Hydration.

It is often overlooked is that high blood pressure can be a state of adaptation of the body to generalized chronic long-term dehydration. Most are dehydrated and not know it. If you take in less than 8 glasses of water a day in addition to your regular diet, you are in a state of sub-clinical dehydration and not knowing it. Dry mouth is a late sign of dehydration and should be avoided.

In a bid to fill blood vessels with volume and normalize low pressure due to chronic dehydration, the body through the constriction of the vascular system, forces the water from the vessel into the cell in order to deliver vital nutrients and oxygen. Such effort by the body may lead to a high blood pressure reading which really points to dehydration as the root of the problem. One of the first and most effective screening test and treatment for those who have hypertension that falls in the class of "borderline" hypertensive is a trail course on hydration (together with regular salt intake) treatment for 3 months instead of the reverse. This is often accompanied by the return to ideal body weight in the case of those who are obese.

Certain individuals may have an imbalanced or oversensitive autonomic nervous system. The body overreacts and there may be a over-constriction of the vascular system. Stress reduction and increase water intake should be considered instead of the reverse in such cases. Those with a healthy heart should least 12-1 5 glasses of pure filtered water is taken in each day.

Summary

A comprehensive strategy to normalize borderline and mild hypertension and bring
it to anti-aging levels must include lifestyle and dietary changes.

Non-drug forms of treating hypertension as outlined in the anti-aging program have been extensively studied in recent years.

Studies show that Coenzyme Q10, L-proline, and L-lysine decrease blood pressure and enhance cardiac ejection fraction. Two botanicals - garlic and hawthorn, have also been shown to have mild anti-hypertensive effects, in their case by causing mild vasodilatation, which reduces peripheral resistance.

Besides minerals, essential fatty acids found in fish oil and flaxseed oil have mild vasodilation, anti-inflammatory and platelet aggregation properties, also contributing to lowering blood pressure. Popularity of fish oil has waned because most studies show that a high intake of 3,000 mg to 10,000 mg a day is needed to produce its therapeutic effect and high doses often causes a harmless but unpleasant fishy "burp" and a fishy aftertaste.

Considerations of a natural anti-aging strategy to normalize hypertension include:

1. Daily Nutritional Supplementation with:
   a. High potency multiple daily vitamin (including Vitamin C 1,000 - 3,000 mg, Vitamin B6 50-100 mg) and mineral intake (Calcium 800 - 1,200 mg, Magnesium 400 - 1,000 mg)
   b. Coenzyme Q10 60 - 120 mg, L-Lipoic Acid 70 - 300 mg a day, L-Carnitine 300 - 1,200 mg a day
   c. Standardized Hawthorn Extract 100 - 400 mg
   d. Standardized commercial preparations of Garlic that provided a daily dose of at least 10 mg alliin, or a total allicin potential of 4,000 mcg per day (or 1-4 cloves of fresh garlic a day)

2. Maintaining ideal body weight by following the anti-aging food pyramid.

3. Make sure the body is well hydrated with 10-15 glasses of water a day. Also maintain a regular salt intake together with a high-potassium diet rich in fiber and complex carbohydrates (fruits and vegetables, especially celery and garlic).

4. Maintain a regular anti-aging exercise program.

Message from Dr. Lam

I hope you have enjoyed reading this article. If you have areas you don’t understand, comments (good or bad), or if you have a specific health concern, feel free to write to me.
About The Author

Michael Lam, M.D., M.P.H., A.B.A.A.M. is a specialist in Preventive and Anti-Aging Medicine. He is currently the Director of Medical Education at the Academy of Anti-Aging Research, U.S.A. He received his Bachelor of Science degree from Oregon State University, and his Doctor of Medicine degree from Loma Linda University School of Medicine, California. He also holds a Masters of Public Health degree and is Board Certification in Anti-aging Medicine by the American Board of Anti-Aging Medicine. Dr. Lam pioneered the formulation of the three clinical phases of aging as well as the concept of diagnosis and treatment of sub-clinical age related degenerative diseases to deter the aging process. Dr. Lam has been published extensively in this field. He is the author of *The Five Proven Secrets to Longevity* (available on-line). He also serves as editor of the *Journal of Anti-Aging Research*.

For More Information

For the latest anti-aging related health issues, visit Dr. Lam at [www.LamMD.com](http://www.LamMD.com). Feel free to email Dr. Lam at dr@LamMD.com if you have any questions.

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reader asks,"What are the proven natural products that reduce high blood pressure and restore healthy cholesterol levels? I am taking steps on the nutritional side of things such as avoiding meat and dairy products while eating a lot of fruits."

First of all, congratulations to you for taking some steps on the nutritional side. The fact that you are now avoiding meat and dairy products is excellent progress in reducing your high blood pressure and restoring healthy cholesterol levels. The fact that you are also consuming a lot of fruits is outstanding. Be sure to get plenty of berries in your diet at the same time.

Let's talk about high blood pressure first and what a person can do to reduce high blood pressure naturally without relying on prescription drugs or surgical procedures. As always, I'd like to urge you to work with a naturopathic physician anytime you read these articles and want to make changes in your own life. None of the information here should be construed as direct medical advice. You should always work with a qualified health professional, especially when dealing with potentially dangerous issues like high blood pressure.

Getting to those things that really work, you might be surprised to find that one of them is simply water. Hypertension (high blood pressure) is often caused by chronic dehydration. In fact, in one of the interviews I conducted with Dr. Batmanghelidj, he explains the mechanism by which this takes place. Essentially when the body is lacking water, it attempts to hold on to the available water supplies by resorting to vascular constriction throughout the body. This helps reduce the loss of water
through the skin and through respiration. And by doing so, it helps conserve the remaining water in the body.

So if you want to avoid this response to dehydration, just drink a lot of water. This will hydrate your body and lower blood pressure without any negative side effects. Be careful to avoid hydrating yourself with other drinks that are actually dehydrating in nature. Those would include soft drinks, coffee, sports drinks, and basically any drink containing sugar, such as processed orange drinks.

That's one of the main things you can do. Another thing you can do, and this is generally better known, is to avoid intake of salt or sodium. Obviously high sodium intake causes high blood pressure. That's not even disputed by the American Heart Association, which seems to remain 10 or 20 years behind the cutting edge when it comes to heart health and science. My advice goes much further than that though, and that is: never eat foods containing simple sodium or sodium chloride (processed salt). Sodium chloride is not real salt.

If you're going to use salt at the dinner table or in cooking, go out and get yourself some ocean salt, or what is sometimes called "Celtic salt" or "Sea salt." That is, you want actual salt from the ocean, which is quite complex in its molecular structure. It has a great number of elements -- far more than just sodium and chloride -- and has a far different effect on your body than sodium chloride. In fact, sodium chloride could quite accurately be called a poison in sufficient doses. Each separate element is quite clearly a poison: sodium and chloride. But when combined, they create table salt that many in the nutritional wellness community also consider to be a toxin to the body.

So, avoiding salt is critical. And by the way, one of the most important strategies for doing that is to avoid eating at restaurants. Virtually every restaurant in America over-salts their foods in order to appease the wildly distorted tastes of American consumers. Americans are dosed up on so much salt and sugar that they can hardly taste it anymore. And when they go to restaurants, they demand such high levels of sodium in their food that a normal, healthy person trying to eat those foods is completely grossed out. I can attest to that from personal experience. I can hardly eat a bowl of soup from any restaurant in the country because they are all just loaded up with salt.

Lowering high cholesterol
Next, let's move on to healthy cholesterol levels. One of the best things you can do to avoid unhealthy cholesterol levels is to avoid consuming hydrogenated oils. These are artificial oils that have been processed in a laboratory for the convenience of food manufacturers and food marketing companies. They have no business whatsoever in the human body, and yet virtually every snack product in the grocery store is made with hydrogenated oils.

Margarines are made with hydrogenated oils as well. Unless they say, "no hydrogenated oils" right on the label, they contain it. Vegetable shortening, by the way, is pure hydrogenated oil. It is probably one of the single most toxic grocery products you can put in your body. And yet people are out there buying vegetable...
shortening by the bucket loads and baking cookies with it -- something I find absolutely appalling.

By far, the most powerful thing you can do to restore healthy cholesterol levels is to stop eating hydrogenated oils. The next thing that you can do is stop eating trans fat (trans fatty acids) -- that means avoid all fried foods. Fried foods just do not belong in the human diet. And if you're already avoiding red meat and dairy products, then avoiding fried foods is probably a fairly easy step for you. Fried foods are incompatible with health, and if you choose to eat fried foods at any time in your life, even just one meal a week, you're going to have unhealthy cholesterol levels as a result.

Aged garlic supplements for cholesterol
On the supplements side, there are a lot of things you can do. You can take garlic supplements, or just eat a lot of whole garlic. One of the things I like to do is take garlic cloves and just bake them. You can eat them baked, put them in pastas or put them on a healthy pizza made with soy cheese and organic crust. Baked garlic cloves are delicious and they're outstanding for your health. They don't have the bite of raw garlic cloves.

Garlic supplements are also good, and the best company out there is Kyolic. Buy their aged garlic supplements. I do, and I recommend them to my family and friends. In fact, garlic has many other health benefits beyond cholesterol: the herb also fights cancer and greatly enhances immune system function.

Medicine from nature: blueberries
One of my favorite solutions for fighting cholesterol levels is eating lots of blueberries. Blueberries have now been proven to be more effective than statin drugs in reducing cholesterol levels, and yet they have absolutely no negative side effects whatsoever. You can get blueberries throughout the year if you go to the right stores.

If you can't find them at a grocery store, check out my book called "Secret Sources," which gives you the location of an online retailer where you can purchase freeze-dried blueberries, and you can store them all year long and use them any time you want. That's a very convenient way to take blueberries. It's a little on the pricey side, but it's a heck of a lot cheaper than statin drugs! And of course, it's a fraction of the cost of actually ending up in the hospital with out-of-control cholesterol levels.

Also, all on the nutrition side, as you have already guessed, it is very important to avoid saturated animal fats. You don't want to be eating any hamburger or red meat at all. In short, if you avoid red meat you will also be doing yourself a huge favor in terms of avoiding environmental toxins. Red meat consumption also promotes colon cancer.

I recall a recent study that showed fire retardant chemicals in massive quantities are now being found in the animal fats in red meat. That's because these fire retardant chemicals tend to collect in the fat tissues. These chemicals are found throughout our environment now. Cows are essentially accumulators and
concentrators of environmental toxins. They eat tons of grass, literally, throughout their lives. And, they tend to concentrate any toxic chemicals spread on the grass through pesticides or contaminated well water.

So, when you eat a piece of beef, you are eating, quite literally, a highly concentrated form of saturated animal fat containing environmental toxins that would never be present in those quantities in the natural environment. Thus, in addition to supporting healthy cholesterol, avoiding red meat will also save you from all of the terrible negative side effects of environmental toxins.

Avoid dairy products
Avoiding dairy products is also important for cardiovascular health. Hydrogenated cows' milk is something that absolutely does not belong in the human body. It is an artificially processed food. It doesn't have any justifiable purpose for human nutrition. Hydrogenated milk would probably kill baby cows just due to the negative effects of eating homogenized fat molecules. Now, if you feel that you have to drink cows' milk, if you're addicted to this substance for some reason -- maybe in your past life, you were a baby cow -- then what you can do is go out and buy raw, unprocessed cow's milk from a local farmer.

You have to live near a farm or have some connections in order to get that product. It will taste very different from processed cows' milk and it will be a lot healthier for you. You will also find that the fat in the milk will separate. That's the way it's supposed to work in the real world... not in the make-believe world of the grocery store where milk has been homogenized and processed to make it look fresh even though it may be quite old.

Cardiovascular exercise
And lastly, I have to mention the importance of cardiovascular exercise and physical fitness. Your level of physical activity has a strong influence on your cholesterol levels. In a simple sense, you could say that cardiovascular exercise converts LDL cholesterol (the bad cholesterol) into HDL cholesterol, which is the good cholesterol. I know that's a simplification, but the point is still valid. When you exercise on a regular basis, you will lower your LDL levels and raise your HDL levels. And remember, it's the ratio of these two that is the predictor of cardiovascular disease.

It is essential to get on a regular cardiovascular exercise program. Remember, it doesn't have to be outrageously strenuous in order to be effective. All it has to do is get your heart rate up. You might be a person who is overweight and you have a hard time walking up the stairs. Well, that's fine. Walking up a flight of stairs is good exercise for you if it gets your heart rate up.

If walking 400 yards, just down the street and back, gets your respiration up and your heart beating, it is good for you. That's good cardiovascular exercise. Ideally, you want to engage in exercise that lasts about 45 minutes a day. However, if you can only do 30 minutes a day, then do 30. If you can do an hour a day, then go for an hour. But aim for 45 minutes a day of cardiovascular exercise -- and make it medium in level of effort. Of course, always be sure to check with a health
professional before engaging in an exercise program just to make sure there is not some other health reason why it would be dangerous for you to do so.

With all of that in place: getting lots of water into your diet, avoiding processed salt (sodium chloride), consuming garlic and blueberries and other natural substances such as red yeast rice and combining it with moderate levels of cardiovascular exercise, you will quite readily and noticeably reduce your LDL cholesterol levels, bringing them back into a healthy balance.

It's really not difficult. This isn't rocket science at all. There are no prescription drugs needed whatsoever. All that you need to do is make lifestyle changes that are proven to enhance your cholesterol health. And once again, I speak from experience on this. My ratio of HDL to LDL cholesterol is almost 1:1. That's a ratio that's almost unheard of by most doctors and health practitioners. I have an LDL cholesterol level of 67.

I did that through nutrition, physical exercise and nutritional supplements. I don’t take any prescription drugs whatsoever. And, hey, I’m middle-aged as well. I'm 35 years old. So this isn't something that only works for people who are 20. You can do this at any age, even if you're 75. It all comes down to your dietary choices, nutritional supplementation, and your level of physical exercise.

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About the author: Mike Adams is a natural health author and technology pioneer with a passion for sharing empowering information to help improve personal and planetary health. He is a prolific writer and has published thousands of articles, interviews, reports and consumer guides, impacting the lives of millions of readers around the world who are experiencing phenomenal health benefits from reading his articles. Adams is an honest, independent journalist and accepts no money or commissions on the third-party products he writes about or the companies he promotes. In 2007, Adams launched EcoLEDs, a manufacturer of mercury-free, energy-efficient LED lighting products that save electricity and help prevent global warming. He also launched an online retailer of environmentally-friendly products (BetterLifeGoods.com) and uses a portion of its profits to help fund non-profit endeavors. He's also a veteran of the software technology industry, having founded a personalized mass email software product used to deliver email newsletters to subscribers. Adams also serves as the executive director of the Consumer Wellness Center, a non-profit consumer protection group, and practices nature photography, Capoeira, Pilates and organic gardening.

**Healthier Life Site**

http://www.thehealthierlife.co.uk/article/2884/blood-pressure.html

Blood Pressure: Lower Your Blood Pressure And Reduce Your Risk Of Stroke, Diabetes And Heart Disease

Hypertension  Seite 20 von 44
High blood pressure, or hypertension, is one of today’s major medical problems. Two out of ten people in the UK need treatment for it - yet conventional medicine often resorts to drugs that, effectively, make your condition worse!

Doctors recognise only about 5 per cent of hypertension cases as being linked to a specific cause, such as kidney disease. The other 95 per cent are labelled as 'essential hypertension', meaning that the cause is unknown.

Hypertension is diagnosed when a person's blood pressure is higher than the normal range for their age, which is usually a measurement above 140/90. Blood pressure is expressed as the systolic pressure (when your heart is contracting) over the diastolic pressure (when your heart relaxes).

Often, there are no symptoms of hypertension. Some people experience headaches, nosebleeds or blurred vision, but most only find out they have the condition when they have their blood pressure taken. High blood pressure should never be ignored, however, as it is associated with an increased risk of heart disease and stroke.

Dehydration is the biggest factor in hypertension - diuretic drugs just make it worse! Conventional medicine treats hypertension with drugs, which generally fall into three categories: beta-blockers (which reduce your heartbeat), vasodilators (which open up your blood vessels) and diuretics (which remove water from your body). All of these drugs have unpleasant side-effects, however, ranging from muscle aches and fatigue to loss of taste and nausea. And some can even aggravate the underlying problem over time - plunging you into a downward spiral of increasing use of medications, with no prospect of a real cure.

In looking for the causes of 'essential hypertension', conventional research has generally ignored the roles of water intake and nutrition. Blood pressure results from a balance between two factors: how hard your heart is pumping (cardiac output) and how easily plasma can diffuse out of your capillaries (peripheral resistance). Most people with hypertension have a normal cardiac output but increased peripheral resistance (Brit. Med. J. 322:912-916, 2001). The most likely cause of this is dehydration.

When you are dehydrated, the volume of blood in your body falls. But a water rationing system keeps your essential organs well supplied, by shutting down the capillaries supplying your muscles and skin. This increases your peripheral resistance. In addition, production of histamine, a hormone-like substance, increases, which causes your blood vessels to narrow. Both of these effects increase your blood pressure and can turn into a chronic problem if water intake is not increased. Yet modern medicine often treats this condition with diuretic drugs, which cause further dehydration!

Losing just 9lb in weight could bring your blood pressure down to normal! The other major factor is nutrition. Blood pressure regulation is reliant on many essential nutrients, like potassium, magnesium, calcium, essential fatty acids and vitamin C - so it is important you're not deficient in them. The risk of hypertension
is also increased in people who smoke, drink alcohol, are obese or who suffer from insulin resistance.

Natural treatments for hypertension can be as effective as prescription drugs, without the harmful side-effects. First, it's important to ensure that you get a reliable blood pressure reading done. Many measurements are artificially high because of the 'white coat effect' (anxiety about seeing your doctor). So try to relax before you have your blood pressure taken, and ask for it to be checked again in a day or two, if the reading is high.

Then, start to take control of your own blood pressure by drinking plenty of water - at least two litres a day. If you need to lose weight, follow a healthy, low-carbohydrate diet, such as that set out in Dr Atkins New Diet Revolution. Reducing weight by just 9lb has been found to bring blood pressure readings down to normal (Am. J. Clin. Nutr. 63 (3, Suppl.): 423S-425S, 1996).

Cutting out sugar and reducing carbohydrates will also help to prevent insulin resistance and diabetes, two significant risk factors for hypertension.

Eat your greens - and your blood pressure will drop
Because vegetarians have lower rates of hypertension than meat eaters, it used to be thought that meat consumption causes high blood pressure. But tests have shown that eating meat, eggs or fat has little effect (Nutrition Reviews 47(10): 291-300, 1989). The difference comes from the amount of green vegetables and fruit eaten, because of their high content of potassium, magnesium, vitamin C and fibre - which can lower blood pressure (Lancet ii:742-3, 1983).

The right balance of sodium and potassium is vital for regulating blood pressure. So limit your salt intake and eat more potassium-rich foods, such as leafy green vegetables, bananas and sunflower seeds. In tests, restricting potassium intake for just nine days led to an average four-point increase in blood pressure (New England J. Med. 329(18): 1177-82, 1989).

Magnesium is also crucial, and is found in dark green vegetables, nuts and figs. A low magnesium intake correlated most closely with high blood pressure when the diets of 615 men were analysed (Am. J. Clin. Nutr. 45(2): 469-75, 1987). The vitamin C in fruit and vegetables is another powerful preventive - research shows that hypertension and strokes occur most frequently in people who eat the least vitamin C (J. Hypertens. 12: 1071-75, 1990).

Celery, garlic and oily fish - nature's blood pressure regulators
Eat plenty of celery. The chemical that gives celery its distinctive smell - 3-n-butyl phthalide - lowers blood pressure by reducing stress hormones. Garlic and onions can also reduce blood pressure, because they contain adenosine, a natural

The essential fatty acids found in oily fish, are as effective in lowering blood pressure as beta-blocker drugs! Four ounces of mackerel or salmon, three times a week, can be all that is needed to eliminate the need for anti-hypertensive medication (New England J. Med. 320(16): 1037-43, 1989).

Olive oil also reduces blood pressure - according to one study, just two teaspoons a day reduced blood pressure on average by 5 points (Clin. Exp. Hypertens. 3: 27-28, 1981).

Nutritional supplements can bring your blood pressure tumbling down
Taking a daily dose of 6 grams of the amino acid, taurine, can dramatically lower your systolic pressure by nine points in just seven days! (Circulation 75(3): 525-32, 1987).

Co-enzyme Q10 is often deficient in people with hypertension, which makes it an extremely effective dietary supplement (J. Mol. Med. 2: 431-60, 1977).

Take 60 to 120mg a day. The herb Ginkgo biloba is known to increase blood flow by dilating blood vessels. Take 250mg as a standardised extract, to help bring your blood pressure down.

Follow a combination of these natural measures to beat hypertension and reduce, or eliminate, your need for prescription drugs. However, do not stop taking any existing medication without consulting with your doctor first. Exercise also plays a vital role - by placing additional demands on your muscles, it increases the blood flow to them, which opens up your capillaries and lowers your 'peripheral resistance'.

Natural Nutrients To Reduce Your Cholesterol
There are plenty of other natural solutions that can help you reduce a high cholesterol level too:

* Dietary fibre will lock up the cholesterol in your bile salts, so that it is not reabsorbed, and will remove it in your stools. Raw salad leaves, broccoli and 'GG-Bran' crispbreads are suitable low-carbohydrate sources of fibre.
* Lecithin emulsifies cholesterol and isolates it from the walls of your arteries so that it can't stick to them. Take two tablespoons of lecithin granules daily.
* Essential fatty acids, omega-6 from borage oil and omega-3 from fish oils (or linseed oil if you prefer), control cholesterol production, reduce your risk of blood clots, lower blood pressure and keep your arteries supple. Take 1,500 mg of each daily.
* Niacin is one of the most effective cholesterol-lowering nutrients, outperforming many prescription medications (Medical Hypotheses 32:21-28, 1990; Eur. J. Clin. Pharmacol. 40(suppl.):49-51, 1991). It also reduces blood fat levels and the risk of clot formation. Take 100 to 500 mg daily. Using the inositol hexanicotinate form will
reduce the possibility of liver toxicity. Always take a high-dose vitamin-B complex supplement at the same time.

* Chromium reduces blood fat and cholesterol levels, and blood pressure. It also stabilises blood sugar levels and helps correct insulin resistance. 200 to 400 mcg daily is usually enough, but you may need up to 1,000 mcg if you are diabetic.

* Pantethine, a derivative of pantothenic acid, plays a pivotal role in cholesterol metabolism. In one study, 900 mg a day caused a 32 per cent drop in blood fats and a 21 per cent drop in LDL, while HDL levels rose by 23 per cent (Clinical Therapeutics 8(5):537-45, 1986). Take 500 to 1,000 mg a day.

01.10.2001

**Nature’s Regulators**

http://www.thehealthierlife.co.uk/article/3805/high-blood-pressure-stroke-heart-attack.html

So what exactly is high blood pressure? The blood circulating in your body exerts a certain force on the walls of your arteries, veins and your heart chambers. If this force increases, then your blood pressure increases and overtime this can trigger the formation of plaque in your arteries (arteriosclerosis). As your arteries become blocked you’re put at risk of suffering a heart attack or stroke.

High blood pressure doesn’t always cause any symptoms and you may not even realise that you have a problem until it starts to affects the state of your arteries – early warning signs include dizziness, general weakness, nose bleeds and headaches.

Obviously, in order to avoid these problems, it makes sense to take steps to control your blood pressure and keep it within certain safe limits. While factors like age and gender should be taken into account when determining these limits, in general a blood pressure reading that is higher than 140/90 mmHg is considered high and in need of treatment.

In the vast majority of cases no actual cause can be found – this is termed “essential hypertension”. In fact only 5 per cent of hypertension cases are linked to a specific cause, such as kidney disease, which require specific treatment.

Conventional drugs help lower your blood pressure... but at what price?

Following a diagnosis of high blood pressure (usually after it has been found to be high on three separate occasions), your doctor will probably prescribe an ‘anti-hypertensive’ drug.

There are a number of drugs that fall under this category. They include beta blockers, which lower your heart rate; vasodilators (such as calcium channel blockers and ACE inhibitors), which widen your blood vessels; and diuretics (‘water tablets’), which reduce the volume of your blood by removing water from your body.
Unfortunately these drugs all come with unpleasant and sometimes dangerous side effects – ranging from muscle aches, fatigue and nausea to breathing difficulties, impotence and heart failure.

Complementary treatments have an extremely high success rate in the fight against hypertension

Despite the fact that hypertension can often be successfully controlled using a drug-free approach, a recent study found that only 5 per cent of patients with high blood pressure were aware of the usefulness of complementary treatments for the condition. The study also found that the majority of patients – up to 94 per cent – who did use complementary treatments experienced a significant drop in their blood pressure levels (Yeh GY, Davis RB, Phillips RS. Am J Cardiol. 2006 Sep 1;98(5):673-80).

One of the most beneficial natural treatments for hypertension is garlic. It not only helps reduce blood pressure but also reduces the stickiness of the blood inside the arteries – thereby preventing the blood from clotting, which could otherwise cause a heart attack or stroke.

In a recent study conducted by a team of researchers from the Department of Biological Sciences, Kuwait University, garlic was found to work by influencing the concentration of nitric oxide – a substance that reduces blood pressure by widening the arteries – in the blood (Al-Qattan KK, et al. J Nutr. 2006;136(3 Suppl):774S-776S).

Better still, nitric oxide has an additional benefit for men as it also widens the arteries of the penis, thereby helping to reverse impotence. It’s no coincidence that many men who suffer from high blood pressure also suffer from impotence, because they generally have narrow arteries. So supplementing with garlic can help combat both conditions (Budoff M. J Nutr. 2006;136(3 Suppl):741S-744S).

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Research suggests that aged garlic may offer greater protection than ordinary raw garlic – take 900mg of garlic powder a day (containing 1.3 per cent alliin – garlic’s active ingredient).

Co-enzyme Q10 – just as effective as many anti-hypertensive drugs but without the side effects

Another effective supplement for lowering high blood pressure is co-enzyme Q10 (CoQ10) – a natural substance produced in the body. For many people, it can lower blood pressure as effectively as prescription medication and without the adverse side effects.

In a double-blind clinical trial, a group of 76 patients with hypertension took 60mg of CoQ10 or a placebo for 12 weeks. At the end of the study, the CoQ10 group had
an average reduction of 18 points in their blood pressure, leading the researchers to conclude: “CoQ10 may safely be offered to hypertensive patients as an alternative treatment option” (Southern Med J 2001; 94(11): 1112-7). Take 60 to 120mg of CoQ10 a day.

Take these simple steps to control your blood pressure naturally

* Hawthorn (Crataegus oxyacantha) – a plant with proven heart benefits. UK scientists from the University of Reading recently found that 1,200mg of hawthorn extract taken each day for 16 weeks was effective at lowering blood pressure in diabetic patients (Walker AF et al. Br J Gen Pract. 2006;56(527):437-43). This is just above the currently recommended dosage for hawthorn, which is 1,000mg a day.

* Benefit from the wisdom and teachings of Ayurvedic medicine. To combat hypertension, this ancient Indian form of medicine recommends a following diet low in salt and saturated fat, yoga (for more information see below) and the remedy ashwagandha (withania somnifera), which is highly valued for its ability to counteract high blood pressure (Ichikawa H, et al. Mol Cancer Ther. 2006(6):1434-45). The recommended dosage for ashwagandha is 650mg a day.

* Make exercise a part of your everyday routine. In particular, exercises such as yoga and tai chi, which teach specific relaxation and breathing techniques, can lower high blood pressure and stress levels, regulate your heart rate and improve the health of your arteries. For further information, contact: The UK Tai Chi Finder, Web: www.taichifinder.co.uk or The British Wheel of Yoga, Tel: 01529 306 851, Web: www.bwy.org.uk

* Increase your dietary intake of magnesium and potassium. Both have been found to be extremely effective in lowering high blood pressure. Magnesium-rich foods include green leafy vegetables, whole grains, nuts, seeds, dried peas and beans. Foods high in potassium include avocados, bananas, cantaloupe, citrus fruit and broccoli.

3 causes
http://www.thehealthierlife.co.uk/article/3799/high-blood-pressure.html

3 little-known culprits behind 'mystery cases' of high blood pressure

When it comes to determining the cause of high blood pressure, modern medicine remains largely in the dark. The majority of high blood pressure cases are still considered a mystery and are labelled “essential hypertension” – which as many a medical student has joked in the past means: “Essentially, we don't have a clue.”
And while it’s true that hypertension drugs do reduce high blood pressure, regardless of the cause, they’re still not correcting the underlying problem. Not to mention that nearly all of them have multiple unwanted side effects ranging from fatigue to impotence.

But in most cases of “essential hypertension,” there are actually between one and three causes that are fairly easy to determine. Of course, since the cures and improvements for these don’t result from the use of patented drugs, mainstream medicine almost entirely ignores these easy diagnoses as much as it ignores their natural treatments.

What your insulin levels can tell you about your hypertension

When most people hear the words insulin resistance, they think of type 2 diabetes. But a lesser-known – though just as common – consequence is high blood pressure. Professor Gerald Reaven of Stanford University is generally given the credit for coming up with the first comprehensive description of insulin resistance (also called metabolic syndrome) and its consequences: “Essential hypertension is prevalent among older individuals, and approximately 50 percent of persons with hypertension can be considered to have insulin resistance and hyperinsulinemia (Geriatrics 2000;55(6):28-32, 35)”. But even though numerous articles have featured in medical journals about insulin resistance and its tie to hypertension, it still isn’t a routine test in every case of hypertension.

It’s hardly surprising though. If insulin resistance is the cause of your high blood pressure, the “cure” consists of a low sugar/refined carbohydrate diet, exercise and nutritional supplements like chromium – and there’s no money to be made with these natural solutions. To compound the problem, the most precise test for insulin resistance, the glucose tolerance/insulin resistance test (GT-IRT), isn’t taught in medical schools, even though it’s been around since 1976.

If you have hypertension and your doctor hasn’t conducted the glucose tolerance/insulin resistance test, ask for it. If your doctor is not familiar with the test, find one who is.

Could a heavy metal overload be causing your blood pressure to soar?
Heavy metal toxicity, such as excess mercury, lead, or cadmium, may also play a significant, but often overlooked, role in the development of high blood pressure. Studies confirm that heavy metals can directly alter numerous metabolic body processes and one area they can induce impairment and dysfunction includes the blood and cardiovascular systems.

In today’s industrial society, there’s no escaping exposure to toxic chemicals and metals – from mercury-amalgam dental fillings and lead in paint and tap water, to chemical residues in processed foods and “personal care” products (such as cosmetics, toothpaste and soap). So the question isn’t whether or not you have these toxic metals in your body – the question is how much.

Hair testing can help determine this.

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If one or more metals are found to be high based on a hair test, there’s definitely a toxic mineral problem. For more details on this test please contact Individual Wellbeing on 020 8336 7750.

If you do have heavy metal toxicity, chelation therapy will usually help lower your blood pressure. Chelation therapy is an intravenous process that binds to the heavy metals and removes them from the body. For more information on chelation treatment in the UK contact Dr Wayne Perry, Arterial Disease Clinic, 57a Wimpole Street, London W1G 8YP (tel: 020 7486 1095).

How a single vitamin could offer a safe and effective alternative to ACE inhibitors

Statistics have shown for years that the prevalence of hypertension rises for all ethnic groups the farther away from the equator they are. NHR has long suspected that vitamin D – which is produced by the body following exposure to the sun – is behind these positive results, and now there’s a study confirming our suspicions. In 2002, the Journal of Clinical Investigation published a detailed explanation of exactly how vitamin D helps to lower blood pressure.

Here’s how it works: Without adequate vitamin D, one of your genes (a tiny part of your DNA) initiates the formation of excess quantities of a molecule called renin. Renin breaks down another molecule, called angiotensinogen, into angiotensin I. Angiotensin I is converted into angiotensin II by a substance known as angiotensin converting enzyme (ACE). The end result – angiotensin II – is the “bad stuff” that (in excess amounts) causes high blood pressure. Most popular patented
antihypertensive drugs are ACE inhibitors and angiotensin II receptor blockers (ARBs).

But vitamin D does a better job than these drugs because it targets the problem at the most basic genetic level. In its fully activated form, vitamin D persuades the gene that controls renin production to become less active, and the end result is less angiotensin II and lower blood pressure (J Clin Invest 2002:110;229-238; Intern Med 1999;38:31-35).

Take 1,000iu of vitamin D a day. However, you should be aware that it frequently takes two to three months for significant changes to start taking place and six to eight months for vitamin D to take full effect.

To be on the safe side...

If you’ve been told you have essential hypertension and that the solution is to take anti-hypertensive drugs for the rest of your life, I suggest going to a practitioner skilled and knowledgeable in natural and alternative medicine to have all three of these parameters checked.

Your chances of eliminating – or at the very least reducing – your essential hypertension are very good. But be patient – blood pressure reduction hardly ever happens overnight, and it could take a few months before you see any results.

20.09.2007

An Easy Way

http://www.thehealthierlife.co.uk/article_listing/82/high-blood-pressure.html

High blood pressure: An easy way to keep your blood pressure down

According to a recent study conducted in Spain, an increased intake of vegetable protein and cereal fibre could reduce the risk of hypertension by up to 50 per cent.

The five-a-day diet has been the advice of the World Health Organisation (WHO) since 1991 after a series of studies consistently showed that a diet rich in fruit and vegetables resulted in lower incidences of heart disease and some cancers.

Dietary fibre and protein have long been linked to improved blood pressure by cross-sectional studies, but these either did not account for differences between animal and vegetable protein or did not account for minerals in vegetables.

Lead researcher Alvaro Alonso and his colleagues from the University of Navarra in Pamplona, also said that there has previously been no available prospective
information about fibre and the risk of hypertension in populations outside the United States.

The researchers set about filling this knowledge gap by enrolling 5,880 Spanish university graduates in the Seguimiento Universidad de Navarra (SUN) study. Dietary data was obtained at the start of the study with validated 136-item food frequency questionnaires.

High blood pressure: Promising results

After 28 months of follow-up, 180 subjects reported that they had been medically diagnosed with hypertension, defined as having a systolic and diastolic BP greater than 140 and 90 mmHg.

After adjustment for potential confounders such as age, sex, BMI, smoking, intakes of sodium, caffeine, magnesium, potassium, low-fat dairy and several other variables, the researchers found that people in the highest intake group of vegetable protein had an associated 50 per cent lower risk of hypertension than those in the lowest intake group.

No relationship between animal protein and raised blood pressure was observed.

Fibre from cereals was also associated with a protective effect – the highest intake was linked to a 40 per cent reduction in hypertension.

“We have observed in a prospectively followed-up Mediterranean population that vegetable protein and fibre from cereals are inversely associated with the risk of developing HT,” wrote the researchers.

High blood pressure: More research needed to determine what caused these benefits

The researchers compared their results with US-based cross-sectional studies, such as the Chicago Western Electric Study (Hypertension, 2002, Vol. 39, pp. 1000-1006), which also reported an inverse association with vegetable protein and blood pressure.

Lead researcher Alonso argues however that this study did not account for potassium and magnesium intake, which are minerals linked to vegetable protein but can also directly affect blood pressure.

This study has several important limitations, namely the reliance on self-reporting of both dietary consumption and incidence of hypertension. However, this limitation
is reduced, say the researchers, by the recruitment of university graduates who are well-educated and therefore more reliable.

The Navarra researchers noted that the mechanisms by which fibre or protein could reduce the risk of hypertension are not known, but suggest that the relationship between fibre and insulin resistance could, in turn, affect blood pressure, or that vegetable protein could result in higher serum concentrations of certain amino acids that are beneficial for blood pressure.

Previous studies have suggested that L-arginine, L-tryptophan, and tyrosine could reduce hypertension.
It is clear that significant further work is required, particularly in non-US populations to further support the relationship between intakes of cereal fibre and vegetable protein and decreased risk of hypertension.

Sources:
Archives of Medical Research (Vol. 37, pp. 778-786)

**Train Your Mind**
http://www.thehealthierlife.co.uk/article_listing/82/high-blood-pressure.html
High blood pressure: Train your mind to improve your health

Close your eyes and think of a spoon. Try to focus on that image for 30 seconds without thinking of anything else.

It's almost impossible to do, isn't it? While visualising the spoon, any number of thoughts may have distracted you; a plan for later in the day, a nagging worry, unfinished chores, something you saw on the news. That's the monkey mind - constantly chattering, swinging from one random thought to another.

A friend of mine named Ed explained the concept of monkey mind to me when I asked him about his experience with meditation. About 20 years ago, while trying to come to terms with the death of his mother, Ed learned how to meditate. He describes meditation as a simple way to relax and focus by training the monkey mind to take a break and calm down for a few minutes.

What's to be gained by calming the monkey mind? A new study reveals cardiovascular benefits that even Ed may not be aware of.

High blood pressure: Rising above heart disease
Previous studies have shown that a popular form of meditation known as transcendental meditation (TM) may help patients control blood pressure. A team of researchers recently mounted a study to test the effects of TM on subjects with coronary heart disease (CHD). The team included doctors from the Division of Cardiology at Cedars-Sinai Research Institute, the Department of Preventive Medicine at the University of Southern California Keck School of Medicine, and the Institute for Natural Medicine and Prevention.

STUDY ABSTRACT:

* Subjects: 103 men and women with "stable CHD"
  - average age: 67
* About half the group was randomly selected to attend two lectures about TM, followed by personal instruction and group meetings throughout the 16-week trial period
* The other subjects attended health education sessions to learn how stress, exercise and dietary choices affect CHD
* Results: Compared to the placebo group, TM subjects experienced significantly better blood pressure control, reduction of insulin resistance and improved heart rate variability As reported in the Archives of Internal Medicine, the researchers noted that, "TM may modulate the physiological response to stress and improve CHD risk factors."

Meditation: Eyes wide shut

"Forget what you've heard about meditation."

That's Ed's advice to anyone who's interested in getting started with meditation. His point: If the word "meditation" conjures images of incense, finger cymbals and crystals - and if those things aren't exactly your style - don't be put off. Some people enjoy those trappings, but none of them are necessary.

Ed began exploring meditation by going to a local bookstore and browsing through books about different meditation methods, including TM, zazen (Zen meditation) and Hatha yoga.

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After taking some inexpensive lessons (which he describes as "useful, but not required") and experimenting with different techniques he finally settled on a method that he describes as "pretty basic."
In an e-mail, Ed wrote: "I keep it simple. I just take a few minutes each morning to sit, clear my mind and focus on my breathing." He also uses a visualisation technique - similar to thinking about a spoon, for instance - to help with the focus.

"It's like learning to ride a bike," he says. "Virtually anyone can do it once they get past that wobbly stage."

Ed suggests going online to find information. "What I did in a bookstore can be easily done these days with a Google search. You'll find tons of descriptions of various meditation techniques. Just browse around until you see something that feels like a good fit."

You can find information about the TM technique used in the CHD study at tm.org.

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11.07.2006

**Milk**
http://www.thehealthierlife.co.uk/article_listing/82/high-blood-pressure.html

High Blood Pressure: Milk Proteins could be useful

In the UK, about half of people over 65, and about 1 in 4 middle-aged adults, have high blood pressure. It is more common in people who have a family history of high blood pressure, are overweight, eat a lot of salt, don’t eat enough fruits and vegetables, don’t exercise, or drink a lot of alcohol.

But, new research has found that middle-aged adults who favour skimmed milk and other low-fat dairy foods may have lower blood pressure.

54% less likely to develop high blood pressure
Spanish researchers examined 5,880 adults between the ages of 20 and 90 and who were free of high blood pressure and cardiovascular disease. The volunteers were asked to fill out questionnaires about their diet and other lifestyle factors. Then after two years, they repeated the questionnaire and the researchers ran tests to find out how many had developed high blood pressure.

Overall, 180 people developed the condition during the study period. Those who had reported the highest intake of low-fat dairy – mostly in the form of skimmed and reduced-fat milk – were 54 percent less likely to develop high blood pressure than those with the lowest intakes.
Even better, these benefits were after the researchers accounted for overall diet, exercise, body weight and smoking.

Milk proteins act in a similar manner to blood pressure drugs
This study is the first to link low-fat dairy intake to lower blood pressure in middle-aged patients.

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Previously, research had only found benefits in children and young adults.

The findings from these studies do not prove that low-fat dairy foods have a direct benefit on blood pressure, explained Dr. Alvaro Alonso, lead researcher. But he said it at least seems that people who want to prevent high blood pressure can include low-fat dairy foods in their diets.

Milk, the researchers noted, provides certain proteins – caseins and whey proteins – that may act in a similar way to blood pressure-lowering drugs called angiotensin converting enzyme, or ACE, inhibitors. They speculate that these proteins may help explain the study results.

So, if you are looking to prevent high blood pressure, this study suggests that you may want to switch to low-fat dairy products. As always, you should consult your doctor before making any changes to your medication or diet.

11.04.2006

**Vitamin B**
http://www.thehealthierlife.co.uk/article/3226/hypertension.html

Hypertension: The B vitamin that could lower your risk of hypertension

High blood pressure isn’t a disease, in the same way that a high fever isn’t a disease - it’s a sign that something else is wrong. If you and your doctor discover and address the root problem of hypertension, you’re more likely to successfully treat it.

Obviously, blood pressure is closely tied to the health of your heart, so it’s no surprise really to find a new study that demonstrates how the intake of a key nutrient that promotes heart health may also alleviate hypertension risk.

Nursing the heart

In a January issue of the Journal of the American Medical Association, researchers at Harvard Medical School in the US report on a study that examines the association between hypertension risk and the intake of folate; a B vitamin.
Researchers collected data from two phases of the Nurses’ Health Study. The first phase examined eight years of medical and dietary records for well over 93,000 women under the age of 44. The second phase included the records of more than 62,000 women, aged 43 to 70. None of the women in either phase had been diagnosed with hypertension at the outset of the study.

When the Harvard team compared medical records to information about folate intake from regularly updated dietary questionnaires, they found a general correlation between a high intake of folate and reduced risk of high blood pressure.

More specifically, among women in the younger group who consumed a minimum of 1 mg of folate daily, hypertension risk was decreased by more than 45 percent, compared to women who consumed less than 0.2 mg every day. In the group of older women, risk was cut by nearly 20 percent when folate intake was at least 1 mg. Folate intake included both dietary and supplemental sources.

Here are some foods that contain high folate concentrations:

- Chicken Liver: 3.5 oz.
- Braised Beef Liver: 3.5 oz. contains 217 mcg
- Lentils: 1/2 cup (cooked) contains 180 mcg
- Asparagus: 1/2 cup contains 132 mcg
- Spinach: 1/2 cup (cooked) contains 131 mcg
- Kidney Beans: 1/2 cup contains 115 mcg
- Orange: one medium orange contains 47 mcg.

Folate therapy

Studies show that hypertension patients often have high levels of homocysteine - the amino acid that promotes plaque build-up on blood vessel walls.

As I’ve noted in previous e-alerts, folate is a key nutrient for heart health because it reduces homocysteine - especially when taken with vitamins B-6 and B-12; a combination sometimes referred to as “folate therapy.” The idea behind the therapy is simple: This set of nutrients promotes the efficient metabolism of homocysteine, which brings the level down.
In a past e-alert, HSI Panellist Dr Allan Spreen, told us that low doses of folic acid (the synthetic form of folate) aren’t effective except in a small percentage of cases. He recommends 1.6 mg per day, although he believes that a dosage closer to 5 mg is better for those who want to address cardiovascular problems.

Unfortunately, folic acid is only available in very low doses of 400mcg. Dr. Spreen explains: “That’s all from the conventional medical dogma that folate can mask a vitamin B-12 deficiency if you take too much folate and no B-12.” So... take more B-12. Problem solved!

Dr. Spreen recommends 1 mg of B-12 per day in sublingual form. To complete the folate therapy combination, he also recommends 100 mg per day of B-6, and 400-500 mg of magnesium per day to make the B-6 more effective.

14.02.2005

Diet

http://www.thehealthierlife.co.uk/article_listing/82/high-blood-pressure.html

High Blood Pressure & Diet: Simple Ways To Lower Your Blood Pressure

Treating high blood pressure (hypertension) is not the same as treating a disease; high blood pressure is a symptom that indicates the presence of a larger health problem. This is why the primary steps to address hypertension also provide sound advice for maintaining general good health: stop smoking, exercise, maintain a proper body weight, don't drink too much alcohol, eat plenty of fruits and vegetables (choosing whole foods over processed), and don't eat junk food. You can't go wrong following those guidelines.

Now a new study shows that there may be another item to add to that list.

A little goes a long way
In a recent issue of the Archives of Internal Medicine, researchers in Taiwan reported on the long-term effects of tea consumption on hypertension.

The Taiwan team recruited a group of about 1,500 subjects, aged 20 years or older, who had no history of hypertension. For one year, researchers used dietary questionnaires and medical examinations to gather data. After adjusting for variables such as age, gender and family history of hypertension, and lifestyle factors such as smoking and physical activity, the researchers produced these results:

* About 600 subjects consumed at least half a cup of either black or green tea each day for one year or more
* Among those who drank between half a cup to two cups of tea daily, the risk of developing hypertension decreased by more than 45 percent
* Among those who drank more than two cups of tea each day, the risk of developing hypertension was reduced by 65 percent

* Tea consumption of any amount for more than one year was not associated with any additional reduction of hypertension risk

Some previous studies have concluded that hypertension is not affected by tea drinking over short periods. So further studies will be needed to confirm the possibility that daily tea drinking over a year or more may provide protective benefits.

Our Italian restaurant
Unfortunately, anyone with dangerously high blood pressure will probably need to resort to drugs (such as ACE inhibitors and calcium channel blockers) to achieve quick results in lowering blood pressure and lowering the risk of stroke. But if your blood pressure is only moderately high, there are a number of simple dietary changes (beyond drinking a daily cup of tea) that may help bring hypertension under control.

In a previous e-alert I told you about studies that have shown that fresh garlic can lower blood pressure (as well as improve your heart health in a number of other ways). And fresh onions are also reputed to help thin blood and lower blood pressure. In one widely reported study from Germany, researchers demonstrated that a combination of chopped onions and olive oil led to a significant decrease in blood pressure within just a few days.

And then there's the salt question
Virtually every expert will tell you that you must cut back on salt to lower high blood pressure.

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But in recent years this idea has been re-examined and questioned.

According to the late Dr Robert C. Atkins, the problem for those with high blood pressure isn’t sodium, it’s a lack of balance between sodium and potassium levels. More than 25 separate studies show how increasing potassium intake (without decreasing the sodium) is an effective way to lower blood pressure. One of those studies demonstrated that with just one daily serving of a potassium-rich food the risk of death by stroke may be cut by as much as half.

Fortunately, it's easy to increase the potassium in your diet. High potassium fruits include apricots, bananas, cantaloupe, honeydew melon and citrus fruits. Vegetables with good amounts of potassium are asparagus, potatoes, green beans, avocados, lima beans, winter squash, and cauliflower. Other foods high in potassium: grain products, red meat, poultry, seafood and dry beans, such as peas and lentils.
It would be difficult to get too much potassium from dietary sources alone. But if you're already getting plenty of potassium in your diet, a potassium supplement would be unnecessary for most people, and in some extreme cases could lead to kidney damage and other complications. Obviously, balance is called for. And - as always - talk to your doctor, dietician or health care practitioner before using supplements to help manage high blood pressure.

And one more salt note: If you do find that decreased sodium intake makes a difference in your blood pressure, you might consider switching to sea salt. Used in moderation, Celtic Sea Salt has been shown to have no negative effects on blood pressure and actually provides the body with a number of helpful minerals, including magnesium.

17.09.2004

Low BP
http://www.thehealthierlife.co.uk/article/3061/low-blood-pressure-dangers.html

Low Blood Pressure Dangers: Media Coverage Ignores Serious Risk To Your Health

"The lower your blood pressure, the better off you are."

That is a quote by Dr. Ramachandran S. Vasan of the Boston University School of Medicine, in an Associated Press (AP) story that I came across while catching up on some research this weekend. It's the type of "one-step-too-far" statement we see all too often in health care. And not only is this statement untrue, but it's also potentially lethal to those who are unfortunate enough to believe it.

The quote appeared as part of a story on the most recent findings of the Framingham Heart Study. This landmark study has followed generations of suburban Bostonians for more than 50 years, and has brought us many important discoveries about heart health. But the media coverage of this one, which assesses the relative risks of borderline-high blood pressure, is misleading the public in a dangerous way.

We all know that high blood pressure is a serious risk to our heart health, which is defined as anything above 140/90 mm Hg (or millimetres of mercury, the unit of measurement a blood pressure cuff uses to assess your pressure.) High-normal blood pressure is between 130/85 and 139/89. The main finding of this study is that people in the high-normal range are two to three times more likely to suffer a heart attack, stroke, or heart failure than those with blood pressure readings below 120/80.

A resting blood pressure reading of 120/80 millimetres of mercury (mm Hg) is within the normal range.

Low blood pressure can have deadly consequences Low blood pressure doesn't make you feel healthy - it makes you feel weak, tired, and light-headed. You may experience fainting spells, heart palpitations, and
excessive sweating. When blood pressure remains too low for extended periods, it can cause damage to the liver, heart, and other organs. It can even cause death.

As with most health issues, the key lies in determining the root cause. The most common cause of low blood pressure is overly aggressive use of hypertension medications (more on that in a moment). But it can also be caused by several other underlying conditions. Low blood pressure (medically known as hypotension) can be a sign of an adrenal insufficiency, high levels of acid in the blood, serious blood infections like sepsis, low levels of oxygen in the blood due to asthma or pneumonia, and nervous system conditions like diabetic neuropathy. Heart conditions like arrhythmias, congestive heart failure, and cardiac tamponade (the build-up of fluid around the heart) can also cause low blood pressure.

Most people have no idea that their low blood pressure could be a signal of one of these potentially life-threatening conditions. And most doctors don't think to tell them.

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This study is indicative of the prevailing attitude - while it provides specific ranges to define high, high-normal, and normal blood pressure levels, the "optimal" level is defined as anything under 120/80. Let's think about that for one second: If 20 points over is dangerous, how could any amount under be safe?

So how low is too low?
Part of the problem is that acceptable blood pressure levels can vary from person to person. In general, 90/60 is considered the bottom threshold for healthy blood pressure. Anything lower than that is in dangerous territory. But safe levels can vary - and sudden drops in blood pressure, even within the "optimal" range, can signal problems. Some authorities recommend investigating any fall of 30 points or more for probable causes.

Which brings me back to the drug issue. Remember that anti-hypertensive drugs cause most cases of low blood pressure. The AP story reports that the results of this study might lead doctors to LOWER the threshold for treating blood pressure with medications. Following this advice, pharmaceutical companies will broaden their markets - and even more people will be at risk for dangerously low blood pressure and its potentially damaging results.

Keep you blood pressure within a safe range naturally
I don't mean to minimise the useful finding in this study - namely, that people in the high-normal blood pressure range are still at an increased risk for heart attack and stroke. If you fall in that range, you should consider different approaches to bringing your blood pressure down within the optimal range. Remember that many people are able to lower their blood pressure by watching their eating habits and exercising.
But if you need a little extra help, there are many natural therapies you can try. One of the most effective we've found is the Ayurvedic herb, arjuna. In animal studies, arjuna has been proven to reverse atherosclerosis, the build-up of cholesterol plaques that can cause high blood pressure. In human trials, it's shown effectiveness in relieving angina and reducing blood pressure.

But whatever approach you choose, remember that there IS such a thing as TOO LOW. Even if your level is currently normal, you should remember to keep an eye out for sudden drops or abnormally low levels.

09.04.2004

**Cholesterol**

http://www.thehealthierlife.co.uk/article/3150/cholesterol-heart-attacks.html

Cholesterol & Heart Attacks: Is Cholesterol The Problem Or Not?

I remember the conversation as if it were yesterday. My friend Wendy called, sobbing uncontrollably. I could hardly understand what she was trying to tell me. Finally, she got the words out. Her father - a seemingly healthy, fit, active man - died from a heart attack. He didn't smoke. He exercised and watched what he ate. He even had low cholesterol. But still - a heart attack took his life.

I knew Wendy's dad for as long as I could remember, so his death struck particularly close to home. But it wasn't the first - or unfortunately, the last time I heard a similar story. Every day, heart attacks and strokes kill or disable people who never saw it coming. They thought they were safe - because their cholesterol levels were within "normal" range.

At HSI, we've been writing about this for years. High cholesterol is not a disease in and of itself. Cholesterol does not CAUSE heart disease, it is merely a marker - and one marker out of many. Having "normal" or even low cholesterol levels does not eliminate your risk of heart attack or stroke. Unfortunately, many people who rely on the mainstream (or their doctors) for health information haven't gotten the message.

When you've only got a hammer, every problem looks like a nail. Maybe the mainstream hasn't focused on the other known markers of heart disease because the pharmaceutical companies haven't come up with a pill to treat them. The focus has been on lowering cholesterol because that's what they're selling - and they're selling plenty. (Statin drugs, the class of cholesterol-lowering drugs that includes Mevacor and Zocor, are some of the top sellers).

A report presented at the American Heart Association's annual Scientific Sessions meeting proclaimed that even MORE people should be taking cholesterol-lowering drugs. "Cholesterol drug could help millions," proclaimed MSNBC; that's pretty representative of the fawning coverage I saw from most media outlets.
But, as usual, the headlines don't tell the whole story. To me, the report created more questions than answers. Other presentations at the same AHA meeting seemed to supply contradictory information. But the bottom line is that the mainstream's own research is PROVING what we've been saying all along - cholesterol is NOT the main cause of heart disease.

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The new approach: treating a problem that doesn't exist
Doctors and researchers from all over the world presented their findings on the latest research on cardiovascular disease - what causes it, how to treat it, and who is at risk. The presentation that got the most attention was based on data extrapolated from the Oxford Cholesterol Study, which continuously enrolled participants between 1991 and 2001.

Over the course of the study, a total of 20,536 people enrolled, and each was followed for an average of five years. All the participants were between the ages of 40 and 80, and were considered at high-risk for heart attack or stroke. (People with diabetes, a previous heart attack or stroke, and those with artherosclerosis were considered "high-risk.") They were randomly assigned to receive either Merck's statin drug, Zocor, or a placebo. The study recorded any incidence of heart attack, stroke, death from any cause, and vascular procedures like angioplasty and bypass surgery.

"The remarkable thing we found is that cholesterol-lowering therapy benefits all groups of high-risk individuals, irrespective of their cholesterol levels," said Dr. Rory Collins, the lead researcher from University of Oxford in England. "So it didn't matter if a patient's cholesterol level was considered low - we saw the same reduction in risk as people who had the highest levels." Dr. Collins went even farther in an interview with MSNBC. "There is no threshold [of blood cholesterol] below which one shouldn't treat these patients," he said. "This really blew us away. It changes everything."

It certainly changes something, though it's not clear what that "something" is. (Some might say it dramatically changes Merck's bottom line, as the new findings could potentially expand their target market by some 160 million people.)

The media coverage seemed to ignore the irony, focusing only on the fact that the drugs might be recommended more widely. The public was left with the impression that just about everyone should be taking Zocor. But no one seemed to question the obvious truth that seems to be lying just under the surface.

Think about it: if cholesterol were the main cause of heart disease, as the mainstream touts, why would a person who starts out with low cholesterol be at "high-risk"? And if they reduce their overall risk by taking statins, what problem is the statin actually addressing? Because it obviously isn't the cholesterol.
It may seem like a leap but couldn't you almost say that Merck's study on Zocor PROVES that cholesterol isn't the main cause of heart disease?

The mainstream can't see the forest through the trees
I'll agree that this study brings us important new data. But I'd say the conclusion is all wrong. Maybe statin drugs can help millions more people. But the really exciting finding here is that it's not because of cholesterol. This study should be a wake-up call to conventional medicine, forcing it to recognise that there are many other factors involved. It should trigger a flood of new studies, intent on naming the other markers that influence heart disease risk, and how statins work - or don't work - against them.

At HSI, we've written about the many other theories and causes of heart disease, as well as various other markers that can signal an increased risk of heart attack or stroke. Some of the topics included high homocysteine levels, depleted Coenzyme Q10 stores, elevated levels of platelet-activating-factor and thromboxane AZ, and high levels of free radicals in the bloodstream that attack artery walls. Each of these markers can be a red flag for heart disease risk - and when all are taken into consideration, in conjunction with total cholesterol and HDL/LDL ration, they can provide much clearer warning signs before it's too late.

13.11.2003

**Angina**
http://www.thehealthierlife.co.uk/article/2995/angina-symptoms.html

Angina Symptoms: Why Your Doctor May Be Prescribing The Wrong Drugs For Your Angina Symptoms

Just imagine for a moment that your heart can't breathe: starved of oxygen to this vital organ, your body will experience a frightening and painful array of symptoms that threaten to overwhelm you. If you have angina you will be all too familiar with the squeezing, pressure-like pain around your heart that radiates to your left shoulder, arm or jaw.

Usually, this is caused by cholesterol deposits in your arteries, which reduce the blood supply to the heart muscle and which tend to occur after, or during, physical exertion. But if you usually suffer these symptoms when you are resting, it is likely you are suffering from a little-known variant called Prinzmetal's angina, which has a separate cause and needs different treatment.

Prinzmetal's angina occurs when the cardiac arteries, which supply blood to the heart muscle, go into spasm. This reduces the supply of oxygen to the heart, putting the heart muscle under stress and causing chest pain. Your doctor may not even appear to be aware of the distinction between these two kinds of angina when prescribing drug treatment. But drugs should only be a last resort, as there are several powerful natural supplements that can equal the benefits of drug treatment for Prinzmetal's angina, without the risks and side effects.
The drugs you currently take for your heart condition may not treat Printzmetal's angina. Both kinds of angina are normally treated by doctors with a cocktail of drugs. Most patients are prescribed cholesterol-lowering drugs and beta-blockers, which slow the heartbeat. However, these are often not effective for Prinzmetal's angina, due to its different cause, and, what is worse, they can unleash a variety of unpleasant side effects without treating your condition at all. Cholesterol-lowering "statin" drugs have side effects of digestive disturbances, abdominal pain and headaches, while beta blockers can cause lethargy, lack of libido, muscle aches and dry eyes.

If you have been diagnosed with Prinzmetal's angina and have been prescribed beta blockers or cholesterol-lowering drugs, ask your doctor why immediately. He may tell you it is best "to be on the safe side", as he may be unaware that there are effective natural treatments that provide the same protection from heart attacks and yet are free from side effects.

Two nutrients to take today for better heart health
Despite the problems of side effects from angina drugs, conventional medicine has been slow to recognise the value of natural treatments for Prinzmetal's angina. A nutrient with a major role in treating and preventing this condition is magnesium, a shortage of which causes the cardiac arteries to go into spasm. Magnesium supplements have been found to be helpful in the management of angina and irregular heartbeat and several studies have indicated that it should be the "treatment of choice" for Prinzmetal's angina (Science 208: 199-200, 1980; Magnesium 5: 144-149, 1986). Take a daily supplement of 500mg of magnesium. Just one word of warning - if you have kidney disease or impaired kidney function, only take magnesium under a doctor's supervision.

Another supplement, the amino acid L-taurine, is one of the most important nutrients for heart health. It calms the sympathetic nervous system, which supplies nerve impulses to the blood vessels, heart and other organs and is responsible for setting off the arterial spasms of Prinzmetal's angina. It does this by maintaining the correct mineral balance in the cells, keeping magnesium in and sodium out. Taurine also stabilises an irregular heartbeat, reduces blood pressure, prevents cholesterol sticking to the walls of arteries and discourages blood platelets from clumping together and forming clots (Am. J. Clin. Nutr. 61: 1115-9, 1995). You should take 500mg a day of this amazing nutrient.

The humble hawthorn tree can stop cardiac arteries going into spasm
Another natural remedy that is wonderfully effective in treating Prinzmetal's angina and its accompanying high blood pressure is hawthorn. Extracts of the berries and flowers of this familiar tree contain compounds called procyanidins, which dilate the cardiac arteries by relaxing the smooth muscle in their walls (Fortschr. Med. 111: 352-4, 1993).

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This greatly reduces the risk of the arteries going into spasm. Several studies have shown hawthorn to be of great value in generally improving heart metabolism (Fortschr. Med. 104: 805-8, 1986).

Take 250mg a day of a standardised extract containing 10% procyanidins. Because hawthorn works in the same way as several of the anti-angina drugs, let your doctor know before you start to take it, so that your medication can be reduced if necessary.

Beat Prinzmetal's angina pain by improving your ability to 'burn' fat
Natural remedies like these are good, not only for relaxing the cardiac arteries and reducing the frequency and duration of angina attacks, but they also make your heart more resilient to temporary oxygen shortages, so that symptoms are less severe. The heart's main metabolic fuel is long-chain fatty acids, which are "burnt" in the heart muscle cells when oxygen is present. But if the heart can't utilise these fatty acids properly, they build up in the muscle tissue and damage it. Any defect in your ability to use these fatty acids will greatly increase your risk of angina pain if there is even a slight shortage of oxygen. The nutrients carnitine, pantethine and CoQ10 are all essential in the metabolism of fatty acids and prevent their accumulation in the heart muscle.

CoQ10 is an essential catalyst for energy production and the heart is totally dependent on CoQ10 to meet its energy needs. Not surprisingly, CoQ10 has proved to be indispensable in the natural treatment of heart disease. In one study, twelve patients with stable angina pectoris were given 150mg of CoQ10 for four weeks, in a double-blind crossover trial. Compared to the placebo, CoQ10 reduced the frequency of angina attacks by 53% (Am. J. Cardiol. 56: 247, 1985). Take 120mg of CoQ10 a day.

Pantethine is a fundamental component of co-enzyme A, which is involved in the transport of fatty acids to and from cells. Heart pantethine levels have been shown to drop during periods of reduced oxygen supply, so this nutrient is also likely to be of great benefit to angina sufferers (Jap. Heart J. 26: 289-96, 1985). The dosage is 600mg a day.

Carnitine is as effective as drug therapy in reducing angina symptoms
Carnitine is a vitamin-like compound that stimulates the breakdown of long-chain fatty acids and is essential to normal heart function. Clinical trials have shown, incredibly, that carnitine is as effective as calcium channel blockers and other anti-angina drugs in reducing angina symptoms, yet most doctors remain unaware of its value (Drugs Exptl. Clin. Res. 10: 213-217, 1984). Take 1,000mg of this important nutrient daily.

Talk to your doctor today if you think you may be suffering from this lesser-known form of angina, or if you have already been diagnosed with Prinzmetal's angina. Discuss your treatment options and discover how natural remedies may be the most effective in reducing your painful symptoms.

01.05.2002