Blood Pressure: A Complementary & Alternative Response

In the past, blood pressure levels below 140/90 were considered, so 136/82 might have been considered normal. Now, guidelines from the National Institutes of Health label this reading “prehypertensive,” an indication that behavioral changes need to be made to get those numbers down. We now know that continuous pressure above 120/80 — the new normal — has damaging silent effects on several body systems, causing arteries to thicken and lose elasticity (arteriosclerosis), forcing the heart to pump harder, and straining the kidneys. All of which increase the risk of developing heart attacks, aneurysms, strokes and kidney failure later on.

Conventional Response

When a patient presents blood pressure (BP) numbers in the prehypertension range (120 to 139 systolic or 80 to 89 diastolic), generally, medications are not prescribed, at least not in the beginning. All indications are that in adopting some lifestyle changes, the numbers will come down to the safe range. These changes include reducing the amounts of saturated fats and table salt in the diet, losing weight in combination with getting more physical exercise, restricting alcohol intake and stopping smoking. Also, people need to examine what role emotional stress may be playing in their elevated levels of blood pressure and find better ways to deal with it.

Stage I Hypertension

Patients whose BP is in the range of 140 to 159 systolic or 80 to 89 diastolic (140/90 or slightly higher) are now considered Stage I hypertensive. The new guidelines for these patients indicate that control should first be attempted through lifestyle changes plus conventional thiazide diuretics or “water pills.” Diuretic drugs are relatively mild in action, have few side effects and are available in many inexpensive forms including generics. They work by decreasing the volume of fluids in the body and with less fluid circulating, the pressure on arteries can often be reduced.

Stage II Hypertension

Patients with systolic BP of 160 or above or diastolic BP more than 100 are already at high risk and must be given more aggressive treatment, typically including a combination of antihypertensive drugs. Usually a beta-blocker and perhaps an angiotensin-converting enzyme (ACE) inhibitor and/or a calcium channel blocker (CCB) is prescribed, although this depends on what drugs the patient may be taking for other health problems. Beta-blockers will block the effects of certain stress hormones that cause arteries to constrict. ACE inhibitors inhibit the production of angiotensin, a substance that causes the muscles in vessel walls to narrow; with no angiotensin present, the blood vessels widen. CCBs also allow narrowed blood vessels to widen, reducing pressure. With many choices and many individual responses to the drugs available, it can take weeks or even months for the patient and the doctor to arrive at a satisfactory treatment approach.

Complementary & Alternative Medicine (CAM) Response

The new high blood pressure guidelines are a welcomed development, particularly in that they draw attention to the importance of treating prehypertension before it has a chance to do permanent damage. The key element is to identify these people and motivate them to make changes. Blood pressure rises as a result of aging. Therefore, anyone who falls into the prehypertension range needs to take a proactive approach to prevention and control early on. A program for pre-hypertensives and continued
Complementary & Alternative Medicine (CAM) Response continued

mild Stage I hypertensives may initially begin with dietary and behavior modifications, at the discretion of your PCP. However, where moderate to severe hypertension is involved, antihypertensive drugs are an essential part of treatment. It’s important to remember that BP treatment is not a one-time event — it’s an ongoing process that requires monitoring and lifestyle changes.

Eating the alternative way

Traditional healing systems have always recognized nutrition as an important part of good health, but today practitioners of mainstream medicine recognize that diet, like drugs, can sometimes control and prevent a condition like hypertension, and with no adverse side effects. An example is Dietary Approaches to Stop Hypertension (DASH). The DASH eating plan is one developed as part of a study sponsored by the National Heart, Lung and Blood Institute (see https://biolincc.nhlbi.nih.gov/studies/dash/), this plan involves eating a diet high in fruits, vegetables, fiber, and low-fat dairy foods — and restricting fats, especially saturated fats. Another one is the American Heart Association Diet for mild hypertension, high cholesterol and Type 2 diabetes. See more on this at www.heart.org. Fish oil has been suggested as a natural approach; however, its use may lead to blood clotting issues. Its use, if attempted, should be discussed with your PCP.

Biofeedback

Some people with prehypertension or even Stage I hypertension who are on insulin can lower their BP through biofeedback. Biofeedback is a non-invasive procedure; when used to control BP, the patient is initially hooked up to electronic sensors on the skin while a machine “feeds back” either sounds or images that interpret what direction the blood pressure is moving, up or down. With practice and conscious relaxation, many patients are able to will their pressure downward. Eventually, they can use this newfound skill to lower blood pressure independent of sensors, machines and therapy. Mindfulness-based meditation, yoga and guided imagery are other stress reduction techniques that can work to reduce blood pressure.

Massage

Massage is a broad term that encompasses a range of systematic manipulations of the body’s soft tissues (e.g., skin, muscles and connective tissues). While the health applications of massage are many, it is often used as part of a broader CAM regimen to lower blood pressure, increase circulation, relax muscles (including those in arterial walls), and reduce heart rate, all of which decrease wear and tear on stressed blood vessels.