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Integrative Medicine Perspective by Dr. Julie

by Julie T. Chen, MD
www.makinghealthyez.com

'I Have High Blood Pressure ... Now What?'

There are many factors that can contribute to hypertension, and the key to finding a regimen that treats high blood pressure is to first identify what in your life and repertoire is potentially contributing to the problem. Many of my patients are surprised at just how many things in their lifestyle are significantly contributing to their hypertension and they didn't even know it. The most important first step is to identify these factors. So, how do we do that?

In keeping with the concept of "making healthy e-z," I like to have my patients delineate a typical day in their lives on a weekday and on a weekend day. In doing so, we can see if there are factors of daily living that may contribute to high blood pressure, including poor dietary habits (including drinks or liquid, salt or processed food, and sugar), stressful work or home environment, lack of exercise, lack of sleep, and medications or supplements.

We then go through their medical history closely to see if there are any early subclinical signs or symptoms or diseases that may be contributing to their hypertension, including aspects such as history of magnesium deficiency, subclinical thyroid disease that normalized, chronic pain or joint pains, gestational diabetes, or pre-eclampsia or eclampsia during pregnancy, to name a few.

The reason I want to know about these things is because they say a lot about a person's body's tendency toward certain health issues, even if they no longer have active issues in those areas currently. It also gives me an impression of that person's body's propensity toward inflammatory states or if they've had issues that spurred borderline hypertension or other medical issues in the past with a lifestyle choice.

If you want to do this at home, you can jot down notes about your daily life on a weekday and on a weekend day and bring it in for review with your physician to see if he or she can help you figure out aspects that are contributing to hypertension so that you can correct the negative impact on your health.

Once you have done that, then you can take the practical steps toward addressing those issues with your physician so that you can try to lessen the need for medications, if at all possible.

The following case is an example of the process.

J.D.* is a 50 year-old man who came to me with rheumatoid arthritis (RA), but he also had hypertension for the last year that was being controlled on a low dose of hydrochlorothiazide. He reported that his hypertension started about six months after he was diagnosed with RA. He said that he had fluctuant blood pressure readings for about a year before that where his blood pressure was always intermittently borderline high. He mentioned that there had been a death in the family about two years ago and about five months after that, he started having joint pains and was eventually diagnosed with RA. He said that the family member's illness was stressful on him and he had been dealing with it for almost a year before being diagnosed with RA.

He said that he probably had not been eating well and had gained about 15 pounds in the last few years and another 10 pounds after being diagnosed with RA. He said he is still sad about the loss of his relative and he was also sad that he has gained a lot of weight, which seemed to make both his blood pressure and his RA symptoms worse. He was on Plaquenil and sulfasalazine for his RA because he couldn't tolerate methotrexate (his liver enzymes were elevated several times with several trials of this medication). He intermittently took ibuprofen for painful joints.

He said that he was frequently tired and had started taking *Panax ginseng* for energy and was taking DHEA since a friend had recommended it for energy as well. He had also been drinking licorice tea intermittently when he felt a sore throat because the friend told him it helped to soothe the throat. He didn't check his blood pressure at home regularly but said that he would be willing to do so. He said that he wanted to come off medications and to lose

some weight but he didn't know how since he was so tired and achy.

We went over his medications, supplements, daily habits, and sleep habits at the second visit, after he kept a log of food and daily patterns for me. There were multiple aspects of daily life that were contributing to his hypertension.

I asked him to stop taking *Panax ginseng*, DHEA, and licorice – all of which could worsen hypertension. I also asked him to stop ibuprofen, since that too may sometimes worsen hypertension. We checked his labs, and he had low magnesium and potassium levels. He was also low in vitamin D and B12, and he had labs consistent with very mild subclinical hypothyroidism. I placed him on a regimen including fish oil, curcumin, magnesium, potassium, B12, D3, cinnamon with alpha-lipoic acid (for his glucose intolerance), resveratrol, selenium, and iodine (he had low normal levels of selenium and iodine). He was also able to use Zylamend as needed for pain, and he could ice his joints if they flared, or come into the clinic for acupuncture or laser therapy to decrease inflammation.

I also noticed in his logs that he was eating too many carbohydrates in the morning and he already had mild glucose intolerance with his fasting blood glucose in the upper 90s. He also said he slept about 6 hours per night, which was interrupted because he dog slept with him. He also was stressed at work and at home and didn't take time to destress.

I worked with him to get him to start an anti-inflammatory diet that was mostly vegetable-based and very low in complex carbohydrates, and he was not to have carbohydrates in the morning except in the form of vegetables with egg whites or nuts. I also gave him the information on the DASH diet, and he started to incorporate the concepts more into his diet.

He also stopped letting his dog sleep with him and he went to a sleep study that showed he had obstructive sleep apnea. He was fitted for a CPAP machine thereafter and is using it nightly.

He started to incorporate 5-minute breaks of relaxation with breath work or music at least three times per day and

he started a walking regimen with his dog that was more than a block per day. As he felt better, he started walking more and I also encouraged him to start tai chi with a local group and to swim when he could get up the energy to do so.

With my instructions, he kept a blood pressure log to monitor his levels and to also see if certain things increased his blood pressure. He noticed that stress and lack of sleep drove up his blood pressure, and when he worked out and took the time to relax, his blood pressure was most stable. With my prompting, he began to see a therapist to deal with the loss of his family member and he is now doing better with that. He has started journaling to help deal with his sadness and manage stress.

At the end of eight months, he had lost about 18 pounds and was off his blood pressure medication and had less achy joints with his RA. During this process, he also noticed that alcohol bothered his joints and cut that out, which helped him to lose another 3 pounds recently. Recently, he has started light weight training with a trainer.

J. D. is a good example of how you are likely to have the most success in treating a disease, in a natural way, if you address all the factors that contributed to its original development. This way, not only can you treat the hypertension, but also other medical issues in the process.

I always tell my patients that a whole-systems approach to medical disease management is the best; because even though you start out trying to treat one disease, the nice little side effect of treating disease this way is that your other medical issues usually improve as well.

*Patient's identifying information has been altered to protect confidentiality.

Julie T. Chen, MD, is board-certified in internal medicine and is also fellowship-trained and board-certified in integrative medicine. She has her own medical practice in San Jose, California; is the medical director of corporation wellness at several Silicon Valley-based corporations; is on several medical expert panels of websites as well as nonprofit organizations; is a recurring monthly columnist for several national magazines; and has been featured in radio, newspaper, and magazine interviews. She incorporates healing modalities into her practice, including but not limited to medical acupuncture, Chinese scalp acupuncture, clinical hypnotherapy, strain-counterstrain osteopathic manipulations, and biofeedback.



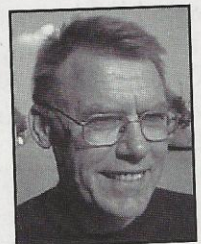
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