

Hypertension Drugs exposed

You have got restricted blood flow due to hardened and furred arteries. Your 'bad' cholesterol levels are way too high. You have dangerously high blood pressure. A heart attack or a stroke is waiting to happen any time.

In this scenario the doctor is prescribing this drug to bring your blood pressure down, another drug to lower your cholesterol, and another to thin your blood.

You nod in agreement – *what else can you do!* - He explains that you will need to take all these drugs for the rest of your life, because if you do not then you are a sitting duck for a stroke or a heart attack.

Your rosy world where everything was possible just fell apart . . .

You may already have resigned yourself to the fact that you will be taking medication to control your blood pressure *for the rest of your life* – even though you may be uncomfortable with the fact that these drugs have a whole range of unpleasant side effects.

The high blood pressure epidemic that mainstream medicine is failing to curb for 70% of patients

More than 52,000 Americans die from complications related to high blood pressure every year. Between 1993 and 2004 the rate of death from high blood pressure rose nearly 30 percent and it is still rising. On a worldwide scale the numbers are even more staggering - 7.6 million people die every year as a result of high blood pressure.

In the UK, more than 16 million people suffer from high blood pressure. And according to the American Heart Association, one in three adults over the age of 20 – that is about 65 million Americans - now have high blood pressure, affecting young and old alike.

About 25 million of them regularly take *at least* one prescription drug to control it.

So, you can already start to get a picture of how big the ‘blood pressure’ industry is for the pharmaceutical companies.

But, according to a growing body of research, the current mainstream pharmaceutical approach is failing miserably.

A recent study published in the Archives of Internal Medicine reports that only about 20 percent of those being treated for hypertension are ‘well controlled.’ The other 80 percent are still in a danger zone, despite regular treatment with drugs and regular checkups with their doctors.

These are shocking statistics.

What is ‘High Blood Pressure’ (HBP) and why is it dangerous?

Blood pressure is the force your blood exerts on your arteries as it flows through your body. If you have high blood pressure it means that your blood is exerting too much force on your arteries and is making your heart’s job - pumping blood more difficult than it should be.

Your heart is a powerful and efficient muscle, but if it is forced to work too hard for too long it can enlarge, wear out or fail, causing a heart attack, stroke, aneurysm... or an early death.

When you have your blood pressure taken, you are given two numbers referred to as your Systolic and Diastolic blood pressure.

Your Systolic blood pressure is the measurement of the pressure your blood exerts on your arteries when your heart beats, while your Diastolic blood pressure is the measurement of the pressure your blood exerts on your arteries when your heart is at rest.

What is the difference between normal ‘Blood Pressure’ and ‘High Blood Pressure’?

For an average adult (Systolic / Diastolic):	
Normal	<120 / <80
Pre-Hypertension	120 - 39 / 80 - 99
Stage One Hypertension	140 -159 / 90 - 99
Stage Two Hypertension	160+ / 100+

If your blood pressure consistently reads in the ‘Hypertension’ or ‘Pre-Hypertension’ categories, then you need to seek immediate advice.

The ‘silent killer’

It is called the ‘the silent killer’ because so many people have high blood pressure and they do not even know it because it never shows any symptoms - until it is too late.

Even a 10 point rise in blood pressure can lead to a doubling in risk of a heart attack or stroke!

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, which are often worse than the problem they are supposedly treating.

Diuretics basically dehydrate your body - that is, they remove fluid from your body by way of the kidneys. This may cause a drop in blood pressure, but the first question to come to mind is: If you do not have oedema (swelling), what is accomplished by draining your vital body fluids?

Most importantly those fluids also contain many vital minerals, such as potassium, sodium, magnesium and calcium, and getting rid of them will cause electrolyte imbalances (loss of minerals) in your body.

But electrolyte imbalance is only the beginning. Other problems caused by diuretics include cardiac arrhythmias (irregular heart beat), gout, kidney damage or failure, uraemia, hyperglycaemia leading to diabetes, abnormal cholesterol, anaemia, photosensitivity, indigestion, headaches, visual disturbances and impotence.

But the side effects of diuretics are chicken feed compared to these other hypertension drug treatments.

Anti-hypertension drugs are waging chemical warfare on your body.

Beta blockers reduce the force of the heart's contractions. Basically, the heartbeat slows in reaction to the drug, and that lowers your blood pressure. So keep in mind that you are dealing with a dangerous cardiac drug, not 'just blood pressure medicine'.

What might you expect in the way of side effects from beta blockers? You have got it - signs of serious heart disease. You may experience any or all of the following symptoms: congestive heart failure, which will lead to pulmonary oedema, a good old-fashioned

heart attack, or arrhythmia. And, of course, all of these irregularities can be fatal. There is also a strong possibility that you will experience a stroke, which could cause partial paralysis or death. And asthmatics should never take beta blockers, since they may trigger life-threatening airway spasms.

Next up are the ACE inhibitors. They lower blood pressure by blocking the release of angiotensin. Your body releases this molecule in order to raise your blood pressure.

The body's chemical regulatory mechanisms do things for a reason; usually high blood pressure is a protective mechanism designed to maintain your 'homeostasis, your biological balance in the turbulent world inside your body. The ACE inhibitors lower blood pressure by counteracting this blood pressure raising agent.

Calcium channel blockers are, by far, the worst of the bunch. And, of course, they are among the most widely prescribed drugs in the modern world. Calcium channel blockers (CCBs) block the movement of calcium across cell membranes.

This suppresses muscular contraction, which dilates the arteries and reduces resistance to blood flow. The doctor sees a reduction in your blood pressure and proclaims it medical magic: you take the little pills, your pressure comes down, and the doctor is a genius.

Wish it were that simple, but what else happens? Your heart feels like a fish flopping around in a bucket. You feel like you are going to faint, especially if you stand up quickly. You figure you can live with that; you have to just stop standing up too quickly. But if going from sitting to standing can cause you to faint, how about going from flat on your back to standing?

This sudden drop in blood pressure can cause a stroke, and off to the emergency ward you go. But the calcium channel blocker will not take

any of the blame: after all, your doctor prescribed it to you to prevent a stroke brought on by high blood pressure.

These drugs can also cause heart failure, heart attacks, gastrointestinal bleeding, liver and kidney damage, and reduced white blood cell count (causing you to be more susceptible to infections).

And another common - and deadly - possibility is their interaction with other drugs, which can lead to any of the above disasters.

The most important study to date on calcium channel blockers is the Wake Forest University School of Medicine research that was presented at an international cardiology meeting in Amsterdam in 2000.

According to the report, these very popular drugs may be responsible for an excessive number of heart attacks and cases of heart failure. It appears that they do not even prevent the cardiovascular complications of high blood pressure. In fact, they cause the complications.

If you currently suffer from hypertension, then it is quite likely that you are already taking one of these drugs without even realizing what the full side-effects and risks may be. But just ask yourself: Do you want to end up being dependent on drugs that damage your kidneys and increase your risk of heart attack and stroke . . . ?

There just has to be a better way . . .

In fact there are many ways.