

High Blood Pressure

CARLA'S STORY

"I had some occasional dizzy spells and a nosebleed now and then, but I tried not to let them interfere with anything. Friends said they were probably caused by a food allergy, air pollution, or perhaps a hormonal imbalance. They didn't want to say I was overweight. I went to give blood for a friend whose son was going into surgery, and was told by the nurse that I couldn't give blood because my blood pressure was 150 over 110! She advised me to see a doctor right away." At the time, Carla was a 36 year-old mother of two girls and was overweight.

The next day Carla took the blood-bank nurse's advice and went to see her doctor whom she had not seen in about five years. Carla's doctor, a woman, confirmed that her blood pressure was, in fact, high and advised prompt treatment with medication. She gave Carla a routine physical that included being weighed, having blood and urine samples taken, as well as the usual poking and probing. The doctor didn't see any complications and concluded it was high blood pressure-hypertension (the medical term). Carla's experience with high blood pressure is typical.

Carla continued her story. "The doctor put me on medication because my pressure was so high, but she recommended I try diet. She said my blood pressure would probably drop to normal if I would lose about 25 pounds. I'm five feet four inches and weighed 160 pounds at the time; I was fat. The doctor also felt I'd have to follow a low-salt diet as well as a reducing diet. So, I left the office with a printed diet and a brochure that explained how to cut out dietary salt."

Carla soon learned that medication for high blood pressure had a double cost connected to it. You paid the druggist over a dollar a day and you also paid by feeling strange. At first she felt nauseous, but most medicine gave her a queasy feeling. Sometimes she would get a lightheaded feeling, but a couple of times she blacked out briefly when she stood up from sitting. Her doctor had warned her of this and adjusted her medication until the dose level kept the side effects to a minimum, but still kept her blood pressure within the normal range. The doctor kept reminding Carla about losing weight and following a low-salt program. However, once the medication was right, there was no need to speak with the doctor, so his diet prompting stopped.

"I never used a salt shaker again, but the brochures weren't clear on the amounts of salt in other foods. It didn't say don't eat this or that. The booklet talked of sodium in some foods and salt in other foods, but seemed to skirt the issue. I followed the diet for a week and lost a couple of pounds, but I didn't have the time or the drive to prepare three sets of meals for my family: one for me, one for the girls, and one for my husband Tony. Consequently, I tried to eat what they ate, but I just ate less. Face it, the diet wasn't working. The drugs worked and I got used to the side effects, but I never felt right using the drugs. I know it isn't clear when I say I didn't feel right, but that's the way I felt. I think it was psychological."

HIGH BLOOD PRESSURE

High blood pressure is called the "silent killer" because it has no firm symptoms. The vague symptoms Carla felt are about all that anyone ever notices. And who doesn't have a headache now and then? High blood pressure probably causes more deaths

indirectly than any other illness outside of overweight. High blood pressure dramatically increases the likelihood of stroke, heart attack, kidney failure, blindness, and a number of other less deadly, but serious health problems.

About one in five American and Canadian adults have high blood pressure. By age 65, about three in five adults have high blood pressure; some studies argue it's three in four. About 50 percent of these people know they've got the illness and are being treated by a physician with medication. The other 50 percent don't realize they are ill. Remember, it's usually a symptomless disease. If you don't get a physical, you often don't know you have hypertension. That's why it's a silent killer.

About 80 percent of all high blood pressure can be completely controlled by diet. The other 20 percent of people who have high blood pressure can reduce their medication if they also follow the correct diet. In order, the dietary requirements to reduce blood pressure are weight, alcohol, salt reduction, sodium-potassium balance, calcium adequacy, and EPA. People with real difficult cases of high blood pressure need to follow a very low-sodium diet of less than 300 to 500 milligrams of sodium daily. Any expert, including the surgeon general, says diet should be the first line of attack and is, by far, the treatment of choice.

High blood pressure has a hereditary tendency. You inherit the tendency to get it and the environment brings it on. Food, alcohol, and stress are all part of the environment that causes blood pressure to go up. Because of heredity, about 15 percent of people with high blood pressure won't ever succeed with diet and will always require medication. These people are easily identified by a physician who specializes in this illness.

Stress is a large factor in causing blood pressure to rise. In fact, people in some occupations and those with certain personality types are more likely to have high blood pressure. But even these people can use techniques, which include exercise, meditation, biofeedback, and others, to control their problem. It seems that only about 15 percent of all hypertensives absolutely require medication. Why then, don't more people use diet to control high blood pressure? Carla put it nicely when she said, "It's tough to take off weight." Following a low-salt diet or balancing sodium and potassium correctly isn't easy and calls for a serious commitment.

In my book *The High Blood Pressure Relief Diet*, I have explained low sodium and sodium-potassium balance, and have provided dietary plans, recipes, and advice. It's an easy book to use and was chosen as one of the best diet books of 1989. Anyone with high blood pressure owes it to themselves to, at the very least, try dietary control. All it calls for is some self discipline, will power, and a desire to be healthy.

BACK TO CARLA

"A friend told me about a dietary plan that someone she knew had followed and lost 20 pounds. Besides, her friend now sells the products," Carla said and quickly added, "and I was desperate. I had tried all the fad diets but gave into my making three meals for each meal problem. When Helen's friend called, I was willing to see her."

Carla was introduced to Shaklee products. When the distributor learned Carla had high blood pressure, she told her about a nutrition seminar she had attended, where a home-office expert, using slides, showed how well the diet program worked for high blood pressure—people lost weight and high blood pressure at the same time. The distributor introduced Carla to the basic supplements and especially EPA and calcium, because this expert

had said they helped reduce high blood pressure. Carla was now equipped with everything she needed.

"I wrote out a check for almost \$150. It was the best investment of my life. I ate two meals a day of Shaklee Slim Plan and a large salad for the third meal. I also took the supplements, including fiber and Herb-Lax. I ate dinner with the family; it's just that they had a rabbit at the table." Carla laughed when she reflected on the process.

"Although I lost only 11 pounds in the first two weeks, I felt like I had dropped all 25 pounds. Things weren't tight on me anymore. In the third week of my Shaklee diet I felt so good, that I went off the medication for two days and had my blood pressure taken at the drug store where they have a machine. I know these machines aren't so accurate, but my blood pressure kept reading 135 over 85. I spent \$1.25 for each reading and it was always just about the same." Carla even sounded excited talking about it later.

When Carla went back to her doctor to have her blood pressure measured, the doctor congratulated her and said she had succeeded in controlling her high blood pressure by diet. She also warned her that if she didn't keep the weight off and her salt intake down, the high blood pressure would return.

It's about four years since Carla started using the Shaklee Slim Plan and supplements. Now her entire family uses Shaklee products and she even distributes them. Carla has not had any problem with high blood pressure nor has she had difficulty with her weight. She lost the entire 25 pounds and then another 10 pounds. Today she weighs a healthy 125 pounds.

RAY'S STORY

"I wasn't overweight! I had to work to get my blood pressure down." Ray describes his problem very dramatically. His delivery commands your attention.

"I followed a supplement plan that included Vita-Lea, EPA, and gobs of all the other supplements. I had heard that EPA, calcium and magnesium are important, so they were my standbys." Ray had also purchased a copy of my book *The High Blood Pressure Relief Diet* and followed a low-sodium, high-potassium diet. In his words: "I earned my low blood pressure the hard way! And I keep it low the same hard way!" Modesty is not Ray's problem. His blood pressure runs about 125 over 75 to 80, which, his doctor agrees, is excellent.

Ray continued, "At 40, I had been told I would be on high blood pressure medication for life. I hated it and owe my success to Shaklee products and my dietary program." Today Ray is the picture of health and you'd never know he has a blood pressure problem. He jogs several miles at a time regularly and is also an enthusiastic tennis player.

WHAT'S GOING ON HERE?

These two people represent the extremes of dietary and dietary-supplement control of high blood pressure. Each one of them is at one end of what I call the "dietary spectrum."

Carla was probably hypertensive because of her weight. With excess weight, the body becomes insulin insensitive. Not all overweight people have this problem. For reasons not well understood, the kidneys respond by elevating blood pressure through a complex mechanism that involves salt reabsorption, as well as the production of a hormone-like substance. The bottom line of these two actions is that people like Carla respond quickly to weight loss and moderate salt reduction. Their blood pressure drops as soon as they bring their weight into line.

Shaklee Slim Plan drink mix is a moderate salt product. So, if people follow the plan and don't add salt to their food, they are on a

salt-restricted diet, that also provides more than enough potassium. With weight loss, this mineral balance in the Slim Plan brings blood pressure down quickly for people like Carla. Consequently, Carla saw results which seemed almost too good to be true. In reality, they're typical.

In addition to the weight loss and the mineral balance in the diet drink, Carla gained some benefit from the supplements. In this case, the critical supplements are EPA and calcium-magnesium. Vita-Lea also provides calcium and magnesium, but the body actually needs more than Vita-Lea provides, so the separate calcium-magnesium supplement is necessary.

EPA has been clinically tested in a number of studies in several countries and helps reduce blood pressure in two ways: it reduces the friction of the blood cells and the tension within the blood vessels; it also reduces intrablood-vessel inflammation. EPA doesn't have a major effect on blood pressure, but it contributes to its reduction. Every millimeter of blood pressure reduction helps.

Inadequate dietary calcium seems to moderately elevate blood pressure in some people. When these people use calcium supplements, their blood pressure usually returns to normal. Magnesium seems to work in concert with calcium and has a modest effect on blood pressure. Some people speak of some magic ratio of calcium to magnesium. Hogwash to some ratio! If you get at least the RDA of calcium and magnesium, you will not have high blood pressure that's traceable to either mineral.

Ray, in contrast to Carla, needed to reduce his sodium intake to less than 800 milligrams daily and keep his salt intake to a minimum. Sodium is part of salt, but so is the other side, chloride. Sodium, in the absence of chloride, can be tolerated much better by the body than sodium chloride, or salt. That's why some foods, such as milk, contain sodium, but are okay in moderation because they don't contain chloride. But the same level of sodium, as salt, would be a "no-no" on a low-sodium diet.

Ray benefited from the EPA for the reasons I mentioned and similarly benefited from calcium and magnesium. He could also use Shaklee Slim Plan drink mix as a meal substitute, but his major strategy required the plan I carefully developed in *The High Blood Pressure Relief Diet*. There really wasn't any substitute in his case, and Ray did, indeed, earn his results.

Most people who have high blood pressure are not as clearly separated as Ray and Carla. Average folks are moderately overweight with sodium and chloride sensitivity. They will still succeed in lowering their blood pressure if they do what Carla did. Black people are especially sensitive to chloride. This genetic disadvantage leaves them no choice but to follow the dietary program in detail.

ABOUT THE AUTHOR

James Scala was educated at Columbia (B.A.), Cornell (Ph.D.), and Harvard (Post-doctoral studies) Universities.

He has spent his career in research, research management, and teaching. His accomplishments include over fifty published papers on research in nutrition, biochemistry, and biology. His teaching includes courses for undergraduate, graduate, medical, and dental school students.

As a research manager, Dr. Scala held positions at Procter and Gamble, Owens-Illinois, Unilever, General Foods, and was the Senior Vice-President of Scientific Affairs for the Shaklee Corporation. He now devotes his energies to writing and speaking for the general public.

Dr. Scala lives with his wife Nancy in Lafayette, California. For recreation, they sail the ketch La Scala from its home port on San Francisco Bay.