



VOL. 8, NO. 5

BULK RATE  
U.S. POSTAGE  
**PAID**  
PERMIT NO. 9323  
CHICAGO, IL

P.O. Box 982

Evanston, Illinois 60204

## IN THIS ISSUE:

# Understanding High Blood Pressure



**Dr. Robert  
Mendelsohn**

One of my earliest Newsletters dealt with the dangers of antihypertensive drugs. Since then, the questions about hypertension (the subject which has generated the most letters I have received) have become far more sophisticated. Just what is hypertension, readers want to know. How should blood pressure be measured? How can high blood pressure be managed without drugs? Hence, this Newsletter.

Q

It is all good and well to warn patients about the side effects of anti-hypertensive drugs, but here's the problem: People with high blood pressure have been spooked by their physicians about what a dreadful, serious disease they have. They've been told they must lower their blood pressure or else they will have a heart attack or a stroke. So what are they to think when you tell them that perhaps their physician doesn't understand what hypertension is, that it really isn't a disease in itself but is rather a symptom of smoking, obesity or perhaps inactivity and is really nature's protection to insure proper distribution of sustenance and the carrying away of waste products? When you tell them that, they look at you with a jaundiced eye, and confusion reigns in their minds. Whom are they to believe when their physician has never mentioned diet and exercise?

Ninety-nine per cent of physicians believe hypertension is a disease and not a symptom. I'd hate to think this is because of monetary reasons, but I'm afraid that's the case. I'm sure the drug companies are doing their utmost to reinforce this drug theory which has no clinical or scientific foundation. Research to back up the "commonsense theory" of blood pressure and to refute the harmful chemical company theory must be forthcoming, or millions of people will suffer needlessly. Worse yet, many will die prematurely because of insufficient blood pressure for their specific normal body functions.

Drug therapy does not prevent strokes and coronary problems. Instead, it causes them by bringing about a lack of proper blood supply to the tissues. Specifically, the all-important vascular system wastes lack proper blood supply, and hence a vascular accident is brought about under duress. If that accident happens to be in the coronary or the brain region--well, that's it.

Perhaps physicians should stop taking blood pressures and should start weighing people and asking them about exercise, diet, smoking, and work habits.--R. F. Bernard, O.D., Richmond, Michigan

**A**  
*Is high  
blood pressure  
a disease?*

If a patient should complain to a doctor about the risks of antihypertensives, the doctor has learned a snappy response. Let's say a patient goes to his doctor complaining bitterly, "Doc, those pills you gave me for my high blood pressure are ruining my sex life and destroying my marriage." Knowing that impotence and loss of sexual vigor frequently accompany the use of some antihypertensives, the doctor retorts with "Would you rather have a stroke?" I call this the "voodoo curse" of the religion of modern medicine. And that is why I treasure a letter like yours.

Perhaps their professional orientation makes optometrists (like you) see some things more clearly than do physicians.

P.S. I had no sooner finished writing this answer than I came across the following letter, a classic example of the situation you have described.

**Q** For the past three years, I have been taking Dyazide and Minipres for high blood pressure. At the last reading, my pressure was 110/80 which my doctor said was very good for a 55-year-old, overweight woman. But I have been feeling unusually tired, and I'm very concerned because at times I seem to lose all strength in my hands, and objects slip right through my fingers. My doctor doesn't seem to think the medication has anything to do with this, but I'm not so sure.

I smoke a pack and-a-half of cigarettes a day and consume seven to eight cups of coffee daily. If I quit smoking and cut down on the coffee, is it possible to keep my pressure under control without pills? From what I've read, it seems that both these factors, along with excess weight, contribute to hypertension.

Congratulations on your Newsletter. It teaches lay people not to be afraid to ask questions, whether our doctors like it or not.--E.M.

**A** Since you now are unafraid to ask questions, ask your doctor the following ones:

1) Why am I taking three drugs (Dyazide is a combination of two) for my high blood pressure? Can you show me published evidence of the value of this combination of medicines?

2) Since weakness, lack of energy, and numbness in the extremities are such prominent side effects of antihypertensive drugs, what is your basis for telling me that the drugs have nothing to do with my symptoms? Why didn't you tell me about the value of weight loss and quitting smoking and cutting down on coffee in keeping blood pressure under control? Why did I have to read about these treatments myself in Dr. Mendelsohn's Newsletter and other places?

**Q** The comments by Dr. Bernard of Richmond, Michigan [see first question] have left me totally confused. Dr. Bernard says hypertension is a symptom, not a disease. Yet I've been told that once you have hypertension, you'll always have it.

I am 28 years old, 15 pounds overweight, and I do not smoke or drink. I went to the doctor because my head was pounding, and my heart was racing. My blood pressure was 180/120, and my pulse rate was 120 beats per minute. The doctor immediately put me on 40 mg Inderal daily, and he has since increased the dose to 120 mg daily. When I've taken my blood pressure at home, it's been as low as 110/70, but as soon as I go to the doctor and work hard, it jumps back up. I realize I bring on these rises in

blood pressure by becoming upset, yet when I tell this to the doctor, he doesn't seem to believe me.

Is Inderal safe? Is my rise in blood pressure normal in view of my emotional state?--D.T.

A

Dr. Bernard, who wrote to me, was right. Hypertension is not a disease. Hypertension is a symptom, a finding. There are diseases which produce hypertension, and it is the job of your doctor to find out whether you have any of those diseases. Apparently your doctor failed in this regard when he immediately rushed to his prescription pad, in spite of your having given him plenty of clues to pursue (your overweight condition, your work habits, and your emotional state).

Even if your doctor cannot discover the cause of your hypertension (in which case he probably will use such verbiage as "essential hypertension," "idiopathic hypertension," or "primary hypertension"), you are absolutely justified in carefully scrutinizing any drugs he prescribes.

As far as the safety of Inderal is concerned, when you read the long list of warnings, precautions and adverse effects--if that doesn't make your blood pressure go up, nothing will!

Q

How high does your blood pressure have to go before you get a stroke?--J.A.

A

*Measuring  
blood pressure*

Wouldn't it be great if we doctors could answer this question with any degree of accuracy? Then we could reassure some of our patients that they need not worry at all about strokes, and we could advise others that the danger of a stroke outweighed the risk of the antihypertensives they are taking. We could quantitatively correlate systolic pressures of 140 or 180 or 280 and diastolic pressures of 90 or 100 or 120 with the risk of a stroke. We could, in that ideal world, reassure a patient whose blood pressure was 290/110 that he need not worry that the lowering of pressure induced by antihypertensives might lead to a catastrophic diminution of blood flow to his kidneys. Unfortunately, these musings of mine remain wishful thinking, given the primitive state of modern medicine's statistical science.

Blood pressure is not the only quantitative measurement that reflects the primitive nature of modern medicine. How high does a child's fever have to climb before he has a convulsion? How much does a person have to weigh before the complications of obesity set in? How much weight does a baby have to gain to be considered healthy? How much daily Vitamin C should a normal person ingest?

A patient should make sure his doctor does not treat him as a statistic. If you are worried about your blood pressure, ask your doctor whether you as an individual fall within or outside of his admittedly vague statistical norms. Then go home and think about the evidence he has presented. Only then will you be able to decide whether you have the kind of high blood pressure which threatens your health or whether you have the kind of high blood pressure which, compensating for disease elsewhere in the body, represents a life-saving adaptation.

Q

When I lie down, my average blood pressure reading is 120/79; sitting down, the average reading is 120/83, and standing, it is 127/94. Does the diastolic average of 94 for standing pressure indicate a need for treatment, or is only the sitting pressure significant? Should my average pressure upon standing be in the 80's?

I am a 36-year-old male, six feet, one inch tall, weigh 170 pounds, don't smoke and drink very little, restrict my salt intake, and exercise daily by walking. I haven't found the answer to my question in the medical literature I have researched. Some writings for the general public say to use sitting averages, while others say to use all three positions. Can you clear up this confusion?--R.W.

**A** My favorite book which gives information about medical tests to both doctors and the general public is "Do-It-Yourself Medical Testing," by Cathey Pinckney and Edward R. Pinckney, M.D. (Facts on File, \$14.95). Dr. Ed Pinckney, a board-certified specialist in preventive medicine who is former associate editor of the Journal of the American Medical Association, writes: "The most generalized figure used as normal for arterial blood pressure is 120/80, signifying that the systolic pressure is 120 mm Hg and the diastolic pressure is 80 mm Hg when the person is sitting down at rest and relaxed." It is this value taken under these conditions which determines the need for treatment.

If you are taking your own blood pressure with a device that does not have a mercury column, you should check your machine against a mercury column type at least once a year, since there is a high incidence of inaccuracy in the non-mercury devices. Also, be sure you have placed the cuff on your arm properly, and be sure your cuff is big enough to encircle the arm without strain. Do not measure your blood pressure in the arm you are using to squeeze the air pressure bulb. If you are using a stethoscope or a built-in microphone, be sure there are no extraneous distracting noises. Be sure that all parts of your machine are in good condition and beware of holes in the rubber, dirty valves, or a worn-out cuff. Do not talk while taking your own blood pressure. Be sure to follow the official recommendations of the American Heart Association for the standard position in which blood pressure should be taken--the arm slightly flexed with the whole forearm supported at heart level on a smooth surface.

And remember, blood pressure readings must be abnormal on three different days before a diagnosis of hypertension can be made.

**Q** I recently read the following about taking blood pressure readings:  
"Now that so many of us are buying the new home blood pressure measuring machines, it's important that we don't perform the task inaccurately. There's a right way and a wrong way. When the arm with the blood pressure cuff is elevated so that the cuff is ABOVE heart level, the readings are lower than when the cuffed arm hangs straight at the side. Home readings with the arm resting on table tops or any surface that could cause the cuff to lie ABOVE the level of the heart should be avoided."

I'd like you to tell me what position the cuffed arm should be in when the blood pressure is taken.--Mrs. B.D.

**A** Even though most blood pressure readings are taken with the patient in a seated position, with his arm resting comfortably on the doctor's desk or on a table (thus insuring that the level of the cuff is not above the level of the heart), obviously this is not always the case.

For example, a patient who is lying flat in bed may have his or her blood pressure measured with the cuff above the level of the heart. Your point is well taken, illustrating one of the many precautions that must be observed whenever performing a "simple" measurement such as blood pressure.

There are plenty of other variables of which many patients are unaware. For example, a recent study at Cornell Medical College (Medical Tribune, December 28, 1983) showed that 20 per cent of patients who had mildly elevated blood pressure in the doctor's office may have normal readings at home or at work and may not need treatment at all.



-----

All you folks out there who thought you were healthy because your blood pressure was 120/80 had better think again. I know you learned in high school or college biology or else from your doctor or from the American Heart Association that 120/80 was pretty nearly an ideal blood pressure. But science marches on!

Until 1977, the diagnosis of hypertension was based on a blood pressure reading of 165/95 or higher. But in that year (and coincidental to the explosion in the manufacture of antihypertensive drugs) doctors changed the definition of hypertension to anything higher than 140/90, thus making additional millions of Americans eligible for the new drugs.

In a column I wrote back in 1978, I predicted tongue-in-cheek that the expansion of the diagnostic criterion for hypertension would continue until each of us was so labeled. Well, that gloomy prophecy has come to pass. In 1981, a committee of the National Lung, Heart and Blood Institute came out with the pronouncement that anyone whose diastolic (the lower number) pressure is 80 or higher should be put on notice that he faces an increased risk of illness. Now since this means half of all American adults, the government doctors who have come up with these new numbers don't want to scare everyone. Thus, they hedge this news with a certain amount of back-pedaling.

For example, Dr. Graham Ward, co-ordinator of the National High Blood Pressure Education Program, gives us this reassurance: "That doesn't mean that folks who didn't think they were sick before are sick now. They aren't sick." Ward goes on to explain that all it does suggest is that "These folks are at increased risk," and he goes on to tell us that the insurance industry has known this for a long time. "There would be no recommendation that people with such a diastolic pressure between 80 and 89 seek drug treatment," Ward says, because "medical authorities are uncertain about the need for therapy in that range."

I wonder how many of you will have any trouble predicting how doctors will react when they are faced with these new 15 million Americans who have been told to watch their blood pressure. Will the doctor, pen poised in writing hand, wave the patient out of his office with a reassuring "Don't worry about it"? Or will he apply his pen to the prescription pad with the same response he now uses to treat the 60 million already-diagnosed American hypertensives?

-----

**Q** I am 66 years old and have had mild hypertension for two years, during which time my doctor has been treating me with Dyazide. However, in the last month, it appeared that my pressure was not dropping with that medication, so I now take Inderal, as the doctor ordered. But I can't understand why, when I am at home, my blood pressure reads 140 over 80, while it registers 180 over 100 when I am at the doctor's office. I told this to the doctor, but he says I'm probably nervous when I get to his office. He continues to prescribe medication for my hypertension.

Do you think I could stop taking medicine until my pressure really goes up? I made this suggestion to my doctor, but he didn't seem to listen. I would appreciate your expert advice.--C.M.

**A** I have a series of possible responses to your questions:

A) THE ANGRY DOCTOR'S RESPONSE: What are you doing taking your own blood pressure at home? What medical school did you attend that enables you to perform this highly-skilled procedure? Obviously your own readings are incorrect, and you should immediately throw away your handy home instrument and rely on me, your trusted physician.

B) THE SIMPLEMINDED (SIMPLISTIC) LOGICIAN'S RESPONSE: Whereas your medication is supposed to be taken for high blood pressure, and whereas

your blood pressure is elevated only in your doctor's office, you should only take your medicine when you are in your doctor's office.

C) THE HERETIC'S RESPONSE: Stay out of your doctor's office altogether, and keep your blood pressure down.

D) THE EXPERIMENTER'S RESPONSE: Ask your doctor to make a house call and determine the readings at home, using his machine and yours.

Q

What is the safe high blood pressure limit?--S.K.

A

There is no safe high blood pressure limit. There are statistical norms and statistical averages, but these numbers are important mainly to doctors who write research papers. The doctor who treats you is not treating a statistic. Some people are better off with statistically average blood pressures. Some people are better off with blood pressures below the statistical average. Some people are better off with blood pressures above the statistical average. Indeed, occasional patients with higher-than-average blood pressures may get into lots of trouble if their doctors treat them as statistics and prescribe drugs which may lower their blood pressure so drastically that there may not be enough steam to push the necessary blood through the kidneys.

I respectfully suggest that you are asking the wrong question. Rephrase your question so that it reads, "What is the safe high blood pressure limit for me?" And then ask that question not of me, but of your own physician.

Q

After three years of taking oral contraceptives, the doctor has recommended that I stop using them because I have high blood pressure. In view of this, will there be any internal or external changes in my body?--G.W.

A

Your doctor was right in recommending that you stop the Pill, since elevated blood pressure is clearly listed among its serious side effects.

*Contraceptive  
pills cause  
high blood  
pressure*

In some women, hypertension may occur within a few months after starting the Pill, and the incidence of hypertension in Pill-users increases year by year. By the fifth year, two-and-a-half to three times more women develop hypertension than in the first year. I hope you have no family history of a tendency toward hypertension or its consequences, since in that case, your doctor should have warned you of your greater likelihood of developing hypertension with the oral contraceptives and of your need to be monitored closely.

In response to your question, the high blood pressure associated with the Pill may or may not persist after it is discontinued.

Analysis of mortality trends in 21 countries indicates that since the Pill first became available, changes in mortality from hypertension (and other forms of heart disease) among women aged 15 to 44 years have been associated with the prevalence of use of the Pill in each country.

Your letter does not mention your age, but if you are over 30, the risk of blood clots associated with the Pill and of heart attacks (myocardial infarction) is further increased by hypertension.

My information comes directly from the half dozen pages of contraceptive pill-prescribing data contained in the Physicians' Desk Reference. In my opinion, these pages are required reading for every Pill-taker and for every Pill-prescriber.

Q

You lambaste all the high blood pressure medicines my doctor has ever prescribed, but he tells me I'll have another stroke if I don't stay on my medication. Please tell me just what medication IS safe.--M.H.

Q

I used to take Quinidine, Pavabid, Valium or Tranxene much the way a recent reader's husband did. She wrote to you to thank you for opening her eyes to just how much of her husband's depression, anger and moodiness were caused by drugs. The same thing happened to me, and I've stopped taking most of the drugs. But if you don't prescribe drugs for your patients, how do you treat high blood pressure, hardened arteries, etc.? When I refused to take medication because of the side effects, my doctor refused to treat me as a patient. I don't know which is worse--putting up with side effects in hopes that the medication is helping the disease or doing without medication and still feeling bad.--Mrs. F.L.

A

### *Alternatives to medication*

Your two letters show that people all over the country are beginning to learn the adverse reactions of the drugs their doctors prescribe and are becoming appropriately concerned. In many cases, patients are now becoming at least as frightened of their treatment as they are of their diagnosis. And logically, they are beginning to actively seek alternatives to the "better living through chemistry" approach of most modern physicians. Thus, patients with coronary problems and high blood pressure are investigating Pritikin, Kushi, Airola, Fredericks, Pauling, and others who may not be M.D.'s but who do know about nutrition, allergy, acupuncture, chiropractic, biofeedback, meditation, and exercise. Since medical schools do not produce physicians who possess this kind of knowledge, patients like yourselves who question the chemotherapeutic approach to hypertension should explore these other approaches, whether carried out by M.D.'s or not. (More alternatives to medications for high blood pressure will appear in my next Newsletter.)

Dr. Mendelsohn's latest book, "How to Raise a Healthy Child in Spite of Your Doctor," has just been published by Contemporary Books (\$13.95).

"MalePractice: How Doctors Manipulate Woman," Dr. Mendelsohn's last book, is now available in paperback from Contemporary Books (\$6.95).

"Confessions of a Medical Heretic" is available from WarnerBooks (\$3.25).

**The People's Doctor Newsletter**  
P.O. Box 982  
Evanston, Illinois 60204

Published monthly. Subscription rate: **\$24.00** annually.  
Robert S. Mendelsohn, MD, Editor  
Vera Chatz, Managing Editor

© The People's Doctor Newsletter, Inc.

# Another View

by Marian Tompson  
Executive Director,  
Alternative Birth Crisis Coalition



Cynthia's first baby was due in two weeks. The young mother-to-be felt wonderful as she walked into her obstetrician's office for her checkup. But when she walked out, Cynthia was in tears, hysterical over her doctor's threat that, if she gained more weight or if her blood pressure continued to climb, both she and the baby might go into convulsions and "you could be dead by this weekend."

Since her previous visit to the doctor, Cynthia had gained 3 pounds (bringing her total weight gain to a grand total of 12 pounds). When the doctor took her blood pressure, he found it was elevated. Thereupon, she was sent to the hospital where the baby was checked with a fetal monitor and where a nurse checked Cynthia's blood pressure again, this time with Cynthia lying on her side. Both mother and baby checked out fine. But Cynthia remained in such a state of anxiety that she could hardly eat. By her next checkup she had lost three pounds. "Scaring you worked, didn't it?" was the doctor's reaction.

When she went into labor, Cynthia's blood pressure was checked regularly by the nurses at the hospital and "It was okay." After five hours of labor, Matthew was born, weighing in at six pounds, 15 ounces. Yet when Cynthia returned for her six week checkup, her doctor wanted to put her on blood pressure medication. "Luckily I had an appointment with Matthew's pediatrician that very same day," Cynthia relates. "He told me my blood pressure was normal, and it would be ridiculous for me to take those pills." That was the last time she saw that obstetrician.

In the March 1984 issue of Prevention, Gale Malesky, in an article entitled "Your 'High Blood Pressure' May be Full of Hot Air," has some interesting things to say about recent research on blood pressure. For example, people who are hypertensive or borderline have their highest readings of the day in the doctor's office, about 10 points over their 24-hour average. Blood pressure is lower when it is taken by a nurse than by a doctor. (Does the clue to Cynthia's readings, which were normal when taken by the nurses at the hospital, lie in her statement that "The nurses were so nice"?) Systolic and diastolic blood pressures have been found to vary by an average of 40 millimeters of mercury daily, which is much more than what most people think of as an average range. As much as a 100-point spread occasionally is found between a woman's sleeping blood pressure and her pressure under stress. Many women reach high values of blood pressure in late afternoon or early evening, but some women experience this rise in the morning, others late at night. (I was amazed to read that weight lifters experience the ultimate in high blood pressure--up to 450/300--with apparently no ill effects.) But the biggest changes in blood pressure come in response to our interaction with our environment. And this is good news because these are changes we can do something about.

Matthew is two years old now, and Cynthia is expecting her second baby in a few months. This time, instead of seeing an obstetrician, she is going to a group of midwives who run a maternity center. Nutrition is a very important part of their program: They are not as concerned about the amount of weight pregnant women gain as the kind of food they eat. Mothers are cautioned not to lose weight during pregnancy. When Cynthia began this pregnancy, she was heavier than she had been when she became pregnant with her first child, and she already has gained more weight than she did during the entire nine months before Matthew's birth. Yet her blood pressure remains normal.

It seems that changing her environment has provided the solution to Cynthia's blood pressure problems!