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Blood Pressure Control

Traditional medicine states that BP up to 139/89 is “Pre-Hypertension” and those levels are acceptable. However, a large study, SPRINT (Systolic Blood Pressure Intervention Trial) study, published in the New England Journal of Medicine in 2015. Compared patients with systolic BP 120 to those with systolic BP between 120 and 139. Their findings suggest strongly that BP greater than 120 systolic is significantly detrimental to human health. Three years after the SPRINT study, the recommended BP levels decreased to less than 129—closer, but not enough.

Patients in the below 120 group had:

1. 38% lower risk of heart failure
2. 42% lower risk of cardiovascular death
3. 27% lower risk of mortality overall.

Cardiovascular disease is the number one cause of death in the US. The 27% decrease in overall mortality seen in the SPRINT study would translate to prevention of 540,000 deaths PER YEAR if everyone’s BP was consistently less than 120 mmHg systolic. One in three adults in the US has blood pressure readings over 139/89 mmHg. The majority of American adults have BP higher than 120 systolic. This is yet another example of “normal” being far less than “optimal.” The optimal blood pressure target should be below 120 systolic.

It should be noted that even occasional increases in BP are harmful. The so-called “white coat syndrome” may be real, but it is in NO WAY BENIGN. If systolic BP is ever above 120 systolic, significant vascular harm occurs. In order to assure constant BP control, ability to monitor BP at home is critical. Most people have lower BP during hours of sleep, but some may not. Occasional monitoring of BP during sleep is important.

In treating moderately elevated BP, the physician should use caution and begin with life-style changes and natural remedies. Rapid and aggressive decrease in BP using multiple anti-hypertensives has been shown to increase the risk of kidney damage by 3.5 fold! Hormone optimization, regular moderate exercise, an anti-inflammatory diet, consumption of healthy omega 3 fats, and 7-8 hours of no interrupted sleep should be the starting point. If Systolic BP remains elevated, natural supplements should be added.

Optimal levels of Vitamin K2 help prevent progression of atherosclerosis and should be a part of all patients’ regimen. Flavonoids such as Quercetin (150-730 mg per day) Myricitrin (600 mg per day), and Myricetin (600 mg per day) act as Angiotensin 2 blocking agents, and lower

systolic blood pressure up to 10 mmHg each. It is not known if use of these agents concurrently has an additive effect.

Sativoside (750-1500 mg per day) acts as a calcium channel blocker and, if used for at least 12 months, decreases systolic BP by 12 mmHg. Calcium channel blockers and angiotensin receptor blockers act synergistically and should be taken together if either alone is insufficient. Melatonin sustains release, but not immediate release, helps decrease BP while asleep.

Patients are often reluctant to take pharmaceutical agents, and with good reason. These agents often use a “band aid approach” and have significant side effects. However, one type of BP pharmaceutical is, like the flavonoids, an angiotensin blocker and lowers blood pressure in a natural way. The preferred agent is Telmisartan, and it also improves endothelial function, increases insulin sensitivity, increases the utilization of fat as energy, and increases mitochondrial function. If natural methods fail to maintain BP in the optimum range, Telmisartan should be prescribed.

Protocol for BP control:

1. Hormone optimization
2. Anti-inflammatory diet
3. Good essential fatty acids from plant sources
4. Regular moderate exercise
5. Optimal K2 and D3
6. Flavonoid supplement
7. Stevia supplement
8. SR Melatonin q HS
9. Telmisartan 40-80 mg
10. 7-8 hours uninterrupted sleep