My Turn: A Doctor’s Case of High Blood Pressure

by Arabinda Das, MD

It was January of 1977, a cold morning in St. Louis, just 5 years after leaving my residency and 4 years after starting long studies in Complementary Medicine of clinical acupuncture, clinical homeopathy, bioenergetic diagnosis of Drs. Voll, and Morel of Germany and nutrition. I have done rotating internships in UK in General Surgery, Internal Medicine, Obstetrics, Gynecology, Pediatrics in United Kingdom and Residency in Neuropsychiatry here so that I could help many people who desperately seek treatment for various illnesses. The patients in my practice have been to the best clinics in the Midwest including Mayo Clinic and Hospitals of this country.

First of all, Acupuncture brought a lot of faith that complementary medicine works. The search has been going on indefinitely to find the anatomy, pathophysiology, and microscopic-pathology of illness. My assumption is that if we find the cause of diseases, then only can we reverse many diseases that have baffled all the physicians and scientists. Search for reversing the diseases is to be found from natural medicine with methods having no or least side effects.

After the morning Medical Staff Meeting of the Mid-West. Hospital, every doctor took his or her blood pressure and mine was high. It was 160/95. I took blood pressure several times a month and it remained high. My SMA-18 (a panel of tests) which shows the normal level of blood sugar, cholesterol, liver functions, and serum sodium, and potassium were normal. Kidney functions showed urea nitrogen was 32, normal high being 26. My Creatinine was 1.4 (normal high is 0.8). Something going wrong with my kidney bothered me greatly. The high blood pressure was not any consolation either. My friend, a urologist in University Hospital of St. Louis, Missouri did not like my blood report and warned me of my negligence of my health with usual friendly concern. I was examined by Dr. Voll (a great physician who had revolutionized the diagnosis of diseases by an electrometer through acupuncture points) in San Francisco, who did find that my kidneys were dropping, suggesting something wrong with my kidney functions. I knew then that there is no point measurement of blood pressure in Electro-acupuncture. This was also confirmed by Kirlian photography in Germany by a busy healing practitioner of medicine. The Kirlian photograph showed rays of the little toes on medial side is absent which is the kidney meridian in acupuncture, indicating kidney pathology. It is interesting to note that SMA-18 has the same indications of kidney problems as the Electroacupuncture and Kirlian Photography. All three methods locate diseases in organs. After localizing the organ I have to find out what has led to this problem. I called an urologist to be examined on outpatient basis but he decided that hospital would be the best place to investigate me. He did examine my prostate which was normal. In the hospital my intravenous polygraph (a test to show the outline of kidneys to find the functions) was normal limit. Next test was Angiogram (study of the arteries) of the kidneys which came normal. I requested the General Surgeon who did my Angiogram to find the level of the resin in my renal artery. This came out to be normal. Reports were just appearing in the medical journals that Motrin (Ibuprofen) could cause damage to the kidneys, which raises the BUN and serum creatinine. Now it is known that prostaglandin 1 is reduced in kidneys causing dysfunction of the kidney. I was having weakness and discomfort of my joints and pain so a Rheumatologist at Washington University, St. Louis, prescribed Motrin, which I took from 1972 to 1977. Allopathic physicians almost always leave some residual diseases and with complications of the medicine they prescribe. I wrote an article in Townsend Letter about my arthritis, which has substantially improved by DMSO IV and homeopathy.

At that time I was prescribing Kidney tablet BHI. (A German Homeopathic Company in New Mexico) to older patients who had high BUN of 120 and serum creatinine of 2.5 due to nephroclerosis with or without pyelonephritis. The response was amazing to me because I was just starting to do homeopathy, a long neglected therapy of medicine by most of the allopathic doctors for about 200 years. I took the same kidney tablet from BHI with good results in 3 months’ time. My BUN and serum creatinine came down to 16 and 0.08 respectively. I did conquer the side effect of the Motrin. The legend of this Kidney tablet started in 1921 when the father of the founder of BHI Company was cured from glomerulonephritits by the combinations of kidney tablet. This disease has killed many of my patients before I learned homeopathy.

Next came the big hurdle of hypertension, which has been difficult to solve by soul-searching physicians and scientists all over the world. Those specialists who are treating high blood pressure, are sometimes puzzled about not being able to control blood pressure. Dr. Atkins, a cardiologist of New York City famous for his diet book, said that hypertension remained an enigma for him. Even his weight loss diet so systematically done and followed by him closely by testing acetone of urine did not help the blood pressure patients. Every year on New Year’s day I made a self-promise for the past 21 years that I must know the cause and cure of hypertension. It was a dream of mine, which sounds like fantasy. That has eluded me for many years until May of 1999.

As a medical student I learned hypertension. I remember my Professor of Medicine who completed his diploma in the famous Royal College of Physicians of London, suffered hypertension himself, asked me in final MD examination, the known causes of hypertension. Beside anxiety and obesity, diabetes, kidney disease, pheochromocytoma, Conn’s Syndrome, he wanted to know more. The last answer to his question he expected me to say was Coarctation of Aorta.

Every child at school age should be palpated for femoral arteries and blood pressure of the lower extremity to exclude this condition. This was missed in a 32-year physician in England whose father was also a physician. We had a patient in Sheffield General Hospital, UK with meningitis who presented with hypertension in University of Sheffield, England in late 60’s. So also another patient with hyperparathyroidism presented with hypertension probably due to secondary calcification of the arteries. Polycythemia Vera which can be resolved by polycythemia homeopathic nosode (polycythemia 6x) also causes high blood pressure. Diabetes and hypoglycemia are associated with hypertension. In some cases it is the cause of the high blood pressure. Autoimmune diseases like polycystic nodosa is also known to cause hypertension.

I worked in University Annex Hospital of Sheffield, England for one year in Internal Medicine. The Research Unit was for Hypertension. So many people came with severe complications and some did not make it. The fanning of the retina, the Subhyloid hemorrhage, the bleeding from the ear, the locomotor brachial artery (movement of the brachial artery in the elbow), the bruit of the renal artery, made a lasting impression of the scourge of hypertension. This unit was trying to find specific drugs for high blood pressure.
by giving the anti-hypertensive drugs by intravenous injections in two day's time so that patient could go home with specific oral drugs to the primary physician of the National Health Services in United Kingdom. So that he could prescribe the drug and follow through. Three drugs on trial were Serpasil (reserpine), Aldomet (methyl dopamine), and Minoxidil (guanethidine).

My total seven years of rotating internship in General Surgery, Internal Medicine, Gynecology, Obstetrics, Pediatrics in United Kingdom gave me apparently some appreciable clinical experiences to treat and diagnose many diseases. It seems to me that I had great doubt in my ability to practice if I could not diagnose and treat patients with more clinical experience. I heard about George Pickering, famous physician of Oxford University, England who came to Harvard University to lecture in early 60's. He was an authority on Hypertension and he is well-known to medical science. He said "The key to hypertension I think, is elementary: arterial blood pressure is a quantity and its adverse effects are related numerically to it. This is I fear, a basic allitude, but such is the divorce of medicine and science that I have to go on uttering it."

The word pressure is used in physical science, which is defined as unit of pressure exerted on centimeter of area. The blood in the circulation exerts pressure on the walls of the blood vessels. This is measured in terms of the height of a column of mercury; it means that the pressure exerted by blood on the walls of major blood vessels will balance or support the weight of a column of mercury 120-mm high. The pressure is not constant throughout the heartbeat. This is because there is a constant inflow and outflow of blood within the blood vessels. When the heart contracts (systole) and pumps out blood into the blood vessels, the pressure rises. When the heart relaxes the pressure gradually falls, and there is no inflow of blood into blood vessels except coronary arteries, but outflow continues into the various tissues such as muscles, bones, and various organs. A record of blood pressure on graph paper shows a cyclic variation of peaks and troughs indicating highs and lows of blood pressure. Thus, one normally expresses blood pressure by two figures, one for systolic and other for diastolic pressure e.g. 120/80, the ideal magic number which we all dream to have.

Measuring Blood Pressure

The first attempt to measure blood pressure was made by Reverend Stephen Hales in 1733. Hales inserted a brass canula into the femoral artery - main blood vessel to the lower limb of a horse and connected this to a long vertical tube. Blood rushed into the tube and filled it to a height of 187 cm. Since then, various attempts have been made to measure blood pressure by more convenient and safer methods. Today, various electronic methods of blood pressure are available where anyone can check his blood pressure in an inflated cuff against the pressure of the blood in the brachial artery at the cubital fossa. The pressure in the cuff is measured by the mercury in manomenter or a dial. This method of recording blood pressure was first introduced by a Russian physician in 1909. Blood pressure should be recorded lying down, when a person is relaxed. Electronic machines are available where blood pressure can be recorded every second. Even someone walking behind the person without being seen by the person, would increase the blood pressure. This is important, as there are temporary variations of blood pressure early in the morning. Morning blood in my opinion, is due to hypothalamic influences. These influences are also observed in sexualities of most young men, by penile engorgement of male organ in morning hours. A blood pressure recorded after complete mental and physical rest is known as the basal blood pressure. Sometimes we take blood pressure by standing and lying down. This is done in cases of suspected postural hypertension where blood pressure falls more than 10mm of mercury, causing dizziness. Low blood pressure in some person can cause dizziness such as in hypothyroidism.

Normal Blood Pressure

Just as we need a certain pressure to distribute water supply in a city, we need "blood pressure" to circulate blood within blood vessels and distribute and perfuse blood in a closed system of blood vessels. It has to circulate to and from to do this work. Normally this is done by having a blood pressure level around 100 to 120 of systolic and 60 to 90 mm of mercury diastolic. This is critical to measure, to be recorded on every patient with major surgery. Just as there is variation of normal heights, there are variations in normal blood pressure readings. There are different norms of males and females. A gradual increase in blood pressure is known to occur with increasing age. Thus, there is a range of normal blood pressure for each sex and each decade of a person's life. A blood pressure of 120/80 mm of mercury is considered normal for young adults, but the normal blood pressure for a 60 year-old man may be 140/90 and does require lifestyle changes without any active treatment for blood pressure in clinical medicine. In alternative medicine, looking for the ideal number, 90mm may be slightly high.

On the other hand, blood pressure of 110/70 or 100/60 mm of mercury may be normal for some individuals. These persons should not be considered to have low blood pressure as these are their normal blood pressure readings and they do not need higher pressure to perfuse their tissues. Current guidelines place blood pressure at 120/80 and high blood pressure at or above 140/90.

High Blood Pressure

When the blood pressure remains elevated beyond the normal range, it is called high blood pressure, which I had. For a man of 50 years of age that is 130 to 140 mm (systolic) and 80 to 85 mm (diastolic). If his blood pressure is 150/90 or greater, he is considered to be hypertensive. Most men cannot live beyond 7 years with hypertension without complications. Women can survive longer than men with hypertension, but generally experience complications prior to 7-10 years of duration.

A Silent Killer

Hypertension is a silent killer - silent because there are no unique symptoms that call attention to its presence. In USA there are fifteen million high blood pressure patients. Some house-to-house surveys showed as much as 15-20% of the population beyond the age of 40 was found to be affected by hypertension and most of them were unaware of its presence. There are 50 million people with hypertension in USA. The ill effects of hypertension are widespread, as it brings about subtle changes in the small vessels of many vital organs. These small vessels, called arterioles, become stiff and lose their normal elasticity as seen in locomotor brachial, visibly the brachial artery, which moves up and down in the cubital fossa at the elbow. Brachial arteries lose their ability to expand and contract.

The heart has to pump harder to overcome this acquired stiffness and resistance in order to push blood through the circulatory system. With increased workload, the heart muscle may grow weaker from the demand put on it. High diastolic pressures narrow the opening of the coronary artery as the blood to heart is supplied during diastole. If high blood pressure is not controlled, the heart may eventually lose its efficiency. Thickening of the heart muscle and septum occurs due to high blood pressure. It also results in enlarged heart.

Target Organs

The heart, brain, kidney, and eyes are the target organs of hypertension, as the ill effects of high blood pressure are seen most often in these organs. Nephrosclerosis of the kidney is
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Thickening of the heart can occur. If blood vessels in the brain are involved, a person may develop “stroke.” Now it is reported that high blood pressure patients are more likely to have Alzheimer’s disease than the normal population. Involvement of blood vessels of the kidney can lead to failure or uremia and if arteries of eyes are affected the person may lose vision. Thrombosis of ophthalmic veins are associated with high blood pressure. Hardening of the arteries at skin level can cause loss of subcutaneous fat and loss of hair and eventually ulcer of the skin. So, high blood pressure is considered harmful because of its steady and stealthy long-term ill effects on various organs.

Types of High Blood Pressure

High blood pressure, like fever, is not one disease. Just as a thermometer registers high temperature in a patient suffering from fever, high blood pressure instruments register high blood pressure in patients with hypertension. As is well known there are several causes of hypertension. However, in contrast to fever, where we are able to find the cause in the majority of patients, we are unable to find the underlying cause of hypertension in most (about 80%) patients. This kind of hypertension where exact cause is not known, practicing physicians call “primary” or “essential” hypertension. It is suggested that it should be called “cryptogenic” hypertension as cause is so far concealed from us.

In about 20% of patients, we are able to find the cause of high blood pressure. This is called “secondary” hypertension. The most common cause of secondary hypertension is kidney disease (renal hypertension). To detect these cases radiographic tests are done in all patients with hypertension to exclude any abnormal findings in kidney, as was done in my case. When hypertension leads a protracted course with a systolic pressure of 200 mm of mercury, diastolic pressure under 120 mm of mercury, it is called benign essential hypertension. I saw a hypoglycemic patient 18 years ago who had a blood pressure of 230/140, with four drugs prescribed by Mayo Clinic of Rochester, Minnesota. He did go on a low glycemic index diet, which helped his high blood pressure, as it was 150/96 in two weeks on the low glycemic diet.¹

I warned him of the danger of stroke. He did not follow through with the diet. So he did refuse followup. This patient had a stroke in 3 months’ time. ‘Benign’ hypertension does not remain forever harmless (due to ill effects on target organs). In contrast, malignant hypertension leads a rapid stormy course with high levels of blood pressure beyond 220 mm systolic and 130 to 140 mm diastolic and cannot be easily controlled by drugs and leads to death. Some of these unfortunate malignant hypertensive patients have encephalopathy affecting their brain. We know now that high blood pressure may lead to Alzheimer’s disease. Pheochromocytoma, a tumor of adrenal gland produces hypertension. Pathologists found one in a thousand cases of pheochromocytoma in postmortem cases in the time when post-mortem was done more frequently than now.

To know the cause of essential hypertension, I tried finding the anatomy of the disease. Eight years ago I talked to Dr.
Bruce McKween, PhD, a scientist from Rockefeller University of New York at Annual Conference of American Psychiatric Association at New Orleans in 1989. His primary research was on Hormonal Function of brain tissue. In personal communication he revealed one of the sites is hypothalamus. The nucleus involved is supra-optic nuclei, two on either side of hypothalamus. These nuclei produce vasoactive substances. These vasoactive substances produce both systolic and diastolic blood pressure. The cause did not surprise me but may surprise many people. The real cause may be genetic, as we find it in several members of families. These appear lately in life. If the patient has a systolic blood pressure only, without diastolic hypertension, the site of the disease may be in carotid arteries, generalized arteriosclerosis or excess animal protein or lack of exercise or age. The other cause seems to be lack of food producing nitrous oxide in the body. These nitrous oxides in food are present in beans and nuts. These foods produce nitrous oxide, which contract the inner lining of the arteries. Arginine of the beans and nuts becomes nitrous oxide for the bodily organs. Now nitrous oxide is considered as a neurotransmitter of brain. The nitrous oxide inhibits the endothelium One in the intima of the arteries. Endothelium One is compared to sweat glands of the body. This attracts fibrin, calcium, cholesterol and \textit{Chlamydia}, \textit{Streptococcus gingivalis}, \textit{Pyromonas gingivalis} and Cytomegalo-virus, leading to atheroma and arteriosclerosis. Nitrous oxide destroyed the “Endothelium One.” It is like natural Viagra. Nitroglycerine causes same effect in coronary artery disease. The nitrous oxide causes relaxation of the arteries.

One cause I observed in myself is animal protein diet. When I reduced taking animal protein 5 years ago my systolic blood pressure dropped to 140-150 from 150 and 160. I have tried to advise my hypertensive patients to reduce animal protein food. One ounce or three grams of animal protein daily is required for the body. In one female patient the blood pressure is normal for past five years because of the dietetic changes without animal food. One of my patients with hypertension for 14 years and coronary bypass surgery was advised to go on high bean diet 2 years ago, without co-operation. Her blood pressure remained high, until recently she added more beans to her diet. Now her blood pressure remains within normal limit. In the African race, genetically there is less of nitrous oxide. Adding beans to the diet has helped some of my patients.

The magnetic wristband on the right side, which I have used since my visit to New Delhi in February of 1993 has caused my diastolic blood pressure to go down to youth level of 60-70 mm mercury constantly. One has to wear this magnetic wristband continuously on right wrist except at the time of bath. It looks like a regular wristwatch band. This magnetic wristband has no effect on my systolic blood pressure.

**Study: Blood Pressure Illness Can Worsen**

Eight out of ten people with borderline high blood pressure are likely over the next 20 years, to develop a condition that can lead to strokes and heart failure, according to a new study. The study of 2,767 people in one study, was part of an effort to understand the condition known as isolated systolic hypertension, in which the pumping pressure of the heart is high - above 160 millimeters of mercury - but the resting diastolic pressure is lower than 90 millimeters.

The condition affects about 30% of people over 60 and can cause strokes, coronary heart disease and congestive heart failure. To see how isolated blood hypertension evolves, a group led by Dr. Alex Sager of the Framington Heart Study in Framington, Massachusetts, looked at the long-term medical records of 351 people whose hearts pumped at a pressure of 140 to 159 millimeters, considered on the “borderline” of high blood pressure.

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When they compared the 351 people to the 2,416 whose blood pressures were normal, they found that after two decades had passed, 80% of the people in the first group had crossed the borderline and developed high blood pressure.

Only 45% of the people originally in the “normal” category developed the problem. People with borderline isolated systolic hypertension were 57% more likely to die from cardiovascular disease, 42% more likely to develop a stroke and 60% more likely to suffer heart failure than those with normal blood pressure.

The group said the findings mean doctors should be acting sooner to help patients whose hearts seem to be pumping unusually hard. But, they noted that no studies have yet been done to determine if medicines or other methods can reduce the risk.

\textit{Chicago Tribune} under Nation/World on April 6, 1994 produced an article “Low Blood Pressure Aids Kidneys, Some Renal Failures Stalled, But Full Merit Uncertain.” People with certain forms of kidney disease may stave off kidney failure for twice as long by lowering
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their blood pressure well below normal levels, scientists said.

A new study shows very low blood pressure dramatically helps African-American kidney patients and all patients with a type of the disease accompanied by protein in their urine.

The National Institutes of Health called the results so convincing that these patients should strive for a blood pressure of 125 over 75 below the normal range of 140 over 90.

The agency started a $24 million study in 1995 to see if an even lower blood pressure would be better for blacks, who have higher rates of kidney disease, and which drugs best help at present.

Doctors don’t usually prescribe drugs once people reach the normal range of 140 over 90. So experts assembled by NIH are drawing up recommendations to determine when drugs should be used and when strict low-salt diets and exercise are not enough.

"For the first time, we are looking at the possibility of interfering with progression of the disease," said Dr. Gary Striker of NIH’s National Institute of Diabetes, Digestive and Kidney Diseases.

NIH also recommended that people nearing kidney failure reduce dietary protein and that people with diabetes-caused kidney disease use the drug Captopril, (Capoten) commonly prescribed to lower very high blood pressure, but which also protects the kidneys in an unrelated manner.

The blood pressure finding, published in 1994, New England Journal of Medicine, said Afro-Americans and people with proteinuria, the kidney disease, could halve the pace of the illness by dropping to 125 their systolic blood pressure (the pressure inside arteries during heart beat) and to 75 their diastolic pressure (the pressure between beats).

The patients didn’t suffer side-effects from the low pressure, but further study is needed to see if very low pressure causes heart or vascular problems, said Dr. Shaul Massy, chairman of the Intersociety Council for Research of the Kidney and Urinary Tract. Scientists don’t know why the therapy worked on only some patients and not all kidney disease. Some 200,000 people suffer kidney failure every year, a number that grows by 8% a year.

Treatment of So-Called Essential Hypertension

It is my observation that obesity contributes to high blood pressure. I have seen a dentist friend of mine whose blood pressure became normal when he started dieting and lost 30 pounds of weight. He was on a program for rheumatoid arthritis with a severely low calorie diet. He later became hypertensive when he gained back his weight. This may be why in many Third World countries blood pressure of most persons is normal. My father loved to eat and was overweight by 40 pounds and loved animal protein, which might have caused his hypertension with terminal fatal stroke. Therefore, losing weight is important for essential hypertensives if they are overweight. We all know that low salt diet helps for some years only in about two-thirds of hypertensives. Many years ago pathologists found excess of sodium chloride in the renal arteries in hypertensives, so this is the rationale of low sodium diet.

Vitamin C is known to produce adrenaline from dopamine in the adrenal medulla. Several years ago with a notion to clean out bowels, I suggested that some patients take vitamin C in dosages of 22 g daily for one week, which we know causes diarrhea. The blood pressure did not come down. Garlic in high dosages did not help my hypertensive patients nor help me. Apparently one has to take seven cloves of garlic boiled for 15 minutes, and to be kept in refrigerator 15 minutes to be continued for three months.

Exercise has variable effects on hypertensives. It is advisable to exercise regularly for hypertensive patients for continuous 30 minutes daily. Walking one mile a day and bicycling is generally good for those who cannot do strenuous exercise. Treadmill for 30 minutes with speed of 3.2 miles for an hour is equivalent to a stress test conducted by cardiologist. Therefore it is advisable to have a stress test before a good exercise program.

A recent study in Chicago Tribune points to the fact of exercise usefulness to blood pressure. High blood pressure afflicts 50 million Americans and is especially common among Afro-Americans. But a few studies of Afro-Americans has shown for the first time that exercise can significantly reduce severe cases. It is known now that exercise makes the intima smooth.

Doctors from Veterans Affairs Medical Center in Washington reported in 1996 in the New England Journal of Medicine of the effects of exercise on 46 Afro-American men, whose blood pressure was higher than 180 over 110 without medical treatment. Half of the men went on an exercise regimen. After 16 weeks the exercising men’s diastolic blood pressure — the lower of the two numbers — fell from 88 to 83. It rose slightly to 90 in the non-exercising comparison group. Personally, this is happening to me. My systolic blood pressure goes to 150 to 160 if I do not exercise for more than three days.

Acupuncture points for hypertension is prescribed but my repeated attempts have shown no change of hypertension. The point described is Liver-3. I met a Healing Practitioner in Germany who was lecturing on acupuncture. He advised a point on the upper part of the anterior auxiliary line near the auxiliary fold. This point is one Chinese body inch lateral to the GB-22. This did work on patients who are below the age of 40. Dr. Thomas Rau, who specializes in Sanum Homeopathy of Switzerland, advises acupuncture BL-11. I tried these points without appreciable results. He also suggests tablet Pleo Muco of Sanum, Germany, one tablet twice a day for months, I did not find this tablet of any use in hypertensives. Chinese herbs did not help the hypertension. One Chinese-trained, California-licensed acupuncturist advised eating two ounces of Chinese Daikon daily which did not produce any results. I asked a very experienced famous MD, DDS and German Homeopath to find if German literature has demonstrated any effect of homeopathy on high blood pressure. He was nice to say that there is no homeopathic literature which described this. I have known no one who helped high blood pressure by homeopathy. I did try homeopathy (Glomium 6x) as suggested by another prominent homeopathic MD physician of Germany for one year without any effect. A French homeopathic MD, author, grandson of a homeopathic physician (his grandfather was a friend of Dr. Hahnemann) and homeopathic manufacturer, in his book advised arnica 12x three times daily for blood pressure. This has not helped my patients.

My experience also shows that controlling Diabetes Type II, Type III and hypoglycemia with hypoglycemic diet did not always bring high blood pressure to normal levels.

Meditation Approaches

Recently I learned about Taoism and its meditation practices. It claimed to relieve blood pressure by imagining the navel point of CV-8 down to Kidney-1 on the bottom of the foot during practice. I have used acupuncture to these points CV-8, and Kidney 1, for 12 month without any results. I have sutured these points with silk without any effect on blood pressure. The whole practice of Taoist meditation involves combined methods of Taoism, Buddhism, Hinduism (Kundalini) and principles of acupuncture. Inhalation while counting 5 and exhalation while counting 10 is part of this meditation practice. This is modifed from Indian Yoga exercise of breathing. Physiologically, the limbic system (hippocampus, Almond nucleus, and hypothalamus, the ring (cingulate) gyrus in the middle in corpus callosum, whose
function is memory, emotion, coding, recording, thinking, image and problem solving) are free when we breathe this way. As we recall, breathing is a brain stem function. And counting which is also done in hypnosis is done by marginal gyrus of the right parietal lobe. (Gerstman’s syndrome comes from damage of this area causing acalculia (person cannot calculate or math problems), finger agnosia (person cannot recognize own fingers), difficulty in right to left differentiation). These centers remain busy so relaxation is achieved easily. During any procedure in my clinic I advise my patients to do so. This is far more effective than advising a patient to relax during any procedure. We all get tense in a physician’s office. The practice of meditation to be continued three months to produce any results. One has to continue practice indefinitely. Two years’ practice did not change my blood pressure.

Yoga exercise is known to reduce blood pressure. One needs to do yoga for one hour a day. In a busy practice it is hard to do. There are seven postures in yoga I can achieve. This I did for 3 months, which reduced my blood pressure to normal levels. I quit because it took one hour of my time daily.

**Five Positions of Yoga for Blood Pressure:**
1. Lotus position with abdominal lift (contraction of abdomen) during breathing
   a) Lotus position with crossed left leg on right leg – 2 minutes
   b) Lotus position (shukhasana) right leg on left leg – 2 minutes
2. Corpse or dead man posture. You try to feel only breathing – 30 minutes
3. Lay flat on back and lift the legs straight one-foot above ground. This is a difficult position, so go slow – 2 minutes
4. Holding knees with hands while lying down and rocking – 2 minutes
5. Twisted posture – sit with bending of the knees
   a) Left hand straight on opposite side of the right knee twist – your body to right side
   b) Right hand straight on opposite side of left knee – twist your body to left side.

Biofeedback has variable effects on hypertension. The Indian drug Serpasal was effective but side effects were undesirable so it was abandoned. Using the diuretics, ACE tablet calcium blockers and other allopathic drugs, the results are very helpful, but not entirely satisfactory. Sometimes a patient takes four drugs with unsatisfactory results. One drug worth mentioning is Capoten (Captopril). This drug inhibits enzyme Angiotensin I to II in the lungs. Angiotensin II inhibits production of aldosterone in the adrenal glands. However this does not help most patients.

**Electromagnetic Treatment of Hypertension**

The use of Magnetron was published in May issue, 1992 in T/L/D/P under “Complementary Treatment for Coronary Artery Disease.” This is pulsatile Electromagnetic field and is found somewhat effective in hypertension. To my knowledge this was never tried before according to the manufacturer. I have used Pulsatile Electromagnet (Magnetron) in Stress Disorders, showing improvement in anxiety and depressions. It is now known that stress causes excess production of corticotrophin (CRTH), and thyrotropic release (TRH) hormones. This leads to anxiety and psychosomatic diseases in 75% of all patients having stress disorders. For example, diarrhea and constipation come from excess CTH and pain of colitis comes from the excess of TRY. The setting of the Magnetron: intensity 3 milletesla frequency 2, time is 20 to 30 minutes. The electromagnet was approved by FDA in 1979 for rapid healing of fractures. In case of hypertension it balances secretion of vasoactive substances from the hypothalamus.

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I have applied ultrasound over the partial carotid obstruction with good results, as this is the cause of 75% of strokes. Seventy-five percent of strokes come from plaques in the internal carotid arteries. The claudication of legs is a complication in hypertensives and diabetics. This is simple to treat by applying a vibrator such as used by barbers for massage, for two weeks, above the popliteal artery at the origin of abductor magnus muscle to the legs. I had four patients who improved dramatically by these methods only. Patients were able to buy this vibrator themselves. I used to apply ultrasound with slow improvement, which took 6 weeks before claudication improved. For the past five years I use FDA-approved Electroblock to the lumbar sympathetic for claudication of legs with good results. This is a part of Germanic Neurotherapy.

**Magnesium Lactate and High Blood Pressure**

Magnesium lactate 7 mEq (84 mg), is a sustained release Magnesium Supplement (each caplet supplies Magnesium as the...
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> lactate). Magnesium has been known to reduce blood pressure for several years. Regular magnesium does not work for blood pressure, as it is not sustained in the serum. Mag-Tab SR is sustained for 8 hours so it is necessary to take this tablet every 8 hours. Experience shows in mild to moderate cases it brings down blood pressure to normal. The writer has very little experience in severe cases of blood pressure. For them it seems that allopathic medicine may be necessary in small doses to bring down blood pressure.

Compliance and Hypertension

Compliance or adherence to therapeutic regimens presents a major problem in chronic disease. Change of lifestyle needs great sacrifice, time and financial dedication. In my opinion: compliance is greater to non-pharmacologic modes of treating hypertension (sodium restriction, weight reduction, alcohol abstinance, behavior modification) than it is to pharmacologic treatment. In one study it was possible to monitor compliance with relaxation practice at home; only 32% of the practice patients averaged a practice session daily as they had been instructed and self-reporting exceeded documented practice by 91%. Those who practiced regularly had greater decrease in systolic pressure than those who did not, but there was no significant difference in diastolic pressure change. For the entire group, average reduction in systolic blood pressure was about 11 mm Hg and the average reduction in diastolic blood pressure was about 6 mm Hg. This is not a cost-effective way of treating hypertension because of the time required by the professional therapist to instruct and monitor the relaxation techniques. Nevertheless, for some patients who refuse to take drugs or want to avoid drugs at all costs, it is an alternative to be considered, providing that the blood pressure is monitored frequently to be certain that normal blood pressure is achieved and maintained.

Anxiety, Depression and High Blood Pressure

These conditions are treatable by acupuncture if cause is genetic. If organicity of brain due to perinatal injury following hypoxia, the electromagnet and homeopathic thiosaline 6x (6 pellets three times a day 30 minutes before meals), are very beneficial. Sometimes drugs are prescribed to reduce anxiety and depression. High blood pressure with anxious and depressed patients does not improve when anxiety and depression are well controlled by many modalities.

Acupuncture and High Blood Pressure

As an acupuncturist and physician I have great hope that acupuncture might help high blood pressure patients. In April of 1999, while watching a news program on local TV channel on acupuncture, I noticed the application of needles to acupuncture points of a patient. The acupuncturist did not name the points as usually is the case. He used a point between the first and second metatarsal, another point on inner aspect of tibia and the last point on the anterior aspect of the fibular head. I concluded that he applied needles to the acupuncture point of LIV-3, SP-9 and GB-34 bilaterally. I followed patients with high blood pressure including me, with these acupuncture points. Usually I sutured these points bilaterally on second or third visit when patient was comfortable enough to accept the sutures. In 80% of the patients the blood pressure became normal immediately. Immediate improvement was not seen in 20% of the patients. When they came back 6-8 month's time their blood pressure was normal after ten to fifteen years, including this author. My blood pressure is 130/70 now. It is noteworthy to mention that a few patients with moderately severe high blood pressure for several years would not believe their normal blood pressure. One patient brought his Sphygmomanometer to recheck his blood pressure. Some patients would request me to recheck their blood pressure again, as it seems to them incredible. New cases of high blood pressure go down so they discontinue the blood pressure medicine to one, such as hydrochlorothiazide.

Contraindications of Other Treatments

Recently I observed that a patient who had normal blood pressure after the acupuncture, was prescribed Vioxx, one a day and fish oil capsule 4000mg twice a day, prescribed by another physician. These two made the blood pressure go up again. I repeated the acupuncture to same points. The same points normalized blood pressure. Other drugs and substances can cause blood pressure to go up.

So Far Minor Credit Goes to Acupuncture

These treatments are from natural medicine including acupuncture, which has entered a new phase of real, concrete relationship to modern medicine. As a logical result, suitable training programs are desirable to develop for physicians and their staffs who practice natural complementary medicine in this manner, on the basis of modern natural science. The future of natural medicine in this sense is not just a vague hope or flimsy promise: it is going to provide a reliable and decisive contribution to the wide fields of medical therapy. And the objective of these efforts? Nothing less than the prevention of the biological collapse of humanity.

Correspondence:
Arabinda Das, MD
6111 Harrison St., Suite 306
Merrillville, Indiana 46410 USA
219-884-7083

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