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High Blood Pressure/Hypertension

Hypertension can be defined as chronic condition that manifests when arterial blood pressure is elevated. This condition is divided into two categories. The first is primary also known as essential, which represents 90% to 95% of all cases, has no physiological cause can be found. The remaining 5% to 10% is known as secondary hypertension. Here causes can be found which are due to malfunction in the kidney, liver, lung, heart and endocrine systems. In the United States the 32% of non-institutionalized adults ages 20 and over is what was reported by the CDC for 2003-2006, that would extrapolate to 9,760,000 individuals with this problems.

Blood pressure readings are divided into numbers. The first is systolic which is the higher number the second is diastolic which is lower number. What was considered the textbook normal 120/72, however the normal range is now considered 90-119 systolic and 60-79 diastolic. Prehypertension is 120-139 systolic and 80-89 diastolic, stage #1 hypertension 140-159 systolic and 80-89 diastolic and stage #2 hypertension >160 systolic and >100 diastolic.

Hypertension is also known as the “Silent Killer” because it frequently exists with no recognizable symptoms and is usually discovered inadvertently during a physical examination when blood pressure is being checked. However there are vague symptoms often missed such as suboccipital headaches upon wakening, confusion, vision disorders, nosebleeds especially in children.

Diagnosis of hypertension usually requires three separate sphygmomanometer reading done at least one week apart. Blood pressure reading is usually taken in the seated position and the patient should have been seated for five minutes before the test is done. Either arm may be used. There will be slight differences from left or right side. A more accurate method but less convenient for the doctor is to start in supine (lying down) and take the first reading, then take the second seated and finally the third in standing. What should be noted is the lowest pressure in supine with a 4 to 10 mm, systolic rise to the next position seated and again a rise when taken standing. This is the most accurate way and if hypertension is present it will be present in all positions. I personally always take two reading first seated and then standing. If I find an elevated pressure I will do all three readings. If a drop in systolic pressure occurs, known as Raglan Effect, this would indicate adrenal gland insufficiency (hypoadrenia). If hypertension were present this drop would indicate the adrenal gland is connected to this problem.

In essential hypertension some causative factors are sedentary lifestyle, stress, visceral obesity, potassium deficiency, salt (sodium) sensitivity, alcohol, vitamin D deficiency, aging, genetic and family history.

(Over)

In secondary hypertension we have organ system that have malfunctions that are causative factors such as kidney, liver, glandular such as thyroid-pituitary-adrenal, heart, and lungs. These can be diagnosed by various diagnostic tests that I can order such as blood test and endocrine studies.

One advantage of Chiropractic/Applied Kinesiology (AK) is the use of manual muscle testing (MMT) to locate the source of hypertension. Research has shown the constant in hypertension essential or secondary is a positive Therapy Localization (TL) to the carotid sinus, which will cause a strong indicator muscle to weaken. The carotid sinus is a dilated area at the bifurcation of the common carotid artery which is richly supplied with sensory nerves to help control blood pressure. It is located in the neck or throat just behind the voice box larynx at the level of C3-C4. An abnormal blood pressure will cause the area to positively TL, and this can be used to locate the source or contributory factor which will negate the positive TL.

Prevention and treatment require lifestyle modifications along with Chiropractic/AK techniques and may also require some traditional medical support of drug therapies. However, if blood pressure is not dangerously high a conservative method can be tried first. This can mean weight reduction and regular exercise, reducing dietary sugar intake, reducing sodium (salt) to 1,500 mg or 2/3 of a tablespoon a day this will work on 33% of patients with hypertension. Relaxation techniques such as meditation have proven to be very effective. Correction of subluxations in the spine that control the organs that are creating the elevated blood pressure. AK techniques that have almost an immediate effect on elevated blood pressure. The correction of cranial faults such as Glabella, Sphenobasilar, and the Yaw #2 Accompanying Cranial Fault, and what is known as "Holographic Heart Technique" have been shown in clinical studies to reduce blood pressure 10 to 15 mm. There are specific nutritional products that will drop blood pressure Standard Process Lab. Arginex and Biotics Lab. Argizyme are very effective.

If a conservative method should fail to lower it I can work with your MD to evaluate what drugs would be the most effective. This is done with MMT measured against the carotid sinus positive TL. We can determine which drug will be the most effective and will have the least side effects. It has been my observation that many patients taking medication for hypertension still have hypertension and the drugs are not effective some time adding these nutritional products will help them work better or will reduce the number of drugs that you might have to take.

Hypertension can lead to many other serious outcomes if not controlled such as heart attacks, strokes (CVA), retinal damage, kidney, liver failure and enlargement of the heart which leads to congestive heart failure.

One service my office will offer for **free** is to check your blood pressure if you do not have a sphygmomanometer. Call us today for an appointment!