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**Blood Pressure:  
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Simon says put down your salt shaker. Simon says pick it up. Simon says take your medicine. Simon says don't take it. Simon says take it. Recognize the game. Patients and physicians are the contestants and Simon is the ever-changing data resulting from medical studies, and Simon has a lot to say. Indeed, hypertension is no game and the stakes are high. It can lead to stroke, heart attack, gout, and death. However, medication itself has its own issues: impotence, gout, personality changes, or other side effects, and you may still suffer a heart attack.

The drug companies are avid watchmen of the Simon game. One doctor said that when he is asked by the drug companies, "Doctor, how do you treat hypertension?" He never has the answer they are looking for. Let's take a look at some studies as well as tried and true findings.

Too much salt? Many of the studies that have been used in the past are founded as a basis for salt restricted diet are based on the Yanomamo Indians of Brazil, who eat virtually no salt and have almost no cases of high blood pressure. As of this point scientist have not been able to prove that people with hypertension consume excessive salt, and low-salt diets don't always reduce blood pressure. A great quote was given by Doctor McCarron in the "Report on Hypertension": "My concern is that we

shouldn't just tell everyone to cut out salt, the data says it's not that simple. Calcium appears to be the driving force, but it won't work unless there's adequate potassium and sodium in the diet. People who cut out salt may inadvertently cut out calcium." While this study has been discriminated against, it shows a direct relation between calcium and potassium and how these lower blood pressure. As mentioned by Micheal Alderman of Cornell University, Doctors McCarron's study shows that when you alter one nutrient you change others, it may not be sodium alone that alters hypertension.

Is it wise to stay on diuretics long-term? "Potassium chloride supplementation in patients does not correct the potassium deficiency and has no effect on the associated metabolic changes in magnesium" according to Dr. Morgan of Repatriation Hospital, Australia.

Hypokalemic (potassium deficient) patients may have associated magnesium deficiency that may have to be remedied before the hypokalemia can be corrected.

Oral calcium and magnesium supplementation is an effective and well tolerated treatment for mild to moderate hypertension. A report by the Dr. Morris of Oregon Health Sciences University reported that thirteen of 28 hypertensive patients responded to eight weeks of

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