

Editor-in-Chief's Note

Some Reflections on Hypertension and Its Treatment



It is often said that a good way to engage an audience is by asking a question. Here goes. “Who is Oscar Zoroaster Phadrig Isaac Norman Henkle Emmannuel Ambroise Diggs?” I suspect most readers of *Clinical Therapeutics* will not know the answer, especially those in our international readership. This is the full name created by Lyman Frank Baum, the once very popular American author, for one of his most famous fictional characters, Oz the Great and Terrible, a.k.a. The Wizard of Oz.¹ Although Oz is portrayed in a variety of ways in Baum’s Oz books (e.g., *The Land of Oz*) and in the movie adaptation (i.e., *The Wizard of Oz*), the essence of Oz remains pretty much the same. Oz is a conman who uses tricks and props to promote an image of being wise and powerful—a man who should be believed and followed, a man who can heal and cure.

You may now ask, “Why are you bringing up Oz?” or “What is Oz’s connection to hypertension?” I do so because of a man whom I consider to be a contemporary Wizard of Oz, Mehmet Cengiz Öz, the popular television (TV) personality known as Dr. Oz.² In his off-screen life, Öz is a faculty member at the Columbia College of Physicians and Surgeons and a well-regarded cardiothoracic surgeon. Why do I connect him to the Wizard of Oz and to hypertension? I do so because in my opinion in his TV persona, Oz attempts to create the image of a wise, trustworthy, and all-knowing man who can lead you to a healthier life if only you listen to and follow his advice about diet and what special products to use. Recently, he focused on high blood pressure.³⁻⁵ In my view, his claims have not been substantiated and verified through trials that have been replicated and have adequate sample sizes and controls. In particular, he hawks substances such as vitamins C (ascorbic acid), B₃ (niacin), B₆ (pyridoxine), and B₁₂ and folic acid along with extracts of odorless garlic, hibiscus flower powder, hawthorn berries, and olive leaves. He describes this combination as a powerful blood pressure-lowering strategy.⁵

Oz also promotes and endorses a product called Blood Pressure Stabilizer, which contains the 9 ingredients listed above, plus *Coleus forskohlii* extract, Buchu leaves, *Uva ursi*, Juniper berry powder, and decaffeinated green tea extract.⁶ In my watching of his shows and reading of Internet-available text, I did not come across any studies provided by Oz to his audience or readers to substantiate these claims. In the Internet material on Blood Pressure Stabilizer, olive leaf extract is described as “yet another powerful, natural, proven blood pressure superstar!” The ad material goes on to state that “[it] is important to note that the olive leaf works to prevent heart disease and lowers blood pressure as a ‘agent,’ especially when you consider the damage that many, if not most, synthetic drugs can do.”⁶ In another ad, olive leaf extract is claimed to have actions similar to those of angiotensin-converting enzyme inhibitors.⁷ In my literature search, I could find only 1 clinical study of olive leaf extract.⁸ This study has many limitations. Although it was a randomized trial, there was no placebo control group. Captopril was the active control. A completer analysis was reported rather than the customary intent-to-treat analysis. It is not clear whether these were patients with stable hypertension or whether they were newly diagnosed. Furthermore, this was a most unusual sample. In both treatment groups, >80% of the patients were women, a sampling that is atypical in hypertension research; most patients are male. Finally, the decrement in the completer analysis done after 8 weeks was not impressive; mean systolic blood pressure decreased from 149.1 to 137.8 mm Hg.



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Here are some other promotional statements about Blood Pressure Stabilizer: “You can breathe a sigh of relief and sleep easily knowing that your blood pressure’s under control naturally...Blood Pressure Stabilizer has everything you need to take control of your blood pressure quickly, safely and naturally...reduce your dangerously high blood pressure...decrease your risk of stroke and heart disease...skyrocket your energy... regulate your blood pressure to normal levels...alleviate your fear and worries about a cardiovascular disaster! ... Imagine the confidence and excitement you’re going to feel flooding into your body as your body is humming at optimum levels and you’re finally feeling great knowing your blood pressure is under control...and all your friends and family taking notice!”⁶ The underlining is my way of illustrating the outrageous exaggerations that Oz supports.

I am not alone in challenging the veracity of Oz’s claims. I am also not alone in worrying about the negative consequences that may occur for some people who follow his advice and discontinue regimens prescribed by their clinicians. Some of Oz’s colleagues at Columbia have called for his dismissal,⁹ but the university has declined to take action citing “freedom of expression.”¹⁰ Furthermore, Oz is not alone in giving potentially dangerous advice and recommendations about hypertension. In this regard, the claims of Dr. Marlene Merritt are even more striking: “[M]y name is Dr. Marlene Merritt (LAc, DOM[NM], ACN) and if you have high blood pressure, I BEG you...please don't subject your body to the toxic concoctions the pharmaceutical companies are trying to shove down your throat...You and millions of other Americans have been massively misinformed about these dangerous, costly, side-effect-causing drugs, and they do NOT want you to know about the natural blood pressure treatment I'm about to share with you on the next page...If you have AVOIDED taking blood pressure medication so far, congratulations! You made the right choice, and we'll show you a vastly superior, 100% natural alternative on the next page...If you ARE currently taking blood pressure medication...don't despair. It's not too late to lower your blood pressure naturally so you can go off the meds and finally be free of their horrible side effects...stop for good (many of my patients have already done the same).”¹¹ The underlining again is mine. Merritt’s doctoral degree is in Oriental Medicine.

In this issue, Dr. Peter Thompson, our Topic Editor for Cardiovascular, Preventive Medicine, and Primary Care, has chosen to focus on hypertension. Hypertension is a chronic illness that often goes undetected because its early manifestations may not be recognized. For this reason, many who have hypertension are not compliant with their prescribed treatment plans. When left undertreated or untreated, its sequelae and complications can be catastrophic (e.g., stroke) and life-threatening. There should be no question that hypertension is a serious public health problem. In his overview, Thompson¹² discusses why he has chosen the 4 papers he has assembled.¹⁻¹⁸ For those readers who are unfamiliar with hypertension, I believe that after reading this collection of papers, you will understand why I am disturbed that the claims made by Oz, Merritt, and others are allowed to be promulgated openly to the public—a public that, generally speaking, does not have the clinical knowledge to evaluate what they are being told and sold.

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Cardiovascular, Preventive Medicine, and Primary Care Update

This month's Cardiovascular, Preventive Medicine, and Primary Care Update is a special feature which is available as FREE ACCESS content on the journal's website. The previous Cardiovascular, Preventive Medicine, and Primary Care Update, entitled "Advances in Cardiac Failure Management," was published in **Volume 37, Number 10** of Clinical Therapeutics. To view the previous Cardiovascular, Preventive Medicine, and Primary Care Update, see the articles below:

1. Thompson PL. **Heart Failure: A Major Management Challenge With Encouraging Recent Progress.**
2. Nanayakkara S and Kaye DM. **Management of Heart Failure With Preserved Ejection Fraction: A Review.**
3. Macdonald PS. **Combined Angiotensin Receptor/Neprilysin Inhibitors: A Review of the New Paradigm in the Management of Chronic Heart Failure.**
4. Marangou J and Paul V. **Current Attitudes on Cardiac Devices in Heart Failure: A Review.**
5. Mareev Y and Cleland JGF. **Should β -Blockers Be Used in Patients With Heart Failure and Atrial Fibrillation?**
6. Davidson PM, et al. **Multidisciplinary Management of Chronic Heart Failure: Principles and Future Trends.**
7. Andrew J and Macdonald P. **Latest Developments in Heart Transplantation: A Review.**