

CALCIUM CHANNEL BLOCKERS ARE NOT THE BEST CHOICE FOR BLOOD PRESSURE CONTROL

Using a Calcium Channel Blocker (CCB) to control high blood pressure is not your best choice. The risks in taking a CCB are extremely high. As absurd as it may seem, the reason you are told you need to lower your blood pressure is to decrease your risk of a heart attack or stroke, yet, as research published in leading medical journals shows, CCBs actually increase your chance of having a heart attack or stroke.

- 1) New England Journal of Medicine, June 1994. This study showed that CCBs actually increase the incidence of strokes.
- 2) Lancet, January, 1996. Another study showed that while CCBs do effectively lower blood pressure, they increase the chances of having a heart attack.
- 3) A study published in the December 1997 Journal of the American Geriatrics Society showed that when people on CCBs were given brain scans and intelligence tests they did poorly on the intelligence tests. Their brain scans showed high white matter sensitivities (which is a finding linked directly to impaired mental function).
- 4) Another study published in the March 7, 1998 British Medical Journal showed that there is a 5-fold increase in the incidence of suicide among patients on CCBs. The suicides were thought to result from depression caused by the calcium channel blockers.

Since CCBs have side effects including:

- strokes
- heart attacks
- loss of mental function
- depression to the point of suicide

... it is wise to use other drugs to control blood pressure.

If the CCB was prescribed for you to control your heart rate as well as your blood pressure, then a beta-blocker may be a good alternative with less severe side effects.

If your CCB was prescribed simply to control your blood pressure, then there are several less harmful alternatives, but the best choice may be an ACE inhibitor or an angiotensin blocker. Cozaar (losartan) is almost always your best choice.

Additional Notes:

- A) A study published in the Journal of the American Medical Association shows that when patients on calcium channel blockers are prescribed the common antibiotics, erythromycin, clarithromycin, or telithromycin, the drug combination can cause kidney failure, dangerously low blood pressure, and even death. --- The antibiotics block the enzyme in the liver that detoxifies and eliminates the calcium channel blocker, thus resulting in an overdose of the drug. This study was done in Ontario, Canada and showed that hundreds of patients had been hospitalized and died in Ontario alone just because of this drug interaction between antibiotics and calcium channel blockers.
- B) Calcium channel blockers inhibit the esophageal sphincter at the top of the stomach, and thus cause acid reflux.
- C) Calcium channel blockers inhibit the muscles of the colon, and thus cause constipation.
- D) Yet another harmful effect of calcium channel blockers is that they inhibit thyroid function, decreasing metabolic efficiency in all tissues, particularly the heart.

Verhoeven. Inhibitory Effects of Calcium Channel Blockers on Thyroid Hormone Uptake in Neonatal Rat Cardiomyocytes. Am J Physiol Heart Circ Physiol, 2001. ----- Calcium channel blockers exhibit marked inhibitory effect on T3 uptake by cardiomyocytes, which is not secondary to their effect on calcium influx, but rather reflect interference with the T3 carrier through the plasma membrane.

Regarding mild hypertension (--- blood pressure less than 150/100):
There is no benefit from taking drugs to reduce mild hypertension.
Taking drugs when the blood pressure is less than 150/100 does not decrease the incidence of heart attacks nor strokes nor congestive heart failure nor any other vascular disease.

Lenzer J. Cochrane review finds no proved benefit in drug treatment for patients with mild hypertension. British Medical Journal, 2012.