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Complementary and alternative medicine for the treatment of hypertension

Approximately 29% of US population were treated for hypertension with only 52% of them have their blood pressure under control. The direct health care spending to treat hypertension is approximately \$46 billion, with almost half (\$22.9 billion) in the form of prescription drugs. Thirty six percent (36%) of people in USA and Canada regularly use Complementary and Alternative Medicine (CAM) for the prevention and treatment of different diseases, including hypertension. Generally, majority of the hypertensive patients do not disclose the use of such remedies and also health care providers do not usually ask their hypertensive patients if they use CAM. The widespread consumption of CAM in hypertension requires clear understanding of their underlying mechanism of action, efficacy and safety. This chapter will provide a comprehensive list of CAM commonly used by Americans for the prevention and treatment of hypertension as well as their postulated mechanism of action. Modulation of drug metabolizing enzymes and their safety will also be covered along with the clinical consequences, i.e., drug-herb or herb-disease interactions. While the information included in this chapter will show that simple dietary constituents have potential impact on human health and significantly reduce the cost in health care, patients and healthcare providers should also be careful with using CAM therapies, because not only is there minimal evidence that several CAM products work to treat hypertension, but their safety hasn't been well-established.

Biography

Fawzy Elbarbry has completed his PhD and Postdoctoral studies from University of Saskatchewan, Canada. He is the Director of Student Success at Pacific University, a premier institution in the Pacific Northwest of USA and a Clinical Pharmacist at Legacy Health System. He has published more than 50 papers in reputed journals and has been serving as an Editorial Board Member of several journals with high reputation.

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