

Allergy Induced Hypertension: Diagnosis

Rowland D*

Independent Researcher registered with ORCID, Canada

Corresponding Author: David Rowland, Independent Researcher registered with ORCID, Canada,
E-mail: david222@hush.com

Received: 📅 August 08, 2024; **Accepted:** 📅 August 12, 2024; **Published:** 📅 August 16, 2024

Abstract

Persistent hypertension is frequently induced by hidden food allergies. Almost any food can cause high blood pressure; however, the most common offenders tend to be coffee, tomatoes, potatoes, peppers, cayenne, chili, and oranges. This report details a definitive method of pinpointing the offending food. Eliminating this culprit food restores blood pressure to normal within four days.

Keywords: *Cardiology; Hypertension; Food Allergies; Cardiovascular*

Introduction

Food allergies are associated with a high risk of hypertension (high blood pressure) [1-3]. Allergies stimulate adrenal function [4-5]. One of the symptoms of overstimulated adrenal glands can be persistent high hypertension [6-9]. If the adrenal glands produce too much cortisol, adrenaline, and/or noradrenaline, they can cause high blood pressure [10, 11].

Diagnosing Allergy Induced Hypertension

Hypertension is frequently caused by hidden food allergies. In such cases, total fasting returns high blood pressure to normal within four days. This extreme test demonstrates that some foods are causing high blood pressure but does not determine which ones are the culprits [12].

For four days drink only purified water. Consume no solid or liquid food of any kind. If hidden food allergies are involved, at the end of the four days blood pressure will be normal. By cutting out all foods you automatically eliminate the one(s) causing the problem. To find out which foods are the culprits, add back one food at a time and take blood pressure readings. If no elevation in blood pressure is experienced within three hours of eating a particular food, eat another, and so on until one is found that raises blood pressure. Then, wait until BP returns to normal before testing another food (which could be up to 12 hours) [13]. [**Caution:** *it is unwise for anyone with insulin-dependent diabetes to fast.*]

A less extreme way to find allergenic foods is to measure blood pressure first thing upon arising in the morning, before any food or beverage is consumed. Take another reading immediately after breakfast and again, one hour later.

Throughout the day, take BP readings before and after every food or beverage consumed. If the upper BP reading increases by more than 14 mm over the baseline morning measurement, it is due to something eaten between arising and the high reading. Backtrack to isolate the culprit(s). Frequent readings will reveal the pattern. Almost any food can cause high blood pressure; however, the most common offenders include caffeine (coffee, tea, colas), the nightshades (tomatoes, peppers, potatoes, paprika, eggplant, cayenne, chili, tobacco), and oranges. Hypertension caused by hidden food allergies does not respond to any treatment except the elimination of the offending foods.

It is the first time that a substance is consumed on a particular day that is most significant. Once blood pressure has been elevated, it may stay at that higher level for the rest of the day, or for several days. Therefore, the first time you notice that a particular food or beverage causes a rise in blood pressure, eliminate it totally from your diet and stop testing for the rest of the day and for the next four days. It could take that long for residual reactions to this food/beverage to clear from the body. On the fifth day, resume blood pressure testing.

If there is a consistent and significant rise in blood

pressure every time a particular food or beverage is first consumed on any given day, then allergy has caused it. This is the definitive test for diagnosing allergy induced hypertension.

One of my graduate students called to ask what to do for her 23-year-old client who had blood pressure of 220 over 100. I suggested that if she put him on a total fast (water only) for four days, his blood pressure would return to normal. Three days later she called to say that not only was his blood pressure normal, but that she had found he was addicted to tomatoes and had been putting ketchup on everything [13].

Another of my graduate students called with a similar situation. His 29-year-old client with persistent hypertension was addicted to hot sauce to the extent that she carried a small bottle of it in her purse. When she eliminated the hot sauce, her blood pressure returned to normal.

Observation

Relating elevated blood pressure to specific foods can be an eye-opener. Many cases of hypertension are termed *essential* (i.e., without apparent cause). Perhaps other conditions for which western medicine has not yet found a cause may have an allergic component.

Conclusions

Persistent hypertension is frequently induced by hidden food allergies. Almost any food can cause high blood pressure; however, the most common offenders tend to be coffee, tomatoes, potatoes, peppers, cayenne, chili, and oranges. This report details a definitive method of isolating the offending food. Eliminating the culprit food restores blood pressure to normal within two to five days.

References

1. Glenn K (2002) History of Allergies may be Associated with Increased Risk of High Blood Pressure, Heart Disease. *American College of Cardiology*.
2. Bright DM., Stegall HL., Slauson DC (2023) Food allergies: diagnosis, treatment, and prevention. *American Family Physician* 108:159-165.
3. Iglesia E., Kwan M (2024) Management of food allergies and food-related anaphylaxis. *JAMA Journal of the American Medical Association* 331: 510-521.
4. Sharma Y., Prasad P (2024) Biological and chemical factors influencing food allergies: a comprehensive review. *Jour-*

nal of Scientific Research and Reports 30: 787-794.

5. Siegel SC., Lovin BJ (1959) Adrenal function in allergy. *Pediatrics* 24: 434-447.
6. Rowland D (2018) Symptoms of Adrenal Imbalance. *Endocrine Harmony: The Mind-Body Nutrient Interface* 60.
7. Chemaitilly W., Wilson RC., New MI (2004) Hypertension and adrenal disorders. *Current Hypertension Reports* 5: 498-504.
8. Liashuk PM., Liashuk RP (2022) Hypertension in adrenal pathology: clinical cases. *International Journal of Endocrinology* 18: 374-377.
9. Blumenfeld JD (1993) Hypertension and adrenal disorders. *Current Opinion in Nephrology and Hypertension* 2: 274-282.
10. Endocrine Related Hypertension (2022) *Endocrine Society*.
11. Moneva HM (2002) Gomez-Sanchez C. Pathophysiology of adrenal hypertension. *Seminars in Nephrology* 22: 44-53.
12. Rowland D (2024) One's Food is Another's Poison: Allergies are Masqueraders. *Amazon.com Inc* 35-36.
13. Rowland D (2024) *One's Food is Another's Poison: Allergies are Masqueraders. Amazon.com Inc* 47-48.