
THE INTEGRATIVE CARDIOLOGIST

A Guide to

LOWERING BLOOD PRESSURE

Help Your Doctor Reduce Your Medication



with a six-page home blood-pressure journal

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Preventative Cardiology, Integrated

CORDATE PRESS



COMPLIMENTARY OFFICE EDITION

Contents

This complimentary edition includes two full chapters, a 30-second preview of every other chapter, and a six-page home blood-pressure journal to bring to your next visit.

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Medical disclaimer. *This booklet is educational and does not replace medical care. Do not start, stop, or change any medication or supplement without your physician. Ask your doctor before applying any suggestion here to your own care.*

ABOUT THE AUTHOR

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"My goal isn't to talk patients out of medication — it's to help them understand what's driving their blood pressure, so they can partner with their physician on a plan that actually works."

Sameer Azhak, MD, FACC is board certified in Cardiology by the American Board of Internal Medicine, with additional fellowship training in Integrative Medicine at the Andrew Weil Center for Integrative Medicine at the University of Arizona. For more than two decades he has practiced where modern cardiovascular medicine meets evidence-based lifestyle care.

The combination is the point. Holding both credentials lets him bring the two worlds together — conventional cardiovascular science and integrative training — into a single approach to heart disease prevention that reaches beyond either discipline on its own.

Dr. Azhak practices with HVA Heart & Vascular Associates, St. Joseph's Healthcare System in Northern New Jersey, where he has helped thousands of patients lower and control their blood pressure. His signature approach is what he calls therapeutic detective work: identifying each individual's key contributing factors — sleep debt, chronic stress, untreated sleep apnea, sodium excess, magnesium and fiber deficiency, sedentary living — and then targeting them one by one.

This booklet is a complimentary companion to his full patient handbook, *Lower Your Blood Pressure: Help Your Doctor Reduce Your Medication*, written to give patients a practical framework for taking care of their own numbers between visits.

WHAT'S IN THIS BOOKLET

*Two full chapters · 30-second previews of the remaining 17
A six-page home BP journal to bring to your next visit.*

Measuring It Right

The Measurement

THE CUFF AND YOUR POSTURE

The single biggest source of "falsely high" readings is technique. Use an upper-arm cuff sized to your arm — not a wrist device unless your doctor specifically recommends one. Sit with your back supported, feet flat on the floor, legs uncrossed, and your arm resting at heart level on a table. Rest quietly for five minutes before the first reading. Don't talk, don't scroll, don't sip coffee. The cuff bladder should wrap around 80% of your upper arm.

THREE READINGS, ONE MINUTE APART

One reading is a snapshot; three tell the truth. Take three readings a minute apart, discard the first, and average the last two. Do this in the morning before medications and coffee, and again in the evening. Log a week's worth of numbers before your next visit — this is the single most useful data you can bring your physician.

THE CIRCADIAN PATTERN — AND WHEN IT WARNS OF SLEEP APNEA

Blood pressure normally dips 10–20% at night. When it doesn't — a "non-dipper" pattern — sleep apnea is a leading suspect, especially if morning BP runs high, if you snore, or if you wake unrefreshed. Shift workers and people with irregular sleep can show the same pattern. If your morning readings are consistently higher than your evening ones, ask your doctor whether a sleep study is worth considering.

Magnesium

The Quiet Mineral

WHY MAGNESIUM MATTERS FOR BLOOD PRESSURE

Magnesium is a natural calcium-channel blocker — it helps blood vessels relax rather than clamp down. It also supports potassium retention inside cells, blunts sympathetic overdrive, and improves insulin sensitivity. Meta-analyses show a modest but real reduction in systolic BP (2–4 mmHg on average) with supplementation, and larger effects in people who start out deficient. Most Americans don't hit the recommended daily intake.

FOOD FIRST

Best food sources: pumpkin seeds, almonds, cashews, spinach, Swiss chard, black beans, edamame, avocado, dark chocolate (70%+), and salmon. Whole grains and legumes contribute meaningful amounts too. A daily handful of nuts and seeds plus a serving of leafy greens can move you a long way toward target intake.

FORM MATTERS — GLYCINATE VS. OXIDE

If you supplement, the form matters more than the dose on the label. Magnesium glycinate and citrate are well absorbed and gentle on the gut. Magnesium oxide is cheap and common but poorly absorbed — most of it just gives you loose stools. Typical supplemental doses are 200–400 mg elemental magnesium daily; check with your physician if you have kidney disease, as excretion can be impaired.

CHAPTER 01 · IN 30 SECONDS

High Blood Pressure

The Problem

- Nearly half of U.S. adults have high blood pressure; only 1 in 4 controls it to target.
- It is silent — damage accumulates for decades before symptoms appear.
- About two-thirds of what sets your pressure is modifiable: sleep, sodium, potassium, magnesium, fiber, alcohol, sugar, weight, activity, and stress.
- Medications work. This book is about doing the rest so you need the smallest effective dose.

CHAPTER 03 · IN 30 SECONDS

Medication and Lifestyle

Two Approaches

- Conventional drugs are fast, standardized, and life-saving — keep taking them as prescribed.
- Integrative medicine asks why your pressure is high and works on the root drivers.
- Used together, they let you reach the smallest effective dose of the safest medication.
- Never stop or reduce a medication on your own — change it with your physician's guidance.

CHAPTER 05 · IN 30 SECONDS

Garlic

The Kitchen Medicine

- Regular garlic use lowers systolic pressure by about 8–9 mmHg — first-line-drug territory.
- The active compound, allicin, only forms after you crush or chop the clove.
- Wait 10 minutes after crushing before applying heat, or the enzyme dies first.
- Dose: 1–2 crushed cloves a day, or aged garlic extract 600–1,200 mg. Tell your doctor if you take warfarin.

CHAPTER 06 · IN 30 SECONDS

Beetroot*The Root Vegetable*

- Beetroot is rich in dietary nitrate, which your body converts to nitric oxide — a natural vasodilator.
- Meta-analyses show systolic reductions of 3.5–7.7 mmHg, comparable to a low-dose antihypertensive.
- Target 300–500 mg nitrate a day: about 1 cup cooked beets, 250 mL juice, or a 70 mL shot.
- Skip antibacterial mouthwash on beetroot days — it kills the mouth bacteria the pathway needs.

CHAPTER 07 · IN 30 SECONDS

Hibiscus Tea*The Pink Medicine*

- Hibiscus lowers systolic pressure by about 7 mmHg in meta-analysis — approaching first-line drug effect.
- Dose: 2–3 cups daily of a well-steeped brew, or a standardized extract of about 250 mg twice daily.
- Buy from a brand that tests for lead; organic certification is not a substitute.
- Avoid in pregnancy and with hydrochlorothiazide. Drink between meals — hibiscus binds iron.

CHAPTER 08 · IN 30 SECONDS

Sleep*The Nightly Reset*

- Pressure should fall 10–20% during deep sleep. That nocturnal dip is protective.
- Chronic short or fragmented sleep produces sustained daytime hypertension.
- If you snore, gasp, or have resistant hypertension, ask about a sleep study.
- Treating obstructive sleep apnea can lower pressure by 5–10 mmHg on its own.

CHAPTER 09 · IN 30 SECONDS

Sodium and the DASH Pattern

The Shaker Is Not the Problem

- Target under 1,500 mg of sodium a day. The average American eats 3,400.
- 77% of that sodium is already inside packaged and restaurant food, not the shaker.
- Pressure responds to the sodium-to-potassium ratio, not to sodium alone.
- Change one high-sodium item every 3 weeks. Small durable swaps beat crash diets.

CHAPTER 10 · IN 30 SECONDS

Potassium

Sodium's Counterweight

- Target about 4,700 mg a day. Most adults get roughly half that.
- An extra 1,000–2,000 mg daily from food lowers systolic pressure by 3–7 mmHg.
- Best sources: baked potato (925 mg), cooked spinach (840), avocado, beans, salmon.
- Get it from food, not pills — and ask first if you have kidney disease or take an ACE inhibitor, ARB, or spironolactone.

CHAPTER 11 · IN 30 SECONDS

Fiber

The Forgotten Nutrient

- Target 30–40 g a day. The average American gets 15.
- High-fiber diets lower systolic pressure by 3–5 mmHg in people with hypertension.
- Aim for a mix: soluble (oats, beans, apples, psyllium) and insoluble (whole wheat, nuts, vegetable skins).
- Increase by 5 g per week, not per day, and drink more water to avoid bloating.

CHAPTER 12 · IN 30 SECONDS

Sugar, Fructose, and Alcohol

The Three Levers

- Added sugar, especially fructose in liquid form, raises pressure by making the kidneys hold sodium.
- AHA limits are 25 g a day for women and 36 g for men. One soda alone has 39 g.
- The single biggest sugar win: stop drinking calories — soda, sweet tea, fancy coffee.
- Alcohol raises pressure dose-dependently. Three or more drinks a day adds 8+ mmHg systolic.

CHAPTER 13 · IN 30 SECONDS

Weight and Waist

The Metabolic Lever

- Each kilogram lost lowers systolic pressure by roughly 1 mmHg, often more in the first few.
- A 5–10% loss of body weight is the practical target: it reliably drops pressure 5 mmHg or more.
- Waist matters as much as weight: under 94 cm (37 in) for men, under 80 cm (31 in) for women.
- Weight loss can allow a full drug class to be de-prescribed — the biggest lever in the book.

CHAPTER 14 · IN 30 SECONDS

Exercise

The Medication Your Heart Wants

- Regular aerobic exercise lowers resting pressure by 5–8 mmHg.
- Prescription: 150 minutes of moderate aerobic work plus 2 strength sessions a week.
- The sweet spot is Zone 2 — you can hold a conversation, but not sing.
- Get medical clearance first if you have known heart disease or unexplained chest pain.

CHAPTER 15 · IN 30 SECONDS

Stress and Breathing

The Nervous System

- Chronic stress keeps the fight-or-flight system idling high — a hidden pressure driver.
- Slow breathing with a long exhale is the fastest lever to activate the vagus nerve.
- The 4-7-8 breath: inhale 4 seconds, hold 7, exhale 8. Four rounds, twice a day.
- Two to four weeks of daily practice drops resting pressure by 3–5 mmHg.

CHAPTER 16 · IN 30 SECONDS

Drugs That Raise Pressure

The Hidden Culprits

- Nearly 1 in 5 U.S. adults with hypertension takes a medication that raises their pressure.
- The biggest offenders: NSAIDs, decongestants (pseudoephedrine), and oral steroids.
- Herbal culprits include licorice root, ephedra, yohimbine, and St John's wort.
- Bring every bottle — prescription, over-the-counter, and supplement — to every visit.

CHAPTER 17 · IN 30 SECONDS

Talking to Your Doctor

The Conversation

- The only correct way to lower medication is with your physician's supervision, never on your own.
- Prerequisites: a good 7-day home log, averages under 130/80, no recent cardiovascular event.
- The script: "Given my averages of X/Y, could we discuss reducing the dose of [drug]?"
- Never abruptly stop a beta-blocker or clonidine — rebound hypertension can be dangerous.

CHAPTER 18 · IN 30 SECONDS

Choosing a Supplement

Supplement Quality

- The FDA does not test or approve supplements before they are sold. Quality control is on you.
- Look for USP Verified, NSF Certified, or Informed Sport — then verify the seal in the certifier's free registry.
- Avoid any product with a "Proprietary Blend." Individual ingredient doses are legally hidden.
- Ignore terms with no regulatory meaning: pharmaceutical grade, clinically tested, pure, natural.

CHAPTER 19 · IN 30 SECONDS

Your 30-Day Plan

The Plan

- Change one thing per week. Never four at once.
- Week 1 measure, week 2 move, week 3 nourish, week 4 rest.
- At day 30, bring your log to your doctor and ask about de-prescribing.

Your Home BP Journal

Six pages. Room for ~48 readings. Bring it to your next visit.

1 · SIT QUIETLY FOR 5 MINUTES

Back supported, feet flat on the floor, legs uncrossed. Arm resting at heart level on a table. No talking, scrolling, or coffee.

2 · TAKE THREE READINGS, ONE MINUTE APART

Log all three. If they're wildly different, take a fourth after another minute of rest.

3 · LOG MORNING AND EVENING

Morning readings before medication and caffeine; evening before dinner. Aim for one to two weeks of data before your next visit.

4 · NOTE ANYTHING UNUSUAL

Poor sleep, high-sodium meal, missed dose, unusual stress, new supplement — context helps your physician read the pattern.

General home target for most adults: below 130 / 80 mmHg.

Your personal target may differ — confirm with your physician.

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BEFORE YOUR NEXT VISIT

Bring This to Your Visit

A short checklist to help us have the most useful conversation.

☐ **Your BP journal**

At least one full week of morning + evening readings.

☐ **Your current medications**

Including doses and how you take them (with food, etc.).

☐ **Supplements and OTCs**

Any vitamins, herbs, decongestants, NSAIDs, or sleep aids.

☐ **Recent life changes**

Sleep, stress, travel, diet, alcohol, new symptoms.

☐ **Your questions**

Write them down — the ones that come up between visits are the ones we miss in visits.

IF YOUR NUMBERS ARE IMPROVING, ASK:

“If my blood pressure stays under our target for the next few weeks, can we talk about lowering the dose of my medication?”

THE INTEGRATIVE CARDIOLOGIST

The complete guide — with all 19 chapters in full — is available on Amazon.

Search "Lower Your Blood Pressure: Help Your Doctor Reduce Your Medication."

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