

## Re: Good results taking two CCBs

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*Source:* <http://sci.tech-archive.net/Archive/sci.med.cardiology/2009-05/msg00173.html>

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- *From:* "Andrew B. Chung, MD/PhD" <[love27@xxxxxxxxxxxxx](mailto:love27@xxxxxxxxxxxxx)>
  - *Date:* Sun, 24 May 2009 11:24:52 -0700 (PDT)
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Peabody wrote:

In case this might ever apply to anyone else, I wanted to report the results of my just-completed trial of blood pressure meds.

I've had problems controlling my BP because meds I've tried either had no effect at all (ace inhibitors, angiotensin receptor blockers, and Tekturna) or had bad side effects (HCTZ). But one drug I've taken for years has significant effect on my BP, but just not enough to get where I want to be, with no sides I can detect. And that's diltiazem, a calcium channel blocker.

Recently I suggested to my doctor that we try adding a second CCB, but one of the dihydropyridine class, in the hope that the mechanisms of action of the two CCBs would be different enough that the effects would be additive. He was skeptical, but agreed to try that, and added 5mg of Norvasc (amlodipine) to the 300 mg of diltiazem I've been taking.

The results have been quite good. I do a standard home test protocol to do med comparisons. It consists of 7 readings over 5 days, taken at set times of day and under the same circumstances as nearly as possible. The average reading, versus diltiazem alone, went from 138/80 to 128/74, and the reading at the end of the trial was 120/70 in the doctor's office, which is normally a serious white-coat situation for me. (Without any medication, the systolic reading would be in the low 150's pretty consistently.)

In addition, the range of systolic readings went from 125-149 to 124-132, a pretty striking reduction - from 24 points down to 8.

Frankly, I don't know why CCBs have this kind of effect on my BP when renin/angiotensin/aldosterone drugs have none. I keep wondering if it says something about what causes my high BP, but no doctor has ever offered an explanation.

Anyway, I just wanted to report that taking two drugs of the same class MAY have additive effects in SOME cases, and might be worth a

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try if nothing else seems to be working.

The following article may help your doctor understand what may possibly be relevant in your specific case:

<http://hyper.ahajournals.org/cgi/content/full/51/3/742>

Be hungrier, which is truly healthier for mind, body, and soul:

<http://groups.google.com/group/sci.med.cardiology/msg/991d4e30704307e7?>

Marana tha

Prayerfully in the awesome name of our Messiah, LORD Jesus Christ,

Andrew <><

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Andrew B. Chung, MD/PhD  
Board-certified Cardiologist  
and Author of "Be Hungry"

<http://NetCabal.com>

"Don't be left behind as were Cleopus and Simon ...

.... -----> be hungry !!!"

"... no one can say 'Jesus is LORD' except by the Holy Spirit." (1 Cor 12:3)

<http://groups.google.com/group/sci.med.cardiology/msg/035c93540862751c?>

What is the name of Jesus' church where Peter serves as its rock?

<http://groups.google.com/group/sci.med.cardiology/msg/42a30476ef3925ec?>

Only the truth can cure the "hunger is starvation" delusion:

<http://groups.google.com/group/sci.med.cardiology/msg/74281ab7d7ce78de?>

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