

INITIAL COST OF CARE RESULTS IN MEDICALLY SUPERVISED WATER-ONLY FASTING FOR TREATING HIGH BLOOD PRESSURE AND DIABETES

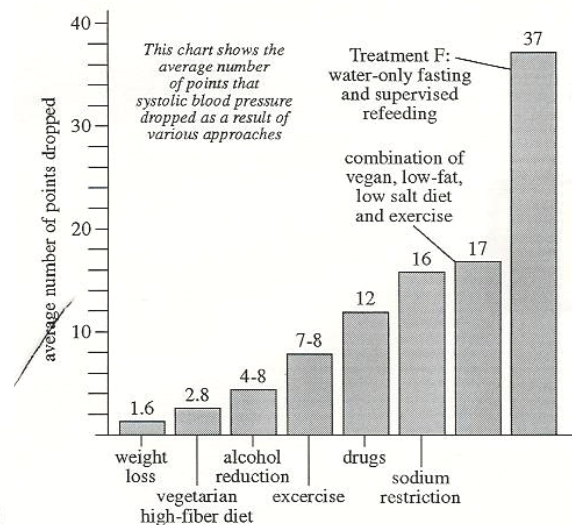
Dear Editor:

High blood pressure (HBP) is the most common contributing cause of death and disability in populations of industrialized countries. The majority of patients that suffer morbidity and mortality as a consequence of hypertension have blood pressure (BP) in the high-normal range, with systolic BP between 120 mm Hg and 140 mm Hg (Kaplan 1998). No medication options are available for these patients because the risks of HBP medication clearly outweigh any potential benefit for most patients with BP in this range (Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure [JNC], 1997).

Fortunately, there are numerous complementary and alternative strategies that have been demonstrated to be safe and effective for treating HBP (Fig. 1). One such approach was reported in the October 2002 issue of JACM (Goldhamer et al., 2002).

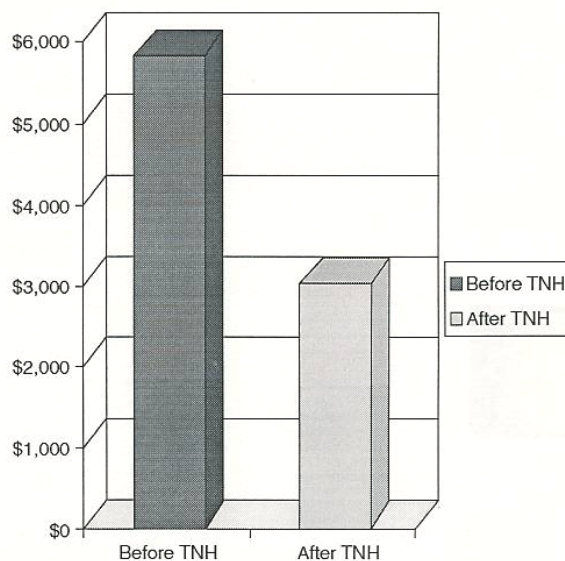
In this study, 68 patients with high-normal blood pressure who underwent a period of water-only fasting (average 14 days of fasting) experienced average blood pressure reductions of more than 20/7 mm Hg.

These results are consistent with an earlier study published in the June 2001 issue of the *Journal of Manipulative and Physiological Therapeutics* (Goldhamer et al., 2001). In that previous study, 174 consecutive patients with hy-



pertension also underwent prolonged water fasting (10.6 days on average). The results demonstrated in this fasting study documented the largest effect on hypertension ever reported in the scientific literature with a reduction in excess of 60 points (systolic) in patients with stage 3 hypertension (systolic BP of >180 mm Hg).

In March of 2001, the International Union of Operating Engineers—California's largest construction-related union—made the residential health education program, including water-only fasting, at the TrueNorth Health Center,



Rohnert Park, CA, a fully covered medical benefit for all members that have HBP or diabetes.

The self-insured aspect of the Union, with its centralized payment system for medical care and drug treatment, has made it possible to determine accurately the cost of care outcomes for patients who undergo this program of intensive conservative treatment. We were able to evaluate the cost of medical care and drug costs for the 12–24 months prior to participation in the program and in the 2–12 months after participation in the program for the first 24 patients to participate in this program.

The figure below (Fig. 2) details the cost of care outcomes for this initial group of patients with HBP and/or diabetes.

Similar to previous results, the average reduction in systolic blood pressure was 30/11 mm Hg at the completion of the program and 28/11 mm Hg on follow-up. Weight loss averaged 26 pounds after the program and was 28 pounds below baseline on follow-up.

The average cost of medical care and drugs was \$5,784.00 per year in the year(s) prior to participation and \$3,000.00 in the year after participation for an average reduction of \$2,784.00 per subject in the first year alone. This exceeded the cost of the entire program and compound savings are expected in the years to follow (Fig. 2).

These preliminary data suggest that a resi-

dential health education program including medically supervised water-only fasting may be a safe and effective approach for treating HBP and diabetes, both clinically and economically.

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