Case Report

Naturopathic Raw-Food Dietary Intervention in a Patient with Hypertension: A Case Report

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ABSTRACT

Hypertension is a major cardiovascular risk factor, and dietary modification is an important component of lifestyle management. This case report describes the clinical changes observed after a structured predominantly raw-food dietary intervention in a 58-year-old woman with hypertension. After a 15-day naturopathic dietary regimen comprising fresh vegetables, fruits, sprouts, salads, and freshly prepared vegetable and fruit juices provided under clinical supervision, blood pressure, body weight, and body mass index (BMI) changed from 140/90 mmHg, 75 kg, and 32.9 kg/m² to 116/76 mmHg, 72 kg, and 31.6 kg/m² respectively. The observed improvement occurred during the dietary intervention but cannot be attributed solely to the raw-food regimen because antihypertensive medication was continued throughout the intervention and other potential influences were not controlled. This case suggests that a structured predominantly raw-food dietary approach may have a supportive role within naturopathic management of hypertension. Controlled studies with standardized dietary assessment, repeated blood-pressure measurements, medication monitoring, and longer follow-up are required.

Key words: : Hypertension; Diet Therapy; Naturopathy; Blood Pressure; Diet, Plant-Based; Dietary Approaches to Stop Hypertension

Hypertension is a major modifiable cardiovascular risk factor and is associated with increased risk of stroke, cardiovascular disease, chronic kidney disease, and premature mortality. Management commonly involves appropriate pharmacological treatment together with lifestyle measures such as healthy dietary patterns, sodium reduction, adequate physical activity, and weight management. Dietary intervention is therefore an important component of comprehensive blood-pressure management, particularly when used alongside prescribed antihypertensive therapy [1].

Naturopathic approaches emphasize individualized dietary and lifestyle modification using minimally processed foods and other natural health practices. Evidence from the Dietary Approaches to Stop Hypertension (DASH) trial shows that dietary patterns rich in fruits and vegetables can lower blood pressure, while reducing dietary sodium can provide additional benefit [2,3]. Observational evidence has also reported inverse associations between raw vegetable intake and blood pressure, although such findings do not establish causation [4]. Plant-based dietary patterns have likewise been associated with reductions in blood pressure in controlled intervention studies [5-7].

Within naturopathic care, dietary prescriptions may be individualized according to the clinical presentation and may emphasize fresh, minimally processed plant foods. Such approaches can overlap with general lifestyle recommendations for hypertension, but the specific composition, duration, energy content, and nutrient profile of a naturopathic raw-food regimen may differ substantially from evidence-based standardized diets. Plant-rich diets may influence blood pressure through several dietary characteristics acting together, including greater intake of potassium and fiber, lower energy density, and increased consumption of naturally occurring plant bioactive compounds [2,3]. These characteristics are relevant to naturopathic dietary care, but they should be distinguished from claims that raw food preparation itself has a specific antihypertensive effect.Despite evidence supporting plant-rich dietary patterns, clinical evidence specifically describing a short-term, structured predominantly raw-food regimen in a naturopathic setting remains limited.

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The present case describes the clinical changes observed in a patient with hypertension during a 15-day structured raw-food dietary intervention, while explicitly accounting for the continuation of prescribed antihypertensive medication.

CASE PRESENTATION

A 58-year-old female patient with a known history of hypertension attended the International Institute of Yoga and Naturopathy Medical Sciences, Chengalpattu, with a complaint of persistently elevated blood pressure. She had been receiving allopathic treatment for hypertension for several years and was taking amlodipine, Evion, and Polybion multivitamin at presentation. Her baseline blood pressure was 140/90mmHg, body weight was 75 kg, and her BMI was 32.9 kg/m². Baseline clinical and laboratory findings are summarized in Table 1.

Table 1. Baseline Laboratory Investigations and Clinical Parameters of the Patient

Parameter	Baseline value	Unit
Blood pressure	140/90	mmHg
Body weight	75	kg
Body mass index (BMI)	32.9	kg/m²
Hemoglobin	11	g/dL
Fasting blood glucose	73	mg/dL
Postprandial blood glucose	86	mg/dL
Total cholesterol	136	mg/dL
Triglycerides	140	mg/dL
Blood urea	40	mg/dL
Serum creatinine	0.7	mg/dL
Serum glutamic-oxaloacetic transaminase (SGOT)	32	U/L
Serum glutamic-pyruvic transaminase (SGPT)	35	U/L
Alkaline phosphatase	75	U/L

The clinical history and baseline investigations were documented before commencement of the dietary protocol. The patient was managed in the clinical setting with continued observation during the intervention period. The baseline biochemical profile included measurements of glucose, lipid parameters, renal function, and liver-associated enzymes, allowing the patient's general laboratory status to be documented before dietary intervention. No acute abnormality was reported on systemic examination. The principal clinical parameter selected for follow-up was blood pressure, while body weight and BMI were recorded as additional measures relevant to cardiovascular risk and nutritional status. Systemic examination was reported as normal. No change was made to the patient's prescribed allopathic medication during the intervention.

INTERVENTION

The patient was admitted to the inpatient department and received a structured predominantly raw-food dietary regimen for 15 consecutive days under clinical supervision. The prescribed schedule included fresh vegetables, fruits, sprouts, salads, and freshly prepared vegetable and fruit juices, with no cooked food included in the planned regimen. Table 2 presents a detailed daily schedule.

The regimen was planned as a whole-diet intervention rather than as a single-food treatment. Fresh plant foods were distributed across the day, with vegetables and fruits forming the major components and sprouts and salads providing additional minimally processed foods. Freshly prepared juices were included at scheduled times. This structure was intended to provide a consistent dietary pattern throughout the 15 days and to reduce variation in the patient's daily food intake while she remained under clinical supervision. Although the protocol emphasized raw foods, the case should not be interpreted as testing the effect of raw preparation independently from the overall increase in plant foods and the simultaneous change in total dietary intake. The patient's prescribed allopathic medication, including amlodipine, was continued throughout the intervention.

Table 2. Raw-Food Dietary Intervention Schedule

Time	Dietary intervention
6:00 AM	Snake gourd, chow chow, cucumber, ash gourd, ridge gourd and bottle gourd juices
8:00 AM	Raw vegetables, sprouts, fresh fruits and salads
12:00 PM	Watermelon, carrot, muskmelon, sapota and papaya juices
2:00 PM	Sprouts and fruits, aval with fruits, and raw salads
4:30 PM	Amla juice, curry-leaf and cucumber juice, beetroot juice, and lemon-mint juice
7:00 PM	Raw vegetables and fresh fruits

Note: The intervention was provided for 15 consecutive days. Prescribed allopathic medication, including amlodipine, was continued throughout the intervention.

OUTCOME

Following the 15-day intervention, blood pressure and body weight were reassessed. The observed pre-post changes are presented in Table 3. The findings indicate improvement in blood pressure accompanied by a reduction in body weight and BMI during the intervention period. Because medication was continued and only baseline and post-intervention measurements were available, these observations represent temporal clinical changes rather than proof of an independent treatment effect

Table 3. Changes in Clinical Parameters from Baseline to Day 15

Clinical parameter	Baseline	After 15 days
Blood pressure	140/90 mmHg	116/76 mmHg
Body weight	75 kg	72 kg
BMI	32.9 kg/m²	31.6 kg/m²

The pre-post comparison indicates a reduction in both systolic and diastolic blood pressure during the observation period, together with a reduction in body weight and BMI. The direction of these changes is compatible with the expected cardiovascular benefits of a plant-rich dietary pattern and reduced energy intake. However, the available observations do not permit attribution to a particular nutrient, food, preparation method, or mechanism. The absence of repeated measurements also limits assessment of day-to-day blood-pressure variability and the durability of the response.

The clinical changes are best viewed as an overall response to a multifactorial dietary intervention. The recorded reduction in body weight may be relevant because excess body weight is associated with elevated blood pressure and weight reduction can improve blood-pressure control [1,8]. At the same time, the short duration means that changes in hydration, gastrointestinal contents, dietary sodium and energy intake may have contributed to the observed weight change. Thus, the outcome table documents the clinical direction of change without assigning a specific physiological mechanism to any individual component.

DISCUSSION

The present case demonstrates a clinically relevant improvement in blood pressure during a short-term, structured predominantly raw-food dietary intervention in a patient already receiving antihypertensive medication. The dietary regimen increased exposure to fresh vegetables, fruits, sprouts, and salads and was accompanied by a reduction in body weight. These observations are consistent with broader evidence that dietary pattern, sodium intake, plant-food consumption, and weight management can influence blood pressure [1-3,7].

Previous studies provide supportive but not directly equivalent evidence. The original DASH trial demonstrated that a diet rich in fruits and vegetables, particularly the combination DASH pattern, reduced blood pressure compared with a control diet [2]. The DASH-Sodium trial further showed that lower sodium intake produced additional blood-pressure reductions and that the combination of a DASH pattern with lower sodium was particularly effective [3]. In the INTERMAP study, higher raw and cooked vegetable consumption was inversely associated with blood pressure after multivariable adjustment, supporting an association between vegetable-rich diets and more favorable blood-pressure profiles, although its cross-sectional design prevents causal inference [4]. Systematic reviews of plant-based dietary patterns have also reported reductions in blood pressure across several dietary approaches [6,7]. The present regimen differs from these established patterns because it emphasized uncooked plant foods and fresh juices and did not include the full food composition of DASH. Thus, the existing evidence supports the general dietary principle of increasing plant foods but does not establish the efficacy of this specific raw-food protocol.

The comparison with earlier clinical evidence also indicates why the present case should be interpreted cautiously. Najjar et al. reported improvement in hypertension and other cardiovascular risk factors following a defined plant-based diet in an outpatient cardiovascular clinic, supporting the feasibility of intensive plant-based dietary intervention in clinical practice [5]. However, that protocol was not identical to the present raw-food regimen, and its findings cannot establish that uncooked foods provide additional benefit beyond the broader effects of a plant-based dietary pattern. Similarly, evidence concerning beetroot juice and dietary nitrate suggests a possible short-term blood-pressure effect in some populations, but the present dietary schedule contained multiple juices and foods and did not quantify nitrate exposure [9-13]. Accordingly, the available literature supports plausible components of the intervention rather than the efficacy of the complete regimen as a distinct treatment.

Several limitations restrict interpretation of the case. It involved one patient, the intervention lasted only 15 days, and amlodipine was continued, so the independent contribution of diet cannot be separated from ongoing pharmacological treatment or other uncontrolled factors. Sodium, potassium, energy, macronutrient, and micronutrient intake were not quantitatively measured, and repeated home or ambulatory blood-pressure measurements were not available. Because multiple foods were introduced simultaneously, the effect of any individual component, including beetroot juice or increased vegetable intake, cannot be determined. Future studies should use standardized dietary protocols, adequate sample sizes, repeated or ambulatory blood-pressure assessment, quantitative nutrient monitoring, medication documentation, and longer follow-up to evaluate sustained effects and safety.

CONCLUSION

This case suggests that a structured predominantly raw-food dietary regimen may serve as a supportive dietary approach within comprehensive naturopathic management of hypertension. Controlled studies are required to determine its independent effectiveness and longer-term safety.

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