



Dietary Standardisation Matters in Evaluating Himalayan Raspberries

To the Editor,

We read with great interest the article titled “*Anti-Hypertensive Properties of Himalayan Raspberries: A Case Series of Five Hypertensive Patients*” by Mani and Gautam, published in *Hypertension Journal*.¹ The authors should be commended for exploring an under-researched, regionally relevant dietary component and for attempting to bridge traditional dietary practices with contemporary cardiovascular science.

From a dietitian’s perspective, the article highlights an important and timely theme—the potential role of whole foods rich in polyphenols and potassium as adjuncts in long-term blood pressure management. The discussion on phytochemical mechanisms, particularly nitric-oxide-mediated vasodilation, antioxidant effects, and possible ACE-inhibitory activity, is biologically plausible and aligns with current nutritional science. The emphasis on botanical distinction between Himalayan raspberry species and commercially cultivated raspberries is particularly valuable and often overlooked in nutrition research.

However, several aspects merit clarification and strengthening to improve the nutritional rigor and translational applicability of the findings.

First, the dietary intervention lacks standardisation. The reported intake range of 50–100 g/day over several years is broad, and no justification is provided regarding dose selection, frequency, seasonal variability, or preparation methods (fresh, raw, cooked, or processed). From a nutrition science standpoint, such factors significantly influence polyphenol bioavailability and potassium content. Future studies would benefit from clearer dietary protocols, portion standardisation, and nutrient composition analysis to enable reproducibility.

Second, the absence of comprehensive dietary assessment is a major limitation. While antihypertensive medications were reportedly unchanged in most patients, there is insufficient information on background diet, sodium intake, overall fruit and vegetable consumption, alcohol use, or concurrent lifestyle modifications. Given the well-established impact of dietary patterns such as DASH-like diets on blood pressure, it is difficult to isolate the independent contribution of Himalayan raspberries without controlling for these confounders.

Third, reliance on self-reported long-term adherence introduces recall and reporting bias. Incorporation of basic dietary assessment tools—such as 24-hour recalls, food frequency questionnaires, or diet diaries—would substantially strengthen future work. Objective biomarkers of polyphenol intake, where feasible, could further enhance validity.

Additionally, while the manuscript appropriately acknowledges the observational nature and small sample size, the language in parts of the discussion and conclusion may inadvertently suggest causality. From a dietetics and public health perspective, it is important to clearly frame such findings as hypothesis-generating rather than practice-changing, particularly when advising dietary interventions for chronic disease.

Finally, the article would benefit from a brief discussion on safety, accessibility, and cultural feasibility. While, Himalayan raspberries may be locally available in certain regions, their year-round availability, cost, and suitability for individuals with comorbidities (e.g., chronic kidney disease where potassium intake may be restricted) deserve consideration.

In conclusion, this case series is a valuable exploratory contribution that underscores the potential of indigenous, nutrient-dense fruits in cardiovascular nutrition. With improved dietary standardisation, comprehensive nutritional assessment, and controlled interventional designs, future research could meaningfully inform evidence-based dietary recommendations for hypertension management. We congratulate the authors for initiating this important conversation and encourage further collaboration between clinicians and nutrition professionals in this evolving field.

Yours truly

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1. Mani UA, Gautam K. Anti-Hypertensive Properties of Himalayan Raspberries: A Case Series of Five Hypertensive Patients. *Hypertension Journal*. 2025;11(3):73–75.

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