

BOTTOM LINE
Natural Healing
With Dr. Mark Stengler

DEEPER CURES FROM AMERICA'S TOP NATURAL PHYSICIAN

Bottom Line Publications

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Is Your Heart on Fire?

JOSEPH JONES,* A 49-YEAR-OLD TEACHER, came to me for a second opinion on his risk of heart disease. Joseph's family doctor had tested his cholesterol levels, which showed only mild elevation of total and LDL ("bad") cholesterol. His HDL ("good") cholesterol level was normal at 50 mg/dL.

The doctor's recommendations were typical—eat a sound diet, exercise and consider taking aspirin every day.

When Joseph and I met, I explained to him that relying on a standard lipid panel (total cholesterol, LDL, HDL and triglycerides) to assess his heart disease risk was incomplete—and risky.

To prove my point, I quoted an undisputed statistic that keeps cardiologists awake at night—approximately half of all heart attack and stroke victims have below-average total cholesterol levels. In fact, the famous 50-year Framingham Heart Study has shown that only 20% of participants who suffered a heart attack had a total cholesterol level over 200 mg/dL. This got Joseph's attention, since his father had died of a heart attack at age 50—and no one was ever quite sure why he died, since his cholesterol levels were normal.

THE INFLAMMATION FACTOR

Over the past five years, there has been a major shift in our understand-

*Patients' names have been changed to protect their privacy.

ing of the underlying causes of cardiovascular disease. Researchers have found that chronic inflammation in the blood vessels is a central factor. Inflammation is like a fire in the heart and the rest of the body's circulatory system. Chronic inflammation leads to arterial wall damage, which results in plaque (a buildup of hard, fatty substances, including cholesterol and calcium) that obstructs blood flow to the heart muscle. This series of events often can lead to heart attack.

That's not all. Because plaque can break off and lodge in the blood vessels of the brain, it also increases the likelihood of stroke.

Although cholesterol has some significance, it is not the villain that it once was thought to be. In fact, research over the past decade shows that the real risk associated with cholesterol, especially LDL cholesterol, occurs when it becomes oxidized—that is, when LDL cholesterol molecules are bombarded by unstable, negatively charged molecules called free radicals. These free radicals are a normal by-product of energy production within cells. They also are found in unsaturated fatty acids, such as those in margarine and in some heated cooking oils, such as corn or safflower oil. In addition, smoke, toxic metals such as mercury and other pollutants create free radicals. An overabundance of free radicals can lead to cell DNA

damage as well as inflammation.

People who are exposed to high doses of free radicals include smokers, anyone with chronic illness and those who consume unhealthy diets lacking in naturally occurring antioxidants (substances that neutralize or reduce the effects of cell-damaging free radicals). Antioxidants are found in fruits, vegetables, whole grains, nuts, seeds and legumes.

Going deeper: As a holistic physician, my mission is to identify and correct the underlying mechanisms that lead to illness before it strikes. Here are the most important blood markers for cardiovascular disease risk, which often are detectable years—even decades—before life-threatening problems occur. I also have included nontoxic, scientifically proven natural methods to combat and normalize these specific risk factors.

MARKER #1: C-REACTIVE PROTEIN (CRP)

Levels of CRP, a protein produced by the liver, increase when inflammation occurs in the body. The body responds to this inflammation by increasing the activity of immune cells and inflammatory chemicals that can make arteries more susceptible to hardening and blockage. In March 2000, researchers from Harvard University announced that CRP levels were one of the best predictors of heart attack and/or stroke.

CRP is known to rise as a result of hidden infections, such as *Chlamydia pneumoniae* (not the sexually transmitted variety), cytomegalovirus, *Helicobacter pylori* and/or Epstein-Barr virus. Some researchers feel that these stealth

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infections could trigger an inflammatory response that may lead to plaque formation in the arteries. Blood tests are available to detect active infection caused by these organisms. CRP elevation also is caused by smoking, elevated levels of blood sugar and insulin, high blood pressure and a poor diet.

Healthy range: Less than 1 mg/L.

Natural solutions: Consume a diet rich in essential fatty acids, found in flaxseed, walnuts and cold-water fish, such as salmon, mackerel and halibut (eat fish twice weekly). Aim for seven to nine servings a day of fruits and vegetables, especially broccoli, spinach, bell peppers, romaine lettuce, berries of all types, plums and apples. Also consume liberal amounts of turmeric (found in curry powder), ginger, onions and garlic, all of which have anti-inflammatory properties.

Avoid foods that are high in saturated fat, such as whole-fat dairy

products and fatty red meats. Also avoid polyunsaturated and trans fats found in fried and commercial baked products, such as cookies, chips and crackers.

Daily Supplements

Mixed vitamin E (containing both tocopherols and tocotrienols)—200 international units (IU) to 400 IU.

Vitamin C—500 mg twice a day.

Fish oil—choose a product with a combined total of 1,000 mg of eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA).

Gamma-linolenic acid (GLA), an essential fatty acid that reduces in-

flammation—150 mg.

Bromelain, extract from pineapple stems that has anti-inflammatory properties when taken on an empty stomach—500 mg three times a day between meals.

MARKER #2: HOMOCYSTEINE

Buildup of this toxic chemical occurs when the amino acid methionine, found primarily in meat, fish and dairy products, is not metabolized properly. Research shows that an elevated homocysteine level can increase the risk of stroke by 42%. Homocysteine is associated with other serious conditions, too, such as rheumatoid arthritis and Alzheimer's disease.

Healthy range: Less than 10 micro mol/L.

Natural solutions: Reduce the amount of animal protein in your diet, and focus on vegetable protein sources, such as soy and legumes. Increase your intake of green, leafy vegetables and vita-

min B-rich whole grains that are necessary for homocysteine metabolism. Once identified by a simple blood test, elevated homocysteine is easily treated with nutritional supplements, especially vitamins B12 and B6 and folic acid. After two months, have your homocysteine level retested. If it has not reached a normal range, increase the daily supplement dose.

Daily Supplements

B12—start with a dose of 800 micrograms (mcg). *Maximum dose:* 2,000 mcg.

B6—start with a dose of 20 mg. *Maximum dose:* 100 mg.

Folic acid—start with a dose of 1 mg. *Maximum dose:* 10 mg.

Trimethylglycine (TMG), a nutrient that assists in the breakdown of homocysteine into a more healthful amino acid—start with a dose of 500 mg. *Maximum dose:* 1,000 mg.

MARKER #3: LIPOPROTEIN (A)

Also referred to as Lp(a), lipoprotein (a) is a more specific cholesterol marker and a stronger risk factor for heart disease than LDL cholesterol. Abnormally high levels of Lp(a) increase the likelihood of plaque buildup and blood clots in the arteries.

Healthy range: Less than 32 mg/dL.

Natural solutions: Lp(a) is not easily influenced by diet. However, I suggest that anyone with an elevated Lp(a) level cut back on simple sugars because they worsen the inflammation that already is being caused by elevated Lp(a). Limit refined breads, pasta and cereals, soda pop, fruit juice and sweets. Eat plenty of vegetables, and have cold-water fish, such as salmon, halibut and mackerel, at least twice weekly. Lp(a) levels can be lowered by supplements.

Daily Supplements

Niacin (flush-free)—3,000 mg.

Coenzyme Q10—100 mg to 200 mg.

Policosanol, a naturally occurring compound extracted from sugarcane wax—20 mg.

Fish oil—choose a product with a combined total of 1,000 mg of EPA and DHA.

MARKER #4: FIBRINOGEN

Fibrinogen, a substance present in blood plasma, plays an important role in blood clotting. Higher levels are more common in people who smoke, are overweight, have diabetes and/or elevated levels of cholesterol or triglycerides. Elevated fibrinogen is associated with a significantly increased

Root Causes of Heart Disease

- Poor diet
- Genetic blood markers—homocysteine, lipoprotein (a)
- Elevated iron levels
- Smoking
- High blood pressure
- Stress, depression and anxiety
- Obesity
- Inactivity
- Diabetes
- Undiagnosed infections
- Environmental toxins
- Low omega-3 levels

risk of stroke and coronary artery disease.

Healthy range: 180 mg/dL to 300 mg/dL.

Natural solutions: Avoid simple sugars, such as those listed above, and consume quality protein sources, also listed, and plenty of vegetables. Eating cold-water fish at least twice weekly has a natural blood-thinning effect. The following supplements also are excellent natural blood thinners. Important: Use these only under the guidance of a doctor if you are on a blood-thinning medication, such as warfarin (Coumadin) or daily aspirin therapy.

Daily Supplements

Fish oil—choose a product with a combined total of 1,000 mg of EPA and DHA.

Mixed vitamin E (containing both tocopherols and tocotrienols)—400 IU to 800 IU.

Bromelain—500 mg three times a day between meals.

Garlic—600 mg.

Nattokinase, a protein-digesting enzyme that breaks down fibrin (blood clots)—100 mg twice a day on an empty stomach.

MARKER #5: IRON

Iron is a paradoxical nutrient. Too little of this vital mineral in the body leads to anemia and fatigue. Too much iron increases the production of free radicals and oxidative damage. For example, people with undiagnosed hemochromatosis, a genetic condition characterized by abnormally high iron levels, are more susceptible to heart disease and other life-threatening conditions if it is not diagnosed before organ damage occurs. Blood tests that measure iron, iron saturation, transferrin saturation and ferritin (storage level of iron) can help determine if you have iron overload. Everyone should be screened for hemochromatosis at some point, but especially those who have unexplained fatigue, arthritis, abdominal pain, weight loss and/or relatives with the condition.

Healthy range of iron: 60 mg/dL to 150 mg/dL.

Healthy range of ferritin: For men, 20 ng/mL to 250 ng/mL...for women, 20 ng/mL to 120 ng/mL.

Natural solutions: If your iron levels are elevated, you should have a series of blood draws as determined by your doctor to lower the levels. Also avoid red meat and organ meats.

Supplements

Avoid taking any supplements that contain iron if your levels are too high.

MARKER #6: OMEGA-3 LEVELS

Few conventional doctors realize that low blood levels of omega-3 fatty acids (EPA and DHA) are independently associated with increased risk of death from coronary heart disease.

The Omega-3 Index test measures levels of EPA and DHA. A blood sample that is collected with a finger-stick lancet is mailed to a lab for analysis. Results are mailed back to you and your doctor, if you like. The test kit costs \$95 and includes the collection kit, the blood analysis, a report on the results, shipping and handling. It can be ordered by calling 866-677-4900 or on-line at www.omegаметrix.com. ■

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