

# The **Cholesterol Fraud**

**And Other Dirty Little Secrets Modern  
Medicine Doesn't Want You to Know About**

By Al Sears, MD



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# Uniquely Qualified to Keep You Healthier For Life



Al Sears, M.D. currently owns and operates a successful integrative medicine and anti-aging clinic in Royal Palm Beach, Florida, with over 25,000 patients. His cutting-edge therapies and reputation for solving some of the most difficult-to-diagnose cases attract patients from around the world.

As a graduate of the University of South Florida College of Medicine, Dr. Sears scored in the 99th percentile on his MCAT and graduated with honors in Internal Medicine, Neurology, Psychiatry, and Physical Medicine.

After entering private practice, Dr. Sears was one of the first to be board-certified in anti-aging medicine. As a pioneer in this new field of medicine, he is an avid researcher, published author, and enthusiastic lecturer. He is the first doctor licensed in the U.S. to administer TA-65, the most important breakthrough in anti-aging medicine today.

Dr. Sears is board-certified as a clinical nutrition specialist and a member of the American College of Sports Medicine (ACSM), the American College for the Advancement in Medicine (ACAM), the American Medical Association (AMA), the Southern Medical Association (SMA), the American Academy of Anti-Aging Medicine (A4M), and the Herb Research Foundation, (HRF). Dr. Sears is also an ACE-certified fitness trainer.

Dr. Sears currently writes and publishes the daily email broadcast, *Doctor's House Call*, and contributes to a host of other publications in the field. He has appeared on over 50 national radio programs, *ABC News*, *CNN*, and *ESPN*.

Since 1999, Dr. Sears has published 14 books and over 100 reports on health and wellness with a readership of millions spread over 163 countries.

In his first book, *The T-Factor, King of Hormones*, Dr. Sears perfected the use of natural and bio-identical testosterone boosters to help men restore the drive, ambition, muscle strength, vitality and sexual performance of their youth.

Dr. Sears followed up with *12 Secrets to Virility*, a full-blown strategy for male performance that includes his own patient-tested protocols for successfully dealing with men's health concerns like fighting excess estrogen, protecting the prostate, eliminating fat gain and keeping a sharp mind and memory.

In 2004, Dr. Sears was one of the first to fight against the conventional belief that cholesterol causes heart disease, proving that cholesterol is not the cause, but the part of the body that heart disease acts upon. In *The Doctor's Heart Cure*, Dr. Sears offers an easy-to-follow solution that effectively eliminates your risk of heart disease, high blood pressure and stroke.

In 2009, Dr. Sears shocked the fitness world by revealing the dangers of aerobics, "cardio" and long-distance running in his book, *PACE: The 12-Minute Fitness Revolution*. Expanding on the fitness principles in *The Doctor's Heart Cure*, he developed a fast, simple solution to restore muscle strength, guard against heart attack and burn excess fat. Today, PACE is practiced by thousands of people worldwide.

In 2010, Dr. Sears made history by bringing telomere biology to the general public. As the first U.S. doctor

licensed to administer a groundbreaking DNA therapy that activates the gene that regulates telomerase, his breakthrough book ***Reset Your Biological Clock*** shows how anyone can preserve the energy of youth by controlling the length of your telomere, the true marker of aging.

An avid lecturer, Dr. Sears regularly speaks at conferences sponsored by the American Academy of Anti-Aging Medicine (A4M), the American College for the Advancement of Medicine (ACAM), the Age Management Medicine Group (AMMG), and the Society for Anti-Aging, Aesthetic and Regenerative Medicine Malaysia (SAAARMM).

As the founder and director of Wellness Research Foundation, a non-profit research organization, Dr. Sears has made it his life's work to bring his patients the latest breakthroughs in natural therapies. As part of his ongoing research, Dr. Sears travels the world in search of herbs, novel cures and traditional remedies. Meeting with doctors and healers, Dr. Sears has brought back and revitalized much of the traditional knowledge considered endangered in today's modern world.

- During an expedition to the Peruvian Andes, Dr. Sears brought back a nutrient-dense oil made from the Sacha Inchi nut, containing the highest plant source of heart and brain boosting omega-3 fatty acids.
- In India, Dr. Sears studied at the oldest existing school of Ayurvedic medicine, the ancient Indian healing tradition, and was tutored by Ayurvedic doctors on the use of potent Indian herbs used to treat heart disease, cancer and Alzheimer's disease.
- While trekking through the Amazon rainforest in Brazil, Dr. Sears lived among the native Ashaninka Indians, incorporating their ancient knowledge of healing herbs into his own nutritional supplement formulas.
- In Jamaica, Dr. Sears met with the last living healer from the ancient and forgotten lineage known as the Maroons. Coming from West Africa 500 years ago, their knowledge was on the brink of extinction until Dr. Sears published a book showcasing their unique herbs and healing formulas.
- On the island of Bali, Dr. Sears had a meeting with the most famous of the ancient healers known as "Baliens," – Ketut Leyir – and also met two of the country's foremost herbalists. Dr. Sears is publishing a book showing how to use Balinese herbs and make unique healing mixtures for the skin and body.

With a life-long interest in botany, herbology, physiology and anthropology, Dr. Sears has a unique capacity to investigate the evidence behind the stories and claims of traditional medicine from native cultures around the world.

By exposing the flaws of mainstream medicine and pioneering new solutions through innovative approaches to exercise, nutrition and aging, Dr. Sears continues to empower the lives of his patients and readers through his books, newsletters and regular media appearances.

# **The Cholesterol Fraud**

## **And Other Dirty Little Secrets**

### **Modern Medicine Doesn't Want You to Know About**

Cholesterol is good for you.

The more you have, the better your life will be.

It's the part of your body that gives life its gusto. You use cholesterol to make all the things that make you happy and give you pleasure. You use it to make all your sex hormones. You use it to make the membrane of all your cells. It's what makes up most of your brain so you can think and have instant recall. It protects every nerve in your body so you can move quickly and react fast.

With cholesterol, you're smart, sexy, happy, strong, and mobile.

Yet modern medicine has declared war on cholesterol, one of the best parts of your body.

And the worst part of it is, the war is all based on a lie...

I'm Dr. Al Sears. I've seen the results of this war over and over again in my own practice. Years ago, I began inheriting patients who refused to work with their doctors to reduce their cholesterol levels. They weren't willing to change their lifestyles in a way that contradicted their natural instincts.

But in spite of their high cholesterol, these rebels rarely have heart problems. They're also the happiest. They don't waste their time with low-fat diets, prescription drugs, or scare tactics designed to make people feel guilty, weak, and helpless.

Today, I'm going to help you join that group of strong, heart-healthy, disease-free and independent people.

If your doctor is still pressuring you to get your cholesterol lower and lower... or if you're already taking cholesterol drugs and starting to feel the fatigue, muscle pain, and depression that comes with them, there is something you should know: There is absolutely no science to back up the "lipid hypothesis" – the cholesterol-heart disease connection.

In this report, I'm going to expose modern medicine's cholesterol fraud, and show you the real ways you can prevent heart disease, and avoid the deadly effects of the war on cholesterol. Plus, I'll show you what foods keep your heart disease-free, and how to stay away from today's harmful heart drugs, every one of which could have a disastrous effect on your health.

## **PART I**

### **The Lipid Lie**

The "lipid hypothesis" really gained traction in the 1950s, when physiologist and economist Ancel Keys, Ph.D., published what became known as the Seven Countries Study. His goal was to prove eating high amounts of saturated fat was linked to heart disease.

Keys presented a comparison of heart disease mortality and fat intake across seven different countries. He pointed out that the countries with the highest fat intake had the highest levels of heart disease. The countries with the lowest fat intake had the lowest levels of heart disease.

His research was praised and soon became gospel. He even became known as the “father” of the lipid hypothesis. That’s the theory that high cholesterol causes heart disease... and in turn, eating a lot of fat causes high cholesterol.

But there was a slight problem with Keys’ research. Something he deliberately ignored. Keys only chose to use data from seven countries that matched exactly what he wanted to prove.

At the time, Jacob Yerushalmy, a PhD statistician, at the University of California at Berkeley pointed out that we had data on the amount of fat consumed in 22 countries. And there were at least a half-dozen other countries with examples that proved the exact opposite of what Keys’ “study” concluded. Countries where people routinely ate tons of fat – yet rarely experienced heart disease.

But Keys had an agenda... so he cherry-picked the countries that matched his pre-conceived notion and threw out the ones that contradicted it.

Unfortunately, Keys’ research caught on over the years. One group in particular — the Center for Science in the Public Interest (CSPI) – ran with Keys’ ideas. They launched what began an all out-war against all saturated fats. In fact, CSPI coined the term “artery-clogging” fat.

It might seem hard to believe that this flawed and fraudulent study was the genesis of the entire animal-fat-causes-heart-disease movement. Certainly, in the last sixty years, there must be hundreds of controlled studies that prove the link, right?

Not quite... there are none.

What about the societies that consume a very high percentage of saturated fat in the diet – groups like the Maasai in Africa or the Inuits in the Arctic North? Do they show signs of heart disease? No, and in fact, quite the opposite is true.

Just a few years after Keys, in the 1960s, Vanderbilt University scientist, George Mann, MD, studied the Maasai tribes in Kenya and Tanzania. They eat very few vegetables and almost no grains. They love to eat red meat and drink raw milk. Yet they were not only lean and virtually free of heart disease, they also had some of the lowest cholesterol levels ever measured.

In an editorial published in the New England Journal of Medicine in 1977, Dr. Mann called the cholesterol theory of heart disease “the greatest scam in the history of medicine.”

When I went to visit the Maasai myself this year, I listened to stories from warriors and met with some of the most respected herbalists in their villages... and I didn’t see one overweight person the entire time I was there.

Everyone I came across in every single village was lean and strong.

Yet their rate of heart disease is almost zero. There’s a complete absence of



**Here I am with my Masai warrior guide in Eastern Africa. They eat meat almost exclusively, and their rate of heart disease is almost zero.**



dental cavities, obesity and they don't suffer from chronic aging problems like most Western cultures.

In fact, you can trace the beginnings of these chronic problems and the epidemic of heart disease almost directly to the time when Americans started to reject the foods we had always enjoyed, like steak, eggs and butter for grains and vegetable oils.

It started with Ancel Keys in the 1950s.

In 1956, an American Heart Association fund-raiser aired on the three major television networks. The MC interviewed, among others, Irving Page and Jeremiah Stamler of the American Heart Association, and Ancel Keys.

Panelists presented the lipid hypothesis as the cause of the heart disease epidemic and launched the Prudent Diet, one in which corn oil, margarine, chicken and cold cereal replaced butter, lard, beef and eggs.

One of the panelists, however, Dr. Dudley White, dissented. White noted that heart disease in the form of myocardial infarction was nonexistent in 1900 when egg consumption was three times what it was in 1956 and when corn oil was unavailable.

Dr. White nailed it right on the head when he said: "I began my practice as a cardiologist in 1921 and I never saw an MI (myocardial infarction, or heart attack) patent until 1928. Back in the MI free days before 1920, the fats were butter and lard and I think that we would all benefit from the kind of diet that we had at a time when no one had ever heard the word corn oil."<sup>1</sup>

But the lipid hypothesis had already gained enough momentum to keep the recommendation to follow it going.

Butter consumption started dropping fast with all the advice to avoid it like the plague.

Margarine filled in the gap, rising from about two pounds per person at the turn of the century to about eight. Consumption of vegetable shortening – used in crackers and baked goods – remained relatively steady at about twelve pounds per person per year but vegetable oil consumption had more than tripled—from just under three pounds per person per year to more than ten.<sup>2</sup>

Today, these kinds of vegetable fats are in almost every processed food you can buy.

And because the entire "heart health" industry is now built on the myth that cholesterol is what causes heart disease, the train keeps rolling. Even proof to the contrary doesn't seem to matter anymore.

Take the famous Framingham Heart Study... it's the largest heart study ever conducted in the history of humanity. And it couldn't link cholesterol with heart attack risk.

If you're not familiar with the Framingham study, it's been going on for over 60 years now. During that time researchers have tracked risk factors for heart disease in men and women from the small town of Framingham, Massachusetts. Doctors, drug companies and even the government often cite the Framingham Heart Study as a reason to lower cholesterol, even if it means using toxic prescription drugs. But what has the study *really* revealed?

Surprisingly, the researchers themselves reported that "80 percent of heart attack patients had similar lipid levels [i.e., fat levels in the blood] to those who did not have a heart attack."<sup>3</sup>

In plain English, this means cholesterol levels do not predict heart attacks. For instance, almost half the people in the study who experienced a heart attack had low cholesterol.

And here's the real kicker: When blood cholesterol levels *decrease*, the risk of dying actually *increases*.

Researchers at the Department of Cardiovascular Medicine at Yale University discovered people with low cholesterol had nearly twice as many heart attacks as those with high cholesterol levels.<sup>4</sup>

This suggests that high levels of cholesterol may essentially have a protective effect in older individuals.

Don't get me wrong. There is no doubt that blood cholesterol plays a role in the accumulation of plaque in the arteries. As plaque builds up the arteries narrow and blood flow is restricted. This can lead to heart attacks and strokes. Still, mainstream medicine has completely missed the boat on the reality of the problem: The presence of cholesterol in the blood isn't harmful. Cholesterol is the thing that heart disease acts upon.

It's there at the scene of the crime, but it was falsely blamed for it.

The truth is that the culprit has always been inflammation.

And what makes it even worse is that the inflammation in our blood vessels is caused by the low fat diet recommended for years by mainstream medicine.

The overload of highly processed carbohydrates (sugar, flour and all the products made from them) and the excess consumption of omega-6 oils from soy, corn and sunflower seeds that are found in many processed foods are literally killing our hearts.

To visualize what inflammation in your blood vessels is, take a moment to experiment with me. Go to your medicine cabinet and get a brush, and rub it repeatedly over the soft skin of your forearm until it becomes just a bit red.

That's inflammation.

Now imagine that inside your arteries, this overload of carbs and fake fats has turned into a toxic brush that rubs your artery walls day after day, until they're red and nearly bleeding. Now you have an inflamed, possibly bleeding, swollen infected area that gets worse with each repeated injury. This is going on in your body right now.

Several times a day, every day, the foods we eat create small injuries compounding into more injuries, causing the body to respond continuously with inflammation. That is what produces atherosclerosis.

And it's at the site of these tiny injuries, thousands of them, that lipids (usually LDL, or low density lipoproteins) that wrap around cholesterol and carry it to other parts of your body, get stuck. When these deposits harden, you could have a heart attack.

But as you can see, it's not cholesterol's fault.

In fact, HDL, or high density lipoproteins, swoosh through your arteries too. Its job is to clean up stray LDL that's getting stuck. Which is why...

## **HDL is Your "Trump Card" When Fighting Heart Disease**

HDL is the single most important cholesterol factor in determining your risk of developing heart disease.

The Framingham Study shows that high levels of HDL are directly related to lower risk of heart disease. In fact, it showed that increased HDL could reduce coronary disease independent of LDL cholesterol.<sup>5</sup>

This is the real eye-opener: If your HDL is above 85, you are at no greater risk of heart disease if your total



cholesterol is 350 than if it's 150.

High HDL trumps other cholesterol concerns. Why isn't this simple and powerful advice getting through? For one reason, there is no drug to boost HDL.

## Perpetuating the Myth: Big Bucks for Drug Makers

If heart attacks aren't caused by cholesterol... and if cholesterol does, in fact, offer protective benefits as we age... why all the focus on lowering cholesterol with drugs?

It all comes down to big pharma. Pharmaceutical companies have made billions of dollars perpetuating the myth that cholesterol causes heart disease, even though there are no studies to back them up. Statin drugs alone generate about \$26 billion in revenues each year and account for about 6.5 percent of the total market share. And they're expensive for the user, costing about \$1,000 to \$1,500 per year.

The drug companies have bamboozled both the public and the medical profession into buying their hype. They run million dollar ad campaigns that convince unsuspecting men and women they need these drugs to live a longer and healthier life with their families. Even if you've never experienced symptoms of cardiovascular disease, the companies running the ads suggest you mention their drug to your doctor and ask him to prescribe it to you.

At the same time, these big pharmaceutical companies send out teams of drugs reps to your local doctor's office – armed with free samples, glossy brochures and hand-picked studies. Without even realizing it, many physicians get caught up in the marketing blitz. And since most doctors do not normally spend a lot of time reviewing studies, they often are not aware they are being sold half-truths and creative statistics. Unfortunately, the majority of them never take the time to learn the whole story.

As a result, most doctors still consider cholesterol screening to be one of the best predictors of heart attack. If your cholesterol levels are even the slightest bit high, they pull out the prescription pad and write up a prescription for a cholesterol-lowering drug – despite the fact that nearly 75 percent of people who have heart attacks have normal cholesterol.<sup>6</sup>

And don't forget the fact that today doctors are trained to treat with drugs. Writing out a prescription is often their first line of treatment when, in fact, medication should only be prescribed when less harmful treatments have failed.

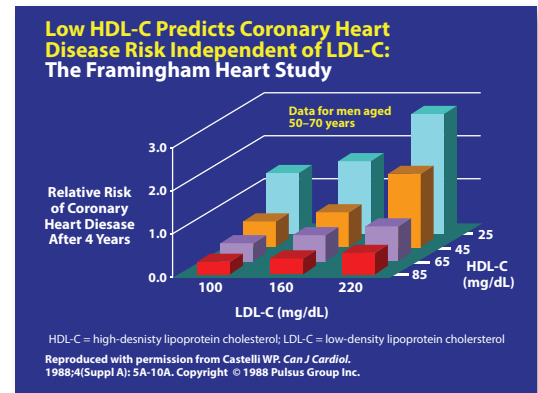
Plus, talking to you about diet and supplements takes time. Since your doctor needs to get you out of his office so he can see his next patient, it is much easier for him to reach for the prescription pad. In 10 seconds, he has a solution. "Here take this. I'll see you in 6 months."

Also, the big drug makers love to run slick TV ads trying to convince you that lowering your LDL will protect you from heart disease. Doctors often further misinterpret the science and lead patients to believe that they have to lower their cholesterol with drugs or die of heart disease.

Because of this, statin drug use has increased over the last 15 years.

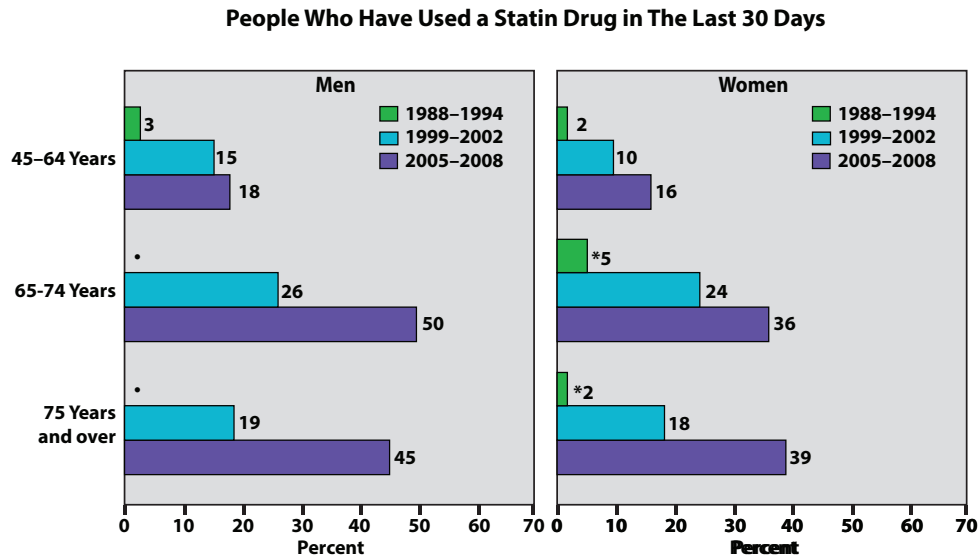
Since I've been saying you shouldn't take them:

- There are 10 times as many people using statin drugs as there were in 1994.
- Spending on statin medications increased by another \$160 million in 2010.



- The cholesterol-lowering drug Lipitor was the biggest seller of any drug last year. It brought in \$7.2 billion for Pfizer. Crestor, another statin, was also high on the bestseller list. It grossed \$3.8 billion.
- Statin use grew by 2.3 percent last year alone. Doctors wrote 255 million prescriptions for these drugs in 2010 – more than any other class of drug. That’s up from 210 million in 2006.
- Almost half the men in the U.S. who are over 65 have been put on a statin drug.

And almost 40 percent of women. Here’s the chart from the government’s “Health 2010” report:



Source: Centers for Disease Control and Prevention Chartbook *Health, United States, 2010*

If you’ve gone to a cardiologist, you know what I’m talking about. Virtually every cardiologist in the country is putting virtually every one of their heart patients on a statin drug.

And it’s about to get worse. The FDA has given the OK for statin makers to market their drugs to completely healthy folks.

The companies are now allowed to try and get you to take a statin drug if you’re a man over 50 or a woman over 60 and you have one heart risk factor. *Even if you are currently healthy with no history of heart problems.*

Never mind that a comprehensive review of studies by the non-partisan Cochrane group found that doctors should not prescribe a statin to you if you fall into that group.

Never mind that another review by the prestigious medical journal *The Lancet* found that statins increase the risk of diabetes by almost 10 percent.

What makes that study so important is that no one was ever told statins could cause diabetes. *The Lancet* only found out because their review looked at most of the major clinical studies of statins, and *also unpublished study results*. They included the secret results of the Crestor study that the F.D.A. reviewed but were never made public.

The FDA and doctors have also closed their eyes to other dangerous side effects of these drugs. The list is

long and frightening. Here are just a few:

- Inability to concentrate
- Amnesia
- Shortness of breath
- Nerve pain
- Depression and other mood disorders
- Lowered sex drive
- Liver damage
- Confusion or Disorientation
- Rhabdomyolysis (painful bursting of muscle cells)
- Fatigue
- Muscle weakness
- Impotence
- Weakened immune system
- Death

## How I Saved Roy – From His Doctors!

My old college friend, Roy recently had a heart attack. By the time he came to see me, he was nearly suicidal.

Roy was in the lucky 50 percent of first-time heart attack sufferers who survived, but his suffering was far from over. During follow up, he did everything his doctor recommended.

Unfortunately, his doctor's plan of treatment focused almost entirely on prescription drugs. Each of these drugs gave Roy new health problems. Worse, they directly interfered with his recovery and the rehabilitation of his damaged heart.

Roy's cardiologist first gave him a Nitro patch. It made him feel tired, with chronic low-grade headaches. He was given two blood pressure drugs, Altace and Lopressor, but his blood pressure remained high at 180/100. These drugs made him tired and gave him intermittent impotence.

Roy's cholesterol level reached 219, so his doctor prescribed Lipitor, a statin drug used to lower cholesterol. Roy's total cholesterol declined when he went on the drug, but his HDL (good) cholesterol dropped as well, actually increasing his cholesterol risk ratio. Roy developed terrible pain in his back and legs which he said made him feel that he was 80 years old.

First, I worked to wean him from the drugs. The first to go was Lipitor. Roy's back and leg pains vanished within days of stopping the drug. Instead, Roy controlled his cholesterol with diet and exercise and the natural supplement Policosanol.

Next, we got Roy off of the beta-blocker Lopressor, which had been responsible for Roy's constant fatigue. Roy had been so weak that he had been unable to exercise, even though exercise is essential for rehabilitating an injured heart.

**At the time of his heart attack, Roy weighed 235 pounds with 30 percent body fat. Within months he dropped to 205 pounds with a much healthier 20 percent body fat. His goal weight is 185 pounds with 16 percent body fat.**

More importantly, Roy's heart became stronger. His original stress test after the heart attack showed significant damage. A second stress test done three months later showed marked improvement, with damage rated as mild. A third stress test showed minimal damage, and the reporting cardiologist said it was difficult to see any evidence that Roy had ever had a heart attack.

Roy's experience with drugs to treat heart disease is quite common. Cardiologists universally tell their heart attack patients to take drugs.

Studies show that some drugs reduce the risk of repeat heart attacks, but are they the only way – or even the best way – to lower heart attack risk?

No. In truth, drugs make patients feel worse and their side effects often interfere with rehabilitation efforts. Doctors turn to drugs as the first-line of defense against cardiovascular disease, but they should be used sparingly, if at all.

It seems like they don't even try and find out what's causing your problem anymore. That's not part of the diagnosis process. They just do this pattern of choices that's from a differential diagnosis that they learned in a class. Someone has this symptom, this is how you sort through which diagnosis to make, and this is what you do.

And what you do always ends in a drug therapy or an operation. Those are the only things they consider. Anything else is not worthy of consideration. Not what someone might be eating... not what they might be doing. The process doesn't have any faith in nature or your body.

Worse, The National Cholesterol Education Program (NCEP) recently called for even more aggressive diagnosis and treatment of cholesterol. With these new guidelines, the number of people taking cholesterol-lowering drugs is expected to triple!

This is tragic. There is simply no reason for this aggressive overdosing of America. Not when drugs themselves do absolutely nothing to correct the underlying cause of disease. And neither independent research nor drug-company sponsored studies can change that fact.

### **Studies Show Drugs Fail To Lower Heart Risk**

Although a number of drug trials have been conducted, none of them have been able to support the cholesterol-heart disease connection, either. The National Heart, Lung and Blood Institute conducted the Lipid Research Clinics Coronary Primary Prevention Trial to test the effectiveness of cholestyramine, a drug thought to lower cholesterol. Seven years later, researchers analyzed the data and found that the cholesterol levels decreased by 8 percent, but there were no statistically significant differences in heart attack rates.<sup>7</sup>

Several meta-analyses have been published involving drugs trials prior to 1994, which is the year statin drugs were introduced. These studies found that the number of deaths from heart attack was equal in the treatment and control groups. In fact, the total number of deaths was actually greater in the treatment groups.

The key point, however, is that the death rate from coronary disease was not decreased to a statistically significant degree<sup>8</sup> in any of the trials. So the cholesterol-lowering drugs lowered cholesterol, but they did nothing to decrease deaths from heart attack.

Then, in 1994, America was introduced to an entirely new class of cholesterol-lowering drugs called statins. Statins interfere with the body's production of cholesterol. At the same time, they block the production of other essential nutrients, including CoQ10.

Studies found that these drugs do, indeed lower blood cholesterol levels. Although risk of heart attack did go down in these studies there was no correlation between the amount of the cholesterol reduction and the amount of the reduction in risk. This phenomenon is known as "lack of exposure response." What this means is that the factor being investigated (in this case cholesterol) is not the true cause, but is secondary to the true cause. In other words, statins may reduce heart attack risk, but they do so by some mechanism other than reducing cholesterol.

Also, keep in mind that caution should be taken when analyzing these drug studies because the pharmaceutical companies that stand to benefit if the drugs are widely recommended. Statins are the most profitable drugs in history, and that money can be used to buy a lot of propaganda. This is the fox watching the hen house – and the consequences involve your health.

### **Statin Drugs for Everyone?**

Recently, the FDA reacted to one particular study, called the Jupiter trial, by approving the use of cholesterol-

lowering statins in people whose cholesterol levels are normal – and who have never been diagnosed with heart disease.

According to this study, which was sponsored by AstraZeneca (the makers of Crestor,) the statin drug rosuvastatin can save lives when given to people who show no signs of high cholesterol. It showed that people with high C-reactive protein (CRP) levels had fewer heart attacks and strokes when taking the statin drug Crestor.

Although increasing baseline CRP is associated with increasing risk of heart disease, it has never been fully established whether it's the *cause* of heart disease, or a *symptom* of heart disease.

However, once again, the data was flawed and there have been a flurry of rebuttals to the study. Here is a short list of some glaring issues...

1. Nine of the 14 authors involved in the Jupiter study had financial ties to the sponsor, and the principal investigator is co-holder of the patent for the CRP test itself. This represents a large conflict-of-interest issue.
2. The trial has been heavily criticized for being stopped prematurely after only two years, making many doubt the reliability of the results. Early termination is an unusual move, because it decidedly cuts off any data on long-term safety and results. It also raises a big question in the minds of many researchers: Did stopping the trial early exaggerate the benefits?
3. Although the Jupiter trial found that the statin decreased high CRP levels by 37 percent, the number of deaths from stroke and heart attack was the same in both the placebo and the control group.
4. The results from this study are based on people who *already* have heart disease. Yet the recent FDA approval applies to everyone, whether they have existing cardiovascular problems or not. So drug companies are now free to push the use of statins to people whose cholesterol levels are normal and who have never had a cardiovascular problem in their life.

AstraZeneca and advocates of statin drugs have been very slick at directing attention away from these failures. However, de Lorgeril and colleagues sum it up nicely in an article published in the *Archives of Internal Medicine*. "The results of the trial do not support the use of statin treatment for primary prevention of cardiovascular diseases and raise troubling questions concerning the role of commercial sponsors."<sup>9</sup>

And when his team tried to calculate cardiovascular mortality using the data published in the Jupiter trial, the numbers they came up with were unexpectedly low compared with total mortality.

### These Dangerous Drugs Could Kill You

Today, statin drugs to lower cholesterol have become both the most profitable and the most prescribed drugs in history. They are also some of the most burdensome for your long term health and could lead too<sup>10</sup>...

- Muscle pain and weakness
- Peripheral neuropathy
- Heart failure
- Dizziness
- Cognitive impairment
- Cancer
- Pancreatitis
- Depression



If this list isn't bad enough, a recent study published in the British Medical Journal discovered statin use increases the risk of moderate to serious liver dysfunction, acute renal failure, moderate to serious myopathy (a muscle disease) and cataracts.<sup>11</sup> They will also make you feel tired, sore and old.

The FDA's own Adverse Event Reporting System records 81 deaths from statin drugs since 1997. One of the more popular statin drugs, Baycol, was "voluntarily withdrawn" from the market by Bayer, after 31 known deaths from rhabdomyolysis in Baycol users were reported. This is a horrible condition that occurs when the drug causes smooth muscle cells to burst. The contents get dumped into the bloodstream where it overwhelms the kidneys, which then have to work overtime to clear out the debris. *Rhabdomyolysis* can result in kidney failure and death.

The remaining 50 deaths were among users of the other five statin drugs still on the market: Lescol, Lipitor, Mevacor, Pravachol and Zocor. These five drugs are also associated with the more common side effect of liver toxicity, especially in elders.

If you are currently taking statin drugs, ask your doctor for an alternative. If you must take one of these drugs, insist that you have your liver function monitored with a blood test every three months. If there is any sign of liver toxicity, stop taking the drug.

If you develop muscle pain, fatigue, or tenderness (particularly in the calves or back), notify your doctor immediately. Also, let your doctor know if you develop a fever or dark urine. You may need a blood test to detect the presence of a muscle enzyme known as creatine kinase, which is elevated when a person develops Rhabdomyolysis.

### Another Dirty Little Secret About Statins

More significantly, drug manufacturers have a dirty little secret they don't want you to know about: These cholesterol-lowering statin drugs rob your body of much needed coenzyme Q10 (CoQ10.) CoQ10 is an essential nutrient for your heart.

So while these drugs work on your body to reduce the production of cholesterol in the liver, they also lower the body's production of CoQ10 – in some cases by as much as 40 percent.<sup>12</sup>

Although this is an unintentional side effect, it's one that drug companies have known about for years. In fact, once drug manufacturer went so far as to develop a statin/CoQ10 combination drug to offset the loss of CoQ10 from the body. Unfortunately, this nutrient drug has never been released to the public. Equally as unfortunate, big pharma has done nothing to educate doctors or the unsuspecting public about this dangerous consequence of statin drugs.

As a result, most doctors don't know enough about the link between statin drugs and CoQ10 to recommend that their patients take supplements. Some misinformed doctors even discourage the use of CoQ10 and other nutritional supplements altogether.

CoQ10 is essential for the normal function of all your major organs. The body can obtain CoQ10 directly from meat and seafood, or it can produce it during a chemical reaction in the cells. It is especially important to the energy-guzzling organs, like your heart, brain, kidneys, and liver. CoQ10 provides your body with "high octane" fuel. Also, this co-enzyme gives the body five big additional benefits! CoQ10:

- 1. Destroys free radicals before they can damage your cell membranes.**
- 2. Prevents arteriosclerosis by reducing the accumulation of oxidized fat in your blood vessels.**



3. Eases heart disease, high blood pressure, and high cholesterol.
4. Reduces chest pain and improves exercise tolerance in patients with chronic stable angina.
5. Regulates the rhythm of the heart rate.

In my experience, more than half of my patients who took drugs for high blood pressure were able to stop their medication once they began taking coenzyme Q10.

For example, a retired chorus line dancer from New York City recently came to me for the first time. She had high blood pressure even though she was taking two blood pressure medications. She was also taking a statin drug. She also told me she felt constant fatigue and having increasing trouble with her memory.

When I measured her blood level of CoQ10 it was lower than 95% of the population. After taking 200 mg of CoQ10 supplement for a couple of months she was able to stop both blood pressure medications and now maintain a normal blood pressure. She also reported feeling “energized” and she recovered her memory.

She returned to the cardiologist to tell him the good news. She showed him the remarkable nutrient that normalized her blood pressure better than the drugs. Rather than rejoice in her success, he became irate, told her the CoQ10 could not possibly help her blood pressure and threw her CoQ10 in the trash.

Incredibly, this is not the only time I’ve heard a story like this one. Many doctors fail to research or keep an open mind about the safe, effective and inexpensive alternatives to statin drugs that can lower cholesterol and reduce heart risks without dangerous side effects. And it reveals a troubling double standard. Most doctors are well informed of the uses and benefits of drugs but uninformed and suspicious of nutritional solutions. Yet more than 100 studies show the cardiac benefits of CoQ10.

## PART 2

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### The REAL Indicators of Heart Disease

All of this focus on lowering cholesterol is a dangerous distraction from the real causes of heart disease. And since so many physicians have become trapped in the cholesterol-lowering hype, it may be in your best interest to become your own heart health advocate.

A word of caution before moving forward: *Never stop taking your prescription medications without the advice and guidance of your physician.* That being said, here’s what you need to know about cholesterol...

First of all, there is no evidence that proves the cholesterol in your diet or the cholesterol in your blood can be held responsible for cardiovascular disease.

Second, the idea that cardiovascular disease is linked to fat intake is a fallacy. This hypothesis holds that a high-fat diet causes high blood cholesterol. In turn, high blood cholesterol causes the build-up of plaque in the arteries. Finally, this blockage of the arteries results in a heart attack.

If dietary fat could cause heart disease, then the risk of heart attack would increase when fat intake increases and it would decrease when fat intake was reduced. But the data doesn’t support this.

From World War I to the 1980’s, the death rate from heart attack *increased* while fat intake *declined*. In the U.S., the death rate from cardiovascular disease increased about tenfold between 1930 and 1960.<sup>13</sup> During that

time, the consumption of animal fat declined. If the dietary fat model was correct, the heart attack rate should have declined in keeping with the decline in the consumption of fat.

Third, whether produced by the liver or consumed in the diet, cholesterol and other dietary fats must move from the digestive system to the cells. In order to do that, the fats have to be packaged into protein-covered particles that allow them to mix with the blood. These tiny particles are called lipoproteins (lipid – or fat – plus protein).

There are two types of lipoproteins in your blood – low-density lipoproteins (LDLs) and high-density lipoproteins (HDLs.) LDLs are what cause plaque to build up in your arteries, so they are often referred to as the “bad” cholesterol. However, LDL is an important and necessary protein. It transports cholesterol from the liver to tissues that incorporate it into cell membranes, where it is vital for cell development and function.

HDL, which we think of as the “good” cholesterol, plays the role of removing plaque from the arteries and carrying cholesterol that has been discarded by cells back to the liver for recycling or excretion. HDL is the single most important cholesterol factor in determining your risk of developing heart disease.

Once again, the Framingham study was very telling when it confirmed a correlation between HDL and reduced risk of heart disease. It showed that increased HDL can reduce coronary disease independent of LDL cholesterol.<sup>14</sup> This is the real “eye-opener”: If your HDL is above 85, you are at no greater risk of heart disease if your total cholesterol is 350 than if it’s 150.

Although cholesterol has a bad reputation for clogging the arteries, it’s not the enemy. Cholesterol is essential to life. It provides energy to cells, helps make cell membranes, assists in the formation of sheaths around nerves, and plays an essential role in the production of the sex hormones testosterone, estrogen and progesterone, and other adrenal hormones like DHEA and cortisol.

But new cholesterol guidelines published by the National Cholesterol Education Program dictate that almost everyone needs to take cholesterol-lowering drugs. Based on their guidelines, optimal cholesterol levels are below 130 for LDL and below 200 for total cholesterol. However, very low levels of total cholesterol can be bad for your health.

Studies have linked cholesterol levels below 160 to depression and low testosterone levels. A study done by Dutch researchers in 2000 found that men with low cholesterol levels had an increased risk of depression.<sup>15</sup> Cholesterol may affect the metabolism of the mood-altering substance known as serotonin. Other studies have found that serotonin levels are lower in men with low levels of cholesterol. It appears that cholesterol levels below 160 may be low enough to put men at risk.

So you don’t need to worry about lowering your total cholesterol level, or even your LDL level. All you really need to do is raise your HDL cholesterol. Here are a few easy ways you can do just that, and have a healthy, disease-free heart:

- **Exercise** – Intense, interval training like I describe in my book *PACE: The 12-Minute Fitness Revolution* is the most effective way to increase your HDL cholesterol levels. PACE stands for Progressively Accelerating Cardiopulmonary Exertion, and the concept is simple: short, progressively accelerated bursts of intense exercise followed by rest.
- **Food** – stay away from processed foods and junk foods...especially refined sugars. And if a package bears a “low-fat” label, avoid it too. It is probably bad for your heart. Instead eat lean

proteins and unprocessed carbs, such as fruits and vegetables.

- **Moderate alcohol consumption** – One drink a day is proven to increase HDL by 12 percent. This was confirmed in a recent issue of *JAMA*.<sup>16</sup>
- **Omega-3 fatty acids increase HDL cholesterol.** You can find rich sources of omega-3s in olive oil, fish, and Sacha Inchi oil.

## High CRP Levels Set Your Heart On Fire

C-reactive protein (CRP) is gaining tremendous ground as a strong predictor of heart disease. Your body produces C-reactive protein as part of its defense mechanism. When part of your body is injured, it sends signals to the rest of your body for help. Your immune system then sends out white blood cells and inflammatory molecules including CRP to the injured area.

Once there, the defense cells try to fix harmed areas and fight off the intruder. But this defensive response causes inflammation. The inflammatory response requires energy in the form of oxidative “fire” which can damage surrounding tissues. Inflammation of blood vessel cells is the major process leading to heart disease.

Inflammation also comes from stress or damage to your blood vessels when they don’t get the nutrients they need. They can get cracked and weak, and the body responds by sending plaque to repair the damage. Continuous lack of nutrients can cause this plaque to build up – leading to heart attack or stroke.

Spikes in CRP levels are an early sign of inflammation in the body. That’s why CRP is such a good indicator. We can detect hidden heart disease using CRP levels better than with cholesterol levels. Only half of people who suffer a heart attack have elevated cholesterol levels.

Blood tests for C-reactive protein have been around for 30 years, but they have been used as a marker of end-of-life changes when the body begins shutting down before death. Today, the blood tests are far more sensitive and indicate signs of chronic minor inflammation. The ultra-sensitive modern CRP blood tests can be used to detect heart disease. The *British Journal of Urology* published a study that examined the CRP levels of almost 400 people. They found that once the CRP levels reached twice the normal level, their study participants were 150 percent more likely to suffer a heart attack.<sup>17</sup>

Elevated levels of CRP can also indicate potential heart attacks years before they occur. Consider a study published in the *New England Journal of Medicine* in 1997, which followed more than 22,000 men as part of the ongoing Physician’s Health Study. When the men first enrolled in the study, they were free of heart disease and blood samples were taken from the participants. Eight years later, 543 of the men had had a heart attack, stroke, or a blood clot in a major vessel. Blood samples from these men were analyzed and compared to samples of other men in the study who did not have cardiovascular disease.

The researchers found that the men with the highest levels of CRP were twice as likely to have had a stroke and three times as likely to have had a heart attack as the men with normal CRP levels. Keep in mind that these elevated CRP levels were present in the blood six to eight years before the cardiovascular event took place.<sup>18</sup>

Measuring your CRP level is as easy as a blood test. Talk to your doctor about testing your CRP levels. If your doctor doesn’t run it as a routine test, ask him to order it for you. The test doesn’t cost very much, and insurances do cover it. A tablespoon of your blood is a small price to pay for such a valuable tool.

Here’s the good news. You don’t need dangerous statin drugs to protect you from high CRP levels. If you

want to lower the CRP levels in your blood – lower the inflammation in your body.

One of the best ways to lower CRP is to exert yourself. Studies clearly show that people who went from couch slouching to exercising lowered their CRP as much as 30%.<sup>19</sup>

The trick is to avoid aerobics and cardio, which mimic stress and can *cause* inflammation. Instead, what you want to do is to exert yourself the way humans evolved to move.

My unique PACE program helps you do just that. I'll explain how in a minute, but here's a simple but powerful PACE workout you can do to lower inflammation very quickly. If you haven't exercised for a while, check with your doctor beforehand.

This is a good one... it's called a **Squat Thrust**.

Squat Thrusts will do several things for you...

First, they'll help you develop strength in your lower body, particularly your knees and your hips.

Second, these exercises will help build functional strength by shoring up the muscles you use in everyday life. These are the muscles in your legs, arms, shoulders, abs, and more.

Third, the exertion required to perform these exercises creates cardiac demand for your heart, and gets you breathing good and hard. So you'll also be building up your heart and lung strength.

Let's get started. I'm including three different versions – from beginners to advanced – so everyone can become involved in this whole-body challenge.

### **Beginners (Modified) Squat Thrust**

If you're new to PACE or haven't built up your stamina yet, here's a modified version of the squat thrust that will help you get many of the same benefits.

Face a solid wall with your feet approximately three feet away from the wall. With your arms straight out and hands palm-forward, fall forward toward the wall and catch yourself with your hands. Then, bend your arms at the elbows and use them to push yourself backwards into standing position.

Follow each "wall push-up" with a standard squat. Then repeat both exercises until you've completed your set.

### **Standard Squat Thrust**

Start in a standing position with your arms at your sides. Then squat. Place your hands in front of you on the floor and, with your arms straight and most of your weight resting on your hands, quickly hop backwards. You'll end up in a "push-up" position.

Next, hop forward so that you're back in a low-squat position. Then, return to standing position.

### **Advanced Squat Thrust**

If you don't find the squat thrust enough of a challenge, you can add two elements to it that will increase your exertion levels.

Addition #1: When you reach "push-up" position, do some push-ups. That will definitely add some intensity to your workout!

Addition #2: At the end of each squat thrust, instead of standing, throw your arms into the air and jump. This will add an extra cardiovascular element to keep your heart and lungs challenged.

You don't need to worry about timing yourself with this exercise. You can simply do them in sets. I suggest three sets, doing each one with progressive intensity.

Every time you work out, it gets a little bit easier to go at a slightly higher level of exertion. This progressivity over time – flirting with that maximum intensity without reaching it – raises your peak output and builds capacity.

In a very short period of time, you'll be using more energy, burning off more fat and building muscle with each workout... but it won't seem like you're working hard. Your body takes over and makes it easy to do because it's how you were designed to exert yourself.

In addition to exerting yourself, there are many supplements that can help stop cell damage and irritation in your heart's lining. When you avoid damaging your heart you will lower your CRP level along with your risk of heart attack. These heart-saving supplements include L-arginine, folic acid, taurine, vitamin E and vitamin C.

### **Beware of this Deadly Amino Acid**

For the past 20 years, I've noticed something interesting. Many of my heart patients have something in common: High blood levels of a simple, typically harmless amino acid called homocysteine.

I say "typically harmless," because when levels are normal, it's not a problem. However, when you have too much of it in your body it can affect the health of your arteries. Too much of it irritates the lining of your blood vessels and prevents them from dilating. This increases your risk of heart attack and stroke.

You won't hear about homocysteine in news stories about heart health. The big drug makers play down the importance of this critical factor. They haven't figured out a way to make any money from it. Instead, big pharma would prefer that you spend your money on expensive and dangerous cholesterol-lowering drugs like Lipitor and Zocor.

But the fact is, homocysteine levels are a better predictor of heart disease and stroke, than cholesterol. If you have elevated levels of homocysteine in your blood, you are *three times more likely to have a heart attack than someone with normal levels of homocysteine, regardless of your cholesterol levels.*<sup>20</sup>

Homocysteine is not only a predictor, but also a cause of heart attacks. Excess homocysteine keeps your blood vessels from opening up, or "dilating," properly. This decreases blood flow at critical times. Inadequate blood flow to the heart causes heart attacks. Inadequate blood flow to the brain causes strokes.

One of my patients, Edward N., is a perfect example of how very real this health threat is. When he first came into my office about 10 years ago, he walked with a cane and his speech was slurred after suffering two strokes. That's not unusual – 50 percent of stroke sufferers will have a repeat stroke within a couple of years. What was unusual was that Ed had a stroke at all; he had none of the traditional risk factors. His regular doctor didn't know what to do with him.

Ed didn't smoke or drink alcohol, and his cholesterol was quite low at 150. At 155 pounds, he was not overweight. In fact, he appeared quite lean, trim, and muscular. I remember that he had big "Popeye-like" forearms from his work. As a lifetime roofer, he certainly was not sedentary. He was 48 years old.

Ed's first stroke came without warning. He was driving home from work one day when he suddenly felt dizzy



and had trouble remembering how to drive his truck. He made it home but found he couldn't talk. His wife drove him to the emergency room where an MRI on his brain showed that he had a blood clot blocking an artery supplying an area in the side of his brain used for language.

Strokes are lessons in the anatomy of the brain. During a stroke, an area of the brain dies from lack of oxygen. You can tell what area of the brain was affected by the deficit the stroke survivor develops. Ed had *expressive aphasia*. He could understand language when he heard it, but he couldn't speak. When I met him a year after his first stroke, Ed still suffered episodes when he couldn't think of the proper word for simple things but his speech had mostly recovered.

As is usually the case, Ed's second stroke was more devastating. This time the blood clot affected an area in the back of his brain that controls muscular coordination and balance. After months of physical therapy, he could walk again, but he was noticeably shaky. He was told he would never be able to climb a ladder again. Each expert Ed went to said they could find no reason for his two strokes, and Ed had accepted that.

The reason he went outside of his HMO to see me was something else his doctors told him. They told him that statistically he had an 80 percent chance of having a third stroke and those are almost always worse.

I listened to Ed's story with a particular interest. I asked him questions that might expose risk factors his doctors had missed. I told him we could check some things in his blood for the answer to why he was having strokes. I reassured him that my approach was different. Since I focus on measuring and improving health, I never conclude that nothing can be done.

When I saw his lab results, we immediately had an answer. One number jumped out. His homocysteine was 26, the highest I had ever seen. Homocysteine is the best single risk factor for stroke. In one study of people who had had a stroke but had no other risk factors, 90 percent had elevated homocysteine. Yet, incredibly, no one had ever checked Ed's homocysteine level.

The measure of homocysteine is a critically important number to your heart health. One study found that levels of homocysteine were dramatically higher in men who died from heart attacks. They discovered that men with high levels were **four times** more likely to suffer a fatal heart attack than those with lower levels.<sup>21</sup>

In Norway, doctors studied men with heart disease for six years. Again, they found that those with high levels of homocysteine suffered the highest number of heart attacks. The higher their levels, the lower their chances of surviving.<sup>22</sup>

But their most startling discovery is that homocysteine levels are your strongest predictor of death. More so than any other measured factor, including cholesterol. So don't be shy about asking your doctor to test your homocysteine levels. The test is easy and inexpensive – and it may just save your life.

One of the major causes of elevated homocysteine levels is a deficiency of B vitamins, so keeping homocysteine levels in check is quite easy. All you need to do is get adequate amounts of vitamins B2, B6, B12 and folate.

## Supplements to Control Homocysteine Levels

Make sure you keep your homocysteine levels in check by taking each of the supplements below daily:

- B2 – 25mg
- B6 – 25mg
- B12 – 500mcg
- Folate – 800mcg
- Trimethylglycine (TMG) – 1,000 mg



## The Insulin Connection: It's Not Just about Diabetes

A number of studies have shown a direct correlation between elevated insulin and heart disease. According to a study reported in the *British Medical Journal* the higher your blood sugar and insulin levels the higher your risk of dying from heart disease. This held true regardless of whether the patient had diabetes.<sup>23</sup>

Ultimately, insulin problems are one of the main causes of heart disease in the United States, but doctors are doing a poor job of educating their patients about it. Insulin is a hormone released by the pancreas to regulate glucose (sugar) levels in the blood, which rise after you consume carbohydrates. It also stimulates the storage of triglycerides and proteins.

The insulin signals the cells to absorb glucose from the bloodstream, energizing the cells and controlling the glucose levels in the blood. Once your blood sugar level is depleted, your liver begins releasing stored glucose to maintain a steady supply of energy.

Insulin also plays a role in fat deposition. It makes the body more resistant to burning fat and it encourages the body to store extra fat, especially around the middle. It robs the body of energy by slowing the burning of fat for energy. In other words, it leaves you fat and tired.

If you have insulin resistance (a condition common among the obese), your tissues become less sensitive to insulin. Your cells do not take up enough glucose, meaning your pancreas must work overtime to produce extra insulin to achieve the same results. Over time, your pancreas becomes fatigued and stops producing enough insulin, meaning your glucose levels climb abnormally high. When this occurs, you may be diagnosed with Type 2 or adult-onset diabetes. Many people show signs of insulin resistance for some time before their diabetes is diagnosed.

Both genetic and lifestyle factors contribute to insulin resistance and diabetes. The further you get from your ideal weight, the more difficult it is for your body to manage your glucose levels. In addition, lack of exercise contributes to insulin problems. Muscle cells handle insulin and glucose effectively when exercised regularly. The less active you are and the less muscle tissue you have, the harder it is for the body to clear glucose from your bloodstream.

Genes also play a role. Diabetes and insulin resistance are more common among Native Americans, Pacific Islanders, and other people of Asian heritage than it is among those of European descent. Genetics is not destiny; most people with a genetic predisposition to insulin resistance can beat the condition by staying lean, exercising regularly, and eating right.

Insulin resistance isn't just a blood sugar problem. It has also been linked with a variety of other health concerns, including heart disease, high blood pressure, high levels of triglycerides, and low HDL (good) cholesterol, among others. Few doctors appreciate the importance of insulin in medical problems beyond diabetes.

Insulin can be measured using a simple blood test. It is incredible to me that physicians can easily measure it, but very few actually do.

Insulin resistance and diabetes do not have to be something you live with. Most people don't know this, but you can easily train your body to prevent – and reverse – insulin and glucose problems.

I've seen it firsthand. I've successfully treated hundreds of diabetics and prediabetics in my practice. My patients have used this plan to:

- Return blood sugar to healthy levels
- Lower blood pressure

- Lower risk of heart disease and stroke
- Prevent retinopathy, which causes thousands to go blind every year
- Boost energy, control weight and more.

Here's what you need to do:

1. **Stay away from starches.** Starches are of little nutritional value. They convert to sugar. Your body stimulates too much insulin when you eat starches.

Manufacturers are producing highly processed starches. If it is processed, don't eat it. Processed foods often have harmful additives like sugar, preservatives, and other chemicals.

2. **Eat foods low on the glycemic index.** You can find a table of foods and their glycemic index at [www.AISearsMD.com](http://www.AISearsMD.com). Foods with high glycemic indexes cause blood sugar levels to spike.
3. **Eat plenty of protein.** Your genes need the nutrients in protein. Lean protein like fish are chock full of nutrients. Protein will counteract the damage done by starches. The more protein you eat, the better.
4. **Exercise large muscle groups.** Concentrate on exercising the biggest muscles. Leg muscles are the largest. These hefty muscles burn excess sugar in the blood faster than any others.

## Part 3

### The Shocking Truth about Blood Pressure Medication

Most of the heart patients I see for the first time already know high blood pressure (also known as hypertension) can mean disaster for their heart health.

But here's what they *don't* know. Having high blood pressure can also wreak havoc on your brain, kidneys, and eyes. High blood pressure can quietly damage these vital organs for years before you see any symptoms. If left unchecked, this silent killer can leave you with a disability. Or worse, it can lead to a heart attack or stroke.

That's because your heart, brain, eyes, and kidneys all depend on blood flow. It supplies them with life-giving nutrients and oxygen.

Healthy arteries are strong and flexible. They're smooth on the inside. This lets blood flow freely. With high blood pressure, however, it's a different story.

The increased pressure can damage the lining of your arteries' walls. This can lead to atherosclerosis (hardening of the arteries), heart disease, and stroke. The constant pressure can also cause a section of the arterial wall to enlarge, causing an aneurysm in the aorta or brain.

It's the same story with the kidneys and eyes. High blood pressure is the most common cause of kidney failure. And in the eyes, this arterial damage can cause serious vision problems due to fluid buildup or nerve damage.

Unfortunately, mainstream medicine's solution to this is side-effect laden drugs like beta blockers, ACE inhibitors, calcium-channel blockers, and diuretics.

Some of the unpleasant effects of taking these medications include:

- Constant fatigue
- Weakness
- Shortness of breath
- Depression
- Impotence
- Chronic dry, hacking cough
- Swollen ankles
- Kidney damage

Remember the story of Roy? He told me: *“If this is what it feels like to survive a heart attack, I’d rather be dead!”* Keep in mind that his previous doctor had him on a laundry list of drugs, including blood pressure medications, to “protect” his heart. But the side effects were crippling him.

## Blood Pressure Primer

Most grocery stores and pharmacies have a station where you can get it checked for free. Otherwise see your doctor.

Once you know your scores, take a look at the chart below and see where you fall between the normal and high blood pressure (hypertension) range:

Blood Pressure Stage	Systolic (Top Number)	Diastolic (Bottom Number)
Optimal	Less than 115	Less than 80
Pre-Hypertension	120-139	80-99
Stage One Hypertension	140-159	90-99
Stage Two Hypertension	160+	100+

## Another Big Drug Company Scam

Of all the people in America who suffer from high blood pressure, almost 70% are currently undergoing some form of treatment. Most are told by their conventional doctors to take drugs.

However, over the past decade the drugs of choice have changed. Doctors have switched from water pills, called diuretics, to two newer categories of drugs called calcium channel blockers and ACE inhibitors. These newer drugs include Norvasc, Prinivil, and Zestril.

Although many doctors have switched to prescribing newer, higher priced drugs to control blood pressure, diuretics have been shown to work better than these newer drugs. Plus, they are much less expensive.

Manufacturers of the newer drugs relied on heavy advertisement. The marketing was very slick. It included free samples, free stethoscopes, paid for conferences, dinners and tickets to major sporting events. They also paid for studies that seem to suggest the drugs worked better than water pills. It worked. The new drugs overtook diuretics as the preferred treatment. Last year their total sales hit 10 billion dollars.

The problem I have with all this is that the drugs are very expensive and loaded with serious side effects. The older diuretics had a more proven record of accomplishment and cost about 90% less.

Just take a look at the results of a study that appeared in the December 2002 issue of *JAMA*. It reports that diuretics are the best treatment for high blood pressure. It involved 42,000 subjects with high blood pressure. All were over the age of 55. The participants took a diuretic, a calcium channel blocker or an ACE inhibitor. They followed the patients for 5 years.

The study concluded that the risk of heart attacks and death is lower with diuretics than the other drugs. All of the treatments lowered blood pressure equally well. But those taking Norvasc had a 38% higher risk of heart

failure compared to those taking a diuretic. And those on Zestril and Prinivil had a 19% higher risk of heart disease. So the fact is, doctors have been switching to these new drugs even though diuretics have a longer and more proven track record.

This landmark study underscores the reason I no longer trust drug company information, and why I strive to minimize the use of drugs whenever possible.

But that's not the end of it. When evaluating the effectiveness and cost of blood pressure lowering medications, the financial ties between big drug companies and doctors becomes very apparent. A study published in *The New England Journal of Medicine* showed that *96 percent of articles in medical journal that supported the use of calcium channel blockers were written by doctors with financial ties to the drug maker.*

The stakes are huge! One out of three Americans suffers from high blood pressure. By getting doctors to switch from affordable water pills to expensive new drugs to treat the problem, drug companies generate billions of dollars in new business.

## Blood Pressure Medications May Cost Your Health

Unfortunately, while the big drug companies may have duped your doctor about the effectiveness of their most popular blood pressure medication, it's you who are paying the price – with both your wallet *and* your health.

If you have high blood pressure, there are four different types of medication your physician may prescribe. Here is a quick run-down of what you will be getting yourself into when you start taking them...

**1. Diuretics** are simple, old-fashioned water pills. They work by removing water from your bloodstream, which reduces blood volume and blood pressure. Although many doctors have switched to prescribing newer, higher priced drugs to control blood pressure, diuretics have been shown to work better than these newer drugs. Plus, they are much less expensive.

However, water pills are not without risk. In fact, they can potentially be very dangerous. The most common group of diuretics, known as thiazide diuretics, come with some pretty hefty side effects. Most notably, they raise total cholesterol, LDL (bad) cholesterol and triglycerides. Other side effects include weakness, dizziness, muscle cramps, impotence, gouty arthritis, diarrhea, joint pain and more.

**2. Calcium Channel Blockers** (also known as calcium antagonists) enter the channels in the smooth muscle cells of the arteries, causing the arteries to relax and dilate. This reduces blood pressure and improves circulation, often while slowing the heart rate. These drugs include nifedipine (Adalat CC, Procardia XL), verapamil (Calan SR, Covera HS, Isoptin SR, and Verelan), and diltiazem (Cardizem CD, Cardizem SR, Dilacor XR, and Tiazac), as well as others. Side effects include headache, flushing, constipation, nausea, elevated cholesterol, edema, and low blood pressure. More importantly, studies have found that people taking calcium channel blockers actually experienced a 60 percent increase in heart attack compared to people who used other blood pressure medications.<sup>24</sup>

**3. ACE Inhibitors** (Angiotensin-converting enzyme inhibitors) are often used to treat hypertension and congestive heart failure. These drugs work by causing the arteries to relax and dilate slightly, causing blood pressure to fall, oxygen demands to decrease, and the amount of blood pumped by the heart to increase. These drugs include ramipril (Altace),

quinapril (Accupril), captopril (Capoten), lisinopril (Prinivil and Zestril), and benazepril (Lotensin), among others. The most common side effect of ACE inhibitors is a drug cough. Other side effects include reduced appetite, mineral deficiencies, kidney damage, and reduced white blood cell count.

**4. Beta blockers** are often prescribed for chest pain, high blood pressure, and congestive heart failure. These drugs bind to the beta adrenergic receptors in the heart and blood vessels, blocking their response to norepinephrine, a hormone that tells the arteries to tighten and the heart to speed up. These drugs lower blood pressure by slowing the heart and relaxing the blood vessels.

Beta blockers help with the temporary relief of chest pain, but they are more often prescribed as an ongoing treatment. These drugs have serious side effects, including fatigue, dizziness, insomnia, nausea, depression, loss of libido, and cold extremities. Worse yet, beta blockers can raise triglyceride levels, lower HDL cholesterol, and cause heart palpitations. In people with congestive heart failure, beta blockers can actually make the problem worse by interfering with the sympathetic nervous system response.

Fortunately, most people can get their blood pressure under control with a few simple dietary changes.

- Reduce your salt intake to help lower the amount of fluid that builds up in your body. In addition, Vitamin B-6 helps in the removal of excess sodium. About 5 mg a day is a therapeutic dose of B-6.
- Eat garlic to open blood vessels and allow blood to flow unrestricted. The best way to get garlic is to eat 2 raw cloves daily.
- Increase your intake of vitamin C. There is a definite correlation between higher Vitamin C and lower blood pressures. The greater the Vitamin C in the body, the less likely that blood pressure will be high.
- Avoid certain over-the-counter medications. Avoid using antihistamines, decongestants, cold remedies, and appetite suppressants, because these medications tend to raise blood pressure.
- Lose weight, if necessary. People who are overweight tend to experience more hypertension. About half of all people with hypertension are overweight. An analysis of five studies involving weight loss and hypertension found that, on average, losing 20 pounds resulted in a decline of 6.3 mm Hg in systolic and 3.1 mm Hg in diastolic pressure.
- Limit coffee and caffeinated beverages, which can elevate blood pressure.

Remember, if you have hypertension your body is telling you something. It's a warning sign that you may face heart disease with all its consequences if you do not take steps to control it. So follow the guidelines above to prevent, and even reverse, your high blood pressure.

### **Does an Aspirin a Day Make Your Brain Bleed?**

In addition to blood pressure medications and cholesterol lowering drugs, doctors often recommend taking an aspirin each day as a mild blood thinner to prevent a heart attack. If you or someone you love are one of the 50 million Americans that take aspirin daily, you're at risk of getting tiny leaks from blood vessels in your brain.



These cerebral microbleeds are linked to memory and language problems, difficulty reasoning and intracranial hemorrhages – full-scale bleeding inside the skull.<sup>25</sup> Microbleeds are just one of several reasons that taking a daily aspirin may not be the best choice for preventing heart attack or stroke. I’ve never been a fan of using daily doses of drugs to prevent disease. Especially when there are safe, natural alternatives.

Most of us think of aspirin primarily as a pain reliever. And it works very well against pain. It’s especially effective against the pain of inflammation, as with arthritis. But aspirin also fights fever, reduces swelling and keeps blood clots from forming. Aspirin can do all this because it prevents the production of something called prostaglandins. These are substances in your body that work a lot like hormones.

Some prostaglandins raise your body temperature when you’re sick. Some trigger swelling and inflammation when you’re injured. And others signal the platelets in your blood to form clots. Regardless of their job, aspirin blocks them.

## An Ounce of the Wrong Kind of Prevention

Conventional medicine has latched on to aspirin’s ability to prevent blood clots as a way to prevent stroke and heart attack. And there is evidence that aspirin can be effective. But what most of the medical community ignores are aspirin’s dangers. And there are several. Microbleeds are just the latest item on the list of aspirin’s problems.

Imagine if you developed trouble concentrating, became forgetful, weren’t able to think things through logically and couldn’t even develop ideas any more. These are some of the symptoms of cognitive impairment which can cause you to lose your independence. And for too many people, they’re the result of daily aspirin therapy.

That’s because daily aspirin therapy can cause microbleeds... and microbleeds can lead to cognitive impairment. In fact, a study published in the journal *Brain*, found that aspirin doubles your risk of microbleeds.<sup>26</sup> But aspirin-induced microbleeds can cause an even bigger problem. And it has to do with stroke. Aspirin therapy can lower the risk of a second stroke. But for those with microbleeds, it can spell big trouble. For them, it can actually make a stroke worse.

There are two kinds of stroke. One kind is caused when the blood supply to an area of the brain is restricted (called ischemic). The other kind is when blood leaks into the brain (called hemorrhagic).

## Get Plenty of Potassium for a Healthy Heart

The widespread use of diuretics prescribed for high blood pressure often cause low potassium levels. ACE inhibitors and beta blockers also impair potassium levels. Low levels of potassium may cause heart disease. Choosing the right foods is the best way to ensure you’re getting enough potassium.

Food	Potassium	Food	Potassium
Figs (10 pieces, dried)	1,352 mg	Winter Squash (1 cup mashed)	1,070 mg
Avocado (whole or 1 cup)	1,319 mg	Almonds (1 cup unsalted)	1,039 mg
Sun Dried Tomatoes (1/2 cup)	1,272 mg	Pumpkin Seeds (1 cup)	945 mg
Pistachios (1 cup)	1,241 mg	Bananas (1 large)	467 mg
Apricots (1 cup)	1,222 mg		



Doctors routinely prescribe aspirin therapy for patients who have had a stroke. But a study headed by UCLA Medical Center showed that this is a bad move for people who've experienced microbleeds. Those people are at higher risk for "hemorrhagic transformation" – bleeding inside the skull at a site where an ischemic stroke occurred.<sup>27</sup>

In other words, it's like having one kind of stroke on top of the other! That's why these researchers say doctors shouldn't automatically prescribe daily aspirin therapy, as many do now.

### **An Aspirin a Day Keeps the Doctor Busy**

If microbleeds were the only reason to question the heavy use of aspirin, it would be reason enough. But aspirin presents other dangers. Probably the best known is gastric upset. But there are two problems with trying to prevent disease with long-term drug use. First, the drugs usually just suppress symptoms, but don't deal with the cause. And, second, virtually all drugs have side effects.

Both these problems apply to daily aspirin therapy. The aspirin doesn't deal with the underlying health problem. And taking aspirin daily can come with a heavy price. Studies have shown that all aspirin therapies increase the risk of gastrointestinal (GI) bleeding.<sup>28</sup> And researchers at Oxford University found that lowering the dose – and even coating the aspirin – didn't reduce the risk at all.<sup>29</sup>

But the news gets even worse. Over a third of the population is infected with a bacteria called *H. pylori*. This bacteria has been clearly linked to ulcers. But most people with *H. pylori* infections don't have a problem. That changes if you take aspirin. Several studies have shown that *H. pylori* and aspirin don't mix. A research team in Hong Kong found a clear rise in upper GI bleeding among low-dose aspirin users.<sup>30</sup> An English study was even more specific. These researchers found the combination of aspirin and *H. pylori* doubled the risk of GI bleeding.<sup>31</sup>

To lower this risk, conventional doctors often put their patients on a second drug. And that second drug is usually a proton pump inhibitor (PPI). PPIs work by lowering your body's production of stomach acid. "No acid, no ulcer," is the common thinking. But that only leads to a host of new problems.

For one, if you don't have enough stomach acid, you can't properly digest your food. And that can eventually lead to nutrient deficiencies. These problems, of course, will mean you'll have to take even more drugs. Plus, PPIs have been linked to an increase in bone fractures and interfere with calcium absorption.<sup>32</sup> And that could lead to osteoporosis – and even more drugs.

With aspirin therapy, you could wind up taking three, four, five or more drugs on a daily basis. All that, and your underlying health problem would still be there. At the same time, it turns out that aspirin therapy may be completely useless for some people. Researchers at the Cleveland Clinic Foundation found that up to 9.5% of the people in one study were "aspirin resistant."<sup>33</sup> That is, aspirin didn't prevent clotting for them, as it does for most people. Still others in this study were "aspirin semi-responders." For these folks, aspirin worked... but only somewhat.

Even worse news is that this study found that your chances of being aspirin resistant increase with age. But doctors prescribe aspirin therapy mostly for mature adults. So, the people most likely to be taking a daily aspirin are also those mostly likely to see no benefit from it.

If you're diabetic, you should be especially concerned. A German study found that diabetics were more than twice as likely (21.5%) to be aspirin resistant than the general population. And another 16.9% of diabetics were aspirin semi-responders.<sup>34</sup> A 6-year Japanese study goes even further. These researchers determined that low-dose aspirin simply doesn't provide cardiovascular protection for people with type II diabetes.<sup>35</sup>

The bottom line: Aspirin therapy can be just as dangerous to your health as a prescription medication, and it simply doesn't work for a lot of people.

## The Problem with Nitrate-Based Cardiac Drugs

There is one more drug class you should be aware of. At the first sign of chest pain, doctors often prescribe nitrates. But this common medication for chest pain actually increases your risk of having a fatal heart attack.

Millions of Americans take nitrates, such as nitroglycerin. You can take them as tablets you swallow, sublinguals you place under your tongue or as patches you apply to your skin. Here is a list of the most common nitrates:

- |                 |                |             |
|-----------------|----------------|-------------|
| • Nitroglycerin | • Nitrolingual | • Imdur     |
| • Nitrostat     | • Isosorbide   | • Dilatrate |
| • Nitro-Dur     | • Isordil      | • Minitran  |
| • Nito-Bid      | • Ismo         | • Monoket   |

People take nitrates to relieve heart symptoms. Angina is chest pain caused by a temporary lack of blood flow to the heart. Nitrates will temporarily open blood vessels to allow blood to flow back into the heart.

However, as they do this they damage the sensitive lining of your heart's blood vessels called the *endothelium*. This eventually makes the endothelium stop its normal functioning (endothelial dysfunction). People with endothelial dysfunction suffer from more heart attacks.

A new landmark study from Japan revealed just how damaging nitrates are. People who took nitrates on a regular basis were **2.4 times more likely to have a major cardiac event** than those who didn't take nitrate drugs. And the nitrates did not only damage the heart lining, they also accelerated any damage already present in the heart.<sup>36</sup>

Nitrates temporarily dilate blood vessels by helping to produce nitric-oxide molecules. Nitric oxide (NO) naturally opens blood vessels.

Fortunately, nitrates aren't the only substances that cause the release of NO. Several naturally occurring nutrients can also release NO.

These supplements have the same effect, without harming your heart:

- **L-arginine:** The most important of these supplements is l-arginine. L-arginine is a precursor for NO. This means that it has a hand in the production of NO. L-arginine gently causes blood vessels to dilate and improves endothelial dysfunction.

The *International Journal of Cardiology* published a study, which analyzed 35 people with endothelial dysfunction. Researchers split people into two groups. One group took l-arginine, while the other took a placebo. Those who took the l-arginine saw an improvement in the health of their endothelium. The placebo group had no significant change.<sup>37</sup>

- **Taurine:** Taurine is an amino acid that protects against endothelial dysfunction and endothelial cell death. It is your heart's most abundant free amino acid. Taurine also causes vessel dilation. Scientists have seen the benefits of taurine in the lab. As a powerful antioxidant taurine protects the heart lining. Taurine can actually prevent endothelial cells from dying.<sup>38</sup>

- **Folic Acid:** Folic acid lowers levels of toxic substances that irritate the heart's lining. Less irritation means a reduction in cardiac events.

In one well-done study, researchers found “folic acid supplementation significantly improved endothelial dysfunction.”<sup>39</sup>

- **Vitamins C and E:** Both Vitamin C and E have antioxidant effects on the lining of your blood vessels. The vitamins protect the lining from damage. They do this by blocking the oxidative stress caused by irritants like nitrates. Take a mixture of tocopherols and tocotrienols (the two kinds of vitamin E) for the best protection.

If you are on nitrates, you may be able to switch to a more gentle natural nutritional approach to relieve symptoms without damaging the delicate living system lining the blood vessels of your heart.

## Special Concerns of Elders

As you age, your ability to tolerate medication changes. A medication that you may have been taking for years without problems may eventually poison you as your body becomes less adept at handling it.

With any medication, your liver must detoxify the drug and your kidneys must excrete the metabolite in urine. Drug dosing is based in part on the body's ability to safely remove this toxic burden. When you grow older, your liver and kidneys slow down and become less efficient at processing drugs. If you are removing less of the drug and still taking the same amount, the medicines gradually build up in your body, potentially leading to drug overdose.

Symptoms of overmedication often show up as fatigue, confusion, dizziness, weakness, memory loss, loss of balance, impotence, and constipation – all symptoms that many doctors simply attribute to “growing older.” The problem is quite widespread. Researchers at Harvard Medical School reviewed the medical records of 6,171 people over 65 and found that 23.5 percent of the participants were being given drugs at doses deemed unsafe for elders.<sup>40</sup>

You need to protect yourself from over-dosing. Once again, it is essential to have good communication with your doctor. Here are some important questions you should ask about your medication:

- What is this drug supposed to do?
- What are the alternatives to this medication?
- Is this dose suitable for someone my age? My weight and size?
- How long is it safe to take this medication?
- What are the possible side effects of the medication?
- What are the symptoms of overmedication?
- Does this drug interact with other medications?
- Are there any special precautions with the medication?

Be sure to write down any relevant information about the drug, especially if you are taking more than one medication at a time. Let your doctor know if you lose or gain weight, since body weight can have an impact on dosage requirements.

If you think you may be overmedicated, talk to your doctor about your concerns. In many cases, your doctor can perform tests to determine if your liver or kidneys are being overworked or whether the medication is causing other unwanted side effects. Don't be shy about asking for dosage testing; it's a prudent method that may allow you to find out if your body is handling the drug well before dangerous side effects accumulate.

## PART 4

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### Natural Alternatives to Energize Your Heart

You and everyone in this country has been coerced into believing that high cholesterol means you have one foot in the grave, but that simply is not true.

Cholesterol is a fallacy. It's a red herring. The "high cholesterol myth" has been supported with billions of dollars by drug companies when they patented drugs that *lowered* cholesterol. And any data that doesn't support their cholesterol theory gets ignored, blackballed, or driven into oblivion. However, the numbers are there for anyone to see.

But once again, many doctors do not study the primary sources behind drug studies. All too often, they turn to drug therapy. And when prescription medications don't work – or when they make your symptoms worse – surgery.

In fact, it might surprise you to learn that nearly 85 percent of coronary bypass surgeries are done unnecessarily. But at nearly \$60,000 per surgery it's certainly easy to see why. Since almost 70 percent of the U.S. population has some sort of heart disease—related treatments, surgeries, and drugs line the pockets of mainstream medicine and big pharma. It ultimately puts your health at risk and this infuriates me.

*It's time to arm yourself with the facts so you can build a disease-proof heart without dangerous drugs – or worse, heart surgery.*

Whenever possible, I recommend that my patients try natural alternatives to prescription drugs, especially when they are used to treat chronic health problems. Typically, natural remedies have fewer dangerous side effects than prescription drugs, which can burden your kidneys and liver when taken for long periods. In addition, prescription drugs tend to be expensive, with outrageously high profit margins going to the drug manufacturers.

Fortunately, most prescription drugs used for long-term problems do have effective, inexpensive natural alternatives. If you are taking prescription drugs, you should ask your doctor about the alternatives. If he won't tell you about alternatives, it may be time to consult a new doctor.

Here are some alternatives to consider...

#### The Magic of CoQ10

CoQ10 (coenzyme Q10) is an essential cofactor your body uses to derive energy. You cannot survive without it. CoQ10 is a powerful anti-oxidant present in every cell in your body. This nutrient is essential if you:

- Are concerned about the pumping power of your heart...
- Want to support your brain and ensure a continuous supply of energy...
- Are having those "senior moments"...
- Worry about feeling blue...

- **Want to support a strong immune system...**

You can bypass many of these effects by giving your cells the building blocks they need to create a reliable stream of energy. This cellular energy powers your vital organs and helps keep them young.

Studies found that CoQ10 protects and strengthens the heart, protects the brain, and revitalizes the immune system. There are more than 100 studies at major universities and hospitals linking CoQ10 deficiency with heart disease. Additional studies show taking CoQ10 revitalizes heart function and can dramatically relieve heart disease symptoms.

## **Treat Cardiovascular Disease with CoQ10**

Some of the most impressive studies on CoQ10 researched the role of the supplement in the treatment of cardiovascular disease. In a landmark study, Dr. Folkers and his colleagues found CoQ10 deficiency in a majority of people with heart disease. Researchers measured the levels of CoQ10 in heart tissue biopsies. And they found low levels of CoQ10 in 50 to 75 percent of patients with various types of heart disease.<sup>41</sup>

The next round of studies looked at whether taking supplemental CoQ10 could help prevent or reverse heart disease. Since the 1970s, more than 50 studies demonstrated the effectiveness of CoQ10 in the treatment of people with heart disease.

Dr. Folkers and Dr. Peter Langsjoen, a cardiologist in Tyler, Texas, conducted a remarkable study between 1985 and 1993. They observed 424 people who received CoQ10 and conventional medicine treatments for heart disease. Doctors then assessed patient progress according to the New York Heart Association functional scale.

The heart disease ratings range from I (the least serious) to IV (the most serious). After taking CoQ10, 58 percent of the patients improved one category, 28 percent moved up two categories, and 1.2 percent moved up three categories! In addition, 43 percent of the patients cut back or eliminated their cardiac medication.

CoQ10 also helps lower blood pressure. A double-blind, placebo-controlled study in the *Journal of Human Hypertension* followed two groups of people with hypertension. One group took CoQ10 for eight weeks while the other group took a placebo. The CoQ10 group showed a significant reduction in blood pressure.<sup>42</sup>

*Molecular Aspects of Medicine* reported another fascinating study about patients taking CoQ10 and prescription drugs for high blood pressure. Researchers found that more than half of all patients on blood pressure drugs were able to stop using their medications when they began taking supplemental CoQ10.<sup>43</sup> In a University of Texas study, people with high blood pressure took oral CoQ10. Within one month, they experienced marked improvements in blood pressure. Overall, 51 percent of subjects were able to discontinue their blood pressure medication.<sup>44</sup>

Do you know what one of the more marvelous benefits of CoQ10 is? It offers results with very little risk of unwanted side effects. Many medications for cardiovascular disease have unpleasant side effects, including fatigue, nausea, and dizziness. CoQ10 offers many of the same health benefits as prescription drugs do -- without their harmful side effects.

## **Reverse the Red Meat Mistake**

You're probably not getting enough of the right fats in your diet. But you're not alone. We all have the same problem. Omega-3 and Omega-6 fatty acids are essential to life. Your heart and brain depend on them. But the natural levels of omega-3s in your food keep getting lower and lower.



That means you often end up with high levels of Omega-6s and a lack of Omega-3s. And that causes inflammation, which is at the root of so many health concerns today, including heart disease.

Before the days of modern industry, your meat and fish had abundant supplies of Omega-3s. But these days, even some salmon has little to none of this essential oil. That's bad news, because your body can't make Omega-3s on its own. And without it, your risk of disease skyrockets.

- Heart disease
- Stroke
- Diabetes
- Arthritis
- Depression
- Skin disorders
- Macular degeneration

As is often true in nature, balance is essential. Your body needs both Omega-3s and Omega-6s, but in the right ratios. For most of the time humans have been on Earth, we ate foods that had Omega-6s and Omega-3s in the ratio of about 2:1.

Over the last 75 years, Omega-6s in your diet have soared. Now the ratio is about 20:1. The average American eats 10 times as much Omega-6 as is healthy. The main sources of Omega-6s are vegetable oils, processed foods and grain-fed beef.

Here's where the health "gurus" of the 1980s made a big mistake: They mistook the heart disease culprit to be red meat because grain-fed, commercial cattle have the very high, 20:1 ratio of Omega-6s to Omega-3s. But they never bothered to explain why native cultures – who ate meat from grass-fed cattle – never had a single case of heart disease.

If you measure Omega-6s and Omega-3s in wild or grass-fed animals, you get a very different picture. Their ratio is a dramatically reversed – and heart healthy – 0.16 to 1. In other words, the culprit is not the fat in meat. It's the environment in which cattle are raised that changes the ratio of fats in their body.

Grain-fed cattle are sick cattle. They're not supposed to eat grains. It's not natural for them and it changes their physiology. When cattle lose Omega-3s, so do we. By eating their meat, we take on the same problems.

Farm-raised fish are the same. Salmon bred under these conditions don't get the chance to live in their natural environment or eat their natural diet. Instead, they're fed "fish flakes." The same kind of stuff you would feed your goldfish at home. And the results are the same: A drastic loss of omega-3 fatty acids.

**Here are three steps you can take to bulk-up on Omega-3s right now:**

### **Step 1: Eat meat from pasture-raised animals.**

Pasture-raised organic beef couldn't be more different than that pink stuff you get at the grocery store. Animals raised in pastures eat their natural diet of high-quality, mineral-filled grass. And they're healthy because they can do what they normally do, like walk around, root and graze.

Grass-fed beef has 3 to 10 times as much omega-3 as grain fed beef, and has a much healthier ratio to omega-6 of less than 1:1 to 3:1. Grass-fed animals also get no antibiotics, hormones, or pour-on insecticides.

And if you haven't tried it, let me tell you, it really tastes great. Serve it rare if you like the taste. It will preserve more nutrients. You can braise it, roast it, or throw it on the grill. That's what our ancestors did.

One thing about grass-fed beef is that it usually takes a third less time to cook. That's because it's leaner and richer in healthy fats. They melt quicker at a lower temperature than contaminated fats from conventional beef. So you have to be careful not to overcook it.

You can get some of the best grass-fed beef delivered to your home, ordered right from the Internet. There's:

- **US Wellness Meats** – One of the original grass-fed meat suppliers, and the one I use, with a unique way of raising cattle to have more CLA and omega-3 ([www.grasslandbeef.com](http://www.grasslandbeef.com)).
- **Alder Spring** – This Idaho ranch sells only dry-aged, hand processed beef ([www.alderspring.com](http://www.alderspring.com)).
- **Weatherbury Farm** – This Pennsylvania farm also has grass-fed lamb ([www.grassfed.weatherburyfarm.com](http://www.grassfed.weatherburyfarm.com)).
- **Good Earth Farms** – A family-owned Wisconsin farm uses only green compost, manure and minerals for fertilizer ([www.goodearthfarms.com](http://www.goodearthfarms.com)).
- **Wise Organic Pastures** – Also in Pennsylvania, this farm's beef is double-certified... organic grass-fed and certified kosher ([www.wiseorganicpastures.com](http://www.wiseorganicpastures.com)).
- **Crossroads Ranch** – This California ranch mimics the animals' natural setting and uses sustainable grass farming practices ([www.bestbeefever.com](http://www.bestbeefever.com)).

The good news is, these are only a few of the places you can get pasture-raised meat. New grass-fed ranches are springing up all over the country. And you don't even have to stick to beef. Try buffalo, pork, venison, or other responsibly raised meat.

Free-range chicken is healthier, too. More protein per serving, and more B vitamins, especially B12, which we're already deficient in.

You can find out more information on local pasture-raised animals at:

- **American Grassfed Association** ([americangrassfed.org](http://americangrassfed.org)) – Certifies farms and ranches around the country, works with the USDA to standardize what pasture-raised means, and has news and even recipes.
- **American Pastured Poultry Producers Association** ([appa.org](http://appa.org)) – Nonprofit educational and networking organization dedicated to encouraging the production, processing, and marketing of poultry raised on pasture.

## The Many Benefits of Omega-3 Fatty Acids

The benefits of omega-3s are practically endless and your body needs a steady supply. Many of my own patients have not only reversed disease but improved their mental and emotional lives as well. Omega 3s can...

- Prevent heart disease, cancer – even strokes
- Lower your blood pressure
- Wipe out arthritis pain
- Relieve depression
- Lower triglycerides (blood fat)
- Raise HDL (good cholesterol)
- Boost your memory and brain power
- Lower risk of macular degeneration
- Protect your blood vessels and nerves
- Calm irregular heart rhythms, which can lead to sudden cardiac death

- **Chicken Feed:** Pastured Poultry ([lionsgrip.com/pastured.html](http://lionsgrip.com/pastured.html)) – Recipes, articles plus links and other resources on all things pasture-raised poultry.
- **Local Harvest** ([localharvest.org](http://localharvest.org)) – A complete index of farms near you.

## Step 2: Eat Real Eggs:

Eggs from pasture-raised chickens are incredible.

I helped my friend A.N. convert her farm in Loxahatchee, Florida – a few miles from my clinic – over to producing soy feed-free, organic eggs.

Pretty soon, the hens she and her husband tend started producing the most delicious eggs I had ever tasted. Then she started bringing them to my staff by the dozen.

Not long after her eggs became such a big hit, I decided to have a study done on them. We had a lab in Chicago test them and measure to see how they compared to eggs you can buy at a grocery store.

The organic eggs my staff and I eat have:

- 65% fewer carbs than a regular egg
- 10% more protein
- 20% more iron
- 72% more vitamin A
- 211% more of the vision-sharpening carotenoids lutein and zeaxanthin
- 319% more omega-3s
- 1,664% more calcium

You can tell right away organic eggs have more carotenoids because the yolks are more yellow. It has a lot to do with the fact that A.N.'s hens are allowed to run around in the warm sunshine instead of being caged up like commercial chickens are.

The good news is, free-range eggs and pasture-raised poultry are becoming more popular, and so farmers are responding by supply more of them to the market. You can now get them both locally and over the Internet.

You can buy pasture-raised chicken from sites like:

- **greenhillspoultry.com** – soy-free chickens raised at a family owned, multi-generational, pasture-based, sustainable farm in Texas.
- **shadygroveranch.net** – all animals get certified organic feed that is GMO-free and soy-free.
- **garciafarms.com** – small, family-owned farm has been raising chickens for over 40 years.
- **maryschickens.com** – pasture raised in California and living a lifestyle and environment that is closest to their natural state.
- **rayfamilyfarms.com** – the birds are never caged and raised outside in the sunlight.

### Step 3: Eat fresh fish three or four times a week.

I recommend small cold water, high-fat variety fish like wild-caught salmon, sardines and herring for omega-3. Be careful of how much of the larger fish like tuna you eat because of the mercury content.

### Step 4: Eat more raw nuts and seeds.

For many years, nuts have gotten a bad rap for being high in fat. But in reality, nuts are a great source of Omega-3 and other life-enhancing nutrients. Here are some of my favorites:

- Flaxseeds and flaxseed oil
- Soybeans and soybean oil
- Walnuts
- Brazil nuts
- Almonds
- Hemp seeds
- Pumpkin seeds

### Step 5: Supplement with 3 to 5 grams of Omega-3 a day.

I recommend my formulation of Peruvian fish oil that packs *two to three times* the Omega-3s you find in leading brands, and five times more Omega-3s than a can of tuna – without the mercury. These oils can help you:

- Strengthen your heart and blood vessels.
- Maintain blood pressure levels that are already within the normal range.
- Help support joint and muscle health.
- Keep your triglycerides (blood fat) in the safe range.
- Sustain healthy HDL (good cholesterol) levels.
- Boost your memory and brainpower.
- Protect your blood vessels and nerves.

You can also try the best plant-source of omega-3 in the world, Sacha Inchi oil.

Pound-for-pound, Sacha Inchi has one of the highest levels of proteins, omega-3s, amino acids and inflammation fighters on earth. It's also famous for having the lowest level of saturated fats.

Here's how Sacha Inchi stacks up:

Nutrient (% by vol.)	Plant							
	Sacha Inchi	Olives	Soy	Corn	Peanuts	Sunflower	Cotton	Palm
Proteins	33	1.6	28	0	23	24	32	0
Omega-3s	48.6	1	8.3	1	0	0	0.5	0
Total Essential Fatty Acids	84.86	11	62.8	59	36	57.9	58	10
Total Unsaturated	93.60	83	85.1	87	80.1	87.72	76.7	50

Source: Agroindustrias Amazonicas, 2001

A quick look tells the whole story... Sacha Inchi is superior. *Over 48 percent omega-3s by volume* – with over 84 percent total essential fatty acids.

## The Power Behind Vitamin C

Vitamin C earned a reputation as a preventative for colds since its discovery more than 70 years ago. And vitamin C has a lot more to offer! It is essential for many of the body's life-sustaining functions. For example, vitamin C:

- fights free radicals
- helps form collagen (a supportive protein in the tissues)
- sustains the immune system
- aids in the production of amino acids that regulate the nervous system
- helps break down histamines which are the inflammatory element of allergic reactions, among many additional functions

When it comes to cardiovascular disease, studies found a link between low levels of vitamin C and risk of stroke. A 10-year study of more than 2,400 middle-aged men established a relationship between vitamin C intake and reduced risk of stroke.<sup>45</sup> Men with the lowest vitamin C levels had an increased risk of having a stroke 2.4 times greater than men who had higher vitamin C levels. The researchers found that taking vitamin C had more impact on the risk of stroke than being overweight or having high blood pressure.

In addition, researchers at the University of California analyzed the vitamin C intakes and death rates of more than 11,000 men and women. The study showed a dramatic decline in death from heart disease among the men with the highest vitamin C intake, especially among those who took a vitamin C supplement. Merely obtaining the recommended daily allowance for vitamin C through food did not seem to offer any protection against heart disease.

The human body cannot synthesize or produce vitamin C. We can only get this nutrient from our diet -- or from supplements. Unfortunately, one-fourth of all Americans do not get even the minimum amount of vitamin C (60 milligrams) that cells need to perform basic biological functions. Foods like oranges, strawberries, broccoli, and bell peppers contain substantial amounts of vitamin C. Still, it is difficult to consume therapeutic amounts of vitamin C from diet alone.

Some drugs, including aspirin, alcohol, analgesics, anti-depressants, anti-coagulants, oral contraceptives, and steroids, reduce the levels of vitamin C in the body. Diabetic and sulfa drugs may not be as effective when taken with large doses of vitamin C. Large doses of vitamin C may cause false negative readings when testing for blood in the stool.

- Take 500 milligrams of vitamin C twice a day with food. At higher doses for shorter periods, vitamin C provides some protection against viruses. If you have a viral illness (such as a cold), take 1000 milligrams every couple of hours with a full glass of water.

## This "Forgotten" B Vitamin is Crucial to Your Heart Health

Did you know there is a very effective B vitamin that safely improves heart health? Most doctors don't. And that's too bad...

It's called niacin, and it plays an active role in more than fifteen metabolic reactions. Niacin lowers LDL (bad) cholesterol and triglycerides while raising HDL (good) cholesterol. It also improves circulation by dilating the



blood vessels. I have tested its effectiveness in thousands of patients in my 20 years practicing medicine.

Take Bob, for example. Bob is a 50-year-old man who came to me after learning that he was at a high risk of suffering disastrous heart problems. He learned from his doctor that his HDL (good) cholesterol was too low and that his LDL was too high. As a result, his doctor prescribed a statin drug.

But Bob didn't like what happened next. He became extremely fatigued. His thinking slowed down, and he felt *like an old man*. That's why he came to me. The first thing I told him was that it really doesn't matter what your total cholesterol level is: as long as your HDL levels are high, your risk of heart-related health problems decreases dramatically.

One of the first things I did was to recommend that Bob consider a natural approach to managing his cholesterol rather than using a bazooka like so many conventional doctors would suggest.

I told Bob that most doctors never learned how to administer niacin properly so they are afraid to recommend it. And as usual, modern medicine has forgotten just how effective niacin is at improving heart health.

Easily Increase Your Good HDL Cholesterol

I personally have used niacin for heart health safely with my patients for years and have seen amazing results. Niacin offers a lot of heart health benefits. For one, it has been found to increase HDL cholesterol by 20% to 35%. And no other solution is as effective.<sup>46</sup>

It also:

- Decreases LDL by 5% to 25% and triglycerides by 30%. High triglycerides are also a big factor for heart health.<sup>47</sup>
- Blocks the release of fatty acids from fat cells resulting in lower LDL and higher HDL.<sup>48</sup>
- Improves nitric oxide synthase (NOS) activity.<sup>49</sup> This produces nitric oxide (NO) which causes the linings of your blood vessels to relax and open up, improving circulation, and helping your body to deliver oxygen in the blood more efficiently.

The key to niacin is using the right amount and the right kind. Unfortunately, 20 to 30 years ago, very slow-release niacin was used and caused liver toxicity in some people. This scared some doctors away from it. That's why I recommend *sustained release* niacin (sometimes referred to as extended release). It doesn't act as slow as slow-release niacin which makes it much safer.

*Immediate release* niacin is also safe but tends to cause a common side effect – hot flushes – more often than sustained release. Hot flushes are a redness, burning, and itchiness of the head, neck and frequently the chest and torso.

Some people are bothered by the hot flushes more than others. But most people find that they usually don't last very long and tend to subside with the continued use of

Foods that are Rich in Niacin

Dietary Source	Niacin mg
Beef Liver 3.5 oz	14.4
Chicken White Meat 3.5 oz	13.4
Peanuts (1/2 cup)	10.5
Salmon 3.5 oz	8.0
Ground Beef 3.5 oz	5.3
Mushrooms – raw (1/2 cup)	1.7
Barley – cooked (1/2 cup)	1.6
Lentils – cooked (1/2 cup)	1.4
Almonds (1/2 cup)	1.4

the niacin. Drinking plenty of water and avoiding alcohol and spicy foods also helps to alleviate flushing.

- I recommend taking 500 mg a day of sustained release niacin for heart health benefits. You should discuss this with your doctor as an alternative to statin drugs. Remember to ask about sustained release or extended release niacin.

## Get the Right Type of Vitamin E for Heart Power

You may already know that vitamin E helps protect your heart. New evidence shows that a more natural form of vitamin E is even more effective.

Vitamin E is essential for life. But the human body has no need for synthetic chemicals. And this is where the problem begins. Because most of the scientific research into the effects of vitamins use synthetically-made versions in their studies. The media rarely mentions that.

The first problem with that is the kind they use – all-rac-alpha-tocopherol acetate – is a lab-created look-alike that's only half as biologically active as natural alpha tocopherol.<sup>50</sup>

And that's only half the story.

Because what misinformed journalists and even most doctors fail to recognize is that this “Franken-vitamin” is derived using petroleum products, and is also sometimes made from genetically modified vegetable sources like corn and soy.<sup>51</sup>

What's worse is that all-rac-alpha-tocopherol has all kinds of known toxic effects. Nausea, muscular weakness, fatigue, headache, and blurred vision are just a few of them.<sup>52</sup>

Yet most clinical trials on vitamin E give people only this synthetic clone.

You probably already know that vitamin E is really a combination of eight different forms. There are four tocopherols and four tocotrienols. In nature, they occur together, and make up the most important chain-breaking fat-soluble antioxidant we have.

It's so powerful that they based the ORAC scale on it. You may have heard of it. The ORAC scale was developed to measure the antioxidant power of foods. And it's based on comparing foods to the antioxidant power of vitamin E.

The ORAC scale measures the “trolox equivalent” of foods, and trolox is a vitamin E derivative.

They use it as the benchmark to measure how powerfully something can break the chain of free radical reactions.

## A Better Vitamin E

You have more of the alpha tocopherol inside you than the other forms. But, you can't just grab that, throw it in a vitamin and tell people that it's “healthy.” These attempts to outsmart **nature** run into predictable problems.

For example, only giving people the alpha tocopherol can make a lack of vitamin E worse. It will keep you from absorbing enough tocotrienols. And tocotrienols are the real workhorses of the vitamin E compounds.

The reason you don't hear about tocotrienols is many commercial vitamin manufacturers overlook them because of cost concerns. But you can't get all the benefits unless you get all of the forms of vitamin E.

And tocotrienols have benefits that tocopherols don't have. They give vitamin E its antioxidant punch. In fact, a new study shows gamma tocotrienol boosts your cells' antioxidant strength by 300%.<sup>53</sup>

Plus they have a lot of heart-protective qualities. They lower C-reactive protein, a marker for heart disease, and they raise HDL. And gamma tocotrienols can protect your heart from damage and oxygen loss if you're injured.<sup>54</sup>

One study found that tocotrienols not only stop prostate cancer cells from forming, but keep mature cancer cells from invading the prostate in the first place.<sup>55</sup>

Tocotrienols also fight both breast and pancreatic cancer,<sup>56</sup> and cause lymphoma cells to commit suicide while protecting normal cells.<sup>57</sup>

They help lower your triglycerides, and your blood pressure. Tocotrienols also lower cholesterol by "attacking" a cholesterol-creating enzyme called HMG-CoA.<sup>58</sup>

The trick to getting all the benefits of vitamin E is to get it as close to the form nature intended as possible. There are two ways to do this.

**The first is way is to** eat plenty of nuts, eggs, and dark leafy green vegetables. You also find tocopherols and tocotrienols in "fatty foods," including meat, fish, oils, seeds, and avocados.

Personally, my favorite oil is annatto. I first encountered it in the Andes Mountains. After you ascend the Andes from the east and start down into the Amazon basin, annatto grows in the foothills before you get to the dense rainforest.

Annatto oil is full of tocotrienols, especially the delta tocotrienol.

However, it is virtually impossible to consume enough of these to get enough vitamin E. For example, you would have to eat two pounds of sunflower seeds every day to consume all of the tocopherols and tocotrienols you need.

**That's why the second way to get enough vitamin E is to** supplement, but only if you can't get what you need through your food.

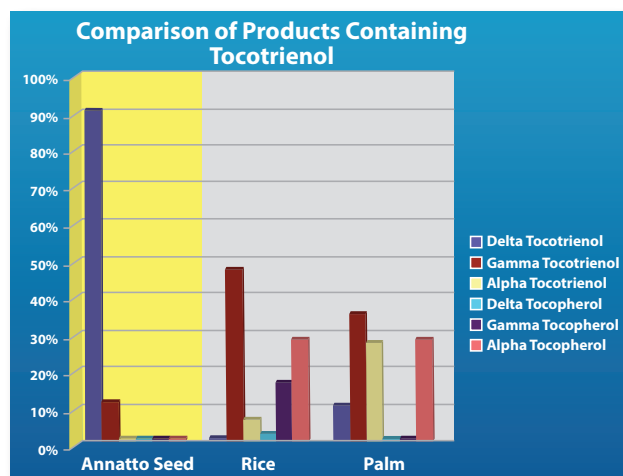
Make sure you're not getting the synthetic version of only one form of vitamin E.

Stay away from any vitamin E labeled d-alpha or especially dl-alpha tocopherol. The "dl" means it's synthetic, and if it only contains "alpha-tocopherol, then it's got only one of the eight forms.

Some vitamin makers will list each tocopherol and tocotrienol individually. Others may list all of the forms as "mixed tocopherols and tocotrienols." Try to get at least 400 IU a day, but no more than 200 IU of alpha tocopherol so that it doesn't lessen the effects of the tocotrienols.

## Finding a Doctor Who Will Work With You

You owe it to yourself to find a doctor who will take an innovative approach to heart disease prevention and



**Annatto oil has more tocotrienols than any other oil, including palm kernel or rice.**

treatment. You need a doctor who will not automatically turn to prescription drugs to control your cholesterol, who will work with you to develop an exercise program, and who will perform the state-of-the-art tests to assess your cardiovascular health.

You may need the care of a specialist, such as a cardiologist, who is referred by your primary care physician. (Many specialists accept patients only when referred by a primary care physician, and many insurance companies won't pay without prior approval).

To find a physician, ask friends and relatives for recommendations. If you have moved, ask your former physician for suggestions. Check with your insurance companies to find out if there is a list or panel of participating physicians. If your insurance company works with certain providers, you will need to choose from doctors on that list.

Then, don't hesitate to interview the doctor before committing to become his patient. Find out if he is knowledgeable in preventative medicine and open to alternatives such as vitamins and nutritional supplements. If you're not happy with the answers, keep looking.

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## Notes

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