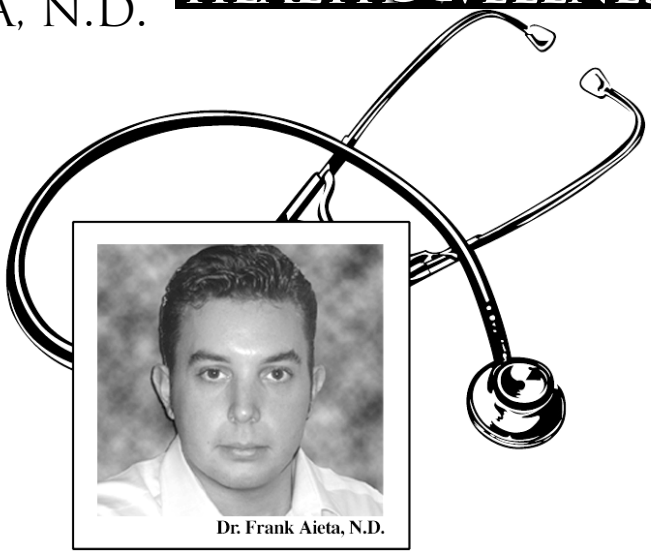
PREVENTING CARDIOVASCULAR DISEASE (PART 1 OF 2)



Over the past several years, there has been a push by the medical community to lower people's cholesterol as much as possible to prevent cardiovascular disease.

The laboratory standard for total cholesterol is becoming lower and lower, and before you know it, everyone in America will be on some type of cholesterol-lowering drug. People are mislead to believe that if their cholesterol levels are in a normal range, then they are considered healthy and at a low risk for heart attacks and strokes.

If this was true, then why are half the people who suffer heart attacks each year in the normal- to low-cholesterol range?

Cholesterol is not the main culprit; in fact, your body needs cholesterol. It's the major building block for your sex and adrenal hormones (including cortisol, DHEA, testosterone, progesterone and estrogen), and it helps to keep your liver and nervous system functioning properly. When you interfere excessively with your cholesterol levels, either by restricting your diet or by taking cholesterol-lowering drugs (which have been linked to sexual dysfunction, an increased risk of cancer and numerous other side effects), the results can be problematic.

People have a vision of grease and fat floating through the blood, clogging up their arteries, but this is just not the case. Cholesterol won't clog your arteries, unless it has something to attach to, like a ridge or a rip in the wall of an inflamed artery. The fact is that cardiovascular disease is an inflammatory process, and its treatment is more complex than just simply taking a pill to lower cholesterol.

I am not saying that having excessively high cholesterol is a good thing, but that it is only one risk factor amongst many others that contribute to cardiovascular disease.

In my opinion, there are several specific risk factors that take precedence over simply reducing elevated cholesterol to prevent heart disease.

The first of these risk factors is homocysteine. Elevated homocysteine in the blood can cause those rips and ridges in the artery wall to which cholesterol can stick. Normally homocysteine is used to build and maintain tissues in the body. Your body forms it when you eat foods containing the amino acid methionine, which is present in all animal and vegetable protein. However, too much in your bloodstream literally shreds your arteries from the inside out, allowing fat and cholesterol to stick. Eventually, this will lead to a total blockage, followed by a heart attack or stroke.

Thirty years of intensive research has revealed that excessive homocysteine not only damages the artery wall, but disables a mechanism in your arterial cells called contact inhibition, which regulates the growth of smooth muscle cells just below the inner wall of the artery. As a result, smooth muscle cells can multiply out of control. This creates a bulge that pushes other cells apart and protrudes into the artery. This is what makes arteriosclerosis possible: The inner wall becomes uneven, torn and rough, and then the buildup of plaque begins (cholesterol sticking to the artery wall).

Homocysteine can be checked with a routine blood test run by your doctor. Many of the labs that will run the tests state that normal homocysteine can range from 5-15 micromoles per liter (umol/L) of blood. Yet, epidemiological data reported in the American Heart Association's journal "Circulation" reveal blood levels of the amino acid above 6.3 cause a steep progressive risk of heart attack.

In my practice, I try to get my patient's level as close to 6.3 as possible.

The reason you may not have heard of this particular risk factor, is because its treatment is not through the use of drugs or surgery, but through vitamin treatment. B-vitamins, specifically folic acid, B-12 and B-6 in adequate doses will lower homocysteine levels to an acceptable range. I will typically run repeat blood work after two months of treatment to reassess the patient's levels, and then adjust their dose of these vitamins accordingly.

Another risk marker that can be checked through routine blood work is called cardio C-reactive protein. This is a marker that indicates the amount of inflammation in the arteries. Some studies show that people with high levels of C-reactive protein are almost three times as likely to die from a heart attack as those without. I run this test on the majority of my patients, and if I find it to be elevated, it can be lowered very successfully by natural means.

In addition to changing the person's diet and using B vitamins to lower their homocysteine, I use high doses of antioxidants such as vitamins A, C and E, as well as fish oil, garlic and various anti-inflammatory herbs to efficiently lower C-reactive protein levels. The optimal range for C-reactive protein is below 1.3 mg/L. Typically, I rerun this test every three months, to ensure that my treatments are effective.

Next month, three more vital risk factors will be addressed. These risk factors should also be assessed when trying to prevent and treat cardiovascular disease.

Dr. Frank Aieta is a board certified and licensed Naturopathic Physician with a private practice in West Hartford, Conn. He specializes in the treatment of disease, using natural therapies such as acupuncture, homeopathy, spinal manipulation, clinical nutrition, and herbal medicine. If there is a specific topic you would like to see addressed in an upcoming column, you can e-mail him at DrAieta@aol.com or visit www.DrAieta.com for additional information.