

# PREVENTING CARDIOVASCULAR DISEASE (PART 2 OF 2)

Last month we began with a discussion of some of the cardiovascular risk factors that often go unchecked by traditional medical doctors. There is a strong emphasis on simply lowering cholesterol to prevent cardiovascular disease, despite numerous additional risk markers existing.

Specifically, homocysteine and C-reactive proteins were addressed. I gave the wellness ranges for each, as well as some natural treatments to correct both if they are found out of range. This month, three more addressable and vital cardiovascular disease risk factors will be discussed.

Let's begin with insulin resistance. This is the early stage of type-II diabetes and is one of the major causes I have found of elevated cholesterol and inflammation in the arteries. Insulin is a hormone that is manufactured by the pancreas, and its main function is to regulate the level of sugar (or glucose) in the blood stream. When we consume a diet that is high in sugar and refined carbohydrates, our cells become insensitive to the actions of insulin. This is dangerous because insulin is required to move sugar, fats, cholesterol and protein into our cells to be used up as energy. Instead of entering the cells of the body, all of these things stay in the blood stream and become elevated as seen on a blood test.

When this insulin doesn't work properly, our bodies compensate by making even more of it. Excessive amounts in the blood can cause inflammation in the arteries as well as increase our blood pressure, leading to more inflammation and damage to the arteries. People with insulin resistance are typically overweight with a lot of abdominal fat and tend to have a fasting glucose level on their blood work of above 100 and fasting insulin above five.

My major treatments for insulin resistance are dietary changes consisting of small frequent meals,

eliminating all sugar and refined carbohydrates, and inserting protein at each meal and exercise for at least an hour a day. I also incorporate natural herbs, vitamins and minerals into the treatment plan. The trace minerals chromium and vanadium are two of the most important, as well as alpha-Lipoic acid, magnesium, and zinc. The doses of each of these nutrients are determined on a patient-to-patient basis.

Next on the risk-factor list is low thyroid function. Your thyroid gland produces hormones that help regulate your metabolism (how quickly our body uses the nutrients we take in as energy). When a person's thyroid is under-active, all of their bodily functions tend to slow. Weight loss becomes very difficult, cholesterol levels and blood pressure can become elevated, fatigue can set in, and depression can occur. I have found that many physicians will look at a blood test called TSH and, unless it is out of range, no treatment will be offered despite the patient exhibiting symptoms of an under-active thyroid. Often, these symptoms are treated with other drugs like cholesterol-lowering medications, an antidepressant, or a blood-pressure lowering drug, which don't address the root cause of the symptom.

The problem with treating the person based on the blood test alone is that the range is so large (.40-5.50). Many doctors will wait until this TSH is way out of range before they will even consider treatment.

I consider the optimal range to be .40-2.0. This is based on research that shows patients with a TSH above 4.0 run a significantly greater risk of developing heart disease. Another study showed patients with a TSH above 2.0 experienced significant drops in their elevated cholesterol levels when they were treated with thyroid medication. I also run a test called "free T3," which looks at how much

active thyroid hormone the person is actually making. The treatment I typically recommend is supplementing with a natural thyroid hormone replacement called Armour thyroid or one called Nature-Throid. I have found both work extremely well in correcting symptoms of an under-active thyroid. Some important nutrients I will also prescribe for proper thyroid function are iodine, selenium, zinc and copper.

This last factor pertains to just men. According to a recent study in the journal "Metabolism," low free testosterone is considered a major risk factor in predicting the severity of artery blockage. This study goes one step further and states low free testosterone is considered an independent risk factor, meaning that if you did everything else recommended to protect your heart (lower your blood pressure and cholesterol, stop smoking, lower homocysteine, lose weight and control diabetes), you would still be at a great risk for serious cardiovascular problems like heart attack or stroke.

This study has prompted me to check all of my male patients' free testosterone levels. An interesting point to note is that testosterone is a hormone that is formed from cholesterol. If we were to excessively block cholesterol formation with the use of drugs, then we wouldn't have enough to make sufficient testosterone, further increasing your cardiovascular risk. The typical laboratory range for free testosterone is 50-210, which once again is a very large range. I consider 150-210 a much healthier range for most men. These ranges can often be achieved through natural herbs and vitamins. My favorite herb for accomplishing this is Tribulus terrestris. It can actually strengthen the

heart and can naturally lower cholesterol levels as well. Also, zinc and vitamin A are two nutrients that are needed by the body for adequate testosterone production to occur.

The next time your doctor says you are in good cardiovascular health because your cholesterol is in the normal range, ask him or her to run the following tests: homocysteine, cardio C-reactive protein, TSH, free T3, free testosterone, fasting glucose and fasting insulin. Then visit a naturopathic physician to help you change your diet and get you on the proper nutritional/herbal supplements that are best suited to treat you and your condition.

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