Some unexpected help for cardios

USA — Conceptually and therapeutically battered, Western cardiology — particularly in the USA, where the constellation of conditions called “heart disease” constitutes the single largest portion of the $1.2 trillion “healthcare delivery” bill — is now finding at least some progress from the very area it has largely ignored or vilified:

Nutritional and/or metabolic therapy.

With the multi-billion-dollar cardiovascular industry still reeling from cataclysmic research outcomes in 2002 — a wholesale attack on the highly profitable “statin” drugs pitched by virtually every heart disease “expert” in the orthodox camp as a sure way to lower cholesterol, and growing attacks on the cholesterol theory of heart disease itself — sensible doctors are looking into once forbidden areas for help.

In the American Journal of Clinical Nutrition (AJCN) in 2002, Johns Hopkins University researchers found that the old standby vitamins C and E may help keep arteries healthy. And at the same time (Circulation, Sept. 3, 2002) French researchers found that wine helps prevent second heart attacks — new information pilled on numerous earlier studies which pointed the same way.

The research parallels the startling evidence (see ICHF VI:3-4, 2002) both that the multi-decades-old industrially promoted “cholesterol theory of heart disease” has been overestimated at best and that the huge drug industry which has grown up around cholesterol-reducing drugs is rickety.

Even so, since the “statin” drugs used to reduce cholesterol also have anti-infection properties, US medical orthodoxy last fall was left busy claiming that such medicines (Lipitor, Pravachol, and similars) could still be useful in going after the presumed new “prime cause” of heart disease: deep-seated inflammation to be determined primarily by simple tests for the liver-produced “C-reactive protein.”

The reality that the inflammatory process in cardiovascular disease may be of much greater importance than counting the eight or so varieties of cholesterol which can be assessed in blood tests also points to the validity of the usually sidelined “free radical theory of disease.”

In the latter, the inflammatory process is intimately connected with the oxidant/antioxidant seesaw involving “reduced” oxygen, reactive oxygen species [ROS], free radicals, free radical scavengers and oxidative agents. This process in turn is probably linked to the massive consumption in the Western world of refined [that is, unnatural] carbohydrates, which some see as a bedrock condition for the pentagonal interlock of metabolic diseases: obesity, diabetes, hypertension, atherosclerosis and cancer. See Medical Armageddon, Chapter XVI.

(The latest cardiological spin also helps explain why at least half the heart attacks which occur annually in the USA do so in the absence of elevated cholesterol levels, hypertension and even cigarette smoking — all pointed to for decades as prime causes of cardiovascular disease).

Nutritional therapists have for years warned against the oxidative effects of refined carbohydrates and the multiply deleterious effects of “free radicals” — oxygen atoms altered in the oxidation process — particularly when there are insufficient antioxidants (vitamins, minerals, enzymes, other nutrients which have the ability to mitigate or “scavenge” reactive oxygen species [ROS], substances which can be described as crypto — or authentic free radicals).

In the Johns Hopkins study (Dr. Han-Yao Huang and colleagues), participants took either 500 milligrams (mg) of vitamin C alone; 400 international units (IU) of vitamin E alone; both vitamins together; or an inactive placebo for two months.

Results showed that both vitamins C and E lowered urine levels of a byproduct of lipid oxidation but that taking both vitamins at once was CONTINUED ON PAGE 16
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no more beneficial than taking either vitamin alone.

The researchers also noted that the daily dose of vitamin C used in
the study is easily achievable by eating vitamin C-rich foods, yet it
would be “virtually impossible” to consume the dosage of vitamin E
through food alone.

The research indicated that the antioxidant vitamins C and E have
a beneficial impact on lipid oxidation, a process suspected to be a major
contributor in the onset of atherosclerosis, and in keeping with free-
radical theory.

In the French study, Dr. Michel de Longeau and colleagues at the
Joseph Fourier University (Grenoble) found that middle-aged men who
had already had one heart attack and who regularly drank two or more
glasses of wine were 50 percent less likely than teetotalers to have a
second heart attack.

In the US, doctors have been advised against prescribing red wine
to patients as the American Heart Assn. (AHA) believes that there is not
enough evidence to prove that red wine can protect against coronary
heart disease. But many physician recommend it anyway.

The FDA in November approved a home version of a defibrillator, a
device designed to start a stopped heart with a jolt of electricity. The cost
of Philips Electronics’ Heart Start Defibrillator: $2,295 per unit.

Americans’ risk of dying after developing heart failure has fallen
about one-third since the 1950s, though the outlook for women has
improved more than it has for men, a study published Oct. 31
showed.

While new drugs have been shown to improve survival, the research
is the first population-based evidence that people are living longer with
the disease, reported The Associated Press.

About 4.8 million people have heart failure, which occurs when a
weakened heart cannot pump blood efficiently.

Heart failure afflicts mostly the elderly and is thought to be on the
rise because of the aging of the US population. It contributes to
about 287,200 deaths a year.

Researchers analyzed five decades of data from the Framingham
Heart Study and found the number of new cases in women had dropped
by about one-third, but there was no change for men.

They also concluded that survival improved for men and
women, with deaths from heart failure decreasing about 12 percent each
decade. They reported their findings in the New England Journal of
Medicine (NEJM).

Menopause: black cohosh gets an iffy okay

USA — As women continue scrambling to find healthy alternatives
to the double synthetic hormone approach to menopausal symp-
toms — an endeavor marred by last July’s disclosure that the hormones
lead to higher risks for breast cancer and coronary heart disease — at
least one area of natural therapy (though the product was delivered by a
pharmaceutical giant) seems to have received an okay from orthodoxy.

In November, Columbia University and George Washington
University researchers reported that GlaxoSmithKline’s Remifemin, a
concentrated brand of black cohosh, was the primary victim in a study of
29 independent studies on alternative treatments for menopause.

Black cohosh, a member of the buttercup family and promoted
for generations as, among other things, a natural treatment for symp-
toms of menopause, “appeared to work” in three of four studies, re-
searchers wrote in a November Annals of Internal Medicine.

But other herbs reported to be useful against menopausal
symptoms — particularly ginseng, red clover, dong quai and oil of evening
primrose — were found to have no noticeable effect, a conclusion which
hundreds of herbalists and tens of thousands of patients have had a
time believing.

Even so, the fact that an industrial version of black cohosh was
found useful in menopause provided some relief for seven million
American women who learned last year that the estrogen/progestin syn-
hormone combo pushed by the medical establishment as “the”
treatment for menopause symptoms under the title HRT — hormone
replacement therapy — was downright dangerous.

Both black cohosh and yam-based natural progesterone topical
creams have been through sufficient scientific tests to make them worth-
while replacements for HRT, the American Assn. for Health Freedom
(AAHF) announced in November.

“Medical profession has done an inadequate job of keeping

up with natural alternatives to the horse urine estrogen/progestin HRT
that’s been touted as the cure for everything from hot flashes to heart
disease and osteoporosis,” said Candace Campbell, AAHF executive
director.

“In spite of the lack of knowledge by their doctors, women are
discovering that there are other choices, and they’re having trouble
finding professionals who are educated about the many safe options.
That’s when they call us.”

A leading nutrition expert and AAHF board member, Shari
Lieberman PhD, pointed out that several non-toxic supplements includ-
ing black cohosh have been through rigorous scientific testing.

Numerous studies in peer-reviewed scientific journals show that
these treatments do work, and further, have no adverse effects, said Dr. Lieberman, who is author of the book Get Off the Menopause
Roller Coaster.

“Women do have safe alternatives contrary to what some would
have you believe,” said Larry Webster MD, a board-certified physician
who specializes in hormone therapy in Winston-Salem NC.

“We’re talking about herbs and botanicals that have been com-
pounded under strict laboratory controls into natural pharmaceutical
products than can be easily metabolized by the body as natural hor-
mones. It sure beats synthetic progestin or a product made from horse
urine.”

(To arrange interviews with patients who have switched from
synthetic HRT to natural alternatives, as well as with Dr. Lieberman,
Dr. Webster or Ms. Campbell, contact: Candace Campbell, Executive
Director, American Assn. for Health Freedom [formerly American Pre-
ventive Medical Association], www.healthfreedom.net, PO Box 458,
Great Falls VA 22066, 800-230-2762. FAX 703-759-6711, or can-
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