Red Yeast Rice Saves Lives

Some 4,870 patients (mean age, 58 years) with a previous myocardial infarction were randomly assigned to receive, in double-blind fashion, 300 mg of Xuezhikang (a partially purified extract of red yeast rice) twice a day or placebo for a mean of 4.5 years. The daily dose of Xuezhikang used in this study provided 5.0-6.4 mg/day of lovastatin. Mean plasma total cholesterol (-13% vs. -2%) and LDL cholesterol (-20% vs. -3.5%) decreased to a greater extent in the active-treatment group than in the placebo group (p values not stated). The frequency of the primary endpoint (nonfatal myocardial infarction or death from coronary heart disease) was significantly lower by 45% in the active-treatment group than in the placebo group (5.7% vs. 10.4%; p < 0.001). Death from coronary heart disease (3.8% vs. 5.5%; 31% decrease; p = 0.005), total mortality (5.2% vs. 7.7%; 33% decrease; p = 0.0003), and incidence of nonfatal myocardial infarction (1.9% vs. 4.9%; 61% decrease; p < 0.0001) were significantly lower in the active-treatment group than in the placebo group. No serious side effects were reported. Minor occasional and transient increases in serum transaminase and creatine kinase levels occurred with similar frequency in the active-treatment and placebo groups.

Comment: The results of this study indicate that long-term treatment with Xuezhikang decreased the mortality rate and the recurrence rate of coronary events in patients with a history of myocardial infarction. The improvements observed in this study are at least as great as, and possibly greater than, those obtainable with statin drugs. Moreover, Xuezhikang was safe and well tolerated. Red yeast rice products contain a wide array of monacolins (statinlike compounds), including lovastatin. Although red yeast rice can cause similar side effects as those caused by statins, they occur much less frequently with red yeast rice. Presumably, providing small amounts of many different monacolins at the same time is safer than providing large amounts of a single one.

The federal government should fund a study to see if these results from China can be confirmed. If they can, then red yeast rice would become the standard of care for heart disease prevention; and the government’s Medicare and Medicaid programs could save billions of dollars per year on high-priced statin drugs.


Coenzyme Q10 Improves Results of Coronary Bypass Surgery

Thirty patients scheduled for elective coronary artery bypass graft surgery were randomly assigned to receive 150-180 mg per day of coenzyme Q10 (CoQ10) or no CoQ10 (control group) for 7 to 10 days preoperatively. Compared with the control group, the CoQ10 group had significantly fewer reperfusion arrhythmias, had a significantly lower total inotropic requirement, required significantly less mediastinal drainage, required significantly fewer blood transfusions (mean, 630 ml vs. 990 ml; p = 0.05) and other blood products, and had a shorter mean length of hospital stay (7.1 days vs. 10.3 days; 31% decrease; p = 0.02).

Comment: Cardiopulmonary bypass, which occurs during coronary artery bypass graft surgery, is known to induce oxidative stress and to decrease antioxidant levels. CoQ10 functions as an antioxidant and also as an important cofactor for energy production. The results of the present study indicate that supplementation with CoQ10 can improve clinical outcome in patients undergoing coronary artery bypass graft surgery. The reduction in the length of hospital stay and in the need for various medications and procedures would probably save at least $5,000 per patient.

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