Natural Treatments for Angina

Nearly 50 years ago, Malkiel-Shapiro, a South African physician, reported that patients with coronary heart disease and angina frequently responded to parenteral administration of magnesium, "sometimes in a dramatic and almost unbelievable manner, and this after all conventional and accepted methods of therapy had failed and sufferers had lost hope of ever obtaining relief." The usual dosage in chronic angina was 0.5-2.0 ml of a 50% solution of magnesium sulfate, given intramuscularly or intravenously every 5 days for 12 injections, with a repeat series of injections given, if needed, after 4-6 months. Subsequently, a few other physicians reported similar results.

In my clinical experience, parenteral magnesium (usually given in combination with B vitamins) is successful more often than not, and it is probably the most important component of a natural treatment regimen for angina. Oral magnesium may provide symptom relief in cases of mild angina, but in more severe cases, injections are usually necessary.

More recent research has confirmed that intravenous magnesium is beneficial in the treatment of variant angina and unstable angina and that oral magnesium supplementation can improve exercise tolerance and reduce exercise-induced chest pain in patients with coronary artery disease.

Magnesium has a number of different physiological effects that might be expected to improve cardiovascular health: it inhibits platelet aggregation, promotes dilation of blood vessels, lowers elevated blood pressure, and plays a key role in intracellular energy production. Moreover, magnesium is one of the safest and least expensive treatments available. Although magnesium appears to be an ideal treatment for angina, it has largely been ignored by the medical profession, which seems to prefer more expensive and more dangerous drugs and surgical procedures.

Coenzyme Q10 (CoQ10) has also been used with some success in the treatment of angina. In a double-blind trial, 12 patients with stable angina were randomly assigned to receive 150 mg/day of CoQ10 or placebo for four weeks, and then the other treatment for an additional four weeks. Compared with placebo, CoQ10 significantly increased exercise tolerance on a treadmill, and reduced the frequency of anginal episodes by 53% (clinically, but not statistically, significant). In another double-blind study, 64 patients with hypertension and coronary artery disease were randomly assigned to receive 60 mg of CoQ10 twice a day or placebo for eight weeks. During the treatment period, the prevalence of angina was significantly lower in the CoQ10 group than in the placebo group.

In a double-blind crossover trial that included 44 men with chronic effort-induced angina, L-carnitine (1 g twice a day for four weeks) significantly improved exercise tolerance, compared with placebo. Twenty-three percent of the patients were free of angina during L-carnitine treatment, compared with 9.1% during placebo treatment.

Dietary factors that may be beneficial include consumption of a low-fat, vegetarian diet and avoidance of alcohol and caffeine. In some people, angina is triggered by an abrupt fall in the blood-glucose concentration (reactive hypoglycemia). Hypoglycemic angina is probably triggered by the release of epinephrine, which occurs as a response to the decline in blood sugar. Hypoglycemia as a cause of angina should be suspected when the symptoms occur primarily before lunch or supper, or after fasting. It can often be well controlled by measures designed to regulate blood sugar levels (e.g., avoidance of refined sugar, caffeine, and alcohol; consumption of small, frequent meals; and supplementation with chromium, B-vitamins, magnesium, and trace minerals). There are also isolated reports of angina occurring as a result of allergic reactions to foods or environmental chemicals. I have seen three patients with angina that could be well controlled by avoidance of specific foods to which they were sensitive. Another patient with angina that appeared to be triggered by exposure to various inhalants was able to prevent chest pain by regularly taking an antihistamine (Seldane).

While the natural approach to preventing and treating angina is not always successful, a large proportion of my patients with angina have experienced substantial symptom relief. Many have been able to reduce or discontinue their prescription medications, and a few have been able to eliminate the need for a surgical procedure.

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References