

Make Yourself

Heart Attack Proof

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Make Yourself Heart Attack Proof

Cholesterol, LDL vs. HDL, homocysteine, C-reactive protein, and hypertension. You've heard of them all, and know they incur heart-disease risk.

But if you're like many who consult with me, you're probably confused by all the mish mash of separate numbers thrown at you, especially when your doctor recommends you treat lab numbers with drugs.

When your doctor looks at your blood lab results, he instantly lumps you in with the rest of the world and insists you're headed for a heart attack if you don't take his drugs. This drives me crazy because we're all different. I've always told you that more important than a number is what your body does with the risk factor. Studies have proven that high cholesterol by itself isn't a risk, nor is high LDL. But some people might not handle the higher numbers very well.

Wouldn't it be great if you could learn how your particular numbers affect you personally? Wouldn't you love to know if your hypertension and high homocysteine levels are really causing a problem?

Well, I have great news for you: There's now a simple way to see what your combined risk actually is.

Ken Kensey, MD is a cardiologist who is revolutionizing cardiac risk evaluation. He has boiled down risk to a final common denominator – blood viscosity (thickness).

To understand viscosity, consider water and ketchup. Turn a bottle of water over and it just flows out. Turn ketchup over, and it hardly moves! However, put pressure on the ketchup, as in shaking it out or squeezing the bottle, and the thick stuff flows right out. Certain fluids, such as ketchup, actually become less thick and flow easier when subjected to pressure.

Blood is more like ketchup than water. It has significant viscosity and only oozes without pressure. Yet when subjected to pressure (i.e. heart contraction), it readily flows.

Here's the rub, literally. If a fluid gets too

thick, it can erode the sides of the pipe it flows in. Blood, which flows through pipes of its own (your arteries), is no different.

For decades, medical scientists were perplexed that atherosclerosis is not a systemic disease. In fact, it occurs quite predictably at branching of vessels. This strongly suggests that it's a mechanical rather than a biochemical (lab value) process that initiates the disease. There's a simple answer.

I'm sure you've watched the flow of water in a stream. The water close to the bank flows slowest (due to friction) compared to the center. When the stream branches or joins with another stream, it creates eddies, areas of backflow and turbulence. If the flow is gentle, the bank is well defined. If the flow is turbulent, the bank becomes eroded. If the stream is laden with silt (thickened water), the erosion accelerates.

Your arteries also have eddies at the places where they divide. And as your blood gets thicker (more viscous), the force at these eddies increases. Thick blood or turbulence creates sheer forces (friction), which, like sandpaper, erode the inner lining of the artery (called the endothelium). To protect itself, the artery forms calluses to handle the increased friction. A callus makes the artery narrower. But narrowing actually increases the turbulence, self-propagating the cycle! (Listen to water in a partially clamped hose and you can hear the turbulence it creates.)

When this cycle occurs, it attracts platelets (pro-clotting cells) and the site becomes inflamed to repair the damage. However, repeated events incite further damage and allow toxic materials, such as cholesterol, to migrate into the arterial wall. Local accumulations of sludge in the vessel wall thicken it, increasing the turbulence of flow. When this happens, the process speeds up. More narrowing equals more turbulence, which equals greater damage and debris accumulation. Eventually, the debris may become dislodged. That or a significant erosion of the arterial lining causes an instant massive clotting event or

obstruction. The result is a vascular event (such as a heart attack or stroke).

Now you know why atherosclerosis has specific locations: the divisions of major arteries (such as the coronaries, carotid, and femoral). These are where your arteries are most vulnerable. And like ketchup, if your blood becomes more viscous, more force (pressure) is needed to move the thick fluid. Your heart responds with more force — you now have hypertension. Hypertension is merely thick blood requiring higher pressure to make it flow. And more pressure creates more damage! It's a vicious cycle.

Now to understand the significance of viscosity, Dr. Kensey, in his book *The Blood Thinner Cure*, details the prime factors that increase viscosity. Interestingly, the known major risk factors for heart disease are precisely those which increase blood viscosity:

(1) Cholesterol: Higher cholesterol levels, especially of LDL, increase viscosity. High HDL thins blood. However, just high LDL does not tell the full story. There's a subset of denser LDL, which is good for you. Thus, if your LDL is high, it has the appearance of risk, but you may have the beneficial dense LDL. I'll have an answer for knowing the collective and clinical impact of your numbers later.

(2) Smoking: A no-brainer. It thickens blood through increasing fibrinogen and inflammation (fibrinogen is synonymous with blood thickness).

(3) Diabetes: Makes red cells more stiff, as well as the arterial walls. Red-cell stiffness makes blood thicker.

(4) Blood pressure: May be secondary to viscosity. It takes more pressure to move ketchup than wine. Higher pressure actually lowers blood viscosity, but at a price to your heart and stress to your arteries.

(5) Obesity: Increases blood viscosity and fibrinogen. Lose weight and viscosity and fibrinogen drop.

(6) Gender: Women are protected until menopause. After menopause, their risk approaches that of men. I used to think it was the monthly shedding of iron. Elevated iron levels cause cellular damage. Menstruating women are blessed with excess iron shedding. However, there is more to it than just iron.

(7) Blood count and age: Here is perhaps

the most important part of the riddle. Lots of cells obviously thicken blood. But the age of the blood cells is a critical factor. Young, red blood cells fresh out of the bone marrow are soft and flexible like a young child's skin. But cells age, they incur damage, which does to red blood cells what it does to your joints: It makes them stiffer. Eventually, after about 120 days, the red blood cell is so stiff that it's taken out and recycled in the spleen. Until then, the stiffness increases viscosity considerably. Stiff cells cannot traverse capillaries, which actually have a smaller diameter than the cells they carry. Red blood cells must bend and deform to squeeze through, like you trying to walk through a four-foot diameter pipe. So a higher pressure is needed to drive the stiff cells through.

Menstruating women are not protected just because they shed excess iron. The uterus eliminates significant amounts of red blood cells, so their bone marrow is churning out lots of young flexible cells, to replace what is lost monthly. At menopause, this stops. Women very rapidly increase vascular risk, too fast to account for iron accumulation alone, which takes years. Red blood cell stiffness takes only a few months, so this model makes perfect sense.

Dr. Kensey believes the ideal hematocrit (percentage of blood that is red cells) for optimal oxygen delivery is 29. This also was a shock to me, always believing that 40 is target. As hematocrit falls to 29, there are fewer cells to carry oxygen, but the blood is thinner, so it flows easier. The net effect is more oxygen delivery. Below 29, the lower oxygen carried in fewer red blood cells offsets the benefit in thin blood. Can you now guess a free "treatment" that can significantly reduce your viscosity?

Remember the "blood letting" of centuries ago? George Washington was said to have died as a result. But could there have been something to this practice demonized as quackery?

"Shedding blood" artificially creates a deficiency of red blood cells in your bloodstream. This creates the same need for production (replacement) of red blood cells in your bone marrow as a menstruating woman. Regular donation removes both young and older stiffer cells, but replaces both with young cells. This significantly increases the percentage of younger cells in your bloodstream, and significantly lowers your viscosity.

This is the most significant, least expensive, and safest way for you to lower your overall risk of vascular disease. You can lower the average age of circulating cells by regular donation, which stimulates greater bone marrow production of youthful cells! Otherwise, your older cells will stick around for the 120 days from their creation until your spleen takes them out. And those old cells have stiff and thickened membranes!

Folks, here again is information to help you take control back from the doctor. I have had lots of patients alarmed about a single particular risk factor, such as high LDL. At last, you can get a functional test to see if your lab values are a real or not so significant risk.

Until recently, blood viscosity has been a bear to measure. Remember, viscosity is not a static measurement like the amount of cholesterol

or homocysteine, but is a dynamic measurement of flowing fluid (blood). Dr. Kensey has developed a machine he dubs the Rheolog. A sample of blood is taken and placed into one side of a U-shaped capillary tube of known diameter. The machine automatically releases the blood within the tube and it flows to the other side. Computerized sensors monitor the rate of the fall of blood, and can, thereby, accurately obtain a measure of viscosity. Dr. Kensey tells me major medical instrument companies are vying for his company, Rheologics. (The word “rheological” means flow properties.)

If you’re interested in getting a viscosity test, please call Rheologics at 610-524-5427 or find them on the Internet at www.rheologics.com to locate the nearest machine. I’m using one already!

Coming Statin Scandal Will Dwarf Vioxx

I predict that viscosity testing will soon be a mainstream mandatory test for vascular risk assessment! With a better grasp on your labs and the real bottom line, your blood’s viscosity, you’ll be better able to acquire the most specific treatment for your particular health challenge.

The arthritis drug Vioxx was recently pulled off the market by its manufacturer, Merck & Co., after studies showed that its use increased the risk of heart attacks. The fallout from the move has brought a tremendous amount of well-deserved negative press about drug companies and the Food and Drug Administration (FDA).

That negative press is going to grow a lot louder in coming months, as new studies are confirming what I’ve told you in these pages for years: Statins are extremely dangerous!

The most recent proof came in a study just published in the prestigious *American Journal of Cardiology*. In the study, 14 patients, who had high cholesterol, but were otherwise free of heart problems, started taking the very popular statin Lipitor. Within 12-24 weeks, 10 of the 14 patients (71 percent!) developed abnormalities during diastole (the resting phase of your heart’s cycle). Diastolic dysfunction is a major cause of congestive heart failure (CHF).

Let me repeat the most important finding of this study: 71 percent of patients with *normal heart function* developed a measurable degree of

CHF risk after starting Lipitor.

No wonder the number of people suffering from CHF has exploded in recent years. Since the introduction of statin drugs, claimed by proponents to save your heart from “horrible” cholesterol, the incidence of CHF has exploded. Over 400,000 Americans can expect to get CHF yearly. About half of those will die within five years of this conventionally untreatable disease.

Fortunately, there’s a good side to this story. In this same study, nine of the 10 patients who developed CHF started taking coenzyme Q10. They took 100 mg orally, three times daily (300 mg daily) for an additional three months while continuing the statin.

Eight of these nine patients saw one or more markers of diastolic abnormality completely reverse. That’s an 89 percent success rate! Four of the patients (44 percent) had all three of the diastolic parameters reversed. One of the patients saw no change in the dysfunction he developed.

I’ve been telling you this about statins for years. We know that statins work by preventing the function of an enzyme in your liver that makes both cholesterol and CoQ10. We also know that CoQ10 is an absolute requirement for energy production, oxygen combustion, and protection of your mitochondria (your cells’ furnace). And we know CoQ10 deficiency is a

major cause of CHF. The connection is obvious and indisputable!

And guess what? The people at Merck know this information, too. In fact, they knew about it in the late 1980s when they introduced Mevacor, the first statin. The evidence was so compelling that Merck got two patents for a CoQ10-Mevacor combination. You can even look it up; go to the U.S. patent website (www.uspto.gov) and look up patent numbers 4,929,437 and 4,933,165.

In these patent applications, Merck pointed out that statin drugs can lower the body's levels of CoQ10 — that this can cause myopathy — and that taking CoQ10 with statins will counteract this effect! One of the two patents even states: "Since Coenzyme Q10 ... is of benefit in congestive heart failure patients, the combination ... should be of value in such patients."

Why didn't Merck ever do anything with the patents? Merck won't say. Perhaps the company's executives figured they could make more money by selling statins alone than they could by adding CoQ10 to their products. After all, if they charged too much for the patented combination product, you could easily buy the *competitions'* statin ... then go out and get non-patented CoQ10 off the shelf.

You won't see any of this making the news. And rarely will your conventional doc recommend any natural means to lower your cholesterol. There are many nutrients you should try long before looking to statins. Here are a few of my favorites:

Action to Take

(1) The first cholesterol-lowering nutrient might surprise you, but it's the supplement you need to try before any others. The nutrient is magnesium. And it can do more for your cholesterol and inflammation than statins. Both reduce the level of HMG-CoA reductase, the enzyme that makes cholesterol in your liver. But magnesium does something statins can't. Magnesium activates an enzyme, called LCAT, which activates HDL (good) cholesterol, and reduces LDL (bad) cholesterol and triglycerides.

You won't see Merck or any other pharmaceutical company funding a study comparing magnesium to statins. But consider the cost, both financially and to your health. Statins are at least \$100 per month compared to \$20 or less for a month's supply of magnesium. You've just seen how dangerous statins are, but magnesium has only beneficial effects. You would do well to take an additional 500 mg daily of magnesium. If you

Suffering From High Blood Pressure? Re-evaluate Your Drugs

No one argues that significant hypertension carries a higher risk untreated (that of stroke) than the risk of chemical treatment. However, if you must take a drug, a new study suggests one class of drug is superior to the others.

In a study paid for by the manufacturer of Cozaar (Merck), this drug was found superior in preventing strokes and diabetes than a widely used beta blocker called atenolol. The two drugs lowered patients' blood pressure virtually identically. However, Cozaar patients were 25 percent less likely to suffer strokes and 25 percent less likely to develop diabetes.

The study involved 9,200 men and women with hypertension significant enough to cause ominous heart muscle thickening. In America, almost four million people have this level of hypertensive disease. The study suggests Cozaar use over

atenolol for this population would prevent an additional 66,000 strokes and 54,000 new cases of diabetes annually. Cozaar appeared to be especially effective in those who already had diabetes.

Action to take: The American Heart Association says diabetes is on the rise, so it's excited about this study. I'm more excited about the water fast CURE for hypertension, which I learned about last year. For those who choose not to totally solve the problem and/or cannot do the fast or do need a drug for rather high blood pressure, I've always felt the Cozaar class of drugs is the best. It belongs to the angiotensin converting enzyme (ACE) inhibitor family. If you're on a beta blocker for hypertension, talk with your doctor about this study and consider switching.

Ref: "Newer Kind of Blood Pressure Pill Found Better at Preventing Strokes," Associated Press, March 20, 2002.

get loose stools, simply lower the dose and gradually increase it to bowel tolerance.

(2) I've told you in the past about policosanol, guggul, LipoFlow, and niacin — four fabulous nutrients that work wonderfully well to lower cholesterol. You can buy LipoFlow from Farmacopia (800-896-1484). And I've seen tremendous results with Healthy Resolve's Advanced Cholesterol Formula (call 800-728-2288 to order).

(3) I've also used another product called red yeast rice with great success. But, thanks to Merck, the product is now off the market. That's right! The same company that doesn't want you to know about CoQ10 also convinced the corrupt FDA to pull red yeast rice off the shelf. This safe nutritional supplement actually contains naturally occurring lovastatin (Mevacor). I find it very interesting that Merck could wrangle a patent for its synthetic version, and then get the natural and safer stuff outlawed.

The question now, though, is whether red yeast rice is really illegal. Technically, red yeast rice is a food product and, therefore, legal under any circumstances. After Merck patented lovastatin, the company moved on Pharmanex (the distributor of red yeast rice), with the help of the FDA.

The FDA lost its first battle in court, since red yeast rice is a food in use for thousands of years. However, in "your" interests, the FDA appealed and the Circuit Court issued an absolutely outlandish ruling. The court essentially gave the FDA a loophole in the DSHEA laws, which were passed to prevent such attacks on the supplement industry.

The clear outcome of this is that it's illegal for a distributor to make a claim regarding cholesterol and red yeast rice. However, red yeast rice is not illegal to sell, simply because it's a food (the same stuff that Chinese restaurants use

to color the edges of certain meats). It's illegal for a seller to make claims about its usefulness in cholesterol control.

I consider it far safer than statin drugs. It's a whole food. Mevacor, for example, is a synthetic purified concentrate of what the drug maker considers the active ingredient. God, in His wisdom, gave us whole foods with all the co-factors needed for safe metabolism. Drug companies often extract out the "active" compound, so that they can patent or modify it. Unfortunately, the modification also modifies your body in unhealthy ways.

If you do decide to take red yeast rice, I still recommend that you take CoQ10, since it inhibits the enzyme (HMG coeductase) that also makes your CoQ10. Any time this enzyme is blocked, either by natural or synthetic means, you should take extra CoQ10 (two mg per pound of body weight).

Some of the products you'll find include: LDLX (available at www.n3inc.com), Rexall (available at Wal-Mart and The Vitamin Shoppe), and Cholestene (available at The Vitamin Shoppe under the brand name HPF). I'm sure there are others available. Shop for the best price, and pay attention to effectiveness!

(4) If you've changed your diet, get plenty of exercise, tried all of these supplements, and your cholesterol still isn't lower, your doctor may insist you take a statin. If you relent, please be sure you're consuming at least 300 mg daily of CoQ10. My favorite is the formulation used in most of the CoQ10 studies. It is also the formula offered by Healthy Resolve.

Ref: *Journal of the American College of Nutrition*, November 2004; National Heart, Lung, and Blood Institute, National Institutes of Health Data Fact Sheet. "Congestive Heart Failure in the United States: A New Epidemic." Available online: <http://www.medhelp.org/NIHlib/GF-241.html>; Silver, M.A., et al. "Effect of Atorvastatin on Left Ventricular Diastolic Function and Ability of Coenzyme Q10 to Reverse That Dysfunction." *American Journal of Cardiology*, 2004; 94: 1306-1310.

New Antioxidant Fights Heart Disease, Lowers Cholesterol, and Beats Viagra

Researchers have discovered a new antioxidant that's many times more powerful than anything else you may be taking.

This new wonder from the sea could transform almost all of your health problems. It has the power to reverse heart disease and osteoporosis.

I've seen incredible testimonials on cancer. And there are many studies on its effectiveness for everything from fibromyalgia to diabetes, dementia, and much, much more.

You may remember some of the evidence I've shown you through the years of the effec-

tiveness of flavonoids. Flavonoids are a well-known class of plant-made chemicals that act as antioxidants. We also call them polyphenols.

You already know how important antioxidants are to your health. The power of an antioxidant rests in its structure, which is made up of rings. Nature puts rings together for many different purposes. Polyphenols use the rings to capture stray electrons from free radicals. So the more rings a polyphenol has, the better it works.

Most flavonoids have three interconnected rings. Catechins from green tea have four. But the ring structure of all these pales in comparison to this newly discovered polyphenol called Seanol. And it has up to eight interconnected rings.

That makes the Seanol molecule a veritable electron (i.e., free radical) trapping machine! These molecules beat the free-radical scavenging ability of most polyphenols by 10-100 times. That means they far outshine even the extremely powerful green tea catechins.

The name “Seanol” comes from the source of the compounds — the sea. We find these compounds in several red and brown algae, in particular cava Ecklonia. This seaweed grows at a depth of about 100 feet.

This fact gives Seanol another major differ-

ence from the other polyphenols. Virtually all polyphenols from land sources are water-soluble. Water-soluble polyphenols have a short half-life in your body. Water-soluble compounds also have less ability to penetrate your blood brain barrier. Seanol compounds are 40% fat-soluble. This means they have a greater ability to get into your brain and protect it.

Like fat-soluble vitamins (such as vitamins A and D), it also means a much longer half-life in your body. The half-life of Seanol compounds is up to 12 hours compared to 30 minutes for water-soluble polyphenols.

Dr. Haengwoo Lee, a Korean biochemist now living near Seattle, Washington, found this difference makes Seanol much more effective in its treatment ability. He and his team of PhDs and MDs have researched the properties of Seanol compounds for the past 14 years. And they have the resources, with more than \$30 million of public and private funding, to do highly credible work. Their research has included test-tube experiments, animal models, and now more than seven human trials. I’m amazed at the stunning results his team of scientists has found.

First, consider safety. The team hasn’t found any toxicity at any level. In a fibromyalgia study,

Drinking and the Heart (Reprise)

A major new study followed 38,000 male health professionals aged 40-75 over 12 years (a relatively long period of time). The men who drank alcohol had 35-40 percent fewer heart attacks than those who didn’t. Most surprisingly, the best results were in men who drank some alcohol almost every day, not just sporadically.

The researchers showed that it was the frequency of drinking, not the amount that made the largest difference. Participants who consumed the same amount of alcohol, but over two days rather than a week, had benefit, but it was cut in half! And guess what? It made no difference the source of alcohol, whether red wines, beer, vodka, or hard liquor.

Lead author Dr. Kenneth Mukamal of Harvard speculates it’s the blood-thinning effects of alcohol that does the deed, much like the theoretical effects of aspirin (or better — omega-3 fatty acids). A little bit of alcohol every day may keep the platelets from sticking, reducing heart attacks and inflammation.

Action to take: Now, I would not take this information as reason to jump to the bottle. Studies have found that women who have two or more drinks a day are 41 percent more likely to develop breast cancer than women who do not drink. There’s little doubt in anyone’s mind that excessive drinking creates a host of other health problems, from the liver to the brain. What constitutes excessive drinking? The overwhelming evidence is that one drink a day may have overall health benefits. Two drinks are likely to be detrimental, and more than two are most assuredly detrimental.

If the benefits are due to less platelet stickiness, you can accomplish the same with bioflavonoids such as curcumin, ginkgo, and rutin. Add garlic, omega-3 oils, vitamin E, and proteolytic enzymes, and you have the best prescription for reduced platelet stickiness and inflammation, without any deleterious consequences.

Ref: *New England Journal of Medicine*, January 2, 2003.

there were some cases of diarrhea. But the patients already had a pre-existing tendency for the same. However, the Seanol supplement they used also contained magnesium, which can stimulate diarrhea. Researchers in Korea conducted the animal studies needed to register Seanol as a safe food substance with their FDA. They found no toxicity.

Now that you understand how Seanol works and how safe it is, let's look at how it effectively works on so many health problems.

Starting with your heart, Seanol can work wonders with vascular disease or hypertension. One of the big causes of both of these could be thick blood. There's a special protein in your blood that dissolves unwanted clots. We call it plasmin. Unfortunately, many people have inhibitors (called antiplasmin) of this protein. That could be due to genetics, excess weight, toxins, diet, and more. Seanol compounds block antiplasmin. That can fix a tendency toward clots and thick blood!

PT is a common measure of thickness of your blood. A higher PT means thinner blood. If you're taking coumadin (rat poison), your doctors will definitely be following your PT to make sure your blood is not too thin. But Seanol naturally thins your blood without danger of thinning it too much. One study on Seanol compounds found a small but significant rise in the PT and a fall in fibrinogen levels. Fibrinogen is the precursor protein to a clot. Generally, a lower fibrinogen level means less inflammation and a normal clotting system. Just this effect alone will have profound favorable effects on all circulatory and inflammatory diseases!

If you have hypertension, it's likely your doctor tried to put you on the popular ACE inhibitors. ACE inhibitors block a kidney enzyme system that can generate hypertension. Seanol compounds can potently suppress your ACE similar to the drug (enalapril) Vasotec, but better. When researchers gave rats the drug, they had rebound hypertension after stopping the drug. Seanol rats did not!

Inflamed blood vessels near your nerves will often cause nerve pain (neuropathy). Researchers recently studied Seanol on 40 patients with neuropathy. It reduced the nerve pain by a stunning 40% in just four weeks. And 80% of the patients responded favorably.

Seanol also helps improve coronary artery

disease (CAD). You may know that coronary disease is not due to cholesterol, as the statin peddlers want you to believe. Damage done to your arterial walls is determined more by how your body handles cholesterol than by the cholesterol itself. You don't want your LDL cholesterol to oxidize. When it does, it will definitely damage your arteries.

Researchers discovered that Seanol is more potent at inhibiting the oxidation of LDL than green tea catechins! It can actually scrub the plaque off your endothelial lining. And it can reduce vascular inflammation.

So it stands to reason that Seanol would protect you from cholesterol and it lowers it, too. Look at these results: Researchers gave 39 adults (average age 55.6) 100 mg Seanol compounds for six weeks. Their average cholesterol dropped from 228 to 224. LDL dropped from 141 to 135. The hard-to-raise HDL rose from 46.5 to 50.7 (highly significant). Triglycerides fell from 215 to 195. And the atherogenic index (a key atherosclerosis score) dropped a whopping 12.5%. All this with no lifestyle changes! (And remember that Seanol blocks oxidation of the "bad" LDL cholesterol.)

How can Seanol work so well? A human study showed that Seanol can regenerate your all-important vascular endothelium. These cells are the critical inner lining of your blood vessels. They generate the chemical nitric oxide (NO), which keeps the arterial wall relaxed and dilated. In one study, CAD patients were given Seanol for six weeks. Then the researchers measured blood flow controlled by NO. Flow increased 50-60%. This suggests Seanol can rejuvenate damaged endothelial cells to make NO.

How important is NO? You know that Viagra works by increasing NO in the penile artery. Scientists studied 31 men with erectile dysfunction for over six months. They compared eight weeks of Seanol use to Viagra. They looked at: orgasmic function, intercourse satisfaction, overall satisfaction, and erectile dysfunction. Over those eight weeks, Seanol scored 87%, 74%, 62%, and 66% respectively. Viagra scored 27%, 44%, 39%, and 66% respectively. No side effects were reported with Seanol. Seanol soundly beat Viagra at its own game! That strongly supports Seanol's optimization of NO.

Because Seanol improves blood flow so well, it makes sense that it would improve your

memory. Eight million Americans are believed to have “mild” cognitive decline. All the approved drugs are highly toxic. So it’s vital for you to find powerful nutrients that can get into your brain and help it work more efficiently. I’ve already shown you how Seanol can cross over the blood-brain barrier. Now let’s see how Seanol works once it’s in there.

Memory is dependent on the neurotransmitter acetylcholine (ACh). Seanol increased rodent ACh by 140% in brain regions responsible for learning and memory. And it did this after just seven days administration! Seanol compounds can easily neutralize the neurotoxic free-radical peroxynitrite. But its power is even more fantastic than that.

NIH scientists at aging research labs in Baltimore studied Seanol in rats. They found it inhibits beta-amyloid deposition in their brains. That’s the nasty stuff that accumulates in Alzheimer’s brains. These rats also learned maze

challenges faster. That shows improvement in short-term memory, so vulnerable in cognitive decline.

Your carotid arteries feed your brain. Dr. Lee’s group found that Seanol can increase the velocity of blood flow in this important artery from an average of 36.68 cm/sec. to 40.09 cm/sec. The placebo showed no improvement. An EEG study on brain waves on healthy middle-age volunteers found that Seanol compounds increase alpha waves. Alpha waves are an indicator of relaxation. So this is a good indication that Seanol is relaxing the blood vessels and balancing your brain’s activity.

I believe Seanol could be the biggest nutritional discovery we’ve seen in a generation. If you have any health condition — or just want to stay healthy — Seanol is for you. Healthy Resolve is now offering Seanol at a great price — \$69 plus shipping and handling. Call 800-728-2288 to order.

EPL: Tomorrow’s Miracle Cure for Heart Disease

If you want to avoid a heart attack or stroke — or heart disease altogether, for that matter — I have great news for you! There is now an easy way to decisively, quickly, and inexpensively yank cholesterol deposits out of your arteries. In just weeks, you can completely reverse the atherosclerosis process!

You know HDL cholesterol (HDL-C) is considered the “good” cholesterol. It protects. Yet in a small northern Italian village, atherosclerosis is almost non-existent, even in those with paltry HDL-C. According to conventional wisdom, villagers should be dropping like flies!

However, scientists have discovered the population carries a genetic variant of a beneficial lipoprotein called apolipoprotein A-1. This protein has been found to accelerate cholesterol removal from plaque. It reduces the plaque in the villagers’ blood vessels. Researchers isolated the “mutant” gene and grew the protein in genetically engineered bacteria.

In a study just published in the *Journal of the American Medical Association*, researchers infused 123 patients aged 38 to 82 with five

weekly treatments of the engineered protein. The subjects realized a net decrease in atheroma volume of 1.06 percent. Controls increased 0.14 percent. The protein induced a rapid decrease in coronary atherosclerosis. However, the authors warned it needs to be studied in much larger clinical trials. Of course, the news made worldwide headlines. This is a patented genetically engineered product. It will be terribly expensive and heavily promoted if found safe. You may have to wait years for its approval.

But medicine has had the knowledge and means to accomplish this identical feat for over two decades. And the terrific news is that the treatment, essential phospholipids (EPL), is already available for your personal use. EPL is a unique form of lecithin made from soy. It promises to revolutionize the management of cholesterol-related disorders. EPL is unlike any other drug (statins) or nutritional product on the market. EPL does not just suppress a number (cholesterol) and wait for your body to do the correction. It IS the correction!

In 1984, researchers reported on patients with advanced angina — 20 of the 34 patients

reported cessation of attacks by the end of the first week of daily IV EPL therapy! EPL reduced attacks in the other 14 by 65-90 percent. Severity dropped as well. The researchers treated 42 patients with exertional angina with oral EPL (1.3 grams daily). Angina melted by 50 percent in just 30 days. Other researchers have corroborated these findings.

The same degree of improvement occurs in peripheral vascular disease. Two hundred elderly male patients received intravenous EPL followed by oral EPL. The walking distance in 35 of the men improved from 0-200 meters to 1,500 meters. Another study documented resolution of circulatory leg pain on walking or rest in 703 of 808 patients after six weeks of therapy.

No serious reactions have ever been reported. EPL is extremely well tolerated. The dosage range was only 1.0 gram IV and 1.35 grams orally daily! Soft stools, diarrhea, constipation, and lack of appetite have occasionally been reported, presumably caused by GI sensitivity to the EPL. Generally, these effects did not result in discontinuation of the EPL. Taking the oral supplement

with meals may reduce these mild problems.

Wondering why you have not heard of this before? Actually, EPL has been long available in Europe under the trade name LipoStabil. A few years ago, colleagues told me of wondrous results they were getting with an EPL preparation called Plaquex. "It is intravenous lecithin," they said. Now investigating the biochemistry more fully, I understand why Plaquex commands such powerful results. Board certified cardiologist James Roberts of Toledo, Ohio tells how powerful IV EPL can be:

"I've been using the IV preparation for five years. A 70-year-old man came to me with severe coronary disease, atrial fibrillation, and hypertension. He needed a stent and refused. His kidney function was borderline, so I was nervous to do chelation. I used Plaquex instead. With 20 weekly treatments, his angina cleared and his functional status improved. It seemed as good as chelation therapy."

Dr. Roberts explained that LipoStabil went off patent years ago. European physician Sam Baxus was desperately trying to get some for his

Suffering From Erectile Dysfunction? Watch for Heart Disease

If you have erectile dysfunction, you may be at more risk of heart disease than you know. My friend Jonathan Wright, MD told me years ago to ask male patients about their sex lives. Poor function, it seems, is a harbinger of future vascular events. Now conventional medicine is catching up.

Researchers studied a large population of men over 54 years of age. They were evaluated for erectile dysfunction and the researchers compared it to the participants' development of vascular disease.

Normal men who developed erectile dysfunction during their time in the study had a 25% increased risk of vascular disease. For men who either started out with erectile dysfunction, or developed it during the five-year follow up, the increased risk of vascular disease was a whopping 45%. The researchers said the association was equivalent to smoking or having a family history of heart attack.

It's normal to lose virility as we age. I don't have the same prowess as when I was 18, nor would I expect to. But I definitely want all my body parts working until I'm ready to depart the earth.

Erectile dysfunction is a major problem. I

know just from being a doctor. But considering the 40 or so ads that manage to break through my e-mail spam filter each day for Viagra and other erectile-dysfunction drugs, and all the TV commercials for those same drugs, it appears the problem must be pandemic.

I'm convinced that in many men, erectile dysfunction is a harbinger for vascular events. It could be an early sign that your vessels are diseased. Perhaps your level of testosterone is too low. Testosterone is definitely heart protecting and restoring. Perhaps it's a subtle warning of metabolic syndrome (glucose intolerance/diabetes).

Whatever the mechanism, if you have erectile dysfunction, I suggest that you go to your integrative physician to have your vascular risk factors checked. Your erectile dysfunction may be your body's early warning system. It's one thing to have erectile dysfunction. It's another to have heart dysfunction. Erectile dysfunction is bad enough. Stop it there.

Ref. *Journal of the American Medical Association*, December 21, 2005.

ailing wife. The company was no longer making it, since the patent was gone. Doesn't that figure? Sam got the formula from some old documents and had it made himself. His formulation is the current Plaquex.

However, in recent months, another product has become available — LipoFlow. It apparently matches the formulation of the oral EPL in the European studies. Steven Holt, MD and author of *The Natural Way to a Healthy Heart*, says it is likely to be an excellent innovation to rev up cholesterol removal.

Plaquex is available from compounding pharmacies for enlightened doctors to administer by IV to patients. Based on the European studies, IV EPL administration can't be beat by anything I'm aware of for cholesterol removal. Oral LipoFlow is readily available, and may make IV use less necessary.

The great news is that LipoFlow is available from several sources. I strongly encourage you to check prices, as the prices vary widely! Disregard unjustified claims about heavy metal detox from any particular brand, which also may result in unjustified prices. All properly made oral EPL preparations should have equal and fantastic effectiveness for your vascular and cholesterol problems. LipoFlow comes in two-ounce bottles. The recommended use is one ounce, twice weekly, one bottle per week.

More information on Plaquex is available online at www.plaquex.ch. LipoFlow is available from Farmacopia (800-896-1484) and NutriCology (800-545-9960). Again, please compare prices before you buy from these or other companies!

Folks, you now have Healthy Resolve's Advanced Cholesterol Formula (800-728-2288) to lower your cholesterol, and LipoFlow to literally yank it out of your arteries and stiff cell membranes. Your cholesterol worries should quickly become a distant memory.

Ref: *Journal of the American Medical Association*, November 5, 2003.

Stop Asthma and Heart Attacks With Simple Hands-On Therapy

Glenn King was fast becoming an invalid. Two years before, he was gainfully productive as a graphic artist and was building an acupuncture practice. He was feeling great. Then he had "rou-

tine" lumbar surgery for disc problems and his health took a dive into the abyss.

Aside from his energy plummeting, Glenn developed intractable grand mal seizures. His seizures worsened despite hospitalization, drugs, and every known test. He became so disabled, he was unable to even care for himself.

In between seizures, he felt stuporous, like a drunk, and had severe head and face pain. Bill collectors came and relieved his home of his furniture. He was dying. Then, "By the Grace of God," he said, "I remembered a course I took from Mary Burmeister, and was able to find my notes. I began working on myself full time. In three months, I was able to turn the whole thing around. The scar tissue on my brain seemed to heal, but I don't think my memory has completely recovered to its pre-seizure status. I'm sure my brain cells were injured by the seizures."

Glenn became his own healer, treating himself with an ancient Oriental energy healing method only recently rediscovered. You, too, can treat yourself with this simple technique — and the results are often miraculous.

The story begins centuries ago in ancient Japan where the knowledge of energy circulating in the body was handed down by word of mouth. The Japanese worked the knowledge to effect healing on themselves and family members. However, over time and due to the introduction of quick-fix Western methods, the knowledge nearly died out. Last vestiges of it were held in ancient temples where the records were kept.

The therapy stayed in obscurity until Jiro Murai, one of a long family line of physicians, became deathly ill in the early 1900s. Jiro had a severe illness not treatable by any physician of his day. He was left to die, so he journeyed to the mountains of Japan to await death. Growing weaker by the day, he remembered hearing of the ancient teachings and began working on himself, simply placing his own hands on selected locations of his body.

Jiro slowly and completely recovered. He returned to his orthodox family only to be shunned because of his new fanatical desire to root out all the ancient mysteries of this technique. He went to temples to obtain ancient manuscripts, and dissected animals to study fluid flow. He mastered the knowledge and served many Japanese people before his death in 1960.

Jiro had only two apprentices, a Japanese

man and Mary Burmeister, a Japanese woman who eventually moved to America. Mary began teaching the technique, then termed Jin Shin Jyutsu.

Glenn King studied with Mary Burmeister, but felt there was much more to the therapy, likely hidden away in Japan. He spent seven years having friends in Japan seek the records and writings of Jiro, but to no avail.

After exhausting all the known possibilities, Glenn told his friends to give up the search. Preparing to leave Japan, they passed a shrine where they were approached by someone who said, “I believe you are looking for these,” and walked away. Jiro’s manuscripts had divinely found their way to Glenn.

Glenn had the manuscripts translated and became a teacher of the technique. With the manuscripts translated, Glenn was able to correct some discrepancies in the teachings of Jin Shin Jyutsu and add new innovations, especially self-treatment. The new additions changed the therapy so dramatically, Glenn renamed the technique the KI method to distinguish it from Jin Shin Jyutsu. KI comes from the more accurate and ancient Japanese term of the method ki-eki jutsu (energy moving bodily fluid).

The basis for KI healing is a natural flow of energy through the body. You’re already familiar with acupuncture meridians, which are subtle energy flows. My wife, who uses acupuncture in her practice, believes that even the acupuncture meridians themselves are secondary to the more fundamental energy processes taught by the KI

method. These energy processes are affected by a very simple method of treatment — laying on of hands. Each hand has a charge, the right palm is positive; the left palm is negative. Hence, placing hands on your own, or another body will create a movement of electrons through the battery-like circuit created by the hands.

Disturbances or obstructions in the natural flow of the energy cause tissues and cells to become starved for energy charge. The tissues become dysfunctional and can degenerate. The additional electrical charge from strategically placed hands can help the energy pierce the block and renourish the tissues. There is absolutely no physical piercing of the skin, and the patient does not even have to undress, as the energy movement can be stimulated through clothing.

Sounds fishy, you say? Perhaps you should talk to Joan Vandergrift, a naturopathic doctor from Texas. Joan had a most severe condition called sclerosing cholangitis, a lethal condition that destroys the bile ducts, which she contracted while visiting China. Laying on of hands cured the condition! No other treatment was used.

Joan stayed in China to learn the therapy and proceeded to lend assistance to a woman turning blue on an airplane after her asthma meds did not work. The woman had torn off her oxygen mask from panic. The pilot, looking for an emergency place to land, made frantic appeals for a medical doctor. When none came forward, Joan offered her services, simply placing one hand on the fourth thoracic vertebrae and the other hand

Heart Attack + Bypass Surgery = Stroke

The amazing progress in medical technology has cut down on the number of bypass operations, but many cardiologists are still quick to do the surgery. If you have a heart attack, and your doctor recommends bypass surgery, tell him “No thanks.”

A recent study looked at some 18,000 patients with “near” heart attacks or “unstable angina” (a serious circulatory condition that results in significant angina, but stops short of a heart attack). The researchers found those who had a bypass shortly after their heart trouble were four times more likely to have a stroke as those who had no surgery at all. Those who had surgery later were only twice as

likely to have a stroke. This information is added to previously published data that bypass patients have up to a one-in-four risk of having subtle cognitive brain deterioration after bypass.

Action to take: If you or a friend or loved one has or develops a circulation problem, investigate every non-invasive means of treatment. Even angioplasty does not have this terrible stroke rate. (The big negative with angioplasty is that its benefits usually fail after many months.) Consider nutritional approaches, lifestyle changes, chelation, and oxidative therapies.

Ref: *Circulation*, July 16, 2001.

holding the woman's third finger.

After five minutes, the victim begged her not to stop, saying, "It's working!" In 10 minutes, the woman was sitting comfortably and the pilot was able to continue the flight to the original destination.

Joan told me of another startling case — anaphylaxis caused by an acute allergic reaction to shellfish. She placed one hand on the first thoracic vertebrae and the other under the trachea. The treatment aborted the life-threatening attack in five minutes and the victim refused to board the ambulance that had been called.

Glenn had yet another case that's simply unbelievable. A woman in her 50s suffered seven broken ribs, a cracked vertebrae, and paralysis from the thoracic spine down in an accident. With the KI method, she first developed severe pain in the affected area (a most welcome sign indicating the nerves were repairing) and then saw involuntary movement restored with a partial return of voluntary. She had round the clock nurses, trained them to do the technique on her, and after several months, was able to stand up on her own.

If you're interested in learning how to perform this therapy, there are courses in both the KI method and Jin Shin Jyutsu. However, Glenn and those trained in both variants of energy healing feel there are very significant differences

between the two methods. Both teach self-help and the treatment of others. However, Glenn believes KI techniques, while perhaps not the fastest in results, are the most encompassing and effective.

Here are some time-proven procedures you can employ in the event of an emergency. Please note that results may come quickly and they may also take many, many minutes, so please have patience.

Heart attack — Hold the fifth thoracic vertebrae and left little finger.

Asthma attack — Hold the third thoracic vertebrae and both middle fingers.

Seizure — hold the left and right thumbs of the victim firmly with each of your hands (one thumb in each hand).

Choking — place your hands on the inner upper thighs, one-fourth of the way down from the groin.

Bleeding — place your right palm on the victim's injury, and your left palm covering your right hand at a 90 degree angle like an X.

Anaphylactic shock — one hand on the first thoracic vertebrae (the bone below the largest neck spine bone), and one hand just under the trachea (windpipe).

Burns — place one palm on each calf with the fingers facing the head.

Your Dentist Can Prevent Vascular Disease

If you don't want vascular disease in your legs, you ought to visit a dentist.

A dentist? You heard that right.

I've told you about oral health and coronary artery disease before, but a large study has just reported that periodontal disease and peripheral artery disease (PAD) are intimately linked.

In a prospective (the best type) study of 41,136 male health professionals, researchers found a strong correlation between subsequent tooth loss and PAD. The risk got even stronger (almost double) if periodontal disease was present. Tooth loss alone, without periodontal disease, was not linked. This means that tooth loss in itself is not the problem. But trouble comes when tooth loss is a result of periodontal disease. The findings were more striking in men.

Periodontal disease is a problem of infections

in your gums. It not only causes you to lose teeth by eroding your gums away, but also allows organisms to easily get into your bloodstream. There they can make their way to compromised areas within your arteries, creating inflammation and speeding up atherosclerosis. It can also cause sores and wounds to heal slowly.

Action to take: If you have vascular disease, it's imperative that you have good oral health. And even if you don't have vascular disease, you can prevent problems by maintaining good oral hygiene with flossing, and regular visits to a preventive-minded dentist. Several years ago, I had bleeding gums. After several visits to my hygienist, who scraped out infectious plaque, along with my routine of flossing and brushing (now with a Sonic Care), my gums have remained quite healthy.

Ref: *Circulation*. 2003 March 4;107(8):1152-7.

The Common Mineral That Lowers High Blood Pressure

Interested in a safe, effective, and very cheap way to lower your blood pressure? Don't want to visit your doctor just for blood pressure? You only have to look as far as the common mineral potassium.

Potassium is the most abundant mineral inside your cells. Sodium is the most abundant in the fluids outside your cells (like your blood). A recent study took 104 subjects age 53 and divided them into two groups. One received 30 mmol/day of potassium aspartate. The second group received nothing. The results were absolutely fantastic!

The treated group dropped its average blood pressure from 154.4/95 to 142.2/87.2. The 24-hour average blood pressure dropped from 142.7/90.8 to 134.8/84.6. Serum and urinary potassium significantly increased in the potassium group after four weeks of treatment. The untreated group had no such improvements. More potassium excretion

means there's more in your body.

Hypertension is epidemic. Unfortunately, Big Pharma would have you believe it's a deficiency of petrochemical pharmaceuticals. I say most hypertension is a simple case of you not getting enough of the minerals God designed you to have.

Action to take: I almost always start hypertension treatment with potassium and its cousin magnesium. The aspartate form is excellent. Look for a capsule containing 99 mg potassium and 100 mg magnesium, both in the aspartate form. Consider taking one capsule three times daily. Unless you have kidney failure and are retaining potassium, I know of no risk.

Ref: Franzoni F., G. Santoro, et al. "Antihypertensive Effect of Oral Potassium Aspartate Supplementation in Mild to Moderate Arterial Hypertension," *Biomed Pharmacother*, 2005;59:25-29.

Acute appendicitis — hold one hand on the right side of the first thoracic vertebrae and the other palm over the right "sit bone" area. After a minimum of 20 minutes, place the hand from covering the right sit bone to the left top of the hipbone.

The King Institute (www.kinginstitute.org) sponsors KI method courses all over the country. It can provide videotape demonstrations of the emergency techniques and amazing testimonials. The Institute can be reached at 800-640-7998. It offers a self-help book that describes self treatment similar to what Jiro and Glenn performed on themselves. The majesty of this healing method is that it utilizes the most fundamental healing tool God has given us — our hands. Healing with hands has been repeatedly written about in the Bible and throughout human history. It's especially rich in aboriginal cultures, yet it's totally neglected by all orthodox modern practices. Now we just have a better scientific understanding of what the ancients knew.

This is fantastic information for lay people. But in using it in a daily clinic setting, there's one huge drawback for me or other physicians. The technique calls for placing the hands over points, often in a specific series or sequence, that can require hands-on sessions up to or over one hour. For a physician with high overhead, it's hard to make ends meet, and especially when non-profes-

sional lay people can render the same service with virtually no overhead for perhaps \$60 per hour. Hence, this is a treatment of the people, which all people could and should know about.

A couple of months ago, I brought you Bowen therapy. Now you know of energy healing with the KI method. This is one more way I'm trying to help you help yourself and get you out of the hands of doctors (whenever possible). If you learn the KI method or the Bowen therapy, please write me and let me know your experiences. They could help a lot of other folks.

You Can Chew Away Heart Disease!

It's no secret that the health of your gums can dramatically impact the health of your heart. For years, the only thing you could really do to protect your gums was to eat right, brush your teeth regularly, have professional cleanings, and floss.

But now there's another simple, inexpensive way to protect both your gums and your heart.

Actually, this new product will help more than your gums and your heart. It will help your entire vascular system, including your legs and carotid arteries. Remember the information on inflammation I told you about earlier this year? Well, one blood test of inflammation is C-reactive

protein, high levels of which are closely connected to arterial disease.

Why should disease in your mouth be connected to disease in your arteries?

Periodontitis is a bacterial inflammation in your gums. Food particles get trapped between your gum and tooth. That creates a field day for germs. The food hides in a wet, dark place with low oxygen, and you've got a culture medium for bacterial growth.

After the germs set up shop, your immune system does take action. The battle leads to local inflammation. Acids and toxic products of the battle damage your gums and the jawbones they cover and protect. Both gums and bone recede, exposing your tooth roots. Eventually, the process evolves to loosen your teeth and they can fall out. This is the major cause of tooth loss as we age.

This process of local inflammation damages the protective gum barrier. Your gums can bleed and worse, allow both bacteria and their toxins into your bloodstream. This creates system-wide inflammation, which can go right to your arteries. Your doctors always look at cholesterol and blood pressure, but few consider a cause coming from your mouth.

According to a Surgeon General's report, severe periodontal disease affects 14 percent of adults aged 45 to 54 and almost a quarter (23 percent) of 64- to 74-year-olds. And that's severe disease. Most of you have it to some degree. I've had it as well. I once had bleeding gums, despite great pains to brush. It required intense professional cleaning. My gums that were enlarged due to the inflammation have quieted down, reducing my risk for bone loss. I floss every day to remove debris that brushing cannot reach. Fortunately, the

bleeding has stopped.

While professional cleaning requires someone else and cost, flossing is within your own control. Recently, there's been a wonderful innovation that may give you even more personal control.

Bacteria have an absolute requirement for iron. No iron, no bacterial metabolism. Suppose I told you about a means to soak up iron from your mouth to make it unavailable to the disease-causing germs. You're already familiar with what the process is, since iron is a mineral. The treatment is our old friend chelation. Only in this case, the treatment is local chelation within your mouth.

Chelation guru Dr. Garry Gordon has developed EDTA-based chewing gum. While flavored with natural sweeteners to make it pleasurable, the sweeteners he chose are not metabolized by or beneficial to the bacteria. Chewing the gum releases 125 mg of calcium EDTA locally in your mouth, which can deprive the bugs of their iron supply and stave them out.

Of course, the EDTA will make its way into your gut where some of it can be absorbed for other beneficial purposes, such as hauling out unwanted (heavy) metals from your blood. The cost is low as well, only \$24.95 for 100 pieces.

There are no studies on its use for periodontal disease. And we have no evidence that oral EDTA will leach metals from your fillings. However, this innovation might be of great help in fighting your periodontal disease. Please let me know how it works for you. If you're interested, you can contact Longevity Plus at 800-580-7587 or Farmacopia at 800-896-1484.

Ref: *Med Oral.*, 2004 March-April;9(2):131-7, 125-31;
Circulation, 2003 Aug 26;108(8):e58-9.