Heart Disease – Treating an Ailment Close To Home
by Dr. Stephen P. Weiss, Holistic Medical Doctor/Classical Homeopath

Ten years ago, a few days before I was preparing to leave for my first silent retreat with Gangaji, my spiritual teacher at the time, I received a call from my father. My mother's gnawing abdominal pain, which had started two days earlier and was presumed by the emergency room doctor to be of gallbladder origin, had turned out to be a heart attack. A few hours later I received a call from David Rosenberg, the cardiologist who was treating her. As fate would have it, he and I had been medical school classmates.

"Your Mom's going to be fine," he said. "She's stable, recovering comfortably, and in good hands." I breathed a sigh of relief and asked him if he thought I should cancel my retreat and fly back East instead. He encouraged me not to change my plans and to enjoy my well-deserved time off. When I hung up the phone, I informed my girlfriend what had happened. Her father had suffered numerous heart attacks when she was a young girl and died when she was 10 years old. She knew how much I was looking forward to spending the week with Gangaji, and how deeply my time spent with her had nourished me in the past. Yet, without batting an eye, she urged me to fly to Maryland and be at my mother's side. I took her advice and caught the next plane home.

My Mom looked pretty scared when I entered her hospital room at the local Community Hospital, but she did appear otherwise comfortable. I gave her a hug and a kiss, and was happy to be among my family. Families often come together during difficult times, and mine was no exception. A few hours later, my mother's blood pressure dropped precipitously and Dr. Rosenberg had her transported to a nearby University Medical Center for bypass surgery. Upon our arrival, I overheard the nurses preparing to give her Heparin (a blood thinner) before her cardiac catheterization.

I had witnessed the nurses in the first facility give her the same medication just an hour before. A double dose of Heparin would have caused complications at best, and at worst could have caused her to hemorrhage profusely and die. I of course stopped the administration of the second dose, and any lingering doubt in my mind about whether I had made the right choice and was in the right place evaporated at that instant.

That night, my mother's anxiety level skyrocketed after being informed of the risks of bypass surgery. I held her hand, comforted her, and took her through a guided visualization which greatly eased her fear, relaxed her, and allowed her to sleep peacefully. It was the closest we had ever been, and was a gift for both of us. She sailed through the surgery and now, ten years later, is enjoying a very active, cigarette- and symptom-free life at nearly 78.

In the past decade since my mother's heart attack, an enormous amount of scientific information about the causes and treatment of coronary artery ("heart") disease, has emerged. Yet, as is so often the case, clinical practice has been very slow to catch up with the latest discoveries in science. One example: the average LDL ("bad") cholesterol level in heart attack survivors is 140 mg/dl, compared to 134 mg/dl in the general population. In fact, except in patients whose LDL levels are very high or very low, LDL cholesterol levels are a very poor predictor of heart attack risk, contrary to popular medical opinion.

The real story behind heart disease risk lies in testing lipoprotein levels, the proteins which transport lipids to and from arteries, as well as other molecules such as homocysteine, high- sensitivity C-reactive protein, and fibrinogen. These can all be obtained through a simple blood test drawn at local laboratories. Important lipoprotein "players" involved in heart attack risk include apoprotein B, an indirect but convenient way of assessing LDL particle number, LDL size, HDL subclasses, Intermediate-Density Lipoproteins (IDL), Very Low Density Lipoprotein (VLDL) and Lipoprotein a. With all this information in hand, a patient's risk of heart attack can be very accurately assessed, and with proper treatment the great majority of heart attacks can be prevented.

Several studies have shown that the LDL particle number – the number of LDL particles per cubic centimeter of blood – more accurately predicts future heart attack risk than LDL cholesterol levels. Both statin drugs and niacin, which reduce LDL cholesterol levels, also reduce LDL particle number; this may help explain their effectiveness. Oat bran, ground flaxseed, ground psyllium seed, raw almonds, walnuts or pecans, soy protein powder, beans, and pectin have also been shown to reduce LDL particle number.

For years, brainwashed by what I now believe is misinformation in alternative medical circles, I criticized statins for all of their dangers and treated patients exclusively with nutritional supplements to lower their cholesterol. I have gone through all kinds of products in my practice – guggullipid, policosanol, inositol hexaniacinate (the health food alternative to flush-free niacin), garlic – all with uniformly disappointing results.

I found that Red Yeast Rice (RYR) does bring LDL ("bad") cholesterol down on average 15-25% but the results differ substantially based on the product being used. And, research has found that the active ingredient in this yeast-fermented rice is lovastatin, also known as Mevacor, the mother of all statins. A placebo-controlled study published in the June 15, 2008, issue of *The American Journal of Cardiology,* that used a purified form of RYR known as XZK in 5000 Chinese patients with a history of prior heart attack, found XZK decreased the risk of suffering a second heart attack by a whopping 45%.

I now feel that the benefits of statins, including RYR, greatly outweigh the risks, and feel that both play an important role in select patients. I make sure to supplement patients taking these products with 200-300mg per day of Coenzyme Q10, as they deplete this vital nutrient. Another all-natural product I use, recommended by friend and nutritionist Craig Klein, who practices out of our office, is a combination of Citrus and Palm Fruit extracts with plant phytosterols. It is not as effective as statins or RYR, but appears to be without significant side effects.

Additionally I prescribe a potent and very well tolerated Fish Oil for most of my patients;. A 2005 study published in the *Archives of Internal Medicine* showed fish oil was far more effective than statins in reducing overall mortality – 23% versus 13%. It exerts at least part of its health benefits by reducing VLDL.

In this "information age," the correct information is out there, and allows you to reach a ripe old age with dignity, a well-worn pair of dancing shoes, and an LDL particle number that will make you proud.