

Dr. Michael Janson's

HEALTHY LIVING™

Volume 3 No. 4

April, 2001



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Dear Friends,

Recent reports of the crisis in Europe from foot and mouth disease have misrepresented the nature of the problem. I don't mean the admittedly devastating effect the disease has on animals, the extremely contagious nature of the illness, or the ruin faced by some farmers who depend on their cattle, pigs, and sheep for their livelihood—animals that are being slaughtered in vast numbers to prevent the spread of the disease (even zoo animals are at risk.).

Foot and mouth disease is caused by a virus that only rarely affects humans, but causes serious disease in animals, which lose the ability to eat, drink, and walk due to blisters on the lips, mouth, throat, feet, and legs.

The media reports all refer to this as a “food” crisis. In reality it is not a food crisis, but an economic crisis. There is no lack of healthy foods or calories available to the European population, as they are turning increasingly to vegetarian sources of nutrition plus fish. It reminds me somewhat of the crisis that occurred in Russia during the breakup of the Soviet Union.

At that time, everyone was complaining about the shortages. What were they missing? Not potatoes, carrots, cabbage, onions, kasha or beans; according to the media, they were devastated by the lack of sausage, meats, sugar, alcohol, and tobacco. What foods

they did have were at least healthier than the items they were missing. (This is not to belittle the reality of their social crisis and the perceived devastation from the shortages that they had to endure. And they were also likely short of some fresh fruits and green vegetables.)

Coming as it does on top of the fear of bovine spongiform encephalopathy (BSE, or mad cow disease), which does affect humans in the form called Creutzfeld-Jacob disease, the current European crisis is turning increasing numbers of the population toward healthier vegetarian diets. This is not a food crisis—encouraging people to choose better diets, for whatever reason, is a health benefit. At the same time these people will be avoiding the hormones, antibiotic residues, and the accumulated pesticides that are found in animal foods in higher amounts than in plant-based diets.

The serious human risks from a high-meat diet are far more devastating to the population as a whole than mad cow disease—far more people die of heart disease and cancer (in the hundreds of thousands every year) than of Creutzfeld-Jacob disease, and those illnesses are partly related to meat consumption. That true health crisis does not lead to explosive headlines in the mass media. Even the economic crisis is of unclear significance. As people choose healthier lifestyles, the risk of chronic, degenerative disease goes down, and the corresponding cost of health care will also decline. This crisis could easily result in a lower overall associated cost to society when the entire picture is considered.

New Heart Drug—Do We Need It?

Patients with acute chest pain are often treated with aspirin to reduce the risk of a heart attack within the next few days or in the near future. Plavix, a new drug with similar effects, has now been shown to prevent heart attacks in those patients with “acute coronary syndrome” (ACS).

Angina is heart-related pain on exercise, but ACS is recurrent, unstable angina in patients who have had a mild heart attack, and develop unmanageable pain even at rest.

I was impressed with one news reporter who was awaiting the results of the trial, which was reported to the American College of Cardiology in March. This reporter was so eager to say that it would be great if we could now have “a pill to take instead of surgery or angioplasty.”

Natural Products for The Heart

Well, we do have such pills. They have been available for decades (but relatively cheap and not patentable). I am referring, of course to vitamin E (400 IU), garlic (500-1000 mg), ginkgo biloba (60-120 mg), and other natural products that reduce platelet aggregation.

The author of the study, a Dr. Yusuf, said, “The widespread use of [Plavix] in addition to aspirin in ACS could prevent about 50,000-100,000 heart attacks, strokes, or deaths every year in North America.” However, this is at a cost of three dollars a day for this one pill.

Compare this to about ten cents a day for vitamin E, 20-40 cents for ginkgo, and 20 cents for garlic pills, and you can see why the drug companies want to research and sell the patentable drugs.

Platelet aggregation or “stickiness” (partly a result of high dietary levels of animal fat, hydrogenated oils, such as margarine, and stress), is the first step in blood clotting, so any reduction helps to lower the risk of a blood clot inside the vessels that might lead to a heart attack or stroke.

Many natural substances control excessive platelet aggregation. Essential fatty acids—GLA from borage or evening primrose oil (240 mg daily), and EPA and DHA from fish oil (600-2400 mg); ginger (250-500 mg); ginseng (200-400 mg); curcumin (turmeric extract, 300-600 mg) are among many that reduce platelet aggregation.

Of course, one of the advantages of taking natural products instead of drugs is that they usually have other benefits besides the ones you are expecting. For example, vitamin E also enhances immunity and has antioxidant properties; ginkgo biloba helps memory, small blood vessel circulation, and headaches; ginger and curcumin are natural anti-inflammatory agents; and fish oil reduces triglyceride levels and heart disease.

The drugs, however, usually have negative side effects (as opposed to side benefits) and interactions with other drugs that are undesirable and often unexpected. Plavix, for example, is associated with increased gastrointestinal bleeding, similar to aspirin but a little less common. It also causes skin rashes, digestive upset, and, rarely, a few more serious conditions.

My recommendations would be to try the natural products first, adding magnesium, coenzyme Q10 and L-carnitine, along with a healthy diet. In addition, I strongly urge my patients with heart disease to have chelation therapy, a safe intravenous treatment for heart and other circulatory disorders. It has been used successfully for the past 50 years. I have practiced it since 1983. A recent report from Canada is contrary to prior studies, and not yet analyzed. I doubt the results from cardiologists with a bias against chelation.

You can find a chelation therapy practitioner in your area by going to the website of the American College for Advancement in Medicine (www.acam.org). ACAM puts on scientific conferences twice a year: some of the best medical meetings in the country. It is run by practitioners experienced in all areas of alternative and complementary medicine. (The next meeting is in Nashville, May 9-13, also open to the public.)

Coenzyme Q10 and L-Carnitine

Some people are unclear about the relationship between coenzyme Q10 and L-carnitine, and how they are both important for energy production, heart disease, and management of fatigue. They work together in metabolism, so you may need to take both of them, especially as you get older.

As you age, the production of both coenzyme Q10 and L-carnitine declines (as it does with many other substances, such as DHEA, progesterone,

testosterone, melatonin, and pregnenolone, to name a few). You make L-carnitine from the amino acids L-lysine and L-methionine, and CoQ10 is made from other coenzymes in the diet. Your body stores energy in a molecule called ATP, or adenosine triphosphate. The three phosphate bonds of ATP have high potential energy, so it takes energy to make them, and then they release energy when they are broken down, letting go of one phosphate at a time.

In order to make ATP, you need both CoQ10 and L-carnitine. Little cellular organelles (organs that are small enough to be inside cells), called mitochondria are the location of ATP production. They are the cellular engines, or powerhouses, and they make ATP from free fatty acids (FFA). The reaction requires the presence of coenzyme Q10, but it also needs those FFA from the blood stream.

The Role of L-Carnitine

L-carnitine is the transport molecule that carries the FFA across the membrane of the mitochondria. In order to have adequate production of ATP, you need enough L-carnitine to carry the fatty acids to the CoQ10. Of course, you need the FFA also, but it is rare to have significant total fat deficiency. However, you should be sure your diet has adequate amounts of the essential fatty acids to meet your needs. Improvement in fat burning leads to lower triglyceride levels in the blood, and L-carnitine also helps to reduce the amount of lipoprotein (a), a risk factor for heart disease.

For heart patients and those who suffer from frequent or severe fatigue, I recommend both L-carnitine and CoQ10. Typical daily doses are from 1000 to 2000 mg of L-carnitine, and 100 to 200 mg of CoQ10. For more severe heart patients, it is often beneficial to take higher doses of both, in combination with diet and other supplements, and other lifestyle changes, such as relaxation techniques and a graded exercise program.

Soy Foods Are Beneficial

Some articles have appeared recently in magazines and newsletters saying that foods derived from soybeans are not as healthy as once thought. Of course, it is only recently that major health organizations and government agencies were

willing to take any stand against the meat and dairy industries, and began recognizing the health value of eating soyfoods to replace meat.

Soy foods (such as soymilk, tofu, and tempeh) are very nutritious, but like almost all foods, you can eat too much of them, and I do not recommend the highly processed TVP (texturized vegetable protein). In a double blind study, subjects who ate biscuits with added soy protein had a 5 percent rise in their good HDL cholesterol, and no change in their LDL cholesterol. Similar studies showed improved lipids in normal and diabetic subjects.

In another study, young women (30-40 years old) in China who had the highest intake of soymilk and tofu had only one third the rate of bone loss as those who ate the least soy. Supplements of soy isoflavones are available for those who do not like soyfoods (a typical daily dose is 20 to 80 mg of the actual isoflavones from soy protein).

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In the Health News

- Chronic infections can increase your risk of developing atherosclerosis and heart disease. Respiratory, dental, and urinary tract infections lead to increased production of C-reactive protein (CRP), and other markers of inflammation. CRP is not only a marker of risk, but may contribute to arterial damage. Natural reduction of inflammation and infection is better than chronic use of antibiotics. Supplements of vitamins C and E, garlic, lactobacilli, and transfer factor (from colostrum), as well as curcumin and ginger, help reduce infection and inflammation.

Kiechl S, et al., Chronic infections and the risk of carotid atherosclerosis...*Circulation* 2001 Feb 27;103(8):1064-70.

Diet and Disease

- Small increases in the level of vitamin C in the blood can significantly reduce the risk of mortality from all causes, including heart disease and strokes. Increasing the amount of fruits and vegetables by one serving per day can reduce mortality by 20 percent. The highest level of vitamin C in the blood can cut mortality from these serious diseases in half. It is true that vitamin C may just be a marker for better nutrition with more fruits and vegetables, but the evidence continues to mount that good nutrition, including vitamin C, is beneficial. (Khaw KT, et al., *Lancet* 2001 Mar 3;357(9257):657-63.)
- Flavonoids, or bioflavonoids, are an important part of a healthy diet. All sources of flavonoids help to reduce disease. These antioxidant pigments, found in fruits, vegetables, grains, beans, wine (or grape juice), and tea, are effective free radical scavengers, metal chelators, and antithrombotic agents (platelet antagonists), reducing the risk of heart attacks and mortality from heart disease, even in smokers. (Hirvonen T, et al., Intake of flavonols and flavones and risk of coronary heart disease in male smokers. *Epidemiology* 2001 Jan;12(1):62-7.)

Dr. Janson's Healthy Living™

Published by
Vitality Now!®
PO Box 384
Greenville, NH 03048
Subscriptions:
888-922-4848 \$29/year

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Spicy Curried Cauliflower and Chick Peas

This is one of my favorite meals. Pressure cook some chick peas, steam some potatoes and cauliflower, then saute some garlic, onions, curry powder, cumin, and black mustard seeds (ginger is another option) in a non-stick pan with a bit of olive oil. Continue cooking while folding in the chick peas, potatoes, and cauliflower until they are well mixed. Add enough water from the chick peas to make a sauce, and mash a few of the potatoes and chick peas to thicken it. Add chopped green chard to cook for just a minute or two, and a small amount of sea salt or tamari soy sauce. Garnish this with some chopped cilantro, which always tastes best if you mix it in at the end, after the heat is off. Serve this over some brown rice or with some whole wheat flatbread.

If you have specific health questions that might be of general interest, write to me or submit them through the **Ask Dr J** page on my website: www.drjanson.com. Come visit for more health updates.

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