

VitalNews

THE QUARTERLY NEWSLETTER OF VITALREMEDYMD

APRIL 2005

Cholesterol levels aside, there's more we need to know. You can learn an enormous amount about what's in medical news just by visiting the grocery store.

WRITTEN BY LAURA DENSON BAUM, M.D.
Manufacturers quickly respond to study outcomes with bold messages to the consumer. We've gone from fat-free to omega-3; we've heard about soy and low carb and now trans fats. And, while it's the bold news headline that catches our attention, it's often not the whole story. Take fats, or lipids, for example. They had been marked solely as agents of disease. While there is some truth in this stigma, it is just not that simple. What we have come to know is that there are "good" fats that promote health and "bad" fats that cause disease. Lipids, in fact, comprise a diverse group of substances that represent an essential component of every cell in our body, and an unavoidable and necessary part of a healthful diet. Our real goal is not to shun fats, but to consume the right fats in the right amounts.

In a recent VitalNews we examined the wondrous health benefits of the omega-3 fatty acids, the "good" fats found in fish oils and nuts. On the opposite end of the spectrum are the trans fats – these fats are to be unequivocally avoided. To assist us in this effort, as of January 2006, the FDA will require the number of trans fat grams per serving to be listed on product labels. Be aware though that a product containing less than 0.5 grams is permitted to boast "no trans fats" even though a daily intake of more than a mere 2 grams of trans fats is felt to be unhealthful. Given that a large order of french fries contains nearly 7 grams, this leaves little room for error in our food choices. You will know that a food contains trans fats if you see the words "partially hydrogenated vegetable oils" on the back of the label. Look closely and you will unfortunately find these agents of disease almost everywhere. They are found in all kinds of processed foods because they help make them crunchy and/or creamy and they extend a product's shelf life. The term partially hydrogenated vegetable oil refers to the process of adding hydrogen atoms to unsaturated fatty acids in oils which enables the oils to stay solid at room temperature. This chemical conversion represented a miracle to the food industry - inexpensive vegetable oils were altered to function like more expensive butter and have a longer shelf life as well. Enter Crisco, 1911. Unfortunately it turns out, trans fats behave like saturated fats, only worse. They not only raise "bad" LDL cholesterol, but they also lower "good" HDL cholesterol. Worst of all, they increase the number of small LDL cholesterol particles in the bloodstream. This is important because people with normal total cholesterol levels who have excess small dense LDL particles are at high cardiovascular risk.

Let me clarify. Oil and water don't mix well in salad dressing and the same holds true in our bodies. Blood, which is like water, won't mix well with cholesterol, a fat. And so our brilliant bodies have produced carriers for fats called lipoproteins. LDL stands for low density lipoprotein and HDL for high density lipoprotein. Conventional cholesterol blood tests quantify the amount of cholesterol contained in the entire range of LDL or HDL particles in our body. There is no consideration given to the important fact that among individuals there is huge variation in the characteristics of these particles. Beyond knowing one's LDL cholesterol level, knowing the number and size of those LDL particles is essential to understanding an individual's unique risk from lipid abnormalities. It has been clearly demonstrated that the greater the number and the smaller the size of the particles in a given patient, the more likely that person is to develop heart disease. Specialized laboratories (like LipoScience) have recognized this and are now performing analyses of these critical variables. Comparison of conventional cholesterol testing with more advanced lipid profile blood testing readily demonstrates the issues. A common scenario is the patient who has "normal" LDL on conventional lipid testing, but a more advanced lipoprotein analysis reveals an overabundance of small LDL particles. The conventional lipid test would tell the doctor, no need to worry. On the contrary, this particular patient does need intensive therapy; he's at great cardiovascular risk and requires treatment. On the other side of the coin is the patient who has high LDL readings on conventional lipid testing because his LDL particles are extraordinarily large, but does not need the same degree of intensive lipid lowering because his total number of LDL particles may in fact be quite low. His risk of developing atherosclerotic heart disease as a consequence of lipid abnormalities is not nearly as great as conventional tests implied and for him the risk of medication may not be justified.

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inside

Why Take

Vital4Cholest™?

SETH J. BAUM, M.D. FACC
Founder
VitalRemedyMD

Medical News

Current medical insights

Intelligent

Indulgences

Did You Know

LAURA D. BAUM, M.D.
Editor in Chief

Why Take Vital4Cholest™?

WRITTEN BY SETH J. BAUM, M.D. FACC

You can and should try to lower your cholesterol levels by changing what you eat, but studies have shown that the average person achieves only modest reductions (4-13%) through dietary changes alone. Limit saturated fats, avoid trans fats, choose complex carbohydrates high in fiber, and exercise daily. You can have an important impact on your LDL particle size by reducing your consumption of trans fats (which we've learned increase levels of small dense LDL cholesterol) and by increasing consumption of omega-3 fats from fish oil (which increase particle size). Take 1 gram of high quality omega-3s daily (DHA and EPA) as in our **VitalOils™**.

When it comes to lowering one's cholesterol with medication there is a plethora of pharmacologic agents available. These drugs vary, however, in their mechanisms of action as well as their efficacy. The statins are the kings of cholesterol therapy. They work by inhibiting the enzyme HMG-CoA reductase to decrease circulating LDL levels by 30-50%. They also slightly increase HDL (good cholesterol) levels and often decrease triglyceride levels as well. These drugs are fairly well-tolerated, but can cause muscle aches, weakness, and general fatigue related most likely to a decrease in body stores of Coenzyme Q10. VitalRemedyMD's formulation **StatinGuard®** combines Co Q10, lipoic acid, and L-carnitine to help mitigate these side-

effects. Serious liver problems are noted in fewer than two percent of patients taking statins, but liver function tests should be monitored. Another, very rare side effect of statins is rhabdomyolysis, a serious breakdown of skeletal muscles, which occurs in approximately one of every 100,000 patients taking these medications.

Nicotinic acid or niacin (vitamin B3) is so effective at altering cholesterol levels that, while it is a vitamin, it's also available as a pharmaceutical, Niaspan®. Niaspan lowers total cholesterol levels by decreasing the liver's production of LDL cholesterol. A flushing sensation in which your skin can feel "on fire" is the factor that most commonly limits niacin's utility. You can ameliorate this unpleasant sensation by taking aspirin thirty to sixty minutes prior to taking the Niaspan and eating a small snack with your nighttime dose. Other possible side effects from niacin include liver abnormalities (extremely rare, but more common when using over-the-counter sustained release forms), exacerbation of pre-existing peptic ulcer disease, an increase in the frequency of gout, worsening of glaucoma, and a slight lessening of glucose control in diabetic patients. A rare side effect is inflammation of the muscles, which occurs slightly more frequently when taking niacin in conjunction with statins. All that said, Niaspan is generally a safe medication and I have had some very positive results using it in my own clinical practice. I should also

"Fifty percent of people sustaining heart attacks have "normal" cholesterol numbers."

medical news and events

Calcium May Protect Women From Cancer A University of Minnesota Cancer Center study of 45,354 women found that women consuming more than 800 milligrams of calcium daily reduced their risk of colorectal cancer by as much as 26 to 46 percent. It was especially notable that the risk of reduction was present regardless of the source of calcium and that simultaneously consuming high levels of calcium from both diet and supplements further reduced the risk. The results of this study are consistent with other studies that show calcium reduces the risk of colorectal cancer in both

women and men. A note of caution for men, however, is that dairy foods, the primary source of calcium in the U.S. diet, have been linked in some studies to increased risk of prostate cancer. January 2005.

Folic Acid and Vitamin B12 Decrease Risk of Hip Fracture Researchers in Japan investigated the occurrence of hip fractures in stroke patients who were given folic acid and B12 versus those who received placebo. As background, stroke patients have a greater risk of hip fracture than their healthy peers presumably because of

emphasize that Niaspan's greatest utility rests in its three side-benefits. First, niacin can increase HDL levels by 15-35%. For every percentage increase in HDL, there is a 2-3% reduction in cardiovascular risk. Second, Niaspan can lower levels of Lp(a), a very virulent form of LDL. Finally, Niaspan can effectively lower triglyceride levels, adding to its other cardio-protective actions. I generally use Niaspan as a single agent in patients who have minimally elevated LDL levels, low HDL levels, or high Lp(a) levels. As a single agent niacin is not as effective as statins for lowering LDL. For patients with high LDL levels as well, Niaspan can be used effectively in combination with a statin.

Combination therapy often significantly enhances the likelihood of meeting our desired goals since drugs that work by different mechanisms may have distinct, and potentially additive, beneficial effects on one's cholesterol. This is something your physician must decide with you given your individual cholesterol profile, response to medication and relative risk for coronary heart disease. Combining statins with Niaspan or Zetia, a drug that lowers cholesterol by its blocking absorption in the gut, are just two common examples.

When drug therapy fails or when patients experience rare life-threatening side effects, there are natural remedies for lipid management. An alternative for patients unable to tolerate pharmaceuticals is

higher levels of plasma homocysteine in stroke patients, which may also be associated with osteoporosis. Homocysteine levels can be decreased by treatment with folic acid and vitamin B12. In this study of 559 patients, those receiving folic acid and B12 experienced a 38 percent decrease in their homocysteine blood levels, and had a five times lower risk for hip fracture over a follow-up of two years compared with the placebo group. These results now support a causal link between high homocysteine and hip fractures, while demonstrating a therapeutic advantage of lowering homocysteine. JAMA, March 2005.

VitalRemedyMD's **Vital4Cholest™**, a combination of 4 natural elements that have been shown in a variety of studies to help normalize lipids. Policosanol, Phytosterols, Polymethoxylated Flavones (PMFs), and Tocotrienols are combined in this unique formulation to help patients achieve their cholesterol goals. Sugar cane derived Policosanol has been shown in some studies to lower LDL by up to 25%. Plant Phytosterols, causing a reported 11% reduction in LDL have been permitted by the FDA to carry the claim of cholesterol improvement. PMFs extracted from citrus peels and Tocotrienols from palm have been shown to independently reduce LDL by over 20%.

intelligent indulgences



Chicken with Roasted Garlic and Balsamic Vinegar

INGREDIENTS

- 4 boneless chicken breasts
- 1 jar whole mushrooms
- 2 Tbsp flour
- salt and pepper, to taste
- 2 Tbsp olive oil
- 6 cloves garlic, peeled
- 4 Tbsp balsamic vinegar
- 1 cup chicken broth
- 1 bay leaf
- 1/4 tsp dried thyme
- 1 Tbsp butter

Season flour with salt and pepper and dredge chicken breasts in flour mix. Heat olive oil in heavy skillet and brown chicken on one side, approx. 4 minutes. Add whole garlic cloves.

Turn chicken pieces and scatter the mushrooms all over. Continue cooking, shaking skillet. Cook approx. 4 minutes and add the balsamic vinegar and broth. Add bay leaf and thyme. Cover closely and cook over medium low heat, about 10 minutes. Turn pieces occasionally as they cook. Transfer pieces to warm serving platter and cover with foil. Let the sauce with the mushrooms cook uncovered, over medium high heat about 5-7 minutes. Swirl in butter. Remove and discard bay leaf. Pour sauce over chicken and serve.

q&a patient queries

our MISSION

is to enable your
doctor to provide
you with the best
and most appro-
priate nutritional
supplements.

Q] **How can I get a more advanced cholesterol test?**

A] Ask your doctor about LipoScience's LipoProfile, the test we consider the best for evaluating LDL and HDL particle numbers and size. Learn more on the web at www.lipoprofile.com or by calling LipoScience at 1-877-547-6837

Did you know....?

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We are available to answer your questions, including any concerns about interactions between prescription medications and supplements. Please contact us by phone or e-mail. Remember, your best health is our primary interest.

We have been working on our **JointFormula** to lessen the smell of the fish oil. At last we've done it! **SAME FORMULA/BETTER SMELL** now available!

New product: Dialysist™ - a daily multiple specially formulated for patients with renal impairment and even those on dialysis. It can also be useful in patients with more resistant hyperhomocysteinemia.

New product: Vital4Cholest™ (lower cholesterol naturally) featured in this issue.

Dr. Seth J. Baum's newest book **Age Strong Live Long: Lessons from My Patients** will be released Summer 2005.

To learn more about our products please ask your physician, or visit our website at www.vitalremedy.com.

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