Best Selling Author of FOODS THAT HEAL

HEALTH UESTIONS

NATURALLY

Maureen Kennedy Salaman

Others Tell You What You Already Know This Book Will Tell You What You Need to Know Tall Your Tests Cuestions Assured Venerally is THY stasterpiece of standards. New you can put the knowledge into your hands to head yourself, restore your knowledge ability to head formuch to the process of the proce

Maureen uses research studies to prove that nutritional supplementation can be as therepeutic as pharmaceuticals. It's only side-effect being vibrant health!

came of things and diseased

Each page of this book inflects Maureen's
39 years of clone work with researchers
and physicians versed in nutrition. Her it's
experiences and travels provide fascinating stories
and anecdotes that oring you natural health
breakthroughs and revelotions
you won't find anywhere else!

At last, this vital information is now invalidable to expose the imptis and reveal the life changing truths about natural health. Your body will never be the same again!

Green the years. For seen my dear friend Mautern personally help thingsands of people afflicted with allments deconed incurable or untreatable. This book will break all the records." — Eddie Albert

"Monteen hemoely Salaman delivers another prophetic blankbuster,
the her other musterplaces, this one delivers bleeding edge information
which exceputes one health and healing 20 years shoul of our time."
John Parks Troubelder, M.D., FACAM

Manager has the un anny ability to seek out and destroy the myths, mirror reason my steeles of medicine, subsequenting homologies, would and old factorized communication, helping these the large main ment succeeding discountive therapies.

Rose Condon, M. 18.



Andres walling proposed lien

All Your Health Questions Answered Naturally

61

01

Ragnar Astrand, demans succeeds
Ragnar Astrand, demans succeeds
with themma Hoffman, generally
supponent high purposes
what in the second seco

Maureen Kennedy Salaman

Humanida Trica Onlitora

MKS, Inc.

Www. SVT. SL

All Your Health Questions Answered Naturally by Maureen Kennedy Salaman

This Edition 1998 by Maureen Kennedy Salaman Original Hardcover Edition 1998 by Maureen Kennedy Salaman

© Copyright 1998 by Maureen Keusedy Salamon

All rights reserved. No part of this back may be reproduced in any form or by any means, without written consent of publisher author.

Library of Congress No.97-93499

ISBN 98-913087-21-1

Original Hardcover Edition, July 1998 First Paperback Edition, July 1998

> Published by MKS, Inc. (650) 834-3922

Distributed by:
BAY TO BAY DISTRIBUTION, INC.
453 Revendale Drive, Suite A
Mountain View, California 94043
(650) 691-0108

Printed in the United States of America

Cover Hutte by Herry Langdon Cover Design by Carlo Radiota (d) Design Visual Communications

IMPORTANT NOTICE

This book is scriber a marked guide our a manual for soft-reaturers, it is noted merided as a reference work only. The information in this book is meant to help you make informed choices about your health, but is not intended as a substitute for any treatment that may be provibed or recommended by your doctor or health; care practitioner. If you should seasout that you suffer from a medical condition or problem, you should seek competent medical over without delivery without delivery.

552 HEART PROBLEMS

CHAPTER 87:

Heart Problems

What I'm telling you comes right from the heart. You can either take it or bypass it.

No matter what genetic deck your mom and dad dealt you, disability and early death from heart disease can be prevented. And with a little tender loving care a poorly functioning heart and clogged arteries can be reversed without surgery to give you years of devoted service.

No other topic in this book has attracted so much nutritional research and new vitamin and mineral discoveries than this one. In 1995 alone, over a dozen studies were published in various medical journals showing the <u>irrefutable</u> benefits of vitamins and minerals to the heart. If I put all the research I have on the heart and nutritional supplementation, it would likely fill any library.

The fact that researchers are determined to find answers to our epidemic of heart problems is not surprising. Coronary artery disease is the number one killer of men and women in the United States even though there has been a two percent per year reduction over the last two decades. It is the leading cause of death among women after the age of 60 and in men after 40. Not to be outdone, women are joining men in this horrendous epidemic. Heart disease is now responsible for one of every three deaths in women, as well as men.

To bring this issue closer to you, consider this: six out of ten of your high school classmates, or personal family members, will die of this disease – including you! I should give you a little heart background. A number of factors cause heart problems: poor circulation, clogged arteries (arteriosclerosis), arrhythmias and high blood pressure, just to name a few. To get the most out of this issue, I suggest you also read my chapters on the topics I've just mentioned.

Researchers use specific terms when describing heart problems. For our purposes here, you need to know that a myocardial infarction simply means an acute heart attack. Heart attacks occur when an obstruction blocks the blood from entering the heart, or when oxygen cannot reach the heart, causing the heart muscle (myocardium) to essentially die. Certain nutrients, as you will discover, can help protect the heart muscle when circulation stops, so when it is restored, there isn't permanent damage.

Arrhythmias are changes in the heartbeat. Arrhythmias can come after a heart attack or precede it. Most commonly the heart beats too fast. This is called tachycardia, and is defined as any heart rate over about 80 beats per minute while resting. Sometimes the arrhythmias become so fast the heart stops beating altogether and quivers. This is called fibrillation. Doctors, in an effort to stop this, use "defibrillation" or "defib," techniques.²

Since I'm mentioning conventional techniques, I am compelled to point out that some heart medications have been proven to cause death. One fatal pharmaceutical is Tambocor, an antiarrhythmic drug created in the research laboratories of the 3M Company. The horrific story of Tambocor, and other heart medications, is described in a book entitled *Deadly Medicine*, by Thomas J. Moore (Simon & Schuster 1995).

Moore states: "Over just a few years, an estimated 50,000 people died from taking drugs intended to prevent cardiac arrest. After hundreds of thousands of patients routinely took these drugs, a definitive medical experiment proved they did not prevent cardiac arrest as doctors had believed. Instead the drugs caused cardiac arrest."

Fortunately, you can say no to drugs, because there are safe, effective ways to prevent heart attacks.

HEART PROBLEMS 555

Heart Marvelous Magnesium

I have never seen such a rush to evaluate any nutrient for heart problems as I have seen regarding magnesium over the past few decades. First doctors and researchers saw the evidence. It was so compelling they couldn't ignore it. Then they tentatively, cautiously and reluctantly at first conducted more trials. Finally, a large scale study was conducted over several years to demonstrate, once and for all, its efficacy. Magnesium has survived these trials and has made it through the gate with flying colors.

For the past 50 years, doctors have successfully used magnesium in the treatment of cardiac arrhythmias. This was in response to numerous uncontrolled studies, and to the knowledge that it doesn't cause side effects.

At the Royal Hobart Hospital in Southern Australia, researchers added one single nutrient, magnesium, to the nutritional intake of patients with any kind of heart problem, including angina, arrhythmia, and heart attack. That year the death rate among heart patients admitted to the hospital went from 30 percent to one percent.

In 1986 two randomized trials showed patients treated with intravenous magnesium following a heart attack were less likely to die, and that it reduced the frequency of arrhythmias. In 1991, editors of the medical journal *The Lancet* stated that "the reduction in arrhythmias and deaths in magnesium-treated patients is a real and substantial finding."³

One study *The Lancet* editors eagerly anticipated was a placebocontrolled evaluation called the Leicester Intravenous Magnesium Intervention Trial in which over 2,500 people were treated with magnesium and evaluated following their treatment. The outcome? The study's authors, writing in *The Lancet*, concluded that using an intravenous magnesium sulfate solution would save the same number of lives as aspirin or thrombolytic drugs. This study was concluded in 1992. Since then, many other studies have emphasized the importance of magnesium for life-threatening heart problems, noting that magnesium has no side effects.

This, in contrast with the issue of taking blood thinnners like aspirin and non-steroidal anti-inflammatories to prevent the blood clots associated with strokes and heart attacks; and pharmaceuticals like pravachol, which block the production of cholesterol. What has to be realized is the danger of depending on these drugs. They don't eliminate the problem, and have side effects not to be taken lightly. Regular aspirin use triples the likelihood of internal bleeding. Cholesterol lowering drugs are a bad idea as well. In a study of male heart patients taking cholesterol-lowering drugs, it was found that their noncardiac mortality rate was 20-25 percent higher than that of the placebo-takers. What factors in here is the physiological effects of stress, and the fact that our body needs cholesterol to protect its nervous system. Thinning the blood doesn't remove the plaque that causes blood clots, and neither does eliminating the body's ability to produce cholesterol. Drugs bandaid the symptoms, don't address or attempt to resolve the cause, and worse, produce life-threatening side effects.

The question remains: Why take dangerous drugs when you can use nutrients that both deal with the cause and help alleviate the symptoms? Magnesium is a natural calcium channel blocker and it strengthens the heart muscles and blood vessels. Other nutrients, like antioxidants and bioflavonoids, work on cholesterol and arterial plaque.

In 1994, Michael Orlov, M.D. of the University of California, Irvine, Division of Cardiology, cited the many benefits of magnesium to the heart in *The Journal of The American College of Nutrition*: "Magnesium deficiency is associated with multiple cardiovascular problems. Large doses of magnesium may be effective in treating many different types of cardiovascular disorders. Magnesium has antiarrhythmic (keeps heart rhythms regular), antivasospastic (blood vessels aren't affected by pulling or stretching) and other beneficial cardiovascular effects. Several trials evaluating the efficacy of early magnesium therapy and decreasing mortality from myocardial infarction (heart attack) also showed improved survival. Complications

dos

11005

065

from magnesium therapy are low."5

The research continues. In 1995, Swedish researchers performed a double-blind, random study on 252 patients who suffered an acute heart attack, treating part of the group with infusions of magnesium sulfate. Patients taking the magnesium showed an astounding 48 percent reduction in mortality risk compared to the placebo treated patients. Writing in the International Journal of Cardiology, the authors stated that magnesium protects the heart from injury during a heart attack6 - injury that could mean the difference between life and death

MININE

The Path of Prevention

We know that magnesium helps, but can it prevent problems? Dr. Mildred S. Seelig, American College of Nutrition, believes that a deficiency of magnesium can cause heart problems, recommending the antioxidant vitamin E to protect against "magnesium deficiency cardiomyopathy." She maintains that when people with cardiovascular problems and low magnesium intake try to improve their health with strenuous exercise, such as jogging, they could be endangering their health. Magnesium requirements are markedly increased during physical stress, and the heart is much more susceptible to arrhythmias during physical exertion if the body's magnesium level is low.5 During my television show Maximize Your Life, Michael Schachter, M.D., agreed, stating that many cases of sudden heart attacks during stressful exercise can be directly attributed to a magnesium deficiency.

Magnesium deficiency is more common than you might expect. A large study by the U.S. Department of Agriculture found that only 25 percent of 37,785 individuals had magnesium intakes at or greater than the recommended daily allowance, which is notoriously low. A 1995 review of 15 studies found that a typical diet contains only a fraction of the RDA.5

With processing, 75 percent of the magnesium in food is lost,

grand bladgransaller Vanor o. Ertor Hotter

suggesting that the American diet provides only 40 percent of the recommended daily allowance for the mineral, reported Sherry Rogers, M.D., in International Medicine World Report in 1992 Rogers estimates that 80 percent of the population is deficient in magnesium.10

The average mixed American diet supplies about 120 mg o magnesium per 1,000 calories. Green leafy vegetables are particularly good sources of the mineral, as are dry beans and peas, soyneans, nuts and whole grains. High losses of magnesium occur in he refinement of foods, and some losses result when cooking water is discarded.

Important to remember is that magnesium must be balanced with calcium and potassium for the proper regulation of heart muscle contraction.

Researchers at a heart institute in Israel found that potassiun, levels were severely low among patients with heart arrhythmias, as compared to those who did not have arrhythmias, concluding in the International Journal of Cardiology that potassium is an important factor in the development of arrhythmias.11 Kalaymnlet

The Calcium/Magnesium Connection

Not enough calcium, and magnesium will be depleted. Art and ass

Not enough magnesium results in calcium being deposited in soft tissue and arteries. Calcium blockages are one reason heart attacks occur. The most fascinating thing about magnesium is the fact that it moves calcium out of the tissues, and into the bones, where it is needed, or into urine where it is excreted if the body has too much. It is even suggested that it is this calcium-blocking effect that makes magnesium so protective of the heart.12

in a bunor

Bled millerond gronsalverna

558 HEART PROBLEMS

Selent E minskar outdom Vitamin E : Vite grades

free radical you ever heard of was Abby Hoffman, let me explain how they work.

Free radicals are molecules that lack one of their customary electrons. Since the natural order here is pairs, the molecule, now called a free radical, will steal an electron from another compound, rendering that compound unstable and setting up a chain reaction that damages vital cell structures. By one estimate, each cell sustains more than 10,000 of these hits a day, and not all the damage is repaired.

This electron-stripping is referred to as oxidation. Oxidation is what rusts metal, makes oils rancid and turns a sliced apple brown so imagine what it does to your body! Free radicals also cause the heart muscle to deteriorate over time, making it more susceptible to damage in the event of arrhythmias and blockages.

Enter nature's wonder: antioxidants. While our individual cells are capable of fighting destructive free radicals, they need certain raw materials to form protective enzymes. Large amounts of antioxidants are required: vitamins A, C, E, beta carotene, selenium, zinc, copper, coenzyme Q10 and aged garlic extract are the ones I'll be talking about.

Each has a special cell protective or regenerating function. For example, vitamins A, C and E team up to protect blood vessels and other body tissues from free radical damage. Jeffrey Bland, Ph.D., exposed red blood cells to destructive ultraviolet light, some with vitamin E added. Those without vitamin E aged faster than those with this essential antioxidant. Further, the unprotected red blood cells bulged like an over-inflated bicycle tire, while those with vitamin E resisted the reaction far longer, demonstrating that vitamin E's antioxidant action actually extends cell life and therefore, human life. VITAMOE

Recent studies have shown the benefit of vitamin E in preventing heart disease. A study at the University of Southern California School of Medicine found that heart patients who took 100 IU of vitamin E plus niacin had fewer heart problems over two years than those who did not take the vitamins. In The Physicians Health Study

Dr. R.M. Touyz, of South Africa, believes the addition of magnesium in a treatment program for high blood pressure would decrease the need for calcium channel blockers and their subsequent side effects.13

The body's ratio of calcium to magnesium is extremely important. Because of the high absorption rate of minerals in solution, and deficiency of magnesium in the diet, the ratio of magnesium and calcium in solution should be four to one, respectively. Experts estimate the typical American diet, low in greens and high in dairy products, brings the calcium/magnesium ratio to five calcium to every one magnesium, above the four to one ratio of Finland, which has the highest incidence of heart disease in young to middle aged men.14

Finnish researchers, obviously desperate for answers to their epidemic of heart problems, have also hit on the magnesium/calcium

answer.

Veterinarian and medical doctor Dr. H. Korpela, at the Department of Human Health, University of Kuopio, Finland examined 18 pigs who died of sudden heart failure and found low concentrations of magnesium and high levels of calcium in their heart muscles and livers, as compared to healthy pigs and those who died of other diseases.

Antioxidants such as selenium and vitamin E may work with magnesium and calcium to prevent the oxidation of fats that is believed to contribute to the destruction of the heart. 15

Heart Smart Prevention Program with Antioxidants

Obviously, the person who claimed "the best things in life are free," didn't know about free radicals. They're free all right. However, they're anything but the best things in life. Just in case the only 1 mypon 840mg/1102

of more than 20,000 male doctors, preliminary data on 333 participants showed vitamin E protected their patients against heart disease. In a Canadian survey of over 2,200 men it was found that those who had been taking vitamins of any kind reduced the risk of death from heart disease by an incredible 78 percent, cutting their risk of a heart attack by 58 percent and reducing their risk of angina (spasm of the coronary artery) by 15 percent.16

A March 23, 1996 issue of The Lancet published the results of a randomized, double-blind, placebo-controlled study of 2,000 patients with coronary heart disease. Half the patients received 400 to 800 IU of vitamin E daily, and all were followed for an average of 510 days. Those in the vitamin E group had a 75 percent reduction in heart attacks.17

Antioxidants work in virtually all aspects of heart disease. They help blood circulation, inhibit blood platelets from sticking together and reduce plaque in the arteries. Most study findings support the hypothesis that antioxidant vitamins may reduce the risk of coronary artery disease and subsequent heart problems.

The Nurses Health Study, which began in 1976 with a group of 90,000 participants without heart disease, showed that 16 years later those with the highest risk of heart disease were those with the lowest intake of beta carotene, and vitamins E and C. In the highest beta carotene group there was a 22 percent reduction in the risk of heart problems compared to the lowest group. There was a 34 percent reduction in risk of heart problems among women taking the most vitamin E. If the total intake of these vitamins is put into an antioxidant score, the people taking the most antioxidants had a 50 percent reduction in the likelihood of ending up in the hospital with a heart attack.18

Two large epidemiologic studies show a strong association between a high intake of vitamin E. particularly from supplements, and a reduced risk for heart attack or heart disease death. Among 87,245 women participating in the Nurses Health Study, those who took vitamin E supplements for more than two years were 40 percent less

likely to develop major heart disease than those with the lowest intake of this antioxidant vitamin. The same researchers found a similar preventive effect when they scrutinized vitamin E use among 39,910 men enrolled in the Health Professionals Follow-up Study. The investigations are based at Harvard Medical School, Brigham and Women's Hospital, and Harvard School of Public Health. The results appeared in the May 20, 1993, issue of the New England Journal of Medicine.

In the Scottish Heart Health Study, over 10,000 middle-aged men were evaluated for their intakes of vitamins C, E and beta carotene. It was found that these antioxidants had a highly protective effect on their hearts. Critically evaluating the study data was Susan Todd of the Department of Applied Statistics. She concluded in the Journal of Clinical Epidemiology that the study was valid, and that, indeed, it appears antioxidant vitamin intake protects against coronary heart disease in men. 19

One kind of heart problem has been directly linked to a deficiency of the mineral selenium, a particularly potent antioxidant. Keshan's disease was first discovered in Keshan County in the Heilongjiang Province of China, where it was rampant in 1935. Once it was discovered that selenium deficiency was the underlying cause of the disease and selenium supplementation could prevent it, it stopped being a major public health problem.20

Ever wonder why so many people have heart attacks in hospitals? Here's one possible explanation. An article in Clinical Chemistry states that patients who are fed intravenously in the hospital may have dangerously low levels of selenium, enough to increase their risk of a heart attack 21

Copper and zine are two minerals noted for their antioxidant and healing properties. They work together, and a deficiency of one will create a deficiency in the other. Denis M. Medeiros, Ph.D., R.D., of the Department of Human Nutrition, College of Human Ecology, Ohio State University, Columbus, found animals fed low-copper diets may develop cardiac abnormalities. High blood cholesterol is also

topportunist => heart palpritations, sid 271

associated with copper deficient diets. In rat experiments, copper deficient diets have resulted in heart problems.²²

Studies at the Cincinnati Medical Center and Institute of Environmental Health in Ohio have concluded that the body's intake and
ability to absorb zinc and copper appear to be significant factors in
preventing both cardiomyopathy, a degenerative disease of the heart
muscle that can cause heart failure, and angiopathy, a degeneration
of small arteries that can impede blood flow. An article in Science
News reports that the diets of many in the United States are deficient
in one or both of these essential trace metals.²³

Antioxidant-Rich Foods

Vitamin C's antioxidant properties are aided by bioflavonoids. In a five-year study of 805 Dutch men between the ages of 65 and 84, it was found that those who consumed the most bioflavonoids – compounds in apples, and other fruit, berries, garlic, onions and green tea leaves – suffered half as many fatal heart attacks as men who consumed the lowest amounts. Men who had a higher intake of bioflavonoids had a lower risk of death from coronary heart disease and of having a first heart attack, reported Dr. Michael Hertog, an epidemiologist at the Netherlands National Institute of Public Health in an article in *The Lancet*. Hertog credited eating one large apple a day with a high intake of flavonoids. I guess an apple a day will keep the doctor away!²⁴

Garlic itself has proven to have many heart-smart properties, no doubt in part due to its bioflavonoids. People who enjoy the zestful cuisine of southern Europe have fewer fatal heart attacks than do those in the north, where the food is blander. Among the benefits of the hearty Mediterranean diet is the consumption of large amounts of garlic. Now this culinary tradition is being hailed by scientists as one of the reasons Americans should look to their European cousins for mealtime tips.

Mok

In eight different studies, people given daily garlic or garlic ex-

Some investigators have also found a rise in protective HDL - cholesterol. In addition, something in garlic keeps platelets from being sticky, so they are less able to clump together to form a clot when a blood vessel is injured. And garlic has been discovered to step up the ordinarily low level of clot-dissolving (fibrinolytic) activity present in blood, an action that would favor the breakdown of any clot that did develop.²⁵

Researchers at Loma Linda University School of Medicine, Department of Microbiology, studied Kyolic* aged garlic extract and found that its major component, S-allyl cysteine, is a potent free radical scavenger, helping to protect heart cells from oxidative injury. For more on the benefits of garlic, see the chapter Arterioselerosis.

Another antioxidant proven to help the heart is coenzyme Q10/a nutrient found in studies to help fight congestive heart failure (CHF), a common condition where the heart becomes too weak to pump enough blood to the tissues of the body. Because of this pumping action failure, blood returning to the heart backs up, leading to a build up of fluid in the lungs. This "waterlogging" of the lungs causes weakness and shortness of breath. The key to fighting this often fatal condition is nutrients that strengthen the heart. Alternative treatment pioneer Dr. Ross Gordon has treated his patients with magnesium injections, but also recommends coenzyme Q10, which speeds oxygen to the heart muscles.

In a 1976 study from Japan, 17 patients with mild CHF were given 30 mg/day of coenzyme Q10. Every patient improved within four weeks and 53 percent became completely symptom-free. **Coenzyme Q10 has also been found to help people with severe CHF In a double-blind study, 641 such patients were given either coenzyme Q10 or a placebo for one year. The number of patients requiring hospitalization for worsening heart failure was 38 percent less in the coenzyme Q10 group than in the control group. **In another study,

SBA HEART PROBLEMS WILL FORWARD TO THE TOTAL TO THE TOTAL TO

the survival rate nearly tripled when patients with severe CHF were given the nutrient.

Researchers Link B Vitamin Deficiencies to Heart Problems

Probably the most recent nutritional find is the connection between the B vitamins, particularly folic acid, and the risk of heart problems. The connection began as researchers discovered that high levels of homocysteine increases the risk of heart disease.

Teams from Tufts University in Boston and the 43-year Framingham (Mass.) Heart Study examined more than 1,000 participants between the ages of 67 and 95 over a three-year period. They found that among the study participants with the most severe cases of constricted arteries, 43 percent of the men and 34 percent of the women had high homocysteine levels in their blood, and twice the risk of heart disease.

Vitamins B12, B6 and folic acid help regulate levels of homocysteine, a naturally occurring amino acid in the blood, says Dr. Jacob Selhub, professor of nutrition and director of the Vitamin Bioavailability Laboratory at the Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts. Homocysteine plays an important role in the body's metabolism and is harmless when kept at normal levels in the body, At high levels, however, it turns toxic, and those who fail to eat the recommended daily allowance of these three vitamins are missing out on an important way to keep homocysteine levels in check. Ultimately, say the researchers, neglecting to consume B vitamins could lead to health risks such as clogged arteries. These risks tend to occur among men more frequently than women. Dr. Selhub recommends a minimum daily intake of 1.9 milligrams (mg) of vitamin B6, two micrograms (mcg) of B12 and 400 mcg of folic acid, which has the strongest influence on homocysteine metabolism.30

It has been found that B6 - a fragile and easily destroyed vitaminis not present in fatty or processed foods. Vital B6 is lost in food transportation, storage, preservation, processing and cooking. Therefore, it is essential to add a B6 vitamin supplement (at least 200 mg daily) to your diet. When supplementing, always take the B vitamins together. They work together, and without one, others can become deficient. Look for a good complex formula at least ten times the

HEART PROBLEMS 565

MITUURITI

RDA.

Dr. Meir Stampfer, a researcher at Brigham and Women's Hospital at the Harvard School of Public Health in Boston, says that the Tufts study makes "an important contribution" to the present understanding that the lack of folic acid intake is the main reason why homocysteine is related to the thickening of carotid arteries.³¹

Dr. Irwin H. Rosenberg, professor of physiology, medicine, and nutrition at Tufts who helped guide the research team, adds,

> "There is growing recognition that the relationship between diet and heart disease needs to be broadened to include not only dietary fat and cholesterol, but also dietary sources of vitamins, which may protect against heart disease and stroke."¹²

My sentiments exactly. Thank you, Dr. Rosenberg.

The Dangers of Iron Overload

A provocative study by Finnish researchers, published in the American Heart Association's scientific journal *Circulation*, concluded that the amount of stored iron in the body ranks second only to smoking as the strongest risk factor for heart disease and heart attacks.

Experts acknowledge that the study, though involving only 1,900

21

men from eastern Finland, was carefully done. A team of epidemiologists led by Jukka Salonen of the University of Kuopio tested healthy Finns ages 42 to 60 for serum levels of ferritin, an iron-storing protein. Salonen's team then followed the patients for five years. By that time, 51 had suffered heart attacks. Analysis showed that men with more than 200 micrograms of ferritin per liter of blood – a level generally considered normal – were more than twice as likely to have heart attacks compared with men with levels below 200. The risk of heart attack more than quadrupled in men with high levels of both iron and LDL fat.³³

According to the Tufts University Diet & Nutrition Letter, irondeficiency anemia has been over-diagnosed in the U.S. In fact, a 1988 survey of people with iron overload revealed that one in three had met with more than 11 doctors before getting a correct diagnosis!³⁴

How can you tell if you have too much stored iron? Only certain blood tests, such as the serum ferritin test and transferrin saturation test, provide the answer. If you find you have iron overload, donate blood and don't take supplements with iron, and cut back on meat consumption.

Margarine is Not Heart Smart

Now that you know what is good for you, pay attention to what is bad for you. Margarine is NOT heart smart. You already know saturated fat is bad for you. Saturated fat, like butter, may increase bad cholesterol, but at least it doesn't touch the good cholesterol. Food processors hydrogenate oils to make them thicker, creamier, and more appetizing to the consumer. Unfortunately, this process also saturates the oils' fatty acids, changing them to trans fatty acids.

A small amount of trans fats comes from dairy products and beef but the major dietary source is margarine, particularly hard margarine and shortening made from hydrogenated plant oils.

A Nurses' Health Study of 85,000 nurses found that margarine

increased the risk of a heart attack. Two hundred thirty-nine men and women admitted to a hospital for their first heart attack were cornpared to 282 controls.

Women who consumed more than 2.5 pats of margarine per day had more than triple a greater risk of having a heart attack compared to those who consumed less than one pat per day. Butter, which contains no trans-fatty acid, did not significantly increase a persons risk in this study. People who consume the highest level of trans-fatty acids had a 2.44 times risk of having a heart attack compared to those who consumed the lowest levels.³⁵

The Harvard School of Public Health now proclaims that partially hydrogenated vegetable oil, found in margarine and shortening, may be attributed to approximately 30,000 deaths each year.³⁶

"These are probably the most toxic fats ever known," said Walter Willett, M.D., professor of epidemiology and nutrition at Harvard School of Public Health.

Willett, who has researched the effects of trans fats on the body, disagrees with those who say that the partially hydrogenated fats found in margarine or shortening are less likely to raise cholesterol than the saturated fats found in butter. He proclaimed, "It looks like trains fatty acids are two to three times as bad as saturated fats in terms of what they do to blood lipids." ³⁷⁷

George V. Mann, Sc.D., M.D., a leading heart researcher, wrote in *The Lancet*: "Trans fatty acids are proposed as the cause of the current epidemic of heart disease. Studies have shown that dietary intake of saturated fats and cholesterol are not the cause of the build-up of fatty deposits within blood vessels. Much suggestive evidence exists that consumption of comparatively large amounts of trans fatty acids causes the problem by impairing fat metabolism. Populations



Vitamin E

with low consumption of trans-fatty acids have a lower incidence of coronary artery disease even when consuming diets high in animal fat or other oils."58

Heart-Smart Nutrients

For maximum absorption, take supplements with meals,

Nutrient	Suggested Dosage	Formulation
Aged garlic extract	1 teaspoon three times daily	Laguid
Amino acids	4-6 capsules daily	Multiple formula from a natural sources
Antioxidants	4 capsules daily*	With selenium and grapeseed extract
Borage oil	2 capsules daily	
Coenzyme Q10	2 capsules daily	With vitamin E, phospholipids and selenium
Enzymes	2 capsules twice daily	Multiple formula
Fiber	4-8 tablets daily	Psyllium, with borb hyssop
Flaxseed oil	I tablespoon daily	
Folic seid	5-10 mg daily	
Magnesium	200 mg daily	
Melatonin (adults only)	3 mg daily at bedtime	With B vitamins
Multi-mineral	3-4 ounces daily	In liquid solution, with vitamin 812, biotin
Multi-setamin/mineral	6 capters daily	Frocze-dried plant sisurces
Niscin	500 mg four times daily	
Taurine	500 mg twice daily	
Vitamin B6	100 mg daily	
Vitanio C 5130	Individual bowel tolerance**	With bioflavonoids (querectin, proanthocyanidins)

² capsules (800 IU) daily * The FDA recommends pregnant women not exceed 10,000 fU of vitamin A daily.

d-alpha tocopherol

^{**} To determine individual desage, on the first day take 1,000 mg hourly until diarrhee occurs, then reduce desage to just below that for individual daily desage. Vitamin C is not toxic in large doses but must be taken throughout the day to benefit. Divide dosage to three or four times a day.

Chapter 86: HEARTBURN AND HIATAL HERNIA

Burkitt, Denis P. & James, Peter A., The Lancet, July 21, 1973.

Downs, Robert W., & Van Bank, Alice, "When Heartburn Won't Go Away," Bestways, p. 38-42, January 1984.

Balch, James F., M.D., and Balch, Phyllis A., Prescription for Nutritional Healing, Avery Publishing Group, Garden City Park, N.Y., p. 197, 1990.

Gerras, Charles, et al, eds, The Encyclopedia of Common Diseases, Rodale Press, Emmaus, PA, p. 481, 1976.

Chapter 87: HEART PROBLEMS

Gaziano, J. Michiel, "Antioxidant Vitamins and Coronary Artery Disease Risk," The American Journal of Medicine, v. 97, September 26, 1994.

Subak-Sharpe, Genell, J., and Bogdonoff, Morton, D., Home Health Handbook, BV/ IMP, Inc., p. 37, 45, MCMLXXXXIX.

"Magnessum For Acute Myocaedial Infarction?" Editor, The Lancet, September 14, v. 333, p. 667-668, Sept. 14, 1991.

Woods, Kent L.; Fletcher, Susan, Roffe, Christine, Haider, Yasser, "Intravenous Magnesium Sulphate in Suspected Acute Myocardial Infarction: Results of the Second Lescenter Intravenous Magnesium Intervention Trial," The Lancet, v. 339, n. 8809, p. 1553, June 27, 1992.

Oriov, Michael, M.D., et al, "A Review of Magnesium, Acute Myocardial Infarction Arrhythmia," The Journal of The American College of Nutrition, v. 13, n. 2, p. 127-132, 1994.

- ⁶ Thogersen, Anna M., et al, "Effects of Intraversors Magnesium Sulfate in Suspected Acute Mysocretical Infraction on Acute Arrhythmus and Long-Term Outcome," International Journal of Cardinings, v. 49, p. 143-151, 1995.
- Sorlig, Mildred S., M.D., M.P.H., "Magneticm, Autoritates and Myocondial Inflations," *American Journal of Clinical Nation*, v. 13, n. 2, p. 116-117, 1994.
- Grindy, Robert, "More About Magnesium," Saturday Evening Post, v. 259, p. 50, July-August 1987.
- * Illin, R., "Magnesium: The Forgotten Natrient," The Nutrition Report, February 1995.
- " "Magnesium Can Help With Energy, Depression," Better Nutrition for Today v Living, v. 57, n. 2, p. 26, February 1995.
- * Friedenishs, Alazon, et al. "Malignass Arthyrhesias in Relation to Values of Scram Potassium in Patients With Acute Myocardial Inflorition," International Journal of Cordinings, v. 32, p. 331-338, 1991.
- Prietipp, Richard C., M.D., et al., "Magnesium Antagonizes the Action of Lysophisphatidylcholine (LPC) in Myocardial Cells. A Possible Mechanism For Its Aunurhythmic Effects," Anesth Analy, v. 80, p. 1083-1087, 1995.
- ¹⁰ Touyr, R.M., "Magnesium Supplementation as an Adjuvent to Synthetic Calcium Channel Antagonism in the Transment of Hypertension," *Medical Hypothesis*, v. 36, p. 146– [42, 199].
- Serlig, Mikhad S., M.D., M.P.H., et al, "Consequences of Magnesium Deficiency on Enhancement of Stress Rascour, Preventive and Therapeutic Implications (A Review)," *Journal of the American College of Nacidities*, v. 13, n. 5, p. 429-446, 1994.
- ** Korpela, Heikki, DVM, M.D. "Rypothesis: Increased Calcium and Decreased Magnenium in Heart Discose and Liver of Piga Dying Suddenly of Microangiopathy: An Aurical Model For The Study of Oxidative Dienage," Journal of The American College of Nutrition, v. 10, n. 2, p. 127-131, 1991.
- * "Ratearch Offers Evidence of Vitamin E Cardiac Benefit," Medical Tribune, p. R. Nasember 21, 1994.
- Stephens, N.G., et al., "Randomized Controlled Tetal of Visuous E in Patients with Contrast Disease: Cambridge Heart Astronidost Study (CHAOS), The Lancet, v. 347, p. 781-786, March 23, 1996.
- Guziano, J. Michael, "Antioxidam Vitamins and Coronary Artery Disease Risk," The American Journal of Medicine, v. 97, September 26, 1994.
- ¹⁸ Todd, Susan, et al, "An Investigation of the Relationship Between Antioxidant Vicamin Intake and Coronary Hour Disease in Mon and Women Using Logistic Regression Analysis," Journal of Clinical Epidemiology, v. 48, n. 2, p. 307-316, 1995.
- ³⁰ Xia, Yaning, et al. "Kashan's Discuse and Scientism States of Populations in China," Solution in Biology and Human Health, Chapter 10, p. 183-196, 1994.
 - 21 "Urinary Selection Concentrations," Clinical Cheestry, v. 39, n. 10, 1993.
- ²¹ "Copper and Its Possible Role in Cardiousyopathies," The Nutrition Report, v. 89, p. 95, December 1993.
- Mitchell, John, "Many Riches to be Mined from Minerals; Zine Found Effective Against Many Els, Salenium Enhances Immune Response, Silicon May Prevent Alzheimer's Diamae," Health Neural Resource, v. I., n. 2, p. 7, July-August 1991.
- ²⁶ Horing M. G. L., et al., "Dictary Associates Florenced and Risk of Coronary Heart Diamse: the Zotphen Elderly Study." The Lancet, v. 342, p. 1007-1011, 1993.

- Goldfinger, Stephen E., 'Garlie: Good for Whot Ails You?" Hursard Health Letter, v. 16, n. 10, p. 1, August 1991.
- * Yamasaki, Takeshi, et al, "Garlie Compounds Protect Vascular Endothelial Cells from Hydrogen Peroside-Induced Osislant Inputy," Physiolograpy Research, v. 8, p. 408-412, 1994.
- Wright, Jonathan, "Congestive Heart Failure," Nutrition & Healing, v. 1, n. 5, December 1994.
- Ishiyama, T., "A Clinical Study of the Effect of Coenzyme Q10 on Congestive Heart Failure," Jon Heart J. v. 17, p. 32-42, 1976.
- Morisco, C., et al, "Effect of Coenayme Q10 in Patients with Congestive Heart I adure: A Long-Term Multicenter Randomized Study," Clin Invest, v. 71, p. \$134-\$136, 1993.
- Selbub, Jacob and Paul F. Jacques, et. al, "Association Between Plasma Heracocysteine Concentrations and Extracranial Carotid Artery Stenesis," New England Journal of Medicine, v. 332, p. 5, p. 286-291, February 2, 1995.
- Stampfer, Meir J. and Rene M. Malinow, "Can Lowering Homocysteine Levels Reduce Cardiovascular Risk?" New England Journal of Medicine, v. 332, n. 5, p. 28-29, February 2, 1995.
- " Ibid.
- Findiny, Steven, et al, "Iron and Your Heart," U.S. News & World Report, v. 113, n. 11, p. 61-67, September 21, 1992.
- " Tufts University Diet & Nutrition Letter, v. 10, n. 11, p.3, Innuary 1993.
- ³⁶ Laino, Charlene, "Trans-Futty Acids in Margarine Can Increase MI Risk," Medical Prilinne, v. 4, February 24, 1994.
- M Raloff, J., "Margarine is Anything but a Marginal Fat," Science News, v.145, p. 325, May 21, 1994.
- Willert, Walter C., et al, "Intoke of Trans Fatty Acids and Risk of Coronary Heart Disquae Among Women," The Lancet, v. 341, p. 581-585, March 6, 1993.
- Mann, George V., "Metabolic Consequences of Dietary Trans Futry Acids," The Lancet, v. 343, n. 8908; p. 1268, May 21, 1994.

Chapter 88: HEMORRHOIDS

- Bland, Jeffrey, editor, Medical Applications of Clinical Nutrition, Kents Publishing, New Canasan, CT, p. 279, 1983.
- Gerras, Charles, et al, eds, The Encyclopedia of Common Discusses, Rodala Press, Emmans, PA, p. 949, 1976.
- Pauling, Linus, How to Live Zonger and Feel Better, W.H. Freeman & Co., New York, p. 318, 1986.
- Hodgen, R. E., et al., American Journal of Clinical Nutrition, v. 11, n. 180, p.187, 1962.
 Schuster, Marvin M., M.D., "Psyllium Products Aid Common GI Disorders," Modern Medicine, March, v. 58, p. 24-25, 1990.
- Durne, Lavon J., Natrition Almonor, Third Edition, McGrau-Hill Publishing Company, p. 178, 1990.
 - "Does Proparation H Work?" Consumer Reports, v. 51, p. 579, September 1986.

Chapter 89: HERPES SIMPLEX

Rossen, Anne, E., "A Sore Subject," Current Health, v. 18, n. 7, p. 26, March 1992.