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HEALTH NEWS BETTER ТНЕ

HEART SURGERY AND COQ10

Bypass surgery produces oxidative stress, so it stands to reason that supplementing with antioxidants may improve surgical outcomes. Taking CoQ10 may be beneficial to

for CABG surgery. The 30 patients

were randomly assigned to receive

either a placebo or between 150 -180

mg of CoQ10 per day for seven to ten

days prior to the surgery. The group

reperfusion arrhythmias, less need

product

drainage)

myocardial dysfunction as compared

In other research appearing in the

supplement

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hospital

coronary bypass patients, according to research appearing in Journal of and Anesthesia (2008 Dec;22(6):832-9). The subjects of the study were scheduled

Journal

of

Cardiovascular Surgery (January

2005;129(1):25-32), 62 coronary

bypass surgery patients received

300 mg/day of CoQ10 for two

Thoracic

weeks before surgery. Another group of 59 subjects received а placebo. In the group

and

receiving the supplement, mitochondrial respiration was more efficient and mitochondrial tissue from the supplement group recovered from hypoxia more quickly as compared to the control group. In short, CoQ10 protected the heart from oxidative stress.

CoQ10 is one product that you want to buy from a trusted source. It is expensive, and bargain brands may the amount of active not have product claimed on the label.

the Cardiothoracic Vascular

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receiving

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to the control group.

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HEART FAILURE PROTECTION FOR THOSE ON STATINS

HEART HEALTH

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TAKE A FREE
HEALTH
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D-RIBOSE

HEART FAILURE

Heart failure exists when the heart cannot pump enough blood to meet the body's needs. It develops over time as the heart's ability to pump grows weaker. In some cases the heart cannot fill with enough blood; in other cases the heart lacks the force to pump blood to the rest of the body. It is a very common condition, with 4.8 million cases in the United States, with an estimated 400,000 new cases being reported each year (according to the National Heart, Lung and Blood Institute)

Heart failure can affect both sides of the heart, or affect the right side only. Right-sided heart failure occur when the heart is unable to pump enough blood to the lungs to oxygenate the blood. It may cause fluid accumulate in the lower extremity, the liver, the abdomen or in the veins of the neck. Left sided heart failure occurs when the heart cannot pump enough oxygen -rich blood to the rest of the body. Patients with heart failure that involves both sides of the heart often experience fatigue and shortness of breath.

Causes of heart failure include diabetes, high blood pressure and coronary artery disease. There may be an additional cause--prescription medication, especially the drugs used to lower cholesterol and the or to treat heart failure.

Most cholesterol-lowering drugs work inhibiting the by enzyme methylglutaryl coenzyme A (HMG-CoA) reductase. They prevent the production of mevalonate from HMG-CoA. The body converts mevalonate to cholesterol and a variety of other products. One of the products of the melvalonate pathway is Coenzyme Q10; so these drugs ultimately prevent the production of coenzyme Q10. Patients taking these drugs commonly experience exercise intolerance, muscle pain and myoglobin in the urine. Studies show that these drugs have the potential to cause muscle pain and muscle cell destruction as well as kidney failure. The FDA has warned about liver failure in conjunction with these drugs. These more serious side effects occur in about 1% of the population taking the drugs.

The heart contains high levels of coenzyme Q_{10} and these levels are found to be lower in people suffering from congestive heart failure. According to an article appearing in *The Lancet* (1998;352(Suppl. 1):39-41) the incidence of heart failure has dramatically increased in the last three or four decades. The prevalence

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of heart failure has increased by 70% between 1990 and 2000. This corresponds with the increase in the use of cholesterol medication. Supplementing with coenzyme Q_{10} may be a good idea.

Drugs that are used by heart patients may deplete magnesium. Research appearing in Magnesium Bulletin (1994;16(3):98-100) demonstrated that treatment with ACE inhibitors deplete magnesium. Patients with congestive heart failure seem to benefit from magnesium supplementation, as indicated by a double-blind, placebo-controlled study appearing in the *International Journal of Cardiology* (2009; 134 (1): 145-7), involving 79 patients with severe congestive heart failure. The subjects were randomly selected to receive either magnesium orotate or a placebo for one year. The survival rate was higher in the magnesium group (75.7% compared to 51.6% in the placebo group). Also, symptoms improved in 38.5% of the patients receiving magnesium, while in 56.3% of the placebo group symptoms became more severe.

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PROTECTION FOR THOSE ON STATINS

The most common side effect of statin medication is muscle pain. It can make exercise difficult. The muscle pain can become severe; this is a condition known as rhabdomyolysis. Rhabdomyolysis can lead to liver damage, kidney failure and even death. Other side effects of statins include liver damage, and digestive problems

If You Take Statins, Certain Nutrients Help Reduce the Damage

People who are on statins can get muscle pain. <u>Muscle pain is a serious</u> <u>side effect and your doctor should be</u> <u>contacted IMMEDIATELY if you</u> <u>experience it while taking statins</u>. Patients who take these drugs long term tend to lose muscle mass. Many are slightly anemic. There are supplements that you can take to minimize the muscle damage done by statins. These include:

- **Coenzyme Q10:** it is necessary for energy production in the cell, and it is normally produced by cells. Statins block the production of CoQ10. Studies have linked low CoQ10 levels to heart failure.
- *Carnitine:* Low carnitine levels are also linked to heart failure.
- Gamma and Delta tocopherol: Vitamin E complex is made up of substances called tocopherols. Gamma and delta tocopherol are part of the vitamin E complex. The one that people are most familiar with is alpha tocopherol; ALPHA TOCOPHEROL IS NOT TO BE TAKEN. It will make matters worse.

Omega-3 fatty acids: These actually have a better track record for helping to prevent heart attacks than statins do.

Statins work by suppressing an enzyme called HMG CoA reductase, which is responsible for making cholesterol. Blocking that enzyme also interferes with the production of CoQ_{10} , and the loss of CoQ_{10} may be responsible for the destruction of muscle associated with these drugs.

Fortunately there are natural substances that interfere with the action of HMG CoA reductase, and these substances do not have the associated muscle destruction that the drugs have.

- *Red yeast rice* should be taken in the evening, but can be taken throughout the day.
- **Pantethene** also works on the HMG CoA reductase enzyme
- *Plant sterols* have been shown to reduce the intestinal absorption of carbohydrate.
- **Tocotrinols** are a part of the vitamin E complex. Vitamin E is made up of four tocopherols (alpha, beta, gamma, delta) and four tocotrienols (alpha, beta, gamma, delta). Tocotrienols can be found in certain vegetable oils, wheat germ, barley, saw palmetto, and certain types of nuts and grains. This variant of vitamin E only occur at very low levels in nature. Take at night, at least 12 hours after taking gamma tocopherol.

Speak to your doctor before embarking on any supplement regimen

It's bizarre that the produce manager is more important to my children's health than the pediatrician.

Meryl Streep

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D-RIBOSE

D-Ribose is a naturally occurring monosaccharide, which was once thought to be important only as a structural component of DNA and RNA. Research has shown it to be valuable for energy production in cells. In 1973 Heinz Gerd Zimmer conducted research at the University of Munich and found that D-Ribose helped energy-starved hearts recover from ischemia. Subsequent research went on to show that D-Ribose was the limiting element in energy recovery in ischemic tissue and that it was necessary for energy production in the cell.

D-Ribose improves ventilatory efficiency in patients with heart failure. Ventilatory efficiency is an important predictor of survival and disease progression in patients with congestive heart failure. As stated, D-Ribose plays a vital role in cellular energy production, so it is reasonable to assume that it can improve function in patients with congestive heart failure (CHF). A research report presented at the American College of Cardiology's Annual Scientific Session in 2005 indicates that D-Ribose can improve ventilatory efficiency in class II and Class III CHF patients. Over a period of eight weeks, 15 CHF patients were given the supplement. The patients showed significant improvement in ventilatory uptake efficiencv efficiency, oxygen and myocardial performance. Mark A. Munger, Pharm D., Professor of Pharmacotherapy and Associate Dean of the College of Pharmacy at the University of Utah stated, "Beyond the previously known benefits of ribose in enhancing mycardial energy levels and improving diastolic function parameters following ischemia, the study demonstrated a benefit in ventilatory efficiency, one of the most powerful predictors of survival in congestive heart failure patients."