

THE BETTER HEALTH NEWS

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Recently, it was found that one cholesterol lowering drug may actually contribute to plaque formation. Merck and Schering said that not only did Zetia fail to slow the accumulation of fatty plaque in the arteries, it actually seemed to contribute to plaque formation. Research on pravastatin appearing in the *Journal of the American Medical Association* (December 18, 2002;288:1998-3007,3042-3044) shows that the drug does indeed lower cholesterol, but does not reduce the risk of death or heart disease in those with moderately high cholesterol and high blood pressure.

While that is bad enough, especially considering the fact that the manufacturers delayed releasing this information, there may be worse news when it comes to cholesterol lowering drugs. Statin drugs not only block the formation of cholesterol, they block the formation of other substances as well, including the formation of CoQ₁₀.

CoQ₁₀ is an extremely important substance to the body. A study published in the journal *Diabetes Wellness* (May 2005;11(5):4) showed that giving CoQ₁₀ to patients who take statins reduces muscle pain. Subjects in this study received either 400 IU of vitamin E or 100 mg. of CoQ₁₀. Eighteen of the 21 subjects receiving the CoQ₁₀ (90%) experienced pain relief; this compared to three patients out of 20 in the vitamin E group. Co Q

10 levels decrease after taking a statin drug. In the June, 2000 issue of *Archives of Neurology* a study was published that showed a reduction in CoQ₁₀ levels after the subjects took 80 mg. of a statin drug. The mean blood level of CoQ₁₀ in the 34 participating subjects went from 1.2 mcg/ml to 0.62 mcg/ml.

Patients who experience muscle soreness on these drugs are advised to discontinue—they may be experiencing rhabdomyolysis, which is a breakdown of the muscles. The heart is mostly muscle and has high contents of CoQ₁₀. One five-year study, involving 126 patients showed improvement in congestive heart failure patients, with CoQ₁₀ supplementation—without any adverse effects. Another study showed that coenzyme Q₁₀ supplementation improved blood pressure, reduced left ventricular hypertrophy and improved exercise capacity in heart patients.

An article appearing in *The Lancet* (1998;352(Suppl. 1):39-41) notes that the incidence of heart failure has dramatically increased in the last three or four decades. The prevalence of heart failure increased by 70% between 1990 and 2000. Since statins adversely affect muscle and deplete CoQ₁₀, it makes you wonder if there is a connection between statin use and heart failure.

HEART FAILURE IS ON THE RISE

About one in 56 Americans will experience heart failure, a life-threatening condition, according to the statistics on heart failure. Nearly five million Americans are currently living with congestive heart failure (CHF), with 550,000 new cases being diagnosed each year. Most CHF patients are over the age of 60, but 1.4 million are under the age of 60, with approximately one million patients between the ages of 40 and 59. More than 5% of adults between the ages of 60 and 69 have CHF.

Heart failure is responsible for 11 million physician visits each year and more hospitalizations than all forms of cancer combined. According to the statistics of heart failure, hospitalization for the condition has risen threefold in the past 30 years. The most common diagnosis in patients over the age of 65, over 875,000 hospitalizations occur a year. Overall, the statistics of heart failure indicate that over \$23 billion is spent a year dealing with it. More than half of all CHF patients die within five years of diagnosis, and it contributes to approximately 275,000 deaths each year.

Treatment for congestive heart failure largely depends upon the causes and symptoms. The main objective of the treatment for congestive heart failure is to diagnose the reasons, analyze the signs and nip the disease from flourishing. Removing excessive liquid from the lungs, systemizing the flow of blood and providing more oxygen to our body are the preeminent steps for the treatment for congestive heart failure. Furosemides (Lasix) or spironolactones are immensely helpful in controlling the extra fluid of body. In order to release the stress from heart or cure injured heart muscle beta blockers and ACE inhibitors are considered to be the best possible treatment for congestive heart failure. Self treatment for congestive heart failure entails adopting a healthy life style by improving the living conditions and environment.

Recommendations to CHF patients include the following:

Various body organs, especially the legs are generally get swollen, so elevations of the legs are recommended.

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Don't consume a lofty quantity of salt in diet.

Check your weight and blood pressure daily, and consider it as a prominent part of the treatment for congestive heart failure.

Diabetes patients should check the level of their blood sugar regularly.

Let's face it, this is a pretty lame treatment plan. This can mitigate the problem, but if you are honest, there are no solutions here. There are some studies that show natural health care may really help these patients. See the article on the next page to learn more.

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CHF: NATURAL HEALTH CARE HELPS

There is research that shows the value of a number of natural substances for congestive heart failure patients. If we can use the information in this research to improve the infrastructure of our CHF patients, can we keep them from returning to the hospital.

The diuretic, furosemide, may cause thiamin deficiency. Beriberi is the disease of thiamin deficiency. Wet beriberi affects the cardiovascular system and is characterized by an enlarged heart, and congestive heart failure. There is some research that indicates supplementation with thiamin may be of benefit to patients with congestive heart failure, with one study increasing left ventricular ejection fraction by 22%. Interestingly enough, thiamin has been shown to be particularly beneficial to patients with cardiomyopathy.

Furosemide and ACE inhibitors deplete magnesium. Many CHF patients show a deficiency in magnesium, and demonstrated a significant decrease in premature ventricular depolarizations when supplemented with magnesium. Furthermore, other research found that CHF patients supplemented with magnesium had improved survival rates (75.7% compared to 51.6% over the course of one year).

In several studies CoQ₁₀ has been shown to be of benefit to CHF patients. It was shown to improve both ejection fraction and cardiac output. Patients given CoQ₁₀ had improvement in clinical signs and symptoms, including cyanosis, edema, pulmonary rales, liver enlargement, dyspnea, palpitations, and arrhythmia. In

one study, 319 patients were treated with CoQ₁₀ at a dose of 2 mg/kg per day and 322 patients received a placebo. The number of patients hospitalized for worsening heart failure were smaller in the coenzyme Q₁₀ group (n=73) than in the control group (n=118). The episodes of pulmonary edema or cardiac asthma were reduced in the supplemented group compared to the placebo group. These results suggest CoQ₁₀ therapy in conjunction with conventional therapy reduces hospitalization for both worsening of heart failure and the incidence of serious complications in patients with chronic congestive heart failure. CoQ₁₀ improves ventricular performance in CHF patients.

Carnitine is another substance that is well-researched and found to be beneficial to CHF patients. One study combining CoQ₁₀ and carnitine, found that the combination resulted in a significant reduction in the pro-inflammatory cytokines that are neurohumoural precursors related to sympathetic and parasympathetic activity, both of which are impaired in patients with heart failure. Furthermore, the supplemented group showed significant improvements in the six-minute walk test and symptom scale, compared to patients in the placebo-group. Carnitine has also been shown to improve exercise tolerance in CHF patients, to generally improve symptoms in CHF patients, and to reduce the death rate in patients with cardiomyopathy.

The good physician treats the disease; the great physician treats the patient who has the disease.

William Osler

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GREAT ARTICLE ABOUT STATINS

There was a great article about statins in, of all places the January 28, 2008 issue of Business Week. It is still available on their website. The article entitled "Do Cholesterol Drugs do any Good?" asks some very pointed questions about the practice of putting people with high cholesterol on these drugs. One ad for a statin claims a 36% reduction in patients with multiple risk factors for heart disease. The ad has an asterisk stating that the study performed had 3% of the placebo group having a heart attack compared to 2% of the group receiving the drug. In reality that translates to one fewer heart attack for every 100 people taking the drug. That means that you need to treat 100 people in order to prevent one heart attack. The article goes on to say that the drugs are virtually useless in anyone who has not had a heart attack or who does not have signs of active heart disease.

Statins work by inhibiting the 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 things that mevalonate produces is Coenzyme

Q₁₀ ; so these drugs ultimately prevent the production of coenzyme Q₁₀. Patients taking these drugs commonly experience exercise intolerance, myalgia and myoglobinuria. Studies show that these drugs have the potential to cause myopathies and rhabdomyolysis with renal 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 Q₁₀ 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 of heart failure has increased by 70% between 1990 and 2000. Cholesterol lowering drugs are a nearly \$28 billion per year industry, so don't look for any research in any medical journals (which, by the way, sell ads to drug companies) linking statins to heart failure. The CoQ₁₀ information is not in the Business Week article, but some very good statistics on the uselessness of these drugs are in the article.