

THE BETTER HEALTH NEWS

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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. It contributes to approximately 275,000 deaths each year.

Patients on the diuretic furosemide (sold under the brand name Lasix) tend to be deficient in thiamin. A study appearing in *The American Journal of Medicine* (1991;151-155) measured thiamin status in 23 patients with congestive heart failure who were taking furosemide. A high thiamin pyrophosphate effect, which indicates thiamin deficiency, was found in 21 of the 23 subjects. Thiamin deficiency was only found in two out of 16 controls. This result was confirmed by other research appearing in the *Journal of the American College of*

Cardiology (2006; 47: 354-61), which found that 33% of 100 hospitalized patients with congestive heart failure were thiamin deficient. Only 12% of healthy controls were found to be thiamin deficient.

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. A study appearing in *The American Journal of Medicine* (May 1995;98:485-490) looked at 30 patients with severe congestive heart failure who were also taking furosemide. In the double-blind study, the patients were given either IV thiamin (200 milligrams per day) or a placebo. The thiamin group experienced improvement in left ventricular ejection fraction--increasing by 22% in 27 patients who completed the full seven-week therapy. The authors of the study concluded that thiamin supplementation would be a beneficial addition to conventional therapy for congestive heart failure.

A FEW WORDS ABOUT HEART FAILURE

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.

One thing that happened during that decade was the increasing popularity of statins. Since statins adversely affect muscle and deplete CoQ₁₀, it can make you wonder if there is a connection between statin use and heart failure. There is a lot of research demonstrating that giving CoQ₁₀ to patients with CHF improves their cardiac function. Also, there is a tendency for people with CHF to have low levels of CoQ₁₀.

The prescribing of statins is a \$25 billion per year industry. Since drug companies buy advertisements in the medical journals, it is very unlikely that we will see research published that shows the link between taking statins and heart failure. But if you do the math, it adds up. Statins deplete CoQ₁₀, low CoQ₁₀ is linked to heart failure, and the incidence of heart failure has been increasing as statin use increases. Also, the muscle pain that is associated with statin use is from rhabdomyolysis, or destruction of muscle. The heart happens to be made mostly of muscle.

Of course diuretics are commonly prescribed for people with CHF. We know that furosemide depletes magnesium and thiamin. Thiamin and magnesium are two nutrients that also seem to be of benefit to patients with heart failure.

Congestive heart failure is one condition for which traditional medicine seems to lack an effective therapy. Fortunately, it responds to a number of nutrients. At the very least patients should be taking CoQ₁₀ and Carnitine. There is a lot of research supporting the use of these two supplements.

L-Carnitine promotes energy production by enhancing fat oxidation in the cell mitochondria.

CoQ₁₀ should be recommended for every patient taking statins. Cholesterol medication interferes with the production of CoQ₁₀.

Thiamin: Diuretics deplete thiamin; and thiamin deficiency is linked to heart failure

Magnesium is also depleted by therapy for CHF—notably diuretics. It should be replaced by supplementation. Low magnesium is also linked to heart arrhythmias.

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HEART FAILURE AND HAWTHORN

A double-blind, placebo-controlled study appeared in *Phytotherapy Research* (2003;10(5):363-9); it looked at the effectiveness of treatment with Crataegus berries (Hawthorn) had on patients with heart failure. A total of 143 subjects, with a mean age of 64.8, participated in the study. They were treated with either a standardized extract of Crataegus berries or a placebo for a period of eight weeks. There was a greater improvement in exercise tolerance, and a reduction in both fatigue and shortness of breath in the supplemented group as compared to those receiving the placebo.

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CARNITINE, CoQ₁₀ AND CHF

Heart failure exists when the heart cannot pump enough blood to meet the body's needs. Congestive heart failure (CHF) develops gradually, as the pumping action of the heart grows weaker. It can be either right-sided or bilateral. When right-sided heart failure occurs, the heart cannot pump enough blood to the lungs to gain oxygen. It causes fluid to build up in the feet, ankles, legs, liver, abdomen and in the veins in the neck. When left-sided heart failure occurs, the heart cannot pump enough oxygen-rich blood to the remaining areas of the body; about 5.7 million Americans have heart failure, resulting in 300,000 deaths per year and 400,000 new cases diagnosed annually (source: NHLBI). Fatigue and shortness of breath are common symptoms.

There are many natural treatments that can improve the condition of those suffering from congestive heart failure. There is a lot of research showing that these patients can benefit from coenzyme Q₁₀. Research appearing in *Clinical Investigator* (1993;71:S 145-S 149) showed that 54% patients receiving three months of coenzyme Q₁₀ supplementation (between 50 and 150 milligrams per day) had improvements in at least three symptoms of heart failure.

Large percentages of patients experienced improvements with 81% having less cyanosis, 76.9% with less edema, 54.% having less shortness of breath, 62% having less arrhythmia and 73% having less vertigo. Also, the severity of symptoms correlated with low coenzyme Q₁₀ levels, according to research that appeared in the *International Journal of Tissue Reactions* (1990;12(3):155-162).

Carnitine is another supplement that seems to be of value to patients with congestive heart failure. Research that appeared in the *American Heart Journal* (February, 2000;139(2 Part 3):S120-S123) showed that carnitine supplementation over a period of nearly 34 months improved the survival rate of CHF patients. In the journal *Circulation* (January 1992;56:86-94) myocardial damage was able to be prevented in hamsters. Supplementation in 12 CHF patients improved exercise tolerance. In research appearing in *Acta Cardiology* (2007; 62(4): 349-54) showed that supplementing CHF patients with a combination of carnitine and coenzyme Q₁₀ produced favorable results in CHF patients. In the double-blind, placebo controlled study patients receiving coenzyme Q₁₀ and carnitine for a period of 12 weeks had lower levels of chemicals that indicate the presence of inflammation (interleukin-6 and TNF-alpha) and had less fatigue and shortness of breath when compared to controls.

My doctor told me to stop having intimate dinners for four. Unless there are three other people.

Orson Welles

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MAGNESIUM AND CHF

Research that appeared in the *American Heart Journal* (June 1993;125:1645-1649) looked at the effect IV magnesium sulfate had on patients with congestive heart failure. Magnesium was given intravenously to patients with congestive heart failure, arrhythmia and in those with serum magnesium levels lower than 2.0 mg/dl. The patients all had at least 10 premature ventricular depolarizations per hour as determined by a six hour ambulatory electrocardiograph reading. There was a significant decrease in premature ventricular depolarizations from treatment with magnesium. A study that appeared in the *Journal of the American College of Cardiology* (1990;16 (4):827-831) found 19% of a sampling of 199 patients with congestive heart failure and low serum magnesium. Considering that serum

magnesium is a poor way to determine deficiency, it would be interesting to see what RBC magnesium levels were in this group of patients.

Patients with congestive heart failure seem to benefit from magnesium supplementation. A double-blind, placebo-controlled study appeared in the *International Journal of Cardiology* (2009; 134 (1): 145-7) that involved 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 56.3% of the placebo group's symptoms became more severe.