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logical health
ALTERNATIVES

The World's Easiest Heart Disease Breakthrough

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The World's Easiest Heart Disease Breakthrough

I don't often agree with the American Heart Association (AHA), but recently they actually got something right. They came up with a list of seven health goals. And the more of them you achieve, the lower your chances of dying early from a stroke or heart attack.

I would bet that many of you will easily meet five—if not all—of the seven criteria. Especially if you've been following my A-List Diet for a while. So here's your pop quiz. Answer "True" or "False" to the questionnaire on the right.

Many of my patients achieve these goals within a few weeks. Without the use of medications.

Unfortunately, that doesn't seem to be the case for the rest of the country. According to a recent study, only 1% of people surveyed could answer "true" to all 7 items.¹

Granted, a perfect score may seem like a lot to ask. (Though, again, it is possible. I see it happen **every single day**.) But having 5 out of 7 "correct" is a realistic goal. And only 13.8% even got that many "right." What does that say about the health of our country?

In another study published recently, researchers found that the sooner you take control of these seven risk factors, the healthier your heart will be later on.² And the longer you'll live.

This is anti-aging medicine as far as I'm concerned. Not all of those pills and lotions and injections.

This particular study looked at people who had a healthy lifestyle as young adults, and managed to maintain it through middle age.

But it's never too late to get healthy. Or to feel better than you have in ages. Or to add years—even decades—to your life.

These studies just helped confirm what I've been saying all along. The secret to ultimate heart health is simple.

And in this report, I'll help guide you through every healing step.

	True	False
• I don't smoke.	☐	☐
• My BMI is less than 25. (If you don't know your BMI, just do a Google search for "BMI calculator." It will turn up dozens of sites that will do the math for you.)	☐	☐
• I do some sort of physical activity on a regular basis.	☐	☐
• I eat a healthy diet, with no refined sugar or carbohydrates, lots of lean meat, vegetables, and monounsaturated fatty acids (MUFAs).	☐	☐
• My blood pressure is less than 120/80.	☐	☐
• My fasting blood sugar is less than 100.	☐	☐
• My cholesterol is less than 200. (As you know, this one isn't as important as the AHA thinks it is, but I suppose we can humor them just this once.)	☐	☐

CHAPTER 1

SIX HEART HEALTH MARKERS MORE IMPORTANT THAN CHOLESTEROL

The fact is, your body can't function without cholesterol. That's something the drug companies "forget" to tell you in their statin ads.

In fact, cholesterol is literally the "glue" that keeps your cells' membranes intact. And if you don't have enough cholesterol, your cells will fall apart, which leads to any number of devastating diseases, including cancer.

The other thing those ads fail to tell you is that the vast majority of the cholesterol in your blood is actually produced by the body. That's right—80 percent of the cholesterol in your system comes from your liver. And an organ as vital to survival as your liver wouldn't waste so much time producing something if it weren't important.

And it is important.

In fact, cholesterol is the body's first line of defense against inflammation, which is the leading source of illness today. Cancer, heart disease, and diabetes are all caused by inflammation.

So when you squelch your cholesterol levels with statin drugs, you're actually taking away your body's natural ability to combat this inflammation.

I firmly believe that when cholesterol builds up in a person's arteries, it's the body's way of trying to repair the damage done to the vessel walls by oxidative stress.

The take-home message here is that you don't need to worry so much about your cholesterol levels. Each person's body is a different living organism and there is no evidence to support the idea that each of us should have the same cholesterol level.

Generally speaking, I believe you probably have the level of cholesterol that is necessary for your body to function properly.

But if a patient's levels do happen to be a bit high, I don't worry much about it—because when

you follow the steps I'll outline shortly (in Chapter 5), your cholesterol goes down *naturally*. And all of the other heart-health markers fall into line as well... including the following six, which are far more important than cholesterol.

These six specific blood markers can help predict your risk for heart attacks, stroke, and overall cardiovascular disease far better than your cholesterol level.

1. Homocysteine Levels

Homocysteine has become a more accepted risk factor for heart disease in recent years. But the problem is, most M.D.s still don't really understand what it means. Elevated homocysteine levels are actually a marker for B vitamin deficiency. And most Americans don't have enough B vitamins, because processed foods and sugar actually steal these essential nutrients from your body.

Homocysteine (an amino acid) can injure the endothelium, or lining of arteries. It also contributes to production of pro-inflammatory chemicals called cytokines. And, it promotes oxidation of the fat and LDL cholesterol that can build up in arteries damaged by inflammation.

I recommend having your homocysteine level tested every three months if your first test shows elevated levels. (Or twice per year if they're normal.) I like to see my patients' homocysteine levels at 8 or below. If yours are higher, it's easy to correct by supplementing with vitamins B6, B12, and folic acid. You want to make sure you are taking at least a B100 complex.

However, to really improve your homocysteine levels, I typically recommend 2,000 mcg of B12 per day, 20 mg of folic acid per day, and 100 mg of B6 per day.

Plus, new research found that combining omega-3s with B-vitamins—including those I just recommended—can amplify the homocysteine-lowering effect. So I also recommend 1,500 mg of EPA/DHA twice per day.

2. Fibrinogen Levels

Fibrinogen is a little-known heart health marker, but a critical one. Fibrinogen is a sticky protein that promotes blood clots and affects blood “thickness.” It can help predict numerous heart risks, including stroke risk and heart attack.

In fact, a decade ago, a large-scale study conducted in Europe showed, “fibrinogen is a powerful predictor of stroke, including fatal and non-fatal strokes, first-time strokes, and hemorrhagic and ischemic strokes.”³

Another study found that high fibrinogen levels predicted recurrent angina, cardiac catheterization, and major events like heart attack and death.

I like to see this number below 300. Get your fibrinogen tested every three months if your first test shows elevated levels. (Or twice per year if they’re normal.)

If your fibrinogen level is over 300, be careful which treatment option you choose. Believe it or not, the mainstream, go-to blood thinners—warfarin and aspirin—actually raise fibrinogen levels.

I recommend nattokinase—a nutritional supplement made from fermented soy beans that helps bring fibrinogen levels down safely. I recommend 1,000 to 3,000 fibrin units per day (3,000 fibrin units equals roughly 150 mg).

In addition, I recommend 100 to 600 mg daily of a CoQ10 supplement called Ubiquinol. The dosage will vary depending on whether you already have heart disease (higher dose) or are preventing it (lower dose). As well as 3,000 mg of fish oil daily (one that contains both EPA and DHA), 500 mg of resveratrol, and a B100 complex at a minimum, or at least 2,000 mcg of B12, 5 mg of folic acid, and 100 mg of B6 daily.

3. C-reactive protein (CRP)

The next major heart-health marker is cardio specific *C-reactive protein (CRP)*. This is a marker for inflammation around the heart. I’ve written about chronic inflammation and pain often in my monthly newsletter *Logical Health Alternatives*. But that same inflammatory process also takes a toll on your heart and blood vessels.

Chronic inflammation damages artery walls. That damage gives them a rougher surface. And that gives a foothold for plaque to latch on to.

Then the plaque continues to build up, which narrows arteries. And prevents blood from flowing freely. In turn, your blood pressure goes up. And your risk of potentially fatal stroke-inducing blood clots goes up, too.

In the Harvard Women’s Health Study, women with the highest CRP levels were more than four times as likely to die from coronary disease, or to suffer a non-fatal heart attack or stroke, compared to those with lower levels.⁴

Ideally, you want your CRP level to be less than 1.0. If yours is higher, the strategies I’ll share later in this report will help bring it down naturally.

I recommend getting your CRP tested twice per year.

4. Ferritin Level

Another seldom-considered heart-health marker is your *ferritin* level. This indicates how much iron is stored in your body. It’s a critical health marker because excess iron can cause organ damage—and too little can cause heart disease. Generally this level should be around 75.

If it turns out you do have iron overload, one of the quickest, easiest ways to help correct the problem is to become a regular blood donor. But there are also some supplements that naturally bind to iron molecules in the body and can help flush them out through the kidneys:

- Quercetin, which is found in onions, garlic, tea, or as a supplement. I recommend 50 mg a day.
- Green tea. You have to drink multiple cups of tea to get the health benefits, so I recommend taking 500 mg daily of supplements as well. Look for standardized green tea extracts that are at least 50 percent polyphenols (95 percent is ideal). The best products also contain 60 percent catechins and 30 percent EGCG (green tea’s active ingredients).
- Curcumin, which is the active ingredient of the

spice turmeric (also available as a supplement).
Take 500 mg a day.

- Milk thistle. I recommend 200 mg per day.
- Alpha lipoic acid. Take 300 mg per day.

Plus, following the steps you'll learn about in Chapters 5, 6, and 7 will also help bring your level down. And remember, you should have your ferritin level tested annually.

5. B-type Natriuretic Peptide (BNP)

Next up is *B-type natriuretic peptide (BNP)*. BNP is a biomarker of tension in the heart wall. It can be an indicator of heart failure. The higher your level, the greater your risk. You want yours to be below 100. And following the advice you'll learn about later in this report will help keep it there. But you should still get your BNP tested annually.

6. Lipoprotein(a)

And last but not least is *Lipoprotein(a)*. Lipoprotein(a)—or Lp(a), for short—is a substance that builds on the inner lining of arteries, promoting inflammation and damaging artery walls. Lp(a) also contains a blood clotting component, which compounds the risk for heart disease and stroke even further.

You should get your Lp(a) tested every year. And you want your level to be below 10 mg/dL. Though keep in mind, if you have a family history of heart disease, you're genetically predisposed to have an elevated Lp(a) level. The good news is, this is yet another instance where you can "outsmart" your genes. Once again, the steps I'll outline in Chapters 5, 6, and 7 of this report will help you achieve a healthy Lp(a) level.

It's important to keep in mind that some of these aren't tests that mainstream physicians commonly order. So you may want to bring the above list with you to your next appointment, to be sure you're getting a complete picture of your heart health.

CHAPTER 2

THE SILENT HEART KILLERS YOU MAY NOT BE TAKING SERIOUSLY

One of the most important aspects of heart health might also be the smallest. I'm talking about your blood vessels and capillaries—which make up something known as your microcirculatory system.

Your microcirculatory system is different than the commonly known parts of your cardiovascular system (or your macro-circulatory system)—and in many ways, it's even more important.

It's your microcirculation that helps feed the health of your veins and arteries...and all your body's vital organs.

Just how "micro" are we talking here?

It's a system *so* microscopic, cells have to pass *single file* through each tiny capillary. In fact, it would take 10 of these specific capillaries stacked on top of one another to equal the width of just one human hair!

And, it's extremely intricate. Your microcirculatory system is made of the smallest passages known to man—but they're practically endless. In fact, the entire system could stretch out over 60,000 miles...

So it's easy to imagine just how critical this system is to your overall health.

In fact, the leading causes of death in this country are almost all related to impaired microcirculation, whether it's stroke, heart disease, or any of the others.

Luckily, scientists are starting to unravel the mysteries of this chronic and debilitating illness. And, as it turns out, research is showing that focusing on maintaining—and repairing—small blood vessels may be the most important thing you can do for your cardiovascular health...and your overall health as well.

Unfortunately, that's just not something many people are equipped to do these days. Especially considering that conventional medicine only treats the symptoms of ailing blood vessels (with potentially dangerous prescription drugs to boot). If they recognize the problem at all, that is.

Today, we're going to change all that.

I'm going to give you a complete rundown of all the tools you need to keep your small blood vessels strong and healthy—and ensure you never have to worry about the dire consequences of impaired microcirculation.

But before we get to that, how do you know if your microcirculation is impaired?

Take a look at the following list...

- Cold hands and feet
- Feeling cold all the time
- Numbness or tingling in the hands or feet
- Blurred vision
- Skin bruising that doesn't heal quickly
- Frequent urination
- Leg and/or toe cramping

If any of these symptoms sound familiar, your small blood vessels may be the culprit. And if things continue unchecked, it could lead to much more serious consequences.

Three important facts you need to know about this hidden danger

1. When small blood vessel disease occurs, the blood flow to critical areas of your body becomes impaired. Without adequate blood flow, there's not enough oxygen being delivered to your organs.

And that's when bad things can happen.

2. That's why impaired microcirculation affects so many different organs—because every system in your body relies on oxygen and blood flow to survive.

For example, medical experts have believed for years that the neuropathy so many diabetics struggle with is caused by nerve damage. But a study from Johns Hopkins published in the journal *Brain* reported that small blood vessel damage may actually be at the root of the excruciating pain, numbness, and tingling that can drive many people with diabetes mad.⁵

3. These sorts of blood-vessel-related problems start long before you ever feel symptoms. So

it's absolutely critical to start supporting your microcirculation now—to prevent serious complications from setting in.

The GOOD news is, there are some simple strategies that can make an enormous impact on your microcirculation.

Focusing on your food choices should certainly be your first priority. And I'll go over those specifics in Chapter 5. In the meantime, there are also some nutrients that can help strengthen your microcirculation—and even reverse some of the damage that has already been done.

Speed up the healing

First on the list is one you've probably already heard of: *resveratrol*.

Resveratrol appears to help keep blood vessels healthy by stimulating nitric oxide synthase activity. Which is simply a fancy way of saying it helps to keep the blood vessels open. It may also help keep blood platelets from sticking together, so blood flows more smoothly. The same reason your physician probably recommends that you take an aspirin each day. But there are some significant risks associated with daily aspirin intake. Resveratrol can have a similar affect without the risk.

Other blood-vessel-supporting supplements that I recommend to my patients include diosmin, pomegranate, and an herb called butcher's broom.

Diosmin (and its cousin hesperidin) are specific citrus bioflavonoids that are commonly recommended by doctors in Europe for vascular support and protection. Pomegranate and butcher's broom have been used for centuries in supporting leg and vein health. Science is finally catching up and starting to understand the mechanisms behind why these nutrients work—and the research is very exciting.

But, as far as I'm concerned the next item on my list is an absolute must.

My No. 1 pick for protecting your blood vessels

If I had to choose my favorite supplement for

blood vessel support (and just about everything else, for that matter), it would have to be Pycnogenol®.

Pycnogenol is an extract from the bark of a particular type of pine tree that only grows along the southwest coast of France, in the Les Landes de Gascogne area.

Since researchers began looking at it more closely over 60 years ago, more than 220 studies have been published on the benefits of Pycnogenol—demonstrating its antioxidant properties, its ability to help reduce blood sugar, and its effects on cardiovascular and circulatory health. And clinical research has shown that one of the primary ways Pycnogenol benefits your circulation is by targeting collagen and elastin, which are the building blocks that line your blood vessels.

Unfortunately, a combination of aging and less-than-ideal food choices cause collagen and elastin to break down. But Pycnogenol helps the body replenish these two critical substances—and keeps your blood vessels working the way they're supposed to in the process.

It's something that everyone can benefit from, and I recommend 50 to 100 mg a day for general health. If you have diabetes or blood sugar concerns, you may need additional support. I have my diabetes patients take 100 to 200 mg of Pycnogenol per day.

Healing and supporting your microcirculation is also the first step in reversing the OTHER silent heart killer affection millions of unsuspecting victims...

Why you should never brush high blood pressure off as “no big deal”

So many people accept high blood pressure as yet one more sign of “getting old.” But since I hate that saying and what it implies, I thought we should take a closer look at this whole blood pressure business. And, make no mistake. It's a BIG business for the pharmaceutical industry.

It seems that almost everyone over the age of 45 who sets foot in my office is on a blood pressure medication. But there are some serious risks associated with these drugs that you need to know about. (More

on that in Chapter 4.)

First, let me tell you why you should never brush high blood pressure off as “no big deal”...

Waiting for symptoms may be the deadliest mistake you can make

There are two types of high blood pressure. The first is called *primary hypertension*. It generally develops gradually over the years as the collagen and elastin in your artery and blood vessel walls breaks down. Collagen and elastin break down in most parts of our body as we age. The most visible sign is skin wrinkling. But the same thing is happening in your blood vessels.

The other type of high blood pressure is known as *secondary hypertension*. It tends to appear suddenly and causes higher blood pressure. Secondary hypertension can usually be traced to some specific underlying cause, such as:

- Kidney problems
- Adrenal gland tumors
- Congenital blood vessel defects
- Common medications, such as birth control pills, cold remedies, decongestants, over-the-counter pain relievers and some prescription drugs, like Ritalin or Adderall

But regardless of which type you have, high blood pressure (or hypertension) is truly a silent killer. Most people don't experience any signs or symptoms until their blood pressure reaches a severe—even life-threatening—stage. Which is what makes hypertension so dangerous.

For the record, some of those late-stage symptoms include dull headaches, dizzy spells, or nosebleeds. But, again, by the time these set in (if they set in at all), it could be too late. So it's critical to take action NOW. Even if you think you've got it under control.

Because according to some brand new research from the Centers for Disease Control and Prevention, more than half of the people in the country who have hypertension *don't* have it under control.⁶

And the consequences of letting it go are downright deadly.

It's not just heart attack and stroke you need to worry about...

The most obvious risks of hypertension are heart attack, stroke, and heart failure. But it can also lead to some other, equally serious—and equally life-threatening—conditions. Ones you might not expect. Things like...

- **Aneurysm.** Over time, high blood pressure can cause a bulge in weakened artery walls. These bulges are aneurysms. And if one bursts, it can cause potentially deadly internal bleeding.
- **Vision loss.** High blood pressure strains the tiny blood vessels in your eyes, which impairs vision.
- **Kidney failure.** Hypertension causes artery and blood vessel damage. Which interferes with your kidneys' ability to operate effectively. Eventually, this can lead to buildup of toxic waste and kidney failure.
- **Cognitive impairment and memory loss.** High blood pressure makes it difficult for blood to flow freely through your arteries and blood vessels. Without enough blood, your brain—and your memory—suffers.

It's pretty obvious why this is one of America's biggest killers. But, as deadly as it is, one of the biggest problems with hypertension in this country is that it's actually *over-treated*. (As is everything else in modern medicine—especially in America.)

The hidden cost of reaching that "magic number"

Many people are medicated to the point where they suffer from fatigue, memory dysfunction, and an overall malaise. I've seen patients on four or five different blood pressure medications simply to reach that "magic" number of 120/70. Yet, they could hardly move. There has to be a balance.

Don't get me wrong. There is certainly a time and place for blood pressure medications. When the top ("systolic") number is greater than 140, and all else has failed, even I will write a prescription. But usually in the lowest dose possible. And, as a last resort.

When and if I do prescribe a blood pressure medication, I almost always start with one of the angiotensin receptor blockers (or ARBs). I've found these to be the safest and best tolerated of all the hypertension drugs.

But, really, it's a rare occasion for me to dole out one of these prescriptions. Because the vast majority of my patients—even the ones who come in with dangerously high blood pressure—never need them.

Better, easier, safer ways to reign in high blood pressure

In my practice, I encourage patients with high blood pressure to start simple. By doing two things that can prevent—and improve—every illness.

The first is exercise. If you don't train your heart, it gets lazy and weak. And a weak, lazy heart can't pump blood properly through your vessels. Which is why exercise is the best thing you can do to prevent high blood pressure in the first place. And to help bring it down if you already have it.

It doesn't have to be strenuous. Even something as low-impact as an evening walk can make a big difference. It just needs to be consistent. Aim for 20 minutes of physical activity per day.

The second "secret weapon" for beating hypertension is my A-List Diet. This is, by far, the easiest, most enjoyable way to rein in your blood pressure. Like all of the other conditions it helps control, your blood pressure will even out naturally when you start following it. Without having to make any special, blood pressure-specific diet changes. I'll go into more detail about it in Chapter 5.

In the meantime, there is one food that has taken the lion's share of the blame for the rise in hypertension rates in this country. But it turns out its reputation may have been tarnished for no good reason.

Setting the record straight about salt

I had to mention this because it's the one risk factor everyone seems to get behind. But honestly, salt affects less than 5 percent of all people with high blood pressure (though it does affect African

Americans more than other races). So, if you have high blood pressure, it is worth a try. But for most, a sodium restriction isn't going to work.

But there ARE a couple of dietary factors that do increase your risk of hypertension. The first is not getting enough potassium in your diet. Potassium helps balance the amount of sodium in your cells. Swiss chard, cremini mushrooms, and spinach are all excellent sources of potassium.

The second dietary risk factor is vitamin D deficiency. Last year, researchers at the University of Michigan discovered that women who were deficient in this essential nutrient were three times more likely to have high blood pressure than women with adequate levels.⁷ For as long as I've been practicing, I've been recommending that my patients take a bare minimum of 2,000 to 5,000 IU of vitamin D3 daily. And that recommendation often goes as high as 10,000 IU per day for people with insufficient blood levels—which is a lot more of us than you might think.

The threshold for deficiency most mainstream doctors go by may be 30 ng/mL. But just about every study out there shows you should aim for optimal vitamin D levels around 80 to 90 ng/mL.

As it stands, nearly half the population is D deficient, even by our appallingly low conventional standards. Which can be downright lethal. But the good news is, it's also very simple to reverse.

In a large meta-analysis published in the *American Journal of Clinical Nutrition*, researchers collected data from more than 180,000 people. They were analyzing an association between blood levels of vitamin D and cardiovascular disease events and deaths.

And for every 10 ng/mL increase in blood levels of vitamin D, risk of suffering a heart attack, stroke, heart failure, or other cardiovascular event dropped by 10 percent, and risk of heart disease death plummeted 12 percent.⁵

At the end of the day, one thing is clear: Getting enough vitamin D is essential to optimal heart health.

So, have your vitamin D 25 OH blood level checked. For levels that fall between 80 to 90 ng/mL,

I recommend a daily dose of 2,000 to 5,000 IU. (Be sure to have your levels checked every six months to ensure you're maintaining optimal levels.) Meanwhile, I normally recommend 10,000 IU daily for low blood levels.

There are also a few more tremendously effective—and safe—nutritional supplements than can help balance your blood pressure even further.

Six supplements to help keep your blood pressure healthy

Following is a quick list of the top nutritional supplements I recommend to patients to help maintain a healthy blood pressure:

1. **Pycnogenol®.** Pycnogenol helps keep collagen and elastin in the blood vessel walls healthy. I recommend 100 mg per day.
2. **Magnesium orotate.** Regulating blood pressure is one of magnesium's many roles in the body. And orotate is the most absorbable form. I recommend 60 mg per day.
3. **Taurine.** This is an amino acid and acts as a natural diuretic. But it doesn't eliminate healthy minerals. Take 1,000 mg twice per day.
4. **Garlic.** Probably the oldest blood pressure "medication" there is. It's been used for centuries—and is just as effective today as it was hundreds of years ago. I recommend 300 mg three times per day.
5. **Theanine.** This amino acid has significant calming properties. And since stress is a major factor in hypertension, theanine is one of the most helpful supplements. I recommend 200 mg three to four times per day.
6. **SAM-e.** Another amino acid I've found to be exceptionally helpful for regulating mood and stress. And, in turn, blood pressure. I generally recommend 400 mg each morning.

While we're on the topic of hypertension, there's one more important piece of information you need to know.

Blood pressure readings can vary on left and right arms

Getting a blood-pressure reading is a routine part of every doctor's visit. Many people even do it at the drugstore while they're waiting, which is great. Given the dire consequences of unchecked hypertension I've told you about in this chapter, it's important to stay on top of your reading.

But here's something new to consider...your right and left arms may have different readings.

That's right, research from the UK shows that systolic blood pressure (the top number) can differ by 10 mm Hg or more. That's a serious difference, as higher numbers may indicate heart disease—even risk of imminent death.

The researchers, from the University of Exeter,

published their findings in the prestigious journal *The Lancet*.⁸

For their study, they combed 20 studies looking at data on patients who obtained blood-pressure readings of both arms. They found that 24% of the patients had at least a 10 mm Hg difference between the left and right arms.

So what should you do? Get both arms tested once a year. If you see this disparity, get your pressure checked several more times the same week. That will show whether there's a pattern or not. And if there is a pattern, don't ignore it.

The bottom line is high blood pressure is a serious condition and needs to be addressed. I always advocate taking the safest approach first. It may not always be the easiest, but it is always the most effective.

CHAPTER 3

SEVEN STEALTH SYMPTOMS YOU SHOULD NEVER IGNORE

In the previous chapters, I listed some symptoms of various cardiovascular problems. They may have come as a bit of an eye-opener.

Of course, the primary symptom most people associate with heart trouble is chest pain. And it IS a big red flag of a heart attack. But it's also one of the last signs. And sometimes it never occurs at all.

The truth is, there are many more symptoms that can indicate the heart isn't as healthy as it could be. And these can occur well before an actual heart attack. Which gives you more time to correct the underlying problems...and avoid a heart attack altogether.

A few of the most surprising symptoms include:

- **Neck, jaw, throat, or ear pain.** Damaged heart tissue can send pain signals up and down the spinal cord to nerves that radiate out to these areas.
- **Swollen feet or ankles.** When you take off your socks, do you see an indent or mark where the elastic band at the top touched your ankle or calf? If so, it may indicate that your heart isn't pumping effectively, allowing fluid to leak out from your blood vessels.
- **Hair loss.** Men who are losing or have lost hair at the crown of the head have a 23% higher risk of heart disease.⁹
- **Yellow bumps on the skin.** Technically, these are called "xanthomas" and they can be a sign of high triglycerides.
- **Frequent urination.** Most people assume this is a symptom of diabetes. And it can be. But it can also result from decreased blood flow from the heart to the kidneys.
- **Coughing at night.** This can signal a buildup of fluid in the chest and heart that occurs when you lie flat at night.
- **Dizziness.** If you've ever felt dizzy standing up,

there's a name for that. It's called orthostatic hypotension. And it happens when your blood pressure drops suddenly. It may seem like nothing, but research shows that it may be a sign of undiagnosed heart failure.

Of course, these symptoms may have other causes, too. But if you have more than one, or if it doesn't go away within a few days, it's a good idea to get a full heart workup done, including testing for the six heart health markers I told you about in Chapter 1, as well as a few other important screenings.

Three tests I use to monitor my own heart health

EKG (Electrocardiogram). An EKG shows how fast the heart is beating and its rhythm, so it can detect signs of heart damage.

It's a simple, painless test and usually takes only 5-10 minutes. During an EKG, you'll have electrodes attached to your arms, legs, and chest. The electrodes are attached to a machine that detects and records the heart's electrical activity.

I recommend getting an EKG every year.

Echocardiogram. An echocardiogram uses sound waves to monitor blood flow. It provides information about the heart's size and shape, and how well the heart and valves are working.

During an echocardiogram, you'll lie on a table and an ultrasound technician will press a small, microphone-like "wand" against your chest and move it around slowly. The "wand" (technically called a "transducer") sends sound waves into the chest and picks up the echoes as they bounce off various parts of the heart. The echoes are sent to a video monitor that records pictures of your heart for your doctor to review.

I recommend getting an echocardiogram yearly.

Ultrafast computed tomography (CT). An ultrafast CT can take multiple images of the heart in the time it takes for a single heartbeat. It can also detect very small amounts of calcium within the heart and the coronary arteries. So it provides much more detail about heart function, and can detect even very

early signs of heart disease.

During an ultrafast CT scan, you'll lie on a table that slides into the scanning machine. You'll be asked to lie very still as the scanner rotates around you, generating X-rays that your doctor will review later. You'll hear loud clicking sounds, which are normal.

I recommend getting an ultrafast CT scan every five years.

CHAPTER 4

"MIRACLE" DRUGS TO AVOID AT ALL COSTS

Mainstream cardiologists seem to think they can save every life on the planet. They also feel if every human being took a statin, a beta blocker, and an aspirin every day we'd all live forever. Absolutely nothing could be further from the truth.

In fact, statin medications may very well top my list of most despised pharmaceutical drugs.

I am convinced that a statin drug caused the death of my father. But that's not why I have a beef with cholesterol-lowering medications. I have hated them since they were first brought to market.

There is no—and I repeat no—scientific evidence to support the use of statin drugs for anything but lowering cholesterol levels. And there is no evidence that lowering your cholesterol level will decrease your risk for heart attack or stroke.

So, why does the medical establishment insist upon it?

Because statins are the biggest selling drugs in history.

But, back to my dad. He was diagnosed with colon cancer, had it removed, and was doing perfectly well. When he was diagnosed, the doctor also told him he had high cholesterol, so he was put on a statin medication. Five years later, he was diagnosed with liver cancer. It wasn't a metastasis from the colon cancer but a new cancer totally separate from the one he had originally. Four months later, he passed away.

Liver cancer is very rare in the United States but, guess what? It has been on the rise since the use of statin drugs. Coincidence? Perhaps. But there are plenty of proven reasons to steer clear of statins.

The stories are out there. One person after another with memory problems related to statin drugs. Just awhile back, the *New York Times* reported on two men who experienced this "brain fog" while taking statin drugs.¹⁰

One man, a sales rep, began having trouble

remembering simple three-digit telephone extensions. He even forgot the computer password he used at work every day. He felt like his brain was mush. Until he quit taking the statin drug.

Another man was taking a statin, plus drugs for blood sugar and blood pressure. And said he felt like a zombie every afternoon. He began making bad driving errors. Until he quit all three drugs. And switched his focus to healthy eating and exercise. After that, his mind cleared. And his cholesterol, blood sugar, and blood pressure returned to normal levels, too.

I've been on this soap box before. Prescription drugs are hazardous to your health. And statins are some of the worst offenders.

In fact, the FDA has ordered the Big Pharma giants who make these cholesterol-lowering drugs to revise their labels. Now they have to include two new warnings:

- Rare cases of confusion and memory loss.
- Slight increased risk of elevated blood sugar levels, which could lead to type 2 diabetes.

But there's nothing "slight" about it. According to data from the Women's Health Initiative, postmenopausal women taking statins have a **48 percent higher risk of diabetes** than women who aren't on these cholesterol-lowering drugs.¹¹ And when the researchers factored out what they referred to as "confounding" variables, that rate skyrocketed to a whopping **71 percent.**

And another study showed that for every two heart attacks per 100 people that statin drugs prevent, they cause one new case of diabetes.¹²

Did you hear about this? Was it on the front page of your local newspaper? I didn't think so.

But if this had occurred with a nutritional supplement, you'd better believe it would've been front page news all over the globe, along with urgent warnings to stop taking whatever nutrient had been implicated.

So why hasn't anyone made a peep about statins?

I can give you 7.2 billion reasons—each and every one beginning with a dollar sign. (And, for the record, that \$7.2 billion figure was for 2010 sales of just one statin drug—Lipitor—in the U.S. alone...so you can imagine how much the entire class of statins must rake in each year worldwide.¹³ But I digress...)

Could this be the reason for the skyrocketing rates of diabetes? My guess is that it's one of them. It's especially likely considering that back in 1991 when the Women's Health Initiative started, 7 percent of women in the study were taking statins. Today that number is significantly higher, making the potential risk of diabetes much more widespread.

And just in case you need one, there's yet one more reason to avoid statins.

Increased risk of pneumonia

If you or someone you love is taking a statin drug for cholesterol, research shows you have a higher risk of developing pneumonia. And depending on your age and overall health status, pneumonia could be worse for you than the cholesterol you're taking the statins for!

Of course, you may have heard the opposite. Recently, some sources actually touted statin drugs for protecting against pneumonia. But the truth is, the science just doesn't hold up.

The claim stems from the fact that statin drugs reduce inflammation. So researchers started to look at whether or not they would work in killing microbes... and to protect against pneumonia and bacteremia. As a preventative measure. (Gee, wouldn't that be convenient for the drug companies?)

Here's the problem...

The headlines that report the "benefits" of statins in fighting pneumonia are referring to data from a meta-analysis and other studies that even researchers admit at the end aren't really conclusive. And conclusions from meta-analyses are notoriously unreliable.

Of course, what you won't see in the headlines are results from the research that presents the opposite

conclusions. Such as results from a recent, trustworthy trial that showed statin users did NOT have better outcomes.

In this study, they looked at statin users and non-users. Pneumonia was more common during the follow-up period in the statin users than in the nonusers (12.4% vs. 5.0%).¹⁴

So, don't believe the hype. These drugs have been linked to one illness after another—including diabetes and, now, even osteoporosis.

Triple the risk of bone loss

New research shows that high doses of statins raise your risk of osteoporosis. To come to this conclusion, researchers looked at data from every Austrian younger than 90—yes, all of them, as in nearly 8 million people—between 2006 and 2008. And just over 353,500 patients had been taking statins for at least a year.

Of these patients, some 12,000 were also diagnosed with osteoporosis. (Mainly women, but also a fair amount of men.)

Researchers compared these subjects to patients who hadn't received statin treatment. And they found that statins more than tripled the risk of osteoporosis, no matter which drug the patient took.

Stay away from statins

Statin, in my opinion, are one big, fat lie and should be avoided at all costs.

I think it's safe to say the only thing that statin drugs have really made healthier is Big Pharma's bottom line.

Unfortunately, statins aren't the only heart drugs that wreak havoc on your health.

Beware the beta blockers

Beta-blockers are also high on my list of drugs to avoid—for a lot of reasons. They contribute to fatigue. They slow down your metabolism. They can even trigger asthma attacks.

And as if all that wasn't enough, one new study

shows they're practically useless, too.

These medications (which include Atenolol, Lopressor, Metoprolol) are designed to lower blood pressure. But after following 45,000 patients in NYU Langone Medical Center's data registry for 44 months, researchers have discovered that the drugs don't ward off heart attacks or stroke.¹⁵

Among patients with coronary artery disease (CAD), 12.9 percent died of a heart attack or stroke despite being on beta-blockers. Those who didn't take the blood pressure meds died at a rate of 13.6 percent—not even a full percentage point of difference.

Of the patients taking beta-blockers due to CAD risk factors (like diabetes or high blood pressure), 14.2 percent suffered a negative outcome—as opposed to 12 percent among those not on the drugs. That's still only a 2.2 percent difference.

I wouldn't risk a bad hair day on a "success" rate like that—never mind my energy levels or my waistline.

Researchers did find a slight benefit among patients who had suffered a heart attack within the past year. But even so, it's clear that the majority of heart disease patients have no good reason to take beta blockers.

So why are doctors still prescribing them?

Do yourself a favor and just say NO.

Unfortunately, the other common blood pressure drugs are just as bad: Calcium channel blockers have been linked to breast cancer. And diuretics can deplete all the healthy minerals in your body. Risks that are hardly worth the "trade off."

As if statins and blood pressure drugs aren't bad enough, there's one more heart drug that may be even more common—and more deadly.

The "benign" drug that could kill you

I've always been suspicious of aspirin. I just don't think it's as benign as mainstream medicine wants us all to believe. In fact, I don't think it would ever pass the scrutiny of the FDA if it were up for approval today.

And a new study published recently in the *Journal of the American Medical Association* proves my point.

This study showed that the benefits of aspirin for preventing heart attack and stroke are relatively small. And any benefit it does have is easily offset by the increased risk of hemorrhage.¹⁶ In fact, in this study, aspirin use was significantly associated with an increased risk of major gastrointestinal or cerebral bleeding episodes.

Those at higher risk for bleeding while on aspirin include: those with gastrointestinal problems, increasing age, males, and people with hypertension and previous cardiovascular problems. Hmm...that pretty much sums up the list of people who mainstream medicine thinks should be taking aspirin on a daily basis.

Aspirin decreases your blood's ability to clot for 72 hours. If you take it every day, that side effect is essentially permanent. So what happens if you fall or get into an accident? Even a simple cut or bruise can become catastrophic if you're on aspirin.

Plus, in my experience, people taking aspirin always have higher fibrinogen levels than people who aren't. And higher fibrinogen levels equal higher heart attack and stroke risk.

As I've said before, I do think that people should always carry one or two aspirin around with them, just in case. Because if you have a sudden heart attack, aspirin can save your life. But other than this one instance, you should avoid aspirin at *all costs*.

Of course, in Europe they stopped recommending aspirin for heart attack prevention based on the

unfavorable risk-to-benefit ratio. Yet America—which spends more money per capita on health care than any other country—is the last to pay attention to any of the negative studies on aspirin.

I have been in practice for many years and have almost never prescribed any of the medications I mentioned in this chapter, except in those situations where it is absolutely appropriate—like after cardiac surgery (if that's ever appropriate, which is another story entirely), or immediately following a stroke.

We don't need to take a step back in order to take two steps forward. Because healthy people don't need drugs to avoid heart attacks and stroke, *period*. And sick people have much safer options to choose from.

Ones that *won't* run the risk of making them even sicker.

The fact is, there is no reason to use a medication for something when you can use a natural approach to accomplish the same goal. And my A-List Diet is the best heart cure there is.

If you've been following it—great! I'm confident your heart is MUCH healthier than before. If you haven't started yet, it's not too late! Now is the perfect time to dive right in and start strengthening your heart—and even repairing any damage that has already been done.

Either way, the next chapter will give you a thorough explanation of the A-List Diet. Use it as a refresher course or a brand new kick-start to a healthier heart.

So let's get to it...

THE WORLD'S EASIEST HEART DISEASE CURE—NO PILLS, NO PAIN, NO PROBLEM

The biggest tool in your arsenal to help support, strengthen, and heal your heart is DIET. Yes, the dreaded four letter word. But the simple fact is, eating in a healthy way is **the single most important thing you can do** if you want to keep your heart healthy.

I know what you're thinking...

"Here it comes, the endless list of things I can't eat."

I've seen the other "heart healthy" diet plans, so I completely understand the hesitation.

But my New Hamptons Health Miracle isn't like any other "diet" you've ever tried. It is, by far, the easiest, most enjoyable way to repair and strengthen your heart.

You get to actually ENJOY the foods giving you these tremendous health benefits. No styrofoam rice cakes; no rubbery, fat-free "cheese;" no boring, broiled chicken breast...Instead, you'll eat the things you really want, like juicy burgers dripping with gooey, melted cheese, and Southern fried chicken (**with** crispy skin).

And yet, it's so successful for helping every aspect of heart health that my patients often don't need anything else.

So let's get started.

Seven steps to guaranteed heart health

You'll see there's nothing extreme about my A-List Diet. I'm not advocating a high-fat, no-carb approach, or some expensive regimen that requires you to buy prepackaged meals from me.

My approach is low in processed foods; high in good sources of protein; rich in vegetables, nuts, and low-sugar fruits; and rich in monounsaturated fats.

There's nothing gimmicky about it.

Follow these seven principles for six weeks, and I can virtually guarantee you will see every number on your blood panel improve.

1. Include protein in every meal.

I've been saying for years that the human body needs protein to rebuild cells and heal itself. And your heart and arteries are no exception. And, as it turns out, protein is also particularly good for blood pressure.

Researchers compared a high-protein diet with a high-carbohydrate diet in 99 overweight men and women. All had borderline hypertension, with higher-than-normal systolic blood pressure (or SBP). Systolic is the top number of your blood pressure reading.

After four weeks, the high-protein group had better blood pressure numbers than the high-carb group.¹⁷

Once again, it's evidence that backs my A-List Diet.

Of course your primary source of protein is lean meats: beef, pork, chicken (preferably organic, free-range, grass-fed and -finished varieties).

Fish is also a great choice. Not only is it protein-rich, but it also contains omega-3 fatty acids—especially DHA and EPA. These essential fats can lower triglycerides and raise HDL cholesterol—addressing two common problems for people with diabetes. Bonus: Omega-3s benefit the heart by reducing inflammation, decreasing the risk of clots, and preventing abnormal heart rhythms.

The downside of eating fish is the fact that pollution and poor fish farming practices have caused high mercury levels in fish. You can still reap the benefits without the risks by focusing on smaller fish like tilapia or sardines or taking fish oil capsules from a reputable source.

Stay away from top-of-the-food-chain fish like bluefish, striped bass, tilefish, swordfish, king mackerel, tuna steaks, and white and golden snapper, as well as any freshwater fish. When eating canned tuna, choose chunk light over solid white or albacore. This advice is especially important for women who are pregnant or nursing and those who plan to become pregnant within a year.

When eating fish, how you prepare it counts. Research shows that frying fish turns it from a wonder-food into a health-saboteur. Keep fish healthy by sautéing it in macadamia nut oil, baking it, or grilling it.

But meat and fish aren't the only sources of protein. I also recommend nuts—especially for snacking.

Our ancestors relied heavily on nuts in their diet, and it's little wonder why: Nuts are remarkably nutritious and were very easy to gather. We now know that they are not only full of protein, but they're also rich in important nutrients like vitamin E, folic acid, potassium, and magnesium. Plus, although they're high in fat, they're low in saturated fat and high in monounsaturated fat and omega-3 fatty acids. Important note: Peanuts are legumes, not nuts, and are therefore not included in this category.

Eggs are another one of my go-to protein-rich foods.

I've been telling my patients it's safe to eat eggs for years. Even at the height of the Great Egg/Cholesterol Scare. "Believe me," I said. "The truth will come out some day. Science will prove eggs are good for you."

And, over time, science did prove it. Study after study has shown that eggs are an excellent source of lean protein. And that they don't increase your risk of heart disease or stroke. Despite their cholesterol content. (More proof that cholesterol isn't the villain mainstream medicine has made it out to be.)

In fact, some recent research shows that eggs are particularly good for your heart:

- **Eggs may actually improve HDL "good" cholesterol.** Eating three eggs per day resulted in major increases in number and size of HDL particles.¹⁸ These help remove fat from the bloodstream, and prevent atherosclerosis (hardening of the arteries).
- **Eating eggs may relieve inflammation.** Research shows eggs help decrease blood vessel and artery damaging inflammation.¹⁹
- **Eating one egg a day decreases your risk of heart disease and stroke.** A meta-analysis published recently in the *British Medical Journal* reviewed a number of published studies to identify any association between egg consumption and risk of heart disease and stroke. And the result was *exactly* what I

would have predicted. They found absolutely *no* association between egg consumption and risk of coronary heart disease or stroke.²⁰ In fact, subjects who ate one egg per day had lower risk of these two conditions.

But if you want to make sure you're getting these benefits, forget EggBeaters or any of the other egg substitutes. They have no nutritional value. In order to make egg substitutes, food manufacturers process the eggs using oxidation. Which means they've essentially added free radicals. Plus, they remove the yolk, which contains almost all of the egg's nutritional value.

So stick with real eggs. With the yolks. Preferably organic. Pick up a dozen this weekend at your local farmer's market, and you'll be amazed at the difference.

Eggs are inexpensive. And they're a low-calorie source of a lot of important nutrients, too—including minerals, protein, and unsaturated fatty acids.

Dietary guidelines in places like Nepal, Thailand, and South Africa—countries that are relatively free from the grip of pharmaceutical companies—reflect these benefits. They recommend consuming eggs *every* day.

And I do, too.

2. Exclude trans-fatty acids.

If you want evidence of the failure of the food industry to promote health, look no further than trans-fatty acids. These aberrant concoctions are all over supermarket shelves for two reasons: They're cheap, and they increase shelf-life. Never mind the fact that they're killers. Trans-fatty acids, made when oil is hydrogenated, raise lipoprotein(a) levels, make arteries less flexible—raising blood pressure and stroke risk. So basically everything you want to avoid if you're trying to protect and heal your heart.

This is not one of those cases where moderation is the key to success—there is absolutely no safe amount of trans-fatty acid in the diet. In fact, as little as 2–3 grams of trans-fats per day can increase health risks. One single doughnut has 4 grams—and the standard American diet hovers somewhere around 40 grams a day.

To avoid trans-fats, go immediately to your

cupboard and look at every canned, bagged, or boxed food, and throw away anything that has the words “partially hydrogenated” or “vegetable shortening.” First on your list should be margarine, the worst offender of all. Despite the marketing campaigns to the contrary, there is absolutely nothing “heart smart” about margarine! Do what your grandma did: Use butter!

Another way trans-fats sneak into our diet is when we cook oils past the point where they produce smoke. Every oil has a different smoke point; olive oil smokes at 300 degrees F and therefore shouldn’t be used for frying or sautéing. Macadamia nut oil burns at an impressive 410 degrees, meaning you can cook with it without worrying about trans fats.

3. Eat healthful fats

We’ve all had it drilled into our heads that fat—and saturated fat, in particular—will poison our hearts. But that’s simply not true.

Research has proven it over and over again. One of my all-time favorite studies on the subject appeared a couple of years ago in the prestigious *American Journal of Clinical Nutrition*.²¹

Researchers examined data from 21 other studies—involving close to 350,000 people—to determine the role saturated fat plays in heart disease. They based their research on the premise that, “A reduction in dietary saturated fat has generally been thought to improve cardiovascular health.”

So imagine their surprise when they discovered that there is no significant evidence that dietary saturated fat is associated with an increased risk of heart disease or stroke.

The authors concluded that more research is needed to determine whether cardiovascular risks are likely to be influenced by the specific ingredients used to replace saturated fat in all the fat-free foods people eat in an effort to “protect” their hearts.

I can tell you with complete certainty that those fat-substitutes DO affect your heart risk—and not for the better. Because guess what food manufacturers use to replace fat? Sugar!

And plenty of other studies, including one

published in the equally impressive *Journal of the American Medical Association*, have indicated that there is a statistically significant correlation between dietary added sugars and factors that increase your risk of heart disease and stroke, like high triglycerides and LDL (bad) cholesterol.²²

That’s what makes my A-List Diet so decadent and delicious—it gets rid of the empty-calorie sugar that just makes you hungrier (and damages your heart), and includes plenty of rich, fat-containing foods that will keep you satisfied AND help you get healthy along the way.

While you don’t need to be afraid of saturated fat, it shouldn’t be the ONLY type you eat. In fact, another type of fat—called monounsaturated fat—should be your main focus. Foods rich in monounsaturated fats include avocados, olives, and my personal favorite—macadamia nut oil.

When I discovered this oil, it completely changed my approach to healthful eating. I now use it every opportunity I get, and it’s a big part of my A-List Diet.

What makes macadamia nut oil so special? It’s the fact that it’s almost entirely composed of monounsaturated fats—up to 85 percent. Plus, it’s particularly rich in oleic acid, which increases the absorption of omega-3 fatty acids into the cell membrane, decreases total and LDL (bad) cholesterol levels, lowers triglyceride levels, and raises HDL (good) cholesterol levels.

4. Slow carbs are actually better than NO carbs

When I explain my A-List Diet to people for the first time, I tell them it’s a low-carb approach. But not a “no-carb” one. Certain carbs are okay. In fact, they’ll actually help you reach your health goals faster than if you eliminated carbs entirely.

I like to call them “slow carbs” because they break down more slowly in your bloodstream. So they don’t cause blood sugar spikes. In fact, they help balance your blood sugar.

And a new study points to another lesser-known—but critical—benefit of eating these foods.

Researchers enrolled 80 adults in this trial. Half the participants ate a diet that included starchy carbs. The other half followed a low-carb plan that included slow carbs. Four weeks later, the groups switched diets.

At the end of the study, researchers found that the “slow-carb diet” significantly reduced the participants’ levels of C-reactive protein (CRP).²³ CRP is a marker for inflammation. The kind that causes damage to blood vessels and leads to heart disease.

The produce section of your grocery store is a jackpot of “slow-carb” foods. Not to mention the fact that produce is rich in antioxidants, micronutrients, and phytochemicals that rejuvenate the body. You can’t go wrong eating a colorful array of vegetables like greens, peppers, cucumbers, mushrooms, and bok choy. Starchy vegetables (peas, carrots, corn, potatoes, winter squash, beets, and so forth) are better left in the supermarket. (There’s a reason they feed corn to cows—to fatten them up!)

Fruits make for a sweet and tasty treat, but some are a better choice than others when it comes to how quickly they break down in your body. You’ll want to focus on the ones that are lower in sugar, like melon and berries.

Stay away from fruit juices, which give you everything that’s bad about fruit (sugar!) without the good stuff (fiber). And limit the sugary, tropical fruits like bananas, pineapples, mangoes, and papayas.

Even some grains get my thumbs-up. Things like quinoa, spelt, and teff. You can find these in most health food stores.

5. Consume moderate amounts of alcohol.

I get a lot of questions from patients and readers about alcohol. And, believe it or not, alcohol is included in my A-List Diet. In fact, I believe alcohol has significant health benefits. But people are usually flabbergasted when I tell them that I DON’T recommend red wine.

Red wine has certainly gotten the lion’s share of the accolades when it comes to any health benefits associated with alcohol. But the fact is, in moderation, any alcohol imparts a health benefit.

And the reason I recommend spirits is because they contain less sugar than wine/champagne or beer. And since alcohol is metabolized by the body before any food you eat, this is an important consideration for anyone with diabetes, pre-diabetes, or who is overweight.

But the key with alcohol—like so many other things—is moderation. There’s a “u”-shaped curve when it comes to the benefits of alcohol.

Those who don’t drink at all and those who drink more than moderately are at the highest risk for all-cause mortality. Those in the middle who drink moderately are at the lowest risk.

I consider “moderate” drinking four drinks per week for men, two per week for women.

But, once again, those drinks don’t have to be glasses of wine. And a recent study will hopefully put that misconception to rest once and for all.

Researchers recruited 67 men with a high cardiovascular risk and randomly assigned them to consume red wine (30g alcohol per day), non-alcoholic red wine, and gin (30g alcohol/d) for four weeks.²⁴

The researchers found that both of the alcohol interventions (red wine and gin) improved good HDL cholesterol levels, compared to the non-alcoholic red wine group. Which indicated that these benefits were related to alcohol. Not to the resveratrol (and other polyphenols) red wine is so famous for containing.

Not that resveratrol is a bad thing. In fact, it offers a number of potential health benefits. It acts as an anti-fungal, anti-cancer, anti-inflammatory, anti-diabetes, and anti-Alzheimer’s agent—just to name a few.

But given red wine’s sugar content, you’re better off getting resveratrol from a supplement, and getting the health benefits of alcohol from spirits like vodka or gin (1.5 oz per “drink”).

6. Get moving

Granted, this part of the plan isn’t necessarily diet-related. But it’s an absolute must. No getting around it.

If you don't train your heart, it gets lazy and weak. And a weak, lazy heart can't pump blood properly though your vessels. Which is why exercise is the best thing you can do to prevent high blood pressure in the first place. And to help bring it down if you already have it.

It doesn't have to be strenuous. Even something as low-impact as an evening walk can make a big difference.

It's a sure-fire way to decrease damaging inflammation. And the best therapy to cut your risk of heart disease, heart attack, and stroke.

Not to mention that exercise will help you lose weight, which helps ease inflammation even further. Get out after dinner, and get that 20-minute brisk walk. Make it a daily habit...and you'll add years to your life.

7. Kick the No. 1 cause of heart disease

I saved the most important step for last.

If you haven't already given up sugar, now is the time.

Sugar leads to six of the top 10 leading causes of death in America. It's the No. 1 cause of oxidative stress on your heart and arteries. The No. 1 trigger for damaging inflammation. The No. 1 cause of heart disease.

Still, federal agencies are now considering whether they should implement stricter standards for the amount of salt that food manufacturers, restaurants, and food-service companies can add to their products. And, sadly, they've refused to even consider doing this for sugar.

So what does this mean for you?

It means you have to do your own "regulating" when it comes to sugar. And limit how much—if any—is allowed in your house.

Sounds like a lot of work, I know. But it's easier to do than you might think. In fact, cutting sugar from your family's diet actually makes grocery shopping go faster. Because the biggest sources of sugar (and refined carbs that turn into sugar in your body) are those

processed, packaged foods. The ones that take up 80 percent of the supermarket.

So stick to the produce section, the deli, the cheese case, and the meat and seafood section. Shop this way in ANY supermarket and you'll dramatically cut down on the amount of sugar (AND sodium) you and your family are eating. Without doing anything special. Or spending hours in the grocery store.

And don't forget that regular table sugar is only one source. High fructose corn syrup is another (look for it on package labels). Simple carbohydrates—potatoes, rice, pastries, jams, crackers, cereals, candy bars, cookies—are also sources. They all need to go.

And then there's one of the worst offenders—soda.

A recent Japanese study showed that stroke risk was 83 *percent* higher for people who drank soft drinks every day, compared to those who drank them rarely or never.²⁵

And don't assume you can avoid this fate by switching to "diet" soda. Previous research has shown that all types of soft drinks can set you up for stroke—even the artificially sweetened kind. And while the risk appears to be higher for women, it can (and does) strike *both* genders.

The message here is clear. Soft drinks—however they're sweetened—are nothing but poison disguised in flashy packaging. And they're slowly killing millions of people every day.

But before you start getting depressed about the things you can't eat and drink, I've got good news... There are some deliciously sweet treats that do get my thumbs up—and help strengthen your heart.

Take watermelon, for example. Despite its decadently sweet flavor, watermelon is actually very low in sugar. But it's high in a natural compound called citrulline, which helps the body produce nitric oxide. And nitric oxide helps blood vessels relax, which eases blood flow throughout the body.

And now, there's evidence that watermelon extract is good for blood pressure.

The study appears in the prestigious *American Journal of Hypertension*.

Researchers from Florida State University tested the effects of watermelon extract on 14 adults, all around age 58, who either had pre-hypertension or stage 1 hypertension (aka, high blood pressure).²⁶ The volunteers were randomly assigned to take either watermelon extract or placebo. Then, after a two-week “washout” period, they switched.

After taking 6 grams of watermelon extract for six weeks, volunteers had significant decreases in arm blood pressure—15.1 points (systolic) and 7.6 points (diastolic). Ankle measurements showed equally dramatic drops—11.5 points (systolic) and 7.6 (diastolic).

Granted, to get 6 grams of extract, you’d have to eat a LOT of watermelon. But, unlike the subjects in this study, I’m guessing watermelon isn’t the only way you’ll be supporting your blood pressure.

So there’s no need to go to extremes. If watermelon helps your blood pressure even a little bit, I say enjoy it!

And while you’re at it, stock your fridge with berries too. Because another study shows they could quite literally save your life.

Researchers followed 93,600 women between the ages of 25 and 42 for 18 years. All the subjects were part of the Nurses’ Health Study II, and completed diet surveys every four years.

Results showed that women who ate the most blueberries and strawberries—as in three or more servings a week—enjoyed a 32 percent lower risk of heart attack.²⁷ And this benefit remained even after researchers adjusted for healthier eating habits overall.

Not that this is “news.” Strawberries and blueberries aren’t just delicious. They’re also rich in antioxidant-rich flavonoids—which makes them safe, natural sources of cardiovascular protection.

The best part? Berries are low in sugar (like watermelon). And that means you *and* your heart can safely indulge every day.

And just in case you don’t consider fruit dessert-worthy...well—I’ve got good news.

It turns out chocolate is actually good for your

heart. In fact, it’s one of the healthiest foods on earth—if you’re indulging in the right kind, of course. More on that in just a minute. First, let me give you the scoop on some of the most recent findings regarding chocolate’s heart-related benefits.

In one recent study, a group of researchers at Cambridge University combed through seven major studies of chocolate involving over 114,000 participants.²⁸

They found a significantly reduced risk of heart disease and related disorders among people who ate the most chocolate.

That’s right...people who indulged in chocolate had less risk of cardiovascular disease (37 percent), diabetes (31 percent), and stroke (29 percent).

Even after researchers took into account the participants’ age, physical activity, body mass index, smoking status, and other dietary factors, they still found that higher levels of chocolate intake lowered these risks.

And according to yet another study, “plain dark chocolate could represent an effective and cost effective strategy for the prevention of cardiovascular disease in people with metabolic syndrome (and no diabetes).” The study used data on 2,013 participants from the Australian Diabetes Obesity and Lifestyles study.²⁹ All of the patients had metabolic syndrome. But none of them had full-blown diabetes or cardiovascular disease. And none of them were taking antihypertensive medications.

I’m thrilled with these findings because they prove what I’ve been saying all along. Getting healthy doesn’t have to be a tedious, joyless chore. We have the ability and knowledge now to make interventions that are cheap and that people will actually enjoy.

Of course, it’s important to note the chocolate they’re talking about isn’t a Snickers Bar or a Hershey’s Kiss. It is the actual cocoa that does the work.

The secret in cocoa is the polyphenols. Researchers theorize these natural compounds trigger a whole slew of improvements in cells and blood vessels, which ultimately lead to better blood pressure, insulin

resistance, and cholesterol levels.

Unfortunately, the vast majority of chocolate is packed with sugar. But there's a simple way to avoid that pitfall—switch to dark chocolate (if you haven't already). And the darker the better!

The good news is, it's easy to find. I've seen bars containing as much as 80% cacao in the regular supermarket (the higher the percentage the better).

But your best bet is to buy unsweetened chocolate or cocoa powder. In fact, unsweetened cocoa offers more health benefits than blueberries and pomegranates. Of course, it doesn't taste all that great on its own. But if you add a little stevia, you can still indulge in all that decadent chocolate flavor—and get all the health benefits—with none of the harmful effects of sugar.

There you have it. Seven simple steps. That's all it takes to transform your heart, and make it stronger than ever.

In the next chapter, I'll tell you how you can get even more “bang for your buck” when it comes to heart support.

CHAPTER 6

EIGHT HEART SUPPORTING SUPPLEMENTS EVERYONE SHOULD BE TAKING

As I mentioned in the previous chapter, a healthy diet and exercise are absolutely critical if you want to strengthen your heart. But there are many nutrients that can help support those efforts even more. In this chapter, I'll tell you about the seven heart supplements I think everyone should be taking. And in the next chapter I'll outline some other supplements you may want to take in addition to these “musts.”

The following supplements will help support every important aspect of heart health. They're all easy to find. And they're all relatively inexpensive. So there's simply no reason not to take them on a daily basis.

1. **CoEnzyme Q10 (CoQ10).** CoQ10 is an antioxidant found in every cell in your body. And it's one of the best heart supporting supplements you can take. Research shows that supplementing with CoQ10 can cut artery-clogging LDL oxidation and reduce risk of stroke and heart attack. CoQ10 also helps with angina, high blood pressure, coronary artery disease, and many other cardiovascular concerns.

I recommend a CoQ10 supplement called Ubiquinol—100 to 600 mg daily.

The dosage will vary depending on whether you already have heart disease (higher dose) or are preventing it (lower dose).

2. **Omega-3 Fish oil.** One analysis found that subjects with the highest levels of omega-3s had a 27 percent lower risk of dying by any cause than those with the lowest omega-3 levels.³⁰

Not surprisingly, heart-related deaths declined the most. Especially deaths linked to arrhythmia, which were cut nearly in half.

The evidence supporting fish oil is so strong, even Big Pharma has jumped on the omega-3 bandwagon. But you don't have to fall victim to their money making schemes and purchase an

overpriced omega-3 from the pharmacist when you can get a good quality supplement over the counter.

Check the label of any fish oil supplement for DHA and EPA content. These are the beneficial, active forms of omega-3. You'll need 3,000 mg of EPA/DHA—not just fish oil—every day. Most products won't have that much in a single dose. So you'll most likely have to increase your daily serving to hit the target amount. You can get this amount from two doses (4 capsules) of my EFA Logic per day. Again, this is more than the "serving size" but it's absolutely safe, with no risk of side effects or "overdosing."

3. **Folate & B-vitamins.** B-vitamins are connected to homocysteine levels. In fact, elevated homocysteine levels are actually a marker for B vitamin deficiency.

Take at least a "B100 complex." However, to really improve your homocysteine levels, you need at least 2,000 mcg of B12, 5 mg of folic acid, and 100 mg of B6 per day.

Oh, and if you enjoy an occasional cocktail just keep in mind that alcohol does deplete B vitamins, so you will need more of all the "Bs."

4. **Nattokinase.** Nattokinase is an enzyme extracted from a popular Japanese fermented soy product called natto. It is a natural blood thinner. Naturally thinning the blood helps prevent blood clots that can lead to stroke by bringing fibrinogen levels down safely.
- I recommend 1,000 to 3,000 fibrin units per day (3,000 fibrin units equals roughly 150 mg).
5. **Pycnogenol®.** This is my No. 1 pick for protecting blood vessels. By far. As I mentioned earlier, it's an extract from the bark of a particular type of pine tree that only grows along the southwest coast of France, in the Les Landes de Gascogne area.

Pycnogenol helps the body replenish the collagen and elastin that make up your blood vessel walls—and keeps them working the way they're supposed to in the process.

I recommend a 100 mg daily dose of Pycnogenol for optimal heart health.

6. **Resveratrol.** Resveratrol appears to help keep blood vessels healthy by stimulating nitric oxide synthase activity. Which is simply a fancy way of saying it helps to keep the blood vessels open. It may also help keep blood platelets from sticking together, so blood flows more smoothly. The same reason your physician probably recommends that you take an aspirin each day. But, as I mentioned in Chapter 3, there are some significant risks associated with daily aspirin intake. Resveratrol can have a similar affect without the risk.

I recommend 500 mg of resveratrol daily.

7. **Vitamin D.** In a recently published population study, Danish researchers measured serum D levels of 10,170 men and women. They followed them for an average of 29 years.³¹

Assessments linked the lowest vitamin D levels with a serious rise in cardiovascular risk. Specifically, a 40 percent increase in the risk of ischemic heart disease and a 64 percent increase in the risk of heart attack.

The sunshine vitamin's influence on mortality was even more striking. Researchers found a 57 percent increase in risk of early death among subjects with the lowest levels of D. Not to mention a whopping 81 percent increase in risk of death from heart disease.

Further meta-analysis confirmed this deadly association. So if you needed one more reason to spend some extra time in the sun, now you've got it.

Of course, getting the D you need is especially challenging in winter months. And you can't expect a short walk outside in a heavy winter coat to cut it.

That's why I recommend a daily D3 supplement to all of my patients.

And be sure to get your blood levels of 25 hydroxy vitamin D checked periodically by your physician. This is the most critical of the vitamin

D levels. And I like to see my patients' between 80 to 90 ng/mL. If that's where your levels fall, I recommend a daily dose of 2,000 to 5,000 IU. (Be sure to have your levels checked every six months to ensure you're maintaining optimal levels.) Meanwhile, I normally recommend 10,000 IU daily for low blood levels.

8. Vitamin E. Over the last decade, the pendulum on vitamin E has swung to a flurry of cooked-up controversy and back. But recent reports show just how powerful this simple nutrient can be.

In fact, one new study shows that it may provide critical protection against heart attacks—one of the top causes of death worldwide. And even if a heart attack doesn't kill you, it often results in significant damage to the heart muscles.

So the fact that a simple, affordable supplement may be able to minimize this damage is a pretty big deal.

When researchers administered vitamin E to mice two hours before a heart attack, it cut the amount of damaged heart tissue significantly, and ultimately helped restore normal heart function by neutralizing both inflammation and free radical activity.

According to the study's lead author, this means

that giving heart attack patients vitamin E in the ambulance or emergency room, and throughout their hospitalization, might reduce cardiac damage in a way that no pharmaceutical drug currently can.

Now, that may be a bold conclusion to draw from an animal study.

But I'll also point out that, as a blood thinner, vitamin E certainly poses less risk than, say, aspirin.

So it certainly doesn't hurt to take it. Especially when you consider how vitamin E is protective against both inflammation and oxidative stress.

Since vitamin E is a fat-soluble nutrient, I recommend taking it with foods that contain fat.

When it comes to supplements, remember not all products are created equal. You'll want to avoid synthetic vitamin E at all costs. Instead, the supplement must be natural (make sure it does not have a "dl" prefix listed before the tocopherols), and it must have the full range of tocopherols (alpha, beta, gamma, and delta).

And remember, always run your vitamin E dosage by your doctor first—especially if you're taking blood thinners. But I generally recommend 400 to 1,200 IU per day.

CHAPTER 7

EVEN MORE PROVEN HEART HEALERS FROM MOTHER NATURE

I outlined the heart supplements I believe everyone should be taking in the previous chapter. But there are SO MANY others I wouldn't be able to call myself a doctor if I didn't provide you with as much information possible to arm you against a heart attack, stroke, high blood pressure—and any other heart concern. So let's take a look at just a few more.

The “forgotten” vitamin your heart needs more of

With all of the media attention on vitamin D in recent years, some other essential nutrients have gotten left by the wayside. Especially vitamin C.

In the 1960s and 70s Linus Pauling championed the health benefits of vitamin C. His views were considered wildly controversial at the time.

But now, nearly two decades after his death, vitamin C is a well-established antioxidant and immune booster. And recently, a group of researchers from Johns Hopkins University confirmed that vitamin C also helps lower blood pressure. And it doesn't take all that much to do it.

They reviewed 29 clinical trials to determine the role of vitamin C in reducing blood pressure. The average dose was 500 mg/day.

Those taking vitamin C supplements reduced their systolic blood pressure (the top number) by 3.84 mm Hg. And they cut their diastolic blood pressure (the bottom number) by 1.48 mm Hg.³²

But results were even better for the subjects who had high blood pressure to start. They had an average systolic blood pressure drop of 4.85 mm Hg. And their diastolic number fell by 1.67 mm Hg.

According to another study, patients with heart failure who had low vitamin C levels were more likely to have elevated levels of C-reactive protein (CRP) in the blood. CRP is a marker of inflammation and an important—and often overlooked—risk factor for heart disease.

In fact, patients with lowest vitamin C levels were twice as likely to die from heart problems *within one year*.³³

If that's not reason enough to get more of this essential vitamin, I don't know what is.

The good news is, my A-List Diet includes lots of vitamin C-rich foods—melon, broccoli, cabbage, cauliflower, collard greens, bell peppers, Brussels sprouts, spinach, onions, etc. But to make absolutely sure you're getting enough, it's also a good idea to take a supplement. I recommend 3 grams (3,000 mg) per day, taken in divided doses.

The heart-healthy mineral all-star—and the sidekick that can make it even better

Magnesium is emerging as a star among minerals that keep your ticker healthy. And there's also some impressive evidence that magnesium can help fight the stiffness in arteries that naturally occurs with aging.

A study in *The Oxford Journals* looked at blood levels of magnesium in 512 patients (all over age 55) who had kidney transplants.³⁴ Those with lowest magnesium levels after their kidney transplant had greater evidence of carotid artery stiffness, which carries serious risk of high blood pressure and stroke.

Of course, if you add potassium to the mix, your blood pressure may get even more help, according to another British study.

In fact, this study found that if you combine these two minerals, you're actually less likely to die of heart disease. Not to mention the other perks of a high potassium diet, like a lower risk of kidney stones and osteoporosis—and better blood sugar control.

Magnesium is found in dark green leafy vegetables, beans, and nuts. Potassium is found in red meat, chicken, citrus fruits, kiwi, broccoli, and my personal favorite—macadamia nuts.

But with soil being so depleted of nutrients and minerals these days, taking these two powerful minerals in supplement form is the best way to ensure you're getting enough.

I usually recommend 32 mg of magnesium orotate

or 125 mg of magnesium taurate along with 99 mg of potassium per day.

Good bacteria for bad cholesterol

I'm a big fan of probiotics. They're on my list of "desert island" supplements for a reason. Simply put, your gut is a lost cause without them.

But they do a lot more than shore up your digestive tract. They bolster your immunity. They help to keep your weight in check, too.

And that's just for starters.

Brand new research has offered up one more benefit of a daily dose of good bacteria. Details of this recent study debuted at the American Heart Association's Scientific Sessions 2012. And it's a good one.

Canadian researchers followed the lipid profiles of 127 subjects with high cholesterol for nine weeks.³⁵ Roughly half of these subjects supplemented daily with a patented strain of *Lactobacillus reuteri*. The other half took a placebo.

Results showed that probiotics lowered LDL or "bad" cholesterol levels by 11.6 percent when compared to placebo. Cholesterol esters and cholesterol ester saturated fatty acids also dropped compared to placebo—by 6.3 percent and 8.8 percent, respectively. This is important, as both are strongly associated with atherosclerosis.

What's more, probiotics achieved this effect at a dosage of just 200 mg per day. That's some serious bang for your buck, as natural cholesterol solutions go.

Obviously, this is a small study. And it only focuses on one strain of bacteria. So it's too soon to classify probiotics as a full-fledged cholesterol-buster just yet.

But this study does drive home the incredible impact that friendly flora can have on your health. And who knows? Maybe soon, we'll have one more reason to throw statins in the trash where they belong.

In the meantime, supplementing with a full spectrum of beneficial bacteria is still one of the smartest moves you can make. Dr. Ohhira offers the highest quality probiotics I've found.

If you haven't already, make them a part of your daily routine today.

Hot peppers for your heart

Research has shown that chili peppers help improve blood pressure and cholesterol and may even help prevent strokes.

Now, scientists have a better understanding why that is. They presented their report at the American Chemical Society meeting recently.³⁶

The study focused on a family of hot substances called "capsaicinoids," and the star, well-known capsaicin. This stuff gives the heat to chili peppers... cayenne, jalapeno, habanero.

Researchers found that capsaicinoids help lower cholesterol in several ways. They prevent cholesterol from accumulating in the body. And they boost the breakdown and excretion of cholesterol in the feces.

Capsaicinoids also block the action of a gene that produces cyclooxygenase-2 (COX-2), a substance that makes arteries contract. When this gene is blocked, artery muscles can relax and widen. That allows more blood flow through arteries.

Researchers also found evidence that capsaicinoids help melt plaque deposits that have formed in blood vessels. These narrowed arteries can lead to heart attacks or strokes.

So if you can take the heat—go ahead and spice up your meals with some fresh-chopped chili peppers. Sprinkle them on a fresh salad, into your eggs, make some fresh chili, or simply add to the food processor with fresh tomatoes, red onion, and a little garlic for homemade salsa.

You can also get cayenne in supplement form. I recommend 40,000 HU (which stands for "heat units") twice per day. Or 500 mg to 1,000 mg of capsaicin per day.

The oldest blood pressure cure there is

Garlic has been a well-known heart health remedy for a while now. And a new study out of Australia only adds more weight to this aromatic onion's roster of

cardiovascular benefits.³⁷

Researchers split 79 patients with uncontrollable hypertension into four groups. Each group received either a placebo pill, or between one and four capsules of aged garlic extract daily.

The researchers assessed each subject's blood pressure at four weeks, and again at weeks eight and 12.

By the end of the trial, results showed that subjects taking two capsules—or 480 mg—of aged garlic extract benefited the most. In fact, this middle group saw *significant* drops in systolic blood pressure, averaging around 12 mgHg.

Just to put this improvement into perspective, every 10 mgHg drop in blood pressure can cut cardiovascular risk by as much as *40 percent*.

Of course, it goes without saying that aged garlic extract—which contains standardized amounts of the antioxidant s-allylcysteine—is a lot more potent than its counterpart in the kitchen.

But cooking with garlic whenever you can is still a delicious way to combat high blood pressure. Just be sure to keep a pack of breath mints handy.

A lesson in TACT

You may not know this, but there's currently a randomized, double-blind trial underway to investigate the benefits of chelation therapy—that is, the removal of toxic heavy metals from the body—against coronary artery disease.

It's called the Trial to Assess Chelation Therapy (TACT). And so far, results look promising... which, of course, has the "powers that be" very concerned.

After all, what would all those hospitals and doctors do if safe, natural means of heart disease prevention were *actually* proven effective?

For one thing, the number of coronary bypass procedures on the books would drop considerably. And, well... that's not good for business, now is it?

So naturally, they're looking for ways to diminish the importance of this simple and inexpensive

treatment modality.

But before I get ahead of myself, let's look at the study details...

Researchers divided subjects into four different groups. One group received high-dose oral vitamin therapy—which featured a wide range of nutrients, including vitamins A, B, C, D, E, K, niacin, folate, calcium, magnesium, and zinc—along with chelation therapy.

Another group received placebo "vitamins" and active chelation therapy. Yet another received active vitamin therapy and placebo chelation therapy. The final group received placebo vitamin therapy and placebo chelation therapy.

Results showed that, compared to placebo, vitamin therapy yielded an 11 percent reduction in risk of death, heart attack, stroke, coronary revascularization surgery, and angina hospitalization.

Not bad. But active, combined chelation and vitamin therapy cut the same list of cardiovascular risks by a whopping 26 percent in comparison to placebo treatments. That's a *huge* reduction—and there's no drug on the market that can boast statistics like this.

But don't hold your breath waiting for the celebration to start. Because it's not happening anytime soon.

On the contrary, the researchers were all too quick to assert that these findings *shouldn't* be interpreted as a triumph for alternative medicine. And that there's no place for these natural strategies in mainstream cardiology yet.

Why? Because "more study is still needed." Of course.

To which I ask: What more, exactly, do they need?

These results indicate that chelation could potentially save us *billions* of dollars. In the current economic climate of this healthcare system, you'd think that would garner applause.

But here's a little tidbit the researchers will never admit publicly: They launched this trial to prove that

chelation *doesn't* work. And now that they've proved that it *does*, they are beside themselves. In fact, there's even talk about pulling funds, in the interest of not wasting public money.

I've got news for you. *Every* trial is a waste of money until proven otherwise. And as far as I'm concerned, this particular study has delivered the goods.

So there you have it. A complete, step-by-step guide to ultimate heart health. It's a lot of information, I know. So I always recommend working with a skilled naturopathic physician who can help you with all of the testing, and deciding which supplements are right for you.

If you don't already have a naturopathic doctor you trust, check with the American College for Advancement in Medicine to find one in your area. Just call (800)532-3688 or visit www.acam.org and they'll provide you with a list of practitioners near you.

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