

Tips from the Professor: Perspectives on Natural Approaches

Some of you may remember Joe Friday's famous quote from the old *Dragnet* TV series - "Just the facts, mam". (OK. I realize that I just lost 90% of you under age 65 with that one, but bear with me).

My point is that the facts are a constant, but our interpretation of the facts is influenced by our perspective.

Many physicians tend to have the perspective that drugs are validated by strong science and natural approaches mostly consist of unproven remedies. I, and many of you - my faithful readers, tend to prefer natural approaches and view drugs as a last resort. For examples, most doctors believe that almost everyone with elevated cholesterol (and some people whose cholesterol isn't elevated) would benefit from statin drugs (Some of my cardiologist colleagues have gone as far as to joke that statins should just be added to the drinking water). On the other hand, they tend to think of vitamin E as snake oil and omega-3 fatty acids as something that might provide a small benefit - but only to those people who have already had a heart attack.

So, what are the facts? Let me start by saying that statin drugs clearly reduce the risk of a second heart attack in people who have already had a heart attack, and there is some evidence that they may reduce the incidence of heart attacks in high risk populations. In other words, statin drugs clearly do save lives. However, a major study published in the June 28, 2010 online issue of *Archives of Internal Medicine* showed that statin drugs do not significantly reduce the risk of heart attack in populations of people who have not yet had a heart attack - even if they have elevated cholesterol. In other words, if you have already had a heart attack or are at high risk of having a heart attack statin drugs reduce heart attack risk, but there is no evidence that they provide any benefit to low to moderate risk populations with elevated cholesterol.

How, you might ask, does that compare with vitamin E? You may remember the famous Cambridge Heart Antioxidant Study (*Lancet*, 347: 781-786, 1996). That study focused on patients who had already been diagnosed with advanced atherosclerosis and showed that vitamin E supplementation significantly decreased heart attack risk. Several major clinical trials have focused on the effect of vitamin E supplementation on heart attack risk in the general population since then and have found no significant decrease in heart attack risk. However, when those studies are stratified to look at high risk sub-populations, the beneficial effects of vitamin E often reappears. For example, in the Women's Health Study (*JAMA*, 294:56-65, 2005) vitamin E supplementation had no

effect on heart attacks, cardiovascular death or stroke in the whole population. However, when the authors looked at the subgroup of women who were over 65 and, therefore, at high risk of a heart attack, vitamin E supplementation significantly reduced the risk of heart attack, cardiovascular death. In other words, if you are at high risk of having a heart attack vitamin E supplementation can reduce your risk, but there is no evidence that vitamin E supplementation provides any benefit for low to moderate risk populations.

In other words, the "facts" with respect to vitamin E supplementation and heart attack risk are actually fairly similar to the "facts" with respect to statin drugs and heart attack risk - but the perspectives through which people view those facts are vastly different.

An even more compelling case can be made for omega-3 fatty acids. Once again, it is difficult to show any significant effect of omega-3 fatty acids on heart attack incidence in low to moderate risk populations. However, omega-3 fatty acids from either fish or fish oil supplements have been shown to significantly reduce heart attacks and cardiovascular deaths for people who have already suffered a heart attack (Lancet, 354:447-455, 1999), and more recent studies suggest that they reduce the risk of heart attack in other high risk populations (Current Atherosclerosis Reports, 12:66-72, 2010).

Please don't misinterpret what I am saying. I am only commenting on how our perspectives, and those of our physicians, can influence how we interpret the scientific studies relating to our health. I'm not touting vitamin E and omega-3 fatty acids as THE solution to heart disease risk. They are only part of a holistic approach to reducing heart disease risk - including healthy diet, weight control, exercise and a balanced supplement program. I'm also not suggesting that you throw out the statins or other drugs prescribed by your physician in favor of natural supplement.

What I am suggesting is that you may want to start a dialog with your physician about your desire to pursue a holistic approach to better health. For example, my physician and I have come to an understanding over the years that I want to take as much personal responsibility for my health as possible. On my annual visits he often comments: "I could prescribe this drug, but let me tell you what you can do about it". Of course, this only works if your physician knows that you will actually do what he or she suggests. If they suspect that you will just continue eating fast food and updating your Face book page rather than exercising, he or she is likely to insist that you take the drug.

To Your Health!

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P. S. One exception to the dichotomy between medications and natural approaches that I discussed above are the plant stanols and sterols. Plant stanols and sterols are natural. However, the clinical evidence for their effectiveness in lowering serum LDL cholesterol is so solid that the National Institutes of Health recommends that everyone with elevated cholesterol consume 2,000 mg of plant stanols and sterols every day!

This is one case in which the medical community is firmly behind a natural approach. The facts are so overwhelming that they could not possibly be interpreted any other way.

P.P.S. Coming soon: My son and I have just finished recording our latest CD - "Lowering Your Cholesterol Naturally and Holistic Approaches to Reducing Heart Disease Risk". Look for further announcements on www.socialmarketingconnection.com

These statements have not been evaluated by the Food and Drug Administration. This information is not intended to diagnose, treat, cure or prevent any disease.

Personally Fit Recommendations:

- Continue to strive to maintain a healthy Body Mass Index (BMI). Schedule a Success Coaching appointment if you are unaware of your BMI.
- Exercise at least 30 minutes per day 5 days per week to keep your heart healthy.
- Eat a diet rich in Omega 3 fatty acids. Good sources include coldwater fish (such as herring, mackerel, sturgeon, and anchovies), walnuts, canola oil, broccoli, cantaloupe, kidney beans, spinach, grape leaves, Chinese cabbage, cauliflower, and, flaxseed.
- Eat a diet rich in vitamin E. Good sources of vitamin E include vegetable oils, green leafy vegetables like spinach, fortified cereals and other foods, eggs and nuts.
- If you have elevated cholesterol levels, consider taking Shaklee's Cholesterol Reduction Complex. Each serving contains 2,000 mg of plant sterols. The costs less than \$1.00 per day. Email Dawn (dawn@personallyfit4women.com) for more information and to order your Cholesterol Reduction Complex.