



Your Monthly Update

Dear Colleague

Welcome to the April newsletter from Pure Bio Ltd.

The featured topic for this month is hypertension with elevated cholesterol.

We always welcome feedback and suggestions.

Hypertension and Heart Disease

The facts:

Heart disease remains the number one killer in the western world. Immediate death is from heart attack or stroke, or more insidious mortality is through congestive heart disease (CHD).

Heart disease is the single most common cause of hospitalisation in the over 60's. It is this vast drain on NHS resources that has led to the massive over-prescription of statins.

Despite endless quantities of research on statins, confirmation that it is a valid drug to reduce incidence of CHD is yet to be provided. Research shows that statins may actually increase mortality as equally as reduce it i.e. there is an equal risk-to-reward ratio.

Statins have been shown, in repeated laboratory testing, to reduce the levels of CoQ10 (Ubiquinone – necessary for all high energy-output tissue such as heart muscle) in both blood and heart tissue. This research has been so conclusive that many pharmaceutical industries now add CoQ10 to their statins!

New research is also indicating that statins may block selenomethionine synthesis. Selenomethionine is involved in the production of glutathione peroxidase and in muscle-cell regeneration.

Finally, elevated cholesterol as a “stand-alone” measurement is not a conclusive indicator of predisposition to heart disease. It is only when seen in connection with elevated homocysteine and elevated triglycerides that it can conclusively be seen as a useful marker. Most cardiovascular risk profiles do not include homocysteine in their values – a major oversight for a comprehensive treatment plan.

Dietary Recommendations

Congestive heart failure is precipitated primarily by diet and lifestyle:

- Have a diet high in beans, peas, fish, fruit, vegetables, cereals and organic, cold-pressed olive oil. Reduce intake of meat, fat, eggs and dairy
- Avoid the standard low-fat, low cholesterol diet. This depletes the body of essential good-quality fatty acids
- Avoid high-glycaemic, processed foods
- Cut out all sugar from the diet. Do not use artificial sweeteners. An alternative sweetener in cooking is ***d-Mannose powder*** (PE), which is half as sweet as table sugar
- Have a handful of organic mixed nuts every day
- Avoid hydrogenated fats and trans fatty acids, especially margarine
- Consume food rich in flavinoids – bright coloured vegetables, green tea and a moderate intake of red wine (one measure daily)
- Eat foods that contain high levels of beta-sitosterol, found especially in soybeans, as they can reduce cholesterol by up to 10%. An alternative is ***CholestePure*** (PE) – a phytosterol complex derived from soybean
- Have two servings of wholegrains daily, especially oats. Also apple pectin and psyllium. Alternatively, use ***Nutraflax*** (PE)
- Introduce a regular exercise routine – a minimum of 30 minutes moderate exercise (e.g. brisk walking) at least five times weekly
- Take necessary action to address unacceptable stress levels – relaxation techniques, counselling, change of job etc.

Nutritional Supplement Options

- **Policosanol** – shown, in double blind, placebo-controlled trials, to support cardiovascular health through antioxidant activity, promoting healthy platelet function and supporting healthy lipid and triglyceride metabolism. Up to 40mg daily e.g. ***Policosanol 10mg or 20mg*** (PE)
- **Garlic** daily – ensure it is an organic source, as non-organic garlic has high levels of contaminants e.g. ***Garlic 100:1 extract*** (PE);
- **Coenzyme Q10** (30 mg daily for prevention; up to 200 mg daily for therapeutic dosage) e.g. ***CoQ10 30mg or 60mg*** (PE)
- A combined antioxidant formula, with NAC especially in the presence of elevated triglycerides e.g. ***Antioxidant Formula*** (PE)
- **Vitamin E** – low dose, no more than 400 i.u. daily, to reduce LDL's e.g. ***Vitamin E (with mixed tocopherols)*** (PE) or ***Tocotrienols*** (PE)
- L-Carnitine – a non-essential amino acid, known to increase HDL's e.g. ***L-Carnitine*** (PE)
- Omega 3 oil e.g. ***Flax Seed Capsules*** (PE), ***Neuromins*** (PE) – both vegetarian source; or ***EPA/DHA*** (PE) – fish source. Additionally, ***Krillplex*** (PE) – a combination omega 3 and antioxidant
- ***Hawthorn / Crataegus tincture***

Finally:

- **Have the patient's homocysteine level checked. If elevated, test for the need for vitamin B12, B6 and folic acid**

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