

**How
Mainstream
Medicine
“BREAKS”**

**Your Heart
(and What You
Can Do Instead)**

William Campbell Douglass II, M.D.
The Douglass Report

How Mainstream Medicine “Breaks” Your Heart (and What You Can Do Instead)

When the most powerful people in medicine set out to scare us to death about cholesterol, guess who they had the most trouble convincing? *Doctors.*

That’s right: doctors. The doctors wouldn’t play ball.

In 1983, the big shots at the National Institutes of Health (NIH) were gearing up for another advertising attack on cholesterol. To help develop their message, they decided to take an opinion poll. They were shocked by the results. Their own poll showed a majority of America’s doctors didn’t agree with them. Six out of ten doctors thought high cholesterol posed NO health danger.

But with the patients, it was a totally different story. The NIH polls showed almost two-thirds of the public believed high cholesterol was dangerous. The patients were more worried than the physicians! How was that possible? Because consumers were already brain-washed by years of advertising. But the doctors weren’t—not yet. Remember, this was back in 1983. Most doctors still knew the truth about cholesterol: It’s a natural, healthy body chemical.

Cholesterol: Why you can’t live without it

Cholesterol is so important that every cell in the human body can manufacture it. And the organ that has the highest concentration of cholesterol is your brain! That’s right, your brain is loaded with this supposedly deadly stuff. But when it comes to *making* cholesterol, your liver is the main “factory.”

In fact, your own liver makes most of the cholesterol that’s detected by blood tests. That’s why changing what you eat causes almost NO change in your cholesterol count. Your liver just produces more cholesterol to make up for what you don’t get in your diet.

When people try strict diets, a small number, called “high responders,” can lower their blood cholesterol by about 10 percent. The rest of us can totally give up saturated fat and cut calories like crazy, but we’ll see only a five or six percent drop in cholesterol.

That’s because your body needs cholesterol and your liver fights back when you try to take it away. All the diet does is make you deficient in a nutrient you need. In fact, study after study proves high cholesterol is associated with *longer* life. Yes, that’s right. You’ll live longer if you have high cholesterol.

Mainstream doctors tell us we should try to get our cholesterol below 200. Their advice is absolutely crazy. Here’s the truth...

A recent study shows that death from *all causes*—not just heart disease—is lower among elderly people with high cholesterol. It’s not just old people, either. Among people of all ages, low cholesterol is connected to a higher risk of death from gastrointestinal and respiratory diseases. That discovery came out of 19 studies involving 68,000 people.

Another research team kept track of 100,000 healthy people for 15 years. They discovered that folks with low cholesterol were more likely to catch serious infections—the kind that send you to a hospital.

Low cholesterol is a death warrant

An article in the *European Heart Journal* confirms that low cholesterol is dangerous to your health. Examining 11,500 patients, they found those with cholesterol below 160 were *more than twice as likely to die* as those with high cholesterol. And here’s something very interesting: The number of deaths from heart disease was the same in both groups—but the low-cholesterol group had far more cancer deaths.

The medical community has known for years that

low cholesterol is linked to cancer. A big French study in 1980 revealed that the cancer rate climbs steadily as cholesterol levels fall below 200. But, this is exactly the range the heart experts tells us to aim for! We're supposed to take drugs until we get our cholesterol below 200.

Way back in 1987, the National Cancer Institute was intrigued enough to back a big study of 12,488 men and women. They found that men with the lowest cholesterol levels were more than twice as likely to get cancer as those with the highest levels. The article appeared in *The Lancet*, one of the world's most prestigious medical journals.

But the heart researchers ignored the evidence. They were too proud to change their minds. And maybe—just maybe—money had something to do with it. Cholesterol reduction is now a \$20-billion-a-year industry.

The whole cholesterol scare was cooked up by a tiny handful of powerful doctors at prestigious institutions. They crammed it down the throats of the whole medical profession, over the objections of their own advisors and a majority of practicing doctors.

And leading cholesterol “experts” collected fat payments from drug companies all the way.

Lower Your Cholesterol, Die Faster

Armed with billions of dollars, the big shots of establishment medicine set out to show they could save lives. How? Why, they'd get thousands of men to stop smoking, stop eating saturated fat and cholesterol, and get their blood pressure down. The year was 1973.

With all those bucks, the big shots were able to sign up about 13,000 middle-aged men. This was a huge study that cost a fortune. More than half of the men were smokers and most had high blood pressure. They ate MORE cholesterol (translation: animal products) than the average American.

For the next seven years, half the men were allowed to do anything they wanted. Eat, drink, and be merry! Then have a cigarette. The other half were the targets of intense efforts to change their diets and other habits. These men practically had a doctor watching them every minute for seven years saying, “Don't touch that

steak! No eggs for you!”

So what did these poor guys gain from giving up everything they enjoyed? Not a thing. There was no statistical difference between the two groups in the number of deaths. In fact, slightly more of the “good boys” died!

But this will really get you: there was almost no difference in cholesterol levels, either. In spite of all that dieting, the “good boys” only lowered their cholesterol five or six percent! Meanwhile, the bad boys saw their cholesterol go down two percent with no help from the medical nannies.

The two groups ended up about the same. In other words, what you eat makes almost no difference in your cholesterol tests.

This is what we know for sure: The most ambitious effort in history to reduce cholesterol by cutting out meat, eggs and dairy products resulted in more deaths, not fewer. And you'll really love this: the men who could eat as they pleased had 40 percent *fewer* heart attacks than the researchers predicted.

This finding came out in 1982. The medical profession has known all this time that they're wrong about cholesterol. They just ignored this study—and many others.

The evidence is overwhelming. Yet doctors go right on prescribing cholesterol-lowering drugs and telling people to give up saturated fat.

What's “Normal” Cholesterol?

When they first launched the cholesterol scare, the Big Shots declared that anyone with cholesterol higher than 240 was at risk. This is nonsense—there's no connection between cholesterol and heart disease. But how did they come up with the number 240? I'll tell you. **THEY PULLED IT OUT OF THIN AIR.**

There's nothing special about 240. The significance of 240 is that one adult out of four has cholesterol higher than 240. They just chose that number so they could “treat” 25 percent of us for a disease that's not really a disease.

It's about money, honey.

Now they've changed the cutoff. They say you should get your cholesterol below 200! That way, they can claim **HALF OF US ARE SICK AND NEED DRUGS!**

This is a scam and nothing else. Cholesterol between 200 and 240 is **NORMAL**. Cholesterol **BELOW 200** is a danger. Do you know anyone with cholesterol below 200 who's not taking statin drugs? I bet you don't. Cholesterol that low is not normal.

If you do know anyone with a *natural* count below 200, tell them to get to a doctor right away (an alternative doctor, of course.) Something's not right.

The Truth About Statins

Cholesterol doesn't have anything to do with heart disease, so you won't be surprised that cholesterol-lowering drugs don't do you any good. One of the big drug studies focused on middle-aged men with the highest cholesterol counts. If you believe the cholesterol theory, these men were at serious risk for heart attack and death. The doctors predicted that cholesterol-lowering drugs would cut the number of heart attack deaths in half. Seven years later the results were in: More men died in the prescription-drug group than in the placebo group!

This study wasn't a fluke. In one drug study after another, cholesterol-lowering drugs have failed to save lives.

- Two major studies show Lipitor reduces your "bad" cholesterol by a huge amount **BUT** it doesn't reduce your risk of death at all!
- Crestor drastically reduces cholesterol but saves no lives compared to patients on a placebo.
- Pravachol saves no lives compared to placebo ...and could even increase your chances of cancer.
- Zocor reduces your risk less than two percent.
- A meta-analysis of five major statin drug trials showed no difference in the risk of death compared to placebo groups.

At one point, the fine print on a Lipitor ad actually said, "Lipitor has not been shown to prevent heart disease or heart attacks." Why on earth are they making us spend \$16

billion a year on these ineffective and harmful drugs!?

I wish I could tell you that this is the worst part about statins, but the reality is much worse.

Statin Drugs Are a Threat to Your Life

Dr. Duane Graveline is a NASA astronaut and a medical doctor. He lost his memory after six weeks on Lipitor, the number one cholesterol-lowering drug. The side effect was so bad he couldn't recognize his own wife or remember which house was his.

You don't have to take my word for it. Dr. Graveline got mad enough to write a book. It's called *Lipitor: Thief of Memory*. Check it out.

Memory loss is a common side effect of statin drugs. It happens to so many people even the mainstream news outlets have noticed the scandal. An assistant professor of medicine at the University of California says, "We have people who have lost thinking ability so rapidly that within the course of a couple of months they went from being head of major divisions of companies to not being able to balance a checkbook and being fired from their company."

The side effects of statin drugs are so bad a number of patients quit within the first year. They're the lucky ones. The people we should worry about are the ones who *don't* quit.

The side effects go beyond loss of memory and maybe all the way to loss of life. At least three clinical trials show healthy people live better without cholesterol-lowering drugs than with them.

They've tested statins on animals and the results are enough to scare you to death, especially when you think of the millions of people who take these pills. The drugs cause cancer in rodents when used in doses nearly equivalent to those prescribed to humans.

Now the same results are popping up in people.

Without commenting on Big Medicine's morals (or lack thereof), I'll just point out that most tests of new drugs go on for five years or less. That's not long enough for the risk of cancer to show up. The Big Shots don't test the drugs long enough to find out.

In other words, we're the guinea pigs. The FDA, the NIH and the American Heart Association have no idea how bad the cancer risk may be. Decades from now, after millions of people have taken these drugs for years, we'll know. I think it's a catastrophe in the making.

How many lives will be lost before these drugs are pulled off the market?

People who take statins are simply trading reduced heart risk for greater cancer risk—a bad deal!

Statin drugs may actually WEAKEN your heart

We know for a fact that statin drugs reduce your level of CoQ₁₀. Your liver manufactures CoQ₁₀ right along with cholesterol, and the way the drugs work is to prevent your liver from making cholesterol.

While the drugs keep your liver from making cholesterol they also keep it from making CoQ₁₀. That's a potential health disaster, because your heart needs this vital nutrient to make energy at the cellular level.

In the long run, a CoQ₁₀ deficiency may weaken the heart muscle and cause congestive heart failure.

I know that some other alternative doctors urge people to supplement with CoQ₁₀ if they're taking statin drugs. It's not a bad idea. It's better than nothing. But there's absolutely NO PROOF the supplements will be enough to offset the heart damage. Your body needs its own CoQ₁₀—the CoQ₁₀ your liver makes.

I have a much better idea: don't take statin drugs in the first place. If cholesterol isn't the problem, why take a cure?

The forgotten nutrient that will keep you alive and kicking into your 90s

Up until recently, most of the general public didn't even know that folic acid was a vitamin, much less a B vitamin. Now, even university dieticians recognize its importance, and the U.S. government has mandated that it be put in all those nutrition-free breads lining your local supermarket shelves.

The emergence of folic acid as a primary contributor to a long, healthy life is one of the major nutrition breakthroughs of the 20th century. But it certainly had a rocky path to greatness.

Dr. Kilmer McCully was a Harvard researcher when he began his work on folic acid (folate). I first heard of his research back in the '80s. But he discovered the relationship between homocysteine and arteriosclerosis more than a decade before that—1968.

McCully learned about homocystinuria, a newly discovered disease, at a medical conference. Apparently, mentally retarded youngsters had often been found to have a chemical, homocysteine, in their urine. These children died from a condition undistinguishable from hardening of the arteries in the elderly. If homocysteine was in the urine, then it must be in the blood. Researchers found that it was. This got McCully thinking: Can homocysteine be found in the blood of adults, and does the level of the chemical in the blood correlate with hardening of the arteries? Is it possible that the fat and cholesterol deposits seen in arteriosclerotic arterial plaques are merely secondary accretions after homocysteine has already done the damage? The answer was yes, and in 1969 he announced the homocysteine theory of heart disease—to a brain-dead medical world.

Not only did Dr. McCully discover the etiology of atherosclerotic disease—heart attacks and strokes—but he also defined the prevention of these killers. Taking just three low-cost, zero-risk nutrients would effectively wipe out atherosclerotic disease and enable the average citizen to live to 90 or 100 in good health. Those three nutrients are folic acid, vitamin B₆ (pyridoxine), and vitamin B₁₂. Folate is the most important but the others play an important role. Forget cholesterol and animal fat, McCully said—the whole thing was a hoax and a delusion.

Homocysteine and heart disease: Forgotten, but not gone

This was not what the drug industry, the universities, the government, and even the average doctor, whose practice can be as high as 100 percent devoted to treating hardened arteries, wanted to hear. Suddenly, McCully found himself knee-deep in crocodiles.

Six shocking FACTS about the *dangers* of low cholesterol

FACT: Lowering cholesterol can make heart disease *worse*. A review of medical studies on cholesterol and mortality in heart patients found that lower cholesterol levels led to *death*—not survival, like the drug companies want you to think.

FACT: Low cholesterol can trigger the deadliest kind of *stroke*. It's called a massive stroke, and it happens when blood vessels in your brain are so weak that they burst open. Any cholesterol count *below* 200 is a red flag for this kind of stroke

FACT: Low cholesterol may *raise* your cancer risk. Yes, a new study actually links low LDL levels with an increased risk of developing cancer. And it's not the first one. In fact, more than 20 studies have been done on cholesterol and cancer. And the overall majority linked cancer with *low* cholesterol!

FACT: Low cholesterol impairs brain function. It's been linked to depression. And cholesterol-lowering drugs have been shown to trigger *memory loss*. (Drug companies want us to forget this—and we may—if we keep taking statin drugs!)

FACT: Low cholesterol is linked to Alzheimer's. The eminent researcher Iwo J. Bohr recently published a peer-reviewed paper on the subject. He points out that Alzheimer's patients typically have *lower* cholesterol and suggests that a great way to prevent the disease may be to *eat a high cholesterol diet*

FACT: Low cholesterol is even linked to suicide—and it's not just because folks are fed up with celery and tofu! The real reason is probably that low cholesterol literally makes you *crazy!*

The forces of commerce, self-interest, and vanity had a different agenda, an agenda based on the evil chemical cholesterol, which they claimed was absolutely, positively killing Americans by the millions. Meat and the fat of meat, they posited (with no evidence), was the primary source of killer cholesterol.

The government and 98 percent of the medical community were gearing up for a propaganda blitz of the American people concerning the evils of cholesterol. Unfortunately for Dr. McCully, the war on cholesterol coincided closely with his announcement that cholesterol was not the problem. This campaign was so successful, in spite of the fact that McCully disproved it, that the entire world followed these false prophets and piled into the bus marked, "Cholesterol Fighters of the World," waving the banner, "Cholesterol Equals Death."

But now, after nearly 40 years of neglect, folic acid and Dr. McCully have finally made it to the big time.

The mainstream finally endorses folate

In a study published in the *Journal of the American*

College of Cardiology a few years ago, researchers noted that the increase in the blood flow rate after folate therapy was "similar to that seen with statin drugs and ACE inhibitors." Imagine that: a simple, safe, and cheap nutrient can do what the expensive and not-so-safe drugs do—*without* side effects.

In another 2000 study, researchers found a high degree of folate deficiency in heart disease patients. They urged further work to determine if recent efforts to fortify the U.S. food supply with folic acid are enough to decrease the proportion of the population at risk for heart disease resulting from insufficient folate levels. Unfortunately, government mandates always fall far short of what is needed—the notorious cover-your-butt syndrome.

Now in the early 21st century, it looks like the folate war is almost over and McCully has won. The *Journal of the American Medical Association* published a study recommending six months of "vitamin therapy" to reduce the need of repeating angioplasty (angioplasty is the Roto-Ruter technique applied to "unclog" the arteries of the heart). The dose of folate, the article explained, should

be “prescription strength.” This advice was repeated in the *Journal of Family Practice* as well.

While I’m all for the use of folic acid instead of drugs or surgery, there is one part of this recommendation that doesn’t sit well with me. When the journals talk about “prescription strength” folate, they’re making a not-so-subtle attempt to capture the market on this nutrient for drug-gists, the pharmaceutical industry, and doctors.

In Latin America, you can buy 5,000-microgram tablets of folic acid for a little over a penny each. In the U.S., the strongest over-the-counter folate tablet “allowed” by the FDA is 800 micrograms. An aspirin tablet is 300 mgs—that’s 300,000 micrograms. Aspirin is a dangerous drug; no one denies it. Yet, it is unregulated while folic acid, safe at almost any dose, can only be purchased by the general public at a dose of 800 micrograms—0.0027th the dose of toxic aspirin!

The best food source of folate the FDA won’t tell you about

Now, with all of the good news and evidence supporting folic acid, how can you make sure you’re getting enough? Everything you read—not only the lay press, but even the medical journals—tells you that you can get all the folic acid you need from fruits and vegetables. That just isn’t true. The USDA measurements clearly show that fruits and vegetables are poor sources of folic acid. And those are just the raw values. After they’re boiled, vegetables are essentially nutrition-free. Folic acid, B₆, and B₁₂ are all water-soluble vitamins, so they are carried out of the vegetables and dissolved in the boiling water—and then poured down your disposal.

The official tables of nutrient content reveal that animal food—dairy, meat, liver, fish, and shellfish—is superior to fruits and vegetables in folic acid content. But even with a healthy diet containing plenty of folate-rich animal food, you should still take a supplement just to be absolutely certain you’re getting enough of this nutrient.

And I’ll fill you in on a secret the pharmaceutical industry doesn’t want you to know: Their “prescription

strength” folic acid is only 20 percent higher than the regular folic acid supplement you can buy at any health food store. All you have to do is take two of the over-the-counter, 800-microgram capsules and you’ll be well over their “prescription strength.”

Here’s what to do:

If you want to be alive and kicking at 90, you’ve got to take your folate; there’s no time to waste.

(1) As usual, the dosage regulations established by the government are far too low. Take at least 800 micrograms a day (and keep in mind that doses up to 5,000 micrograms—and more—are safe and will do you even more good. I take 5,000 to 15,000 micrograms a day).

(2) Don’t fall for the “prescription strength” scam—you can buy folic acid supplements in just about any drug store, supermarket, and health food store. These work just as well.

(3) In addition to your supplements, there are some good food sources of folate that can boost your levels a bit further. The leader in folate nutrition by a wide margin is liver. A small serving of beef liver—3 oz., for instance—contains 174 micrograms of folic acid. When is the last time a nutritionist or doctor advised you to eat some variety of liver a least once a week? Probably never. Chicken liver is the tastiest and, with the proper sauce, an outstanding dish. BUT, don’t overcook it. It should be a little red or at least pink.

(4) If you are a dyed-in-the-wool, pasty-faced vegan, I can still offer you a little help. Cauliflower, cabbage, and navy beans average about 70 micrograms, but remember, that’s before they’re cooked. If you boil these vegetables, the nutrients end up getting poured down your trendy, stainless-steel sink. Eat them raw and you’ll get by, but you’d better take a supplement too.

I could write a book on this subject, but it would be a disservice to Dr. McCully’s seminal book on folate, called *The Heart Revolution*. You can get it in most bookstores or order it online from www.amazon.com.

How you can avoid the biggest heart surgery hoaxes

Dr. Henry McIntosh was practicing cardiology at Baylor College in 1964 when the medical school first started doing bypass surgery. Fifteen years later, after years of studying the procedure, he wrote an extensive summary of his observations and concluded his findings by saying:

"Despite a low operative mortality and rate of graft closure, available data in the literature do not indicate that myocardial infarctions, arrhythmias, or congestive heart failure will be prevented, or that life will be prolonged in the vast majority of patients."

I think Dr. McIntosh was overly kind in his summary. There is strong evidence that operative mortality is indeed high in many hospitals. But hospitals are very reluctant to release information on the mortality statistics of one of their most lucrative procedures. So even if they have kept records on mortality rates of bypass surgeries, they probably won't release that information to the public. This doesn't just border on quackery—it IS quackery.

But with or without the mortality statistics from hospitals, the fact is coronary bypass surgery does not work any better than medical therapy. One study, published in 1984, showed that there was no difference in survival rates between operated and non-operated patients after 11 years.

So how has all this sensational and devastating information affected the bypass industry? It hasn't. It has continued to grow, even though disproved. Heart surgery has truly become a religion—and medicine and religion are often a destructive mix, especially when you add money.

Heart surgery offers the same relief as placebo

The medical economics involved in bypass surgery

are frightening to say the least. First, there is no professional control over heart surgeons and their sometimes ghastly experiments. Most specialties have peer review groups, which, granted, sometimes are overly zealous and persecute doctors who don't conform to the local standards and prejudices. But these review groups at least serve to keep things within bounds to some degree. Surgeons, though, seem to be able to do outlandish things with little or no criticism. Since there's big money in chest surgery, the chest *must* be opened as often as possible. Regardless of whether the surgical procedures really work.

There's an interesting anecdote that's been around for 50 years or so about one of the grimmest and, at the same time, amusing incidents in the history of modern surgery. At the time, "mammary artery ligation" was the Aztec ritual of choice among the cardiac surgeons for relieving pain in angina patients. Without the slightest evidence of its efficacy, surgeons started punching holes in the chests of cardiac patients and tying off their mammary arteries. (These are prominent arteries just below the ribs in the front of the chest.) The theory was that if you stopped the flow through these "unnecessary" arteries, more blood would flow through the heart and the pressure and pain would be alleviated. It seemed to work in about 35 percent of patients. Somehow, no one really noticed that 35 percent is within the range of placebo effect.

Then, something worthy of a Monty Python farce happened: An exhausted team of cardiac surgeons performed the operation but forgot to actually tie off the mammary arteries. In effect, they had made two incisions, one on each side of the breast-bone, diddled around a bit, and then sewed up the skin. They withheld this interesting information from the patient, and he was sent home feeling quite fit. His angina pain dramatically disappeared—a classic example of placebo effect.

And the proof goes beyond the anecdotal: In 1959, the *New England Journal of Medicine* published the results of a study on mammary artery ligation. Researchers divided 17 patients into two groups: One group got the mammary artery ligation, and the other got only simple incisions on both sides of the breastbone. The degree of angina relief

was the same in both groups.

Now, you might ask, why not do the same test for coronary bypass surgery? In the first place, how many patients would be willing to go through the agony of having their chest split open with a high class can opener, like a pig being prepared for a picnic, and then being told he only had a “superficial” skin incision? Angina pain is one thing, but people have been brain-washed into believing that bypass surgery is their only chance of survival if the doctor tells them their arteries are clogged. So finding people willing to take the chance on being in the “placebo” group of a bypass study would be next to impossible.

Unfortunately, things will just keep going on the way they are now. When the first bypass vein graft fails, they go in again and repeat the folly. Some patients have had as many as four bypass operations. That’s because changing the flow dynamics of the heart may cause other unaffected arteries to rapidly close following surgery. Plus, the grafted veins placed around the closed artery sometimes rapidly close themselves following surgery, often within two weeks.

It’s not too surprising when you consider that you’re trying to make a vein—a thin-walled vessel comparable to a strand of spaghetti—handle the pressure of an artery, which, by comparison, is more like a garden hose. I don’t understand how they ever thought these thin-walled vessels would hold up. It doesn’t take a hydraulic engineer to see that it doesn’t make any sense. But by the time the patient figures that out, he’s usually run out of veins—and money.

Angioplasty isn’t the answer

Once you’ve had your bypass (or four), you’re still not out of the woods in terms of risk. Complications from the surgery are extremely common, even in the best of hands. This is a bloody, horrific operation. Everyone contemplating submitting to this massive assault on his body should observe one in all its bloody grandeur. It’s hard to imagine the trauma your body is taking. You’re unconscious and near death during the entire procedure, and your brain is being bashed as much or more than your heart. Blood flow to the brain is greatly reduced in

the best of hospitals, and no one escapes some loss of mental ability, depression, or both. A Swedish study revealed that 12 percent of bypass patients had obvious brain damage from the operation and all of the other patients showed marked intellectual aberrations.

After all that, you wake up feeling like you’ve been in a head-on collision. Then you’re greeted by the unpleasant post-surgical reality that you’re at risk for post-operative infection, malunion of the breast bone, chronic incisional pain, abnormal heartbeat, heart attack, stroke, leaking of the attachments of the vein grafts to the heart arteries, multiple sites of bleeding due to the massive amounts of anticoagulant needed during the operation, transfusion reactions, and infection from blood given during surgery.

It’s enough to make anyone opt out.

But if you go to your cardiologist with these concerns, chances are he might recommend angioplasty instead: “Unblock” the arteries before they close off altogether and avoid “needing” a bypass in the first place. It sounds logical, but the concept of angioplasty is almost as crude and almost as dangerous as bypass surgery.

A cardiologist passes a catheter up the artery in your groin into the aorta, where it leaves the top of the heart. Then they poke around until they have the end of the catheter (which has an inflatable balloon on the tip) near the plugged area in one of your coronary arteries. The object is to pass the catheter into the partially obstructed area of the vessel and then inflate the balloon in order to press the gook in the artery against its wall. But what most people don’t realize is that the artery they’re dilating can rupture, which means you’ll need an emergency bypass anyway.

Back in the 80s in Atlanta, I had a patient who came to me for help after this very thing happened to him. He went into the hospital for “routine” angioplasty. But as the cardiologist was dilating his artery, the artery ruptured and he had to have an emergency bypass. He hadn’t even been warned of this possibility. So instead of awakening to a little slit in the groin and a nice cup of coffee, he awoke in a sea of plastic tubes, beeping monitors, and a small army of nurses and tech-

nicians scurrying about. He looked up and asked: "Did everything go OK?"

"Yes," the nurse replied, "your bypass went well, and everything is going to be just fine."

Here's what to do:

The only real option is to keep your heart healthy now so you won't be faced with any of these barbaric procedures. There are several simple ways to minimize your risk of heart problems.

(1) Again, it's all about the vitamins. First and foremost are vitamin B₆, vitamin B₁₂, and folic acid. These nutrients tackle that No. 1 enemy to your heart—homocysteine. I suggest at least 800 micrograms of folic acid, 25 milligrams of B₆, and 500 micrograms of B₁₂ daily.

(2) In addition to vitamins B₆, B₁₂, and folic acid, vitamins E and C also have proven themselves heart-worthy. Take 200 to 400 IU of vitamin E twice a day and 500 to 1,500 milligrams of vitamin C per day. You can get even more heart benefits from vitamins E and C by taking alpha-lipoic acid (ALA) along with them. When vitamins E and C fight free-radicals, they lose some of their power, but ALA can help recharge them, so you get more bang for your buck. Take 100 mil-

ligrams of ALA per day.

(3) Now that we've got vitamins out of the way, how about minerals? Magnesium is your best bet. It helps relax blood vessels so blood can flow through your body easier. 50 milligrams of magnesium a day should do the trick.

(4) On to herbs: There are lots of herbs out there that can help your heart function better, but in all the research I've done on this topic, there's one in particular that seems to stand out. It's called *Terminalia arjuna* (T. arjuna, or just arjuna, for short). Arjuna has been used in Ayurvedic (traditional Indian) medicine for over 300 years, and there are so many clinical trials on it that I can't even begin to go into detail on them here. Basically, if you're worried about your heart, arjuna is a must. Try taking 500 milligrams a day.

(5) Now for the fun part: More and more research is showing that alcohol is good for your heart. So far, beer and wine have the most evidence behind them—so go ahead and tip a glass or two a day.

(6) And, of course, keep on eating a healthy diet that includes lots of protein and animal fat. Any cardiologist would probably have a heart attack if he heard that bit of advice, but, trust me, your heart will thank you for it!

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