



Dr. Steve Sinatra: Hi, Dr. Sinatra. In today's **Wellness Wisdom**, I'm going to bring you into my office and I'm going to talk about mitral regurgitation, a very, very common heart lesion.

So folks, another big situation that brings people to my office is leakage of the mitral valve. But listen, mitral regurgitation is a leakage of the mitral valve. Over time, I can tell you this, the longer you live probably all four of your valves are going to leak because that's what happens to the heart. It generally stretches over decades. If mitral regurgitation or leakage of the mitral valve occurs, and you get really short of breath or you have a really compromised lifestyle, certainly you can call a surgeon, there's no doubt about it. But there's many ways of really treating it medically.

First of all, what happens to the mitral valve? Well, basically, if it's over time, if it's a degenerative situation, if you're getting older, the mitral valve can stretch. And when the left ventricle contracts, so to speak, instead of all the blood going into the aorta, out to the body, it leaks back into the left atrium — because the mitral valve, instead of being very, very tight is a little bit loose. So we get regurgitation of blood up. Now, that can be a normal sequelae of aging. I mean, I've seen so many lesions of mitral regurgitation in healthy people. I mean, it's a valve that just happens to leak over time.

But there is the entity called mitral valve prolapse, which is sort of an anatomical situation where basically the mitral valve is a little bit floppy, it has a little bit of excess connective tissue in it. And when the heart contracts, the mitral valve can billow like a parachute, and blood can get caught in the valve, and it makes a little murmur sign, and sometimes it makes a click. Some of these people have some atypical chest pain or shortness of breath, but usually it's a benign condition. But we do prophylaxis with it...you know, if you have a really leaking valve, and you went to a dentist, or if you get your teeth cleaned, or if you get a tooth pulled — a lot of cardiologists will recommend a prophylactic antibiotics.

So basically, the mitral valve is really the best tolerated valve when it comes to leakage because, again, it's so common. And I got to tell you one story...I was writing this book, *Heart Sense for Women*, and it's an incredible story. I saw a woman in their mid-50s because she developed a severe mitral regurgitation to the point where she was so symptomatic, she ended up seeing a surgeon and the surgeon wanted to replace the mitral valve. But she came to see me as a second opinion. And basically, while I was taking their history and I asked her about all the medications, she was taking hormonal replacement therapy — and one of the drugs was a drug medroxyprogesterone. And what happened was she had a reaction to the pharmaceutical medication, and her blood pressure



went up so much that when the heart was contracting, instead of all the blood trying to go out through the aorta because the pressure, again, was much higher, the pressure, there was like an obstruction — she started to leak blood into the heart, and her mitral regurgitation went from one plus, to two plus, to three plus. It was severe and she couldn't function.

So she sees a surgeon, and a surgeon has her all signed up for surgery. But somebody asked her to see me as a second opinion — I saw her, and thank God I asked her the question about her medications and blah, blah, blah. I took her off the medication and within six months her blood pressure went down, and her mitral regurgitation disappeared. In fact, I had so many people in their 80s come to me, whose surgeons wanted to operate on them, and basically, I treated them with medical therapy. And certainly the “awesome foursome” works in these people. And whenever you can lower a little blood pressure, improve a little bit of cardiac output, improve what we call diastolic dysfunction of the heart — any of these circumstances, the mitral regurgitation improved.

So even though it's the most frequently seen lesion by cardiologists, fortunately, fortunately, it's well tolerated. However, in some people, in some people — we do need surgical intervention, especially if there's what we call left ventricular dilation. Because if the left ventricle stretches too much, it's like salt water taffy. If the left ventricle enlarges, which is a sequelae mitral regurgitation, if it enlarges to the point where it can't snap back with a new valve, well then things are lost.

So, sometimes we treat mitral regurgitation with surgery, many times we use medical therapies. I love the “awesome foursome” — I love coenzyme Q10, D-ribose, magnesium, and the carnitines. And basically, don't fear if you do have mitral regurgitation — if you are symptomatic, see your doctor from time to time. And especially see a cardiologist at least once a year, or once every five years, to have a serial echocardiogram — just to make sure that you're not developing any chamber enlargement.

Dr. Steve Sinatra:

So that's my spiel on mitral regurgitation. From my heart to yours, I'm Dr. Steve Sinatra.