# Your Top Heart Health Questions Answered

Dr. Stephen Sinatra




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***Note:*** Stephen Sinatra, M.D., has extensive experience in the areas of preventive medicine and natural healing. The alternative therapies in this report have met stringent criteria for safety and effectiveness; however, they have not been reviewed by the Food and Drug Administration. The recommendations in this report are not intended to replace the advice of your physician, and you are encouraged to consult competent medical professionals for your personal health needs.

# Introduction

During all of my years of practicing cardiology, I've received many excellent questions—on everything from what to do for atrial fibrillation and high blood pressure, to which nutrients are best to take. I wanted to share the answers to some of the many questions I've received so you can benefit from the answers as well.

If you have questions of your own, I encourage you to connect with me on Facebook at https://www.facebook.com/SinatraMD. I also want to remind you that this report contains general information and advice. **Before making any changes to your individual diet, exercise routine, nutritional supplements, medications, etc., you should confer with your doctor.**

Take care and be well,

## Arterial Health and Circulation—Keeping the "Pipes" Working as They Should

Coronary artery disease (CAD) is by far the most common cardiovascular condition. You may have heard of the term atherosclerosis, which refers to the buildup of plaque in the blood vessels. Essentially, CAD is a form of atherosclerosis that affects the arteries leading to the heart—meaning the "pipes" that keep blood flowing as it should.

As plaque in the coronary arteries builds up and blockages grow, the level of oxygen and nutrients provided to the heart decreases, limiting the heart's effectiveness. Should an artery become blocked completely—due to plaque buildup or the inability of a clot to pass through the narrowed opening—a heart attack results. Here are answers to some of the top questions I've received about maintaining good arterial health.

### What causes CAD?

The process through which CAD develops is complicated, but let me try to break it down for you. CAD can be the result of lifestyle choices that damage the endothelial cells that line your blood vessels, and those with a family history of premature coronary artery disease may also be at increased risk. This innermost layer of cells in the blood vessels is called the endothelium, and it holds the key to vascular health.

Think of the endothelium as an inner reflection of your outer self. You see, the endothelium is the "gatekeeper" that protects the blood vessels from the destructive forces of high blood pressure, high blood sugar, oxidized LDL cholesterol, stress, and environmental toxins, such as cigarette smoke. Prolonged exposure to these risk factors damages the endothelium, causing the blood vessels to lose their elasticity and become prone to plaque buildup and calcification.

## What can I do to reverse heart plaque buildup?

Here's my own current, complete daily regimen for plaque stabilization and reversal. I realize it's long and comprehensive, and it would be difficult to take everything. So, at minimum I highly recommend taking the first six items on this list:

- A good, daily multivitamin/multimineral nutritional supplement
- 75–150 mg of hydrosoluble CoQ10
- 400–800 mg of magnesium
- 1–2 g of fish or squid oil for omega-3 fatty acids
- 150 mcg of vitamin K2 menaquinone-7 (MK-7) twice daily
- 2–3 ounces of pomegranate juice daily
- 1 cup of organic green tea a day
- 500–1,000 mg of L-carnitine
- 5 g of D-Ribose twice daily
- 1 g garlic (preferably the high allicin form)
- 1 g of vitamin C
- B-complex vitamins
- 200–400 units of vitamin E in a mixed tocopherol that includes gamma tocopherol (don't buy vitamin E if it says "DL" on the label)

Your diet is also crucial. I strongly recommend an anti-inflammatory, low insulin-provoking (i.e., low carbohydrate) approach to eating. The specific diet plan I put my patients on for optimal heart health is the Pan-Asian Modified Mediterranean diet (PAMM).

In a nutshell, on the PAMM diet about 40–45 percent of your calories should come from low-glycemic carbohydrates. Protein should make up about another 20–25 percent. High-quality, organic, lean meat and poultry, organic tofu, and free-range eggs are highly recommended, as is non-farm-raised fish at the low end of the mercury level scale. The remaining 35–40 percent or so of your calories should come from healthy fats, such as organic avocado, extra virgin olive oil, unrefined organic virgin coconut oil, and organic nuts (particularly almonds and walnuts).

## How would you treat a blockage in a carotid artery?

The main risk associated with a carotid blockage is a stroke. I'm not concerned about these blockages unless ultrasound testing shows occlusion of more than 80 percent of the artery and there are coexisting vision symptoms—for example, you may feel like you are looking through a dark veil or web, or you may see dark spots float across your visual field. When this combination of blockage and visual impairment is present, you should consider surgery.

When the carotid blockage is less than 80 percent and there are no vision-related symptoms, I would try a daily supplement regimen that supports optimal blood flow. Those include pomegranate juice (2 ounces diluted in 4–6 ounces of water), vitamin K2 (300 mcg of the MK-7 form), and nattokinase (100 mg).

## Under what conditions is it advisable for a man to take a daily aspirin to prevent heart disease?

I only recommend a daily aspirin for people with established coronary artery disease, which we call secondary prevention. One or two baby aspirin a day or a full aspirin every other day is usually the established recommendation for coronary artery disease—but please check with your doctor first.

## I have a drug-eluting stent. My doctor says I have to take the blood-thinning drug Plavix for the long term. Is that true? Do I have options?

Unfortunately, you don't have another option at the present time and until there's a new development. You will have to take Plavix for the rest of your life. Research has shown that if you go off Plavix, or substitute it with another drug, there is a small chance—about 3 percent—of a having a heart attack. However, the most recent investigating now questions this guideline. For now, continue to take the Plavix until more research clearly defines the issue.

### For someone with a drug-coated stent, is it okay to substitute nattokinase for Plavix?

Unfortunately, no. Stent protocol calls for using Plavix indefinitely. Still, for extra insurance against clot formation, you could add 50 mg of nattokinase a day—but do not substitute it for Plavix. Before adding nattokinase, however, please discuss it with your cardiologist. Nattokinase can interact with other blood thinners, such as Coumadin.

### Do you have an exercise program for someone who has had stents?

My top recommendation is to walk. Try to get out three or four times a week for at least 20 minutes. A brisk walk is the best activity for losing some weight and protecting the heart. If you are not currently in shape, start out at a slow pace and increase your speed gradually until you can sustain a brisk walk. But check with your doctor before beginning an exercise program.

## Atrial Fibrillation—What to Do for a Racing Heart

Atrial fibrillation (often called "AFib" for short) is one of the most common arrhythmias that people experience as they age. It's an irregularity of the heartbeat that originates in either the left or right atrium, the two upper pumping chambers of the heart.

In atrial fibrillation, the heart's normal electrical "pacemaker," the sinoatrial or SA node, is overtaken by other competing electrical ectopic foci which initiate impulses that originate in the atria. These competing electrical charges initiate chaotic muscle contractions. So, instead of contracting forcefully to move the blood out, the atria quiver or "fibrillate." This can cause a loss of up to 30 percent of the "atrial kick" that contributes to the blood output of the heart, and can send heart rates over 200 beats per minute.

The hallmark of atrial fibrillation is an irregular pulse. If you are vulnerable to bouts of atrial fibrillation, you should avoid chocolate and other foods containing caffeine, and chemicals, such as ephedrine in over-the-counter cold remedies. Plus, here are answers to some of the most common questions I get about atrial fibrillation.

## My doctor put me on Amiodarone for atrial fibrillation. What else do you recommend I take?

If the drug is helping you to maintain a normal heart rhythm, then you should continue taking it. If not, don't just stop taking it. You must work with your doctor to get off this medication. I also recommend supplementing with CoQ10 (100–200 mg), fish or squid oil (1–2 grams), and curcumin (500 mg). The problem with Amiodarone is that it could have an inflammatory effect on the lungs, and taking these supplements will help protect them.

## I'm taking Coumadin. Do I need to stay on it for the rest of my life?

I'm asked about this everywhere I go, and my answer is always the same. If you have a prosthetic heart valve or atrial fibrillation with a leaky valve or enlarged left atrium, you must continue taking Coumadin. There is no adequate blood-thinning substitute if you have those conditions.

Atrial fibrillation is the main reason why Coumadin is prescribed. In patients with a normal heart rhythm, the upper chambers of the heart contract in unison in response to a signal from the sinus node. In patients with AFib, however, this response is overpowered by electrical signals scattered throughout the atria, and instead of contracting, the atria may vibrate rapidly, causing blood to pool instead of moving forward with a strong contraction. Millions of people are affected by the condition, which raises risk of blood clots and, therefore, require Coumadin.

The only exceptions to this rule are patients who have "lone" AFib, which means you have atrial fibrillation, but with normal valve function and heart size. Because these patients are at lower risk for a blood clot, they are good candidates for natural blood thinners, such as fish oil (2 g daily) and nattokinase (100 mg daily). But work closely with your doctor before stopping or starting any medications or supplements.

### What supplements can, or can't, I take while I'm on Coumadin?

That's something you want to discuss with your doctor. But, in general, don't take St. John's wort, garlic, nattokinase, and vitamin K at all, and don't take more than 200 IU of mixed tocopherols (vitamin E) or 2 g of fish oil. You'll still want to eat green leafy vegetables for dietary vitamin K, but make sure that your INR (clotting factor) is checked routinely by your doctor, that your Coumadin dosage is adjusted as needed, and that your green leafy vegetable intake is consistent.

## Blood Pressure—Treating the "Silent Killer"

High blood pressure is often called the "silent killer" because often the first sign is a cardiovascular event, such as a stroke. So, getting it tested on a regular basis is important. Your blood pressure reading is made up of two numbers. Both of them refer to the amount of pressure that pulses against the inside of your arteries as blood is pumped through them.

The top number is your systolic pressure. It corresponds to the amount of force needed in the left ventricle as blood is pumped into your arteries, and they expand. The second number is your diastolic pressure. It signifies the force that results when your arteries expand/contract and resist the flow of blood. Receptors in the kidneys keep track of pressure and send hormone signals to the heart and brain to help maintain stability. A normal blood pressure reading is a systolic pressure of less than 120 mmHg over a diastolic pressure of less than 80 mmHg. Here are some of the most common questions I've received about maintaining healthy blood pressure.

## Is there pathological significance when numbers between diastolic and systolic blood pressure are extremely far apart? We accept differences of 40 or 50 points, such as 130/80, but is a 70- or 80-point difference too severe? I have a patient who appears healthy, with frequent readings of 165/55.

Any wide discrepancy like that suggests aortic regurgitation. That's the most common cause of wide pulse pressure differences. An echocardiogram can make the diagnosis.

## I have atrial fibrillation and high blood pressure. Can I take Seanol with Coumadin (warfarin), and maybe get off my ACE inhibitor?

I see no contraindication for using Coumadin along with Seanol, a marine anti-inflammatory that I really like. Seanol might have a bit of ACE-inhibiting activity, and may help stabilize blood pressure. Monitor your blood pressure and work with your doctor to see if you can ease off the ACE inhibitor while taking the supplement.

## How low is too low for blood pressure? Mine runs 86/60. I take an ACE inhibitor and an angiotensin receptor blocker for congestive heart failure.

As long as you are not feeling dizzy or passing out, and have a decent quality of life, it is totally okay to have that level of blood pressure. There are a lot of "normal" people walking around with blood pressures of 90/60 on no medication and it is just normal for them. The only time doctors treat low blood pressure is when there are any symptoms, such as weakness, dizziness, light-headedness, or the experience of passing out. Any of these could result in a potentially disastrous fall, so if you experience one of these symptoms then you do want to tell your doctor right away.

## What would you recommend for a morning blood pressure of 140/90 to 155/90 from 6:00 am to 10:00 am? After that time it's 120/70.

It sounds like you have early morning hypertension which could be related to high cortisol or early morning stress. Sleeping grounded may help to balance the autonomic nervous system. Taking nattokinase at bedtime may also be useful, as well as losing any excess weight if you have weight to lose. I would discuss those possibilities with your doctor.

## I have not responded well to my doctor's prescriptions for high blood pressure. I would like to see if supplements can help me. What do you recommend?

My favorite blood pressure–lowering supplements include CoQ10 (100–300 mg per day), magnesium (400–800 mg per day), nattokinase (50–100 mg per day), garlic (1,000 mg or more per day), hawthorn berry (1,500 mg per day), and L-arginine (4–6 grams per day). Please note that whenever taking L-arginine as a supplement, you must take a multivitamin that contains vitamin E (gamma tocopherol) to prevent any free-radical reactions that may occur with L-arginine.

Other blood pressure–lowering supplements would include supplements that can target insulin resistance, such as chromium, *Gymnema sylvestre*, cinnamon extract, and alpha lipoic acid. Don't forget fish oil, either—at least 1–2 grams per day. I know this list appears extensive, but all of these will benefit you in many ways. But talk to your doctor before stopping any medications or starting any of these nutritional supplements.

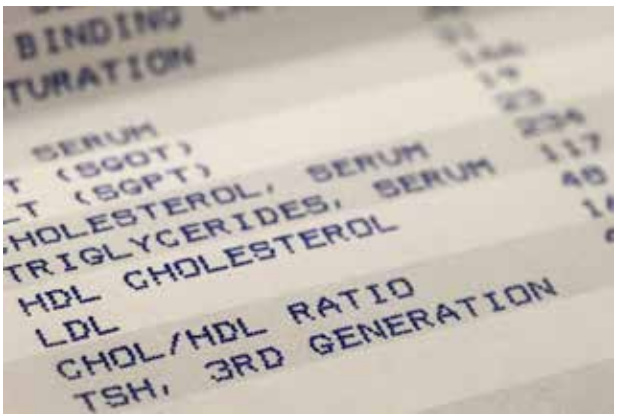
## Are there any nutritional supplements that should be avoided when taking a beta blocker or ACE inhibitor?

Beta blockers lower blood pressure and heart rate, calm the body, relieve angina, and help the heart beat regularly. ACE inhibitors relax constricted arteries and reduce blood pressure.

If you take beta blockers, I don't see any problems with also taking supplements. I would remind you, however, that beta blockers, like statins, deplete the body of

CoQ10. Whenever you take a beta blocker, you should also take at least 50–100 mg of CoQ10 per day. If you take an ACE inhibitor, you should not take large doses of zinc (more than 30 mg per day). But talk with your doctor before making any changes to your supplement routine.

## Cholesterol—The Ratio You Want to Watch




As many of you know, I've long said cholesterol isn't the real culprit when it comes to heart disease, inflammation is. That hasn't changed, but research shows there is another number you should watch—your triglyceride/HDL cholesterol blood lipids ratio.

Keeping your beneficial HDL cholesterol numbers up and reducing your triglycerides is critical to cardiovascular health. Ideally, a 2 to 1 ratio of triglycerides to HDL cholesterol is good. So, if your triglycerides are 100 mg/dl, your HDL cholesterol should be 50 mg/dl. Anything under 3.0 is considered a favorable ratio, but I don't like to see a blood lipids ratio that's over 5. The following questions and answers will explain what that means for you.

### My triglyceride/HDL blood lipids ratio is high, how can I lower it?

One of the most powerful solutions I've found is an extract called Bergamonte, which comes from the Bergamot orange grown in the Calabria area of Italy. Research has shown it helps to both reduce triglycerides and increase HDL cholesterol levels. Another important benefit is that Bergamonte helps to reduce blood glucose levels.

The research that turned me on to Bergamonte was conducted by Italian pharmacobiologists in 2011. In their trial, they documented significant reductions in triglycerides and blood sugar, along with a solid boost for the Bergamonte group.

**To lower your triglycerides:**

- **Reduce your intake of sugar and processed carbohydrates** which can raise your triglycerides.
- **Keep your weight down.** The lower your weight, the lower your triglycerides, so weight loss and weight management are critical for lowering triglyceride levels.
- **Take omega-3 essential fatty acids (EFAs) which help promote normal triglyceride levels.** For triglyceride support, take 2–3 grams daily in divided doses.

**To raise your HDL cholesterol:**

- **Take niacin (vitamin B3).** Since it can cause flushing, my recommendation is that you start with 250 mg of niacin three times daily, and slowly work up to 1–2 grams in divided doses three times a day.
- **Get regular, physical exercise.** Strive for 30–60 minutes of aerobic activity three to five days a week.
- **Drink red wine in moderation,** no more than one glass per day or every other day. Red wine helps to boost HDL cholesterol, plus it contains resveratrol, a phytonutrient with cardio-protective benefits.
- **Diet is crucial.** Avoid processed foods, as well as those high in sugar and trans fats. Instead, opt for foods that are rich in heart-healthy fats and soluble fiber.
- **To promote a more favorable triglyceride to HDL ratio,** 500–1000 mg of citrus Bergamonte could be considered
- **Eat extra virgin olive oil and/or organic nuts** on a daily basis.

Remember to talk to your doctor first before making any changes to your routine.

## My brother and I have exceptionally high Lp(a) levels. We typically test over 100! I understand the normal range is below 30, but ours has always been much higher. I religiously take a daily multinutrient formula, CoQ10, fish oil, niacin, vitamin B12, trimethylglycine, flaxseed capsules, lecithin, pomegranate extract, Ester C, hawthorn berry, and a potency supplement. Perhaps all of these help to offset the high Lp(a)?

You don't hear much about Lp(a), but it is a devastating form of a cholesterol particle that promotes inflammation and clotting. You don't hear about it because the pharmaceutical industry doesn't have any products to lower it. Frequently high Lp(a) is genetic, so if you have a family history of early coronary disease, it's important to check for Lp(a).

It is difficult to lower a high Lp(a) level, but you can help neutralize its effects with a supplement program. You're doing the right thing. To optimize your program, I recommend adding nattokinase (at least 100 mg a day in divided doses). It's the most effective supplement for this problem. You can also take lumbrokinase. I also like Boluoke from Canada. But talk to your doctor before adding any new supplements to your routine.

Hormone replacement therapy also helps to lower Lp(a). If you're a menopausal female with high Lp(a), you can talk to your doctor about taking bioidentical hormones. If you do have high Lp(a) you must avoid trans-fats at all costs because trans-fats will make Lp(a) even worse. Men with low testosterone can also take testosterone to help lower Lp(a).

## My doctor insists that I take a statin drug. Should I? (This question was asked by a postmenopausal woman whose total cholesterol was 260, and by a man with coronary calcification.)

In my opinion, having a cholesterol level higher than what doctors recommend these days is no reason to take a cholesterol-lowering drug. I generally don't prescribe statins to women because of the possibility—suggested by research—that they may be associated with a greater risk of breast cancer in postmenopausal women. I prescribe statins primarily to men up to age 75 who have coronary

calcification (coronary artery scan greater than 200) or coronary artery disease. They have the most to gain, and the least to lose from taking the drugs. Moreover, it is not the cholesterol-lowering effect I'm after in those cases, but rather the drugs' anti-inflammatory and blood-thinning properties. But don't stop taking a statin drug before consulting with your doctor.

## Is high C-reactive protein (CRP) worse than high LP(a)?

CRP is a biochemical marker of inflammation in the body and, when elevated, it is a more meaningful indicator of risk than simple high cholesterol. Remember, the main cause of cardiovascular disease is inflammation. CRP, which is monitored through standard blood tests, indicates whether you have silent inflammation.

Lp(a) is a cholesterol fraction that carries out repair work in the body. However, when present at an abnormally high level, it is a serious inflammatory and thrombotic agent. In my opinion, it is the most dangerous cardiovascular risk factor—more so than CRP. People with high Lp(a) are at greatly increased risk for arterial disease, especially women.

To have your Lp(a) checked, ask your doctor to order a test from Quest Diagnostics, the Spectracell LPP, or the vertical auto profile (or VAP) test.

## Ten years ago I had a triple bypass. My doctor put me on a statin, then five years ago he changed me from that drug to another statin. Since then I've developed a condition where my feet feel like they are burning (walking on hot coals) and my hands seem to ache unbearably at the same time. Incidentally, a coworker is on the same drug, and has developed the same symptoms.

It sounds like you've developed nerve damage, known as polyneuropathy. This is unfortunately an occasional side effect of statin drugs, so I'd suggest talking to your doctor about reducing the dose of your drug or looking for an alternative. I do generally approve of statin drugs for men younger than 75 who have had bypass surgery—unless side effects appear, as in your case. Statins reduce inflammation and they thin the blood. Also, in anyone taking a statin, 200 mg of CoQ10 is recommended to help offset side effects.

## What do you think of red yeast rice? Is that the same as a statin?

Yes, it is. I don't really recommend red yeast rice because it acts just like a statin. Just like any drug, you have to be careful about side effects. If you're taking it on your own, you may not know what to look for. Plus, like statins, red yeast rice depletes coenzyme Q10 (CoQ10).

## Nutrients—What the Latest Heart Science Means for You

One of the most powerful tools we have to maintain heart health is nutritional supplements. As you'll see in the following questions and answers, the right nutrients have the power to help reverse heart failure, keep your heart beating as it should, and more.

### Are there nutrients that can help to reverse heart failure?

Yes, absolutely. I have seen heart failure reversed many times with my metabolic approach, which includes a combination of nutrients I call the "Awesome Foursome." They help to support energy substrates in the heart that support left ventricular filling which we call diastole. Over time, an improvement in diastolic function helps to support systolic function which improves overall ejection fraction. Ejection fraction is the amount of blood ejected with each heartbeat. I generally recommend CoQ10 100 mg twice a day, magnesium 200 mg twice a day, D-Ribose 5 g three times a day, and L-Carnitine 1 g twice a day. But talk to your doctor before adding any supplements to your routine.

### I have been taking acetyl-L-carnitine for a while. Do you recommend this form of carnitine?

I have been using various forms of carnitine for more than 15 years. I like acetyl-L-carnitine for its ability to reach brain tissue and promote memory and brain function. Carnitine is best absorbed on an empty stomach and in small doses, such as 500 mg a day. If you want more memory support, I recommend taking 500–1000 mg of acetyl L-carnitine with omega-3 essential fatty acids. Coenzyme Q10 (CoQ10) also helps to prevent macular degeneration and works well with any form of carnitine.

## I have been taking your "Awesome Foursome" with much success for the past 6 months. It's amazing to notice the immediate boost I feel when I take them, and the corresponding deflation if I don't. I have a high count of Epstein-Barr virus, and it is well known that chronic fatigue and Epstein-Barr are related. Is it possible that the Epstein-Barr virus is more active in me because of mitochondrial failure or am I just combating Epstein-Barr with these supplements?

Chronic fatigue syndrome due to Epstein-Barr is about faulty metabolism of adenosine triphosphate (ATP), the operative fuel produced by cells. The reason you feel so good with the Awesome Foursome is that they boost the metabolism of ATP. While you're not actually fighting the virus with these supplements, you are countering its effects by providing the raw material to create the energy to help your muscles and body work more efficiently and assist your own immune system to fight the virus. Keep it up.

## I have recently read about the benefits of taking niacin for cholesterol management, but also read that it's not "liver friendly" to take statins and niacin combined? Is there a problem with taking statins one day, alternating with niacin the next, in order to decrease statin dosage?

You never want to take long-acting niacin if you take statin-like drugs. A combination of the two could cause excessive metabolic stress to the liver. Remember, long-acting niacin in gram doses acts like a drug. Small doses of short-acting preparations are fine, but before considering taking it talk to your doctor.

## Does taking vitamin K counteract the benefits of taking a daily baby aspirin?

Aspirin thins the blood and vitamin K1 causes blood to clot. So, yes, they do tend to counteract each other. However, vitamin K is more complex as there's vitamin K1 and vitamin K2. In a hospital environment when we have a Coumadin overdose and

the blood is too thin and we want to neutralize it quickly, we will administer a shot of vitamin K1 to get it into the blood quickly. However, vitamin K2 can be administered with aspirin but not with Coumadin as it is a vitamin K2 antagonist.

## Must one allow 2–3 hours between taking nutritional supplements and medication? I take so many prescriptions that I find it difficult to get in my vitamins and other supplements since all have to be taken with meals. Any suggestions?

Please keep taking your supplements separately from your prescription drugs. Wait an hour or two after taking the medication and then take your supplements with a small snack (a handful of nuts, a health bar, an apple or banana, etc.). I have many patients who take their supplements that way, but consult with your doctor first.

## What is the best type of magnesium supplement?

Magnesium is a critical mineral needed in scores of enzymatic reactions, the production of adenosine triphosphate (or ATP, the body's basic cellular fuel), and normal muscle function. It is one of the most common nutrient deficiencies, and low levels are often found in patients with diabetes, congestive heart failure, atherosclerosis, chest pain (coronary vasospasm), high blood pressure, cardiac arrhythmias, heart muscle disease (cardiomyopathy), heart attack, and even sudden cardiac death.

Supplemental magnesium comes in a number of forms. Magnesium oxide is often used in many multivitamin and mineral formulas because it's easy to pack into a pill. However, very little of this type of magnesium gets absorbed into the body due to its potent laxative effect on the colon. Milk of Magnesia, for example, provides a potent dollop of magnesium oxide and is a surefire cure for constipation.

The most absorbable forms of magnesium are glycinate, orotate, citrate, and taurinate. The orotate form, in particular, has been demonstrated in Australian studies to most effectively increase the production of ATP. I take a broad-spectrum formula that combines all of these forms, along with daily doses of D-Ribose, L-carnitine, and CoQ10, to generate more energy, increase my stamina, and prevent muscle cramping.

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