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Dear Friends,

Two recent reports have renewed my concern about how the public is fed supposedly scientific health information that does not present the full picture, especially when it comes to natural therapies. It is difficult enough for professionals to tease out the truth in medical articles, perhaps more difficult for health journalists, but it must be totally confusing for the layperson.

An article in the New England Journal of Medicine purportedly showed that the herb echinacea was not useful for treatment or prevention of viral infections. Another article, this time in the British Medical Journal, suggested that multivitamin-mineral supplements were useless for the elderly in terms of preventing infections, use of health services, or quality of life. Both of these articles and the headlines that they generated were misleading. The authors of the multivitamin study at least admitted that the supplements might be valuable in other ways not evaluated in their study, and they cited some studies on higher doses.

The doses of most multivitamin preparations (usually a one-per-day type multi) are very low, and usually not in therapeutic ranges. For example, the multi in this research contained only 2666 IU of vitamin A, 60 mg vitamin C, 5 µg vitamin D3, 10 mg of synthetic vitamin E, 1.4 mg of B1 (thiamine), 1.6 mg of B2

(riboflavin), 18 mg of B3 (nicotinamide), 6 mg of B5 (pantothenic acid), 2 mg of B6 (pyridoxine), 1 mcg of vitamin B12, 200 mcg of folic acid, 15 mg zinc, and a few other nutrients. While possibly helpful for deficiency diseases, such low doses are not adequate to see the full benefits of potent vitamins on the health of elderly people, but these headlines might deter them from taking valuable supplements.

In the echinacea article, the researchers used several preparations that are not commonly found in health food stores, and they used only the root of one species of herb, *E. angustifolia*, rather than the whole plant or root and rhizome mixtures of species. In treating these young healthy students, they used just 900 mg, a low dose compared to the 3000 mg recommendation of the World Health Organization and Health Canada. and they did not use standardized extracts. Their preparations were notably low in some of the active compounds, specifically echinacoside, which was absent from all three extracts. I typically recommend 500-1000 mg of a standardized extract containing both *E. purpurea* and *E. angustifolia*, and this is much more potent than powdered root extract.

These articles just emphasize the confusion in the media regarding the benefits of supplements, and how to interpret studies. Antagonists to dietary supplements have jumped on these two reports to steer people away from valuable products that might otherwise help them avoid illnesses and unnecessary drugs. It is worth the effort to find the truth behind the headlines.

Cholesterol Revisited

Cholesterol is a vital physiological compound that is manufactured in the body for a variety of purposes. It is the foundation molecule for building steroid hormones, it is part of cell membranes and nerve fiber insulation, a component of bile to help digestion, and a precursor to vitamin D (produced by the action of sunlight on skin cholesterol). Your body makes all that you need, but it is also a component of some foods. The amount that you make is usually higher than the amount in food, but both may contribute to elevated levels in the blood.

Cholesterol is attached to protein in the blood stream in a variety of forms called lipoproteins. The so-called “good cholesterol” is the “HDL” or high density lipoprotein (smaller particles that pack down more densely), and the “bad cholesterol” or “LDL” is the low density form, larger particles that do not pack so densely. It is quite clear that high levels of total serum cholesterol (TC) and low levels of HDL cholesterol increase the risk for arterial disease, or hardening of the arteries, including heart disease, cerebral vascular disease (strokes and dementia), and leg blood vessel disease (pain on exercise).

Numerous studies over many years show that high TC increases the risk of death and disease, and low levels of HDL is a risk factor in itself. In 1986, evaluation of 361,662 men between 35 and 57 years old showed that those with TC levels above 181 mg/dl had a progressively increasing risk of coronary mortality as cholesterol levels increased. Those in the top 15 percent of cholesterol levels (above 253 mg/dl) had four times the risk of those with the lowest levels. Higher levels of TC were also associated with the greatest overall mortality (including non-cardiac causes).

Cholesterol is not bad, but too much LDL in the blood is undesirable. On the other hand, HDL-cholesterol has many positive effects, and is associated with lower risk. HDL helps to clear cholesterol from the blood, carrying it to the liver for excretion. It also acts as an antioxidant, in most instances is anti-inflammatory, and inhibits the stickiness of platelets, all of which reduce the risk of vascular disease.

A low level of HDL, independent of TC levels, is a risk factor in itself. In a study of 8000 men older

than 42, 1300 of whom had cholesterol lower than 200 mg/dl, researchers found that low HDL (below 40 mg/dl) was more important than total cholesterol, especially for men with diabetes. HDL below 40 mg/dl with TC below 200 was associated with 36 percent higher heart mortality compared to higher HDL with the same TC.

Because of all its benefits, you want to keep your HDL well above 40 mg/dl, preferably more than one-third of the total cholesterol. It can be difficult to raise HDL levels, but it is possible through lifestyle changes and dietary supplements.

Why Not Statins

With all of the vascular disease risks associated with high cholesterol, you might think that the extensive prescribing of statin drugs (Lipitor, Mevacor, Zocor, Crestor, and others) would be justified, but this is not the full picture. Statins work by blocking the action of an enzyme called HMG CoA reductase, which is essential for the production of cholesterol. This same enzyme is essential for the production of coenzyme Q10 (coQ10), an antioxidant that is essential for mitochondrial energy production.

CoQ10 is critical for healthy muscle, among its other benefits. It is particularly important for heart muscle function, because the heart muscle is always active and requires a lot coQ10 to meet its energy needs. CoQ10 also appears to protect the brain from age-related deterioration, including Alzheimer’s and Parkinson’s diseases. It is likely that blocking of coQ10 production can lead to an increased risk of heart failure.

In addition to blocking coQ10 production, the statins have a number of side effects, including nausea, diarrhea, constipation, liver disorders, muscle aches and tenderness, fatigue, and the more serious muscle disease called “rhabdomyolysis,” with destruction of muscle tissue. This side effect can be serious, and lead to kidney failure. One statin drug was pulled from the market because of this side effect.

While drug companies deny it, numerous reports associate statins with a variety of neurological disorders. These include simple memory loss to serious amnesia, confusion, disorientation, and difficulty producing common words or familiar names. Side effects are much more common than with many other drugs.

Doctors have been convinced by drug companies that even low levels of TC are not low enough, so they give statins too frequently and at too high a dose, especially considering that healthy alternatives are available, much less expensive, and free of side effects. While statins might have other benefits (protection of arterial endothelium and reduction of inflammation), these come at too great a cost—physiological and financial.

Naturally Healthy Cholesterol

I have often written about the benefits of diet and exercise, both of which can be as effective at maintaining a healthy cholesterol as any statin drugs. In one study, a diet rich in soy protein and high in fiber, including almonds, oats, barley, eggplant, and okra, lowered cholesterol (and CRP) as much as statins. Decreasing meat and saturated fat also favorably affects risk factors.

Supplements that help cholesterol include 1000 mg of niacin (which can raise HDL levels by 30 percent and is one of the most effective heart protectors), 20 mg of policosanol (which lowers cholesterol, protects endothelium, is anti-inflammatory, and can increase HDL by 15 percent). I have previously reported on cholesterol lowering with red yeast rice, garlic, and guggulipid. These lifestyle changes make statins unnecessary.

Ask Dr. J

Q. Is it wise to take antibiotics for possible prostatitis if no infection is found in the urine?

KL, via Email

A. Acute infections of the prostate with bacteria can produce symptoms of burning and pain on urination, pelvic discomfort, urinary frequency and urgency, urethral discharge, and even fever, chills and general aching and fatigue. This may start as a bladder infection that spreads to the prostate. Usually it is safest to treat this kind of infection with antibiotics, as an infection that travels up to the kidneys can be quite dangerous.

Chronic bacterial infections often lead to similar but less intense symptoms, and it is common for no bacteria to show up in the urine. These infections may be caused by chlamydia or mycoplasma, which also respond to antibiotics.

It is also possible to have the same symptoms without any bacteria evident, called non-bacterial prostatitis (also referred to as prostatic

which simply means pain in the prostate). Non-bacterial prostatitis is more common than bacterial prostatitis. Depending on what the problem is, it may well be appropriate to take antibiotics, but they are not effective against viruses. Non-drug treatments can enhance medications or replace them if antibiotics are not indicated.

Benign prostatic hyperplasia (BPH) can lead to some of these symptoms by blocking ducts and obstructing the flow of prostatic secretions. In addition to antibiotics (if warranted), sitz baths, regular ejaculation, and a number of some dietary supplements can help.

Saw palmetto (320-480 mg, standardized) and pygeum (100-200 mg, standardized) relieve prostatitis and BPH symptoms. Quercetin (1000 mg), an antioxidant and anti-inflammatory flavonoid also helps. I recommend zinc, a component of prostatic secretions (30-50 mg), high doses of vitamin C (4000-10,000 mg) for its antibiotic and anti-inflammatory effects, and deodorized garlic (1000-2000 mg) as a natural antibiotic.

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In the Health News

- Obesity in the United States has jumped again to 25 percent of the population (15 percent of kids), and higher in 10 states. About 2/3 of Americans are overweight or obese, leading to a health crisis that is becoming more dangerous than smoking. Trust for America's Health documents this trend and makes recommendations (F as in Fat...; <http://healthyamericans.org/reports>). One reason: fast food (read junk) restaurants are clustered around schools—school neighborhoods have 3-4 times as many as other areas. (Austin SB, et al., Clustering of fast-food restaurants around schools...*Am J Public Health*, 2005 September; 95(9):1575-1581.)
- Anti-inflammatory drugs (NSAIDs) and low-dose aspirin can cause serious gastrointestinal bleeding and death (Lanas A, et al., A nationwide study of mortality...associated with [NSAID] use. *Am J Gastroenterol*. 2005 Aug;100(8):1685-93.). Mortality in this study was 15 per 100,000 users, with one-third of all deaths attributed to low-dose aspirin use. This is commonly recommended for heart disease prevention, but safer alternatives exist.

Diet and Disease

- Quitting smoking and improving diets are credited with the reduction in heart deaths seen in England and Wales from 1981 to 2000. While smoking played the largest role, a significant part was from reduction of saturated fat and salt and an increase of fruits, fiber, and unsaturated oils. (Unal B, et al., Modelling the decline in coronary heart disease deaths in England and Wales, 1981-2000: comparing contributions from primary prevention and secondary prevention. *BMJ*. 2005 Aug 17; [Epub ahead of print]) Primary prevention (preventing disease from occurring in the first place) was four times more effective than secondary prevention (stopping recurrence and complications in people who already have vascular disease).

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Mixed Bean Cumin Soup

After soaking a mixture of black beans and white navy beans for 4 hours and discarding the soaking water, pressure cook them in fresh water (12-15 minutes). Sauté chopped onions, garlic, and diced carrots, in olive oil with lots of cumin, a pinch of cayenne or minced fresh hot pepper (to taste), and a small amount of thyme. When the onions are glassy, add the cooked beans, fresh water, diced potatoes, and a small amount of sea salt or tamari soy sauce. When the potatoes are soft, add large amounts of fresh chopped greens (I use fresh chard as it grows so well in my garden and it is very tender, but you can also use spinach or other greens). When the greens are just wilted, add a bunch of chopped fresh cilantro and turn off the heat. Mix this all together and add lemon juice or cider vinegar to taste. This is a stew or soup, depending on how much water you use. You may want to puree it in a food processor. Serve this by itself or with any whole grain bread or brown rice.

From June to October, I see patients in Arlington, MA, and Amherst, NH. Call **603-878-2256**.

From November to May, I see patients in New Smyrna Beach, Florida. For appointments during this time, call **386-409-7747**. I also do phone consults.

My newest book is *The User's Guide to Heart Healthy Supplements*. You can order it from **QCI Nutritionals** at **888-922-4848**. *Dr. Janson's New Vitamin Revolution* and my other books are also available at my website, from QCI Nutritionals, or health food stores. You can visit the QCI Nutritionals website at www.qcinutritionals.com for quality supplements at reasonable prices.

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