

DR. ADRIAN'S APPROACH TO HIGH CHOLESTEROL AND LIPID DISORDERS

Overview

Medications are just one way to deal with high cholesterol. There are other ways to lower your LDL cholesterol naturally without medication. High cholesterol contributes to diabetes and cardiovascular health conditions so it's important to maintain a low cholesterol diet and exercise plan. It's not good enough to just make some changes in what you eat. You need to understand what foods to avoid, which vitamins and supplements to take, how much and when to take them. Dr. Adrian reviews your health history and current medications to tailor a program that is for your body. Look through our natural health products below to see what professional grade supplements support a natural cholesterol management program.

Discussion

The first question is should we even worry about cholesterol given all of the conflicting research and information. I have heard experts present data showing that the higher your cholesterol the longer and happier you live while mainstream allopathic medicine has allowed an astronomical business to get into orbit. I am in agreement with Dr. Stephen Sinatra who likes to say "that statins are the greatest scam ever put upon the American population". According to James Wright MD, PhD of University of British Columbia, the best thing we can say for statins is for those who had a heart attack or stroke, statins can cause a 2% reduction in mortality over a 5-year treatment period. His group reviewed all existing studies on statins. Put another way, if we treat 50 men who had a heart attack for 5 years, we will save one life. If you never had a stroke, heart attack or proven blocked arteries, there is no reduction in mortality regardless of risk. Dr. Beatrice Golomb MD, PhD of University of PA has studied statin side effects including post marketing data. Her results prove that women of any age and elderly of either sex will die sooner if prescribed statins regardless of risk. Dr. Mark Houston of Vanderbilt University is a foremost expert and lecturer and author on the treatment of dyslipidemia. My recommendations below are in accordance with his recommendations. Note that the most proven treatments for reducing cardiovascular mortality are Niacin and EPA and DHA from distilled fish oil. His other favorites for lowering cholesterol and hopefully risk are Red Yeast Rice Extract, tocotrienols, and pantethine. More important possibly than lowering LDL (bad cholesterol), raising good cholesterol (HDL), and lowering

triglycerides (TG) is to prevent oxidation of LDL cholesterol and to reduce inflammation of the blood vessel lining.

The traditional LIPID Panel which is ordered probably a million times a week by American doctors is a limited test. In the future, expect to see expanded lipid panels that give particle numbers and size of LDL and HDL. High LDL particle numbers and small dense LDL is a bad predictor of cardiovascular events while low LDL particle numbers, large buoyant LDL, and low TG is a good prognosis of ones cardiovascular future.

If you are on statin (drugs like Lipitor, Zocor, Crestor, Pravachol), you must take CoQ10 at about 300 mg daily. These drugs not only not only poison the synthesis of cholesterol but poison the body's synthesis of CoQ10, an important molecule in the mitochondria necessary for the production of energy. Low levels will weaken the heart muscle, cause fatigue, and possibly higher risk of cancer to name a few. The muscle side effects of statins may be prevented by taking CoQ10. So, if you feel compelled to take these drugs then at least take CoQ10.

In my practice, I have no need to prescribe statins even if my goal is to lower cholesterol to similarly recommended levels as cardiologists' guidelines. In fact, I have had many patients return to their cardiologists with their best lipid panel ever OFF their statins and using my supplements. I have seen patients suffering from serious statin toxicity and their primary doctor and cardiologists ignored the patient's complaints and told them to stay on the drug. Of course, patients are very happy with me when they replace the statin with my supplements, take CoQ10 and feel the best they have in years.

Treatment Plan

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Diet and Lifestyle

Dietary modification is essential for optimum cardiovascular health. I do not go so far as to recommend patients to stay the strict vegetarian diet promoted by Dr. Dean Ornish. See my "Diet for Life" handout. Key points are to avoid flour products, sugar (other than from fruit and veggies), heated oils, fried food, trans fats (hydrogenated oils), red meat fat, baked chips, white flours and potatoes, wheat breads, pasta and dairy. Eat lean protein sources, soft boiled eggs, poultry, high fiber foods including beans, brown rice, oats, quinoa, and fresh and mostly raw veggies, and fruits. Read my Diet for Life www.dradrianmd.com/diet-for-life

Exercises

Any exercise that increases your heart rate and breathing will benefit your cholesterol and circulatory system. Exercise raises HDL (good). Walking, weight training, yoga and tai chi are common.

Supplements

Essential Supplements – see my website for detailed information on each recommended supplement: www.dradrianmd.com/store/pc/essential-supplements.htm

Niacin ER 500 mg caps. Begin with one with a meal. The dose can be increased to 3 per day. If taking more than one cap daily, please have your doctor check a blood chemistry with liver function tests to be sure the Niacin is not inflaming or damaging the liver; this will be evidenced by elevated AST and ALT enzymes. Niacin is the most proven substance for reducing cardiovascular mortality. It will lower LDL, raise HDL and lower TG; everything good!! (Note: taking niacin with a Rx statin has no added benefit per one study.)

Choleast (by Thorne Research) This is the most effective and purist Red Yeast Rice Extract (RYRE) that I know of. I have amazing results with this supplement. It is tested and guaranteed to be free of cancer causing mycotoxins (citrinin) and surreptitious adding of prescription lovastatin. This is a common practice to make inferior extract lower cholesterol on testing. The active ingredients in RYRE are novel monacholines, not the negligible amount of naturally occurring lovastatin. Dose is 2 caps before breakfast and 2 after supper. More or less of this can be used but this is the average dose.

Fish Oil: Orthomega or Vital Nutrient brand Triglyceride form Fish oil. Our gelcaps contain 720 mg of EPA and DHA in the preferred 3/2 ratio. These professional grade oils are unoxidized (not rancid), mercury free and pleasant tasting; burp free. Dose is 3 or more daily. Ideally it is taken along with Borage oil which replaces the essential fatty acid GLA. 2 caps of Borage oil is reasonable.

Annatto Tocotrienols by DFH. This is Dr. Mark Houston MD's special interest. This lowers cholesterol and more. Dose is a 100 mg of gamma and delta (not alpha) tocotrienols with evening meal. No side effects to worry about.

Pantethine. This is a forgotten but very effective nutrient for lipid management. It can lower bad 20% and raise good cholesterol 8% and lower TG's 33+%. Peak effect is after 4-6 months of use. It reduces lipid deposition and fatty streak formation in aorta and coronary arteries. It reduces intimal thickening in the aorta and coronary arteries. Dose is either 300 mg three times daily or 450 mg twice daily.

Garlic Reduces cholesterol up to 16%, prevents clots, reduces oxidation of cholesterol, possibly reduces blood pressure. Dose is 600-900 mg of a standardized extract daily.

Curcumin (extract of whole turmeric). Can increase HDL and lower LDL significantly. Greater effect with higher doses. We carry both the whole herb and caps of curcumin. Very important is that it reduces inflammation as well.

Resveratrol. Reduces LDL oxidation and improves vasodilation and ED. It reduces atherosclerosis (clogged arteries) in animals, reduces inflammation and improves lipids levels. Dose is 1-2 caps daily.

Orthobiotics (probiotics). It lowers LDL and TG and reduces inflammation and autoimmunity. An essential for all. Dose is one cap per day.

Cysteplus (NAC). Thorne. This reduces LDL oxidation, is an antioxidant, improves detoxification including removal of heavy metals, and reduces cancer (to name a few.)

SHOP PROFESSIONAL GRADE SUPPLEMENTS

If you are looking for high quality professional grade supplements and vitamins with certified potency, come see us! Shop in our office at 745 S. Grant Street Palmyra PA 17078, Call in your order (717) 832-5993 (Mastercard and Visa accepted with a 3% convenience fee) or shop online www.DrAdrianMD.com

Avoid list

Avoid list Rx Statin! You have other choices.

Other Reading Material

Cholest https://www.dradianmd.com/catalog/resource_library/Cholest.pdf

SERVICES

We are Accepting NEW Patients!

Dr Adrian is accepting new patients. To learn how to Become a Patient call our office (717) 832-5993 or go online to learn more,

How to Become a Patient: www.dradianmd.com/store/pc/become-a-patient-d4.htm

Required Information: www.dradianmd.com/store/pc/required-information-d16.htm

Office Fees: www.dradianmd.com/store/pc/office-fees-and-insurance-d17.htm

Note: we do not accept Insurance or Medicare.

LAB TESTS

See the website www.liposcience.com. This company offers the NMR Lipoprofile which can be done through Lapcorp. However, if you have a high HDL over 60 and a low TG, you probably do not need a particle size test such as the NMR Lipoprofile because your numbers predict large buoyant (good) LDL particle.

INJECTIONS AND INTRAVENOUS THERAPIES

EDTA Chelation therapy - Please see the book "[ByPassing Bypass Surgery](#)" by Dr. Elmer Cranton MD (www.amazon.com/ByPassing-Bypass-Surgery-Non-surgical-Arteriosclerosis/dp/1571742972) and his website www.drcranton.com for more info.

The recent **TACT study** (<https://nccih.nih.gov/health/chelation>) from the NIH proved cardiovascular benefits of Chelation in heart disease. This is a weekly 3 hour IV which I have seen countless benefits from in my patients. I have witnessed every positive claim made for this IV in my office.

Rx Meds

I never use Rx meds for cholesterol and prevention for coronary disease.

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