

DR. ADRIAN'S APPROACH TO CORONARY ARTERY DISEASE AND ATHEROSCLEROSIS

Discussion

Coronary artery disease is atherosclerosis of the arteries that feed the heart. Atherosclerosis in any artery of the body means there are blockages elsewhere so risk of stroke, heart attack and poor circulation to limbs, brain, and many organs including erectile dysfunction are possible. Mainstream doctors prescribe statin meds with amazing frequency and these prescriptions make up a large chunk of the typical physician's daily work. (It did not take 7 years of training to do this). See the section on treating cholesterol.

Besides treating cholesterol, I focus on diet, reducing inflammation and oxidation, and hormone therapies in the treatment of cardiovascular disease. Women who are on Hormone Replacement therapy (including estrogen) within 10 years of menopause onset enjoy a 40 percent reduction of cardiovascular death; especially heart attacks. Testosterone and DHEA both help heal and prevent atherosclerosis and cardiovascular disease. There are more testosterone receptors on the heart muscle than on any other muscle in the body. Testosterone may prevent the rupture of plaque in arteries which would then cause a blockage.

Inflammation aggravated by oxidation is the primary cause of the blockages or plaque clogging arteries. Consuming oxidized oils and fats is like eating fire which spreads throughout the body damaging cell membranes including the delicate endothelial cells lining our blood vessels. Hence one should only eat cold pressed oils that are fresh and not heated. Never fry. Avoid baked chips especially made with vegetable oils such as tortilla chips. Even roasted nuts have oxidized oils.

Inflammation is promoted by animal fats that are high in omega 6 fats and are worse with grain fed animals vs. grass fed. Fish oil, ginger root and turmeric are key components to an anti-inflammatory diet. Avoiding wheat and allergenic foods will decrease inflammation. Sugar and sweets are like lighter fluid increasing inflammation and oxidation.

Treatment Plan

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Diet and Lifestyle

Please review my Diet for life handout for 'what to eat'. It is located on my website as a flipbook or a downloadable PDF - www.dradianmd.com/store/pc/diet-for-life. Berries, whole organic vegetables, fruits, grains and beans and raw seeds and nuts. Juice ginger root with carrots, apples etc.

Exercises

All exercises that increase the heart rate including aerobic and anaerobic exercises will increase the hearts circulation. If you don't use it, you will lose it applies here.

Supplements

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

Cholesterol supplements

(see that section of our website: <https://dradianmd.com/store/pc/cholesterol.htm>).

Magnesium glycinate: 150 mg cap. Take up to 4 caps daily. This is the best absorbed form and less of a laxative. Magnesium dilates arteries, helps with energy production and can prevent abnormal heart rhythms to name a few of its many functions. It can lower BP. It is a critical supplement to take to prevent heart disease and heart attack.

Coenzyme Q10: 300 mg. One to two daily with a meal that has fat or oil. This is essential for mitochondria to produce energy from oxygen. The heart may get by with less oxygen/ blood delivery with higher levels of this nutrient. Statin drugs deplete CoQ10. Heart failure is improved dramatically with CoQ10. Don't be fooled by the mass marketing of Ubiquinol saying that this reduced form is superior to Ubiquinone (CoQ10). Ubiquinol is 'reduced' which is the

opposite of 'oxidized' with the - none form. Ubiquinol is converted in the GI tract to the oxidized 'none' form anyway. Conversely, the cheaper Ubiquinone (CoQ10 we carry) is converted to the - nol form in 5 seconds of absorption. Don't waste your money on Ubiquinol (the bottom line).

Perfusia SR (a sustained release arginine): Dose: 2 or more tabs twice daily. Arginine is converted into nitric oxide which is important for the health of the endothelial lining of our blood vessels. It promotes dilation of blood vessels and can help angina, poor circulation and erectile dysfunction. It can help lower BP. The sustained release gives more steady levels around the clock vs. the straight powder form.

NOW brand powdered Arginine: A cheaper but less convenient way to dose arginine as it is not sustained release. 1000 mg four times daily is a reasonable dose.

Hawthorne extract: (for dose see bottle). The antioxidants including OPC's in this herb can help BP, blood flow and a weak or failing heart.

Cysteplus (NAC): Dose is 500-1000 mg daily. This is a potent antioxidant and detoxifier. It increases the production of glutathione. It reduces oxidation of LDL cholesterol.

Ultrapreventive III or X (a Multivitamin/mineral +): dose 1-2 per day. The B vitamins help lower homocysteine, a risk factor.

Resveratrol: dose 1-2 daily. Another powerful antioxidant which prevents oxidation of LDL (bad) cholesterol (LDL causes blocked arteries when oxidized).

Fish Oil: Orthomega Fish oil or Vital Nutrients Triglyceride form fish oil caps or Vital Nutrients high potency liquid fish oil: dose of fish oil is at least a dose providing more than 2000 mg of the sum of EPA and DHA (3/2 ratio) daily. The more EPA and DHA one has in their cell membranes, the less change they have of dying of any cardiac cause.

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Miscellaneous

EECP: Watch [Vasomedical EECP Therapy](#) - Straight From The Heart - Part 1/2.

<https://www.youtube.com/watch?v=j2GO7Ms8mM4> This therapy can increase collateral flows via increased flow through the coronary arteries. Not all cardiologists offer or encourage this treatment.

Avoid List

Toxic chemicals absorbed through skin or air as they can injure the blood vessel lining. Trans fat (labeled as hydrogenated oils). Fried foods. Rancid or oxidized oils. Sugars and processed junk foods. Frequent red meat (high in bad fats and iron).

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.

Injections and Intravenous therapies

EDTA Chelation therapy Please see the book "[Bypassing Bypass Surgery](#)" by Dr. Elmer Cranton MD (https://www.amazon.com/Bypassing-Bypass-Surgery-Chelation-Non-Surgical/dp/B00W0CAE5W/ref=sr_1_2?keywords=bypassing+bypass&qid=1675868335&sr=8-2) for more info. The recent [TACT study](#) (<https://nccih.nih.gov/health/chelation>) 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. See handout "Chelation Therapy". Please make an appointment.

Lab tests

(hs)CRP or C-Reactive Protein: this is a measure of inflammation. A Cardiac CRP is the same thing as the (hs) form which is "high sensitivity". Many consider this to be

the best test for cardiovascular risk.

LIPID Panel and expanded Lipid panels such as Liposciences NMR Lipoprofile which gives LDL particle count.

Rx Meds

Long acting nitrates such as **Imdur (Isosorbide mononitrate)** for angina prevention. Nitrates dilate blood vessels thereby decreasing the oxygen demand of the heart and possibly improving blood supply. They can lower BP. The body may become used to nitrates thus necessitating a higher dose. Imdur supposedly prevents this by have a nitrate free period overnight.

Sublingual Nitroglycerine is used for temporary and near instant relief of angina. It is a sublingual tablet.

Beta blockers decrease the heart's rate and force of contraction. This decreases oxygen demand. There are other antianginals that your doctor may prescribe as well. I try to avoid using Beta blockers in patients with stable angina due to the possibility that putting a limit on the heart may decrease the development of collateral circulation induced by exercise. I instruct stable angina patients to exercise as the increased blood flow may enlarge vessels to create larger detours around blocked arteries thereby making 'bypass surgery' not necessary.

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