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## HEART DISEASE: WHAT YOU NEED TO KNOW

Heart disease is still the number one killer of Americans and continues to be a major focus of our misleadingly-named "health care system". Heart Disease is primarily a lifestyle problem with many complexities as well as some simple truths. Unfortunately for most of us, but very fortunate for the drug companies, this issue has been dumbed down to the management of cholesterol. In order to bring you up to speed on the truth about heart disease, and offer a strategy for actual cardiovascular health, we must first deconstruct the cholesterol myth.

We have been brain-washed into believing that "cholesterol number = heart health". So much so that I had a customer tell me that he tried Fish Oil and that it didn't work. When I asked him what he meant, he explained that the Fish Oil did not lower his cholesterol. Fish Oil has been conclusively shown to prevent cardiovascular disease and it may not influence the cholesterol number. Imagine saying that exercise "didn't work" because it didn't lower cholesterol. Prominent Cardiologist and "South Beach Diet" author Arthur Agatston has recently proclaimed "The cholesterol number is essentially worthless." Coming to this realization is the first step towards cardiovascular health.

So ask yourself this: "If I could grant you one of these two wishes, which would you choose; perfect cholesterol numbers or clean arteries?" Of course, clean arteries is the correct answer... but aren't these two choices pretty much the same? Let's assume that we knew that you had arteries that were 50% plaqued-up and a cholesterol number of 300. If I lowered your cholesterol to 160, what happens to the plaque? The correct answer—nothing! Lowering cholesterol does not remove plaque, in fact, plaque will continue to grow. Only Crestor<sup>TM</sup> has been proven to slightly slow the rate of growth of plaque, but not to reverse it. In other words, high cholesterol does not necessarily mean high plaque and low cholesterol doesn't mean low plaque and manipulating your cholesterol numbers has virtually no effect on plaque.

Clean, healthy arteries is the goal and plaque is the culprit. So what exactly is plaque? We've been led to believe that plaque is "too much gunk in the pipes" (cholesterol). If that were true, why don't people get cholesterol clogged in their toes, fingers, ears, etc.? How is it that someone can have one clogged artery to the heart and three that are completely clean? If plaque is not "gunk in the pipes", then what is it? Understanding the true nature of plaque exposes the fallacy of the "cholesterol theory" and points us in the direction of a real solution. ( cont. on page 2)

Our blood vessels are not "pipes". They are living tissue that can be damaged by a variety of inflammatory insults. The body relies heavily on Vitamin C for the production of collagen to keep the arteries from degrading. Complete lack of Vitamin C results in Scurvy which causes all of your blood vessels to break down and can cause death. A small amount of Vitamin C will prevent Scurvy, but it is impossible to get enough Vitamin C in our diet to prevent arterial breakdown in today's heart-unfriendly world. When we run out of Vitamin C, and we will, our body will patch the vessels with about 50% Calcium, 47% fibrin, and 3% cholesterol: the formula for plaque!

Plaque is better understood as a scab. I can pour cholesterol-rich blood on my arm and I will not get a scab. If I cut (damage) my arm, I will. If I leave my scab alone (give it the proper environment), it will heal. But suppose that, instead, I continually pick at the scab. It will then remain and grow bigger. Unfortunately, the inflammatory assaults to your arteries continue 24/7: cigarette smoke, second-hand smoke, air pollution, chlorine in tap water, bad fats, stress, spikes in blood sugar... to name but a few. So as we age, plaque forms and continues to grow. It may clog and prevent blood flow, it may break off and cause a stroke, and it contributes

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to the deaths of roughly half of us.

So now we see that plaque is the enemy and that arterial health is the proper strategy to defeat the enemy. We can also see why managing cholesterol has such a negligible effect. Did you know that the same amount of people die from heart disease with cholesterol under 200 as over 300? Did you know that out of 183, 000 that checked into a hospital with a heart attack, half of them had normal LDL ("bad" cholesterol)? Let me quote from a recent study published in the New England Journal of Medicine: "The study involved 6,722 men and women who were studied for a period of 3.8 years (median). None had coronary artery disease at the beginning of the study. Subjects who experienced an adverse coronary event were more likely to be taking cholesterol lowering drugs (-28%) than those who did not experience such an event (-16%). Furthermore, subjects who experienced a heart attack or angina had about the same total cholesterol (-199) as subjects who did not (-194). Cholesterol barely met statistical significance whereas calcium was a highly predictive factor. Traditionally used risk factors such as C-reactive protein, triglycerides, HDL cholesterol, and greater body mass, were not predictive for a future coronary event."

Standard medical theory sees calcification of the arteries (plaque) as irreversible. This misconception leads to the use of potentially dangerous drugs (cholesterol, blood pressure, blood thinners) to manipulate risk numbers rather than address the actual problem. Is plaque a "cement" that stays part of the artery wall forever, or is it a "scab" that, given the right conditions, can heal?

This question has been answered by prominent M.D., Endocrinologist, Dr Joe Prendergast. Dr. Joe's father had a stroke at age 42 and never worked again. In his 30's, Dr. Joe had a scan for stomach cancer. While the scan showed no cancer, it revealed that he had the plaque of a 70 year old. Fortunately for Dr. Joe, he was advised by a colleague to work on his arteries rather than risk numbers (cholesterol). He was told to take the amino acid L-Arginine that was involved in the 1998 Nobel Prize in Medicine. L-Arginine is the precursor to Nitric Oxide (NO) that led to the creation of Viagra<sup>TM</sup> (originally intended as a heart medication). Increased NO leads to arterial flexibility, greater blood flow, and creates an environment for the endothelial cells of the artery to heal and repair.

In about 8 years, Dr. Joe had a follow-up scan with the same doctor and the same machine. His plaque was gone! Since this was "impossible", other more invasive tests were performed and they confirmed the reversal. Now in his 70's, Dr. Joe continues to have ZERO calcium in his arteries and heart.

Dr. Joe uses L-Arginine in his quest to keep diabetics and heart patients out of the hospital and his track record is a testament to the success of his protocol. His high rate of success is because of combining the positive effects of L-Arginine with proper amounts of Vitamin D3. Like L-Arginine, Vitamin D3 helps to regulate inflammation and, more importantly, helps manage Calcium (plaque is 50-60% Calcium). This approach actually improves the health of the arteries which is the real key to avoiding adverse cardiovascular events.

At the time of this writing the #1 radio talk show host in the country has just reported on a paper from cardiac surgeon Dwight Lundell which admits that "modern medicine" has been wrong about heart disease. Cholesterol is not the cause of heart disease: the cause is inflammation of the arteries. Cholesterol drugs and low-fat diets actually end up contributing to arterial inflammation. Despite the millions of people on statin drugs and the reduction of fat in our diets, more people will die from heart disease this year than ever before!

The prevalence of heart disease (#1 killer of Americans) along with the fact that both L-Arginine and Vitamin D3 have a host of other benefits makes this combo important for everyone. The next question is: "How much do I need to take to get the benefit?" Published research and Dr. Prendergast's own clinical experience would indicate that the minimum protocol would be 5000 mg. of L-Arginine and 5000 IU. Of Vitamin D3. Potencies of both can be adjusted up based on individual circumstances.

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While L-Arginine and Vitamin D3 are the nutritional pillars upon which to build arterial health, a few other treasures from Mother Nature should be pointed out. Vitamin K2, especially the MK-7 form, also supports healthy calcium metabolism as regards the arterial walls. Omega-3 Fish Oil with its ability to control inflammation is an

important ally against heart disease. Dr.'s Pauling and Rath have shown that much of arterial breakdown is a sub-clinical scurvy and that 3-5 grams of Vitamin C per day would contribute greatly to arterial stability.

Even if you are still in the grips of the cholesterol myth, don't confuse lowering cholesterol with actually promoting cardiovascular health. Apple Health Foods is proud to say that we have been explaining real heart health for almost a decade. Cardiovascular health, and disease, is built over a lifetime by our daily choices. We would all be wise to put the power of L-Arginine and Vitamin D3 to work in our behalf.... TODAY! Many people have a heart attack or stroke as their wake-up call, my hope is that this newsletter will be the only wake-up call you need.



## DAVID'S CHOICE WORDS

Vitamin supplements are not a substitute for a good diet.

Neither is a good diet a substitute for vitamin supplements.



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