

# Vitamin Research News

Dedicated to the Scientific Pursuit of Better Health

---

May 2003, Vol. 17, Number 5

## [1. The President's Desk](#)

Health Legacy of Dr. Atkins

## [2. Comprehensive Review of the Neuroendocrine Theory of Aging](#)

Excerpted highlights detailing the evolution of the Neuroendocrine Theory of Aging, as presented by Ward Dean, MD, during the Second Annual Monte Carlo Anti-Aging Conference.

## [3. Severe Acute Respiratory Syndrome \(SARS\)](#)

Ward Dean, MD and Jim English offer a timely review of the current (and rapidly changing) state of the global SARS epidemic.

## [4. Nutritional Support for Hepatitis C, CFS/CFIDS and Other Viral Concerns](#)

VRP interviews Shari Lieberman, PhD, CNS, FACN, to discuss the introduction of VCF, a nutritional support formula for people with viral-induced illnesses.

## [5. First Person Experience with Oral Chelation](#)

A compelling account of one person's experience with EDTA therapy following a heart attack and subsequent recovery.

## [6. Customers' Corner](#)

- [Spinocerebellar Degeneration](#)
- [Severe Hypertension](#)
- [5-HTP and SSRIs](#)
- [MS and Progesterone](#)
- [Short Term Memory Loss](#)
- [Atrial Fibrillation](#)
- [Xylitol and Gum Health](#)

## [7. Nutrition Review](#)

- [Green Tea Reduces Insulin Resistance and Fat Deposits](#)
  - [Melatonin Shown to Protect Against Stroke-Induced Damage](#)
  - [Grape Seed Extract Reduces Salt-Sensitive Hypertension](#)
-

# The President's Desk

## Health Legacy of Dr. Atkins

We are saddened by the recent loss of a true medical pioneer and visionary, Dr Robert Atkins, who apparently died as a result of striking his head after slipping on an icy sidewalk. Dr. Atkins first introduced his concept of restricting dietary carbohydrates to control obesity and improve health in his 1972 best-selling book, "*Dr. Atkins' Diet Revolution*." Over the ensuing decades, the high-protein, low-carbohydrate dietary strategy—now known as the Atkins' Diet—has improved the lives of countless millions of people. As Dr. Atkins worked to refine his program he found himself constantly at war with the low-fat, high carbohydrate nutritional doctrine, as codified in the USDA's Food Pyramid, that has shaped American eating habits for the last thirty years, and contributed to the current raging epidemic of diabetes and obesity.

Even as agribusiness and the medical community continued to attack the Atkins' diet as untested folly, they refused to conduct any tests themselves, arguing that the diet flew in the face of accepted nutritional science. Recently, when published studies revealed that Atkins' regimen is twice as effective as the American Heart Association's recommendations, particularly in reducing cholesterol and triglyceride levels, Atkins was again criticized precisely because he was willing to fund these studies himself.

Dr. Atkins will be remembered as a man of unwavering conviction and integrity who maintained a professional and scientific demeanor—as well as a sense of humor—while under relentless attack from vested interests. More importantly, Dr. Atkins leaves a living legacy that will continue to aid people in controlling their weight while reducing the risks of heart disease and diabetes, thereby living longer and healthier lives.

**Robert Watson**  
President/CEO

[Return to Top](#)

---

## Comprehensive Review of the Neuroendocrine Theory of Aging

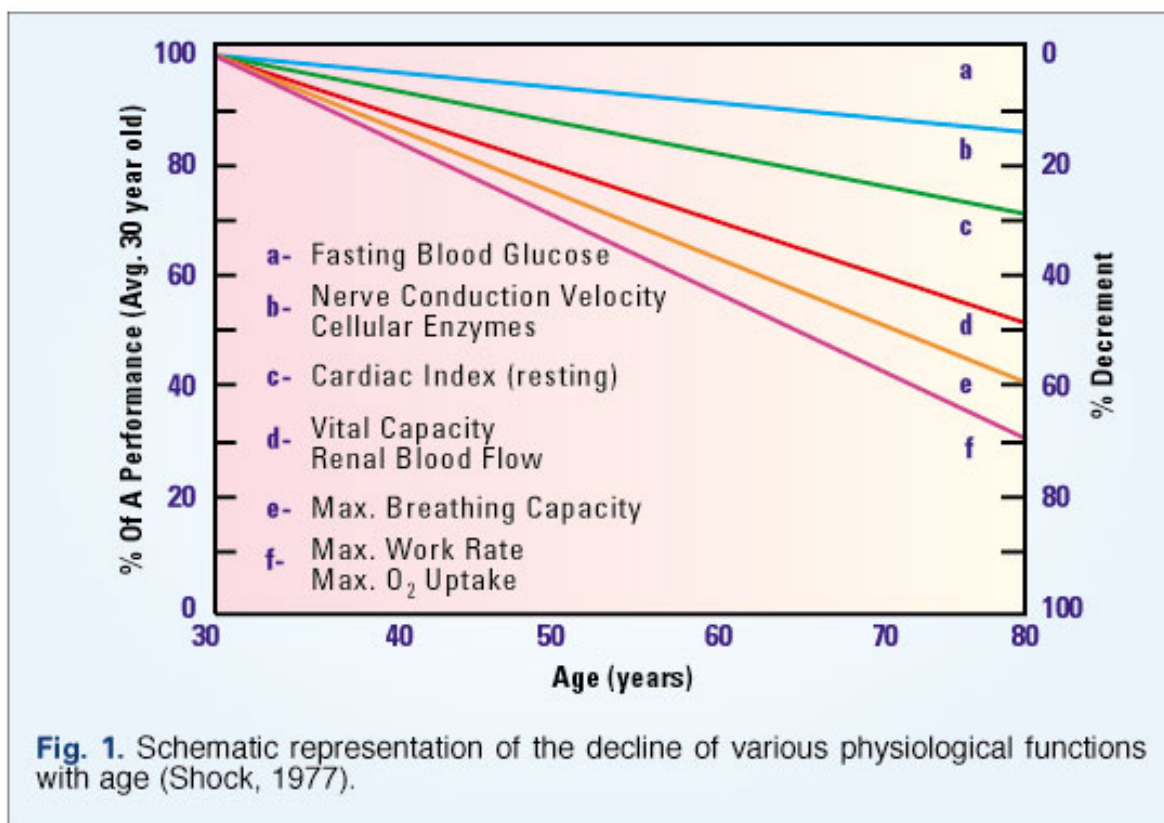
Select Proceedings of the 2nd Annual Monaco Anti-Aging Conference Comprehensive Review of the Neuroendocrine Theory of Aging

*by Ward Dean, MD*

When discussing anti-aging, we need to define "aging" so that we can understand what we are "anti." A standard dictionary defines aging as the "adverse physiological and biochemical changes and increased likelihood of death associated with the passage of time." Of course, one of the principal concepts of anti-aging medicine is that the aging process is not merely a collection of "adverse physiological changes," but is, instead, a serious and deadly disease in its own right.

The same dictionary defines disease as "an alteration of a living body that impairs its function." As we grow older virtually every important process involved in homeostasis and maintenance of health changes in an

adverse direction over time (Fig. 1). Thus, it should be clear that aging certainly qualifies as a disease.



### The Science of Gerontology

When the science of gerontology — the study of aging — first began, there was a great deal of discussion about when aging begins. Does it begin at birth, during puberty, during adulthood or later? Professor Bernie Strehler from USC described four criteria that are inherent in aging-related changes. It is clear from these criteria that aging does not begin at birth, but instead begins post-adulthood.

The first criteria is that aging changes are *universal* — i.e., they occur in everyone. Most diseases don't affect everyone — for example, one person may have arthritis, another person may suffer from coronary artery disease, and yet another may get cancer. But aging is universal — every living organism ages.

The second criteria that characterizes aging is that it is *intrinsic* — i.e., aging is a byproduct of normal metabolism. Although we make lifestyle changes, exercise, and consume a proper diet in an attempt to slow the aging process and maintain health, aging occurs anyway.

Third, aging is *progressive* — it's sort of like a one-way street — it doesn't reverse. One of our goals in anti-aging medicine is to reverse some of these adverse changes that were once believed to be irreversible.

The fourth criteria, and, of course, the major reason that we are for "anti-aging" is that aging changes are *deleterious*. They reduce the likelihood of survival, and increase the likelihood of disease. As shown in Figure 1, virtually every physiological and biochemical change that is involved in our health and maintenance of homeostasis moves in an adverse direction. The one thing that does not decrease or change adversely is the incidence of just about every other disease (Fig. 2).

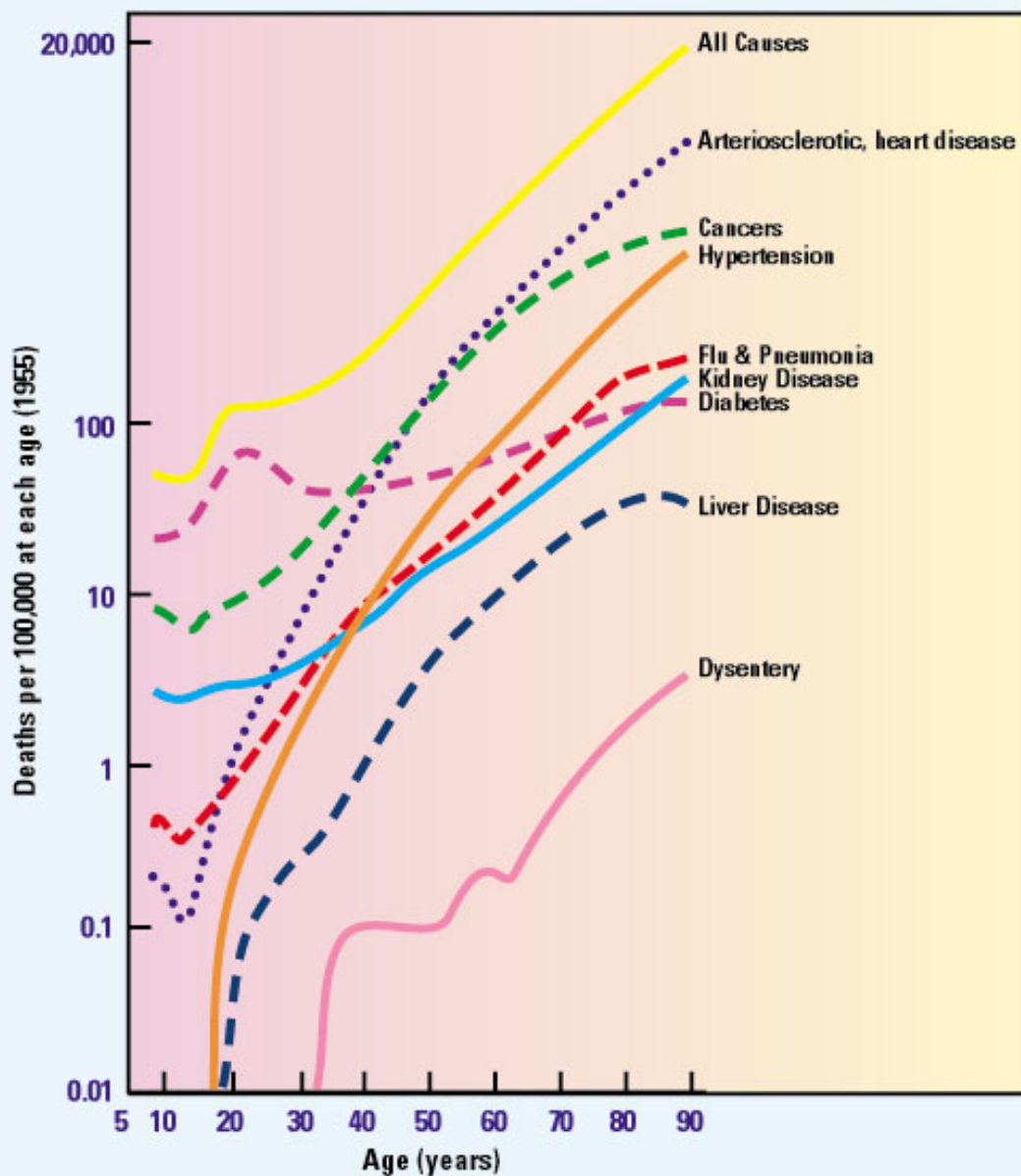
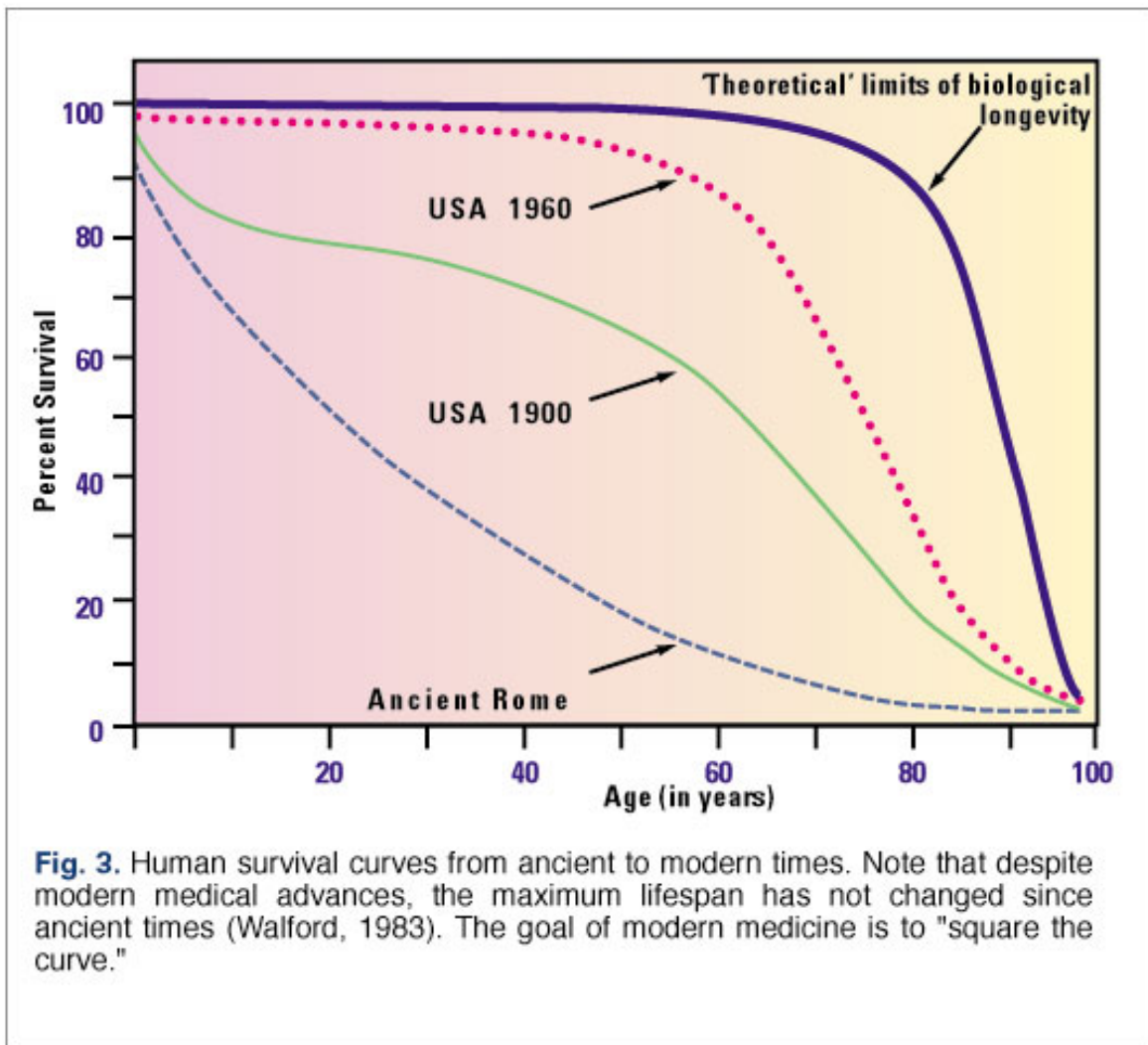


Fig. 2. Age-specific death rates from selected causes (Kohn, 1963).

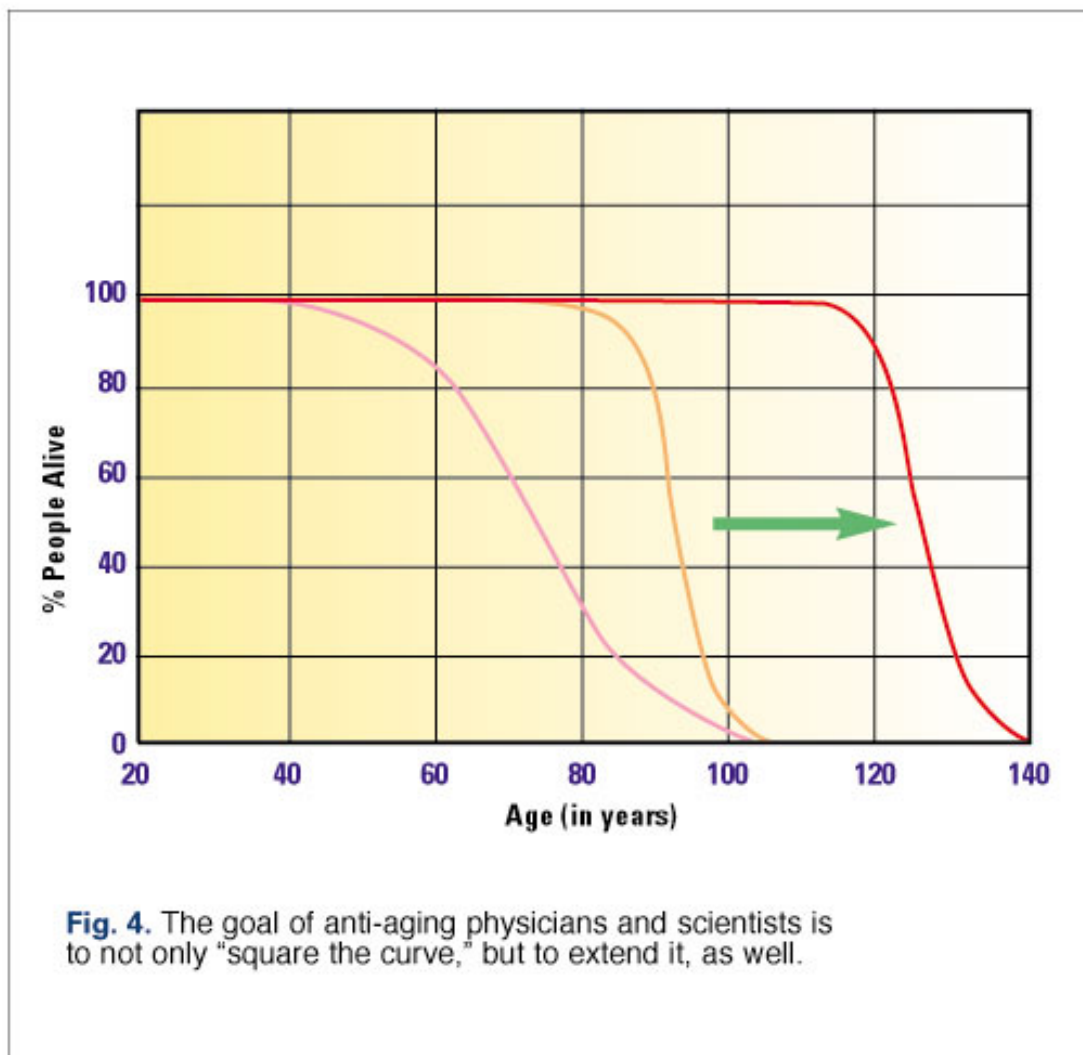
The standard medical model approaches each individual degenerative disease separately. Trying to achieve life extension or anti-aging and improved health only by the elimination of disease is an approach that I believe is doomed to failure.

### Extending Human Lifespan

Even with the best advances in biomedical science, the maximum human lifespan has stayed constant throughout recorded history (Fig. 3). Rather than extending the span of human life, modern medical practice has increased the number of people who survive into old age. Scientists refer to this as "squaring the curve."

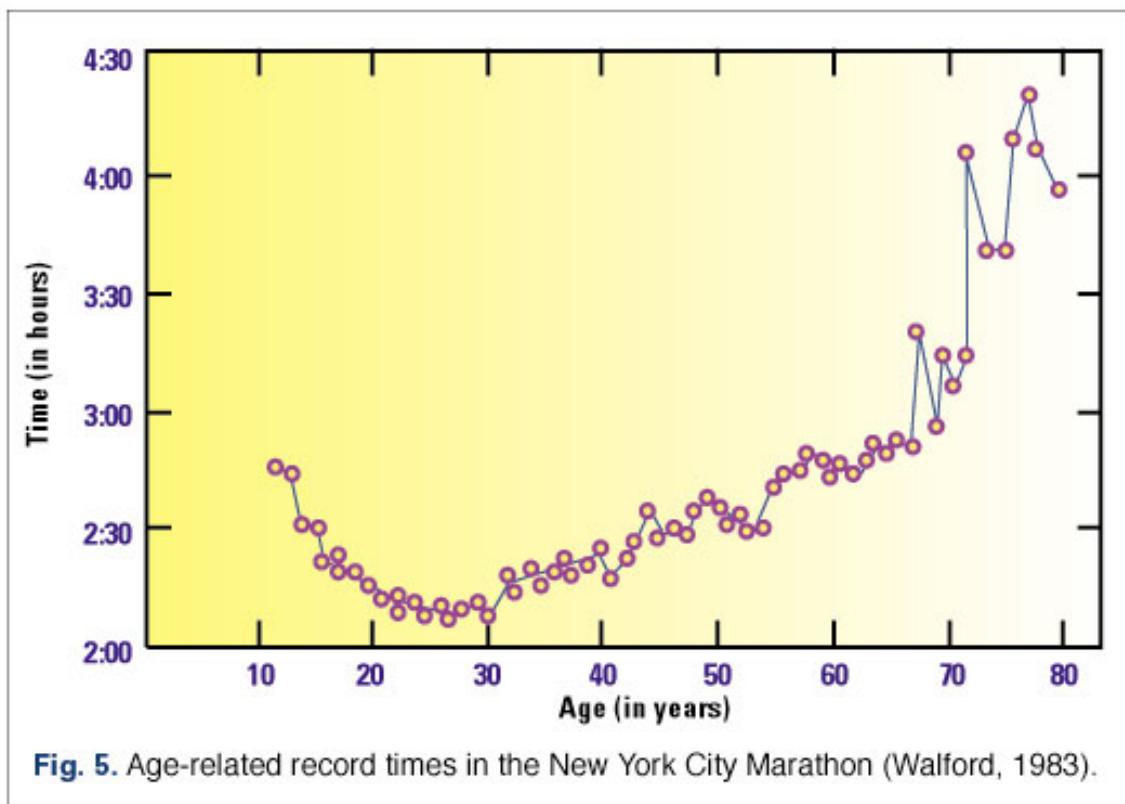


Anti-aging medicine takes the approach of looking at the aging process itself as a disease. Instead of simply squaring the curve — which is an admirable goal — we want to extend the curve (Fig. 4), to extend not only the healthy years of our life but also the quantity of life itself.



### Aging as Disease

Thus, I consider the aging process to be a disease — the one disease that every-body over the age of 35 has "caught." For example, note the age-related record times in the New York City Marathon (Fig. 5). After age 30 — even though these are among the most fit athletes in the world — the times slow as the athletes get older. How many professional athletes can you think of who are over 35 years of age? At that relatively youthful age, when other professionals are just getting started in their careers, and despite probably 20 years of active participation in a sport with the finest coaching, the finest diet, the finest training regimens — by the time an athlete is 35 years old, it is time to go out and look for another job.



### The Free Radical Theory of Aging

Professor Denham Harman sparked the modern anti-aging movement by publishing his *Free Radical Theory of Aging* in 1954. Unfortunately, for the next 25 years one could only read about free radicals and antioxidants in scientific journals.

Another important milestone in anti-aging science occurred in 1980 when Durk Pearson and Sandy Shaw — a couple of hippie-type scientists — popularized the concept of life extension by educating the public about Dr. Harman's ideas on national television. Pearson and Shaw were extremely popular guests on the Merv Griffin TV show, and following each appearance, were swamped with mail requests for more information on anti-aging therapies. Durk and Sandy proved so popular with the public that the Merv Griffin show reported receiving more mail for these two guests than any other guest at the time.

In 1983, Durk and Sandy responded to the growing demand for more information on anti-aging by publishing their best-selling book, *Life Extension: A Practical, Scientific Approach*. This block-buster — presenting 30 years worth of research compiled by Dr. Harman and his associates — went on to sell over 2.5 million copies, and today is regarded as a primary contributor to starting many then-students on their paths to become the anti-aging physicians and scientists of today.

About the same time that Durk and Sandy were popularizing *Life Extension*, John Mann — who actually lived across the street from Pearson and Shaw in Manhattan Beach, California, and did not know who they were—was working on his own book called "Secrets of Life Extension." Mann's book also focused primarily on the free radical theory of aging although he also addressed a number of other potential anti-aging therapies.

### Vladimir Dilman and Homeostasis

Shortly after Pearson and Shaw's book came out, I read another book with a mouthful of a title — "The Law of Deviation of Homeostasis and Diseases of Aging"— written by a Russian scientist I'd never heard of by the name of Vladimir Dilman. This book was extremely complex, and I had a hard time understanding it. However, after reading it about three times, I began to understand what Dilman was talking about.

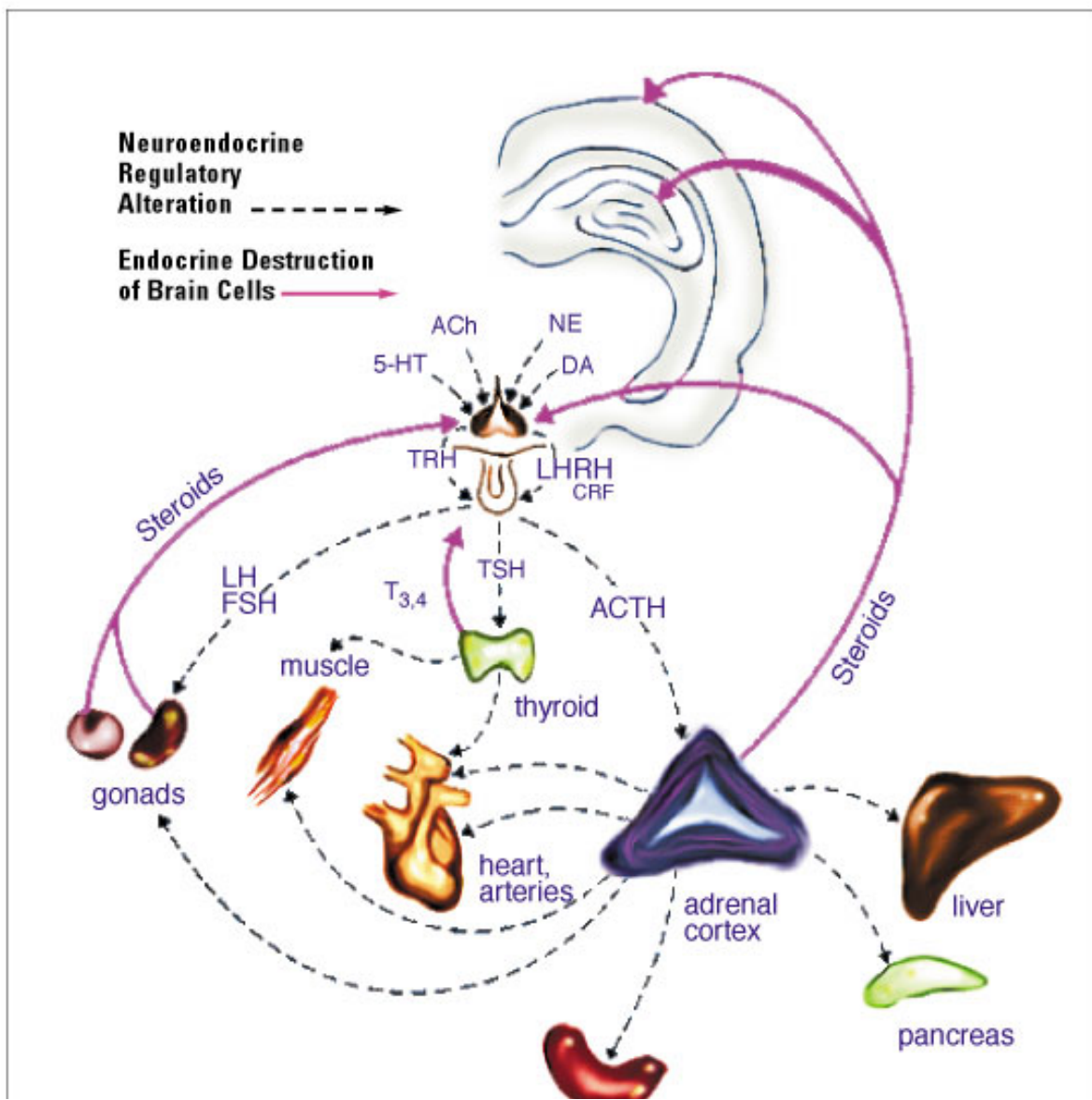
I began corresponding with Dilman in 1985. In 1990, when a window of opportunity availed itself for him to leave Russia, he jumped at the chance, and arrived at my doorstep shortly thereafter. We collaborated on a new book in English that presented his concepts and theories in more understandable terms. Even then, it was a highly technical book.

Dilman first conceived his theory in 1954. However, since his articles and books were mostly printed in Russian, little was known of Dilman's theory outside of Eastern Europe. Dilman's theory, in essence, is that *aging is caused by a progressive loss of sensitivity of the hypothalamus and related structures in the brain to negative feedback inhibition*. To understand this concept I had to pull out my basic Endocrinology books and do some studying.

### Endocrine System

To understand Dilman's concepts, it was necessary to gain a working knowledge of the endocrine system (Fig. 6). We all learned in high school that a basic principle in physiology is the concept of 'homeostasis.' Homeostasis is the condition in which physiological states required for life and good health must remain within a very stable, narrow optimal range. For example, when any critical parameter is above or below "normal" (like blood pressure, blood sugar, or body temperature), it is considered a disease.

We also were taught that homeostasis is a primary function of life — that we are homeostatic beings — and that it is essential to be in homeostasis.





**Fig. 6.** Overview of the hypothalamo-pituitary-endocrine system (Landfield, 1978).

Everyday examples of a homeostatic system are the thermostats that control the temperature in our homes, or the floats that control the water level in a toilet tank. A finely tuned thermostat can maintain your home at a narrowly defined, comfortable temperature. However, as the thermostat wears out and loses sensitivity, the house temperature is more varied and uncomfortable since the thermostat does not kick on and off as it should. Likewise, a poorly functioning toilet tank float can result in either too little water in the tank to flush adequately, or the water may overflow or never stop running. This is the concept of homeostasis — everything in balance.

But Dilman turned much of what we had learned upside down. He proposed that there is actually a progressive shifting of homeostasis throughout life. In fact, he pointed out that this shift is absolutely necessary, because if we were truly homeostatic beings we would never grow and we would never develop.

### Homeostasis and Aging

If our bodies were able to remain in perfect homeostasis from birth, further growth and development would not take place. Dilman believed that the shift of hypothalamic sensitivity to negative feedback is the mechanism that enables growth and development to occur. This is also a primary mechanism that causes aging and the diseases of aging. For example, in an infant, only minute amounts of testosterone are produced. If our bodies truly maintained a state of homeostasis, even these small amounts of hormone would be adequate to prevent the hypothalamus and pituitary from producing greater amounts of testosterone-stimulating releasing factors and hormones. If this were the case (not only with testosterone, but with all hormones), growth and development would never occur, and we would remain infants throughout our lives.

Thus, throughout childhood and puberty, there is a constant shifting of homeostasis, resulting in growth and development. The problem is that once we have reached adulthood, there is no mechanism to shut off this progressive loss of hypothalamic sensitivity to feedback inhibition. Thus, the homeostatic balance — which appears to reach its optimum at ages 20 to 25 — continues to shift, resulting in less-than-optimum levels of many hormones, and ultimately, the exhaustion of the peripheral endocrine glands due to their prolonged efforts to overcome the loss of hypothalamic sensitivity.

It is the breakdown or alteration in the functioning of these homeostats that causes the metabolic changes that characterize aging and the diseases of aging. Dilman intuitively determined that all of the diseases of aging are characterized by similar metabolic changes (Table I). The most prevalent of these changes include (1) reduction in glucose tolerance, (2) hyperinsulinemia, and (3) hyperlipidemia. Dilman's theory provides a bold new theoretical foundation for the aging process itself, as well as concrete, clinically tested protocols for the treatment and prevention of the diseases of aging. The beauty of this theory is that it neither contradicts other more established theories of aging, nor is it mutually exclusive. Rather, it either incorporates or supplements other theories. Dilman's theory explains how aging and stress combine to accelerate changes in the "adaptive homeostat," resulting in the age-related disease, hyperadaptosis.

Likewise, changes in the "energy homeostat" explain how dysfunction of the energy homeostat results in a decline in physical activity and metabolic rate, accompanied by feelings of reduced energy, and increased fatigue, followed by the age-related diseases of (1) diabetes, (2) obesity, (3) essential hypertension, (4) atherosclerosis, (5) depression (6) fatigue, (7) coronary artery disease, and (8) cancer.

### NEXT ISSUE

Part II of Dr. Dean's review of the Neuroendocrine Theory of Aging will continue with a discussion on the

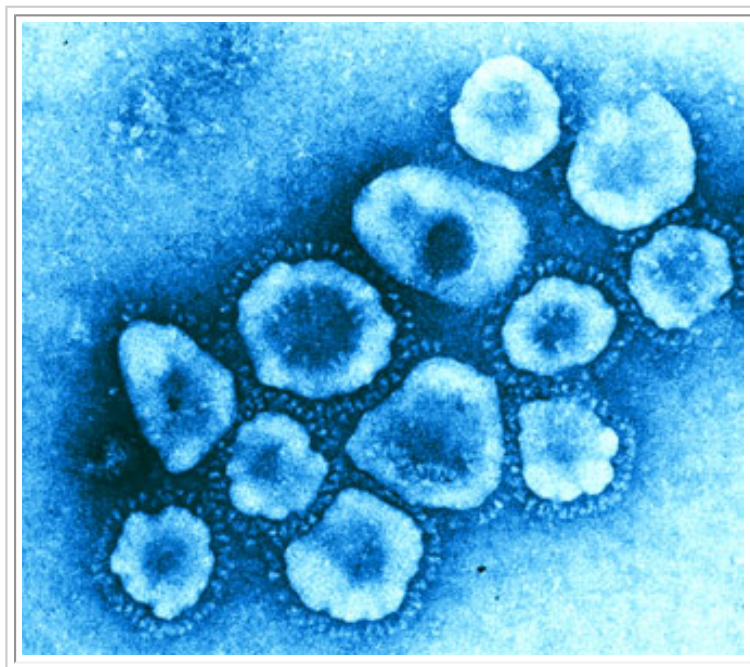
endocrine system, including the hypothalamus and pineal glands, as well as a discussion of the reproductive, adaptive, energy and immune homeostats.

[Return to Top](#)

## Severe Acute Respiratory Syndrome (SARS)

by Jim English and Ward Dean, MD

The recent appearance of a new lethal infectious respiratory disease is naturally a cause for concern and apprehension. SARS (Severe Acute Respiratory Syndrome) is continuing its global spread as we prepare to send our newsletter off to the printer. To date, since emerging from an agricultural community in China, SARS quickly spread across the globe, infecting at least 3,235 people in 22 countries and killing 161 people worldwide, mostly in Asia. New



medical updates — seemingly released every few hours — are helping researchers better understand the epidemic, but often one announcement simply contradicts the details of a previous finding. One day the outbreak in China is under control, the next brings a batch of fresh cases and newfound fears of "super spreaders." A prime example is that shortly after declaring the outbreak under control, Hong Kong authorities were hit with forty new cases and nine deaths in a single day.

In response to the epidemic, people in affected regions are rarely seen without a surgical mask, and those outside affected areas are staying away. Airlines have cancelled flights to and from Asia, schools have been closed, and residents of apartment complexes that housed infected patients are being moved to quarantine camps — all in a desperate bid to halt the spread of SARS. In hard-hit Canada, health authorities have taken the extraordinary step of closing hospitals while isolating anyone showing signs of infection.

Given the seriousness of the situation and the rapidly changing stream of information, our purpose in this article is to address the many questions posed to VRP by focusing on the current known facts concerning SARS and to suggest potentially preventative and therapeutic options.

### A New Coronavirus

Since emerging from mainland China a month ago, SARS has been identified as a new form of coronavirus, so named for the halo of blobby protein spurs surrounding the viral envelope (Fig. 1). Corona-viruses are not new, as other types of this virus are known to cause colds and respiratory illnesses that may develop into bronchitis and pneumonia. What makes SARS unique is that this species has not been seen before — a fact that complicated early attempts to find a treatment for the disease. Researchers in Canada have just announced the sequencing of the viral genome, which will greatly aid development of diagnostic test kits for rapid identification of the illness. Additionally, researchers in the Netherlands have confirmed that monkeys infected with the coronavirus develop the same symptoms as humans do — an important finding required to verify that this virus is the actual causative agent.

## **SARS Symptoms**

According to the CDC, SARS begins with a high fever (greater than 100.4° F [38.0° C]) and flu-like symptoms that can include headache, an overall feeling of discomfort, and body aches. Some people also experience mild respiratory symptoms. After two to seven days, SARS patients may develop a dry cough and have trouble breathing. Symptoms often progress to a severe form of pneumonia.

## **How SARS Spreads**

SARS appears to be spread primarily by close person-to-person contact. Most cases of SARS involved people who cared for or lived with someone with SARS, or had direct contact with infectious material (for example, respiratory secretions) from a person who has SARS. Potential ways in which SARS can be spread include touching the skin of other people or objects that are contaminated with infectious droplets and then touching your eye(s), nose, or mouth. This can happen when someone who is sick with SARS coughs or sneezes, spreading the virus to other people or to nearby surfaces. It also is possible that SARS can be spread more broadly through the air, by fecal material, or by other means that are currently not known.

## **Who is at Risk for SARS**

Cases of SARS continue to be reported mainly among people who have had direct close contact with an infected person, such as those sharing a household with a SARS patient and health-care workers who did not use infection control procedures while taking care of a SARS patient. One troubling aspect of SARS is that, unlike influenza and other viral diseases that mostly threaten the very young and the elderly, SARS is also infecting young adults (under 45 years) who have relatively healthy immune systems. And recent reports from Hong Kong indicate that the virus is mutating, and researchers fear that the changes are making the disease more severe.

## **Orthodox Treatment for SARS**

Currently there is no clear treatment for SARS. Antibiotics are ineffective, and patients are reportedly not being helped with standard antiviral drugs. Aside from putting patients on respirators to assist lung functions, the only response left is to make the patients comfortable while isolating them to contain and control the epidemic.

## **Alternative Treatment Options**

Since SARS is caused by a virulent virus that is unresponsive to available treatments it seems reasonable to use a combination of antivirals and immune enhancers to protect those at risk, or even to treat those who may be infected.

Consequently, the first thing we recommend is to use a cool mist humidifier, filled with a solution of one bottle of 3 percent hydrogen peroxide, and two bottles of water. This provides a one percent aerosolized mist of hydrogen peroxide. Just fire up the humidifier and run it in the bedroom at night, and in the home or office during the day. Usually, one or two days may be all that is required to alleviate a number of pulmonary infections, ranging from the common cold to pneumonia. Hydrogen peroxide is a very effective anti-microbial, and virtually kills the bugs on contact. Overuse (more than a few days of continuous use) may result in bleaching of the hair, although this would be a minor inconvenience compared to the potential adverse consequences of SARS.

Second, we suggest *Mild Silver Protein* 400 ppm. MSP is also a powerful virucidal substance. Based on reports from physicians who have treated patients suspected to have SARS, high doses of MSP are required, i.e., one tablespoon per hour until symptoms begin to resolve. This usually requires several days. *UniBiotic<sup>a</sup>* is also designed specifically for pulmonary infections, and may provide added protection — especially in terms of preventing secondary bacterial infections. Other antiviral nutrients like *Olive Leaf Extract* and *Garlic* may also be helpful.

The other side of the preventive-therapeutic coin is to maintain the integrity of the immune system. We believe the most powerful immune enhancer is Thymic Protein A. Although the recommended dose is three envelopes daily, many of the benefits of this remarkable substance can be obtained by doses as low as one or two

envelopes per week. *Thymic Protein A* can be augmented with other immune enhancers like *Colostrum*, *ImmunoMax*, or *Lactoferrin*.

*N-Acetyl Cysteine* (NAC) and *Calcium AEP* (Ca-AEP) might also be useful, for general lung health.

## Conclusion

Medical scientists and health care researchers are working around the clock to contain and understand this new disease. And one has to be impressed with the speed with which researchers and epidemiologists have identified and begun to take measures to halt the spread of this virulent disease. In the span of three weeks researchers have been able to identify SARS as a new form of coronavirus, zero in on its probable source (animal) and successfully unravel its genome. This is especially impressive when one considers the years it once took to isolate and identify a single viral agent such as HIV.

Yet despite the high-tech successes in response to the SARS outbreak, there is currently no cure or effective treatment, aside from mechanical breathing support while the body defends itself against the infection.

Naturally, all of these recommendations are guesswork — but hopefully it is "educated guesswork." We think the preventive and therapeutic recommendations above are likely to be more effective than typical government recommendations like surgical masks, plastic sheeting and duct tape.

## References

1. Lee, N., Hui, D., Wu, ., et al. A Major Outbreak of Severe Acute Respiratory Syndrome in Hong Kong. NEJM. Published online April 7, 2003. <http://content.nejm.org/cgi/content/abstract/NEJMoa030685v1>.
2. T.G. Ksiazek and Others. A Novel Coronavirus Associated with Severe Acute Respiratory Syndrome. <http://content.nejm.org/cgi/content/abstract/NEJMoa030781v1>.
3. C. Drosten and Others. Identification of a Novel Coronavirus in Patients with Severe Acute Respiratory Syndrome. <http://content.nejm.org/cgi/content/abstract/NEJMoa030747v1>.
4. World Health Organization. Cumulative number of reported cases (SARS) <http://www.who.int/csr/sarscountry>.
5. Centers for Disease Control and Prevention. Severe acute respiratory syndrome (SARS) updated interim case definition. <http://www.cdc.gov>.

[Return to Top](#)

---

## Introducing New Viral Care Formula (VCF)

# Nutritional Support for Hepatitis C, CFS/CFIDS and Other Viral Concerns



An Interview with Shari Lieberman, PhD, CNS, FACN, by Jim English

*The last time we spoke with Dr. Shari Lieberman, PhD, CNS, FACN, we discussed her Auto Immune Formula (AIF) — designed to nutritionally support those with autoimmune and immune system concerns — and her two unique nutritional support formulas, BCF (Breast Care Formula) and PCF (Prostate Care Formula). We recently had the opportunity to catch up with Dr. Lieberman to learn about a new formula she has just made available through Vitamin Research Products.*

**VRP:** Dr. Lieberman, your previous formulas were designed to support healthy immune function in people diagnosed with, or concerned about, cancers of the breast or prostate. Now you've turned your efforts to a new area with the introduction of *Viral Care Formula* (VCF). What is the rationale behind this new formula and who

should consider its use?

**Dr. Lieberman:** VCF was designed as a nutritional support formula for those with chronic viral-induced illnesses, such as Hepatitis C (Hep C) and Chronic Fatigue Syndrome (CFS). Hep C, for example, is reaching epidemic proportions, with close to four million people infected in the US alone. That's four times the number of people infected with HIV. Hep C is responsible for some 10,000 deaths each year, and this rate is expected to triple by the end of the decade. Hep C is also the most common cause of chronic liver diseases, such as cirrhosis, and is a leading cause of liver cancer.

Interferon (INF) and ribavarin, the current standard of medical treatment for Hep C, are effective for less than 30 percent of all patients after a year of treatment. And of those patients who do benefit from interferon, up to 70 percent of patients suffer a relapse within a few months of treatment. In total, only about 10 to 15 percent of Hep C patients enjoy a sustained recovery lasting even 6 months following treatment with interferon, and a slightly higher number of patients benefit from treatment with pegylated interferon.

**VRP:** Interferon also has a reputation for causing severe side effects.

**Dr. Lieberman:** Absolutely. In fact, the side effects from interferon and ribavarin are so harsh that many patients can't function or work during treatment. The list of side effects includes muscle pains, fatigue, fever, headaches, nausea, hair loss, irritability, depression, thyroid abnormalities, pulmonary complications and retinal damage.

**VRP:** But put in perspective, aren't these side effects a small price to pay for reducing the risk of developing liver cancer?

**Dr. Lieberman:** Interferon treatment has only been shown to reduce risk of liver cancer in the small portion of patients who were able to maintain a sustained reduction of the Hep C virus. Now, these numbers increase somewhat when interferon is combined with ribavarin, but the side effects of combination treatment are significant and serious, including hemolytic anemia (destruction of blood cells) and birth defects. So you really have to ask, is the treatment worse than the disease?

**VRP:** So, given the low rate of successful recovery and the long list of serious side effects, what options are available to patients?

**Dr. Lieberman:** Well, to solve the problem I reviewed the medical literature looking for natural and alternative therapies that have been shown to be effective in supporting the body's defense against viral agents. One of the most impressive compounds in this regard turned out to be a natural agent called glycyrrhizin. Glycyrrhizin (GL) is an active compound from the licorice plant (*Glycyrrhiza glabra*) found throughout Europe and Asia. Licorice root is a favored herbal treatment that has been used for centuries in traditional medicine to treat coughs, bronchitis and liver inflammation. This herbal tradition intrigued Japanese researchers — and extensive research led to the development of a formula, known as *Stronger Neo-Minophagen C*, or SNMC, that combines glycyrrhizin, L-cysteine and glycine. SNMC is used extensively in Japan to treat acute and chronic hepatitis. Over 20 years of clinical research has shown that glycyrrhizin exhibits a number of mechanisms that make it effective against a wide range of human viruses.

First, glycyrrhizin acts directly as an antiviral to inhibit RNA transcription, particularly with the HIV virus. Glycyrrhizin has also been shown to act indirectly against a number of viruses by decreasing cell membrane permeability, making it more difficult for the virus to infect host cells. Additionally, glycyrrhizin has been found to act by inactivating viruses, and by inhibiting viral proliferation. In cases of chronic hepatitis, glycyrrhizin has also been found to lower serum levels of *alanine aminotransferase* (ALT). ALT is a liver enzyme associated with hepatitis, cirrhosis and cancer of the liver. In fact, normalization of ALT levels turns out to be the most important factor for reducing the risk of long-term complications, such as fibrosis and liver cancer, regardless of the

presence of viral markers in the serum.

**VRP:** You mentioned that glycyrrhizin also has anti-inflammatory effects?

**Dr. Lieberman:** Yes, glycyrrhizin has been shown to inhibit immune responses that cause inflammation, primarily by inhibiting the production and actions of several important pro-inflammatory compounds produced by cells in response to injury — prostaglandins, eicosanoids, and cytokines. Glycyrrhizin also acts as an antioxidant by promoting two vital antioxidant systems, glutathione-S-transferase and catalase, and by reducing the formation of cellular oxidative products. Additionally, glycyrrhizin supports the body's immune responses by increasing the production of antibodies, as well as gamma interferon, T cells, and NK (Natural Killer) cells.

**VRP:** What about clinical studies with glycyrrhizin and hepatitis?

**Dr. Lieberman:** Glycyrrhizin has been shown to be effective in a number of human studies. In one paper, Japanese researchers found that ALT levels dropped significantly when 100 patients who had previously not responded to other therapies were treated for three weeks with glycyrrhizin. A second study found similar results when 194 patients suffering from chronic hepatitis B were treated with two different doses of glycyrrhizin. Both groups showed a significant improvement, with 74 percent of those receiving the higher dose, and 79 percent of those receiving the lower dose, showing normalization of ALT levels after only eight weeks of treatment. More recently, Japanese researchers found that glycyrrhizin was effective in both reducing ALT levels in persons infected with Hep C, as well as in reducing progression to liver cirrhosis in a group of 178 patients treated to eradicate Hep C for as long as 15 years. This is an important finding, because controlling Hep C and suppressing the inflammatory processes that lead to cirrhosis may help prevent liver cancer, which kills some 30,000 people each year in Japan.

**VRP:** So glycyrrhizin is effective in treating Hep C, particularly in cases where patients didn't respond to interferon or combined interferon and ribavirin therapy?

**Dr. Lieberman:** Yes, and glycyrrhizin has also been shown to improve the response of those taking interferon or combination therapy and to make those treatments more tolerable. But it's vital to point out that the benefits of glycyrrhizin go beyond Hep C. Glycyrrhizin has been shown to also be effective for Hepatitis A and B, and against HIV. Glycyrrhizin has actually been shown to be superior to AZT. Other viruses that glycyrrhizin can help control include Herpes I, Herpes II, Herpes zoster (shingles), as well as Lichen Planus, Influenza, and Cytomegalovirus (CMV). And in my personal experience, glycyrrhizin is also effective for chronic fatigue syndrome (CFS) and chronic fatigue immune dysfunction syndrome (CFIDS).

**VRP:** Let's come back to the CFIDS issue in a bit. What else did you include in the VCF formula, particularly with regard to liver support for Hep C?

**Dr. Lieberman:** Of course, I've included the herb silymarin (milk thistle). Silymarin has been used in Europe since the 16th century, and continues to be used today as a treatment for liver disease and jaundice. There are numerous studies supporting its ability to help treat acute viral hepatitis and hepatitis B. Silymarin has also been shown to protect the liver from injury while repairing liver tissue and normalizing liver enzymes. One paper that especially impressed me detailed the effects of eight patients diagnosed with chronic hepatitis, including both hepatitis B and C, who were treated with silymarin and phosphatidylcholine. At the end of the 60-day trial, liver enzymes were significantly improved, as were levels of malondialdehyde, a marker of lipid peroxidation in liver tissues.

**VRP:** And monolaurin—I see you've included 1,500 mg per serving. What is monolaurin, and why is it included in the formula?

**Dr. Lieberman:** Monolaurin is a short chain fatty acid (SFA) and an ester of lauric acid. Lauric acid was first identified as the most active antiviral and antibacterial substance found in human breast milk. Monolaurin is more biologically active than lauric acid, and works by a number of mechanisms to disrupt and inactivate viruses. First, lauric acid binds to the lipid-protein envelope that surrounds the virus. This, in turn, inhibits the replication cycle of the viruses by interrupting its ability to bind to the host cells. Lauric acid also prevents the uncoating, or shedding of the viral envelope that is required for replication and infection. Additionally, lauric acid directly disintegrates the viral envelope to make the virus more susceptible to host defenses.

**VRP:** And monolaurin has been shown to have antiviral effects as well?

**Dr. Lieberman:** Monolaurin has been shown to be active against influenza virus, pneumovirus, paramyxovirus (Newcastle), morbillivirus (Rubeola), coronavirus, Herpes simplex I and II, CMV (cytomegalovirus), Epstein-Barr (EPV), and HIV, just to name a few. Some of the viruses monolaurin is *not* effective against include Polio, Coxsackie, Encephalomyocarditis, Rhinovirus and Rotavirus. In addition to its antiviral effects, monolaurin has also been shown to have antibacterial activity against *Staphylococcus aureus*, *Streptococcus agalactiae*, *Chlamydia*, *H. pylori*, and against yeast and fungi as well, including Candida and ringworm.

**VRP:** You've also included extracts of *Phyllanthus amarus* and *Phyllanthus urinaria*. Could you address these and explain their specific actions?

**Dr. Lieberman:** *Phyllanthus* species have traditionally been used to treat jaundice and other general conditions of liver disease. Researchers have shown that phyllanthus extracts exhibit significant antiviral activity, primarily by inhibiting viral DNA replication of hepadnaviruses, a viral family including the human hepatitis B virus and several animal hepatitis viruses.

When researchers systematically reviewed 22 randomized trials they found that phyllanthus significantly reduced hepatitis B antigens while normalizing liver enzymes. Phyllanthus extracts were also found to enhance the effects of interferon therapy, while outperforming interferon in normalizing ALT levels.

A recently published German study shows that phyllanthus extracts also act as potent anti-inflammatory agents. When rat cells and whole human blood were treated to simulate liver damage, phyllanthus was shown to suppress production and or secretion of a number of pro-inflammatory chemicals, including endotoxin-induced nitric oxide synthase (NOS), cyclooxygenase (COX-2), and tumor necrosis factor (TNF-alpha) as well as other cytokines. This anti-inflammatory effect is important for aiding the liver in recovery from viral-induced damage and preventing cirrhosis and potential liver cancer.

**VRP:** I note that you've included R-Lipoic Acid, a potent antioxidant that we've seen a lot of new research on.

**Dr. Lieberman:** As mentioned earlier, antioxidants play a vital role in protecting liver cells from oxidative damage. Additionally, antioxidants have been shown to be effective in interfering with and disrupting viral proliferation. In one case study researchers treated 3 subjects randomly selected from a group of fifty patients diagnosed with cirrhosis from chronic hepatitis C infection. Each patient was treated with an antioxidant combination that included alpha-lipoic acid and selenium (as selenomethionine), along with silymarin, vitamins C and E and a multi-mineral. All patients recovered, showing a remarkable improvement in liver function and enzyme levels.

Most importantly, the patients avoided undergoing liver transplants. A liver transplant costs over \$300,000 and transplanted livers frequently become infected with the virus again. Even more important is the fact that whereas five years ago only 20 percent of Hep C patients required a transplant, today the number has increased to 50 percent!

**VRP:** Earlier you mentioned that these substances were also effective for Chronic Fatigue Syndrome (CFS).

Can you expand on this?

**Dr. Lieberman:** Yes. Chronic Fatigue Syndrome (CFS), also known as Chronic Fatigue and Immune Dysfunction Syndrome (CFIDS), is characterized by incapacitating fatigue, profound exhaustion and an extreme lack of stamina. CFS is also associated with an inability to concentrate and loss of short-term memory. CFS often starts with symptoms that are viral in nature, including joint and muscle pain, poor sleep, swollen glands, sore throat, headache, fatigue and malaise. Recovery from CFS requires lots of rest and very long periods of convalescence. In fact, a hallmark of CFS is that any mental or physical activity leads to a profound fatigue that can require a full day for recovery.

**VRP:** Is there currently any cure or treatment for CFS or CFIDS?

**Dr. Lieberman:** Not really. Standard medicine can offer some support by treating individual symptoms, but currently there is no medical treatment or cure for CFS. One has to understand that diagnosing and treating CFS is complicated by the fact that the syndrome is associated with a number of viruses, including Epstein-Barr (EBV), CMV (cytomegalovirus), Human Herpes-virus (HHV)-6 and 7, retroviruses and enteroviruses (including polio and Coxsackie virus).

As mentioned early, glycyrrhizin can help to control many of the viruses implicated in CFS, including cytomegalovirus (CMV). In my experience glycyrrhizin is effective in treating CFS when taken in combination with the ingredients found in the VCF formula. For best results I put my clients on a comprehensive program that includes:

- Fish Oil (EPA/DHA): 6-9 caps per day
- Quercetin: 2-4 grams per day
- NAC: 2-4 grams per day
- Glutathione: 1-2 grams per day
- CoQ10: 100-200 mg per day

Other helpful substances include aloe vera, natural antifungals (Citricidal, berberine, oregano), medicinal mushrooms, bromelain, curcumin (turmeric), proanthocyanidins (grape seed extract), ginger, ginkgo biloba, and proteolytic enzymes. And, of course, I also recommend taking broad-spectrum multi-vitamin and multi-mineral supplements daily. (Additional information and expanded protocols are available online at [www.drshari.net](http://www.drshari.net).)

**VRP:** Do you have any other comments to share regarding the VCF formula?

**Dr. Lieberman:** Just as my other formulas are intended for use with standard medical protocols, *Viral Care Formula* can be used alone or, concomitantly with current medical antiviral therapies. I believe that the best outcomes occur when VCF is taken in conjunction with medical supervision, particularly given the potential for glycyrrhizin to elevate blood pressure. The potential blood pressure effects are offset by the inclusion of potassium and cysteine in the formula, but I still recommend that patients monitor their blood pressure at least once or twice a week.

**VRP:** Thank you.

**NEXT ISSUE:** Next month our interview with Dr. Lieberman will continue with a discussion of her new Total Care Formula.

[Return to Top](#)



# First Person Experience with Oral Chelation

by Dennis Grover

One evening in August of 1996 I sat down to watch TV, broke out in a soaking sweat, became nauseated, violently ill, and couldn't breathe. It felt as if someone had just dropped an anvil on my chest and left arm. All my bodily functions had suddenly turned on me. Realizing this was more than the usual reaction to TV sit-coms, I headed for the VA hospital. When I arrived at Emergency I was in bad shape. First they made sure they had a social security number for me and then they weighed me. I was told to lie down in a treatment room which quickly filled with doctors and technicians hustling around with their

equipment. At this point I died and experienced four minutes of total ecstasy. (This is another story for later.) The next thing I remember I was looking up into a half dozen faces of people wiping their brows and saying "Wow, that was close, we thought we'd lost you."

Finally stabilized, they took me to intensive care where I drifted in and out of consciousness, only remembering family and nurses talking and prodding. The next morning several doctors came in and told me that I had experienced quite a serious "event." I said an event was something you bought a ticket for, and went to be entertained. What I had just gone through didn't seem much like an event. They then said I had a "cardiac event." Still not satisfied I continued probing for the actual layman's term, heart attack. Did I have one or not? After a brief huddle they agreed to call it what it was, but said that particular term usually proved upsetting to the patient. No kidding!

I felt much better except for a badly bruised chest where they had obviously beat me with a blunt instrument to make me breathe and two burns from their electric paddles which I assume is the medical equivalent of a jump start. I'm not saying that what they did was wrong, I'm saying that this was the only pain I had. They did save my life.

After two days in the hospital in Reno, it was decided that I would be transferred to the VA medical facility in San Francisco. They put me on a private jet with my own nurse and paramedic. The next day in San Francisco they gave me a heart catheterization. This used to be called an angiogram and if you ever have the chance to get one yourself, ask questions first.

The next morning two doctors and six medical students, with their eight clipboards surrounded my bed. The doctors told me I had a 90 percent blockage in one artery and two others were in pretty sad shape. They then announced that, since my life expectancy was grim, they had scheduled me for a "procedure" the following morning and wanted me to sign some "no matter what happens" documents. My turn to talk; first of all I asked, "Is this procedure of yours anything like bypass surgery?" After another explanation of how certain terms can upset the patient, they admitted that the two were one in the same. I then inquired as to whether their procedure involved cutting open my chest, spreading my rib cage with a mini-version of the "jaws of life," removing a dozen inches of vein from my leg, renaming it an artery, and then grafting it around the clogged arteries to my heart? After announcing that my description was a bit crude they admitted that it was basically correct.

Now a few more questions. First of all; "You people gave me a pamphlet that said I had 6,000 miles, or some ridiculous amount, of arteries, veins and capillaries in my body. So, if 12 inches of the artery surrounding my heart is clogged, what about the rest of my arteries? Aren't they clogged too?" Secondly; "Doesn't that vein in my leg have a function, or is it just a spare?" I had more questions, but at this point they hushed me up while

they quickly hustled the med students away.

For many years I had read about great things accomplished with alternative medicine and especially in this case, chelation therapy. I knew I had a serious decision to make, and quickly, because the surgeons were now standing by my bed acting like I was a real nut case. I also had my family pressuring me to do what the doctors wanted. I took this opportunity to find out for myself what alternative medicine might do for me. After all, the only thing at stake here was my life. I told the surgeons "no thanks" and declined their "procedure."

They responded with a couple of comments about my "deficient mental capacity" and told me to give them a call when I was ready to do the "right" thing. That afternoon I left intensive care and was moved to a ward of Veterans in various stages of "no-hope" conditions and then released the next day in San Francisco. It was interesting to me that they flew me there in a private jet, but wouldn't give me a bus ticket home.

At this point I must say that the VA hospitals and staff treated me with genuine concern, did exactly what they were trained to do and honored my decision to not go under their knife. In fact, they even gave approving smiles as Veterans circulated a petition to appoint Dr. Kevorkian as White House physician. Several members of the staff even admitted that they were only schooled in treating symptoms and never learned preventive medicine or alternative treatments.

Finally back home, I consulted with Dr. Brodie, a respected M.D. in Reno, and Dr. Ward Dean of Vitamin Research Products, well-known for his oral chelation formulas. Both recommended immediate chelation therapy, and since there is no financial help for this treatment, I started on the less expensive oral chelation capsules. I supplemented them with a balanced dose of vitamins and minerals along with changing my lifestyle from the high stress of trying to "get everything done right now to make everyone happy," to that of "I'll get done what I can, when I can and those who don't approve can romance my north end as I head south." I now eat healthy foods, very little red meat and completely cut out the heart-attack-in-a-sack from drive-thru's.

It's now been seven years since my "event" and with chelation and the other changes in my lifestyle I'm very much alive, years past the time I was scheduled to die. I'm 60 and all of my bodily functions that had become sluggish (some even disappeared) have come back strong and I feel younger everyday.

I'm not telling you this to make light of a heart attack — believe me, it's a very serious situation. It's also the "final straw," indicating that your body, which has undoubtedly been giving you subtle hints all along, needs some preventive maintenance. Open your eyes to what's going on with your body and mind. Relieve the stress, realize that when you stand up straight and can't see your belt buckle without a mirror you could be in for a nasty surprise. The time to investigate nutrition and treat your body to alternatives such as chelation is before your heart explodes, not after. Take it from someone who has been there, done that. Do for your body as I tell you from my experience, don't copy my "event" from ignorance.

By the way, at my check-up last month, I was told by my cardiologist to keep doing whatever I'm doing because my recovery and present health condition are excellent.

**Dennis Grover** is a noted author, publisher and television talk show host. His latest publication, *Knowledge = Freedom*, is a veritable "yellow pages" of patriotic freedom-oriented sources and websites. For more information contact Dennis at [dennis@knowfree.com](mailto:dennis@knowfree.com).

[Return to Top](#)

# Customers' Corner

by Ward Dean, MD

VRP Medical Director and Director, Research & Development

## ***Spinocerebellar Degeneration***

Hi Dr. Dean,

My mother has been diagnosed with spinocerebellar degeneration. She is going back to see a doctor at UCLA who seven years ago thought that her illness was possibly mitochondrial related. This idea was dismissed by her other neurologists at the time so there was never any follow-up. I want to make sure she gets all the correct tests and was wondering if you could tell me what they should be doing. Of course I have seen your recent articles on the subject and will be taking those with us to her appointment.

Any suggestions?

T.M.

Dear T.M,

I really don't have any suggestions for tests. Neurologists usually have quite a bag of tricks at their disposal for testing and diagnosis. They are usually very good at making obscure diagnoses. However, they don't usually offer very much in the way of treatment.

Your mom's neurologist may be an exception in this regard. Since he is thinking of a mitochondrial neuropathy, he is probably already considering some of the substances recommended in my articles. Neurologists, for the most part, are the ones who have done most of the studies in this regard. In addition to the substances mentioned already in the articles and included in **MitoBoost I** and **II** (especially creatine), she might also add **Coenzyme Q10**, **ENADAlert** (NADH) and **Vinpocetine**. Although vinpocetine has not been used in spinocerebellar degeneration, to my knowledge, in view of vinpocetine's ability to improve neuronal oxygen uptake and glucose metabolism, and absolute absence of adverse effects, I think it may be worth adding.

I don't think I'd worry about any of these substances interfering with the tests — rather than passively allowing the condition to continue to progress, I'd use whatever non-toxic potentially beneficial therapy I could think of right away.

Let me know what you find out .

Ward Dean, MD

## ***Severe Hypertension***

Dear Dr. Dean,

I am 63 years old and — aside from severe hypertension — am in good shape. I take Lotrel, Atenolol, Lasix, Clonidine and Minoxidil. Although these drugs control my hypertension, I don't like having bloodshot, puffy eyes when I wake up, nor feeling "odd" all day with that poison.

I've been taking VRP's **Serrapeptase** for a few months to clear out my arteries, along with mixed vitamin E

(1,000 IU twice a day) to repair and regenerate my arteries and heart. I have also recently started taking **Glucosamine sulfate** to help the regeneration process.

Recently, I was researching the cause of my high blood pressure. I've always believed it was caused by clogged arteries (I have a stent in the left circumflex) but I suspected that possibly more was involved. I recently came upon some information that suggests that my thyroid gland may be playing a role. I've always had low body temperature (98.0 degrees), been a bit nervous, and had a high heart rate (without medication). I also suffered from trauma-related stress, which lasted from 1962 to about 2002, when it just tapered off.

I've advised my doctor (who I absolutely do not trust for many reasons, but I'm stuck with him) about this and asked him to order some elaborate testing to determine if I have a thyroid problem. I would love to avoid seeing him and hope you can suggest how I might take care of this possible problem with my thyroid, as well as the problem with my blood pressure.

Thank you, J.L.

Dear Mr. L.,

I'm not sure if your thyroid is the problem. A basal body temperature of 98.0 is not particularly low. Also, rapid heart rate and nervousness are more likely to be due to hyper, rather than hypo thyroidism. In this regard, I'd be interested in the results of routine thyroid function tests.

You may be experiencing potassium depletion due to the Lasix. Decreased potassium — especially intracellular potassium — may be contributing to your hypertension. If possible, you might ask your physician to switch you to a potassium-sparing diuretic. In addition, I'd add about 2,000 mg of potassium daily to your current regimen of **vitamin E**, **glucosamine** and **Serrapeptase**.

I'd also add **Pressure-FX** (6 caps daily) and **Oral ChelatoRx** (ten caps daily), plus **Essential Minerals** or **Advanced Essential Minerals**. Calcium and magnesium deficiencies can also both contribute to hypertension.

Another cause of hypertension and coronary artery disease is hyperinsulinemia. I'd ask your physician to consider *Metformin*. If he's not amenable to this, I'd suggest VRP's **GluControl** as an alternative.

Finally, talk to your physician about adjusting your dosage of Atenolol to help maintain a lower pulse rate. Hope these suggestions help.

Ward Dean, MD

## ***5-HTP and SSRIs***

Dear Dr. Dean,

I have a few questions about **5-HTP**, which arise from my contact with people who are well-informed on the effects of SSRIs. First, **5-HTP** is listed as a "serotonin precursor." Does this necessarily indicate that it has the same potential side effects as SSRIs (e.g. fenfluramine), especially heart-valve problems, or is it distinguishable?

Second, how does one know if one has carcinoid syndrome?

Third, if someone were taking the antidepressant Wellbutrin, which is an NRI (as opposed to an SSRI), does the same caution on interactions apply as with SSRIs?

Thank you, E.R.

Dear Mr. R.,

Although **5-HTP** potentially could cause the same side effects as SSRIs, I've never known it to cause any side effects.

In the early weight loss studies with **5-HTP**, with doses as high as 900 mg daily, the most common side effect reported was gastrointestinal intolerance and diarrhea. In normal use, doses are rarely taken that are that high.

If fenfluramine did, in fact, cause heart valve problems (I'm not sure that it was the culprit), I doubt that **5-HTP** would have the same effect. This is because **5-HTP** does not raise peripheral levels of serotonin — it is converted to serotonin in the brain.

The carcinoid syndrome is caused by an adrenal tumor that produces excessive peripheral levels of serotonin in the blood, manifested by hypertension, skin pigmentation, and other symptoms. Again, this is not known to be a problem with **5-HTP**.

The cautions of combining **5-HTP** with SSRIs do not apply when combining **5-HTP** with Wellbutrin, since Wellbutrin is not an SSRI, for the reason you state, as well as the other reasons above.

Ward Dean, MD

## ***MS and Progesterone***

Dear Dr. Dean,

My father has Multiple Sclerosis. I want to know what your thoughts are on using progesterone cream to treat this disease. My questions are:

- 1) What dosage is needed? Women with MS who were pregnant in their last trimester noticed an abatement of symptoms which return after birth. What bearing does this have on dosage for men?
- 2) How long should it take to see results?
- 3) What dietary recommendations do you recommend along with it?
- 4) Are there any side effects/negative reactions associated with the use of the cream for men/people with MS?
- 5) Are there any studies that have been done, or do you have any information regarding the treatment of MS with progesterone?
- 6) What results should we see? Total withdrawal of symptoms or just halt of further symptoms?

Thank you for your help, M.

Dear Mr. M.,

Frankly, I have never heard of using progesterone cream for MS. However, I don't think it would hurt.

For MS, I usually recommend **Calcium AEP** (Ca-AEP), B12 (sublingual or injection), and Adenosine Monophosphate injections (25 mg once or twice weekly). Also, because MS is an autoimmune disease, where the immune system goes haywire, I think **ProBoost Thymic Protein A** may help, due to its ability to "reprogram" the immune system. Although the recommended dose is three envelopes sublingually every day, one or two envelopes per week may be enough.

Unfortunately, there is no silver bullet for MS. Because the natural course of MS is one of waxing and waning, many "treatments" seem to work for a while, but later appear to lose their perceived effectiveness.

Ward Dean, MD

## **Short Term Memory Loss**

Dear Dr. Dean,

I am a 75-year-old male. I have been taking supplements for thirty years and have been a customer of VRP for over fifteen years. I have been jogging about four days per week and meditating daily. I have recommended your organization with pleasure to friends around the country. I am a high-tech entrepreneur and have a reasonably demanding business life with significant stress. In general I believe my health is very good. But now I am noticing a problem which brings me to ask your help.

My short-term memory is declining noticeably. For example, if I try to remember all the details of a complicated conversation I had yesterday, I find it harder to bring those back. Also, if I need to make a decision, which involves balancing a variety of factors, I find it takes me significantly longer than it used to.

I think this may just be a normal aging process. But I would very much appreciate your giving me a recommendation either of particular supplements to take to counteract or reverse this, and/or a book or other publication which may cover reasonably current thoughts on this same subject. This might include, but not be limited to, things available from VRP or elsewhere.

J.D.

Dear Mr. D.,

These topics are covered extensively in my books, *Smart Drugs & Nutrients*, and *Smart Drugs II, The Next Generation*. I think some of the most effective, fastest-acting substances for improving short-term memory are vasopressin (Desmopressin) — available by prescription from your physician — and **Vinpocetine**. Vasopressin is a nasal spray that I've previously described as a "cobweb cleaner." Because it is rapidly absorbed through the nasal mucosa, it goes directly to the brain. Effects are often noted within minutes.

**Vinpocetine** improves neuronal metabolism, blood flow, and utilization of glucose. It also often provides almost immediately noticeable effects.

VRP's **Extension I.Q. Caps** combines **Vinpocetine**, **DMAE**, **Ginkgo Biloba**, and **Huperzine**, plus several other mutually synergistic substances. I think it is the best combination cognitive enhancing nutritional formula available.

Also, any of the nootropic drugs like Piracetam, Aniracetam, or Pramiracetam could also be added. These are among the most widely studied, safest, and most highly effective cognitive enhancers. Unfortunately, they are not available in the US. However, **Pyroglutamic Acid** is a dietary supplement which shares the chemical structure and many of the cognitive enhancing properties of the nootropics.

For long-term use, also consider **Acetyl-L Carnitine** (ALC) and **Phosphatidylserine**. The above substances can be used by themselves, or combined with others from the above list. Nothing works equally well for everyone, so trial and error is sometimes required to find what works best for you.

Ward Dean, MD

## ***Atrial Fibrillation***

Dear Dr. Dean,

I am a 77-year-old retired physician experiencing frequent episodes of atrial fibrillation. Seven years ago I underwent an aortic valve replacement, necessitated by severe aortic stenosis. Since I have no underlying cardiac disease and excellent lipid levels with no inflammation, the only medication I am currently on is Atenolol and ASA, plus supplements.

Your articles concerning mitochondrial dysfunction were of great interest to me. In an attempt to modify, if not eliminate the atrial-fibrillation episodes through supplements which support mitochondria, I have been taking every day: **Coenzyme Q10**, 1000 mg; **Acetyl-L-Carnitine**, 2000 mg; **Alpha Lipoic Acid**, 200 mg; **Taurine**, 1000 mg; **Niacinamide**; and **EPA/DHA** caps. I also receive IV EDTA chelation every six weeks and have done so for years. Of course, I also take large amounts of **Vitamin C**, **Magnesium**, **Potassium** as well as many other supplements, but not everything on your list.

I would like to know what your experience has been concerning mitochondrial functioning and atrial fibrillation. My episodes, initially infrequent, have become more frequent (once a week for the past 3 weeks) but less severe, and last anywhere from 6 to 12 hours. What dosage of the supplements in your article would be optimal? Where can I obtain **(R)-alpha Lipoic Acid** and **Idebenone**?

I basically follow the Zone Diet, meditate regularly, have acupuncture once a week and am in excellent health otherwise. I have less stress in my life than most people, if you don't include the a-fib.

Thank you for your time and for any suggestions you might have.

Sincerely, G.L., MD

Dear Dr. L.,

All of the nutrients you are taking appear to be in the therapeutic range. As you are aware, definitive studies have not been performed with many of these substances regarding optimum dosage —especially when taken in combinations as so many of us do. I would recommend increasing the frequency of chelation treatments (or perhaps, adding daily oral chelation).

Other mitochondrial support substances that specifically benefit cardiovascular function that you didn't mention you were taking include **D-Ribose** and **creatine** — both in doses of several grams daily. **D-Ribose** and **creatine** are included in VRP's **Mitochondria Resuscitator** formulas (**MitoBoost I** and **MitoBoost II**). **Idebenone** and **R-lipoic acid** are also available from VRP and can be ordered on the website or by calling customer service at 800-877-2447.

One of the major complications from arrhythmia, of course, is an increased risk of developing blood clots. Therefore I'd suggest taking **turmeric** — to reduce fibrinogen — and half a baby aspirin daily, along with the oral EDTA I mentioned earlier. VRP also offers **Cardio Rhythm**, a formula specifically designed for use in arrhythmias.

As always, the best cure usually involves uncovering the cause. Arrhythmias most likely originate from neurological or microvascular causes, although you seem to have covered most of the bases. Intuitively, substances like **creatine**, **phosphatidylserine**, and **Calcium AEP**, which help many neurological conditions, and continued chelation therapy (along with the other cardiovascular and mitochondrial support nutrients you are taking) may help.

Ward Dean, MD

## ***Xylitol and Gum Health***

Dear Dr. Dean,

I am 70 years old and have many dental cavities along my gum line. My dentist explained that since my gums have receded the exposed softer tooth enamel is subject to decay and he believes that sodium fluoride will harden the enamel. I use baking soda and salt when brushing my teeth.

I am now using **Xylitol** — both the mints and chewing gum, and I dissolve some of the **Xylitol Crystals** in water for a mouthwash. Do you approve of this mouthwash? Also, what is your opinion of sodium fluoride, and what can be taken to improve remineralization of your teeth? I don't wish to become toothless.

Thank you, R.G.

Dear Mr. G.,

I am one of the "anti-fluoride nuts." I won't let dentists get near me with the stuff, either. If I were you, I'd continue to resist the fluoride. I had my teeth cleaned last week, and the dental hygienist commented on how healthy my gums were. I attributed this to the use of **Xylitol**. She was very interested in what I told her about it, and was enthusiastic about using it herself.

You might even consider brushing with xylitol, instead of baking soda. (I used to use baking soda too, until I switched to xylitol). Fluoride, although it causes bones and teeth to look very good on X-rays, actually contributes to more brittle bones. I think **Xylitol** is the best-tested and most effective substance there is to remineralize teeth.

Hope these suggestions help.

Ward Dean, MD

[Return to Top](#)

---

# **Nutrition Review**

## **Green Tea Reduces Insulin Resistance and Fat Deposits**

Researchers in Beijing, China, report that a new animal study indicates that green tea extracts can improve glucose metabolism, enhance insulin sensitivity, and increase fat metabolism. Based on these results the researchers suggest that green tea may be useful in treating a group of heart disease risk factors, such as

abdominal fat, LDL cholesterol, hypertension, and abnormal glucose metabolism that, together are referred to as Metabolic Syndrome X (Insulin Resistance Syndrome).

When researchers fed control rats a high-calorie diet they measured significant increases in weight, and a drop in fat burning capacity. Rats fed a high-calorie diet also suffered from reduced insulin sensitivity (insulin resistance) and excessive abdominal (visceral) fat deposits, all changes indicating insulin resistance or Metabolic Syndrome X.

When researchers gave green tea extracts to a second group of rats being fed an identical high-calorie diet they noted significant improvements in lipid levels and fat metabolism. After eight weeks of treatment with green tea, fasting blood glucose decreased by 21.5 per cent, while fasting plasma insulin decreased by 40.7 percent. Also, insulin sensitivity increased in rats given green tea while fasting serum triglycerides decreased significantly, up to 54.3 percent.

Researchers also noted significant decreases in the abdominal adipose fat deposits and a decrease in the ratio of insulin to glucagons indicating that the extract effectively increased fat metabolism and reduced abdominal fat deposits.

[www.nutraingredients.com/news](http://www.nutraingredients.com/news)

## **Melatonin Shown to Protect Against Stroke-Induced Damage**

Previous research has shown that melatonin may play an important role in preventing and protecting against strokes. Now researchers in Hong Kong report that melatonin, a potent free radical scavenger and pineal hormone involved in sleep regulation, may protect the brain even after a stroke has occurred.

During and immediately following a stroke the brain is highly susceptible to damage. Unless blood flow is restored promptly, inflammatory and excitotoxic mechanisms (i.e. disturbed calcium ion homeostasis, overproduction of nitric oxide and other free radicals, inflammation and apoptosis [cell death]) lead to further direct and indirect damage to cerebral tissues.

To measure the benefits of melatonin when taken after a stroke, researchers from the Faculty of Medicine, University of Hong Kong, gave adult rats an injection of melatonin immediately, one or three hours after the beginning of stroke. Other groups received multiple injections of melatonin at 5 mg/kg with the first injection given at one, two, or three hours after onset of ischemia and the second and third injections at 24 and 48 hours, respectively. A control group received empty injections.

Reporting in the journal *Stroke*, the researchers found that a single dose of melatonin at 5 mg/kg given immediately or one hour after onset of ischemia reduced the area of tissue death (infarct). Multiple doses of melatonin at 5 mg/kg also reduced the infarct volume when the first dose was given at one or two but not three hours after onset.

*Stroke* 2003;34:770-775.

## **Grape Seed Extract Reduces Salt-Sensitive Hypertension**

Hypertension is strongly related to increased incidence of coronary artery disease (CAD), stroke, renal disease, and all-cause mortality. New findings suggest that grape seed extract can blunt salt-sensitive hypertension to the same extent as previous, potentially carcinogenic, treatments. These findings are especially significant in light of an article published two years ago in the *Journal of the American Medical Association* that reported that women who took estrogen for ten years or more after menopause were twice as likely to die of ovarian cancer

as non-users. Following the *JAMA* article many women halted estrogen therapy which, for many postmenopausal women, had been helpful in lowering blood pressure.

Now researchers from the University of Alabama have shown that grape seed extract can control salt-sensitive hypertension at about the same extent as treatment with either plant estrogens or 17 $\beta$ -estradiol. When grape seed extract was given to spontaneously hypersensitive rats fed on a high salt diet (8 per cent salt) the researchers measured a reduction in blood pressure levels. The researchers also noted that grape seed extract had no effect on heart rate, indicating that the blood pressure lowering effect is specific.

The report concludes that grape seed extract may be useful for blunting hypertension in postmenopausal women who have given up estrogen therapy.

*Antihypertensive Effects of Grape Seed Extract in Spontaneously Hypertensive Rats.*  
<http://www.nutraingredients.com>.

[Return to Top](#)

---

**The information in this article is not intended to provide personal medical advice, which should be obtained from a medical professional, and has not been approved by the U.S. FDA. Copyright 2003 by Vitamin Research Products, Inc. (VRP) The use of information found in Vitamin Research News for commercial purposes is prohibited without written permission from VRP.**