WHAT COMMON "ROOT" DO HEART DISEASE, OSTEOPOROSIS, & KIDNEY STONES SHARE?

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Here I go again, beating the same drum, but everywhere I go I seem to encounter people whose stories just amaze and in some ways infuriate me. I met a gentleman in *The Common Man* the other evening who told me his doctor wants his total cholesterol to fall below 100!!! For heaven's sake, *why*?? What possible good can come from so drastically depleting the body and brain of a substance so vital to health and vitality? Ah… but at least this gentleman can rest easy when it comes to thought of having a heart attack or suffering a stroke, right?

If you've been listening at all over the last few months you'll know *my* answer is a big fat *NO*. I want to explain this all very simply but passionately. Arteries form plaque when they are damaged, and they do this in an effort to save your life. Sure, if not taken care of this "lifesaver" can kill you. So the first thing you want to do is keep your arteries healthy or improve their condition if they're already beat up. We do this by avoiding polyunsaturated fats, such as vegetable oils; trans-fats, such as margarine, commercial peanut butters, baked goods that aren't homemade, French fries, and the list goes on. Why? Polyunsaturated fats are molecularly unstable and tolerate heat very poorly. They oxidize readily in your bloodstream, forming free radicals and generating inflammation that damages the arterial lining. In the case of trans-fats, the same principle applies, but added to their damaging effects is the fact that the blood has a very hard time breaking these fats down.

To help control the inflammation we use a very finely distilled fish oil at a dose of 4000 mg daily. To avoid the problem of fat that is difficult to break down, we avoid those fats (polyunsaturated and trans fats primarily). Another important strategy is to keep homocysteine levels down. Homocysteine is broken down into the amino acids methionine and cysteine when there is an adequate supply of Vitamins B12, B6, and folic acid. High homocysteine is associated with narrowing and hardening of the arteries, in addition to the formation of blood clots.

There is a form of cholesterol called lipoprotein (a), or Lp(a). This is not normal LDL cholesterol but a form of this cholesterol. In 1989 Linus Pauling theorized that Lp(a) was deposited as plaque because of the lack of collagen present in damaged arteries due to long-time deficiency of Vitamin C. He noted also the Lp(a) "melting" action of collagen. His artery protection program consists of (split dose of each and take twice daily 12 hours apart):

- Vitamin C 5000-10,000 mg daily in divided doses, titrating up gradually to bowel tolerance – Vitamin C's role here is to prevent further cracking of the arterial wall, which caused the problem in the first place.
- L-proline 6 grams (3 grams each of two doses). L-proline acts to release Lp(a) from the plaque and prevent further deposition of the same.
- L-lysine 6 grams (3 grams each of two doses). L-lysine works to accomplish the same thing as L-proline.

Now that that's out of the way, let's get to the part I think will really knock your socks off. Although we've seen a correlation in some people to a component of plaque that can be said to be associated with cholesterol, lipoprotein (a), the most abundant substance in arterial plaque is *calcium*. Ah…think about this. Most people I talk to are under the general impression – or direct instruction from their healthcare providers – that calcium is one supplement they should be taking, even if they take very little else. Osteoporosis is one of the major health issues facing us in modern times, after all, a demineralization of the bones. But follow me here – when calcium leaches out of the bones it goes into the bloodstream. The parathyroid glands keep very careful control of how much calcium is in the bloodstream, and the excess – if not deposited in the bones – has to go *somewhere*.

Not only does the calcium leached from bones have to go somewhere, but all of that extra calcium you're taking in an effort to help your bones get stronger isn't getting into the bones either, so *it* has to go somewhere else too! "Where does it go?" you might be wondering. I thought you'd never ask! It is deposited throughout the soft tissues of the body. Carolyn Dean, M.D., N.D, explains in *The Magnesium Miracle* that in the large intestine calcium deposits interfere with intestinal peristalsis, resulting in constipation; the calcium precipitates out in the kidneys and combines with phosphorous or oxalic acid, and kidney stones are formed. It can deposit in the lining of the bladder and prevent it from relaxing and filling completely with urine. This can result in the need to urinate too frequently. Calcium can precipitate out of the blood and be deposited in the linings of the arteries, contributing to the formation of arterial plaque. Calcium can even be deposited in the brain and is being researched for a role as a possible cause of dementia, Alzheimer's disease, and Parkinson's disease.[1]

The good news is that if you use a nutritional strategy to address osteoporosis, you will also be helping your heart, your kidneys, your brain, and the rest of you! My *Cadillac* version of this protocol includes:

- Vitamin D3 5000 IU nightly
- Natural Vitamin K2 (MK-7) 90 mcg daily with food
- Magnesium glycinate 600 mg (not elemental magnesium amount) – 3 capsules nightly (some other forms of magnesium are good, also – oxide is very poorly absorbed however)
- Calcium MCHA 300 mg daily (avoided for a time if you've been taking supplemental calcium as a routine without the above co-factors)
- A bioavailable form of silicon, such as *BioSil* by Jarrow as directed
- Bio-identical hormones are very helpful here; DHEA and progesterone

Again, the goal of this plan is to strengthen bones by depositing calcium into them while removing it from soft tissues, thereby improving systemic health, to include the heart, the brain, and the kidneys. Getting to the "root" wins again!

[1]Dean, Carolyn, M.D., N.D., *The Magnesium Miracle*, Ballantine Books, New York, 2007.