THE TUESDAY MINUTE

THIS WEEK'S TOPIC

Elevated Triglycerides

"This simple protocol dropped triglycerides by 26.4% even when the patients did NOT change eating, drinking, or exercise habits."

Perhaps there is a more effective, yet less expensive, way to screen your patients for heart disease. Let's look closely at triglycerides and their relationship to HDL and LDL cholesterol.

William Castelli, director of the Framingham Heart Study, stated that "serum triglycerides above 150 with HDL below 40 was a pattern indicating high risk to heart disease and stroke." Dr. Harry Eidinier, one of my mentors, came to the same conclusion as he and his colleagues spent over 10 years collecting data on over 10,000 patients using a very sophisticated collection of tests that came to be known as the "Biochemical Blood Biopsy." Patients who had the "high triglyceride with low HDL" pattern were tracked and in the final analysis it was found that many of these patients ultimately suffered with atherosclerosis leading to heart disease and/or stroke.

So what are elevated triglycerides, and when should we take action? First let me thank Dr. Harry Eidinier for his comments and discussion on this topic. Here is his recommendation: "When triglycerides are 60% or more of total cholesterol or LDL levels are increased above 120, especially if HDL levels are under 40, further testing should be ordered to assess cholesterol particle size and density."

We covered testing for particle size and density in earlier Tuesday Minutes, but more recently this testing has become available through Professional Co-op Services in Florida, called the VAP test for around $70.00. The advantage of working with Professional Co-op is that you don't have to draw blood in your office; you can send patients to a draw station.

Let's look at the triglyceride calculation. If total cholesterol is 200, the 60% triglycer-

ide number would be 120; and if that number is coupled with an HDL that is 40 or less, let's pay attention.

Where do triglycerides come from and how can we lower them? Triglycerides are produced predominately from dietary carbohydrates, not from dietary fat. A high carbohydrate diet causes your triglycerides to rise. So from a dietary standpoint, we have to remove fast acting sugars and reduce the overall carbohydrate load. Set a goal initially at 60 grams a day.

Here's an interesting clinical trial conducted by Dr. David Brownstein. Knowing that triglycerides are the result of excess dietary sugars, he recommended a product by Biotics Research called GlucoBalance and organic Flax Seed Oil both at the dose of 2 capsules three times a day. GlucoBalance was developed as a foundational product for blood sugar irregularities. It consists of the basic vitamins, minerals and co-factors needed to optimize blood sugar control.

Dr. Brownstein chose 20 non-compliant patients, 14 women and 6 men, who were instructed not to change their eating, exercise or drinking habits for thirty days. Initial pre-study triglycerides averaged 262. Post study triglycerides averaged 192, a 26.4% reduction. The most dramatic results occurred in the fourteen women who averaged a 28.7% reduction. 19 of the 20 participants had significant decreases in their triglycerides. Dr. Brownstein suspected the reason the lone patient was unsuccessful was due to non-compliance with the supplementation.

Updated protocols suggest GlucoBalance, 2 to 3 capsules three times a day along with the appropriate Essential Fatty Acid product, 4 to 6 grams. I like Optimal EFAs which is a mixture of omega-3, 6 and 9s from organic flax, borage and small fish. In addition use ADHS, 2 to 3 tablets in the morning and 2 to 3 tablets at noon.

We've covered Essential Fatty Acids on several Tuesday Minutes; however, you may not be as familiar with ADHS. ADHS stands for adrenal hyper secretor and is an adaptogenic formula designed to support normal cortisol levels. Most people with increased triglycerides have metabolic syndrome, hence the reduced carbohydrate diet. Most people with metabolic syndrome have adrenal cortical hyperfunction, hence the ADHS.

Dr. David Brownstein discusses hyperlipidemia in great detail along with other topics at his seminars. You can find dates and locations below. Also below is a page describing lab values for insulin resistance or dysregulation. Here we've focused primarily on triglycerides, but insulin dysregulation and metabolic syndrome are major pieces to the cardiovascular puzzle.

Heart disease is still the number one killer in the U.S.; but using the basic tests we've discussed, you can give your patients lifesaving information years before the complications develop and the dreaded emergency room visit. Why wait? You don't have to be an expert to use some of these inexpensive lab tests. Applying these simple wellness applications can make a huge difference in your patients' lives.

Thanks for reading this week's Tuesday Minute edition. I'll see you next Tuesday.