Recent media interest about cholesterol has offered chiropractors an excellent opportunity to educate their patients. A review of current literature reveals two distinct theories when it comes to cholesterol and heart disease. One theory, and the premise of several articles and books, does not find credence in the belief that high cholesterol is dangerous to the cardiovascular system. The other, more commonly ascribed theory is high cholesterol does equate to cardiovascular inflammation and disease, and happens to be the theory that the allopathic community follows. While both theories show some merit, and both have interesting data extolling their espousements, at this time, it is clinically more prudent to follow the predominantly accepted cholesterol/cardiovascular disease model due to the fact that it has more supportive data, and patients and the medical community have already bought into the theory – thus the plethora of cholesterol lowering medications. Most chiropractors have patients with elevated cholesterol, many of whom are not aware of alternatives to lowering their cholesterol naturally.

Statin Use and CoQ10 Status – the vicious cycle

Ubiquinine, aka Coenzyme Q10, and most commonly referred to as CoQ10 is a vitamin-like essential lipid-soluble antioxidant found in every cell in the body. Central to mitochondrial functioning, the body and the heart in particular, require a steady supply of CoQ10 for energy production. It is widely accepted that decreased CoQ10 status has a direct correlation with increased risks of cardiovascular disease. While it is true that the body can synthesize its own supply of CoQ10, the process requires 17 separate steps and requires optimal levels of vitamin B2, B3, B5, B6, B12, folate, vitamin C, and the presence of several trace elements. Endogenous production of CoQ10 peaks in the early 20’s, and decreases by more than half by the eighth decade of life. CoQ10 acquisition from food sources is limited at best, with less than 5mg per day being consumed as part of a typical western diet. Physical and mental stress, alcohol consumption, nicotine use, and certain metabolic disorders may also further deplete CoQ10 levels. It is thereby essential that CoQ10 supplementation be advocated as part of a healthy nutritional program.

Preventative dosing typically ranges from 30-120mg per day, and therapeutic trials have been performed with doses as high as 3000mg per day. As statin usage increases and diagnostic guidelines for statin recommendations are lowered, more and more Americans face serious health challenges.

Vitamins C & D – Nature’s Statins without the side effects

Two common vitamins, C and D, are showing promise in the prevention and treatment of hyperlipidemia and hypertension. In numerous studies vitamin C has been shown to be particularly beneficial. In a 2006 study, it was noted ascorbic
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acid used at 15mg/100g body weight per day was highly effective in reducing atherogeneity. Another study performed on hyperlipidemic children advocated vitamin C (and E) therapy and noted such antioxidant therapy improved endothelial function. They concluded early detection and treatment in children assessed as high-risk may decrease the progression of athero-sclerosis.7

It has been commonly recognized that the RDI for Vitamin D is grossly inadequate, and a significant percentage of the population exhibit symptoms of clinical deficiency. The Vitamin D Council reports on current research indicates that “vitamin D deficiency plays a role in causing 17 varieties of cancer, heart disease, stroke, hypertension, autoimmune diseases, diabetes, depression, chronic pain, osteoarthritis, osteoporosis, muscle weakness, muscle wasting, birth defects, and periodontal disease.”8

Serum levels of vitamin D are typically found to be suboptimal in patients with elevated cholesterol levels. A report published last year in the Lancet hypothesized that statins are merely analogues of vitamin D and published observations indicate that the clinical benefits of statins are coincidently the same benefits associated with vitamin D supplementation.9 It has been proposed that as analogues, statins merely activate vitamin D receptors, thus mimic the effects of true vitamin D supplementation.10 Current research indicates a minimum of 4000 IU of vitamin D is needed per day, which is far more than the RDI of 400 IU. It is unrealistic to expect to get optimal dosing from food sources as it would require one to consume “40 glasses of milk or 10 multivitamins”11 – neither of which can be clinically recommended. Commercial vitamin D supplements are available in two forms: vitamin D2: Ergocalciferol, and vitamin D3: cholecalciferol. Although both are classified as vitamin D, they are very different in bioavailability and mechanism of action. Ergocalciferol is not found naturally in the body, and is derived from irradiated fungus. Due to the degree to which it can be metabolized, it may be more toxic in cases of overdose. Cholecalciferol on the other hand, is naturally present in humans and is the preferable form of supplementation.12

In conclusion, practitioners have many natural alternatives to potentially dangerous cholesterol lowering medications. Improvements in diet and exercise, while always recommended, may not be physically prudent or effective for patients. Supplementation offers a simple, affordable, and effective way to support healthy cholesterol levels while offering significant secondary improvements at the same time. (footnotes available upon request)

About The Author

Miranda E. K. Jorgenson, D.C. is a Physician Advisor for Biotics Research Corp. She is a graduate of Texas Chiropractic College.