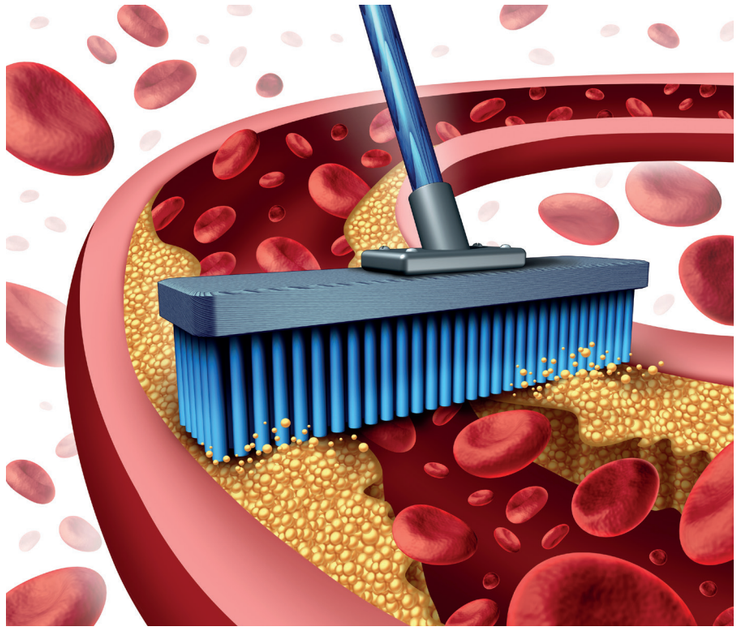
A new way forward

An eminent cardiologist reveals the evidence for a new discovery in the fight against cardiovascular disease.

Cardiologist **Dr. Ross Walker** has conducted clinical research into an orange extract (bergamot) and has 4,000+ patients experiencing striking metabolic benefits.

WHAT YOU WILL LEARN

- The atherosclerosis timetable begins earlier than you would expect
- A reasoned case for the integration of a specific supplement for arterial health
- A range of natural OTC products for blood vessels, arteries and heart function



Cardiovascular disease is the leading cause of death in developed countries.

Atherosclerotic coronary artery disease is the commonest form of cardiovascular disease, accounting for around one-third of all cause mortality in people over the age of 35.

As many of the developing nations adopt more affluent life styles, we are seeing increasing rates of cardiovascular disease in those areas. There are numerous studies now confirming that atherosclerosis commences very early in life.

Atherosclerosis is defined as the deposition of fatty substances, inflammatory cells and mediators in the subendothelial layer of blood vessels, eventually leading to thickening and hardening of medium- to large-sized arteries. Atherosclerosis has a very long pre-symptomatic phase, often lasting decades.

Common clinical manifestation of Atherosclerotic Vascular Disease (AVD), such as acute myocardial infarction, unstable angina, stroke or sudden cardiac death, usually occur following the rupture of a large plaque in the blood vessel wall. It is very unusual for these events to occur as part of a slow, progressive obstruction in an artery. This is a common misconception.

CVD MANAGEMENT

The conventional management of cardiovascular disease is the combination of lifestyle modification, along with orthodox pharmaceutical therapy, typically statins, blood-thinning and other drugs. There is also no real argument that the best management of cardiovascular disease is prevention.

Most conventional doctors, however, would dispute the benefits of supplementation. I would like to present an alternative view on what I believe to be the best, evidence-based natural substance available for adjunctive cardiovascular therapy.

A commercially available natural supplement sourced from the juice of bergamot oranges grown on the Southern Ionic strip of Calabria, has now been in clinical use for the past four years. The only product I have found to be effective is a bergamot "polyphenolic fraction" which refers to the pulped juice, not the oil used in Earl Grey Tea which has no metabolic effect. The correct 38% polyphenolic extract must be used to achieve the desired metabolic effects.

I have personally experienced its use in well over 4,000 patients and have been involved in a number of publications with my colleague Professor Vincenzo Mollace, who has headed the seminal research on what I believe to be the most powerful natural product I have had the opportunity to use in my 30 years of practising cardiology.

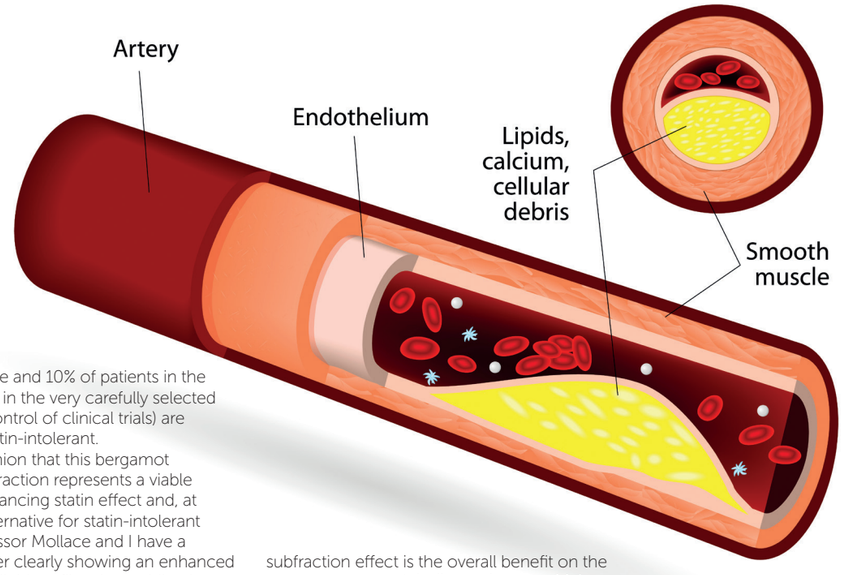
THE CHOLESTEROL DEBATE

The recent vigorous debate about the place of cholesterol, saturated fat and statins in the causation and management of cardiovascular disease has raised some interesting questions as to the most effective forms of therapy.

Firstly, my position regarding statin therapy is that this group of drugs does have an established place in the management of atherosclerotic cardiovascular disease with a very strong evidence base. Statins, however, should not be used in people at low risk for vascular disease purely because they have an elevated total cholesterol.

In my practice, I use a risk management strategy to determine whether pharmaceutical therapy is necessary over and above lifestyle management, and the appropriate use of supplements such as bergamot polyphenolic fraction.

In my experience, a large number of patients experience significant side effects from statin therapy, especially when used in the long term. Furthermore, anywhere between five and 10% of patients in the real world (not in the very carefully selected randomised control of clinical trials) are completely statin-intolerant.



It is my opinion that this bergamot polyphenolic fraction represents a viable adjunct to enhancing statin effect and, at times, is an alternative for statin-intolerant patients. Professor Mollace and I have a published paper clearly showing an enhanced benefit on the lipid profile when adding it to a lower dose of statin compared with double the dose of statin alone[1].

METABOLIC SYNDROME

Another major misconception among the general public and many members of the medical profession is that LDL cholesterol is the bad cholesterol and HDL cholesterol is the good cholesterol. It is, in fact, the specific subfractions of both LDL and HDL that have detrimental effects.

Small, dense LDL cholesterol is in fact the proatherogenic component. Small HDL is the proinflammatory component. The bergamot polyphenolic fraction (and not statins) shift in almost all cases from small dense LDL to large buoyant LDL, and from proinflammatory HDL to anti-inflammatory HDL (small to large HDL). Again, the Mollace group has published data, supporting this benefit. These important clinical benefits have not been shown consistently with statin use[2].

Related to this important LDL and HDL subfraction effect is the overall benefit on the very common metabolic syndrome, which has now been shown to affect over 70 million US citizens, six million Australians and 15 million citizens in the UK.

Metabolic syndrome is characterised by a tendency to Type II diabetes, hypertension, dyslipidaemia (which is characterised by elevated total cholesterol and triglyceride, and low HDL) along with the increasingly common issue of abdominal obesity. These four factors all lead to premature cardiovascular disease. There are also associations of metabolic syndrome which include fatty liver and gout.

The recent Mollace study has also shown benefits for fatty liver and in reducing all aspects of metabolic syndrome. My own clinical experience has mirrored all of the above benefits.

The bergamot polyphenolic fraction has also been shown to have a beneficial effect on maintaining "healthy endothelial function"[3]. It is therefore my medical opinion that it should be used in:

- All patients over the age of 50 to maintain normal arterial function and flexibility.
- All patients with metabolic syndrome.
- All patients on statin therapy in order to achieve the same lipid values at a lower statin dose.
- All patients who are statin intolerant as an alternative to maintaining healthy LDL and HDL subfractions.
- All patients at low risk for vascular disease who have lipid abnormalities.

To conclude, it is my opinion that bergamot polyphenolic fraction is the most important natural substance for the prevention and management of cardiovascular disease that has been available over the past 50 years.

www.bergamet.co.uk

What to stock

Dr Walker has written seven books on health in which he has covered all areas of heart health extensively, including nutrition and supplementation. In these he discusses the importance of supplementing **CoQ10** with statins to compensate for statin-induced depletion of the co-enzyme; **vitamins E and C** and **fish oils.**

These should all find a place on the pharmacy shelf for patients and customers who are advised that they are at risk of cardiovascular disease.

Other products to discuss with your supplier would include:

- Tomato lycopene to improve the function of blood vessels.
- Beta-glucans (from oats and barley) which have EFSA-authorised health claims for their effect on cholesterol and blood sugar levels.
- Resveratrol increases HDL and inhibits LDL oxidisation.
- L-arginine, pycnogenol and Oligomeric Proanthocyanidins (OPCs) all affect the vasomotor control of blood vessels.

For more information see the September-October issue of *Natural Pharmacy Magazine*, "Cholesterol and Statins" by Babi Chana, pages 38-40. This can be viewed online at www.naturalpharmacymagazine.co.uk.

References

1. Gliozzi M. *et al*, Bergamot polyphenolic fraction enhances rosuvastatin-induced effect on LDL-cholesterol, LOX-1 expression and protein kinase B phosphorylation in patients with hyperlipidemia; *International Journal of Cardiology* 170 (2013) 140-145.

2. Gliozzi M. *et al*, The effect of bergamot-derived polyphenolic fraction on LDL small dense particles and non alcoholic fatty liver disease in patients with metabolic syndrome; *Advances in Biological Chemistry*, 2013, doi:10.4236/abc.2013.34041, published online 2013.

3. Mollace V. *et al*, Hypolipemic and hypoglycaemic activity of bergamot polyphenols: From animal models to human studies; *Fitoterapia* 82 (2011) 309-316