Reversing Heart Disease with a Vitamin

By Daniel Cobb, O.M.D.

What is one of the world’s very best treatments for arteriosclerosis (aka hardening of the arteries via plaque deposits)? The treatment doesn’t involve drugs or surgery; it requires only commonly available nutritional supplements, and can substantially improve a person’s condition inside of a month. This therapeutic treatment has been around for 50-60 years, has been effective in tens of thousands of cases, and was championed by Linus Pauling1 who was a two-time recipient of the Nobel Prize in science.

The treatment involves supplements that cost less than $90 per month, and the only side-effect is that you become more resistant to colds and flu.

An important note is that it’s a mistake to think of arterial plaque deposits as heart disease itself. The plaque deposits lining the walls of arteries are a downstream effect of what begins as damage to artery walls. Under optimal conditions, this damage would be quickly repaired, because the major arteries – particularly coronary arteries - are under significant mechanical stress and having the blood “break through” a major artery wall could be almost immediately lethal and the body uses plaque to keep that from happening.1

The arterial repair process revolves around the creation of new collagen and elastin fibers in the area of the damage. There is a package of nutrients necessary for the creation of these fibers, and almost all of those nutrients are usually available in sufficient quantity in a healthy body. However, one of those nutrients, vitamin C, is often in short supply.2

Vitamin C is involved in hydroxylation reactions, and plays a critical cross-linking part in the creation of collagen fibers.21 The cross-linking is what gives the fibers most of their strength. It is possible for the body to make collagen in the absence of vitamin C, but the resulting collagen, that lacks the cross-linking, will be very weak and fall apart easily.

Vitamin C performs many functions. It is an antioxidant and it is required by the adrenals for best response to stress.4 Vitamin C plays an important part in the immune system, besides being required to produce collagen fibers, a key component of arterial self-repair.1 It is also used by the body to chelate, or remove heavy metals bit by molecular bit.5 It is important to point out that vitamin C is not stored in the body, nor does the human body produce vitamin C on its own.

Fortunately, however, vitamin C can be found in most foods. It is present in every fruit, vegetable, and even in meats. Vitamin C, however, is fragile, and heat used in cooking temperatures compromises it.6 So, if most of your food is cooked, dried, preserved, processed, packaged, or canned, then it’s likely you aren’t getting enough vitamin C from your food, thus risking that you might not have enough vitamin C for crucial body functions (such as synthesizing collagen fibers).

When artery walls are damaged and vitamin C is in short supply, your body may not be able to fix the damage optimally, but the body has a plan “B.” As in the story
of the Dutch boy who sticks his finger in the dike, your body will try to shore up the weak points in the artery walls until they can be repaired. The plaque deposits that heart disease patients have been told to be so afraid of are actually band-aids purposely placed by the body at weak points of the arteries to prevent deadly breakthrough bleeding.

The major problem with Plan B, plaque repair of artery walls, is that until very late stages in this disease process, there is no pain, and the person is usually totally unaware of any problem. When there is a lack of vitamin C, instead of using the remedy of vitamin C to repair the damage to the artery walls immediately, the body has to make more plaque that then accumulates. This results in more deposits, and, in places where the artery wall damage is more concentrated, a thicker and thicker buildup of plaque. Eventually the damage in a particular area of an artery may be so great that the body faces a difficult choice – either risk breakthrough bleeding at the point of the greatest arterial weakness or risk having a blood clot close off the artery entirely. When a person finally gets to this stage, a blood clot is often the last step to closing off the artery and bringing about a heart attack.

The plaque deposits are actively engaged in saving our lives – by preventing breakthrough bleeding. Because the fear and hysteria about heart disease is so pervasive, it is useful to point out that the plaque deposits and all their component parts, including cholesterol, lipoprotein(a), calcium (remember the dreaded “calcium score”), are not enemies. The plaque deposits and all their component parts are where they are on purpose, not by accident. They are serving to keep us alive. As long as we respond in a timely manner, plaque deposits and their components do not need to be attacked by drugs, mechanically removed by balloon angioplasty, or circumvented using bypass surgery. If we follow the logic of the “vitamin C” model of treating heart disease, all we need to do is simply repair the damage to our artery walls. Once we remove the purpose for their existence, these plaque deposits should fall apart and leave without requiring any further encouragement. [See adjoining sidebar.]

The vitamin C theory is still just a theory until we try to test it out on real people with the plaque-deposit blockages type of heart disease. So, the question becomes: what happens when we provide abundant quantities of the nutrients required to fix damaged areas of artery walls. The almost universal result is that, as the arterial damage heals, the plaque deposits are released from the artery wall. Eventually this disease condition can be substantially or even completely reversed.

The unfulfilled potential of this previous statement is that, although there are mountains of anecdotal evidence that the vitamin C approach works, there have been very few controlled scientifically designed studies that come to the same conclusion. In one study, in 1954, Canadian M.D. G. C. Willis showed that doses of 500 mg 3 times per day made very substantial improvements in the arterial blockages of heart patients. The vitamin C releases the plaque deposit by repairing the damage that started the plaque deposit in the first place.

There is one other study that was designed to prove that chelation therapy

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We are creatures who look before and after: the more surprising that we do not look round a little, and see what is passing under our very eyes.
—Thomas Carlyle, Sartor Resartus; Oxford World’s Classics, 2008 ed., pg. 4

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Calcium and Heart Disease

Common scans of the heart in heart disease patients involve a “calcium score.” Zero is the best score. Reading these lab test results sometimes gets our competitive juices flowing, and we want to obliterate the “dangerous” calcium. But this is just as misguided as reducing blood cholesterol.

Plaque deposits are primarily a combination of cholesterol and calcium. Where conventional medicine presents the plaque deposits as pathological, I present them as adaptive. The calcium is part of the plaque deposit, and the plaque deposit is part of the adaptive reaction to “band-aid” over weakened artery walls.

Once you accept the idea that the calcium is there on purpose instead of by accident, then less care needs to be paid to how the calcium (and the rest of the plaque deposit) can be removed. When the purpose for the plaque deposit disappears (when repairs are made to the damaged area of the artery wall behind the plaque deposit), then the calcium, along with the rest of the plaque deposit will disappear on its own.

What draws a plaque deposit to the artery wall is the damage/inflammation. As the damage is repaired and inflammation is reduced, the plaque deposit gradually disconnects from the artery wall.

Whereas, it might be true that ascorbic acid will chelate calcium ions from a plaque deposit, it is also true, as long as the plaque deposit is serving a valuable purpose, that whatever calcium is chelated by the vitamin C will be quickly replaced by the body’s plaque-forming processes. The bottom line is that the vitamin C does not effectively remove the calcium from the plaque deposit. The vitamin C releases the plaque deposit by repairing the damage that started the plaque deposit in the first place.

—Dan Cobb, O.M.D.
Omega-3 Fatty Acids Prevent Muscular Deterioration

Omega-3 fatty acids have been shown to promote muscle protein production in the elderly, and to combat the onset of sarcopenia, an age-related condition marked by the decline of lean body mass and strength. The study, led by Bettina Mittendorfer (Division of Geriatrics and Nutritional Science at Washington University School of Medicine, St. Louis), showed that adding four grams of omega-3 fatty acids (DHA and EPA) to the diet for eight weeks produced significant increase in muscle mass. Along with this came an intensified activation of a signaling pathway designated as mTOR-p70s6k, which the researchers identify as an “integral control point for muscle cell growth.”

People in their twenties have up to 60% fat-free muscle mass, which drops to under 40% in their seventies. “A major cause for the loss of muscle mass with advanced age is the inability of aging muscle to adequately increase the rate of muscle protein synthesis in response to nutritional stimuli,” the authors of the study stated. The study was published in the American Journal of Clinical Nutrition. The exact mechanism by which omega-3s reverse this effect of decreased muscle protein synthesis remains unknown.


This treatment, works wonders. …Heart disease is easier to treat than low-back pain...

Utterly amazing, where I am there has been no looting, no pushing in lines. People leave their front doors open, as it is safer when an earthquake strikes. People keep saying, ‘Oh, this is how it used to be in the old days when everyone helped one another.’ …I find food and water left in my entranceway. I have no idea from whom, but it is there. Old men in green hats go from door to door checking to see if everyone is OK....”

—“Ann,” in Japan during the March, 2011 earthquake and tsunami, from Medical News Commentaries, “Finding Beauty When All the Lights Go Out,” Mark Sircus, Ac., OMD, newsletter@magnesiumforlife.com

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with the ascorbate vitamin C needs to be taken into account. In some patients, vitamin C dosages may rise as high as 18 grams per day (Linus Pauling’s daily dosage), and at that level the mineral dosages in the ascorbate forms of C could cause problems/imbalance.

To get the best results, I recommend Cardio-C from the Vitamin C Foundation. I use it myself. It is a powder, easily absorbed and has no excipients.

The vitamin C portion of this treatment is primarily pure crystalline ascorbic acid. Some people may develop diarrhea from high doses of vitamin C, especially when they are taking pure ascorbic acid. The intestinal problems are usually avoided by dividing the dosage into about four or more smaller doses per day. Dividing the doses is a wise idea even if intestinal problems never occur, because vitamin C has a half-life of about 30 minutes in the blood, and taking the vitamin C several times per day gives you much better “coverage.”

Rutin—500 mg per day. Works with vitamin C to make it last longer.

L-Lysine—6 grams per day. Used to build collagen fibers and also helps disintegrate plaque deposits as repairs are being made.

L-Proline—1 gram per day. Helps to disintegrate plaque deposits as repairs are being made.

Vitamin E—(should contain all 4 tocopherols and all 4 tocotrienols)—400 to 800 IU / day. Vitamin E is a fat-soluble antioxidant that relieves vitamin C of some antioxidant responsibilities so that the vitamin C can be used to create collagen fibers. Vitamin E is also a mild anticoagulant.

Magnesium (as citrate or chelated)—400 mg / day. It promotes healthy heart rhythm. Magnesium is also a mild anticoagulant.

Co-Enzyme Q10—100+ mg per day. Enables the heart to function at high energy levels. May be even more necessary because of high blood pressures that commonly accompany occlusive heart disease.

Vitamin K—100 micrograms (mcg) / day. K is a natural coagulant to balance the anticoagulant effect of magnesium and Vitamin E, making the blood-thinning effect of the rest of this formula neutral. (K1 and K2 are the natural forms of Vitamin K.)

Copper—2 mg / day. Copper is also necessary for the production of collagen fibers. It seldom gets top billing because fewer people are deficient in this mineral than magnesium for example.

Zinc —about 20 mg per day. Zinc is used to repair tissues, and also balances the copper.

B Complex—use dosage on bottle. Vitamin B6, B12 and Folic acid are useful to reduce levels of homocysteine, which is known to damage blood vessel walls.

Omega-3 fats—from fish oil or flaxseed oil. Somewhere between 1 teaspoon and 1 tablespoon per day depending upon your overall fat intake and body size. Highly unsaturated oils can be effective at quickly moving oxygen. The heart is one area where a lot of oxygen needs to be used. Make sure that the oils you use are fresh and refrigerated, because these highly unsaturated oils go rancid easily.
In my clinic, we have a saying, “Heart disease is easier to treat than low-back pain.” This treatment, when done correctly, works wonders. Out of all my heart disease patients, I have had only one who did not improve significantly, and that one patient did not use the recommended type of vitamin C. Another patient last year completely reversed her heart disease in 2 months. Δ

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