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AS WE SEE IT

NEW VIEWS ON ATHEROSCLEROSIS

Artery disease remains the leading cause of death in the Western World. The reason so many people continue to suffer heart attacks and strokes is that long held concepts about atherosclerosis have turned out to be wrong!

That's what was reported in graphic detail in the May 2002 issue of Scientific American. According to the publication, atherosclerosis is the result of chronic inflammation in the arterial lining. Emphasized in the Scientific American article was how pro-oxidants, cytokines, LDL-cholesterol and products of glycation contribute to atherosclerosis by facilitating inflammation.

Life Extension members were long ago informed about the cardiovascular dangers of chronic inflammation and what they could do to protect themselves. As prestigious scientific publications confirm our early findings, a growing number of cardiologists are testing their patients' blood for C-reactive protein, homocysteine and fibrinogen. When any of these inflammatory blood markers are elevated, the risk for heart attack or stroke dramatically increases.



William Faloon



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Prescription drug folic acid

A drug company has patented a product called FOLTX that cardiologists are now prescribing to their patients for the purpose of lowering homocysteine. Each tablet of FOLTX contains:

- 2.5 mg of folic acid
- 1.0 mg of vitamin B12
- 25 mg of vitamin B6

The cost for 90 tablets of FOLTX from www.drugstore.com is \$38.08—or about double the retail price of these same potencies of vitamins when purchased in a health food store.

Cardiac patients are being told by their doctors to stop taking other vitamins and only use FOLTX. The problem with this recommendation is that many people need higher doses of vitamin B6 in order to lower homocysteine levels to below 7 (mcmol/L). In the March 1999 issue of Life Extension magazine, a report was published based on our research showing that high-dose folic acid does not always adequately suppress homocysteine. We found that a significant percentage of supplement users still need 250 mg to 500 mg of vitamin B6 plus 1000 mg and greater of TMG (trimethylglycine) each day.

Mainstream medicine is still not prescribing enough homocysteine-lowering supplements to protect everyone against homocysteine overload. As is the case with all prescription medications, the cost of homocysteine-reducing drugs is considerably inflated.

Media distortions

The media has not ignored the findings about the dangers of homocysteine. Frequent news updates report that people who consume higher amounts of folic acid and other vitamins have a decreased risk of heart attack and stroke.

The media, however, is erroneously crediting the FDA for requiring food makers to add folic acid to cereals, pastas and breads. The implication is that the FDA knew of the cardiovascular-protecting effects of folic acid and wanted to make sure Americans were not deficient. Nothing could be further from the truth!

New Studies Confirm Homocysteine's Dangers

Based on human studies initiated years ago, scientific literature is reporting additional mechanisms by which homocysteine inflicts its lethal effects.

For years, the FDA battled against folic acid food fortification and supplementation. The only reason the FDA capitulated on the fortification issue was irrefutable evidence that folic acid would prevent birth defects. The FDA still does not acknowledge folic acid's multiple disease-preventing benefits.

When the FDA raided Life Extension's premises on February 26, 1987 at gunpoint, they not only seized folic acid supplements, but they also carted away every piece of our literature that described folic acid's cardio-protective effect. When challenged about the seizure of the literature, FDA officials stated that it was illegal to make a health claim that folic acid has any relationship with heart attack risk.

The FDA has been openly hostile to folic acid for decades, and the result has been millions of needless heart attacks and strokes that could have been prevented if a health claim could have been made about folic acid.

Crediting the FDA for mandating folic acid fortification is an egregious distortion of history. An analogy would be to credit the British for freeing the American colonies while failing to mention the long-fought Revolutionary War that resulted in England's capitulation.

The FDA versus folic acid

For decades, the FDA argued against folic acid supplementation because the presence of folic acid in the blood could mask a serious vitamin B12 deficiency. But the Journal of the American Medical Association (Dec. 18, 1996) noted that folic acid supplements fortified with vitamin B12 would be a prudent way of gaining the cardiovascular benefits of folic acid without risking a B12 deficiency. Hundreds of studies in the world's most respected scientific journals have confirmed the benefits of folic acid and other vitamins as a means of reducing the incidence of heart attack and stroke. Nevertheless, the FDA still does not accept that folic acid has any benefit other than preventing a certain type of birth defect.

It took the FDA more than 30 years to acknowledge that folic acid prevents neural tube birth defects. Tens of thousands of deformed babies were born because the FDA prohibited claims that pregnant women should take folic acid. When former Commissioner David Kessler was confronted with overwhelming evidence that women of child-bearing age should supplement with folic acid, he responded in an NBC interview:

"The quandary we're in at the Food and Drug Administration is how to make folic acid available to women of child-bearing age, but not put it in excessive amounts in the food supply for other populations such as teenage boys or elderly people."

The scientific facts are that it is elderly people who most often develop methylation deficits that result in excess homocysteine formation. Life Extension has reviewed blood test results of elderly members and found acute increases in homocysteine over short periods of time. The result of this homocysteine spike is accelerated atherosclerosis and aortic valve stenosis, along with kidney and neurological disorders.

Dr. Kessler was determined to keep folic acid away from the elderly—the very group of people that most need to keep their homocysteine levels in optimal ranges (below 7 $\mu\text{mol/L}$) of blood.

Is the FDA safe and effective?

In this issue, we introduce a new website that dissects the FDA in meticulous academic detail. The massive body of historical data contained on this website represents a stunning indictment of the FDA's multiple failures to protect the public's health. Here is a brief introduction that appears on the home page of this new website:

A study just published in the May 2002 issue of the American Journal of Medicine showed that supplementing with 1000 mcg of folic acid for one year improved flow-mediated arterial dilation by lowering homocysteine. The doctors concluded that, "Long-term folic acid improves arterial endothelial function and has potential implications for the prevention of atherosclerosis in adults with hyperhomocysteinemia."

The February 2002 issue of Circulation Journal showed that elevated homocysteine prevented the development of collateral circulation in the heart of people with a blocked coronary artery. The reason that some people can survive coronary occlusion is that new blood vessels are grown to supply the blocked part of the heart muscle. The doctors concluded by stating, "Homocysteine might be a new undesirable aspect of ischemic heart disease through its inhibition of collateral development."

The April 2002 issue of the journal Stroke reported that the progression of atheroma lesions in the aorta is an independent risk factor for stroke. Elevated homocysteine was shown to accelerate atheroma progression and subsequent stroke risk. The doctors concluded that, "Stroke and transient ischemic attack patients with aortic atheroma should undergo assessment of homocysteine levels, which, if elevated, may be treated with vitamins in an effort to arrest aortic atheroma progression."



“We argue that FDA control over drugs and devices has large and often overlooked costs that almost certainly exceed the benefits. We believe that FDA regulation of the medical industry has suppressed and delayed new drugs and devices, and has increased costs, with a net result of more morbidity and mortality. A large body of academic research has investigated the FDA and with unusual consensus has reached the same conclusion.”

Life Extension believes the data provided on this website will result in future legal and political defeats for the FDA, as their long history of bureaucratic incompetence is irrefutably exposed. The domain name of this new website is www.FDAreview.org. It was put together by the enormous efforts of Daniel B. Klein, Ph.D. and Alexander Taborrok, Ph.D., two impressively credentialed members of establishment academia.



Protecting your own health

The medical establishment and government bureaucracies are inherently slow to react to new scientific findings. The result is that staggering numbers of people suffer and die while effective means to prevent their diseases already exist.

As more studies document that the risk of contracting disease can be significantly reduced, it becomes imperative for individuals to protect their own health. Physicians cannot be expected to initiate this role.

Obesity is rapidly becoming the leading cause of disability and death. In this month's issue, we introduce novel methods of shedding excess body fat. While doctors may tell you to lose weight, they provide little practical guidance.

We also present solid evidence for physicians to prescribe overlooked hormone drugs for the treatment of depression. While the FDA approves these drugs, most doctors disregard their safe and diverse therapeutic benefits.

As a Life Extension member, you acquire practical knowledge that your doctor may not learn about for many years.

Hundreds of studies in the world's most respected scientific journals have confirmed the benefits of folic acid and other vitamins as a means of reducing the incidence of heart attack and stroke.

For longer life,

William Faloon

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