Cholesterol, triglycerides & CRP all normalised with NT only

Gender, Age, Occupation, Nationality, height and weight.	**Mr. A.S. is a 51 year old solicitor, father & husband who lives in South East England.** **He is 5 foot 10 tall, and weighs 12 stone 1 lbs (178 cm, 75.1 kg).**
Presenting complaint – list and duration	Mr. A.S. presented with elevated total cholesterol, LDL cholesterol, triglycerides and HS-CRP. He had been aware of at least one of these cardiovascular risk markers for a decade. There was a family history of heart attacks also. For some reason peculiar to him, when he reached his 51st birthday, he had determined that he would do something about these markers if the results were still too high. Thus far he had rejected recommendations from his GP to take any medications at all, and instead had aimed to improve his diet and lifestyle. The positive changes he had introduced had not been able to lower his cholesterol though, and many would have willingly turned to drugs such as statins and aspirin and so on, but not Mr A.S. He was not particularly 'into' his health, other than having made a commitment to avoid fried foods, fatty foods such as cream and cheese, keep coffee intake to two per day, only drink alcohol at weekends, not gaining any more weight, and ensuring that he went for a good walk 5 times a week come rain or shine. A reflection overall of a commitment to his health. However, I was unable to determine the specific reasons why he had not wanted to commence medications indicated by the blood test results, the most recent of which were: Total Cholesterol: 8.3 mmol/l (3.8 – 5.2) LDL Cholesterol: 5.57 mmol/l (2.3 – 3.4) Triglycerides: 3.2 mmol/l (0.8 – 2.0) HS-CRP: 3.7 mg/l (< 1.00) Whilst no tests to determine atherosclerosis status has been done, his blood lipids levels were raised and therefore in the face of adverse oxidation there was an increased risk for the development of heart disease. His blood pressure remained normal. A.S. was quite tall, but he was also observably overweight, without having the impression of being in good shape physically.
Any Investigations	Ten years ago, A.S. had the standard medical tests and his cholesterol was a little elevated. Over the next decade the LDL was identified as being high each year and over the past 5 years his triglycerides had joined the other blood lipids in being too high. Two years ago, the HS-CRP was introduced to the panel and it was high too, but it is not known if this was high in the previous years. A.S. had been more stressed at work 10 years ago, but had mellowed in his response to stress and this was perhaps one of the major positive changes that had occurred. He told me how his wife would describe him when he was stressed and how he now recognised that he was quite different now. He had worked for the same law firm for the past 20 years.

	He had gained weight from the age of 30 to 40 and had remained pretty stable since, but had visible excess abdominal fat. Fat found in the abdomen is referred to as VAT (visceral adipose tissue) and it produces up to four times the level of inflammatory cytokines referred to as adipokines, than non VAT contributing to an increased cardiovascular risk. His father had a heart attack when he was 78, which was three years ago, but he was still alive and relatively well, but on medications. His grandfather had died of a heart attack aged 65, he had also smoked. A.S. had never been into exercise, but did like walking and would go for a walk every day of the week, plus sometimes extra at the weekend. Nothing would stop him from getting his walk in. They used to have a dog but she had died so he had walked by himself for the past few years. A.S. did not play any sport. The fact that his persistently elevated cholesterol levels may well have raised his healthcare insurance premiums, did not appear to figure at all in his motivation to engage in the nutrition programme. A.S. ate carbs with each meal, and loved potatoes in gravy. He used to add lots of gravy so that he would need more potato to mop it up. He had muesli or toast x 2 for breakfast, a sandwich for lunch most days and then potatoes or pasta for dinner. He did not snack during the day. He did have two coffees in the morning, but they were black with no sugar.
Strategy	The strategy was to make further simple improvements to his diet with a focus on the portion size of carbohydrates, because they can most readily lead to elevated blood lipids. It was hoped that this alone would reduce the triglycerides and hopefully the cholesterol too. Higher levels of insulin can cause both to increase. The next was to include therapeutic supplements to his diet, which he came in expecting to take, which were designed to support healthy levels of blood lipids as well as to reduce the raised level of CRP. He was willing to make these changes, but I sensed that he was reticent about the diet but keen to take the supplements. On the one hand, I got the impression he was very much pro a natural health route and on the other he did not appear to be keen on making any further change and was willing to rely on the supplements to do the job. He was an interesting mix.
Diet & Supplements: name and dose	A.S. agreed to reduce the amount of carbs eaten at each meal and in particular his evening meal. He still wanted to eat potatoes and so we agreed to a limit of 3 instead of 5, large-egg-sized potatoes at any given dinner. Dinner time was also not going to be later than 8 pm, which is what his wife preferred too. At dinner, I recommended he eat more veg and less dense calories either in the form of carbs or protein. This was in order to reduce the overall calories eaten at dinner without appearing to do so.

I did not address the coffee, as I did not want to remove a stimulant in the short term that might lead to an increased carb craving whilst at the same time as reducing the carbs too.

At breakfast, he agreed to reduce his carb intake and to eat an egg but only if he made at least an equivalent reduction in the bowl of muesli. This required the full explanation of how carbs can raise blood fats and not eggs even though eggs contain cholesterol and muesli does not. He told me that he heard of this before, and now seemed vaguely that he understood this apparent paradox with his comment "well, there's no point in NOT doing what the expert tells me – this is what I came here today for". At lunch, he agreed to leave half a piece of the bread in the sandwich.

The intention overall was for A.S. to eat fewer calories and lose some weight at the same time as improving the blood parameters.

We agreed that he would enrol the company Dr to conduct a repeat of the tests for him so that we could monitor his progress.

The first supplement programme recommended was as follows:

Product & Brand	Dose
KappArest™ (BRC)	2 with each meal
GlucoBalance® (BRC)	2 with each meal
Lipid Sirt® (BRC)	2 with breakfast & 2 with dinner

He followed this programme for 8 weeks and then ran out of some of the supplements for a week or more and then did another blood test, and then met me 10 days after that when the results had come back. He had finished all of the supplements by the time we met at the first follow up.

Based on his progress the supplement programme was changed to this:

Product & Brand	Dose
KappArest™ (BRC)	2 with each meal
ProMulti Plus® (BRC)	2 with each meal
Lipid Sirt® (BRC)	2 with breakfast & 2 with dinner
EFA-Sirt Supreme® (BRC)	2 with breakfast & 2 with dinner

A.S. followed this programme for another two months and a bit (10 weeks) and then managed to get another test done and the programme was altered somewhat to this when we met a further week after that:

Product & Brand	Dose
KappArest™ (BRC)	2 with breakfast & dinner
ProMulti Plus® (BRC)	2 with each meal
Lipid Sirt® (BRC)	2 with breakfast & 2 with dinner
EFA-Sirt Supreme® (BRC)	1 with breakfast & dinner

After explaining the need to continue with the programme in order to continue to derive these benefits, A.S. agreed to continue with the supplements. He did not mind at all taking them, and from our conversations it appeared that he knew he could be doing more with his diet, lifestyle and exercise but was content to be able to simply take the supplements.

Supplement Information

KappArest™ (BRC)
Provides a blend of proven anti-inflammatory plant extracts and antioxidants with BioPerine which enhances the uptake and efficiency of these ingredients. The formula was developed to beneficially modify NF-kB (nuclear transcription factor kappa B) which influences an inflammatory gene related cascade and many other pro-inflammatory cytokines.

GlucoBalance® (BRC)
Formulated by Alan Gaby MD & Jonathan Wright MD, this multi nutrient formula is designed to support a healthy level of blood glucose and lipids. It provides clinically useful levels of chromium and biotin in addition to the multi vits & mins.

ProMulti Plus® (BRC)
Formulated by Dr Alex Vasquez, this comprehensive multi provides useful levels of vitamin D, folic acid and vitamin B12 in addition to the other essential vitamins and minerals. On its own, it has been used clinically to support healthy blood glucose and triglyceride levels.

Lipid-Sirt® (BRC)
It is well documented that specific nutrients have a positive effect on cholesterol levels. These specific nutrients are included in Lipid-Sirt®. Pantethine has been demonstrated to significantly increase levels of HDL, the good cholesterol. A lower level of both total and LDL cholesterol has also been demonstrated with the use of phytosterols. Green tea extract has antioxidant properties and was found to decrease cholesterol solubility, resulting in reduced intestinal absorption. Delta tocotrienol is an effective free radical scavenger and an inhibitor of HMG-CoA (the rate limiting step in cholesterol synthesis). However, unlike statin drugs, it does not inhibit the synthesis of CoQ10. Phytolens® is a patented proprietary procyanidin compound exclusively from Biotics Research, possessing potent antioxidant activity and anti-inflammatory activity.

Formulated by Dr Mark Houston, Lipid-Sirt® provides, per 4 caps, 450 mg of pantethine, 400 mg of plant sterols, 300 mg of green tea extract (50% EGCG),

37.5 mg of delta-tocotrienol, 2.50 mg Phytolens.

EFA-Sirt Supreme® (BRC)
Dr Mark Houston's combination fatty acid product with EPA & DHA and GLA in a ratio of 2 parts omega 3 to one part omega 6. This has a more pronounced anti-inflammatory role than fish oil alone. The reason for not using this in the first instance is that I have found that sometimes fatty acid supplementation prevents blood lipids from decreasing as fast as they might, so I tend to introduce them in the second phase. (I am also aware of the literature which shows the improved blood lipids with the use of omega 3 fatty acids.)

Duration

A.S. met me for 3 consultations over some months; the second consultation was 9 weeks after the first and the third was 11 weeks after that. This is longer than usual between appointments but was determined by the blood tests. A.S. was not a man who required external motivation to follow his programme.

We had some email contact and since the third appointment, we have kept in touch, and A.S. has told me that when he gets the next blood test results, which are to be the annual ones, he will contact me. He continues with the nutrition programme every day.

Outcome

Here are the three test results in a table:

First Result	Second Result (8 wks)	Third Result (10 wks)
TC – 8.3	TC – 6.8	TC – 5.5 mmol/l
LDL – 5.57	LDL – 3.63	LDL – 2.85 mmol/l
TGs – 3.2	TGs – 1.9	TGs – 1.5 mmol/l
Hs-CRP – 3.7	Hs-CRP – 2.2	Hs-CRP – 0.8 mg/l

A.S. viewed the success of his programme based on the test results, but he had also lost 1 stone (14 lbs) of weight since he started. This was less than a pound a week but still a noticeable amount. He said he felt better, and was pleased that he had got the results he had been confident that he would. He looked younger too.

In my opinion, the KappArest (BRC) was at least partly responsible for the reduction in HS-CRP.

He asked if he could stop the supplements and if the results would be the same without them. I told him that I did not know, and suggested that if he did then after two or more weeks without supplements that he could re-test again and find out. He said he would consider this, but in the meantime he took the supplements.

In email contact with A.S. some months after the third consultation, I have learned that he is still taking the supplements, and is mostly following the dietary plan. Again, I have the impression but without being told directly, that he feels like the supplements can nullify any deviation from the straight and narrow, as it were, with his diet.

	A.S. is a very matter of fact individual, who made changes and then saw the outcome of those changes. His reduced carbohydrate intake, combined with the supplements is what has resulted in the improvements in his blood markers and his weight. He is satisfied that neither he, nor his Dr and nor his wife will now give him any grief about his cardiovascular risk, and he will persist with the programme that has worked so well.
Comments	No matter what his belief system and what kind of man he is, A.S.'s success is an example of a predictable outcome, in my professional opinion. Reduce carbs and calories and blood lipids decrease, as does excess body fat. Reduce carbs and insulin levels decrease, and in time this reduces the risk of cardiovascular disease. This simple take home message could save the nation millions, and save the population untold heartache from needing to cope with ill relatives. As an aside, I found A.S. an interesting man. He was always calm and considered and I found that, after my second consultation with him, that I toned down my usual higher energy type of consultation and mimicked his more laid back way of being. This seemed to be a better way to proceed and communicate with A.S. Perhaps this was why his blood pressure had been normal? Unlike other patients who express surprise that they were never told that nutrition could bring about such changes, and how they must ask their Dr to tell other patients, or what can they do to let others know and so on, A.S. gave no impression that he would share this process with anyone else.
Practitioner	Antony Haynes, BA(Hons), Dip ION, BANT, NTCC is a Nutritional Therapist working in W1, London.