Feature Article:

Genetic defects… we are doomed!

Lipoprotein (a)

My patient Gertrude, a 75 year old female presents to the clinic at the end of 2014 with a stack of books and a desire, or rather a demand based on what she had read, to begin chelation treatment. However, a review of the labs completed by her Primary Care Physician (PCP) made me question this treatment approach. Would it really be treating the underlying cause of her illness?

One of those lab results was a Lp(a) level. Gertrude's came in at 298!

I squinted my eyes, refocused, and stared at this large triple digit number, fully knowing the number should be <30. I looked at her, a tall, thin, spry, and physically active woman and thought this must be a lab error. I asked her if her PCP had repeated or challenged these findings. Her response was "he didn't bring it to my attention." Not fully believing her, I asked what treatment he had provided for her, and again her answer was nothing. I looked at her in shock and wondered how she could be sitting here. How could she still be alive? The test results were dated in 2013!

So why all the alarms?

First, many physicians don't realize how common and destructive this genetic marker can be. In 2010, the Lp(a) Association was created to educate the masses and to advocate for the inclusion of this test in all lipid panels. Why? Because 1 in 5 people have an elevated Lp(a). Most don't know they have it. Second, most Doctors can provide no effective treatment. And third an elevated Lp(a) is the strongest, single, inherited risk factor for early coronary artery disease (CAD), aortic stenosis, and blood clot formation. People with an elevated Lp(a) have a 2-4 times higher risk of early heart and blood vessel disease compared to individuals with normal Lp(a) levels. To make matters worse, like many other of my patients, Gertrude had normal lipid levels. However, she did have high blood pressure of unknown etiology, and atrial fibrillation with a past diagnosis of left bundle branch block. She was prescribed Warfarin and Aspirin, but was off both of these meds at the time of her visit to my office. She continued on 3 blood pressure medications: a beta blocker, a Calcium channel blocker, and an Angiotensin receptor blocker.

In the allopathic world, there is no effective treatment for this genetic mutation now known to be linked to VLDLs and the Apo(a) of LDLs. However, in the naturopathic world, we have options. So now in walks Gertrude. What is a Doctor to do?

We cannot under-estimate the power of food as our medicine. Our patient had room for improvement as she could easily slide through a day without consuming any vegetables. Juicing has been documented to drop Lp(a) from the dangerous to the safe zone within a week. For Gertrude, an increase from 0 to 3 different vegetables within a day would be fruitful. No pun intended. Juicing is clearly not a sustaining diet, but rather a fast, and in this case, emergency medicine.

Supplements are the next most effective strategy. I favor a fibrinolytic, preferring a lumbrokinase over a nattokinase, especially when the genetic mutation seems to be as severe as my patients. The dosing strategy is to slowly increase the frequency from 1 to 3 times a day. The lumbrokinase has an 8 hour half-life, so increasing the dosage to TID would provide effective coverage and aim towards prevention of blood clot formation.

In 2015, 3 months later, the number dropped by 181 points to reach 117. Gertrude felt great, her energy increased and sleep improved. A mild, itchy skin rash began to clear. Her blood pressure dropped to 122/68 which was an indication of healthy blood flow with decreased viscosity. To continue our progress, the dosing

slowly increased from 3 caps a day, every 8 hours, to 6 caps a day, every 8 hours and then titrated back down to 1 cap TID over the next 6 weeks. Then my patient moved back to her summer home, stopped taking the Bolouke religiously, and resumed consumption of her weekly fish and chips, no veggies in her diet. It is no wonder the repeat lab results at end of 2015 went back up to 273! We again reviewed the importance of diet and the dosing of the Bolouke. It all paid off!

Lab results from May 2016 had the Lp(a) at 65! In addition, her blood pressure has stabilized, calling for a reduction in her blood pressure medications. Her energy is excessive by her friends and family standards, and her understanding of how genes are not your destiny, was fully appreciated in her unintentional ABA self-imposed research study!

Deborah Ardolf, ND is a graduate of Southwest Naturopathic Medical College. She strongly practices with the mindfulness of our naturopathic oath to find and treat the underlying cause, educate, and allow the body time to heal. She currently practices on the Big Island of Hawaii where she has two office locations