

DR. STEPHEN SINATRA:

METABOLIC CARDIOLOGY AND THE CHOLESTEROL MYTH

Dr. Sinatra completed his conventional medical school training at Albany Medical College in New York. Then after completing five years of training in internal medicine, psychiatry, and cardiology, he joined a bustling cardiology practice.

While working in this cardiology practice, he realized that conventional medicine did not always offer the solution his patients needed. Just after completing his conventional medical training in 1978, Dr. Sinatra was launched into integrative medicine by Dr. Jacob Rinse, a 93-year-old Dutch Chemist who refused bypass surgery because he claimed he had a cure for arteriosclerosis. Sinatra states, “He was erudite, witty, and sharp and he was treating himself with all of the things that we use today for plaque stabilization and plaque reversal: vitamin E, phosphatidyl choline, lecithin, magnesium”. This experience opened his eyes and inspired further training. He completed 10 years of training in Mind-Body Medicine, became a certified psychotherapist, received certification by the American College of Nutrition, and took his board exams in Anti-Aging. Dr. Sinatra’s unique background has given him insight into the causes of cardiovascular disease and real solutions for treating patients with CVD.



THE CHOLESTEROL MYTH

“Most people are under the suspicion that cholesterol causes heart disease and that is a big myth...the conspiracy runs miles deep” states Sinatra. He continues, “lowering LDL does not have the impact we think it does”, and he points out that, “we need cholesterol for many reasons: it forms steroid hormones, in skin it converts sunlight to Vitamin D, cholesterol lubricates the skin, helps neurotransmitter function in the brain, it carries CoQ10, Vitamin E, lipoprotein, and binds harmful mercury. Cholesterol is your friend, not your foe. Cholesterol is only an enemy when you have chronic inflammation in the body—when it is oxidized”. Dr. Sinatra looks at coronary disease as an inflammatory problem and believes statins are effective only in middle age men, primarily due to their anti-inflammatory effect. He tells his patients to avoid “inflamed blood” or “toxic blood syndrome.” Dr. Sinatra explains to his patients that inflamed blood has the consistency of red ketchup, whereas normal blood is more like red wine. When the blood is thinned, it is more like wine and the risks of CVD are significantly lowered.

METABOLIC CARDIOLOGY

Dr. Sinatra was inspired to write his book, *The Sinatra Solution: Metabolic Cardiology*, after learning from Dr. Jim Roberts, another cardiologist, about the missing link for ATP production—ribose. Dr. Sinatra said “At that point in my life, I absolutely became a cellular metabolic cardiologist—a biochemical cardiologist. I needed to get the word out.”

Dr. Sinatra’s philosophy is to treat heart disease at the cellular level so that “patients have a better quality of life, their suffering is eased and they have increased longevity as well.” In his book, Dr. Sinatra tells doctors and patients how to increase ATP production with CoQ10, L-carnitine, and ribose to help prevent heart disease, fibromyalgia, chronic fatigue, and Syndrome X. An updated version of the book, *Metabolic Cardiology: The Sinatra Solution*, is coming out in April 2008 and includes current information on the preferred forms of CoQ10, carnitine, ribose, and has a revised author’s preface.

Dr. Sinatra explains that heart disease is much more than an oxygen-deficit disorder, it is an ATP deficit. “99.9% of cardiologists in this country don’t even think about ATP,” says Sinatra. He explains that the heart has 5,000 mitochondria per cell. Further,

Sinatra says, “A sick heart either has faulty metabolism of ATP or is leaking ATP out of the precious mitochondria. The way to fix patients with diastolic dysfunction, mitral valve prolapse, long standing hypertension, valvular disease, coronary artery disease, or cardiomyopathy is to treat with ATP supporting nutrients. That is why I wrote the book”.

Most people know ATP provides us with chemical energy, but it is also vital to repair and restore cells. When ATP decreases it causes a malfunction of the electrical potential in the cells. Dr Sinatra says, “this is the key to metabolic cardiology”. It becomes necessary to replenish ATP and the best way to accomplish this is to fuel up on the precursors to ATP – he calls them the “*Awesome Foursome*”:

Ribose

Carnitine

Magnesium

CoQ10

Dr. Sinatra has seen the “Awesome Foursome” protocol help thousands of patients with heart disease. Other supplements he gives his patients include vitamins E and C, alpha lipoic acid and other broad spectrum nutritional support.

TESTING PATIENTS WITH CVD

In addition to testing patients’ nutritional status, Dr. Sinatra looks at inflammatory markers when evaluating his patients with CVD. Markers found in the Metamatrix Cardiovascular Health Profile and CardioIONSM Profile are very important for Dr. Sinatra in his cardiology practice. These include Lp(a), homocysteine, ferritin, fibrinogen, and C-reactive protein (CRP). “Lp(a) is the sub particle of cholesterol that is very inflammatory and very thrombotic.” Lp(a) enhances the thickening of blood, he tells his patients.

He also likes to know the sub fractions of cholesterol, the small dense cholesterol and the fluffy LDL and HDL fraction. He also likes the marker, ferritin, which can go high in inflammation or in patients with hemochromatosis. He commonly sees hemochromatosis (or iron overload) in his practice and he estimates that “25-30 million people in this country carry the heterozygous gene for hemochromatosis”. When transferrin saturation, transferrin iron binding capacity, and serum iron are all normal in the patient, then the high ferritin indicates inflammation, not hemochromatosis.

Finally, Dr. Sinatra likes measuring lipid peroxides and the DNA break-down product, 8-hydroxy-2-deoxyguanosine (DNA/Oxidative Stress Test) to look at the oxidative damage in the body. When these markers are high, the body is in a mode of destruction and cannot repair itself, says Sinatra.

CHRONIC FATIGUE AND FIBROMYALGIA SYNDROME

Dr. Sinatra also tackles one of the most difficult conditions facing doctors today—chronic fatigue and fibromyalgia syndrome. Sinatra states, “These people are literally starving in nutrients so we are going to need sophisticated medical testing to point out where insufficiencies lie”. In addition to nutritional deficiency, he lists some of the other causes of CFS as neurotoxin, petrochemicals, pesticides, blunt trauma, hypothalamic-pituitary disconnect, dysbiosis, gluten allergy, Lyme disease, malfunctioning gastrointestinal tract and faulty ATP metabolism. Dr. Sinatra explains, “This bizarre syndrome first begins with immune dysregulation, then hormonal dysregulation, hypothalamic-pituitary disconnect, and finally neurological disorders. Usually the patient looks for help but many conventional doctors cannot figure it out. “We really need a new breed of doctor who knows how to treat this syndrome. I think this horrific problem is going to be the new disease of the future. It is going to take an astute physician and an astute laboratory to figure out this common condition.”

REDUCING RISK OF CVD

When asked what his recommendations are to help the average American reduce his or her risk of CVD, Dr. Sinatra said that a healthy diet was the number one way to reduce CVD risk. He suggests an anti-inflammatory diet that is Organic, with range-fed meats, and has more omega-3 fatty acids. He also recommends targeted nutrition because millions of Americans suffer from nutritional deficiencies. Finally, he said detoxification and positive intention are very important in preventing CVD.

For more on Dr. Sinatra, his books, or to sign up for his newsletter, “Dr. Stephen Sinatra’s Heart, Health, and Nutrition,” please visit his website, www.drsinatra.com.