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Fibrinogen's Secrets

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First of all **if you've already had a heart attack, having elevated fibrinogen shows you who is most likely to die within less than four years**. So if you have already had a heart attack and you're not having your fibrinogen measured, you are being very cheated because it's totally reversible. Many other studies show, for example, that a *fibrinogen over 300 mg/dL indicates that you are at very high risk for early heart attack, stroke, and other vascular diseases*. Of course the standard laboratory reference range for fibrinogen goes up to 423, but that's no surprise, since most cut-offs for dangerous levels are too high, while minimal levels showing sufficient nutrients are notoriously too low, but those are subjects of other articles.

Furthermore, **elevated fibrinogen can be a warning sign of a cancer** that is brewing. And certainly if you have already had a cancer and the fibrinogen is elevated I would be very concerned. You see, cancer cells use sialoglycoproteins and fibrinogen to coat themselves, making their antigenic recognition (docking) sites invisible to the immune system's cells. You recall from April's *TW* how various enzymes dissolve off this coating so that now the immune system can recognize cancer cells and gobble them up. In fact, some cancer treatments take advantage of this and actually use heparin for treating cancers. But from folks that I have witnessed, those using enzymes did better than those on heparin. But perhaps that's because heparin needs a prescription and those docs were not as aware of the rest of the beneficial chemistry of enzymes and the protocols in *Wellness Against All Odds*. Meanwhile every up-to-date doctor caring for a cancer patient should obviously be measuring fibrinogen (as well as all the other parameters in the **Cardio/ION Panel**).

You might wonder why your cardiologist hasn't checked the fibrinogen level and I do too. Even in the *Journal of the American Medical Association* they showed that *for every 100 mg/dL increase in fibrinogen over the norm there's a more than double, 2.4 fold greater likelihood of getting coronary heart disease*. This makes **elevated fibrinogen more dangerous than the commonly checked cholesterol.** But because there are pricey drugs for cholesterol, it receives more attention.

Taming the Fibrinogen

So how do you lower your fibrinogen if you have this dangerous indicator? It won't surprise you that many of the nutrients that you take for other reasons have a potent effect on taming fibrinogen, depending upon your individual deficiencies and toxicities, in other words your personal total load. Fibrinogen is part of an inflammatory response used by the body to protect itself. Needing an oil change produces inflammation, **Cod Liver Oil** is crucial in many people to lower fibrinogen. Why doesn't it work in everyone?

1) Because not everyone has a deficiency of EPA and DHA fatty acids.
2) Most are never analyzed to begin with to determine their deficiencies of how much is needed.
3) Most likely anyone deficient in essential fatty acids is deficient in other things that were not assayed and corrected, like zinc, mag, and GLA.

These are just a few of the reasons why in those studies that looked at only one nutrient, researchers can end up stupidly concluding that a particular nutrient didn't help. They appear totally ignorant of the molecular biochemistry orchestra in the human body and use solo nutrients. For starters though, *since cod liver oil helps correct inflammation, makes blood less able to clot and protects against cardiac arrhythmia, it's a pretty important step to correct for folks who can't afford an assay, but have already had a heart attack.*

Next would be vitamin B3 or niacin, as **Niacin-Time** twice daily, which is not only a vasodilator, energy booster, detox helper, and cholesterol fighter, but **lowers fibrinogen**. Then, vitamin C in doses above 2000 mg also lowers fibrinogen. Don't be surprised if you don't tolerate it after a few weeks or months, for as your need for it goes down, so does the tolerance in many folks. For example, some can take 3-10 gm (1 gm = 1,000 mg) for a flu with no loose stools, and barely tolerate 2 gm when it's over. Lots of other things I've told you about in the past have a positive bearing on fibrinogen, like aged garlic as exclusively found in **Kyolic Liquid Cardiovascular**, vitamin E's alpha and mixed tocopherols as in **E Gems Elite**, and much more that we'll eventually cover.

In the meantime, this one component of the **Cardio/ION** is so important that I firmly believe everyone should have it measured. *And if you have any suspicion that all is not well, like a past history of heart surgery or cancer, I would definitely get your fibrinogen measured. Even if you are well,* if this comes out elevated, it is an *imperative sign that you had better find the underlying cause* and not just try to nullify it with nutrients. It is too much of a gift to be ignored.

And we haven't even touched on other super important indicators of trouble in your Cardio/ION Panel, like Lp(a), homocysteine, hsCRP, and more. For example, Harvard researchers showed that **a high hsCRP triples your risk of heart attack,** even if you have normal LDL (the bad cholesterol), while if LDL is abnormal, your risk zooms up to 6-fold!. And regarding fibrinogen, I selected up-to-date papers on it, but in them **the cardiologist who does not check fibrinogen as a standard will embarrassingly find that is has been recommended for over a decade.** If not for you, he should order one for himself, for it can warn of impending heart attack even if he has never had heart disease. If you cannot convince your doctor to at least order that one solitary parameter, you'd better alert him to the fact that you can't waste any more time waiting for him to catch up with the last century. You are moving on.

St.-Pierre AC, et al, Effect of plasma c-Reactive protein levels in modulating the risk of coronary heart disease associated with small, dense low-density lipoproteins in men (The Quebec Cardiovascular Study), *Am J Cadiol*, 91: 5:55 5-58, March 2003
Palmmieri V, et al, Relation of fibrinogen to cardiovascular events is independent of preclinical cardiovascular disease: the Strong Heart Study, *Am Heart J*, 145;3: 467-74, Mar 2003.
Coppola, G et al, Fibrinogen as a predictor of mortality after acute myocardial infarction: a forty-two month follow-up study, *Ital Heart J*, 6;4: 315-22, Apr 2005
Danesh J, et al. Plasma fibrinogen level and the risk of major cardiovascular diseases and nonvascular mortality: an individual participant metaanalysis, *J Am Med Assoc* 294; 14: 1799-809, Oct 12, 2005
Packard CJ, et al, Lipoprotein-associated phosopholipase A2 as an independent predictor of coronary heart disease. West of Scotland Coronary Prevention Group, *New Engl J Med*, 343; 16: 1148-55, Oct 19, 2000
Bordia AK, The effect of vitamin C on blood lipids and fibrinolytic activity and platelet adhesiveness in patients with coronary artery disease, *Atherosclerosis* 35; 2: 180 1-87, Feb 1980
Vanschoonbeek K, et al, Variable hypocoagulant effect of fish oil intake in humans: modulation of fibrinogen level and thrombin generation, *Arterioscler Thromb Vasc Biol* 24; 9: 1734-40, Sep 2004

Philipp CS, et al, Effect of niacin supplementation on fibrinogen levels in patients with peripheral vascular disease, *Am J Cardiol*, 82; 5: 697-99, A9, Sep 1998
Johansson JO, et al, Nicotinic acid treatment shifts the fibrinolytic balance favorably and decreases plasma fibrinogen in hypertriglyceridemic men, *J Cardiovasc Risk*, 4; 3: 165-71, Jun 1997
Calder PC, N-3 polyunsaturated fatty acids and inflammation: from molecular biology to the clinic. *Lipids* 38; 4: 340 3-52, Apr 2003