Dr. Brimhall's
One More Piece of the Puzzle
For Wellness

A "no-brainer" – Nutri-West Total Lipotrophic formulated by John W Brimhall, DC

The article by Dr. Lynn Toohey

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Is anyone bothered by the fact that Lipitor is being recommended for DAILY use in areas other than cholesterol, because of the " benefits"? Lipitor is even being studied for its use in regulating autoimmune disease. Pathways unrelated to the cholesterol pathway are affected, most notably the inhibition of isoprenylation reactions that are essential to the activation of Rho family GTPases. Interestingly enough, a natural ingredient, policosanol, has not only been tested in clinical trials against Lipitor, it affects the same isoprenylation pathway as well. Some researchers out there are actually pointing out the obvious - why not consider using something natural like policosanol? In their own words, "A comparable regimen, in which policosanol is used in place of statins, may represent a practical strategy whereby nearly everyone willing to commit to health-protective eating can either prevent coronary disease, or prevent pre-existing coronary disease from progressing to a life-threatening event" (McCarty MF. Policosanol safely down-regulates HMG-CoA reductase - potential as a component of the Esselstyn regimen. Med Hypotheses. 2002 Sep;59(3):268-79.) The same researchers point out that "unlike statins, policosanol does not directly inhibit HMG-CoA reductase (the cholesterol synthesizing enzyme), and even in high concentrations it fails to down-regulate this enzyme by more than 50% - thus likely accounting for the safety of this nutraceutical..." (McCarty MF ibid).

Below is an abstract that describes a clinical trial conducted on Lipitor and policosanol, demonstrating that policosanol lowered cholesterol as much as Lipitor, only it was safer, raised HDL, didn't lower Co-Q 10, and didn't adversely affect liver enzymes.

Policosanol abstract: "A randomized, double-blind study was undertaken to compare the efficacy and tolerability of policosanol (10 mg/day) and lovastatin (20 mg/day) in patients with hypercholesterolemia and noninsulin dependent diabetes mellitus. After 6 weeks on a lipid lowering diet, 53 patients were randomized to receive either policosanol or lovastatin tablets that were taken for 12 weeks under double-blind conditions. Both groups significantly ($p < 0.001$) lowered low-density lipoprotein (LDL)-cholesterol, total cholesterol and the ratio of LDL-cholesterol to high-density lipoprotein (HDL)-cholesterol. Comparison between groups showed that changes in HDL-cholesterol induced by policosanol were significantly greater ($p < 0.01$) than those induced by lovastatin. Lovastatin significantly ($p < 0.05$) increased levels of aminotransferase, creatine phosphokinase and alkaline phosphatase. Adverse reactions were more frequent in the lovastatin group ($p < 0.01$) than in the policosanol group. In conclusion, policosanol administered at 10 mg/day produces more advantageous changes in HDL-cholesterol and has a better safety and tolerability profile than lovastatin 20 mg/day." (Crespo N et al. Int J Clin Pharmacol Res 1999;19(4):117-27 Comparative study of the efficacy and

tolerability of policosanol and lovastatin in patients with hypercholesterolemia and noninsulin dependent diabetes mellitus).

An added benefit: Policosanol may be good bone support:

"In conclusion, policosanol prevented bone loss and decreased bone resorption in ovariectomized rats, suggesting that it should be potentially useful in preventing bone loss in postmenopausal women" (Noa M. Policosanol prevents bone loss in ovariectomized rats. Drugs Exp Clin Res. 2004;30(3):117-23).

Nutri-West's Total Lipotrophic has 5 mg policosanol PLUS synergistic factors for maintaining healthy cholesterol levels: garlic, beta glucan, beta sitosterol, apple pectin, guggulipid, etc. Call 1-800-443-3333 for a Nutri-West distributor near you.

Dr. Brimhall and the Brimhall Wellness Team

We thank Dr. Lynn Toohey for her excellent contribution.

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