

# **The Niacin Recovery Plan**



By Dr. Dan Pilgreen

## THE NIACIN RECOVERY PLAN

If you knew of a simple vitamin that could prevent a heart attack you would want to take it right? Of course you would. Let's not kid ourselves.

Everyone over forty is at some danger of a massive heart attack. The common risk factors don't predict half of the heart attacks. The number of people, both men and women, who die each day is the equivalent of **five fully loaded jumbo jets crashing with no survivors**. It's just makes sense to pre-treat your heart before the attack.

Niacin is the key. So much so that the major drug companies are now pushing *prescription niacin*. The writing - or rather the research - is on the wall so to speak. Not only is over the counter niacin effective once you get the proper dosage, adapt to the initial side effect of flushing and take precautions for the few who can't take it; niacin is the most effective treatment to not only lower "bad" LDL cholesterol it raises HDL "good" cholesterol and lowers dangerous LP-a (lipoprotein-a).

When Lp-a is high your risk of a fatal heart attack increases by tenfold. In my book the "Your Heart May Be A Ticking Time Bomb" I go into detail about LP-a and why it is a much better predictor of heart disease than the traditional cholesterol tests.

Here are the actual numbers from recent studies showing reduction in cholesterol levels.

- Recent double blind controlled studies showed a reduction in:
  - A. Coronary heart disease
  - B. Myocardial infarction (blood clot in the heart vessels)
  - C. Cerebrovascular accident (stroke)
  - D. Cardiovascular events (i.e. heart attacks) reduced by 26%
  - E. Total mortality (death rates) reduced by 11%.
- Changes in blood lipid levels:
  - TC (total Cholesterol)                      20-25% decrease
  - LDL (low density lipoproteins)      10-25% decrease
  - TG (triglycerides)                              20-25% decrease
  - HDL (high density)                              15-35% increase
    - This is the good cholesterol so higher the better

Draw backs to niacin therapy:

- Can cause blood sugar disturbances in some
- Not for those with gout, hepatitis or gastritis.

- (Caution: always consult with your personal physician before starting niacin therapy.)
- Flushing is the major drawback: (skin feels hot, irritated and itchy)
  - This is a temporary condition that subsides after repeated use.
  - Allowing greater and greater dosage until desired clinical levels are met. Usually 500 mg. three times a day of sustained release niacin.

There are many more studies showing the benefits of niacin therapy. In fact you almost have to have an advanced degree in biochemistry to understand all the different pathways and reactions that are improved with niacin therapy.

The drug companies are familiar with his research and have started a massive campaign to sell prescription niacin through TV advertising and doctor education.

Now I am going to explain how to take niacin and then I'll go over some of the more advanced research for those deep thinkers or skeptics.

Protocol:

1. Start with a 50 mg. tablet of niacin not niacinimide as this is not effective. See if you experience the flushing effect. Usually described as pins and needles, itching, and redness of the skin. (some people do experience a severe rash and should not continue with therapy)
2. If you don't flush take 100 mg. the next day.
3. If you experience a flushing stay at this dose each day.
4. Usually a day or two and this dose will not cause you to flush.
5. Increase it to 200 mg a day. As long as you don't flush continue to increase the dose.
6. When you experience flushing stay at that dose until it stops.
7. Now after you reach 200 mg without flushing take a 500 mg. slow release niacin and break it in half so you are taking 250 mg. Continue till you don't flush.
8. Increase to a 500 mg tablet. Most people can take increasing doses without flushing rather rapidly and many times only a day or two at one dose and the flushing disappears.
9. Increase to one 500 mg tablet twice a day. If it's too much break the second tablet in half so you will be taking 750 mg.
10. Continue to increase until you are taking three 500 mg. tablets a day for a total of 1500 mg. This seems to be the correct therapeutic dose for maximum lipid profile benefit.

Go back to your doctor and check your lipid panel, by that I mean all the tests for total cholesterol, LDL, HDL and Triglycerides.

Most people are able to reach the target goal of 1500 mg a day enduring the flushing side effect. But there are a few doctors who recommend ways to lessen the flushing effect.

Dr. David Brownstein recommends eating a handful of raw nuts with the niacin to lessen the flushing effect.

Dr. Mark Houston of Vanderbilt University says that taking a 331 mg aspirin with the niacin lessens the flushing reaction.

Although I am not a big fan of long term aspirin use for this purpose I am not 100% opposed for a temporary adaptation phase. Some people say that taking niacin with applesauce lessens the side effect.

I do recommend that you take 3 tablets of the HeartLifePlus formula along with the niacin as well as a well balanced omega three formula. See my special report on omega three oils for which type and form is the best. Also which cofactors are needed so you are not taking rancid oils that cause more damage than good.

There are many research studies to validate niacin therapy for cholesterol control but there are so many other benefits for vascular health. Remember you are only as old or as healthy as your blood vessels.

- Lowers number of small dense cholesterol particle (especially LP-a) Not only lowers the number of small particle it changes their size.

**Note:** particle size is the single most important factor in heart attack prevention. For more information on this new research on particle size and the plugging process in the arteries see my book "Your Heart May Be A Ticking Time Bomb" available at [www.FreeHeartBook.com](http://www.FreeHeartBook.com).

- Inhibits LDL oxidation
- Increases HDL (good cholesterol)
- Increases Triglyceride breakdown in fatty tissues
- Stops excess platelet formation (platelets form clots)
- Inhibits fibrinogen formation (holds the clot together)
- Lessens inflammatory (cytokines) byproducts that start the plaque process
- Niacin is a very strong and powerful antioxidant

Here are some recent research studies done at major institutions in the U.S. and internationally:

- This is a very "Good News" study done at University of Tennessee that showed niacin is a safe alternative to statin therapy. It showed an increase in HDL of 29% and decreased triglycerides

and LDL by 23% and 28% respectively. All the benefits and none of the serious and even deadly side effects associated with statin therapy.<sup>1</sup>

- A reduction in LP-a with niacin administration as well as LDL.<sup>2</sup>
- For those on statins therapy niacin was well tolerated and the combined therapy proved beneficial. If you are on statins this means adding niacin is a great addition.<sup>3</sup> (Be careful as your dosages of statins may need to be adjusted-check with your doctor.)
- 1500 to 2000 mg daily of niacin showed low-density lipoprotein cholesterol (26% and 19.3%, respectively), total cholesterol (18.4% and 13.3%)<sup>4</sup>
- Niacin decreases LP-a levels, increases HDL (good cholesterol) and lowers fibrinogen levels (material the causes clots).<sup>5</sup>
- Adding chromium increases benefit of niacin.<sup>6</sup>
- 27% reduction in heart attack and 11% fewer deaths with niacin therapy.<sup>7</sup>

Note: This and many other interrelated synergistic reactions that are beneficial to the body is the reason I recommend a full spectrum supplement like HeartLifePlus in addition to niacin therapy.

When we consider that dying of a heart attack is the number one cause of death and half the time it is sudden and fatal it behooves us to start on a therapeutic regimen of prevention. I know the drug companies in concert with the FDA are trying to suppress natural alternatives but the cat is out of the bag.

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<sup>1</sup> Elam MB, et al. "Effect of niacin on lipid and lipoprotein levels and glycemic control in patients with diabetes and peripheral arterial disease: the ADMIT study: A randomized trial. Arterial Disease Multiple Intervention Trial." JAMA. 2000 Sep 13;284(10):1263-70.

<sup>2</sup> Carlson LA, Hamsten A, Asplund "Pronounced lowering of serum levels of lipoprotein Lp(a) in hyperlipidaemic subjects treated with nicotinic acid ." A.J Intern Med. 1989 Oct;226(4):271-6.

<sup>3</sup> Brown G, et al. "Regression of coronary artery disease as a result of intensive lipid-lowering therapy in men with high levels of apolipoprotein B." N Engl J Med. 1990 Nov 8;323(19):1289-98.

<sup>4</sup> Keenan, JM et al. "Niacin Revisited: A Randomized, Controlled Trial of Wax-Matrix Sustained-Release Niacin in Hypercholesterolemia." Arch Intern Med. 1991;151(7):1424-1432.

<sup>5</sup> Yamauchi, Kazunobu et al. "Long-term effects of niceritrol on serum lipoprotein(a) and lipids in patients with high levels of lipoprotein (a).Clinical Therapeutics Volume 17, Issue 1, January-February 1995, Pages 52-59.

<sup>6</sup> Urberg M, Benyi J, John R "Hypocholesterolemic effects of nicotinic acid and chromium supplementation" Journal of Family Practice 27, no. 6 December, 1998):603-6.

<sup>7</sup>Rakesh S. Birjmohun, MD, et al. "Efficacy and safety of high-density lipoprotein cholesterol-increasing compounds" J Am Coll Cardiol, 2005; 45:185-197, doi:10.1016/j.jacc.2004.10.031