How Do I Know The Pauling Therapy Is Working? And, How Long Will It Take?

These are the 2 questions my customers ask most often. These are also the 2 questions that are the hardest to answer. So, I have written this essay in an attempt to answer them.

Some people take the Pauling Therapy (PT) for coronary artery disease, some take it for intermittent claudication, some take it for high blood pressure, and some take it for other ailments. However, what all these ailments have in common is that they are all caused by arteries that have become clogged with plaque.

If you have read my essay *A Short History of the Nutritional Approach to the Prevention and Cure of Cardiovascular Disease* on my website (www.saveyourheart.com) or in the printed version of *The Pauling Therapy Report*, then you know that the cause of plaque buildup in the arteries is multiple nutritional deficiencies. Arteries expand and contract every time the heart beats. This mechanical stress causes the arteries to become damaged. If you are getting proper nutrition, your body simply repairs the damaged artery. However, if you are *not* getting proper nutrition two bad things can happen: 1) your arteries become weak and, therefore, can be damaged more easily; and 2) the damaged artery can not repair itself properly. So, to prevent the artery from leaking, your body covers up the damaged portion of the artery with plaque (like a scab). When you address the underlying cause of plaque by getting the proper nutrition, your body goes about repairing the damaged arteries. When your body realizes that your arteries are being repaired, it uses natural processes to get rid of the plaque (just like a scab goes away when the underlining tissue is repaired).

Now let's make this crystal clear: The cause of cardiovascular disease (CVD) is multiple nutritional deficiencies. Plaque is NOT the cause of CVD. Plaque is a symptom of CVD. Similarly there are other symptoms of CVD which are also NOT the cause of CVD.

Things That Do Not Cause CVD

High Total Cholesterol
Low HDL Cholesterol
High LDL Cholesterol
High Ratio between HDL and LDL Cholesterol
High Lp(a) [or any other particular lipo-protein]
High Homosysteine
High Blood Pressure
High Triglycerides
High C-Reactive Protein (CRP)
High Ferritin
High Fibrinogen

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High Blood Glucose
High Insulin
High Hemoglobin A1C

None of these things, or any particular combination of these, is the cause of CVD. These are all symptoms of CVD.

Knowing this, does it make any sense to take any substance (medical or nutritional) in an attempt to reduce any of these symptoms while ignoring the cause of these symptoms? Or – to put it another way – which is better: To treat the symptom, or to treat the cause?

There is a difference between the cause of a disease, the symptoms and signs of a disease, the disease itself, and the results of the disease. Take a look at the following chart:

CAUSE	SYMPTOM / SIGN	DISEASE	RESULTS
Poor Nutrition & Possible Genetic Factors	High Cholesterol Plaque High Lp(a) Homosystein Etc.	Cardiovascular Disease	Angina Heart attack Stroke Leg Pain Death, etc.

Most medical doctors read this chart from right to left. They look at the results (a heart attack), determine the disease (CVD), look at one or more of the symptoms and signs of the disease (high LDL cholesterol, arterial plaque), and prescribe a drug to treat that symptom/sign (a statin drug) and/or perform surgery (a bypass operation). Of course, treating the symptom does not address the cause, so the results keep coming and often get worse over time. This is why cardiovascular disease is at epidemic proportions in the United States even though 100 years ago it was almost unheard of.

The nutritional approach reads this chart from left to right. The nutritional science approach recognizes that high LDL cholesterol, plaque, etc. can cause problems, but goes the next step and asks the question, "What causes these symptoms?" Those who have read the nutritional science research know that healthy arteries do not collect plaque. Healthy arteries do not collect plaque because healthy arteries quickly and easily repair any damage done by mechanical and/or oxidative stress. Healthy arteries are able to repair themselves because the body they reside in has the necessary raw materials on hand to affect the repairs. The body these arteries reside in has the necessary raw materials to repair its arteries because the owner of this body is getting the proper nutrition. So, when something goes wrong, the nutritional science approach looks for a nutritional deficiency. Even medical science supports this approach.

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If you went to a doctor and he diagnosed you with Scurvy, he would tell you to take Vitamin C, because medical science recognizes that Scurvy is caused by a nutritional deficiency of Vitamin C. If you went to a doctor and she diagnosed you with Rickets, she would tell you to take Vitamin D, because medical science recognizes that Rickets is caused by a nutritional deficiency of Vitamin D. So, medical science does recognize the existence of nutritional deficiency diseases. It just doesn't recognize cardiovascular disease as a nutritional deficiency disease. Even though that is exactly what the research shows.

But this does not mean that the symptoms associated with CVD have no use. The numbers attached to these symptoms are correlated with coronary and arterial nutritional health. When your nutritional health suffers because of poor dietary choices, the numbers attached to these symptoms will move in unhealthy directions. When you improve your nutritional health, the numbers attached to these symptoms will move in healthy directions. So, it is possible to use the numbers attached to these symptoms to gage your coronary and arterial nutritional health.

If you have read Brian Vonk's (M.D.) essay, **How To Determine Your Cardiovascular Health** (available upon request), then you are familiar with his "Normal" level and "Ideal" level charts for the above symptoms. By tracking these numbers (doctor's call this a blood panel) you can see if the Pauling Therapy is moving you in the right direction.

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"Normal" levels	
Total Cholesterol (mg/dL)	Normal range: Upper level is 230 + age, Max 300 Lower level is 115 + age Recommended cholesterol level is a moving target. Recently cardiologists are recommending everyone's level should be below 200 at all ages.
HDL Cholesterol (mg/dL)	Normal range: Males 30-70, Females 35-80
LDL Cholesterol (mg/dL)	Normal range: Below age 20: 60-150 Age 30-50: 70-180 Above age 50: 80-210
Triglycerides (mg/dL)	Normal range: Males and Females lower level is your age Males upper level is 130 + age, Max 200 Females upper level is 80 + age, Max 165
C-Reactive Protein(CRP)	Normal range: Below 10 mg/L (1 mg/Dl)
Homocysteine	Normal range: Below 17 micromoles/L
Lipoprotein a [Lp(a)]	Normal range: Below 25 mg/dL
Ferritin	Normal range: Males 20-300, Females 15-120 ng/ml Iron overload: Above 400 ng/ml
Fibrinogen	Normal range: Males 180-340, Females 190-420 mg/dL
Blood glucose(8hr fast)	Normal: <120 mg/dL Borderline DM = 120-140 mg/dL Diabetic: Above 140 mg/dL (W.H.O. definition)
Insulin (8 hr fasting)	Normal: Below 20 microUnits/ml Borderline DM: 21-25 microUnits/ml Diabetic: Above 25 microUnits/ml
Hemoglobin A1C	Normal range: Below 7.5% of total hemoglobin

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The following serum levels are the most IDEAL (beneficial) levels for cardiovascular (CV) health. Having any ONE of these outside the ideal range can cause or indicate CV disease! These ideal or healthy levels are much tighter than the often quoted "normal" levels referred to by your doctor. Remember "normal" does NOT necessarily mean "healthy". We want **healthy**, not just **normal**:

"Ideal" levels	
Total Cholesterol*	Ideal Range: 150 to 200 mg/dL if less than age 70 Ideal Range: Up to 300 if older than age 70
HDL Cholesterol	Ideal level: Above 50 mg/dL
LDL Cholesterol	Ideal level: Below 100 mg/dL
HDL % or Ratios	Ideal levels: See table below
Triglycerides(TG)	Ideal level: Below 100 mg/dL
C-Reactive Protein(CRP)	Ideal level: Below 1 mg/L (0.1 mg/dL)
Homocysteine	Ideal level: Below 8.0 micromoles/L
Lipoprotein(a) [Lp(a)]**	Ideal level: Below 10 mg/dL
Ferritin	Ideal range: 20-50 ng/ml (Above 80 is trouble)
Fibrinogen	Ideal range: 150-300 mg/dL
Blood glucose(8 hr fast)	Ideal range: 60-85 mg/dL Pre-diabetic: 95-110 mg/dL Diabetic: Above 110 mg/dL Hypoglycemic: Below 60 mg/dL Critical levels: Below 40 or Above 450 mg/dL
Insulin (8 hr fasting)	Good level: Below 5 microUnits/ml Best level: 2-3 microUnits/ml High risk Diabetes: Above 10 microUnits/ml
Hemoglobin A1C***	Ideal range: Below 6% of total hemoglobin

* Cholesterol: It is not advisable to have total cholesterol below 150 at any age due to increased risk for internal hemorrhage, depression, and suicide.

** Lp(a): LDL + APO(a) = Lp(a). Artery blockage (plaque) is composed of 90-100% Lp(a) NOT of ordinary cholesterol. Lp(a) is a substitute for ascorbate (Vitamin C). If you are not getting enough Vitamin C to produce collagen for tissue repair, when your arteries become injured they cannot heal properly. If there is inadequate Vitamin C, the next best way to repair your arterial injuries is make a Lp(a) plaque to cover the injury.

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Unfortunately the plaques tend to continue to grow. Simply removing plaque without restoring the artery to health is like tearing a scab off a wound. You do not want to remove the scab until after the tissue underneath has started healing. Your body needs sufficient Vitamin C so your arteries can heal. Elevated homocysteine can also play a role here and is detrimental because it causes the binding of Lp(a) to fibrin in very low concentrations thereby encouraging plaque formation in the vessel walls.

*** HbA1C (also called glycosylated hemoglobin) correlates well with your average blood sugar over the last 3 months. Tight blood sugar control makes a HUGE difference in complications in diabetics and prediabetics. When A1C levels are elevated above 6.5, for every 1 percent reduction in A1C levels there is a 14 percent to 40 percent decrease in diabetes-related complications! Diabetics with A1C levels of 6.5 or lower only need to have the test repeated every six months. Those with higher levels should be tested every two to three months until levels drop to 6.5 or lower, while they make corrections with improved diet and additional diabetes medication. Most diabetics have the disease for 10 years before it is diagnosed, but it has silently been doing damage for all those years.

End of Dr. Vonk, back to Ray:

So, here's one answer to the question, "How do I know the Pauling Therapy is working?" Track these numbers and see if they are going in the right direction.

Some of these numbers, however, are more predictive of future bad results (death from heart attack) than others. The most important number here is Lp(a). Lp(a) is the major component of arterial plaque, so tracking Lp(a) is a good way of tracking plaque. However, you have to be careful how you interpret your Lp(a) numbers. You need to remember that an Lp(a) test measures the amount of Lp(a) floating around in your blood. It does NOT measure the amount of Lp(a) in your arterial plaque directly. Nor does the test tell you which direction the Lp(a) is moving. The blood could be transporting the Lp(a) molecules from your liver to your arteries. Or the blood could be transporting it from your arteries to your liver for disposal.

In fact, it is typical for a person's Lp(a) number to actually rise after they start on the Pauling Therapy. Why? Because, in order for the Lp(a) to go from arterial plaque to the liver (where it can be metabolized and gotten rid of), it has to travel through the blood stream (where it can be measured by a blood test). If the Pauling Therapy is doing its job and removing Lp(a) from your arterial plaque, you would expect the Lp(a) number to first rise, then level off, and eventually begin to go down.

So, we are at the second part of our question: How long will this take? Whenever someone asks me this question, I am temped to ask, "How long have you been accumulating plaque in your arteries?" If the answer is, "A long time," then the question seems to answer itself. I realize, however, that this is not a very satisfying answer. Obviously, how long it takes is going to vary from person to person. No one can give you an answer like, "Within six months your Lp(a) should be going down. And within a year it should be down to normal levels."

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If you look at our customer experiences, you will find some rather dramatic drops in both cholesterol and Lp(a) numbers after starting the Pauling Therapy. Many people experience this, but some do not. I spoke to an 87 year old customer on the phone a few days ago. He had been on the product for 4 months. He reported that his Lp(a) numbers went up for 3 months and leveled off on the 4th month. I explained to him that this is exactly what is expected and that this indicates that the Pauling Therapy is working. He cancelled his autoship because he had not gotten the dramatic results he thought was promised (by reading the customer experiences on my website). What I didn't get to tell him is that even if a person's Lp(a) number does not go down, the lysine and proline in the formula will bind to the free floating Lp(a) in the blood and prevent it from adhering to the artery wall, thus preventing things from getting worse.

Reduction of Blood Pressure

Most of the time, the cause of elevated blood pressure is arterial plaque. Calcified plaque is hard. It prevents the arteries from expanding and contracting each time the heart beats. Even a thin layer of calcified plaque is going to significantly impair the elasticity of the artery. So, in order for blood pressure to be reduced, all or most of the plaque has to be removed. It could take a nutritional protocol several years to assist the body in removing enough plaque to significantly lower blood pressure. For this reason, tracking blood pressure is a poor way to measure if the Pauling Therapy is working.

And, of course, it is possible for high blood pressure to be caused by something other than arterial plaque. Therefore, if you have plaque AND another cause of high blood pressure, you would have to address both causes in order to reduce BP.

If your blood pressure is too high and is caused by calcified plaque, your body does need proper nutrition. However, it would also be prudent to take measures that will reduce your BP in a more timely manner. SaveYourHeart.com is an authorized distributor of the ZonaPLUS™ medical device. The ZonaPLUS™ is a clinically proven method of reducing high BP back to normal levels. Clinical studies show that the ZonaPLUS™ reduces high BP back to a normal level in 90% of people within 2 months. It comes with a 100% money back guarantee. SaveYourHeart.com guarantees the lowest price. If you are interested in learning more about the ZonaPLUS™, let me know and I will send you a free report or check out www.saveyourheart.com and click on "Reduce Blood Pressure Naturally."

Direct Measurement of Plaque

Once you start getting the proper nutrition, your body will start repairing your arteries and removing the plaque. So, one way of judging if the Pauling Therapy is working is to measure the amount of arterial plaque over time and see if it's going down. There are a number of ways to measure arterial plaque. Currently our favorite noninvasive method of measuring plaque is the Cardiovascular Doppler Ultrasound. CT and MRI scans also work well with calcified plaque but are less helpful for soft plaque.

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How Much to Take

The recommended daily dose of The Pauling Therapy is 2 scoops per day. However, if your atherosclerosis is sever, 2 scoops a day may not be enough to get the job done in a timely fashion. If I had angina pain and the doctor was threatening me with a bypass or a stent, I would do what Dr. Pauling recommended: I would Titrate to Bowel Tolerance. This means, taking progressively larger daily doses until you get diarrhea, then back off slightly on the dose and stay there for at least a week. A runny bowel tells you that your body tissues are saturated with the PT and can't absorb any more. After your body has acclimated to this dose, you can start taking progressively larger doses again. Continue this process until your body refuses to acclimate to the higher dose. Stay at this dose until you feel better or until your numbers start going in the right direction. You can stay at the higher dose until all your numbers are in the normal zone or back off on the dosage as your numbers get better. Don't take more than 6 scoops per day, unless advised to do so by a health-care practitioner who can make sure your liver is not being over taxed.

Summary

The Pauling Therapy is NOT a magic bullet that can instantly make your arterial plaque go away. If fact, even if such a pill did exist, taking it would NOT be a good idea. Your arterial plaque is performing a valuable function. It is preventing your arteries from springing a leak (which could kill you). The Pauling Therapy is a nutritional supplement based on cutting edge research published in peer reviewed medical and scientific journals. The Pauling Therapy supports your own body's God-Given ability to heal the lesions in your arteries caused by chronic, multiple nutritional deficiencies. How fast your arteries heal (and how fast your plaque goes away) depends on your body's ability to take these nutrients and put them to good use.

The Pauling Therapy is comprised of vitamins, amino acids and two minerals. These are the exact nutrients your arteries need in order to heal themselves and stay healthy. You can think of the Pauling Therapy as a multivitamin for your cardiovascular system. Even if none of the numbers discussed above seems to be getting any better and you don't actually feel any better, getting the proper nutrition by continuing to take the Pauling Therapy may keep you from getting any worse and may, at least, give your body a fighting chance to get better. Proper nutrition is something you should get even if you do not have any health challenges. Proper nutrition becomes even more important when you are sick and trying to get well. Think of it this way. Which is a healthier choice: To continue on your journey with proper nutrition? Or to continue on your journey without proper nutrition?

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