



The 5

**Blood Tests
That Can Save
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Cardiovascular disease is the number one cause of death in men and women today. But this is not new news to you. What might be news, is that cholesterol is one of the most inaccurate ways of measuring your risk of cardiovascular disease.

So just how prevalent is cardiovascular disease?

One out of every four deaths in America is related to heart disease. That means between you and three people you know, statistically one of you will die from a cardiovascular related condition.

By now, you may be asking how to prevent becoming the next heart disease statistic.

Symptoms won't tell you a thing. There are virtually no symptoms of high blood pressure, atherosclerosis (plaque), or coronary artery disease. In fact in 1 of 3 people, sudden death is the first sign of heart disease.¹

If you don't want to become a statistic and symptoms don't tell you your risk, what about cholesterol levels?

Again, a complete waste of time.

According to studies, fifty percent of people who have had a heart attack had normal total cholesterol levels.² Even worse, additional studies showed that 75% of heart attack victims had low LDL ("bad") cholesterol levels.³

With numbers like that, testing cholesterol levels is basically a waste of time and money.

Fortunately there are better lab tests to evaluate your risk of becoming a statistic.

However, your doctor has likely not heard of all of these tests and you'll have to request them. If your doctor won't run them, find a doctor that will. Doctors work for you. You hire them to keep you healthy. If they are not willing to do what is necessary, find one that will.

Here are five tests to run that will give you a much better idea of your risk for cardiovascular disease than cholesterol ever will.

1

NMR LipoProfile

This is not a marker per se, but rather a panel. Everyone has heard of LDL cholesterol (aka the “bad” cholesterol), but most people do not realize that LDL cholesterol is part of a larger compound called an LDL particle (LDL-P). And here is where conventional medicine has really missed the boat.

It turns out that your LDL cholesterol number is virtually worthless without knowing how many LDL particles you have. According to research, the more LDL particles you have, the higher your risk for cardiovascular disease.^{4,5} In fact, using this model, people with the highest risk for cardiovascular disease were those with elevated LDL particle numbers, but low LDL cholesterol levels.⁶⁻⁹

The NMR LipoProfile will not only tell you how many LDL and HDL particles you have, but their size as well. According to research those with what are called large, buoyant LDL particles (think “fluffy” cholesterol) are at less of a cardiovascular risk than those with small, dense LDL particles (think dense and compact cholesterol). The NMR LipoProfile tells you all of this making it an excellent and inexpensive test.

2

Lipoprotein Phospholipase A2 (LpPLA2 or PLAC)

There’s a good chance your doctor is not familiar with this marker, but it is emerging as a very important one in evaluating cardiovascular risk.¹⁰⁻¹⁴ Specifically, LpPLA2 measures how much active damage is occurring to your blood vessel walls. The more damage to your blood vessels means a higher likelihood you will develop arterial plaque (atherosclerosis). Therefore determining whether or not you have active damage to your blood vessel walls is important, which is what LpPLA2 does. The higher your LpPLA2, the more there is damage occurring in your blood vessels, which is the first precipitating event that eventually leads to arterial plaque and cardiovascular disease.

3

Interleukin-6 (IL-6)

Interleukin-6 is known as a *cytokine*, which means it is essentially a marker of systemic inflammation in the body. This marker is similar to another marker of inflammation called C-Reactive Protein, which your doctor probably has heard about, but IL-6 is suggested to be an even stronger predictor of cardiovascular disease than CRP, making it an even better risk marker.¹⁵⁻¹⁹ The higher the level of IL-6, the more inflammation is occurring in your body, and the more you are at risk of cardiovascular disease.

4

Apo B/Apo A-1 Ratio

There are two proteins Apolipoprotein B and Apolipoprotein A1 that when evaluated together, are far better at predicting cardiovascular risk than cholesterol levels.²⁰⁻²³ If someone does not have access to running the NMR LipoProfile listed above, you should try asking for Apo B and Apo A1. Essentially these are surrogate markers for the LDL and HDL particle number, making them great cardiovascular risk markers. Ideally the Apo B/Apo-A1 ratio will be between 0.30 and 0.90, which can be achieved with a relatively high Apo A1 and a relatively low Apo B. Research is clear that the higher the ratio of these two markers, the greater ones risk for cardiovascular disease.

5

Lipoprotein(a) (LP(a) also known as “lipoprotein little a”)

Lp(a) is another lipoprotein that is associated with risk of cardiovascular disease. Unlike the other markers listed above, Lp(a) is an inherited risk factor. In other words, you only need to have this marker run once. If it is elevated, according to research you are at an increased risk of cardiovascular disease.²⁴⁻²⁷ Lp(a) not only increases your risk for cardiovascular disease, but tends to be present in families with a history of Type II diabetes. Lp(a) has been shown to oxidize easily which stimulates the inflammatory process, and increases the amount of clotting in blood vessels.

BONUS! Myeloperoxidase (MPO)

This diagnostic test looks for risk factors associated with acute coronary syndrome. MPO is an enzyme that is commonly found in your body, and could be an indicator of vascular inflammation occurring in your body. MPO may cause the formation of many reactive oxidative species that may cause tissue damage during cases of vascular inflammation.

Many MPO processes may lead to the development of pro-atherogenic activities during many of the phases during cardiovascular disease development.

MPO-oxidation of cholesterol slows the chance of them attaching to the artery wall and when MPO-derived depletion of nitric oxide occurs, it could disrupt vasodilation of your arteries. If there are low levels or if removed completely, then there could be a disruption in the cells' protein structure and function.

Summary

Cardiovascular disease is a killer and has relatively no symptoms to know whether or not you're at risk for a stroke or heart attack. There are, however, numerous markers that can help you understand your individual risk, but are also infinitely more valuable at predicting cardiovascular risk than standard cholesterol testing.

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used omega krill and it helped drop my cholesterol. trying t20 for the first time.

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