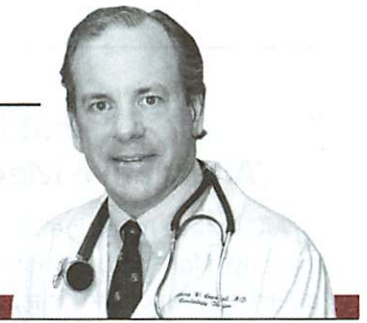


Heart Health Report

For a Symptom, Drug & Stress Free Life



Vol. 5, Issue 8 / August 2014

Chelation Therapy: Healing Hearts, Changing Minds

Whether it's called homeopathy, natural therapy, or complementary treatment, there's no doubt that alternative medicine is booming. Today, Americans spend more than \$34 billion on these techniques, and surveys show that 1 in 3 Americans have tried some type of alternative medicine.

Natural medicine is a lively topic in my office as well. Invariably, after I've diagnosed a patient's problem and run down a detailed treatment plan, *he or she will turn to me and ask, "Is there a natural treatment for this problem?"*

I welcome this question because it provides me with an excellent opportunity for discussion. In this issue of my Heart Health Report, I will focus on two "alternative" treatments that are being promoted as cures for heart disease — chelation and hyperbaric oxygen therapy — and explain what they can, and what they cannot do for your heart.

What Is Chelation?

The word chelation means "to grab" or "to bind." Chelation therapy is a chemical process in which a synthetic solution — ethylenediaminetetraacetic acid (EDTA) — is injected into the bloodstream to remove heavy metals and/or minerals from the body.

When EDTA is injected into the veins, it "grabs" heavy metals and minerals such as lead, mercury, copper, iron, arsenic, and aluminum, which then become compounds that are harmlessly excreted.

The treatment dates back to World War II, when it was used as an antidote against arsenic-based poison gas, and for sailors who were exposed to lead-based paint on ships. Today, chelation continues to be an FDA-approved method for those uses.

Now, however, the therapy is no longer limited to toxic metal poisoning. In fact, it has been embraced by alternative health practitioners as a means of treating many conditions, including:

- Heart disease
- Parkinson's disease
- Alzheimer's disease
- Cancer
- Macular degeneration
- Autism

As a result, the use of chelation is growing. According to a 2008 report from the National Center for Health Statistics, more than 111,000 adults reported using chelation that year — a 68 percent increase from just five years earlier.

Persuasive New Study

Like most cardiologists, I was skeptical about chelation for a long time. But a study conducted just

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What Does 'Alternative Medicine' Mean?

"Alternative medicine" is sometimes used as a synonym for "natural medicine." Generally, "alternative medicine" is a term that is defined as the use of non-mainstream approaches in place of conventional medicine.

Any discussion of these therapies can get bogged down in terminology because many terms have sprung up that are used interchangeably for "natural" or "alternative" medicine. These include "complementary medicine," which is the use of non-mainstream therapy together with traditional, Western-style medicine and "integrative" medicine, which refers to conventional medicine that is integrated, or used in conjunction with alternative approaches.

Other terms used to refer to CAM therapies include "natural," "holistic," "home remedies," or "Eastern medicine." You can see how confusing it can get.

As a cardiologist, I was trained in what is called conventional medicine — Western treatments that are evidence-based, and have been established through clinical research.

That said, I was also trained as an anthropologist, so I've been exposed to and have learned to appreciate healing practices used throughout the world.

The double-blind study had a total of 1,708 patients, with 839 receiving chelation and 869 a placebo treatment. All participants were at least 50 years old, had suffered a heart attack at least six weeks prior to enrollment, and had not had coronary or carotid revascularization procedures within the past six months or smoked cigarettes within the past three months.

On average, the TACT participants were 65 years old, and about one-third were diabetic. The majority (83 percent) had undergone prior revascularization — a procedure in which plaque is removed from the inside of arteries — and most were also taking cardiac drugs such as beta blockers or statins.

The participants were divided into four groups: one received chelation and high-dose vitamins; a second was given chelation and placebo in place of vitamins; the third, vitamins and a placebo in place of chelation; and the fourth received placebo in place of both chelation and vitamins.

Participants receiving chelation suffered fewer recurrent strokes and heart attacks. In addition, just 15 percent of the chelation patients needed to have their coronary arteries reopened, compared to 18 percent of the placebo group.

The study singled out two types of patients that experience the most benefits from chelation: those with diabetes and those who had suffered a previous heart attack, particularly an anterior wall myocardial infarction, which is the most dangerous type of heart attack.

Chelation reduced heart attack risk for diabetic patients by 39 percent, and the risk reduction in people with a prior heart attack was 37 percent.

A second arm of the study, which combined chelation with intravenous vitamins, was also promising. This analysis compared participants who

a few years ago has finally persuaded me.

Called the Trial to Assess Chelation Therapy, or TACT study, this \$31.6 million, 10-year study was the first large-scale clinical trial to determine the safety and efficacy of chelation for people who have coronary artery disease, as well as those who have suffered heart attacks.

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were given vitamins alone with those who received them in combination with chelation.

There was no reduction in risk for those who received only the vitamins, but those who took vitamins and underwent chelation showed a reduced risk.

Since the initial results of the TACT study were published, the research has been further analyzed, with chelation showing increased benefits — especially for people with diabetes.

Dr. Gervasio Lamas and his colleagues at the Mount Sinai Medical Center in Miami Beach looked more closely at the participants that self-reported having diabetes. But an additional 95 patients were either on insulin, oral diabetes drugs, or had high glucose levels.

These additional diabetic patients who underwent chelation had a 15 percent decrease in subsequent cardiac problems compared to those who received the placebo treatment.

The doctors found no such improvement in patients without diabetes. Their results were presented at the American Heart Association's 2013 *Scientific Sessions*.

Researchers are continuing to define which groups of patients chelation works for, and under what circumstances. A new analysis, published in June 2013 in *American Heart Journal*, reported that heart attack survivors who received high-dose oral vitamins along with chelation therapy reduced their risk of future cardiovascular problems by 26 percent.

The results were even better for heart attack survivors with diabetes. In those cases, the benefits of the combination therapy were 51 percent, according to researchers.

Who Can Benefit From Chelation?

Because of these findings, I have changed my views on chelation. I now recommend this therapy to certain types of patients, particularly those with diabetes.

One of my patients, Jim, is a 70-year-old man with advanced heart disease. He is also a diabetic, and has suffered greatly from complications of that disease — which can be deadly to the heart.

Jim had already undergone cardiac bypass surgery as well as stenting. But diabetes wreaks havoc on the rest of the body as well. So in addition

to his heart problems, Jim suffered from severe peripheral vascular disease, which meant that the circulation in his legs was diminished.

He also had a foot that was so ulcerated and impossible to heal that his surgeon was recommending amputation. Sadly, this is not an uncommon occurrence in people with longstanding, severe diabetes.

Jim was understandably distressed. "Isn't there anything else that can be done?" he asked me.

I suggested he try chelation. And after 30 infusions, Jim's foot had improved to the point where amputation was no longer necessary.

In addition to people with complications from diabetes, I'm inclined to recommend chelation for people who have inoperable heart disease — especially if they have severe symptoms.

However, I still reserve chelation for patients who have exhausted all other options. For the vast majority of my patients, I recommend conventional treatments that have more proven results.

It's important to note that in the TACT study, intravenous vitamins were used during chelation. Without further study, it's impossible to know whether it was the chelation, the IV vitamins, or simply the extra time the therapy bought that

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About Chauncey Crandall



Chauncey W. Crandall, M.D., F.A.C.C., is chief of the cardiac transplant program at the world-renowned Palm Beach Cardiovascular Clinic in Palm Beach Gardens, Fla., where he practices interventional, vascular, and transplant cardiology. Dr. Crandall

received his post-graduate training at Yale University School of Medicine, where he also completed three years of research in the cardiovascular surgery division. He lectures nationally and internationally on preventive cardiology, cardiological healthcare of the elderly, healing, interventional cardiology, and heart transplants. Known as the "Christian physician," Dr. Crandall has been heralded for his values and message of hope to all his heart patients.

Treating a Patient from India in My Office

In each issue, I will share with you the story of one of my patients, detailing how making changes to your life can radically improve your heart health. Names and some details have been changed for privacy's sake, but the problems and their resolutions are real.

— Dr. Chauncey Crandall

Since the publication of my book, *The Simple Heart Cure*, and the international publication of the Heart Health Report, it's not unusual for me to find patients from Europe, South America, and other parts of the world in my waiting room.

One day recently, I arrived at work to find a man named Sandeep among some of the more familiar patients in my office. He had traveled from his home in Delhi, India, to consult with me.

"I do not trust what my doctor is telling me," Sandeep said.

He'd gone to his doctor at home complaining of extreme fatigue and shortness of breath. He was also experiencing severe spikes in his blood pressure. But the doctor brushed off his concerns, telling Sandeep that these symptoms were due to aging and that, at 63, he just needed to rest more.

"I know I am getting older, but something is not right," Sandeep told me.

Mapping the Heart

Sandeep was a dapper man, but with the rounded belly so often found in people with metabolic syndrome — a dangerous constellation of symptoms that dramatically heightens heart disease risk. The wrinkles around his lips and circles under his eyes were clear signs of a smoking habit.

I wasn't surprised when lab tests showed that Sandeep had high blood pressure, high triglycerides, and insulin resistance — a dangerous precursor to full-blown diabetes.

In view of these factors, I ordered a full cardiac workup. First, I had Sandeep undergo a nuclear cardiac stress test, in which a safe, radioactive tracer is injected into the bloodstream to track blood flow to the heart while a person exercises.

Images are taken, and if any portion of the heart is missing in the image, it indicates that the patient likely has coronary artery disease and a buildup of plaque is impeding the flow of blood.

On Sandeep's test, the top portion — or anterior apical portion — was missing. This indicated that he had a critical blockage in his left anterior descending artery, or LAD, the major blood vessel that supplies about half of the blood to the left ventricle, which is the main pumping station of the heart.

Transglobal Support

We took Sandeep to the cardiac catheterization lab, where this diagnosis was confirmed. At the same time, we performed a stenting procedure to open up the artery and restore the vital flow of blood to the heart.

The cardiac catheterization test also showed that Sandeep had some less critical narrowed areas in his heart's blood vessels. So after he had recovered from the stenting procedure, I sat down with him to map out a plan for the future.

"You have heart disease, which is a progressive condition," I told him. "The stent we inserted in your coronary artery prevented you from having a heart attack, but now it's up to you to work to reverse the condition," I explained. "But don't worry, you'll have my help and support."

Sandeep stayed in the Palm Beach area for two weeks, during which time he was a frequent visitor in my office. I taught him about following a plant-based diet.

As a Hindu, Sandeep was already a vegetarian but he liked rich Indian dishes prepared with ghee, or clarified butter. He also loved the Indian desserts, many of which are made from sugar and condensed milk. These dishes are a key reason why diabetes and heart disease are familiar scourges in the Indian population.

Within those two weeks, I had Sandeep well on his way to better nutritional habits and an exercise plan as well. We had also devised a strategy for him to quit smoking.

I was also able to oversee Sandeep's progress once he returned to his homeland through a two-way calling video broadcast. This way, I'm able to "visit" every two weeks with Sandeep, and answer any questions he may have.

I'm also able consult with Sandeep's doctor. Thanks to the Internet, we are now global providers to heart patients no matter where they live.

In fact, I just "visited" with Sandeep the other day, and I'm delighted to report he's losing his belly, he's quit smoking, and he's doing very well indeed. □

Aspirin Cuts Pancreatic Cancer Risk

In the July issue of the Heart Health Report, I told you about how regular low-dose aspirin helps prevent heart attacks and strokes. Now there's even more evidence of aspirin's benefits.

According to a new study, men and women who take low-dose aspirin regularly cut their risk of developing pancreatic cancer by nearly half: 49 percent. Not only that, but the longer a person takes aspirin, the greater the risk reduction.

Protection against pancreatic cancer ranged from a 60 percent

risk reduction for those who took aspirin for more than 10 years to a 39 percent reduction for those who took it six years or less, researchers said.

The study was conducted in 30 hospitals in Connecticut between 2005 and 2009. Researchers contrasted the aspirin-taking habits of 362 people with pancreatic cancer with 690 healthy people in a control group. Other factors, including obesity, smoking, and diabetes history were taken into account.

This study adds to the evidence that aspirin therapy could become

an important tool in cancer prevention. Research has already found that aspirin helps protect against colorectal cancer. Now we can add a potential benefit against pancreatic cancer — which is one of the deadliest.

I recommend patients take one low-dose (81 mg) aspirin daily. For people over 50 who do not have heart disease, my recommendation is to take the same dose a few times a week, a regimen that will still offer protection while minimizing any potential adverse side effects.

Continued from page 3

resulted in conventional treatments working.

Although I believe in the usefulness of chelation under certain circumstances, I do not see it as an ideal treatment for several reasons.

First, there is the issue of cost. On average, chelation runs about \$5,000, which is paid out of the patient's pocket, as the procedure is not generally covered by insurance or Medicare.

Chelation is usually administered in conjunction with high doses of antioxidant vitamins, which may be responsible for its positive effect.

But mostly I'm just not yet convinced that chelation is an antidote for coronary artery disease. After all, TACT is a single study, and because of the high cost of the procedure, it is unlikely that a large-scale study will be conducted any time soon.

But I will keep an eye out for any additional research.

Hyperbaric Oxygen Therapy

The use of hyperbaric oxygen therapy caught on in the early 1900s when Dr. Orville Cunningham, a professor of anesthesia, erected what was known as the "Steel Ball Hospital." That structure was five stories high and could reach three atmospheres of pressure. The "hospital" was closed in 1930 because of the lack of scientific evidence that the treatment worked. Eventually it was taken apart and sold for

scrap during World War II.

The military continued researching the treatment, though, and soon benefits were discovered, mainly for deep sea divers suffering from decompression sickness (also called "the bends").

The FDA now approves the use of hyperbaric chambers for the treatment of air or gas embolisms ("bubbles" in the bloodstream that obstruct circulation), carbon monoxide poisoning, and thermal burns caused by heat or fire.

All the body's organs — including the heart — require steady supplies of oxygen. But the air we normally breathe contains just 21 percent oxygen.

With hyperbaric oxygen therapy, a person is put into a cylindrical chamber into which 100 percent oxygen is pumped. During the procedure, a person's cells get two to three times the amount of oxygen they would ordinarily.

To date, the FDA has approved 13 uses for

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This month's password is: healing

(Please remember to use lowercase letters.)

Quick Takes for Better Heart Health Now

Statins Hamper Exercise

Statin drugs are taken by millions of Americans to lower cholesterol and reduce heart disease risk. But new research shows that one unintended result of these drugs may be causing older men to exercise less.

Researchers analyzed health surveys on 3,071 men age 65 or older living in communities across six geographic regions of the United States. They found that men who took statins averaged about 40 minutes less of moderate physical activity over a one-week period. They also found that new statin users had the largest decline in physical activity.

No reason was given for the decrease, but muscle pain is found in 5 to 30 percent of people who take statins — and some report feeling weak, tired, or less energetic.

I am very concerned about this research because being sedentary is a major risk factor for heart disease, and this study involves precisely the type of people who need to be exercising more, not less.

Because statins can cause loss of energy, I recommend to patients who take them that they also use the supplement coenzyme Q10, which helps produce energy in the body's cells. I recommend taking 200 to 400 mg daily.

Eating Veggies Cuts Death Risk

Everyone knows that eating fruits and vegetables is healthy, but how much of these healthy foods should you be eating? A new study finds that eating at least seven portions a day could cut your risk of dying by 42 percent.

The study, performed by researchers at the University of London, looked at the dietary habits of 65,226 people between

QUICK TIPS

Three things to do this month for better heart health.

1. Learn the "F-A-S-T" acronym to identify stroke symptoms and get immediate help — Face drooping, Arm weakness, Speech difficulty, Time to call 911!
2. Make salsa. Chop up some canned tomatoes and chili peppers and add chopped onions for a fiery dose of antioxidant power.
3. Go dancing. At home. Just put on some dance music and groove to the beat. It's a great heart-healthy workout.

2001 and 2013, and found that the more fruit and vegetables they ate, the less likely they were to die at any age.

In terms of specific types of diseases, the researchers found that consuming these seven portions daily reduced the risk of dying from heart disease by 31 percent and cancer by 25 percent, compared to people who ate less than one portion daily.

In addition, the more vegetables a person ate, the more their risk of dying drops.

Compared to eating less than one portion of fruit and vegetables, the risk of death by any cause is reduced by 14 percent by eating one to three portions, 29 percent for three to five portions, 36 percent for five to seven portions and 42 percent for seven or more.

The study also found vegetables to be more beneficial than fruit. Fresh vegetables had the strongest protective effect. Eating fruit was associated with a smaller, but still significant risk reduction rate of 4 percent.

Fruit juice had no beneficial risk reduction effect, and canned fruit raised risk slightly, probably due to the sugar used in the canning process, the researchers said.

Stress Increases Chance of Heart Attack

Heart attacks are caused by atherosclerosis, the disease process that causes fatty deposits to form inside the walls of the heart's coronary arteries, narrowing them, and shutting off blood flow.

In recent years, scientists have come to realize that inflammation within the body may be the trigger that sets this process into motion. They also knew that stress likely contributes to this scenario in some way. But they have been uncertain of how this happens.

Now, a new study offers an explanation.

For this study, University of Pittsburgh researchers tracked the emotional reaction of 157 healthy adults.

The participants were asked to adjust their emotions while they viewed unpleasant pictures. The researchers measured their brain activity with functional imaging, and also scanned their arteries to measure levels of inflammation in their bloodstream.

The researchers found that the people who showed greater brain activation when viewing the pictures also had higher levels of interleukin-6, a chemical that causes inflammation in the bloodstream.

In addition, they showed increased thickness of the carotid artery wall, a marker of atherosclerosis.

Both of these factors are indicators of heart disease risk, and show the importance of reducing stress in your life. □

hyperbaric oxygen therapy.

There is some evidence to support the use of hyperbaric oxygen therapy as acute treatment for heart attack. However, the studies are few and more research is needed before the procedure becomes an accepted in-hospital treatment.

Alternative medicine practitioners have embraced hyperbaric oxygen therapy, and it is now touted for some 40 ailments, ranging from attention deficit disorder to spinal cord injury, cancer, and coronary artery disease.

For unapproved FDA uses, patients must pay out-of-pocket for this therapy. Hyperbaric oxygen treatment costs, on average, about \$200 per session. As treatment courses can range from 20 to 50 sessions, the bill can mount quickly.

While hyperbaric oxygen treatment is generally safe, there are some possible side effects, including myopia (nearsightedness) that can last for weeks or months, sinus damage, rupture of the middle ear, and lung damage. In some cases, a complication called “oxygen toxicity” can result in seizures, fluid in the lungs, and even respiratory failure.

The treatment can also aggravate severe congestive heart failure, and patients who have pacemakers should not use it.

I am skeptical of expensive treatments for conditions that lack adequate scientific evidence or FDA approval. I don’t endorse hyperbaric oxygen treatment for my patients.

However, I do believe in pumping up oxygen levels through natural means. You can do this for your heart simply by doing cardiovascular exercise. The evidence for this form of treatment is well-established and has no side effects — and it’s free.

‘Natural’ Program for Heart Health

Patients are often so intent on finding a “magic” cure for heart disease — be it alternative medicine or not — that they lose sight of the only tried-and-true “natural” cure for heart disease. It’s the program I advocate frequently in this newsletter and also in my book, *The Simple Heart Cure*.

These are the four pillars of my program:

1. Weight Loss. Most of my patients lose weight, including the dangerous fat that collects around the

abdomen, by following a plant-based diet. There are some, however, who find it difficult to stick to a purely plant-based diet. For them, I recommend the Mediterranean diet, which I have seen succeed, and which is backed by solid scientific evidence.

2. Regular exercise. The best way to cut heart disease risk is to embark on a sensible walking program, working your way up to a one-hour daily walk five days a week. Such a regimen not only provides a cardiac workout, it also creates collateral blood flow in the form of a tiny, temporary network of blood vessels that provide additional blood to your heart. These extra vessels can save your life in the event of a heart attack. This kind of walking program has also been clinically proven to cut diabetes risk by more than 40 percent.

3. Reduce stress. Stress raises heart disease risk. When you are under stress, your body produces unhealthy hormones that raise cholesterol levels and lead to the accumulation of abdominal fat. Evidence is also mounting that stress fuels inflammation, which may initiate the coronary artery disease process.

4. Get enough sleep. Sleep is very important for healthy body function. Studies show that sleep deprivation not only leads to daytime weariness and accidents, but takes a toll on health as well, increasing the risk of heart disease and heart attack, as well as obesity and memory loss. □

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Ask Dr. Crandall

Dear Readers,

I will try to answer as many questions as I can. However, because of the volume of questions, I cannot answer each letter personally. Please include your full name, city, and state when submitting. If you have a question for me, please e-mail it to: askdrtrandall@newsmax.com.

Be Cautious About Saunas

I enjoy going to the sauna after I exercise. It feels great, but can it be harmful?

— Sal R., Waterbury, Conn.

Many people enjoy a sauna after exercising, but it can cause a problem if you are on high blood pressure medicine or suffer from the potentially dangerous heartbeat irregularity known as *atrial fibrillation*.

Following exercise, your blood vessels tend to relax.

In addition, heat causes this effect as well, so going into a sauna for an extended period could cause your blood pressure to drop, and even result in fainting.

Overheating can also bring on an episode of atrial fibrillation.

This is also true of the steam room and Jacuzzi. So be sure to exercise caution in doing these activities.

Other Types of Heart-Healthy Exercise

You recommend walking for exercise, but I have chronic severe pain in my left leg and foot that makes it out of the question. What else can I do?

— James H., Hammond, La.

There are many ways to exercise that do not involve walking.

For instance, walking in a pool or water aerobics may not bother you because the water's buoyancy will buffer your foot.

If these activities don't work, hold on to the side of the pool and kick, or swim laps. Or try a stationary bike or rowing machine for a good, heart-healthy workout.

Treatment for Swollen Ankles

I suffer from fluid retention. What is the most natural way to reduce the swelling in my ankles?

— Adriana J., Buffalo, N.Y.

Many older people suffer from swollen ankles (edema) simply due to the effects of aging. This problem can also occur as a side effect of medication, or because of periods of inactivity, like a long car trip or airplane travel, or simply due to water retention after eating salty food.

If this is true in your situation, ask your doctor for a low-dose diuretic such as hydrochlorothiazide, which you can use as needed.

On the other hand, if this swelling is new or progressive, check with your doctor because this problem could indicate atrial fibrillation, the heartbeat irregularity, or new or worsening congestive heart failure.

Olive Oil Is Best

I know that you often recommend olive oil but my doctor has instructed me to use canola oil instead. What do you think?

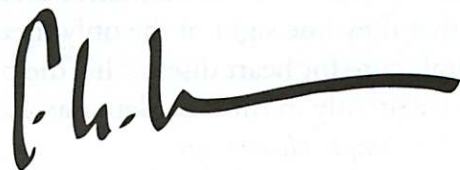
— Dalton G., Los Angeles, Calif.

I disagree with your doctor's recommendation. Canola oil is the result of grape seed oil that has been heated at high temperature to burn off some of its less desirable taste.

On the other hand, olive oil is naturally cold processed oil that has been used for thousands of years, with well-documented benefits.

I recommend staying with olive oil.

To your heart health,



Chauncey W. Crandall, M.D.