

PERQUE Potent C Guard as effective as statins at lowering hsCRP

Based on Amy Yaskow 's report

Supplementing *with just* one gram ascorbate (vitamin C) and 800IU vitamins E reduces C-reactive protein (CRP), a marker of inflammation linked to cardiovascular disease and diabetes, as much or more than statins in a placebo-controlled trial by Berkeley professor emeritus of epidemiology and public health nutrition, Gladys Block, and her associates.

The study randomized 396 nonsmokers to receive 1000 milligrams ascorbate, 800 international units vitamin E, or a placebo for two months. Serum C-reactive protein (hsCRP) levels were measured before and after the treatment period as reported in the January 1,2009 issue of *Free Radical Biology and Medicine*.

For participants with **elevated C-reactive protein** (defined as >1 mg/L), ascorbate **lowered CRP by 0.25 mg/L** compared to the placebo, a reduction similar to that associated with statin drug treatment. No statistically significant effects for vitamin E or for ascorbate were noted among those with desirable CRP levels (<0.5 mg/L).

An important distinction

".. .treatment with ascorbate is ineffective in this study for persons whose levels of CRP are less than 1 milligram per liter, but **very effective for those with higher levels**," stated Dr. Block. "Grouping people with elevated CRP levels with those who have lower levels can mask the effects of ascorbate. **Common sense suggests, and our study confirms, that biomarkers are only likely to be reduced if they are not already low.**"

Dr. Block noted that a trial reported earlier in the *Journal of the American Medical Association*, that found no association between supplementation with vitamins C and E and the risk of stroke or heart attack, *failed* to screen participants for CRP elevation, which is important in the determination of who might benefit from ascorbate. In essence, they diluted the benefit by not selecting for the subgroup more likely to benefit.

In another recently reported study, Harvard Medical School researcher's Jupiter trial showed that statin drugs reduced cardiovascular disease and cardiovascular

mortality in individuals with normal lipids and elevated CRP. The trial found a 37% reduction in CRP associated with statins compared to treatment with a placebo. "One of the strengths of the Jupiter trial is that only persons with CRP levels greater than 2 milligrams per liter (mg/L) were enrolled," Dr. Block remarked. "Researchers found very important effects of lowering CRP in people who had high levels to begin with."

"Major studies have found that the level of CRP in the body predicts future risk of cardiovascular disease, including myocardial infarction, stroke and peripheral artery disease, as well as diabetes," Dr. Block stated. **"Some believe CRP to be as important a predictor of future heart problems as high levels of LDL and low levels of HDL cholesterol."**

"This is clearly a line of research worth pursuing," she added. "It has recently been suggested by some researchers that people with elevated CRP should be put on statins as a preventive measure. For people who have elevated CRP but not elevated LDL cholesterol, our data suggest that ascorbate should be investigated as an alternative to statins, or as something to be used to delay the time when statin use becomes necessary."

Chronic inflammation equal cumulative repair deficit

Seemingly **unrelated clinical expressions** have a **common cause**. People who have multiple degenerative disorders often exhibit excess levels of proinflammatory markers in their blood. A list of more common medical conditions linked to repair deficit chronic inflammation is shown on the next page.

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