

## Nutrition: Complementary And Alternative Choices

# C-reactive Protein (CRP)

*This information is intended for the use of health care professionals. It has not been evaluated by the FDA and is not intended to diagnose, treat, cure or prevent any disease. You should consult a qualified health care provider for advice before beginning any new health care program.*

Note: to have optimal response, all protocols begin with Ultra Omega-Linic and Ultra Vites. (see my Minimum Recommendations).

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Nutrient	Product	Q/Day
A good multi Vitamin Mineral supplement*	Ultra Vites	2
Essential Fatty Acids	Ultra Omega-Linic	4-8
Calcium and Magnesium 2:1 or 1:1 ratio	Calcium D Chelate	1-2
	Ultra Magnesium Chelate (250 mg)	1-2

\* Use a multi without Iron unless there is a known need for iron

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It is fairly common for physicians to use C-reactive protein (CRP) to evaluate risk factors for cardiovascular disease in older adults with normal cholesterol. If the CRP is elevated, Crestor (Rosuvastatin) is then used to improve all cause mortality. A close look at the study justifying this treatment.

(The Jupiter Study) reveals the following:

1. It requires the treatment of 182 patients, for two years, with an overall estimated cost of \$800,000 to prevent one all-cause mortality. With the multiple potential bias in the study, in all probability these figures would be much higher. The figures would also be higher if this data were used to justify the treatment of younger patients.
2. The current approach of using lifestyle modification and global cardiac risk

assessment has proven to reduce cardiac deaths by 50 to 60 per cent, while the Jupiter study reduced cardiac deaths by 44 per cent. The current approach is more effective and much less expensive. If the supplements outlined in my cardiovascular protocols are added to the lifestyle modifications, I would expect an even greater reduction in cardiovascular related deaths.

I believe it is necessary to perform a well designed study which compares lifestyle modification and global cardiac risk assessment to C-reactive protein measurement and treatment with Crestor. If such a study proved the value and if it is cost effective, then routine high-sensitivity, C-reactive protein measurement could be considered

**Discussion:**

C reactive protein is a measure of inflammation. The way that (EPA) eicosapentaenoic acid, (DHA) docosahexaenoic acid, (GLA) and gamma linolenic acid modulate inflammation by regulating the Prostaglandin 1, 2, and 3 series is well known and understood. In addition, these doses of essential fatty acids decrease triglycerides, increase HDL, decrease LDL, and total cholesterol.

Use Ultra Omega-Linic at 4-8 capsules a day. In addition to EPA and DHA, it contains GLA, which modulates the prostaglandin 1 series, and stearidonic acid (SDA), which is a long chain, polyunsaturated fatty acid (LC-PUFA) of the prostaglandin 3 series which easily converts to EPA.

Ultra Omega Linic is more effective than fish oil alone.

Flax seed oil is a poor choice of supplement for the purpose of modulating prostaglandins. It has been shown NOT TO RAISE red blood cell or serum EPA or DHA when it is supplemented.

As with all my other protocols, cover the nutritional essentials with a good multi vitamin and mineral supplement like Ultra Vites.

Calcium D Chelate should be considered when appropriate. If not using Ultra Vites consider Ultra Magnesium Chelate. (Ultra Vites contains 250 mg magnesium)