

Third Case Report on Lysine-Ascorbate Amelioration of Angina Pectoris

Linus Pauling, Ph.D.¹

Abstract

The case histories have been published of two patients with angina (Pauling, 1991, McBeath and Pauling, 1993) who have controlled their angina by the regular ingestion of 3 to 6 g/day of ascorbate and of L-lysine (Rath and Pauling, 1991). The case history of a third patient, who has had similar success with this Orthomolecular treatment, is given in the following pages.

I heard about this patient from John J. Jernick, M.D., of Stanford Medical School. Dr. Jernick had lived in the small city in New York State where the patient and also the subject of the first case history (Pauling, 1991) live, and had known the patient's daughter, who now lives in California. She met Dr. Jernick and told him that her father had made an "almost miraculous recovery" from his debilitating cardiovascular disease as a result of following the ascorbate-lysine regimen that he had learned about from the subject of the first case history. She and Dr. Jernick knew the name of this subject, which was not given in the published report. I then wrote to the patient. The following case history is based on his letters to me and communications from the subject of the first case history.

The patient, now 66 years old (born in 1927), retired in 1990 from his work as the financial manager in large corporations. His father had died at age 67 from heart disease and his mother at age 82 from cancer. He underwent a triple coronary bypass operation in April 1980 and a second one (six grafts) in July 1987. In February 1992 he began to experience slight angina. He did poorly on a stress test on 23 March 1992. His cardiologist immediately sent him to the hospital for catheterization and coronary angiography, and he was then told that an angioplasty operation was too risky and that he was not a candidate for any more bypass grafts. His medical ad-

vice was that he should take a cholesterol-reducing medicine, go over to a low-fat diet, and exercise lightly "while awaiting an imminent demise" (the patient's words). He was wearing nitroglycerine patches and carrying nitroglycerine tablets, to be taken during angina attacks.

He began a low-fat diet and practiced meditation and some other unconventional efforts to improve his health, but two weeks later some mutual friends told him that another resident of the community (the patient of the first case history) had experienced a remarkable improvement in his health. He talked with him, and immediately (about April 15, 1992) began taking 3 g per day of both vitamin C and L-lysine (three doses of 1 g). Since that time, 15 months ago, he has never had an attack of angina, except as mentioned below, and he soon stopped wearing the nitroglycerine patches and carrying the tablets. On September 4, 1992 he had a second treadmill test, showing improvement. His total cholesterol/ HDL was reported as 145/68 on August 21, 1992 and as 179/36 on March 10, 1993.

Starting in June 1992 he began riding his bicycle into town several times a week, a 9-mile round trip, with no problems except a swelling of the right knee, which had to be treated. Then on March 6, 1993 he began to shovel snow to clear his walkway after a big storm. He had to stop after working steadily for an hour because he was feeling ill. He thought that he had induced an attack of stress angina. He had been taking 3 g each of vitamin C and lysine per day but had sometimes forgotten to take these nutritional supplements. He increased his intake to 6 g of each per day and has been careful not to forget. He resumed wearing the nitroglycerine patches for two weeks. Since then he has been feeling well.

There are now three patients who have controlled their attacks of angina by taking from 3 to 6 g of vitamin C and lysine per day. Their response to this treatment has been fast, within two to four weeks. This is not enough

1. Linus Pauling Institute of Science and Medicine, 440 Page Mill Road, Palo Alto, CA 94306.

time to permit the clearing of the arteries of the plaques. I suggest that there are two kinds of lipoprotein-a in the plaques: the older Lp-a that has been solidly fixed in the plaques and a rather loosely bound Lp-a that can be quickly removed by action of the lysine. Removal of the loosely bound Lp-a would open up the arteries to some extent and give rapid relief to the patient. With continued treatment with vitamin C and lysine the plaques might ultimately be cleared away. The vitamin C (and also vitamin E and beta-carotene) also has another valuable function, that of preventing oxidation of the cholesterol in the plaques on the arterial walls. I thank Dr. John J. Jernick for having brought this patient to my attention, the patient for providing me with information, and the subject

of the first case history for his help.

References

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