

Magnesium: Your Hearts Best Friend

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Heart Disease & Chocolate

Heart attack survivors who eat chocolate two or more times per week cut their risk of dying from heart disease about threefold compared to those who never touch the stuff. Smaller quantities confer less protection, but are still better than none, according to the study, which appears in the September 2009 issue of the Journal of Internal Medicine. Earlier research had established a strong link between cocoa-based confections and lowered blood pressure or improvement in blood flow. It had also shown that chocolate cuts the rate of heart-related mortality in healthy older men, along with post-menopausal women

This new study is the first to demonstrate that consuming chocolate can help ward off death if one has suffered a heart attack. "It seems that antioxidants in cocoa are a likely candidate" is the best Dr. Imre Janszky of the Karolinska Institute in Stockholm could come up with for explaining the life-saving properties of chocolate. Seems they have not read the science of others or we have a deliberate dumbed down medical report, which like many others is designed to inform and confuse at the same time.

Scientists know that women's bodies are known to crave for chocolate during PMS. Some researchers believe that women crave chocolate prior to menstruation because it contains magnesium. The medical journal for the American Heart Association, created a stir when it reported a study of 22 heart transplant patients who were given a dose of dark chocolate or fake chocolate. Just two hours after eating the real thing, patients had measurable improvements in blood flow and vascular function and less clotting, compared to placebo chocolate eaters, who experienced no change. Chocolate cravings are potentially a sign of a magnesium deficiency for chocolate is high in magnesium.¹

Though it is widely accepted that chocolate affects our moods few make the correlation between magnesium and chocolate and thus magnesium and emotions. People often report when eating chocolate that their mood is elevated and they feel better. This elevation in mood is temporary though, and when the effect wears off, subjects again reverted to their previous state of mind.

Depression and other emotional disorders of the heart are addressed most directly with magnesium.

Most would think that chocolate is not high enough in magnesium to be used medicinally and would be undesirable because of the high sugar and fat component of most chocolates but obviously this is not the case. It's hard to argue with the information that heart attack survivors who eat chocolate only two times per week can cut their risk of dying from heart disease threefold. Now imagine what we can do if we use concentrated forms of magnesium chloride transdermally, orally and even inject it if a person's life hangs in the balance either in the ambulance or emergency room.

Below is a chapter from the second edition of the Transdermal Magnesium Therapy book we are preparing and it is in my e-book Magnesium the Ultimate Heart Medicine. It is sad that this has not been one of my more popular books meaning that not many people or doctors know how important magnesium is and how many lives it can save everyday - if used appropriately.

Magnesium is not an option for cardiologists; it's absolutely necessary for cardiac care. Doctors know how important Oxygen is to life and their heart patients but they keep their heads in the sand refusing to make even the simplest correlations one of which highlights the relationship between magnesium and oxygen carrying capacity of the red blood cells. In the following chapter I start of with a quote from Paul Mason who is known as the magnesium librarian. He literally has been trying to save millions of lives by having magnesium put into public water supplies. Imagine an alternative reality and how nice it would be to replace fluoride with something as life giving and wonderful as magnesium is. Certainly putting magnesium chloride in ones own private water is more than an excellent idea.

Magnesium and Sudden Death by Cardiac Arrest

Magnesium deficiency appears to have caused eight million sudden coronary deaths in America during the period 1940-1994.² Paul Mason

If one is interested in heart health one has no choice but be interested in magnesium. It is the emergency room intensive care medicine that can be used to great effect before, during and after cardiac arrest. Magnesium chloride specifically is the most flexible and useful form of magnesium because it can be injected, taken orally and even used transdermally for direct application and absorption through the skin.

Almost all adults are concerned about the condition of their heart and cardiovascular system. Some live in constant fear wondering whether any ache, cramp or pain in their upper body is a sign of a heart attack. There isn't an adult living in North America that hasn't lost a loved one or a family member to heart disease. The fact is, heart attacks kill and they kill millions every year.

Chernow et al. in a study of postoperative ICU patients found that the death rate was reduced from 41% to 13% for patients without hypo-magnesemia (low magnesium levels). Other post heart surgery studies showed that patients with hypomagnesemia experienced more rhythm disorders. Time on the ventilator was longer,³ and morbidity was higher than for patients with normal magnesium levels. Another study showed that a greater than 10% reduction of serum and intracellular magnesium concentrations was associated with a higher rate of postoperative ventricular arrhythmias. The administration of magnesium decreases the frequency of postoperative rhythm disorders after cardiac surgery.

Magnesium has proven its value as an adjuvant in postoperative analgesia. Patients receiving Mg required less morphine, had less discomfort and slept better during the first 48 hr than those receiving morphine alone.⁴

It is established that clinically significant changes in a number of electrolytes occur in patients with congestive heart failure (CHF). Magnesium ions are an essential requirement for many enzyme systems, and clearly magnesium deficiency is a major risk factor for survival of CHF patients. In animal experiments, magnesium has been shown to be involved in several steps of the atherosclerotic process as well as magnesium ions playing an extremely important role in CHF and various cardiac arrhythmias.

Magnesium is also required for muscle relaxation. Lower magnesium levels can result in symptoms ranging from tachycardia and fibrillation to constriction of the arteries, angina, and instant death.

Due to lack of magnesium the heart muscle can develop a spasm or cramp and stops beating. Most people, including doctors, don't know it but without sufficient magnesium we will die. It is more than helpful to understand that our life span will be reduced if we run too long without sufficient magnesium in our cells and that the principle way our life is cut short is through cardiac arrest. Yet when someone dies of a heart attack people never say "He died from Magnesium Deficiency." Allopathic medicine is designed from the bottom⁵ up which means it ignores the true causes of death and disease. In the field of cardiology this is telling!

Magnesium is an important protective factor for death from acute myocardial infarction.⁶

Dr. Jean Durlach⁷ explains that the body has numerous compensatory mechanisms that allow magnesium deficiency to go undetected which leads to the development of what he calls "latent nervous system hyperexcitability." In other words, a patient will already be deficient in magnesium prior to the development of symptoms. Too often the first clear sign of deficiency is cardiac arrest and death. Forty percent of all first heart attacks end in death!

One of the most important actions of magnesium is its vasodilating effects which improves the blood supply to ischaemic areas and reduces infarct size.

A ten-year study of 2,182 men in Wales found that those eating magnesium-low diets had a 50% higher risk of sudden death from heart attacks than those eating one-third more magnesium. Also, high magnesium eaters were only half as likely to have any type of cardiovascular incident such as non-fatal heart attacks, strokes, angina (chest pain) or heart surgery.⁸

Magnesium and calcium work together to control muscle action though calcium becomes increasingly toxic in the face of any kind of magnesium deficiency. Calcium tightens the muscles; magnesium relaxes the muscles. With insufficient magnesium the muscles stay tense and through the years may cause a cramp in the muscle. This could happen when you have too much calcium or too little magnesium. Too much calcium causes the heart to go into a spasm and this can cause a heart attack.

Magnesium helps induce passage of nutrients in and out of cells and thus affects the life process. As magnesium has a stabilizing effect on membranes, it can be used to great effect in the treatment of cardiac rhythm disorders. The best indication is for the treatment of torsades de pointes⁹, but magnesium is also indicated for ventricular arrhythmias related to digitalis toxicity¹⁰ and tricyclic antidepressant overdose. In critically ill patients, magnesium administration proved more effective than amiodarone for the conversion of acute atrial tachyarrhythmias.¹¹

Magnesium is cardiology's silver bullet against heart disease.

The strides in the understanding, prevention, and treatment of coronary artery disease (CAD) and acute myocardial infarction (MI) over the past 20 years has been an illusion. CAD remains the leading cause of death for both men and women in the United States. The management of acute MI now routinely involves a complex array of interventions including reperfusion therapy and cardioprotective

and antithrombogenic agents. Yet both morbidity and mortality remain unacceptably high, particularly in the elderly.

Sudden Arrhythmia Death Syndrome is a malfunction of electrical activity in the heart

Sudden Arrhythmia Death Syndrome is a disorder of the electrical system of the heart that can lead to the death of apparently healthy people without any warning. The problem centers on the length of time it takes the electrical system to recharge following a heartbeat. This is known as the QT interval. People who have a long QT interval are more vulnerable to a very fast, abnormal heart rhythm, or arrhythmia.

Magnesium has a stabilizing effect on cell membranes, particularly in heart muscle. A healthy heart generates stable, predictable electrical impulses. Lack of magnesium permits unstable electrical impulses in the heart to emerge,¹² generating abnormal heart rhythms.¹³ In fact, much magnesium research over the years has focused on its administration during heart attack to reduce death from fatal heart rhythms.¹⁴

Sudden loss of consciousness, or syncope, usually occurs during physical exertion or emotional excitement like anger or fear.

Magnesium should be taken for all conditions of the heart except for when the blood pressure is too low or the threat of kidney failure is present. Since there is no drug that can substitute for magnesium it is indicated for the majority of heart patients. Patients must drink water for we quickly get into trouble when dehydrated. With magnesium the process of deficiency is slower and more hidden but eventually total cell physiology is compromised. Magnesium, particularly in its chloride form, is the definitive medicine for both the prevention and treatment of heart disease.

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1 There are 88mg magnesium in 1 oz of unsweetened chocolate:
www.dfwnetmall.com/veg/magnesium-content-foods.htm

2 www.mgwater.com/calcs.shtml

3 England MR, Gordon G, Salem M, Chernow B. Magnesium administration and dysrhythmias after cardiac surgery. A placebo-controlled, double-blind, randomized trial. JAMA 1992; 268: 2395-402.

4 Tramèr MR, Schneider J, Marti RA, Rifat K. Role of magnesium sulfate in postoperative analgesia. Anesthesiology 1996; 84: 340-7.[Medline]

5 Since the Rockefellers invaded the medical industry almost 100 years ago we can see a deliberate pattern engineered into the foundation of medicine. That engineering was and still is full of hate for

human beings meaning it is full of love of money and power. Whenever you have money interests take the place of humanitarianism in medicine you produce a form of medicine that hurts and kills people.

6 Am J Epidemiol 1996;143:456–62.

7 President of the International Society for the Development of Research on Magnesium (SDRM), and Editor-in Chief of Magnesium Research

8 www.mgwater.com/marxneut.shtml

9 Torsade de pointes (TDP), often referred to as torsade, is an uncommon variant of ventricular tachycardia (VT). The underlying etiology and management of torsade are, in general, quite different from those of garden-variety VT. The management of torsade with group IA antidysrhythmic drugs can have disastrous consequences. Differentiating between these entities, therefore, is critically important.

10 Fawcett WJ, Haxby EJ, Male DA. Magnesium: physiology and pharmacology. Br J Anaesth 1999; 83: 302–20.[Abstract/Free Full Text]

11 Amiodorone is used for difficult to treat tachyarrhythmias

12 Eisenberg MJ. Magnesium deficiency and cardiac arrhythmias. NY State J Med. 1986 Mar;86(3):133-6.

13 Purvis JR, Movahed A. Magnesium disorders and cardiovascular diseases. Clin Cardiol. 1992 Aug;15(8):556-68.

14 Smetana R, Stuhlinger HG, Kiss K, Glogar DH. Intravenous magnesium sulphate in acute myocardial infarction—is the answer “MAGIC”? Magnes Res. 2003 Mar;16(1):65-9.

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