

Endocrine Metabolic Medical Center

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L-Arginine Therapy in Acute Myocardial Infarction

There are over 50,000 articles which are generally positive on the use of L-Arginine to improve arterial lining (endothelium) elasticity, atherosclerosis, homocysteine and viral damage. I have had 2600 patients over the last ten years with less than 0.05% having any heart disease. How did these authors come to opposite conclusions?

- They started with smaller amounts of L-Arginine, 3 grams, rather than the 5 grams thought to be the therapeutic amount.
- They reduced the 3 grams to lower amounts if the patients had “side effects” symptoms. They did not state who and how much.
- The source of L-Arginine is from a company whose product I do not know.

Patient management had other curious notes.

- Elasticity did not change on treatment.
- Diabetes was “well controlled” - meaningless.
- Plasma L-Arginine barely changed on treatment - how little were they taking?

This is cardiologists' research. If treatment does not change elasticity/vascular stiffness like it did for all your references shouldn't you change treatment? They quoted 6 articles in the introduction saying L-Arginine improved vascular elasticity. Why not follow these articles' protocol?

How long did the patients have diabetes? What were other co-morbid states? What were the HbA1c values? What treatments were used for those with diabetes? How well were they controlled during the study? Were the cardiologists attentive to the diabetes care?

There are many questions that were unanswered in this study. In my opinion, this was an ill-conceived and ill-managed study. I maintain that the conclusions reached should be considered irrelevant since there are so many inadequacies in the study.

-Doctor Joe

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