Why we now recommend Cardio Crusaders Parent Essential Oils instead of fish oil.

We have a perplexing conundrum related to heart disease and its treatment. Contrary to recommendations by the medical establishment, the pharmaceutical industry, and the dietary supplement suppliers, a slew of recent experiments are showing that fish oil doesn't hold up to its inflated claims. Fish oil is not the best source of essential fatty acids for your cardiovascular system—far from it. Parent Essential Oils (PEOs) are the best source of EFA's for your body.

What I am about to share with you will fly in the face of the status quo. But bear with me and you will learn the reasons that you should NOT use fish oil (including krill and marine oil) and the science and just a few of the studies showing fish oil's continued failures. PEOs are significantly better as they provide the essential "Parent" EFAs along with their derivatives, "as needed."

A Primer About Parent Essential Oils (PEOs)

There are only two oils that are needed by the body on a daily basis that your body cannot produce on its own. They are termed Essential Fatty Acids. Fish oil marketers commonly misuse this term; therefore, to clearly differentiate the critical EFAs—that MUST come from food—from their associated derivatives like EPA/DHA, Professor Brian Scott Peskin coined the term "Parent Essential Oils," or PEOs. PEOs refer to the fact that there are only two true essential fatty acids, parent omega-3 (ALA) and parent omega-6 (LA). The term "parent" is used because it is the fully functional unadulterated form of the only two essential fats your body demands, as they naturally occur in nature. Once PEOs are consumed, your body changes no more than a small percentage of them, about 5% (typically < 1%), into other biochemical substances called "derivatives," while leaving the remaining 95+% in the parent form. Fish oil does NOT address the cellular structure and integrity of 95+% of your 100,000,000,000,000 (one hundred TRILLION) cells at all.

Physicians have been highly misled into believing that all the "Parent" PEOs were converted into derivatives. Nothing could be further from the truth.

The importance of Special Oils called PEOs

Our bodies require special oils that have many important functions including the job of helping oxygen reach the cells. These special oils readily absorb oxygen. However, PEOs are the only true essential fatty acids and must be consumed every day.

Tragically, due to the requirements of food processors to extend shelf life, they are forced to adulterate or remove these precious PEOs. While we get long-lasting food, our health is highly compromised. It is that simple.

Please understand that humans cannot manufacture either of the PEOs LA or ALA; they MUST come from food. To the contrary, EPA/DHA are derivatives that are made from the PEOs on an "as-needed" basis.

Why are the fully functional, unadulterated parent forms of these essential oils, PEOs, so important? Many of the so-called EFAs sold in stores consist of manufactured derivatives EPA/DHA in supra-physiologic amounts. Professor Peskin's research makes this quite clear. Overdoses of EPA/DHA can be deadly. Your body doesn't need or want these derivatives, because it makes its own derivatives from the Parent Essential Oils (PEOs) automatically as it needs them. Taking fish oil and other health-food-store so-called "EFAs" often results in an overdose of derivatives as current science confirms.

Every one of your 100 trillion cells is surrounded by a lipid bi-membrane enclosure that is half fat. A portion of the fat making up the membrane is saturated, meaning it does not easily react with, or absorb, oxygen. The other portion of the fat—25% - 33%—in the membrane is, however, "unsaturated," and made of PEOs. If they are fully functional then they easily absorb oxygen. The saturated fats in the membrane function as a barrier to help protect the delicate, highly reactive, oxygen absorbing, energizing, PEOs.

You need to know that there is little, if any, fish oil derivatives like EPA/DHA in the vast majority (excluding brain and nervous system) of your cells.

PEOs support the cardiovascular, reproductive, immune, and nervous systems. The human body needs PEOs to manufacture and repair cell membranes, enabling the cells to obtain optimum nutrition and expel harmful waste products. Another critical function of PEOs is the production of prostaglandins, which regulate body functions such as heart rate, blood pressure, blood clotting, fertility, steroidal hormone manufacture and integrity, conception, and play a role in immune function by regulating inflammation and encouraging the body to fight infection. The list goes on and on…

PEOs are esterified (tied to) cholesterol and their full functionality is required. This insight precisely explains the failure of merely lowering LDL-cholesterol levels without regard to structural integrity of PEOs. Prof. Peskin's work details this important, yet often overlooked concept.

PEOs are also needed for proper growth in children, particularly for neural development and maturation of sensory systems, with male children having higher needs than females. Fetuses and breast-fed infants also require an adequate supply of PEOs through the mother's dietary intake.

PEO deficiency and parent omega-6/-3 imbalance is linked with serious health conditions, such as heart attack, cancer, insulin resistance, asthma, lupus, schizophrenia, depression, postpartum depression, accelerated aging, stroke, obesity, diabetes, arthritis, ADHD, and Alzheimer's Disease, among others.

The medical establishment, the pharmaceutical industry, and the dietary supplement suppliers have been using the terms Fish oil, EPA, and DHA synonymously. But, they are not the same as EFAs or PEOs. Regarding fish oil as a source of EFAs is tragically wrong. The "power of the parents" (PEOs) can no longer be denied.

Fish Oil versus Plant-Based Oils

Fish oils are not nearly as effective as organic plant based oils. As an example, flaxseed plant oil contains significant ALA (alpha linolenic acid), whereas fish oil supplements contain none of it, but only its derivatives EPA (eicosapentaenoic acid) and DHA (docosahexaenoic acid). The body makes its own EPA and DHA from ALA.

However, this is a one-way synthesis…
"Parents" CANNOT be made from the long-chain derivatives!

Fish oil cannot provide ALA, and therefore deprives the consumer of this critical compound.

There are a host of omega-3 and omega-6 oils being sold as EFAs that are not EFAs, but are nonessential derivatives such as EPA and DHA. Fish oils are made up almost exclusively of omega-3 derivatives. New research shows that <1% of Parents become derivatives. Obviously then, scientifically and biochemically, calling derivatives such as EPA and DHA by the term "EFA" is incorrect, misleading, and hazardous to your health.

Because of the long shelf-life requirement of food processors, many Americans are kept PEO deficient. PEOs are the "good fats." PEOs compete with bad fats like transfats and interesterified fats routinely used in food processing and restaurants. PEOs raise your "good cholesterol." One of the jobs of HDL is to grab your "bad cholesterol" (Low Density Lipoprotein, LDL), and carry it to the liver where it is eliminated. The PEOs also repair much of the damage over time done by the bad fats. This is very important in an age when so many Americans are struggling to lower their cholesterol and fight heart disease, diabetes, and obesity.

Parent Omega-3 (Linolenic Acid, ALA)

Alpha Linolenic Acid (ALA) is the parent omega-3 fatty acid, which any reasonably healthy human will automatically convert into eicosapentaenoic acid (EPA), and later into docosahexaenoic acid (DHA) as needed.

Contrary to popular belief and old, outdated analytic methods, the average person does NOT have an impaired delta-6/-5 desaturase metabolism than requires EPA/DHA supplements!

EPA is synthesized and converted into critical extremely fast-acting hormone-like compounds known as eicosanoids, which aid in many bodily functions including vital organ function and intracellular activity.

- The parent and derivative Omega-3 series are used, although to a much lesser extent than parent omega-6, in the formation of cell walls making them supple and flexible, and improving circulation and oxygen uptake with proper red blood cell flexibility and function. Because of their 6 double bonds, fish oil's DHA oxidizes 320 times faster than oleic acid and 8 times faster than LA in the body! This creates a deficiency of antioxidants leaving the patient unprotected and more susceptible. This fact should give concern to physicians prescribing fish and marine oils.
- Parent Omega-3 deficiencies are linked to decreased memory and mental abilities, tingling sensation of the nerves, poor vision, increased tendency to form blood clots, diminished immune function, increased triglycerides and "bad" cholesterol (LDL) levels, impaired membrane function, hypertension, irregular heartbeat, learning disorders, menopausal discomfort, itchiness on the front of the lower leg(s), and growth retardation in infants, children, and pregnant women.

Parent Omega-6 (Linoleic Acid)

Linoleic Acid is the parent omega-6 fatty acid. Any reasonably healthy human will automatically convert linoleic acid into gamma linolenic acid (GLA), which will later be synthesized into eicosanoids.

It is important to note that the omega-6 series PEOs and derivatives are significantly more powerful (in a good way) than the omega-3 series. That is why the body contains a physiologic tissue ratio of 11:1 LA/ALA (11 times more LA than ALA) in favor of the omega-6 PEOs.

The omega-6 series, both parent and derivatives, improve diabetic neuropathy, rheumatoid arthritis, PMS, skin disorders (e.g. psoriasis and eczema), and aid in cancer treatment. Of course, their impact to arterial improvements is unique as Professor Peskin's IOWA experiment confirms.

When the body has adequate, fully functional PEOs, it will convert them, as needed, into EPA and DHA. This conversion is less than 5% and typically less than a mere 1%.

In our haste to try to fix America's EFA deficiency, we chose the wrong thing – derivatives instead of the parents. This tragic mistake must be corrected or America's health issues will continue to grow and grow.

By taking the converted forms (the derivative) EPA and DHA from fish oil supplements the physiologic ratio of essential fats is overridden with drastic results.

Cardio Crusaders Parent Essential Oils are produced from organic seed oils containing proper physiologic amounts and ratios of "parent" omega-6 and "parent" omega-3 with a conservative amount of naturally occurring GLA. GLA is the substrate for the body's number one anti-inflammatory, PGE1.

Our friend, Dr. Robert Jay Rowen, publishes a wonderful newsletter called *Second Opinion*. Dr. Robert Rowen is affectionately known as the "father of medical freedom" for getting the Alaska legislature to pass the nation's first bill protecting alternative medicine.

He writes Second Opinion Newsletter, which brings to the readers advanced ideas, techniques, information and methods, years ahead of others, which can help you maintain and restore your health. His goal is to keep you out of his office.

I would suggest you subscribe to it as it is a wealth of information, www.secondopinionnewsletter.com. In the June 2011 edition he has a wonderful article which we are reprinting. This is an excellent piece for the layperson (and even physicians) to read which gives the basics of why vegan, plant-based Parent Essential Oils (PEOs) are significantly superior.

Dr. Robert Jay Rowen's - *Second Opinion* – June 2011

The Most Controversial Stance I've Ever Taken Could Save Your Life

"As you may know, medicine is every bit an art as it is a science. Doctors do their best to help their patients and "cause no harm" in the process. But doctors can be wrong. Even alternative doctors can be wrong. And, yes, even I can be wrong.

I've admitted my wrongs openly in these pages. Several months ago, in fact, I admitted that my long held disgust of the PSA test for prostate cancer was misguided.

I said for years that men didn't need to have a PSA test because they're worthless. Then I learned there was a legitimate use as an inflammation marker for the test.

Well, this month, I'm going to share another about face I've made in recent months. This one may shock you, as it's goes against all of the medical dogma you've heard. In fact, this dogma is so ingrained in medicine that alternative and conventional doctors alike accept it.

Yes, I'm going against what many of my alternative minded colleagues (including me) have believed for years.

So what is this major change that I'm suggesting? It's the belief that fish oils are the best source of omega- 3 fatty acids for your body. After you read the evidence, you may even question whether you should be taking fish oils at all.

Supplement sellers actively push fish, marine, and krill (a type of shrimp) oil. So, when I suggest that we need another fresh look, I can understand the hesitation people have in easing up on fish oil. With this report, I won't bring you my beliefs. I'll bring you the unprecedented findings from an ongoing study conducted by Prof. Brian Peskin. He is a leading physiologic EFA expert using plant-based, unheated, chemically unprocessed, and unoxidized fatty acids. These are fully physiologically functional parent essential oils, which he terms "PEOs" (short for "Parent Essential Oils").

Prof. Peskin's research started in the cancer field, based on the groundbreaking discoveries of Nobel Prizewinner Otto Warburg, MD, PhD, which I've written about in past issues (see my website for details).

Prof. Peskin has advanced Warburg's work. He's discovered that amazingly, there is a fundamental cancer/ heart disease connection. I'll show you this new science and share the discovery that can help prevent America's #1 cause of death—cardiovascular disease.

Prof. Peskin graduated from MIT, one of the world's leading institutes of science. He was not trained in the medical field. But sometimes, it takes a gifted person from outside the box to uncover what those within the box just can't see.

In the most exciting development to date, Prof. Peskin's theoretical conclusions were completely validated in a physiological experiment using a precise instrument capable of measuring arterial flexibility. This experiment (the IOWA study) provided the first conclusive clinical proof of Prof. Peskin's theory.

The IOWA study has proven that fish oil is no longer the "cat's meow" for your arteries. David Sim, MD is a renowned interventional cardiologist. Together with Prof. Peskin, he has been conducting this long-term study on the impact of plant-based parent essential fatty acids on arterial aging processes. The key of the study is the medical device digital pulse analyzer (DPA).

I mentioned this device in a past issue. I like it enough that I now have one in my office.

This device is simple. You put your finger in a plastic clip. It emits a soft laser light into your fingernail, much like what is done to determine blood oxygen levels. But this machine is made to read the light bouncing off the small arteries in your finger. The waveform it reads is an incredibly accurate measure of the elasticity (or stiffness) of your small arteries, which is highly reflective of the condition of your big arteries. This information is irrefutable; even conventional medicine accepts its accuracy.

When we are born, our arteries are extremely flexible. When your heart pumps, blood rushes into your aorta and arteries. Your vessels expand, like a balloon. When your heart is at rest, the elastic contraction of flexible arteries pushes your blood along, just as the elastic skin of a balloon will push air back out after you blow into it.

With abnormal aging, your blood vessels become stiffer and more rigid. Hardening of the arteries is a major cause of heart attacks. This rigidity leads to the need for higher blood pressure to expand your vessels. Rigidity leads to far less expulsion of blood when your heart is at rest. The rigidity is a direct reflection of arterial damage and arteriosclerosis. Thanks in large part to

Prof. Peskin's work, we can now pinpoint the prime cause of circulation dysfunction. So, back to the DPA. The DPA measured the effects of parent essential oils on vascular elasticity in 35 subjects13 males and 22 females, ages 35-75. The median age was 62. The researchers gave the volunteers plant-based essential fatty acids for 3-48 months. PEOs are so called because they are the 18 carbon chain fatty acids that are the only true "essential fatty acids." The longer chain fatty acids of marine oils, including EPA and DHA, are not "essential" fatty acids.

Your body makes these longer fatty acids automatically from the true parent essential oils – if you're getting enough of the PEOs. We've come to believe that somehow humans don't automatically make sufficient longer chain fatty acids (EPA and DHA) from the parent oils. We do!!!

And this study proves that it's better to let your body make what it needs in its own wisdom, than to force-feed it what it might not want or need.

Now back to the study. The median duration of use was 24 months. Half of the participants took the PEOs for less than 24 months and half for more than 24 months. Twenty-five of the subjects improved their arterial flexibility. That's a stunning 73% effectiveness. The average improvement was a nine-year decrease in arterial age (stiffness).

Amazingly, 34 out of 35 subjects either tested better than their physical age would suggest or at least stayed at their physical age. Today, many people have premature heart attacks. This study proved the effectiveness of what will be a major tool in reversing this trend. This isan incredible result, since it confirms that using PEOs ***will markedly decrease your risk of a heart attack regardless of age or existing physical condition.***

Now what's amazing is the NNT (number of persons needed to be treated to see an effect in just one person) was only 1.4. Pharma considers an NNT of less than 50 a good result for the effectiveness of their poisons. For example, for statins, the NNT to "prevent" one cardiovascular event is greater than 80. That means more than 80 people would need to take a statin for many years to see a positive outcome in just one person.

In contrast, just 1.4 people taking parent essential oils need to take it for there to be a positive outcome in one person. That is simply astounding.

Alex Kiss, PhD, is a statistician who has worked as a consultant to the National Institute of Health (NIH). He's co-authored numerous peer-reviewed medical papers that appeared in major medical journals, including *New England Journal of Medicine and Cancer.* He found that the statistical significance of the Peskin/Sim work is extremely high. This work delivered 99.85% confidence.

Most medical studies come in at only 95%. This study is 30 times more accurate than the average clinical study. That means the results can't be due just to chance or error. The mean "biologic" arterial age of the subjects dropped nearly nine years!!! In another highly statistically significant study, researchers analyzed 7 males and 9 females aged 46-84, taking PEOs over an average of just 2.5 months. The time was from one month to eight months of PEO usage.

In this very short period of time, seven of the 16 improved. That's an amazing 42% effectiveness in reversing arterial age in just a few short months. The average improvement was 7.2 years of arterial age.

Here, the NNT was a low 2.3, and the results came in only months (not years, like statins). But here's where it gets really interesting, in fact scary, considering the dogma (and use) out there about fish/marine/krill oil. Another study looked at 15 people (7 males and 8 females aged 46-74, average age was 60) who were taking fish oil. The researchers replaced the fish oil with PEOs for an average duration of use of only 3.5 months. Thirteen of the 15 improved. ***That's an 87% effectiveness rate.*** The NNT was only 1.2. But, improvement in arterial age was higher in this group that had been taking fish oil than the other subgroups. Their arterial age dropped 11.1 years, as measured by standard population samples!

One subject remained unchanged, and one subject worsened (by only a year). The statistical significance was 99.99%, which is extremely high! In fact, this is 500 times more reliable than the typical 95% threshold used in most pharmaceutical studies. In subjects with high cholesterol, simply replacing their fish oil with PEOs improved six subjects. In those with high cholesterol, the NNT to improve the vascular system was an incredible 1.2. (That means that if 12 people take the product, 10 will improve. That's simply stunning!) One subject with both diabetes and high cholesterol improved.

Again, statins would require more than 80 people treated (for years) to effect one less cardiovascular event. Compare that to the PEO treatment, which improved almost every single subject's arterial age. In two patients on statins, both improved their arterial flexibility by 20 years with the PEO formulation.

So why is this scary? DPA is a medically accepted, direct, physiological, real-time measure of your arterial age (flexibility). It makes blood measurements of cholesterol and other "surrogates" seem antiquated. Here, we have a group of people who were using fish oil, whose mean arterial biological age was 49. After using PEOs, it fell to 38 — that's an 11-year improvement! This is an unprecedented, landmark result!

The tragedy is that fish oil taken in the amounts that most physicians recommend can overdose you with 20-times too much DHA and 250-500 times too much EPA. Just think what would happen if you took 250 aspirin capsules — you'd be dead! Of course, fatty acids are not a drug like aspirin. But, anything can act like a drug in your body if you take it in pharmacological amounts. That's my concern about the unbridled rise of marine oil consumption. We just don't know what they will do in the long run.

Friend, this is just fantastic information. When it reaches the mainstream press (if they allow it to), it will shatter the fish oil myth. This science is easily 10-20 years in advance of anyone else, making it state-of-the art.

As a summary: Your body is really looking for 18 carbon-chain fatty acids, called "parent essential oils." Fish oil does NOT provide these fatty acids. These 18 carbon-chain fatty acids are the "heart and soul" of your cell membranes. The normal person doesn't naturally convert very many fatty acids into long-chain derivatives (EPA and DHA). Normally, at least ***95% of EFAs stay in parent form in your cells.*** Your body never converts more than a mere 5% (usually less than just 1%) of these EFA "parents" into derivatives (EPA and DHA), as your body sees fit in its own wisdom.

As you may know, oxidized (rusted/rancid) cholesterol is a major cause of vascular disease. It's quite possible that fish/krill/marine oils contribute to this oxidation process. Research confirms, absolutely, that "foods" containing oxidized (rusted/rancid) oils attached to the cholesterol are the direct cause of vascular disease. And most fish oils (though not all) are already rancid before you take them. If you take these oils, they will oxidize your cholesterol. This will wreak havoc, even if your cholesterol levels are "low". You have to correct the cholesterol = structure. The way to do it is to incorporate plenty of fully functional unoxidized PEOs.

When you ingest these unadulterated fatty acids, they will gradually replace the adulterated (rusted, deformed trans) fatty acids in your cells. This allows your body to repair the damage and reverse arterial age.

According to the findings of the state-of-the-art IOWA study, you may actually contribute to arterial aging when you take fish oil. PEOs, on the other hand, replace dangerous oxidized fatty acids with the ideal parent omega-6/-3 proper physiologic ratio of oils that your body requires. This is terrific news! This data strongly suggests that replacing your damaged fats with fresh undamaged parent essential oils may be the most effective method ever found to reverse vascular disease and prevent heart attacks.

I admit this is a major paradigm shift. I had to struggle with it myself. But the research and discoveries come from "rock solid" science. PEO oils are plant-based, so anyone can take them (including strict vegans).

Although the IOWA study is ongoing, all the results I discussed here are already highly significant statistically. And I will tell you about the ongoing results. In the meantime, if you have any hint of vascular disease, or don't want vascular disease, I now only recommend plant-based parent essential oils. In my opinion, YES EFA is the best PEO product on the market. It contains omega-6 linoleic acid and omega-3 alpha linolenic acid from several omega oil packing powerful plants. The odds of this single product helping you are extremely high (like about 90%).… If you (think) you got good results with fish oil, imagine the incredible results you'll get with plant-based PEOs."

Dr. Robert Jay Rowen

Shocking Studies Confirming Fish Oil Failures

Negative Placebo-Controlled Studies Connection to Cardiovascular Health

Recent studies during the time that HMG-CoA reductase inhibitors, more commonly known as statin drugs, have become standard care for hyperlipidemia and acute coronary syndrome (i.e., acute MI and unstable angina patients), show consistent failure in effectiveness—the studies of fish oil supplements have been consistently unsupportive of the efficacy of fish oil in supplement form. Indeed, current experiments are clearly showing the FAILURE of fish oil in cardiology and other areas where if it were to work, such as the brain and helping Alzheimer's patients, it must work—but even here, it failed. Within a matter of weeks in November 2010, results from four randomized controlled trials, the "gold standard" for clinical research, revealed that various formulations of fish oil, contained in a pill, were undifferentiated empirically from their corresponding placebo (failure to achieve improved results), in several sub-populations of cardiac patients. These studies are summarized below:

Alpha Omega Trial

Among patients post-MI (within ten years of enrollment), the Alpha Omega Trial (AOT; Kromhout et al., 2010) randomized subjects to standard cardiac care supplemented by a margarine for 40 months that contained either: (1) placebo margarine, (2) margarine with a combined total of 400-mg of n–3 eicosapentaenoic acid (EPA) and n–3 docosahexaenoic acid (DHA), EPA/DHA, (3) margarine with 2-g of alpha-linolenic acid (ALA), a plant-derived precursor to EPA/DHA, or (4) a margarine containing a combination of EPA/DHA and ALA. State-of-the-art antihypertensive, antithrombotic, and lipid-modifying therapy was implemented in all four groups.
Results indicated that the fish oil supplements, either alone or in combination, did not significantly reduce the rate of major cardiovascular events among 4,837 enrolled patients in this study of secondary prevention. The total intake of n-3 polyunsaturated fatty acids among these participants was about 500-mg/day, an amount often recommended for reducing the risk of cardiovascular disease (Lavie, et al., 2009).

German Omega Study

Among German patients who have suffered an acute MI, but were receiving standard-of-care (e.g., statins, Plavix and aspirin, beta-blockers), **the omega-3 fatty acids, found in fish oil, offer no additional advantages versus placebo** (Rauch, et al., 2010). The German Omega studied enrolled 3,827 patients, 3 to 14 days of their qualifying MI, across 104 German centers who were randomized to omega-3-acid ethylesters 90 (460-mg EPA and 380-mg DHA) 1-g daily or to placebo (1-g of olive oil), on top of multiple standard medications. The primary endpoint, sudden cardiac death, occurred at the rate of 1.5% in both treatment arms. Total mortality was higher numerically in the fish oil than the placebo group (4.6% and 3.7%, respectively, p = 0.18). ***Failure, again.***

The SU.FOL.OM3 Study

A total of 2,501 patients, aged between 45 and 80 years, who had a qualifying MI (n = 1151), unstable angina (n = 711) or an ischemic stroke (n = 639), within the past year, were enrolled in the study. The study protocol randomized subjects to a B-vitamin regimen and n-3 fatty acids (600-mg with an EPA: DHA ratio of 2:1), for one year, as compared to the corresponding placebo for each. The primary endpoint was a combination of myocardial infarction, ischemic stroke and cardiovascular death. Allocation to omega 3 fatty acids was associated with a 37% increase in median plasma concentrations of these fatty acids at one year compared with those allocated to placebo. In terms of the primary composite endpoint, though, the rates of clinical cardiac events for the two treatment arms were "on top of one another" **[no significant improvement]** after five years of follow-up (81 versus 76 events, hazard ratio = 1.08, p = 0.64, ns). ***Fish oil fails again.***

Glaxo's Lovaza

Glaxo's Lovaza, a prescription medication made from omega-3 fish oil, was tested in a six-month randomized placebo-controlled study of recurrent symptomatic atrial fibrillation (AF), among patients with paroxysmal AF or persistent AF with no evidence of substantial structural heart disease (Kowey, et al., 2010). AF is characterized by an irregular and often rapid heart rate. The study results failed to demonstrate clinical benefit in reducing the recurrence of symptomatic AF in the group randomized to the high-dose, prescription omega-3 fatty acids, relative to matching placebo. **Indeed, the rate of recurrence to AF or flutter was higher (made worse) in the Lovaza arm versus placebo** (52% versus 48%, respectively), albeit not statistically different. **This new study clearly reversed initial reports that fish oil helps AF patients; it doesn't.**

Fish Oil Summary

Why Initial "Reported Successes" have become today's Tragic FAILURES?

In the rush to solve America's EFA deficiency, medical researchers fooled themselves into believing that we all had a fish oil deficiency, and solving the deficiency would stop many of our diseases. However, when the sciences of physiology and biochemistry are utilized, fish oil's supposed miraculous results disappear; it simply can't work as claimed, and this is why fish oil continually fails in clinical practice. This is complicated science requiring substantial insight to "connect all the dots."

Current research, in particular, four recent trials reported in the fourth-quarter of 2010 (4Q10), did not support the use of fish oil supplements to reduce clinical cardiac events, such as among post-MI patients or those with AF. These double-blinded studies, conducted across several countries, have greater credibility than earlier, open-label studies from Italy or Japan that reported cardio-protective effects of fish oil pills. That is, the lack of a placebo-control or an active blinded control group markedly reduces the credibility of the prior findings.

The early epidemiologic research and early prospective, open-label studies supporting fish oil supplements were conducted before true cardiac-protective medications, particularly statins, were prescribed widely to cardiac patients. The use of optimal medical strategies, including branded and generic multiple drugs to treat hypertension and/or diabetes, Plavix and aspirin, may account for so much of the variance in clinical outcomes, that the small effect from oil supplements no longer emerge. Of course, the trials may not have been powered sufficiently or conducted for an adequate duration to demonstrate a clinical benefit for the fish oil pills, but these explanations also support the parsimonious conclusion that the **impact of fish oil supplements is negligible,** if present at all. If an intervention works it must clearly work a preponderance of the time. There are too many fish oil failures, to justify inflated claims, period. With the power of PEOs, fish oil becomes "yesterday's news."

Unlike fish oil, PEO's powers are fully supported by state-of-the-art science. The science accurately predicts their tremendous success.

This recommendation and no longer recommending fish oil supplements was made after careful review of the current medical literature and collaboration with Prof. Brian Peskin, whom I consider the world's leading physiologic EFA specialist.