

****FINAL, 7/5/2019,_ROB CASE STUDY, Heart Attack**

Long hours, deadline pressures, changing laws, lack of work-life balance—these are among the many challenges lawyers face in today’s high-pressure, high-speed environment, which, when combined with the adversarial nature of the legal profession, can contribute to declining health.

Rob, age 67, is a successful attorney, specializing in environmental law. With a PhD in Engineering and JD in Environmental Law, Rob enjoys the intellectual challenges that his clients’ cases provide. It was a beautiful summer evening and Rob, who had just wrapped up a months-long project, was relaxing in his backyard with his wife, when he felt intense pain in his chest. He was nauseous and short of breath. His wife encouraged him to go to the hospital.

At the emergency room, Rob was asked a number of questions about his symptoms. His doctor also ran a series of tests, including the following:

- electrocardiogram (EKG) to check the electrical activity of his heart,
- cardiac catheterization to evaluate blood flow, and
- a series of blood tests to look for clues about Rob’s heart health.

After the studies were done in the ER, Rob was diagnosed with a heart attack. The cardiologist recommended that Rob have a stent placed in his heart to improve blood flow. Rob followed the cardiologist’s recommendations and agreed to have the procedure done, which went smoothly. He was prescribed statins and blood thinners, and after two days in the hospital, was sent home to recover.

Resting at home, Rob began to wonder “why”-- why, without any of the regular risk factors for heart disease, did he have a heart attack? Rob had no family history of early heart disease or stroke. His cholesterol, weight, and blood pressure were all within normal ranges. He was not diabetic. During his follow-up appointment, Rob presented his concerns to the cardiologist. Unable to determine the root cause of Rob’s heart attack, the cardiologist suggested that Rob’s heart attack could be attributed to his age—Rob was 67 years old at the time.

Dissatisfied with the cardiologist’s response, Rob contacted Dr. Emi to help him figure out the underlying root cause of his heart attack. Dr. Emi reviewed the tests and results ordered by the hospital physician and recommended additional testing—for MTHFR mutation and C-reactive protein (CRP).

MTHFR is a gene that provides instructions for making an enzyme called Methylenetetrahydrofolate reductase. It plays an important role in processing amino acids, the building blocks of proteins. MTHFR mutations inhibit the way the body processes important B vitamins, which are essential for optimizing metabolism function and forming healthy blood and nerve cells. People with MTHFR mutations have trouble with detoxification as the processes in cells which handle detoxification rely on the B vitamin pathways catalyzed by the enzyme MTHFR. These problems with detoxification problems end up with vascular damage and an increased chance of arterial blood clots. If left untreated, the MTHFR variant can cause a variety of medical problems, including anxiety, depression, heart attack, and stroke.

C-reactive protein (CRP) is produced in the liver and is a blood test marker for inflammation in the body. CRP levels rise during inflammation. Sugar, stress, excess hormones and an imbalanced diet are contributing factors to inflammation and high CRP levels.

Rob tested positive for both the MTHFR mutation and highly sensitive CRP.

Dr. Emi treated both conditions with a modified diet and lifestyle changes. She prescribed high quality Methylated B vitamins, designed specifically for people with the MTHFR variant, and curcumin, known for its anti-inflammatory properties. She also worked closely with Rob to help him de-stress with mind-body-spirit wellness classes and therapy. Because he has a stent, he will continue taking statins. More than a decade later, Rob is no longer taking blood thinners and is leading a vibrant life!