

Congestive Heart Failure--Traditional and Alternative Approach

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Heart failure — sometimes known as congestive heart failure — occurs when the heart muscle doesn't pump blood as well as it should. When this happens, blood often backs up and fluid can build up in the lungs, causing shortness of breath.

Heart failure signs and symptoms may include:

- Shortness of breath with activity or when lying down
- Fatigue and weakness
- Swelling in the legs, ankles and feet
- Rapid or irregular heartbeat
- Reduced ability to exercise
- Persistent cough or wheezing with white or pink blood-tinged mucus
- Swelling of the belly area (abdomen)
- Very rapid weight gain from fluid buildup
- Nausea and lack of appetite
- Difficulty concentrating or decreased alertness

Recommended testing for Heart Failure:

NT-proB-type Natriuretic Peptide (BNP) blood test. B-type natriuretic peptide (BNP) is a hormone produced by your heart. Levels goes up when heart failure develops or gets worse, and levels goes down when heart failure is stable. In most cases, BNP and NT-proBNP levels are higher in patients with heart failure than people who have normal heart function.

A normal level of NT-proBNP, based on Cleveland Clinic's Reference Range is:

- Less than 125 pg/mL for patients aged 0-74 years
- Less than 450 pg/mL for patients aged 75-99 years

If you have heart failure, the following NT-proBNP levels could mean your heart function is unstable:

- Higher than 450 pg/mL for patients under age 50
- Higher than 900 pg/mL for patients age 50 and older

Echocardiogram

Ejection fraction (EF): Your EF is a measurement of the blood pumped out of your heart with each beat. A normal EF is between **55% and 70%**

The Role of C-Reactive Protein (CRP) in Heart Failure

Some studies show that CRP is increased in heart failure. Higher levels are associated with features of more severe heart failure and are independently associated with mortality and morbidity.

Traditional Medical Treatments:

The newer combination drug called Sacubitril-valsartan (Entresto) (called an ARNI, ARB with a Neprilysin Inhibitor) has been studied and shown to have improved outcomes in patients with a weak heart muscle when it replaces medications like lisinopril (an ACE Inhibitors) or losartan (an ARB, or Angiotensin Receptor Blocker). For patients with a heart muscle with reduced ejection fraction (EF < 40%), Quadruple therapy is the recommended:

- An ACE Inhibitor, ARB or ARNI
- A Beta blocker (carvedilol or metoprolol succinate)
- An Aldosterone antagonist (spironolactone or eplerenone)
- An SGLT2 Inhibitor (dapagliflozin)

Alternative Medicine Considerations in the Management of Heart Failure

Of the many adjunctive treatments for congestive heart failure (CHF), two of the most widely publicized in recent years are **Q10 (ubiquinol) 100 mg to 300 mg/day and hawthorn**. More studies need to be conducted.

References

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