



Plaquex[®] Therapy

Documented Reasons Why not to use Plaquex[®] as an IV Push Treatment



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What is IV Push Treatment ?

The current accepted treatment mode for Plaquex[®] Therapy is giving 50 ml Plaquex[®]

(2500 mg dilinoleoylphosphatidylcholine – DLPC) diluted in 250 ml glucose or dextrose 5% in about 1.5 hours.

The IV push treatment gives a small dose of Plaquex[®] (5-10 ml or 250—500 mg DLPC) mixed with venous blood directly as an intravenous injection over a period of about 5-10 minutes.

Why I don't recommend the IV Push Treatment

There are various parameters that have an influence on plaque removal that were studied extensively.

Studies done in the past 60 years confirm that a higher dose of 1.8—2.7g DLPC is necessary to effectively remove plaque deposits.

The doses used to show reduction of LDL, total cholesterol, triglycerides and the elevation of HDL cholesterol are 1.8-

2.7g. IV push treatment will have no effect on the lipid profile.

A reduction of lipid peroxidation was achieved using a dose of 1.8g DLPC.

A study showing increased activity of LCAT—Lecithin-Acyl-Transferase used 2g DLPC. LCAT activity is the most important factor in plaque removal. IV push therapy has no or only a minimal effect on LCAT activity.

Studies done on liver disease used a dose of 2g DLPC to show improvement of liver parameters.

Why do patients have symptomatic relief with IV push therapy ?

The low dose used in IV push treatments of 250—500 mg DLPC has an effect on platelet aggregation and red blood cell deformability.

These two effects will reduce the frequency of angina pectoris attacks, but this is due only to the improved blood flow and reduced platelet aggregation, NOT because coronary plaque have been reduced.

The symptomatic relief is not permanent.

A study done by Luczac et al employed oscillometric measurements in patients with claudication. Patients were given a low dose of 1g DLPC by IV for 2 weeks and followed with 1.35g oral DLPC for 18 months.

There was an initial improvement of the oscillometric index and the walking distance, but withdrawal of DLPC resulted in a shortened walking distance. This indicates that no plaque was removed with this low dose treatment.

Another problem of IV Push Therapy

Giving Plaquex® diluted in only 10 ml of blood can cause thrombophlebitis at the injection site.

In Conclusion

To effectively treat patients with Plaquex®, don't do IV push treatments. Use it with the standard protocol for infusions.

References

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Standard Plaquex® Treatment Protocol

First Treatment: use 20 ml Plaquex® in 250 ml glucose or dextrose 5%.

Second Treatment: use 30 ml Plaquex® in 250 ml glucose or dextrose 5%.

Third and subsequent Treatment: use 50 ml Plaquex® in 250 ml glucose or dextrose 5%.

The **infusion time** should be about 1.5 hours.

Maximum weekly treatments: 3 per week with one day in between treatments.

Caveats:

- Use lower doses in patients of Asian descent (25-40 ml maximum).
- Use catheters from Braun, Becton Dickinson or Butterfly needles. Don't use Terumo catheters.
- Don't mix with anything else than glucose or dextrose 5%.
- Use the original Plaquex® formula compounded by AnazaoHealth® in Las Vegas NV (and Tampa FL for Canada). This ensures that you receive the correct formula. Other compounded formulas often use a low grade raw ingredient causing deoxycholic acid to dissociate from the mix, causing hemolysis, thrombophlebitis and kidney failure. Plaquex is identical to the original German Lipostabil which is no longer available in Germany.