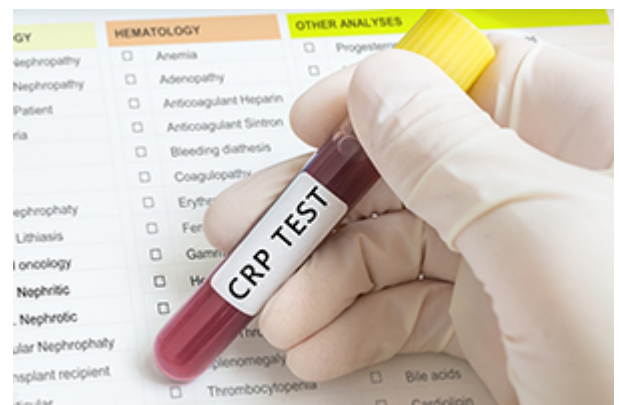


Ask Leyla: What's the difference between common inflammatory markers?



Q: My husband's high sensitivity C-reactive protein (hs-CRP) is 1.62 and his homocysteine is 13.1. If they both measure inflammation, why is one result normal and the other one high?

A: While both hs-CRP and homocysteine are markers of inflammation, they are not related.



A high homocysteine represents a glitch in the metabolism of methionine, an amino acid. The conversion of homocysteine back to methionine requires ample amounts of B vitamins such as B6, B12, and folate as well as betaine and trimethylglycine to aid in lowering it. High homocysteine is a risk factor for cardiovascular disease, stroke, Alzheimer's disease and bone fracture.

Those with the MTHFR polymorphism (a gene mutation) may have high homocysteine levels, although that is not always the case. Nevertheless, it's an easy fix for most individuals by

supplementing with methylated B vitamins such as those found in Methyl Guard Plus. Optimally, we like to see homocysteine levels below 8.

It's critical to note there are no symptoms of high homocysteine. Only a blood test can reveal if levels are out of range. Because it's an important risk factor to monitor, ask your doctor for this test since it's *still* not yet routinely ordered.

C-reactive protein is a general marker of inflammation in the body but hs-CRP targets inflammation in blood vessels, especially coronary arteries. An hs-CRP reading of 1.62 represents average risk. You can read about targeted therapies to lower CRP [here](#).

To your health!

As you may know, I've been doing a weekly "Q&A with Leyla" podcast feature with Dr. Hoffman. Now you can get my perspective and expertise every Friday on my own episode of the *Intelligent Medicine* Podcast. If you missed last week's, you can listen [here](#). To be sure you don't miss out on any of my important insights and information, subscribe today!