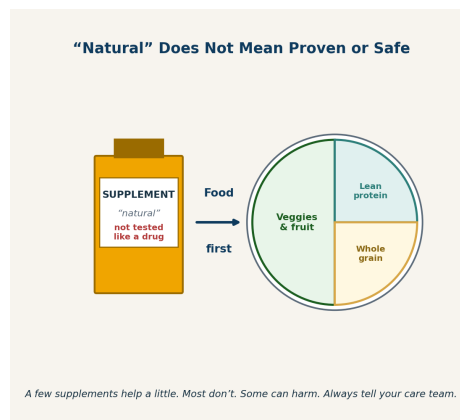


Supplements and Your Heart

What Helps, What's Hype, and What Can Harm

“Natural” does not mean proven or safe. This guide gives an honest, plain-English look at the supplements heart patients ask about most — and the few that can be dangerous with heart medicines.



Online: <https://go.riasalimd.com/supplements-heart-guide>

Rias KS Ali, MD FACC

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Names & Terms You Will Hear

Term	Meaning
Dietary Supplement	A pill, powder, capsule, or liquid you take in addition to food — vitamins, minerals, herbs, fish oil, and more. Not tested like a prescription drug before it is sold.
“Natural”	A marketing word, not a safety word. Many natural products are strong, and a few are dangerous. Natural does not mean proven or safe.
Loosely Regulated	In the US, supplements do not need FDA approval before sale. The real dose and purity in the bottle can vary a lot from the label.
Omega-3 / Fish Oil	Fats found in oily fish. Sold over the counter as fish oil. A purified prescription form (icosapent ethyl) is a different, stronger product.
Red Yeast Rice	A supplement that naturally contains a statin-like compound (monacolin K). In effect, an unregulated statin in a bottle.
CoQ10 (Coenzyme Q10)	A natural substance in cells. Often tried for statin muscle aches. Generally harmless, but the proof it helps is weak.
Plant Sterols / Stanols	Plant compounds added to some margarines and drinks. They block cholesterol absorption and modestly lower LDL.
Soluble Fiber	The kind of fiber in oats, beans, and psyllium (Metamucil). It lowers LDL cholesterol a small but real amount.
Interaction	When a supplement changes how a medicine works — making it stronger, weaker, or unsafe. This is why we ask what you take.
Supplement-Drug Interaction	A specific clash, like potassium with certain blood-pressure pills, or St. John's wort with blood thinners.



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The one rule that keeps you safe: tell us EVERYTHING you take — every vitamin, herb, fish oil, and “natural” product, even the ones you do not think count. Bring the bottles to your visit or photograph the labels. We can only protect you from a bad interaction if we know what is in your cabinet.



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Supplements and Your Heart?

- Supplements are products you take on top of food — vitamins, minerals, fish oil, herbs, and more. Many heart patients take at least one. This guide gives you an honest look at which ones help.
- The big idea first: **“natural” does not mean proven or safe.** Some natural products are strong medicines. A few can harm your heart or clash with your heart drugs.
- Supplements are **loosely regulated.** In the US, they do not have to be proven to work before they are sold. They do not even have to match the label. The real dose and purity can vary a lot.
- **Food beats pills.** The nutrients that protect the heart work best when they come from real food — fish, vegetables, fruit, beans, nuts, and whole grains — not from a capsule.
- Only a **few** supplements have real (and usually modest) evidence: plant sterols and soluble fiber for cholesterol. Most others have little or no proof for the heart.
- **Some supplements are risky.** Red yeast rice is an unregulated statin. Potassium can be dangerous with certain blood-pressure pills. Several thin the blood before surgery.
- **The single most important step: tell us everything you take** — every vitamin, herb, and powder, even the “natural” ones. We can only keep you safe if we know.

Supplements and Your Heart: A Quick Traffic Light

SOME EVIDENCE	LITTLE EVIDENCE	BE CAREFUL
Plant sterols / stanols Lower LDL about 6–12%	OTC fish oil (general use) Mixed / weak for prevention	Red yeast rice An unregulated statin — risky
Soluble fiber (psyllium, oats) Small but real LDL drop	Vitamin D (if not low) No heart benefit in trials	Potassium pills Danger with ACE/ARB drugs
Rx omega-3 (icosapent ethyl) Helped high-TG group — a DRUG	Garlic, turmeric, green tea Little proof for the heart	St. John's wort Weakens many heart drugs
CoQ10 (for statin aches) Weak proof; usually harmless	Niacin (over the counter) Trials did not cut events	Fish oil, E, garlic, ginkgo Can thin blood before surgery

A quick traffic light for common heart supplements. GREEN = some real (if modest) evidence. AMBER = little or weak evidence, usually harmless. RED = be careful, because of real risk or because the product is an unregulated medicine. Note: prescription icosapent ethyl is a DRUG, not the same as over-the-counter fish oil.



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The Big Picture: “Natural” Is Not Proven — and Food Comes First

- **“Natural” is a marketing word, not a safety word.** Many natural products are strong. Foxglove (digitalis) is natural — and it is a powerful heart drug. The label word tells you nothing about whether a product is safe or works.
- **Supplements are not tested like drugs.** In the US they do not need FDA approval before sale. No one has to prove they work, are pure, or even contain what the label says. Studies keep finding bottles with too much, too little, or hidden ingredients.
- **Food beats pills almost every time.** The heart benefits of omega-3, fiber, potassium, and antioxidants are strongest when they come from real food — not from a capsule. A capsule cannot copy a whole fish or a bowl of oats.
- **A supplement is not a substitute.** No pill replaces a statin, a blood-pressure medicine, or a heart-healthy diet. Believing it does is where people get hurt.
- **Tell us everything.** The most useful thing you can do is bring every bottle to your visit. Most dangerous interactions are preventable when we simply know what you take.



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Why It Matters

- Most supplements will not help your heart — but a few can quietly hurt it, or stop your real heart medicines from working. Knowing the difference protects you.
- Money matters. Americans spend billions on heart supplements every year. That money is better spent on real food and proven medicine.
- A supplement can give a false sense of safety. Taking fish oil is **not** a substitute for a statin, blood-pressure pill, or a heart-healthy diet — and believing it is can be dangerous.
- Because supplements are not tested like drugs, two bottles of the same product can contain very different amounts. With red yeast rice, that means an unpredictable, hidden statin dose.
- Some of the worst supplement problems are silent until they are serious. Two big ones: high potassium with the wrong blood-pressure pill, and extra bleeding during surgery. Both can be prevented.
- We can only protect you from a bad mix if you tell us what you take. Many patients do not mention supplements. They think “natural” means it does not count. It does count.

Common supplements: what they are claimed for, what the evidence shows, and the catch

Supplement	Claimed for	What the evidence shows	Caution
OTC fish oil (omega-3)	Preventing heart attacks	Mixed and weak for prevention. Eating oily fish is the better source.	Can thin blood before surgery.
Rx icosapent ethyl (a DRUG)	High triglycerides	Cut major heart events ~25% in REDUCE-IT — in statin-treated, high-TG patients.	Prescription only. NOT the same as OTC fish oil.
Red yeast rice	Lowering cholesterol	Works because it contains a real statin (monacolin K) — at an unpredictable dose.	An unregulated statin. We advise against self-use.
Plant sterols / stanols	Lowering LDL	Real: lower LDL about 6–12%. One of the few with good proof.	Modest — not a statin replacement.
Soluble fiber (psyllium, oats)	Lowering LDL	Small but real LDL drop. Food sources work as well.	Drink water; start slow to avoid gas.



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Supplement	Claimed for	What the evidence shows	Caution
CoQ10	Statin muscle aches	Weak proof it helps. Generally harmless to try.	Low risk; check with us first.
Vitamin D	Heart protection	No heart benefit in VITAL unless you are truly deficient.	Treat real deficiency only.
Potassium / magnesium	Blood pressure, rhythm	Helps ONLY if a blood test shows you are low.	Potassium dangerous with ACE/ARB.
Garlic, turmeric, green tea, niacin	General heart health	Little solid proof for the heart.	Usually harmless in food amounts.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
On a blood thinner (warfarin / Coumadin)	Vitamin K, fish oil, vitamin E, garlic, and ginkgo all change bleeding risk. Keep vitamin K (leafy greens) steady; clear new supplements with us first.
On an ACE inhibitor, ARB, or spironolactone	These raise potassium. Adding potassium pills or salt substitutes can push it dangerously high. Do not add potassium without a blood test.
On a statin	Avoid red yeast rice — it adds a second hidden statin. Grapefruit can raise the level of some statins. CoQ10 is generally safe to try.
Heading into surgery or a procedure	Fish oil, vitamin E, garlic, and ginkgo can thin the blood. Tell your surgeon; you may need to stop them about a week before.
On a heart-rhythm or blood-pressure drug	St. John's wort can weaken many of these drugs. Grapefruit can raise the level of some calcium-channel blockers.
Kidney disease	Potassium and magnesium can build up to dangerous levels when the kidneys cannot clear them. Do not supplement without checking with us.
Taking many supplements at once	The more products you stack, the higher the chance two of them clash with each other or with your prescriptions. Bring the bottles in.
Pregnant or breastfeeding	Many herbal supplements are not tested for safety in pregnancy. Check every product with your doctor first.



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Treatment Options

- **Food first, always.** Eat the nutrient, do not pop it. Oily fish twice a week beats fish-oil pills. Oats, beans, and psyllium beat fiber capsules. Vegetables and fruit beat a multivitamin.
- **Fish oil (over the counter):** the evidence that it prevents heart attacks is mixed and weak. If you do not eat fish, it is a reasonable source of omega-3 — but do not expect it to replace your heart medicines.
- **Prescription omega-3 (icosapent ethyl) is different.** In the REDUCE-IT trial, this purified form cut major heart events about 25 percent. But it only helped statin-treated patients with high triglycerides. Drugstore fish oil is NOT the same product.
- **Red yeast rice:** we tell patients not to self-treat with it. It has a natural statin (monacolin K), but the dose is not controlled. It can cause the same muscle and liver problems as a statin. If you need a statin, take a real one we can dose and check.
- **CoQ10:** popular for statin muscle aches. The proof it helps is weak, but it is generally harmless and inexpensive to try. It is fine to discuss with us.
- **Magnesium and potassium:** these only help if your blood level is truly LOW. We check that with a blood test. Potassium can be dangerous if you add it on top of certain blood-pressure pills.
- **Vitamin D:** we treat a true low level, yes. But in the large VITAL trial, vitamin D did NOT lower heart attacks or strokes in people who were not low. It is not a heart supplement.
- **Plant sterols and soluble fiber** have the best proof. Sterols lower LDL about 6 to 12 percent. Soluble fiber (psyllium, oats) lowers it a small but real amount. Food works just as well as pills.
- **Garlic, turmeric/curcumin, green tea, niacin (over the counter):** little solid proof for the heart. Usually harmless in food amounts, but do not count on them to lower your risk.
- **Bring every bottle to your visit** — or photograph the labels. We will check for interactions and tell you what is worth keeping, what to stop, and what to skip.



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Dangerous Mixes: Supplements That Fight Your Heart Medicines



Potassium + ACE inhibitor / ARB / spironolactone

Potassium can climb too HIGH and cause a dangerous heart rhythm. Do not add potassium pills or salt substitutes without a blood test.



Vitamin K (leafy greens) + warfarin (Coumadin)

Big swings in vitamin K change how warfarin works. Keep greens STEADY week to week. Tell us before a big diet change.



St. John's wort + many heart drugs

Weakens blood thinners, some blood-pressure and rhythm drugs, and statins. It can make heart medicines stop working.



Fish oil, vitamin E, garlic, ginkgo + surgery

These can THIN the blood and raise bleeding risk. Tell your surgeon; you may need to stop them a week before a procedure.

Four dangerous mixes to know. Potassium pills with an ACE inhibitor, ARB, or spironolactone can raise potassium to a dangerous level. Big swings in vitamin K (leafy greens) unsettle warfarin. St. John's wort weakens many heart drugs. Fish oil, vitamin E, garlic, and ginkgo can thin the blood before surgery. When in doubt, ask us first.



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Common Supplements: What the Evidence Actually Shows

- **Fish oil (over the counter):** mixed, weak evidence for preventing heart events. Fine as an omega-3 source if you do not eat fish — but oily fish twice a week is better, and it is not a heart medicine.
- **Prescription icosapent ethyl:** a purified prescription omega-3 that cut heart events about 25 percent in REDUCE-IT, in statin-treated patients with high triglycerides. This is a drug we prescribe and monitor — not the drugstore softgel.
- **Red yeast rice:** it lowers cholesterol because it contains a natural statin (monacolin K). That also means an unpredictable dose, the same possible muscle and liver side effects, and the same drug clashes — with no quality control. Take a real statin instead.
- **CoQ10:** tried for statin muscle aches. The proof is weak, but it is generally harmless. Reasonable to try if you discuss it with us.
- **Vitamin D:** treat a true deficiency. But in the VITAL trial it did not prevent heart attacks or strokes in people who were not deficient. Not a heart supplement.
- **Plant sterols/stanols and soluble fiber:** the two best bets. Sterols lower LDL about 6 to 12 percent; soluble fiber (psyllium, oats, beans) lowers it a small but real amount. Food sources work as well as pills.
- **Garlic, turmeric/curcumin, green tea, niacin:** little solid proof for the heart. Usually harmless in food amounts — just do not rely on them to lower your risk.

Fish oil vs. the prescription: not the same thing.

Over-the-counter **fish oil** has mixed, weak evidence for preventing heart events. The **prescription** purified omega-3 **icosapent ethyl** cut major heart events about 25% in the REDUCE-IT trial — but only in statin-treated patients with high triglycerides. A drugstore softgel does not deliver that result. See our companion guides on [icosapent ethyl](#) and [triglycerides](#).



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Make one list of everything you take — prescriptions, vitamins, herbs, fish oil, powders — and keep it in your phone. Update it when you start or stop anything.
- Read the label, but do not trust the front of the bottle. Words like “natural,” “heart support,” and “clinically studied” are marketing, not proof.
- Look for a third-party quality seal (USP, NSF, or ConsumerLab). It does not prove the product works — but it means an outside lab checked that the bottle holds what the label claims.
- Be extra careful with anything sold for “natural cholesterol,” “natural blood pressure,” or “heart cleanse.” These often contain strong or hidden active ingredients.
- Never stop a prescribed heart medicine to “go natural” on your own. If you want to try a supplement, add the conversation with us — do not swap out proven treatment.
- Avoid grapefruit and grapefruit juice if you take certain statins or blood-pressure pills — ask us if yours is on the list.
- Before any surgery, dental procedure, or colonoscopy, tell the team every supplement you take. Some need to stop about a week ahead.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Over-the-counter fish oil	Mixed/weak evidence for preventing heart events. Can thin blood before surgery. Fishy aftertaste, burping.	A reasonable omega-3 source if you do not eat fish. Generally safe at usual doses.	Eat oily fish (salmon, sardines, tuna) twice a week — the preferred source. For high triglycerides, prescription icosapent ethyl is the proven option.
Red yeast rice	An unregulated statin at an unpredictable dose. Same possible muscle and liver side effects and drug clashes — with no quality control. We advise against self-use.	Lowers LDL because it contains a real statin compound.	A prescription statin we can dose and monitor — safer and predictable. Diet, soluble fiber, and plant sterols for milder LDL lowering.
Plant sterols / stanols + soluble fiber	Sterols can cause mild bloating. Fiber needs water and can cause gas at first. Effect is modest, not a statin replacement.	Real, measurable LDL lowering: sterols about 6–12%, fiber a small but real amount. Cheap, safe, food-based.	Get them from food: oats, beans, psyllium, fortified margarine. A statin if your LDL needs a bigger drop.
Potassium or magnesium pills	Dangerous if your level is normal or high, especially with ACE inhibitors, ARBs, spironolactone, or kidney disease. Can cause heart-rhythm problems.	Helpful ONLY if a blood test shows you are truly low.	Check the blood level first. Get these minerals from food (bananas, leafy greens, nuts) unless we tell you otherwise.



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Common Misconceptions

Myth	Reality
"If it is natural, it must be safe."	Natural does not mean safe or proven. Red yeast rice is natural and is essentially an unregulated statin. St. John's wort is natural and can stop heart drugs from working.
"Fish oil works just like the prescription kind."	No. Over-the-counter fish oil has mixed, weak evidence for preventing heart events. The prescription form (icosapent ethyl) is purified and dosed differently — it is a drug, not the same as a drugstore softgel.
"Supplements are checked by the FDA before they are sold."	They are not. Unlike prescription drugs, supplements do not need FDA approval for safety or effectiveness before sale. The dose and purity in the bottle can vary a lot.
"I can take a supplement instead of my statin."	Please do not. No supplement matches a statin for lowering heart attack and stroke risk. Red yeast rice is just a hidden, unpredictable statin. Swapping is a step backward.
"More potassium is good for blood pressure, so I will add a pill."	Only if a blood test shows you are low. If you take an ACE inhibitor, ARB, or spironolactone, adding potassium can raise it to a dangerous level and cause a serious heart rhythm.
"My supplements are natural, so my doctor does not need to know."	We absolutely need to know. "Natural" products interact with real medicines. Telling us every product you take is the single best way to stay safe.
"A daily multivitamin protects my heart."	For most well-nourished adults, multivitamins have not been shown to prevent heart disease. A heart-healthy diet does far more.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
High potassium (hyperkalemia)	Potassium pills or salt substitutes added on top of ACE inhibitors, ARBs, or spironolactone can raise potassium to a level that causes dangerous heart rhythms.
Muscle and liver injury	Red yeast rice carries the same statin side effects — muscle aches, rare muscle breakdown, and liver irritation — but at an unknown, unmonitored dose.
Bleeding	Fish oil, vitamin E, garlic, and ginkgo can thin the blood. Combined with a blood thinner or surgery, this raises bleeding risk.
Heart drugs that stop working	St. John's wort speeds up how the body clears many drugs — blood thinners, some blood-pressure and rhythm drugs, and statins — making them less effective.
Drug levels too high	Grapefruit can raise the blood level of some statins and calcium-channel blockers, increasing side effects.
Delayed real treatment	Trusting a supplement instead of proven medicine and diet lets the underlying disease — high LDL, high blood pressure — keep doing silent damage.



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Interactions and Cautions: The Mixes to Avoid

- **Potassium + ACE inhibitor, ARB, or spironolactone:** these medicines already raise potassium. Adding potassium pills or salt substitutes can push it dangerously high and trigger a serious heart rhythm. Never add potassium without a blood test.
- **Vitamin K (leafy greens) + warfarin:** vitamin K works against warfarin. You do not have to avoid greens — just keep the amount STEADY week to week, and tell us before a big diet change so we can check your INR.
- **St. John's wort + many heart drugs:** it speeds up how the body clears medicines, weakening blood thinners, some blood-pressure and rhythm drugs, and statins. It can make heart medicines stop working.
- **Grapefruit + some statins and calcium-channel blockers:** grapefruit can raise the blood level of these drugs and increase side effects. Ask us whether yours is affected.
- **Blood thinners before surgery — fish oil, vitamin E, garlic, ginkgo:** these can thin the blood and raise bleeding risk. Tell your surgeon; you may need to stop them about a week before any procedure.
- **When in doubt, ask first.** If you take any heart medicine, run a new supplement by us before you start. One phone call can prevent a serious problem.

A note from Dr. Ali. I am not against every supplement — a few help a little, and a true deficiency should be treated. But the supplement aisle sells hope, not proof. The biggest, most reliable heart benefits come from food, movement, not smoking, and the medicines we can dose and monitor. If a product promises to “replace” your statin or blood-pressure pill, that is a red flag. Bring me what you take and we will sort the worthwhile from the wasteful — together.



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Points to Know

If you remember nothing else, remember these key points.

- “Natural” does not mean proven or safe. Many supplements are strong, and a few are risky.
- Supplements are loosely regulated — the real dose and purity can vary from the label.
- Food beats pills. Fish, vegetables, beans, oats, and nuts protect the heart better than capsules.
- Only a few supplements have real (modest) evidence: plant sterols and soluble fiber for LDL cholesterol.
- Red yeast rice is an unregulated statin — we advise against self-use. Take a real statin we can dose and monitor.
- Over-the-counter fish oil is NOT the prescription kind (icosapent ethyl). Do not expect it to do the same job.
- Never add potassium with an ACE inhibitor, ARB, or spironolactone without a blood test — it can be dangerous.
- Keep vitamin K (leafy greens) steady on warfarin. Stop blood-thinning supplements before surgery.
- Never swap a prescribed heart medicine for a supplement on your own.
- Tell us EVERYTHING you take — every vitamin, herb, and powder. Bring the bottles to your visit.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- **Call 911** for chest pressure or pain, sudden shortness of breath, fainting, a racing or pounding heartbeat that will not stop, or weakness on one side. These are heart and stroke warning signs.
- **Call our office (727-943-5200) before** you start any new supplement if you take a blood thinner, a blood-pressure pill, a heart-rhythm drug, or a statin — so we can check for interactions.
- **Call us before surgery or a procedure** if you take fish oil, vitamin E, garlic, or ginkgo — some need to stop about a week ahead.
- **Call us** if you have new muscle aches or dark urine while taking red yeast rice or any statin-like product — this can be a muscle-injury warning.
- **Call us** if you take warfarin and are about to make a big change in leafy greens or start a new supplement — we may need to check your INR.
- **Bring all your supplement bottles** to your next visit, or photograph the labels, so we can review them with your medicine list.

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See also: our companion guides. For the eating pattern that beats any pill, see <https://go.riasalimd.com/heart-healthy-eating-guide>. To understand your cholesterol numbers, see <https://go.riasalimd.com/cholesterol-guide>. For the truth about statins, see <https://go.riasalimd.com/statin-myths-guide>. For high triglycerides and prescription omega-3, see <https://go.riasalimd.com/triglycerides-guide> and <https://go.riasalimd.com/vascepa-guide>.



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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [NIH Office of Dietary Supplements \(ods.od.nih.gov\)](https://ods.od.nih.gov) - Federal, evidence-based fact sheets on omega-3, CoQ10, magnesium, potassium, and vitamin D — dosing, food sources, and interactions.
- [NCCIH — Red Yeast Rice](#) - Why red yeast rice is essentially an unregulated statin, and why self-treating with it is risky.
- [AHA — Fish Oil and Omega-3 Supplements](#) - American Heart Association guidance on omega-3 from food vs. pills and where supplements do and do not help.
- [FDA — Dietary Supplements](#) - How supplements are (and are not) regulated, plus current safety alerts and recalls.
- [MedlinePlus — Herbs and Supplements](#) - Plain-language interaction information for common herbs and supplements, including warfarin and blood-pressure drugs.
- [Cleveland Clinic — Heart Health Supplements](#) - Plain-language overview of which supplements help, which are unproven, and how they interact with heart medicines.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [AHA Science Advisory — Omega-3 Fatty Acids for the Management of Hypertriglyceridemia \(Circulation 2019\)](#) [Guideline]
AHA position on omega-3 use for cardiovascular risk; frames the difference between over-the-counter fish oil and prescription-strength omega-3, and why evidence-based dosing matters.
- [ACC — Dietary Supplements for Cardiovascular Health \(Expert Analysis\)](#) [Review]
ACC review of fish oil, coenzyme Q10, red yeast rice, vitamin D, and multivitamins — what the evidence supports and what it does not for routine cardiovascular use.
- [REDUCE-IT Trial — Icosapent Ethyl for Hypertriglyceridemia \(NEJM 2018; Bhatt DL, et al.\)](#) [Trial]
Pivotal RCT: prescription icosapent ethyl 4 g/day cut major cardiovascular events about 25 percent (22.0 to 17.2 percent) in statin-treated patients with high triglycerides — the prescription omega-3 result that over-the-counter fish oil does NOT replicate. DOI 10.1056/NEJMoa1812792.
- [VITAL Trial — Vitamin D and Marine Omega-3 for CVD Prevention \(NEJM 2019; Manson JE, et al.\)](#) [Trial]
Large RCT showing neither vitamin D nor 1 g/day over-the-counter-strength fish oil reduced major cardiovascular events in the general population — key evidence against routine supplementation for prevention.
- [NCCIH \(NIH\) — Red Yeast Rice: What You Need To Know](#) [Patient Page]
Federal source explaining that red yeast rice contains monacolin K (chemically identical to the prescription statin lovastatin), so the dose is unpredictable and unregulated and the same statin side effects and interactions apply.
- [FDA — Red Yeast Rice and Unapproved Statin Drugs \(Consumer Advisory\)](#) [Guideline]
FDA advisory that red yeast rice products containing lovastatin are unapproved drugs; documents recalls and the safety problem of an unregulated statin sold as a supplement.
- [NIH Office of Dietary Supplements — Omega-3, CoQ10, Magnesium, Potassium, Vitamin D Fact Sheets](#) [Patient Page]
Federal evidence-based fact sheets on omega-3, coenzyme Q10, magnesium, potassium, and vitamin D — dosing, food sources, safety, and drug interactions.
- [Plant Sterols and Stanols Lower LDL Cholesterol — Dose-Response Meta-Analysis \(Br J Nutr 2014; Ras RT, et al.\)](#) [Trial]
Meta-analysis of 124 studies showing plant sterols/stanols 0.6 to 3.3 g/day lower LDL cholesterol about 6 to 12 percent — one of the few supplements with real, measurable LDL benefit. DOI 10.1017/S0007114514000750.
- [Cholesterol-Lowering Effect of Soluble Fiber — Meta-Analysis \(Am J Clin Nutr 1999; Brown L, et al.\)](#) [Trial]
Meta-analysis of 67 trials showing soluble fiber (psyllium, oats, pectin) produces a small but real LDL reduction — supports the food-first / fiber message over pricier supplements. DOI 10.1093/ajcn/69.1.30.
- [NIH MedlinePlus — Herbs, Supplements, and Drug Interactions](#) [Patient Page]
Plain-language interaction references for St. John's wort, vitamin K/warfarin, potassium with ACE inhibitors/ARBs, garlic/ginkgo/vitamin E and bleeding, and grapefruit — the specific dangerous combinations this guide warns about.



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- [Cleveland Clinic — Heart Health Supplements: What Works and What Doesn't](#) [Patient Page]
Plain-language framing on which supplements help, which are unproven, and how they interact with heart medicines — used for patient-voice and reading level.



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About This Guide

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Reviewer note: Reviewed the AHA omega-3 science advisory, the ACC supplements expert analysis, and Cleveland Clinic and Mayo Clinic supplement pages. This guide adds: an evidence “traffic-light” panel sorting common supplements into some-evidence / little-evidence / be-careful; a supplement-plus-heart-medicine interaction warning graphic; a supplement-by-supplement comparison table (claimed for / what the evidence shows / caution); the prescription-vs-over-the-counter omega-3 distinction tied to REDUCE-IT; and an explicit potassium + ACE/ARB and warfarin + vitamin K safety section that competitor sources usually mention only in passing.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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