CHOLESTEROL – THYROID Connection

By Marie Pace, DNM, HHP, CNC, Health Coach

Millions of Americans who have elevated cholesterol levels may actually need to check their necks for an underlying condition that could be putting them at greater risk for heart disease and stroke, according to the American Association of Clinical Endocrinologists (AACE). A new survey released by AACE found that fewer than half of the adults who had been diagnosed with high cholesterol knew if they had ever been tested for thyroid disease, despite the well-documented connection between the two conditions. After diet, thyroid disease is the most common secondary cause of high cholesterol.

Even more astounding, nearly ninety percent of survey participants were unaware of the thyroid gland’s impact on cholesterol regulation. While most adults did not know which organs in the body played a role in the regulation of blood cholesterol levels, the role of the thyroid gland was the least well-known among the organs, which included the heart and liver.

“For the millions of Americans actively trying to reduce their cholesterol levels by eating right, increasing physical activity and taking medication, understanding the role of secondary medical conditions, such as thyroid disease, is essential,” says AACE President Richard A. Dickey, M.D., F.A.C.P., F.A.C.E. “Individuals who have been diagnosed with high cholesterol should ask their physician about having their thyroid checked. If they have an underlying thyroid condition in addition to their high cholesterol, the cholesterol problem will be difficult to control until normal levels of thyroid hormone are restored.” Both the National Cholesterol Education Program and the Food and Drug Administration recommend thyroid testing in patients with high cholesterol levels. The prescribing information for the most widely used cholesterol-lowering drugs - a class of medications known as statins - clearly states that all patients diagnosed with high cholesterol should be tested for thyroid disease prior to initiating cholesterol-lowering therapy.

The Thyroid-Cholesterol Connection

Cholesterol is a substance that is transported by fat-carrying proteins in the bloodstream. The body manufactures cholesterol to maintain the integrity and strength of cellular walls. However, if there is a decrease in the body’s ability to metabolize cholesterol, an excess of cholesterol in the blood may occur - a condition known as hypercholesterolemia. Elevated blood cholesterol levels can lead to the formation of cholesterol deposits in the walls of the arteries, especially around the heart. These deposits can potentially block blood flow, causing heart attacks or strokes.

The thyroid, a small, butterfly-shaped gland located below the Adam’s apple, produces hormones that regulate body metabolism. If the thyroid gland is underactive (hypothyroid) and producing too little thyroid hormone, metabolism can slow, having a direct impact on the body’s ability to metabolize blood cholesterol. Common symptoms of hypothyroidism include moderate weight gain, fatigue, mood swings or depression and dry skin, hair or nails. The average blood cholesterol levels of patients with underactive thyroid are often 250 mg/dL or more, which is 30 to 50 percent higher than desirable (normal range is considered under 200 mg/dL).

Treatment of hypothyroidism with thyroid replacement hormone or herbal remedies and natural iodine will
restore the body’s metabolism to normal levels and increase the ability to clear cholesterol from the blood, resulting in lower cholesterol levels and a decreased risk for heart disease if needed.

Thyroid disease affects approximately 13 million Americans, yet more than half of these patients remain undiagnosed. In addition to hypothyroidism, thyroid disease can result from an overactive thyroid gland, a condition known as hyperthyroidism. Common symptoms of hyperthyroidism are weight loss, insomnia, sleep disturbances, nervousness and irritability. An enlarged thyroid gland (goiter) can be a sign of either hypothyroidism or hyperthyroidism.

Once treated, these symptoms can be relieved and the individual’s quality of life can be improved. Left untreated, however, thyroid disease can lead to an increased risk for heart disease, infertility and osteoporosis.

“It is important that individuals learn to recognize and evaluate the subtle signs and symptoms that can be significant markers of thyroid disease,” says Dr. Dickey. “Many people dismiss common feelings of fatigue or mood swings as part of normal menopause/andropause or aging when, in fact, they are symptoms of thyroid disease and can be relieved easily with treatment.”

Even the slightest thyroid abnormality can have a serious impact on long-term cardiac health.

What Other Health Problems May Be Associated With Hypothyroidism?

Several potentially significant health conditions are common in persons with hypothyroidism. They include: Heart Disease, High Cholesterol, Anemia, Infertility, Goiter.

IODINE CONNECTION:
Before the connection of iodine and thyroid function was made, people realized that goiters (large thyroid gland seen as a swelling in the neck) were more common in certain areas-areas we recognize as low in iodine in the average diet. Indeed, the area around the Great Lakes was called the “Goiter Belt.” The goiters in many people living there were not due to a problem within the thyroid such as Hashimoto’s thyroiditis. Instead, the goiter developed because of the lack of iodine needed for the production of thyroid hormone.

The cells of the thyroid gland increased in size and number in response to long-term high levels of TSH (the hormone that stimulates the thyroid to produce thyroid hormone, working overtime in an effort to get the thyroid gland to produce adequate amounts of thyroid hormone, despite the low level of available iodine. This ability of the cells to adapt to chronically low levels of dietary iodine by enlargement and increase in function meant that many people retained low normal levels of thyroid hormone because their thyroid cells could take up and use virtually all of the iodine they consumed.

DESCRIPTION OF THE THYROID:
Your thyroid gland is a small gland, normally weighing less than one ounce, located in the front of the neck. It is made up of two halves, called lobes, that lie along the windpipe (trachea) and are joined together by a narrow band of thyroid tissue.

The thyroid is situated just below your “Adams apple” or larynx. During development (inside the womb) the thyroid gland originates in the back of the tongue, but it normally migrates to the front of the neck before birth.

The function of the thyroid gland is to take iodine, found in many foods, and convert it into thyroid hormones: thyroxine (T4) and triiodothyronine (T3). Thyroid cells are the only cells in the body which can absorb iodine. These cells combine iodine and the amino acid tyrosine to make T3 and T4. T3 and T4 are then released into the blood stream and are transported throughout the body where they control metabolism (conversion of oxygen and calories to energy). Every cell in the body depends upon thyroid hormones for regulation of their metabolism.

The normal thyroid gland produces about 80% T4 and about 20% T3, however, T3 possesses about four
times the hormone “strength” as T4.

The thyroid gland is under the control of the pituitary gland, a small gland the size of a peanut at the base of the brain (shown here in orange). When the level of thyroid hormones (T3 & T4) drops too low, the pituitary gland produces Thyroid Stimulating Hormone (TSH) which stimulates the thyroid gland to produce more hormones. Under the influence of TSH, the thyroid will manufacture and secrete T3 and T4 thereby raising their blood levels. The pituitary senses this and responds by decreasing its TSH production. One can imagine the thyroid gland as a furnace and the pituitary gland as the thermostat. Thyroid hormones are like heat. When the heat gets back to the thermostat, it turns the thermostat off. As the room cools (the thyroid hormone levels drop), the thermostat turns back on (TSH increases) and the furnace produces more heat (thyroid hormones). 100% OF THE TIME if your body is running a low temp (below 98.6) they you are experiencing some level of thyroid dysfunction!

Remember… the thyroid gland produces T4 and T3. But this production is not possible without stimulation from the pituitary gland (TSH) which in turn is also regulated by the hypothalamus’s TSH Releasing Hormone. No one single laboratory test is 100% accurate in diagnosing all types of thyroid disease; however, a combination of two or more tests can usually detect even the slightest abnormality of thyroid function. For that reason we use both Hair Tissue Mineral Analysis to help determine the function of the thyroid SYSTEM as well as blood spot testing of key thyroid hormones as well as checking for any anti-bodies that stop and attack the thyroid hormones from working properly.

For example, a low T4 level could mean a diseased thyroid gland ~ OR ~ a non-functioning pituitary gland which is not stimulating the thyroid to produce T4. Since the pituitary gland would normally release TSH if the T4 is low, a high TSH level would confirm that the thyroid gland (not the pituitary gland) is responsible for the hypothyroidism. If the T4 level is low and TSH is not elevated, the pituitary gland is more likely to be the cause for the hypothyroidism. Of course, this would drastically effect the treatment since the pituitary gland also regulates the body’s other glands (adrenals, ovaries, and testicles) as well as controlling growth in children and normal kidney function. Pituitary gland failure means that the other glands may also be failing and other treatment than just thyroid may be necessary.

1.5 billion people (1/3 of the world’s population) live in an area of iodine deficiency as defined by the WHO (world health organization)!

Therapeutic actions of iodine: antibacterial, anti cancer, antiparasitic, antiviral, mucolytic agent. Conditions treated with iodine: Breast disease, Excess mucous production, fatigue, fibrocystic breasts, hemorrhoids, headaches, migraines, scars, ovarian cysts, sebaceous cysts, thyroid disorders (including autoimmune disorders of the thyroid). Every cell in the body contains and utilizes iodine. Iodine is concentrated in the glandular system of the body. The thyroid gland contains a higher concentration of iodine than any other organ of the body. Although the addition of iodine to the salt supply has lessened the prevalence of goiter, it is inadequate to supply the body’s needs for iodine.

Diets that are deficient in iodine can result in many severe medical conditions: brain damage, mental impairment, reduced intellectual ability, goiter, infertility, increased risk of breast, prostate, endometrial and ovarian cancer, MS. A low salt diet can naturally lead to an iodine deficient state. Many chemicals inhibit iodine from binding in the body (bromide, fluoride, chloride). Diets high in the consumption of bakery products (breads, pasta, etc.) which contain bromide. Vegan diets also create deficiency in iodine (no fish).

In the 1960’s iodine was added to the commercial baking industry as a dough conditioner. Bromine is a halide and these compete with one another (bromine and iodine) for absorption and receptor binding in the body. So bromine interferes with iodine utilization in the thyroid as well as wherever else iodine would concentrate in the body. So people who eat lots of pasta and bread will be low in iodine!

Iodine concentrates in and is secreted from the breasts (in men and women). The breasts are one of the body’s main storage and utilization sites for iodine. Without iodine, breasts won’t form properly. In an iodine-deficient state, the thyroid gland and the breasts will compete for what little iodine is available.
Therefore, this will leave the thyroid gland and the breasts iodine depleted and can set the state for illnesses such as goiter, hypothyroidism, autoimmune thyroid illness, breast cancer and cystic breast disease. Hypothyroidism predisposes one to a poorly functioning immune system. This can set the stage for serious illnesses and cancer. It is impossible for the thyroid gland to function optimally in an iodine deficient state.

If someone is taking thyroid meds then these thyroid hormones introduced into the body will raise the body’s need for iodine! When there is iodine deficiency, the breast and thyroid gland enlarge to compensate for that deficiency. If a person suffers from iodine deficiency, using thyroid hormone supplementation without first correcting (or simultaneously correcting) the iodine deficit will worsen the body’s deficit state of iodine.

Prostate cancer in men follows a similar picture as the female cancers. Iodine deficiency is the link and is responsible for the increased risk of prostate cancer. When iodine levels fall, the rates of prostate cancer will begin to increase. The prostate gland, gastrointestinal tract, salivary glands, bones, connective tissues and the fluids of almost the entire body utilize iodine. All of the glands of the body depend on adequate iodine levels to function properly.

Taking iodine in physiological doses can help to competitively inhibit the binding of bromine (bromide) and allows the body to detoxify itself from bromide in both the thyroid tissue as well as other tissues in the body. The daily intake of iodine necessary for maintaining the iodine sufficiency for the whole body is at least 13mg per day.

Signs and symptoms of HYPOTHYROIDISM:
- Brittle nails
- Cold hands and feet
- Cold intolerance
- Constipation
- Depression
- Hoarseness
- Inability to concentrate
- Infertility
- Irritability
- Menstrual difficulties
- Muscle cramps
- Muscle weakness
- Nervousness
- Poor memory
- Puffy eyes
- Throat pain
- Weight gain
- Slower heartbeat
- Difficulty swallowing
- Dry skin
- Elevated cholesterol
- Eyelid swelling
- Fatigue
- Hair loss
People with high cholesterol live the longest!

Written by Jacob Teitelbaum, MD

This statement seems so incredible that it takes a long time to clear one's brainwashed mind to fully understand its importance. Yet the fact that people with high cholesterol live the longest emerges clearly from many scientific papers. ~ Uffe Ravnskov, MD, PhD

Consider the finding of Dr. Harlan Krumholz of the Department of Cardiovascular Medicine at Yale University, who reported in 1994 that old people with low cholesterol died twice as often from a heart attack as did old people with a high cholesterol.

Supporters of the cholesterol campaign consistently ignore his observation, or consider it as a rare exception, produced by chance among a huge number of studies finding the opposite.

But it is not an exception; there are now a large number of findings that contradict the lipid hypothesis. To be more specific, most studies of old people have shown that high cholesterol is not a risk factor for coronary heart disease. Going to Medline to search I found… Eleven studies of old people came up with that result, and a further seven studies found that high cholesterol did not predict all-cause mortality either.

Now consider that more than 90% of all cardiovascular disease is seen in people above age 60 also and that almost all studies have found that high cholesterol is not a risk factor for women. This means that high cholesterol is only a risk factor for less than 5% of those who die from a heart attack.

But there is more comfort for those who have high cholesterol; six of the studies found that total mortality was inversely associated with either total or LDL-cholesterol, or both. This means that it is actually much better to have high than to have low cholesterol if you want to live to be very old.

High Cholesterol Protects Against Infection

Many studies have found that low cholesterol is in certain respects worse than high cholesterol. For instance, in 19 large studies of more than 68,000 deaths, reviewed by Professor David R. Jacobs and his co-workers from the Division of Epidemiology at the University of Minnesota, low cholesterol predicted an increased risk of dying from gastrointestinal and respiratory diseases.³

Most gastrointestinal and respiratory diseases have an infectious origin. Therefore, a relevant question is whether it is the infection that lowers cholesterol or the low cholesterol that predisposes to infection?

To answer this question Professor Jacobs and his group, together with Dr. Carlos Iribarren, followed more than 100,000 healthy individuals in the San Francisco area for fifteen years. At the end of the study those who had low cholesterol at the start of the study had more often been admitted to the hospital because of an infectious disease.⁴ ⁵

This finding cannot be explained away with the argument that the infection had caused cholesterol to go down, because how could low cholesterol, recorded when these people were without any evidence of infection, be caused by a disease they had not yet encountered?
Isn't it more likely that low cholesterol in some way made them more vulnerable to infection, or that high cholesterol protected those who did not become infected?

Much evidence exists to support that interpretation.

**Cholesterol and Chronic Heart Failure**

Heart disease may lead to a weakening of the heart muscle. A weak heart means that less blood and therefore less oxygen is delivered to the arteries. To compensate for the decreased power, the heart beat goes up, but in severe heart failure this is not sufficient.

Patients with severe heart failure become short of breath because too little oxygen is delivered to the tissues, the pressure in their veins increases because the heart cannot deliver the blood away from the heart with sufficient power, and they become edematous, meaning that fluid accumulates in the legs and in serious cases also in the lungs and other parts of the body.

This condition is called congestive or chronic heart failure.

There are many indications that bacteria or other microorganisms play an important role in chronic heart failure. For instance, patients with severe chronic heart failure have high levels of endotoxin and various types of cytokines in their blood.

Endotoxin, also named lipopolysaccharide, is the most toxic substance produced by Gram-negative bacteria such as *Escherichia coli*, *Klebsiella*, *Salmonella*, *Serratia* and *Pseudomonas*.

Cytokines are hormones secreted by white blood cells in their battle with microorganisms; high levels of cytokines in the blood indicate that inflammatory processes are going on somewhere in the body.

The role of infections in chronic heart failure has been studied by Dr. Mathias Rauchhaus and his team at the Medical Department, Martin-Luther-University in Halle, Germany (Universitätsklinik und Poliklinik für Innere Medizin III, Martin-Luther-Universität, Halle).

They found that the strongest predictor of death for patients with chronic heart failure was the concentration of cytokines in the blood, in particular in patients with heart failure due to coronary heart disease. To explain their finding they suggested that bacteria from the gut may more easily penetrate into the tissues when the pressure in the abdominal veins is increased because of heart failure.

**STATINS**

Cholesterol-lowering statin medications like Lipitor and Crestor have been the #1 prescribed class of drugs in the U.S. for years. More than 215 million prescriptions add $14 billion to drug company coffers every year. A recent report from the government's National Center for Health Statistics showed that an astounding 25 percent of Americans aged 45 and older take statins, compared to only 2 percent in 1994. (The drugs came on the market in 1987.)

It's not surprising that statins are so popular. Cardiovascular disease (CVD) is the biggest killer of Americans, and "bad" LDL cholesterol is one of the bad guys in this national tragedy, clogging arteries and triggering heart attacks and strokes. Taking an LDL-lowering statin is a science-proven strategy for people with diagnosed heart disease or other blood vessel blockages. You're on that list if you have angina or you've had a heart attack, coronary bypass surgery or an artery-widening angioplasty, a stroke or you have peripheral arterial disease (clogging of the arteries in the legs). You might also fall into this...
category if you have diabetes, which damages blood vessels and doubles the risk of heart attack and stroke. In other words, if you already have CVD, an LDL-lowering statin might save your life through what medical experts call secondary prevention.

But most people who take statins haven't been diagnosed with CVD. A blood test simply showed they had high cholesterol, and their doctor prescribed a statin to prevent a heart attack or stroke -- a use medical experts call primary prevention. Shockingly, a new scientific review of 14 studies shows that statins are virtually useless for primary prevention.

**Meta-Analysis of Statin Studies**

The study was a meta-analysis of scientific literature on primary prevention using statins. A team of UK researchers analyzed data from 14 earlier studies that involved more than 34,000 people. The meta-analysis was published by The Cochrane Collaboration, one of the most respected scientific reviews in the world.

Before telling you about the final conclusion of the meta-analysis, it's important to note that the UK researchers faulted the studies in several areas. There was evidence, they said, of "selective reporting of outcomes" -- statin-positive results were emphasized, while statin-negative results were ignored (an unfortunately common practice in drug studies). There was a "failure to report adverse events" -- if statins produced side effects, the study authors didn't mention them (another sadly routine feature of pharmaceutical research). And there was "an inclusion of people with cardiovascular disease" in the studies -- a sneaky strategy designed to produce positive results, since statins are proven to work in folks with CVD. (Remember, these were studies on primary prevention for people without CVD, not secondary prevention for people with CVD.)

The Cochrane scientists then reported the overall results of the 14 studies on statins and primary prevention. The results were not exactly overwhelming.

"Only limited evidence showed that primary prevention with statins may be cost effective and improve patient quality of life," they concluded. "Caution should be taken in prescribing statins for primary prevention among people at low cardiovascular risk."

To put it a little less politely: the millions of people taking statins for primary prevention are taking a drug they don't need!

The downside of statins for primary prevention isn't only that they cost you $1,000 a year and probably don't do you any good. They can also do you a lot of harm.

**Side Effects of Statins**

In my newest book *Real Cause, Real Cure* (published in July by Rodale), I detail the many common side effects of statins. They include muscle pain (myalgia), fatigue, exercise intolerance (muscles too painful and weak to exercise), memory loss, peripheral neuropathy (tingling, numbness or burning pain in the hands, arms, feet or legs), irritability, sleep problems and sexual dysfunction (such as erectile dysfunction).

I also cite a review of 880 scientific studies on statin side effects in the *American Journal of Cardiovascular Drugs*. Those side effects include not only the problems in the above list, but also cancer, stroke, diabetes, autoimmune disease, digestive problems, kidney disease, liver problems, lung problems, and weight gain.
How can one drug cause so many different problems? Statins block a cholesterol-creating enzyme that also creates coenzyme Q10. This biochemical sparkplug and antioxidant is found in every cell of the body, where it protects and nourishes mitochondria, tiny structures that produce energy.

Now you might ask yourself: If statins -- the #1 prescribed drug in the U.S. -- don't work for primary prevention, how come you didn't hear about this study on TV or read about it in the newspapers? Follow the money, I believe. The #2 source of advertising money for the media is (you guessed it) prescription medications. You don't bite the hand that pays you.

I'd also like to mention another recent study on statins -- the five-year "Heart Protection Study," involving more than 20,000 people, which appeared recently in Lancet, a leading medical journal. This study showed that people with high levels of C-reactive protein (CRP) -- a biomarker for inflammation -- do not benefit from taking statins any more than people with low levels of CRP. "These results do not lend support to the suggestion that the beneficial effects of statin therapy are affected by ... CRP concentration," concluded the study researchers. And these results run counter to the widespread practice among physicians of prescribing statins for primary prevention in people with high CRP. I believe that this epitomizes a lot of modern medicine: using a meaningless test to prescribe an ineffective drug!

If you take a statin for secondary prevention, it is a very good idea to also take a coenzyme Q10 supplement, which can help protect you from side effects. I recommend 200 milligrams daily.

If you develop a side effect from a statin, talk to your doctor right away -- especially if you don't have known heart disease or CVD, as the statin may not be appropriate for you anyway. Another strategy if you develop a side effect from a statin is to simply lower the dose.

**Statin drugs cause problems they are marketed to solve**

The latest discovery makes it clear that statin drugs not only carry a significant risk of developing type 2 diabetes, they also accelerate the cardiovascular complications associated with diabetes. This has to be particularly disconcerting to the pharmaceutical companies since they have been marketing statins to reduce cardiovascular morbidity and mortality, not accelerate it.

According to Dr. Arthur Agatston, cardiologist and author of the South Beach diet books, coronary calcium is the best predictor of who will have a heart attack and who will not. A recent study published in the Journal of the American Medical Association found that coronary calcium was six times more accurate in predicting an impending heart attack than the risk factor of a family history of coronary heart disease.

In the new research, just published in the journal Diabetes Care, researchers looked at patients with type 2 diabetes and advanced atherosclerosis and found that coronary artery calcification "was significantly higher in more frequent statin users than in less frequent users." Further, the researchers looked at a subgroup of participants who were not initially receiving statins and found that "progression of both CAC [coronary artery calcification] and AAC [aortic artery calcification] was significantly increased in frequent statin users."

The initial premise used to market statin drugs was that they lowered cholesterol and cholesterol led to clogged arteries and heart attacks. That premise has been roundly discredited and the fact is that there has never been a single study that has proven that increased cholesterol levels cause heart attacks or other coronary problems.

Increasingly, it is being demonstrated that inflammation is the real culprit in arterial plaque. Regardless of
the amount of cholesterol in the blood, inflammation will result in the depositing of cholesterol to repair arteries damaged by inflammation.

One of the worst effects of statin drugs is to lower the natural production of Coenzyme Q10 (CoQ10), a compound which is absolutely vital to optimal health and is particularly important for muscle health. The heart just happens to be the largest muscle in the body.

Overall, statin drugs have been linked to more than 300 side-effects, including weakening of the heart muscle. The results of this latest negative study on statin drugs may prove to ultimately be a final nail in the coffin of these dangerous drugs - though given the billions of dollars in profits the drugs rake in, we can expect to see the pharmaceutical industry fight tooth and nail to keep the drugs on the market.

**Have you been told your cholesterol is too high?**

And has it been recommended that you take one of the cholesterol lowering drugs? Before you let yourself be scared into submission, let me show you a little more about the whole picture.

Since the 1950's, it has been assumed that cholesterol is the main culprit behind atherosclerosis, the thickening plaque lining the arteries that might presage a heart attack. It was therefore recommended that blood levels of cholesterol be lowered, and the recommended numbers themselves kept going down, According to Lynn Payer, in her book *Medicine and Culture*, the median total cholesterol range for initiating drug therapy was 340 to 359 mg/dl in 1983, 300 to 319 in 1986, 240 to 259 in 1990, and that same year dietary therapy was instituted at levels of 200 to 219 mg/dl total serum cholesterol.

Later on it was found that cholesterol could be split into different sized particles carrying different densities of lipids (fats) and protein. These were named lipoproteins, and they are compounds that have an exterior coating of protein covering a lipid core, which makes them water soluble. They contain three kind of lipids: cholesterol, phospholipids, and triglycerides, plus proteins. High density lipoprotein (HDL) is smaller in size, and contains about half protein, which makes it more dense. Low density lipoprotein (LDL), somewhat larger, is lower in protein and higher in cholesterol. They became known, respectively, as the "good" and the "bad" cholesterol, because elevated levels of the latter, and low levels of the former, were found to be associated with more atherosclerosis. Later on additional lipoproteins were found. Very Low Density Lipoprotein (VLDL) is larger than the LDL, containing more than half triglycerides with very little protein. The chylomicrons are very large compared to the HDL, and are composed of more than 80% triglycerides, with a little cholesterol and phospholipid and maybe 1% protein.

So this is all well and good. We're supposed to have this or that amount of these in the bloodstream, with this or that proportion, so as to prevent the dreaded heart disease. But what are these particles really about? Where do they come from? What is their function, other than what we're constantly being told, that they gum up the works?

You know, nature is very smart, and our bodies are super smart. They very carefully orchestrate their 75 - 80 trillion cells to work in very harmonious fashion so as to keep us alive. All the cells talk to each other, and there are always good reason why things are a certain way, in terms of survival of the body & mind. The fats in our bloodstream are there for a perfectly good reason. Let's take a good look at the roles of cholesterol.

Cholesterol is classified as a lipid, although the dictionary definition is "a fat-soluble steroid alcohol." There are two sources for cholesterol: endogenous (made by the body itself) and exogenous (consumed
and found in foods). It is manufactured by the liver of all warm-blooded animals, and in humans it is a crucial component of several body structures and functions. The human liver manufactures between 800 and 1500 mg of cholesterol daily, so the endogenous contribution to total cholesterol is considerable.

Cholesterol has many important roles in the body. One of its functions is to lubricate the blood vessels to prevent damage to their walls by the vigorously rushing bloodstream. It is a major component of cell membranes, including all the membranes around all the organelles inside the cells, such as the mitochondria. It keeps these membranes with the right amount of both rigidity and flexibility. About 90% of the body's total cholesterol resides in the cells. In addition, it helps build hormones (including estrogen, testosterone, and the stress hormone cortisol), bile acids, and Vitamin D. It affects the bones, because cholesterol in the skin is the precursor for Vitamin D, and without that nutrient the bones cannot obtain the calcium they need. Stress has been shown to temporarily increase cholesterol, as it makes up the stress hormones. Cardiologist Stephen Sinatra, in his book *Heartbreak and Heart Disease*, recounts how his cholesterol rose from 180 mg/dl to 240 mg/dl in about 6 hours, after a very stressful cardiac surgery he performed - even though he had not eaten in about 6 hours.

When we eat, the fats in our meal get broken down into fatty acids, and after they pass through the intestinal wall, they are picked up by the chylomicrons, go into the lymphatic system and straight into the blood, bypassing the liver. Why would they do such a thing? Everything else we eat goes to the liver first, but not the fats. The chylomicrons are carried by the blood all around the body, and act like delivery trucks, dropping off lipids at all the cells that require them, to provide energy, insulate against temperature extremes, protect against shock, maintaining the cell membranes, and building various compounds such as hormones. As they drop off their cargo, these particles get smaller and smaller, and after 14 hours only a few bits and pieces remain, which are picked up by the liver and recycled.

Meanwhile, the liver makes cholesterol, triglycerides, and other fatty acids, and packages them with proteins as VLDL, sending these also out as delivery trucks with the materials that the cells need. As the VLDL's lose triglycerides, they become LDL's, proportionately higher in cholesterol, which keep on traveling around bringing their content to the heart muscle, the fat stores, the mammary glands, the endocrine glands, and such, which use these lipids to build or repair their membranes, make hormones, or store them for energy and later use. Our smart liver then makes HDL which acts as a cleaning crew, and is sent out to pick up unused cholesterol from the cells back to the liver for cleanup or recycling.\(^1\)

It becomes obvious that cholesterol is an essential substance for proper functioning. The more cholesterol is consumed, the less is made by the liver. Conversely, the less consumed, the more is made. Not only that, the more consumed, the less is absorbed. When people go on a high-protein diet, their cholesterol levels often go down. On the other hand, those who go on a low fat, high carbohydrate diet find their VLDL and triglycerides going up and their HDL going down, the opposite of what they would want according to the common medical wisdom. But the body wisdom is not to be dismissed - this reaction could mean that there is not enough cholesterol for the body's needs, and so the body is conserving what it has.

So there you have it. A very sane and sensible system. Why would you want to use drugs to mess with it? The recommended blood values for cholesterol keep being lowered by the medical/pharmaceutical establishment. One scientist said that cholesterol-lowering drugs should be put in the water! I cannot imagine anything more foolish. The lowering of cholesterol alone would appear to be an unwise approach, considering that the drugs are known to cause liver toxicity and muscle weakness, peripheral neuropathy and even TGA, or transient global amnesia, a complete loss of memory for a short time.

There is controversy about the dangers of cholesterol. The International Network of Cholesterol Skeptics is a coalition of scientists that disagree with the theory that cholesterol causes heart disease. Uffe Ravnskov, a Swedish physician and researcher, in his book *The Cholesterol Myths: Exposing the Fallacy that Saturated Fat and Cholesterol Cause Heart Disease*, charges that the majority of the review studies that support the cholesterol-heart disease association are seriously biased, that they ignore data that
contradict the theory, and that they are written by researchers who get their major funding from pharmaceutical companies.

If "high cholesterol" of any variety is present with other symptoms of ill health, then lifestyle changes are in order to reduce the risk of disease. Specifically, one should:
1) increase noticeably the intake of fresh vegetables, salads, fruits, high-fiber foods
2) lower or eliminate all kinds of added sugars and refined grain products
3) keep one's weight within a healthy range
4) have a reasonable amount of regular physical activity every day
5) and put attention on your emotional, spiritual health and wellbeing
6) Ensure that all of your hormones (thyroid and adrenal and ovarian) are well balanced and present in sufficient quantity to do their jobs! This is VITAL as we do know that lower functioning thyroid glands absolutely contribute to increased cholesterol and triglycerides!

All these will contribute to better health and to the reduction of heart disease risk

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**CHOLESTEROL DANGERS**

by Dwight C. Lundell M.D. January 2011

For 25 years as a thoracic surgeon, my life was passionately dedicated to treating heart disease; I gave many thousands of patients a second chance at life.

Then a few years ago I made the most difficult decision of my medical career. I left the surgery that I loved to have the freedom necessary to speak the truth about heart disease, inflammation, statin medications, and the current methods of treating heart disease.

It was an exciting time to be a young cardiac surgeon in the eighties. A new surgical technique, coronary bypass, was the only effective treatment for people afflicted with severe coronary artery disease. Our ability to save lives increased and the risks of surgery decreased as techniques and technology improved.

Desperately sick and diseased patients could be restored and rehabilitated with relatively low risk, it was an exciting challenge. During my career as a surgeon I performed over 5000 coronary bypass operations.

The consensus at that time was that elevated cholesterol in the blood caused a gradual deposition of cholesterol in the channel of the blood vessel. We had two obvious treatment choices; lower the levels of cholesterol in the blood or do an operation to detour the blood around the accumulated plaque in the artery thus restoring blood flow and function to the heart muscle.

Other than looking at more effective ways to lower blood cholesterol, there was relatively little research going on as to what was causing the plaque. The medical community had settled on the idea that it was as simple as controlling saturated fat and cholesterol.

Statin drugs, the ones your Doctor insists that you take if your cholesterol is slightly elevated and Bernie Madoff (the now infamous financial fraudster) have both left in their wake many innocent victims, and
many sincere but misled supporters. Both are huge frauds perpetrated on the unsuspecting.

Mr. Madoff, over 30 years swindled people out of about $50 billion. Statins have a worldwide market of over $30 billion annually and have had for many years. In addition, the testing for and treating elevated cholesterol costs about $100 billion annually with no noticeable benefit to the victims, I mean patients.

I’m not sure if Mr. Madoff intended to swindle when he started out, but reading the reports it seems things got out of hand and he had to continue to tell a false story in order to keep the money flowing into his coffers to support his and his supporters’ lavish lifestyles, and perpetuate the fraud.

I’m not sure that the statin makers intended to swindle in the beginning but they also were not about to give up on a $30 billion annual market easily. There are many sincere, well intentioned and deeply convinced physicians that will continue to support the theory that dietary cholesterol and saturated fats cause heart disease.

They will continue to believe that cholesterol lowering medications will successfully treat and prevent heart disease in spite of the fact that a study published in The American Heart Journal ( January 2009 ) analyzing 137,000 patients admitted to hospitals in the United States with a heart attack demonstrated that almost 75% had “normal” cholesterol levels.

This fact continued to bother me during my surgical career. The idea that a normal substance, namely cholesterol, would cause heart disease never resonated with me. I would see patients coming back for second coronary bypass operations a few years after their first, having had normal cholesterol levels the entire time. In the operating room I had made the observation that there seemed to be inflammation around the coronary arteries that I was bypassing.

Through brilliant and massive marketing the makers of statin drugs have skillfully influenced science and controlled public policy so that prescribing statin drugs has become the standard of care. Anyone questioning or disagreeing with these policies is labeled as a heretic, disregarded and ridiculed.

The U.S. Food and Drug Administration ( FDA ), The National Cholesterol Education Program, The American Heart Association and many academic centers are led and influenced by physicians who receive direct or indirect benefit from the makers of statin drugs.

Their influence is so pervasive that recently the FDA approved Crestor®, a statin, to treat patients with normal cholesterol. Some of these academics have called for treating children with statin drugs. Marketing has truly triumphed over medicine.

Treating or attempting to prevent heart disease with statin drugs is dangerous and fraudulent for two reasons:

1.) Serious, deadly and disabling side effects which are largely ignored by the medical profession and suppressed by the statin makers. These side effects have been brilliantly documented by Dr. Duane Graveline and other brave doctors who dare to speak out against the official religion of cholesterol and saturated fat.

2.) Continued focus on this ineffective treatment diverts attention from truly understanding and controlling heart disease, and gives patients a false sense of security that prevents them from making the lifestyle changes that would truly prevent and reverse heart disease.

Consider also the following: 1.) Statins have not been proven to help any woman of any age! 2.) Statins have not been proven to help anyone over the age of 65! 3.) The only group of patients who may, and I emphasize "may" get any benefit, are middle aged men who have had a previous heart attack.

It is amazing to see all the medical literature that is funded by the statin makers and delivered to doctors'
offices by enthusiastic young drug reps that purport to prove that statins are beneficial.

The very best statistical manipulation shows that one must treat at least 10 people for several years for 1 to have possible benefit. I’ll bet that when your doctor told you to take statins you were not told that under the most favorable statistical slant on the data there is only 1 chance in 10 that you will benefit.

The much publicized JUPITER study which led the FDA to approve Crestor® for people with normal cholesterol showed that treating 100 people for 3 years with Crestor® “may” have prevented one heart attack.

Yet the approval was granted and millions of people were exposed to the risks of statins with no possible benefit except to the maker of Crestor®. Do you think the process is pure and clean and free of improper influence?

Just as a point of reference, if I had treated 100 people with the correct antibiotic for an infection 99 would have been cured. This is why I call statin treatment a scam that is bigger and more harmful than anything Bernie Madoff pulled off, at least his victims only lost money, not their health.

In spite of being Chief of Staff and Chief of Surgery at a large specialty heart hospital I found that I could not change Medicine no matter how much I preached and pleaded, no matter how much scientific evidence I gathered that cholesterol was not a problem and that treating cholesterol with medications was counter productive.

So I made that difficult decision and left my successful surgical practice in order to have the freedom to speak, write and teach the truth about heart disease. I wrote a book The Cure for Heart Disease, which explains that the real cause of heart disease is low grade inflammation. For without inflammation cholesterol would never accumulate in the wall of the blood vessel and cause plaque with its eventual consequence of heart attack and death.

Dwight C. Lundell M.D. www.thecureforheartdisease.net Chief Medical Consultant, Asantae Inc. Chief Medical Consultant at www.realweight.com

Dr. Lundell's experience in Cardiovascular & Thoracic Surgery over the last 25 years includes certification by the American Board of Surgery, the American Board of Thoracic Surgery, and the Society of Thoracic Surgeons. Dr. Lundell was a pioneer in off-pump coronary artery bypass or “beating heart” surgery reducing surgical complications and recovery times.

He has served as Chief resident at the University of Arizona and Yale University Hospitals and later served as Chief of Staff and Chief of Surgery. He was one of the founding partners of the Lutheran Heart Hospital which became the second largest Heart hospital in the U.S.
A Woman on Crestor With Leg Muscle Pain

Sally, a 56 year old retired real estate agent, came to see me in the office with the chief complaint of hot flashes, night sweats, mood disturbance and weight gain which are all fairly typical post-menopausal symptoms. In addition, she also had leg pain for the past 3 months, which prevented exercising. Lumbar Spine MRI Scan to evaluate the leg pain showed only a bulging disk and was otherwise negative. About 6 months ago, Sally’s cholesterol was 245, and her cardiologist prescribed a cholesterol lowering statin drug, Crestor. Sally has no history of heart disease, does not smoke, eats a healthy diet, and takes a few vitamins, and doesn’t supplement with CoEnzyme Q-10.

MRI Scan of Leg Muscles

I explained to Sally that her leg pain was a well known adverse side effect of Crestor, a valid reason for stopping the drug. The leg muscle pain is caused by Statin Drug depletion of Co-Enzyme Q 10, which is important for energy production in the muscle cells. I suggested to Sally that she supplement with CO-enzyme Q-10, and strongly recommended stopping the statin drug.

What is the definition of elevated cholesterol?

When I was a medical student in 1976, normal cholesterol was 240. However, this was changed in 1993 to the new guidelines.

New Cholesterol Guidelines in 1993

above 240: high
above 200: borderline high
below 200: desirable

The cholesterol guidelines were revised downward to 200 by a committee of nine doctors, eight of whom were receiving money from statin drug companies, a blatant conflict of interests. In addition, there was no science behind this revision. (1) (2) (3)

A 2006 paper in the Annals of Internal Medicine (October 3, 2006; 145(7): 520-530) argues that there is NO EVIDENCE to support the target numbers outlined by the Cholesterol Guidelines panel, challenging the mainstream medical belief that lower cholesterol levels are always better. “This paper is not arguing that there is strong evidence against the LDL targets, but rather that there’s no evidence for them,” said Dr. Rodney A. Hayward, a study author. A 2004 petition letter to the NIH by 30 prominent MD’s complains about the faulty Cholesterol Guidelines and asks for a revision.

The laboratory will flag any cholesterol test results above 200 as abnormal. Please ignore this. In reality a cholesterol reading above 200 and below 240 is normal. If above 240, then nutritional supplements containing niacin, omega 3 oils, and plant sterols are used to bring it down to 240. (4)
Mary Enig Says:

“Blood cholesterol levels between 200 and 240 mg/dl are normal. These levels have always been normal. In older women, serum cholesterol levels greatly above these numbers are also quite normal, and in fact they have been shown to be associated with longevity. Since 1984, however, in the United States and other parts of the western world, these normal numbers have been treated as if they were an indication of a disease in progress or a potential for disease in the future.” (4) Quote from Mary Enig

A cholesterol of 240 is NOT ELEVATED. This is normal and compatible with good health.

Medical Terrorism through Drug Company Advertising:

The reality is that there is no mortality benefit from lowering cholesterol with statin drugs: Both lines on the mortality chart below are superimposed meaning the number of deaths in the statin drug group was identical to the number of deaths in the placebo group. Chart Courtesy of (Eddie Vos).
Analyzing data from five statin drug studies (4S, WOSCOPS, CARE, TECAPS/AFCAPS and LIPID), Peter R Jackson found a 1% increase in mortality after 10 years on statin drugs in people with no pre-existing heart disease (primary prevention)(38).

Just say NO When Your Doctor Prescribes a Statin Drug.

The truth is that NO woman should ever be given Lipitor or any other statin drug for elevated cholesterol. Dr. Rose says, “There are no statin trials with even the slightest hint of a mortality benefit in women and women should be told so”. (5). In other words, statin drugs don’t work for women.

No Female Should Ever Take A Statin Drug

Let me repeat that so this is very clear: No female should ever take a statin drug to lower cholesterol for primary prevention of heart disease. They don’t work for women. Women who take Lipitor or any other statin drug to lower cholesterol do not live any longer than women who don’t take the drug. There is no benefit in terms of prolonging your life for women.

Adverse Side Effects of Statin Drugs:

On the other hand, there are plenty of adverse side effects which include muscle pain, cognitive impairment, neuropathy, congestive heart failure, transient global amnesia, dementia, cancer and erectile dysfunction (impotence). Read about Statin Drug adverse side effects on this message board and this message board. The side effects are thought to be caused by Co-Enzyme Q10 depletion.

Why Do Cardiologists Give Statin Drugs to Women?

Why do cardiologists and mainstream docs continue to prescribe statins to women? It is very simple, they succumb to the drug company “spin” from the drug reps and the medical journals which are slanted in favor of statins. In addition, the mainstream doctors succumb to patient’s demands and expectations for the drugs after seeing the celebrity TV ads.

Are You Still Not Convinced?

Mary Enig writes, “No study has shown a significant reduction in mortality in women treated with statins. The University of British Columbia Therapeutics Initiative came to the same conclusion, with the finding that statins offer no benefit to women for prevention of heart disease.” (6) (7)

Are you still not convinced that women should NOT take Statin Drugs? Don’t take my word for it. Take
the word of Judith Walsh MD who wrote this in JAMA, 4 years ago in an article entitled, Treatment of Hyperlipidemia in Women: “For women without cardiovascular disease, lipid lowering does not affect total or CHD (Cardiovascular Heart Disease) mortality. Lipid lowering may reduce CHD events, but current evidence is insufficient to determine this conclusively. For women with known cardiovascular disease, treatment of hyperlipidemia is effective in reducing CHD events, CHD mortality, nonfatal myocardial infarction, and revascularization, but it does not affect total mortality.”(8)

Translation: Cholesterol lowering with statin drugs does not reduce total mortality in women, PERIOD. It doesn’t reduce mortality in women without heart disease, called primary prevention. It doesn’t reduce mortality in women with heart disease, called secondary prevention.

Still not convinced? then read this article by Malcolm McKendrick, a doctor in England, in the British Medical Journal, May 2007, entitled: “Should Women be Offered Cholesterol Lowering Drugs? NO “.(8A) “To date, none of the large trials of secondary prevention with statins has shown a reduction in overall mortality in women. Perhaps more critically, the primary prevention trials have shown neither an overall mortality benefit, nor even a reduction in cardiovascular end points in women. This raises the important question whether women should be prescribed statins at all. I believe that the answer is clearly no.”(8A)

Note: Secondary prevention means women with known heart disease. Primary prevention means women without known heart disease.

Still not convinced? Then read this June 2007 article by Electra Kaczorowski, of the National Women’s Health Network “There is currently no indication that women of any age or any risk level will benefit from taking statins to prevent CHD and other heart conditions – yet this is precisely how statins are being marketed to women. “ (9)

Still not convinced? Are statin drugs good for anybody? Read this review article by Joel Kauffman PhD, Dec 2003, in which the best statin trial results (the HPS simvastatin study) had an absolute reduction of all cause death rate of 0.38% per year. Yet this performance was inferior to the less expensive alternatives of buffered aspirin or Omega-3 oils.(10)

Quote: “The most favorable (statin) trial with seemingly impeccable reporting and minimal financial conflict of interest was the Heart Protection Study (HPS), on simvastatin for 5 years, in which secondary prevention in men (86% of patients) of any unwanted vascular event gave a RR = 0.76 (5.5% absolute, 1.1% per year), and an all-cause death rate drop of 0.38% per year. (Lancet 2002; 360:7-22) Since this performance is inferior to that of either Bufferin in men or omega-3 fatty acid supplements, both of which have lesser side-effects, and are far less expensive, the logic of prescribing simvastatin seems faulty”(10)

Still not convinced? Then read this article by Harriett Rosenberg from Women and Health Protection from June 2007, Do Cholesteriol Lowering Drugs Benefit Women? (11) Evidence for Caution: Women and statin use By Harriet Rosenberg Danielle Allard Women and Health Protection June 2007

Quote: “Our review of these fields identifies a troubling disjuncture between the widespread use of statin medication for women and the evidence base for that usage. What we found instead was evidence for caution.”

Still not convinced? Not only are statin drugs a failure for women, they also should never be prescribed to the elderly. Mortality in the elderly goes up as cholesterol goes down. Read this Letter to the Editor by Eddie Vos. (12)
Quote: "Regarding women, two 2004 analysis found no reduction in deaths from statin over placebo. In actual patient outcomes, the J-LIT study in 41,801 hypercholesterolemic Japanese (2/3rds women) found mortality in the 2 lowest on-statin cholesterol categories 2-3 times higher; its authors cautioned about ‘hyperresponders’ to statin. The 4S study ended with 3 more dead women on statin vs. placebo, and another ‘successful’ study, HPS, found no significant mortality benefit in women.” See article for references.

Still not convinced? Then read this article by Bill Sardi, Who Will Tell the People? It Isn’t Cholesterol! (13) " If physicians were truly honest with their patients, there probably would be very few people being treated for primary prevention with a statin drug.”

Still not convinced? Then read this Jan 2007 Lancet article by Harvard trained MD, John Abramson, "Are lipid-lowering guidelines Evidence-Based?”. (14)

Quote: "No studies have shown statin cholesterol-lowering drugs to be effective for women at any age, nor for men 69 years of age or older, who do not already have heart disease or diabetes. Better than 50 adults have to take a cholesterol-lowering drug for 1 patient to avoid a mortal heart attack, and that figure only applies to high-risk patients. There is a vanishing benefit to lowering cholesterol for healthy adults.” [Lancet 2007; 369:168-169].

Dr. John Abramson joins with 30 more eminent MD’s in this Sept 2004 letter to the NIH calling for a complete revision of the faulty cholesterol treatment guidelines.


"Among healthy people, statin drugs do not prevent early death from heart disease, despite their cholesterol lowering effects. This is because there is no correlation or relationship between low cholesterol and the progression of atherosclerosis – the number one cause of heart disease. Repeat that sentence. This became abundantly clear with the statin drug trials.”

The New York Times Questions the Value of Lowering Cholesterol with Statin Drugs


“In the last 13 months, however, the failures of two important clinical trials have thrown that hypothesis into question. (that cholesterol lowering is beneficial).

First, Pfizer stopped development of its experimental cholesterol drug torcetrapib in December 2006, when a trial involving 15,000 patients showed that the medicine caused heart attacks and strokes. That trial — somewhat unusual in that it was conducted before Pfizer sought F.D.A. approval — also showed that torcetrapib lowered LDL cholesterol while raising HDL, or good cholesterol.

Torcetrapib’s failure, Dr. Taylor said, shows that lowering cholesterol alone does not prove a drug will benefit patients.

Then, on Monday, Merck and Schering-Plough announced that Vytorin, which combines Zetia with Zocor, had failed to reduce the growth of fatty arterial plaque in a trial of 720 patients. In fact, patients taking Vytorin actually had more plaque growth than those who took Zocor alone.
Despite those drawbacks, that trial, called Enhance, also showed that patients on Vytorin had lower LDL levels than those on Zocor alone. For the second time in just over a year, a clinical trial found that LDL reduction did not translate into measurable medical benefits.” endquote from Alex Berenson New York Times (16)

In an historic turnaround, Business Week’s Jan 28, 2008 cover story asks the heretical question, “Do Cholesterol Drugs Do Any Good? Research suggests that, except among high-risk heart patients, the benefits of statins such as Lipitor are overstated.”

Astonishingly, Business Week makes the following statements: “Current evidence supports ignoring LDL cholesterol altogether ” and “Cholesterol lowering is not the reason for the benefit of statins”. (17)

Investigation !! by House Committee and New York Attorney General Andrew Cuomo

1) Senator John Dingell’s House Committee of Energy and Commerce has recently subpoenaed both Merck and Pfizer. Merck’s subpoena investigates the Vytorin – Enhance scandal and Pfizer’s subpoena investigates the Jarvik-Lipitor Celebrity Ads. Dingell wants to know why Jarvik was selected as spokesman for Lipitor even though Jarvik was never licensed to practiced medicine.

John D. Dingell

2) The Attorney General has a few questions: The Enhance Vytorin scandal has prompted New York Attorney General Andrew Cuomo to issue a subpeana to Merck & Co and Schering-Plough Corp to investigate the allegations of deceitful marketing and insider trading.

The Vytorin Enhance Data showed no benefit for the Zetia/Zocor combination compared to Zocor alone. This created a scandal because of the late registration of the Enhance study, and accusations of insider trading, dumping stock in advance of the unfavorable results. Merck and Schering sat on the results of an unfavorable study for almost two years. They claim they haven’t peeked at the data, but Schering President Carrie Cox dumped 28 Million worth of stock back in the spring of 2007.

3) Two recent drug trials, ENHANCE and Torcetrapib showed no health benefit of lowering LDL cholesterol.

Dr Steven Nissen, cardiologist at Cleveland Clinic, said this of the Merck Enhance-Vytorin data:

"ENHANCE (Vytorin) results were a big surprise and a big disappointment. The data show no benefit for ezetimibe (Zetia) on top of simvastatin (Zocor). In fact, the data on both the rate of progression of atherosclerosis and cardiovascular events are trending in the wrong direction. This is a pretty clear failure. Physicians should now stop using ezetimibe or Vytorin except as a last resort. The drug doesn't work”.

The results of the ENHANCE had to be released because now all trials must be pre-registered with the government because of new FDA rules Sept 2007. In the old days it would have been buried. (22B)

The following quote about Vytorin-Enhance from Bill Sardi at LewRockwell.com is illuminating (18)

“The revelation that statin cholesterol drugs may be of little or no benefit, as revealed in a lengthy cover story in January 28 issue of Business Week (BW) magazine, begs the question: how did this misdirection go on for so long?
As the BW article pointed out, statin drugs “are the best-selling medicines in history, used by more than 13 million Americans and an additional 12 million patients around the world, producing $27.8 billion in sales in 2006.”

How can anyone question the benefits of such a drug, asks BW, when they are “thought to be so essential that, according to the official government guidelines from the National Cholesterol Education Program (NCEP), 40 million Americans should be taking them. Some researchers have even suggested – half-jokingly – that the medications should be put in the water supply, like fluoride for teeth. And it’s almost impossible to avoid reminders from the industry that the drugs are vital. A current TV and newspaper campaign for one statin drug, as endorsed by Dr. Robert Jarvik, artificial heart inventor, proclaims that this drug ‘reduces the risk of heart attack by 36%…in patients with multiple risk factors for heart disease’.”

**Statin drug ruse revealed:**

But the cholesterol/statin drug ruse finally unraveled when, after two years of foot dragging delays to release data from a large study involving Zetia, a cholesterol-lowering drug that inhibits cholesterol absorption from foods, and Vytorin, which is a combination of Zetia plus Zocor, the latter a statin drug that inhibits formation of cholesterol in the liver, revealed no health benefits.

Even though this drug combo lowered circulating cholesterol numbers better than either drug alone, it did not reduce plaque formation in arteries and did not confer a projected reduction in mortality.

In fact, an earlier review published last year in the British journal Lancet by Drs. John Abramson of Harvard Medical School and James M. Wright MD of the University of British Columbia, could find no evidence for a reduction in cardiac mortality in a combined review of all published statin drug studies. [The Lancet 2007; 369:168–169]

**Falsifying the numbers:**

The Business Week report says statin drugs benefit only 1 in 100 users, but they claim to reduce the risk of a non-mortal heart attack by 36%. But that figure is a relative number, not a hard one. About 3% of patients taking an inactive placebo pill will experience a heart attack compared to 2% taking a statin drug, which produces the so-called 30-plus percent risk reduction. **But in hard numbers, this is only a 1% reduced risk.** This type of misleading advertising wouldn’t pass Federal Trade Commission guidelines. But public health agencies, serving as free publicity agents for the statin drug manufacturers, repeat the claim to give it a ring of credibility.” end quote from Bill Sardi on Lew Rockwell.com.

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