# Hidden Truth About Cholesterol-Lowering Drugs!

Revised and Expanded

By Shane Ellison, M.Sc.
Courtesy of:
www.healthmyths.net

**Myth:**
*Cholesterol is Bad for You.*

**Fact:**
*Cholesterol is vital for most bodily functions. In fact, high cholesterol increases longevity.*

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For information contact:

service@healthmyths.net

Publisher: Health Myths Exposed, LLC

Author: Shane Ellison, M.Sc.

Editor: C.S. Howe

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Dedicated to the millions of healthy people who have wrongly been converted into patients via the myth which decrees that low cholesterol prevents heart disease. May you hold tight to common sense and never fear cholesterol again.

**Thank You**

First and foremost, my thanks go to my family who have stood by me and encouraged my research and writing no matter what. I would also like to thank The International Network of Cholesterol Skeptics, known as THINCS (www.thincs.org). Most notably, my gratitude extends to Arthur Patterson, DC, Uffe Ravnskov, MD, PhD, Anthony Colpo, Eddie Voss, Greg Ciola and Pam Killeen at Crusader Magazine, Chris Gupta and Joel Kaufmann, PhD. The advancement of human health rests in the dedication and allegiance to truth, which is so prevalent among these professionals.

# Preface

As a medicinal chemist, I discovered startling evidence surrounding cholesterol-lowering drugs. Chemically, these drugs are known as "statins." Commercially, they are known as atorvastatin (Lipitor), fluvastatin (Lescol), lovastatin (Mevacor), pravastatin (Pravachol), simvastatin (Zocor), and rosuvastatin (Crestor). The belief that these drugs prevent heart disease is undeniably false – but more importantly, dangerous.

The cholesterol-lowering myth being spread by pharmaceutical companies worldwide could rightfully be considered the deadliest health myth in the history of mankind. Numerous studies consistently show that the higher our cholesterol the longer we live and vice-versa.[1] This reality has been hidden and pushed under the already-stuffed pharmaceutical rug.

The obscurity of this truth has caused millions to parrot that LDL-cholesterol is bad cholesterol. The myth has elicited a statin drug addiction among millions. The truth be told, bad cholesterol is as real as the Easter Bunny. Believing in it will undermine your health.

It is with great urgency that I share the hidden truth about cholesterol-lowering drugs with you as well as how to avoid heart disease naturally. I hope that you share it with others. As awareness increases, the number of deaths from heart disease will decrease.

This book was written for both the general public and those who have been influenced by the pharmaceutical industry. A person only needs limited intellectual ability, common sense and an uncompromised relationship with the drug industry to realize the truth in the following pages. In other words, if you are a paid consultant, a drug-worshipping wakopath, drug sales rep, or own stock in prescription drugs, then it will be difficult, but not impossible, to understand this book and its implications on the health of people worldwide.

To Your Health,

Shane Ellison, M.Sc.

Shane is dedicated to practicing what he preaches. For more information, log on to: www.health-fx.net

# Turning Healthy People into Patients

According to the American Heart Association, over 105 million Americans have total cholesterol levels of 200 mg/dL or higher. To the pharmaceutical industry, this equates to 105 million potential customers.

With dollar signs in their eyes, drug companies have launched a massive fear campaign about cholesterol. This campaign, being led by the pharmaceutically-compliant National Cholesterol Education Program (NCEP), has convinced the entire world that LDL-cholesterol is bad and that total cholesterol levels should remain below 200 mg/dL in order to prevent heart disease. This is untrue and based on financial conflicts of interest among the NCEP. Among the nine members of the NCEP panel that wrote the guidelines, only one had zero financial links to cholesterol-lowering drug makers.[2] All other members had financial connections to drug companies like Pfizer, Merck, Bristol-Myers Squibb, and AstraZeneca. This fact was not disclosed when the NCEP made their recommendations public.

While democracy among the group has defined what forms of cholesterol are "bad" and "good" and what levels are "safe" and "unsafe," scientific fact has exposed this ugly perversion of science for what it is: Greed.

The professional alarmists of the NCEP have successfully created a problem while providing a false solution: the cholesterol-lowering drugs known as "fibrates" and the newer class of drugs known as "statins." Turning healthy people into patients has proven to be a great business model for drug companies. This model being that they create the problem (cholesterol) – wait for a reaction – offer a solution (cholesterol-lowering drugs).

Statin drugs are the most widely sold pharmaceutical drugs in history. Accounting for 6.5% of the total market share, cholesterol-lowering drugs raked in 12.5 billion dollars during 2002. Fueled by aggressive marketing campaigns, statin sales continued to surge. In 2004, Pfizer's blockbuster drug Lipitor became the first prescription drug to make more than $10 billion in annual sales.[3] To date, Forbes Magazine tells us that statins are earning drug pushers $26 billion in annual sales.

Historically, profit overshadows truth. The same is true with the statin drugs. You rarely hear the truth about the safety and efficacy of them. Instead, you hear "market hype" geared toward healthy people who have abundant and safe cholesterol levels. Looking beyond the hype (as hard as it is) we find that high cholesterol can increase longevity and that statin drugs provide little to no benefit while risking the health of users.

*"The cholesterol-lowering myth being spread by pharmaceutical companies worldwide could rightfully be considered the deadliest health myth in the history of man."*

# Cholesterol 101

Medical doctors, drug manufacturers and nutritional supplement companies make billions of dollars browbeating us into believing that cholesterol is an enemy to our bodies. This statement is made with such redundancy that it has handicapped health logic among some of the most respected health experts in the world.

Most insist that because the new statin drugs (i.e. Lipitor, Pravachol, Crestor) or nutritional supplements (i.e. red yeast rice, policosanol) cause total cholesterol levels to plummet from 225 to 180 mg/dL that they are safe from heart disease. Never mind their sugar addiction, obesity, insulin resistance (pre-diabetic state) and excess fat.

Hopefully, cholesterol-lowering drug addicts have health insurance. They will need it. Cholesterol is a vital substance to the body. Without it, we can grow sick by losing our memory, weakening our immune system, compromising our hormone levels and increasing our chances of suffering from cancer. In sharp contrast to this, the higher our cholesterol, the longer we live.

Lower your cholesterol and increase your chances of suffering from an irregular heart beat. Researchers at the University of San Diego School of Medicine (UCSD) point out that high cholesterol in those over 75 years of age is protective rather than harmful and that low cholesterol is a risk factor for heart arrhythmia, the leading cause of death if heart attack occurs.

Increasing total cholesterol levels may increase functional life span and ward off cancer. The *European Heart Journal* published the results of a 3-year study involving 11,500 patients. Researcher Behar and associates found that in the low cholesterol group (total cholesterol below 160 mg/dL), the relative risk of death was 2.27 times higher relative to those with high cholesterol. The most common cause of death in the low cholesterol group was cancer while the risk of cardiac death was the same in both groups. Confirming this study, previous research has shown a higher increase in lung cancer when total cholesterol levels were maintained below 170 mg/dL.

The elderly have much to gain from high cholesterol. The most widely respected medical journal, the *Journal of the American Medical Association*, published a study entitled, Cholesterol and Mortality. 30 Years of Follow-up from the Framingham Study. Shocking to most, this in-depth study showed that after the age of 50, there is no increased overall death rate associated with high cholesterol! There was, however, a direct association between low levels (or dropping levels) of cholesterol and increased death. Specifically, medical researchers reported that CVD death rates increased by 14% for every 1mg/dL drop in total cholesterol levels per year.

Heart patients could benefit greatly from increasing their cholesterol levels. The *Journal of Cardiac Failure* published the findings of Tamara and colleagues in a paper entitled Low Serum Total Cholesterol is Associated with Marked Increase in Mortality in Advanced Heart Failure. In their analysis of 1,134 patients with heart disease, they found that low cholesterol was associated with worse outcomes in heart failure patients and impaired survival, while high cholesterol improved survival rates. Additionally, their findings showed that elevated cholesterol among patients was not associated with hypertension, diabetes, or coronary heart disease.

Total cholesterol levels of 400 mg/dL appear safer than total cholesterol levels of 188 mg/dL or lower. In 2003, the *Journal of the American Geriatrics Society* published the findings of researchers Brescianini and colleagues. Studying the total cholesterol levels of 3,295 participants age 65-84 over a 4-year period, they concluded that those with low total cholesterol levels (<189 mg/dL) are at higher risk of dying even when many related factors have been taken into account. Having total cholesterol levels from 276 to 417 mg/dL was better suited for longevity relative to having a total cholesterol level less than 189 mg/dL.

The cholesterol-lowering myth is proof that "when everyone is thinking the same thing, nobody is thinking."[4] Cholesterol has been wrongfully convicted as the culprit in heart disease. It deserves redemption.

Cholesterol is a versatile compound that is vital to the function of the human body and just like everything else; cholesterol levels differ greatly among individuals. In humans, cholesterol serves 5 main functions:

1. Cholesterol is used by the body to manufacture steroids, or cortisone-like hormones, including the sex hormones. These hormones include testosterone, estrogen and cortisone. Combined, these hormones control a myriad of bodily functions.

2. Cholesterol helps the liver produce bile acids. These acids are essential for digestion of fats and ridding the body of waste.

3. Cholesterol acts to interlock “lipid molecules,” which stabilize cell membranes. Therefore, cholesterol is a vital building block for all bodily tissues. Lowering such a vital molecule is absurd. To illustrate, imagine that your house represents your body and the nails holding it together, cholesterol. Now start pulling just a few nails out of the house. What happens? The house turns to a pile of rubble. The same is true for the human body.

4. Most notably, cholesterol is an essential part of the myelin sheath.[5] The myelin sheath, similar to the coating on copper wire, ensures that the brain functions properly by aiding the passage of electrical impulses. Without the myelin sheath, it is difficult to focus and we can lose memory.

5. And finally, cholesterol has beneficial effects on the immune system. Men with high cholesterol have stronger immune systems than those with low cholesterol, as can be seen by the fact that they have more lymphocytes, total T-cells, helper T-cells and CD8+ cells. Further, many strains of bacteria, which cause us to get sick, are almost totally inactivated by LDL cholesterol.[6]

Ignoring the importance of cholesterol, skeptics will hold strong to the myth that we must lower cholesterol to prevent heart disease. This is simply because the myth is so prevalent in modern society (radio, television and published ads). Skeptics lack the ability to think independently.

For the skeptics, we can look to the cholesterol-lowering drugs known as “fibrates” and “statins” for more answers. If cholesterol were the culprit in heart disease, then these drugs would prevent this pandemic killer. Right? A history lesson on the earliest cholesterol-lowering drugs, the “fibrates,” shows that lowering cholesterol does not prevent heart disease.

Having the ability to successfully lower cholesterol, the fibrates should have prevented deaths from heart disease among those with high cholesterol. Documented by the U.S. Government, this was not the case.

In their report to congress, entitled, Cholesterol Treatment – A Review of the Clinical Trials Evidence, the U.S. General Accounting Office (GAO) stated, “With respect to total fatalities—that is, deaths from CHD [heart disease] and all other causes—most meta-analyses show no significant difference and thus no improvement in overall survival rates in the trials [using fibrates] that included either persons with known CHD or persons without it.”

Recognizing that drug companies and purveyors of the cholesterol myth would not be happy with this conclusion, the GAO finished by stating, “This finding, that cholesterol treatment has not lowered the number of deaths over- all, has been worrisome to many researchers and is at the core of much of the controversy on cholesterol policy.”[7]

Despite the early evidence refuting cholesterol’s role in

heart disease, drug pushers have continued the cholesterol fear campaign. This was done to sell the newer class of cholesterol-lowering drugs, the “statins.”

# The Cholesterol-Lowering Drug Trial Fallacy

In defense of prescribing and using statins to lower cholesterol, drug companies and drug-worshipping medical doctors often cite studies known as the "statin drug trials." The wildly marketed book, *The South Beach Diet*, authored by Dr. Agatston, supports the use of statins for lowering cholesterol. The American Heart Association (AHA), self-proclaimed authority of cardiovascular health, also promotes the use of cholesterol-lowering drugs based on these trials. And finally, your family doctor probably adheres to this cholesterol-lowering protocol. These medical doctors and the AHA have been misled by the statin drug trial fallacy, which goes something like this: statin drug trials prove that lowering cholesterol prevents heart disease (atherosclerosis).

A vast number of statin drug trials have been performed. Most notable are the trials known by their acronyms as ALLHAT, ASCOT-LLA, AFCAPS, WOSCOP, LIPS, GREASE, 4s, HPS, LIPID and PROSPER, just to name a few. These studies were well funded and utilized large populations (of middle aged men) to analyze the effects of statin drugs on lowering cholesterol and preventing heart disease.

It is neither logical nor scientifically sound to use the statin drug trials in defence of lowering cholesterol to prevent heart disease. Those who do are short sighted. Statin drug trials have suffered from age and gender bias for close to 10 years. Pay close attention, this is a damaging blow to anyone promoting the use of statin drugs.

All statin drug trials from 1990 to 1999 suffered from age and gender bias. The statin drug trials were mainly conducted using middle-aged men, and did not study the effects among women, children, and the elderly or ethnic groups.[8] Among these studies were 4S, CARE, LIPID, EXCEL, REGRESS, PREDICT, ACAPS, AFCAPS, WOSCOP, KAPS. There were 19 studies in total.

To get a better idea of the male bias we can look at the WOSCOP and 4S trials. Of the 6,595 participants in the WOSCOPS trial, 100% were male. The lowest percentage of males used in any of the trials was the 4S trial. Among the 4444 participants in the trial, 81% were male.

The General Accounting Office (GAO) of the United States Government has recognized the bias and stated:

"The trials generally have not evaluated the efficacy of cholesterol-lowering treatment for several important population groups, such as women, elderly men and women, and minority men and women. Thus, they provide little or no evidence of benefits or possible risks for these groups."

Stressing this same point in 1995, the *Journal of the American Medical Association* (JAMA) noted that many of the statin drug trials have not included enough women to allow for sex-specific analysis on the effects of statins in women. Researchers Walsh and Grady from the University of California San Francisco highlighted that there is no evidence from primary prevention trials (statin drug trials) showing that cholesterol-lowering effects among women from the use of statin drugs decreases mortality from heart disease.[9] This fact went ignored for almost 10 years.

Mentioning this point again in 2004, the *Journal of the American Medical Association* (JAMA) published new results found by the researchers at the University of California San Francisco. As if warning the public, they reasserted the fact that many of the statin drug trials failed to include enough women in their analyses. To remedy this and to find out whether or not statins are safe and effective for women, Walsh and Grady combined the results of 13 studies where the impact of statin drugs on a few women was reported. They found that in women who did not have cardiovascular disease, statin drug use failed to reduce total mortality.[10] Interpreting these results for women worldwide, reporter Roni Rabin for Newsday.com aptly stated, "We've been bamboozled about cholesterol risks."

The elderly have also been bamboozled. Statin drug trials failed to look at the effects of these drugs among the elderly. Statisticians and clinicians Holme and colleagues reviewed the effects of Pravastatin on the elderly by looking at the statin drug trial known as PROSPER. Adding to the PROSPER findings, they gathered results from other trials (meta-analysis) where small groups of elderly were used, such as the Heart Protection Study (HPS). Conclusively, they found no data to show that statin drugs reduce mortality among the elderly. In other words, the elderly do not need statins drugs like Lipitor.

Because of the gender and age bias among the statin drug trials, one cannot conceivably use the statin drug trials to rationalize prescribing them to women, the elderly, children or ethnic groups. Prescribing statin drugs to any one of these groups is a giant leap of faith - safety and effectiveness has not been shown for any of these populations.

If you are among any one of these populations and taking a statin drug, you are a guinea pig. This is akin to users of the previously removed Vioxx. After injuring an estimated 100,000 people, Vioxx was finally withdrawn from the market.

Scientifically and logically, you can only use the statin drug trials to make decisions among middle-aged men regarding the use of statin drugs. Still though, family doctors and medical associations are recommending statin drugs across the board without thinking twice. Whether it is for young men, old men, women, blacks, Mexicans and even children: medical doctors are handing out prescriptions for statin drugs.[11]

Drug companies are laughing all the way to the bank as they make billions every year by perpetuating the belief that statin drugs are safe and effective for everyone… even your dog, Fido.

That statin drugs have not been tested on other populations is the pharmaceutical companies biggest secret, a multi-billion dollar one. High-paid servants disguised as experts protect it. Dr. Antonio M. Gotto, Jr., serves as an example.

At the 12th International Symposium on Atherosclerosis, June 2000, Stockholm, Sweden, Dr. Antonio M. Gotto, Jr., dean and medical provost of Cornell University Medical College, predicted that 50% of the entire U.S. population could be taking statin medication.

Dr. Antonio M. Gotto told a press conference that he favored this class of drugs for all men aged more than 45 and women aged 55 plus who had a total cholesterol level over 200 mg/dL, an HDL-cholesterol of less than 50 mg/dL and one other risk factor for coronary heart disease.

This serves as a poignant example of how pharmaceutical drug hype overshadows science. Science shows that statins have not yet been tested for safety and efficacy among various populations within our society. Statins are not the one drug for all people. Drug companies market otherwise.

The bias of the statin drug trials is not enough to curve the ravenous appetite for these drugs among medical doctors. We must continue to debunk their efficacy. To do this, we can look at the results found among the trials. Not only were the trials bias for men, but they also showed statin drugs to be dangerous and ineffective at increasing longevity – the primary goal of patients who blindly take these drugs.

# Statistical Contortionism 101

A veil of secrecy obscures the truth behind FDA-approved drugs, especially the cholesterol-lowering drugs. This veil was constructed using millions of dollars for marketing campaigns and consulting fees to medical doctors. Thanks to successful government lobbying on behalf of drug companies, the U.S. Government upholds these immoral practices. While effective, the veil is wafer-thin. It is easily torn down using basic statistical definitions.

Before you consider the effectiveness and safety of a cholesterol-lowering drug (or any other prescribed drug), you must first understand these statistical definitions. They are total mortality, absolute risk reduction (ARR) and relative risk reduction (RRR). Understanding these statistical definitions is the number-one weapon for defending against dangerous drugs.

Total mortality is the most logical focal point for deciphering whether or not a drug is worth the risk. Using the total mortality rate to measure effectiveness ensures that while a drug might prevent the targeted disease, it does not accidentally kill you from cancer, heart attack, or some other deadly illness.

If Mr. Jones knew that drug X might accidentally kill him from cancer, would he spend his money on it?

When reporting total mortality, drug companies can either report “absolute” or “relative” terms. For the big picture, the absolute risk reduction in total mortality (termed absolute total mortality) must be used rather than relative risk reduction. Absolute total mortality is the most important statistical association. It refers to the actual difference in risk reduction between the treated (the suckers who received the experimental drug) and the non-treated group. This difference elucidates whether or not drug X increases lifespan.

For example, the absolute total mortality rate for drug X is 1%. This was derived from the raw data. It showed the treated group to have a 3% reduction in total mortality. The untreated had a 2% reduction in total mortality. Therefore, the absolute total mortality rate was 1%. This translates to a 1% chance of increasing lifespan for users of drug X.

If Mr. Jones knew that drug X might accidentally kill him from cancer and confer a paltry 1% chance of increasing his lifespan, would he spend the money on it? No. He will use that money to pay for a personal trainer. Knowing the absolute total mortality rate preserved Mr. Jones’ health and saved him money.

The same cannot be said for Bob Misinformed Smith. Leaving out the absolute total mortality rate, Bob Misinformed Smith’s family doctor told him that drug X had a 33% risk reduction in total mortality. He left out that this was “relative” risk reduction and Bob did not ask. Following doctor’s orders, Bob scurried to the pharmacist to pay for his prescription. He then rushed home to watch football. Subsequent football commercials deceptively regurgitated the 33% relative risk reduction in total mortality among users of drug X. John Misinformed Smith smiled with hope – false hope.

What was deceptive about using relative risk reduction? Relative risk reduction exaggerates benefits. It is the percentage (not an actual difference in risk reduction) of the decrease achieved by the treated group vs. the untreated group. While the absolute total mortality was 1%, the same raw data yielded a relative risk reduction in total mortality of 33%.

Pretend you are a medical doctor. Which number will you regurgitate to patients? The absolute 1% or the relative 33%?

Relative terms are the least important statistical associations. Yet they are the most important for drug representatives, medical doctors and statistical contortionists within the media because they exaggerate benefits. Rela-

tive terms are good for a drug company's bottom line but bad for our health. Focusing solely on relative risk reduction is akin to hiding evidence because it always makes a drug look more effective than it really is.

Now meet drug X: The statin drugs, particularly Pravachol, Zocor and Lipitor. The unprecedented success of these drugs is due to a combination of the pharmaceutical industry's statistical contortionists and their propaganda claiming that high cholesterol leads to heart disease.

The art of statistical contortionism is not endemic to the statin drugs. This art extends to all classes of drugs. Most striking, this includes chemotherapy drugs and vaccinations. Typically, when a given drug is not effective, drug companies and medical doctors rely solely on relative risk reduction to assert their safety and efficacy. This practice of exaggerating the benefits of drugs leads to an increase in adverse drug reactions (ADRs). Today, scientists estimate that ADRs are between the fourth and sixth leading cause of death in the U.S.[12]

# Statin Drugs – Are they Safe and Effective?

High-paid servants are calling cholesterol-lowering drugs the "new aspirin." Author Bill Alpert of *Barron's* insists that statins, like fluoride, should be put into the water.

To these professional hucksters who talk fast and think slow, I'd recommend swimming with a brick tied to their ankle to cure stupidity. Using water in this fashion has a 100% relative risk reduction for stupidity. I won't divulge the absolute total mortality rates among brick swimmers vs. non-brick swimmers 'cause apparently they don't care – as can be seen by their willingness to ignore them in regard to the statin drug trials. Perhaps they are not to blame. Maybe they are misinformed victims of statistical contortionists.

If there were only one absolute in life it would be that medical doctors prescribe statin drugs to most anyone with a heartbeat, hence the stethoscope around their neck. Statins are far from being the new aspirin and closer to being the pharmaceutical industry's next "problem child." Explaining this to medical doctors is akin to telling your teenage daughter what is in her hot dog, they do not want to listen.

To measure the effectiveness and safety of statin drugs, we can look at the population studied in the trials: middle-aged white men, or more aptly put, stupid white men (would you VOLUNTEER for a drug study?).

When absolute risk reduction in total mortality is used as an indicator of the effectiveness of statin drugs rather than relative risk, statin drug trials fail to show effectiveness at preventing early death. Looking at the absolute values also proves that cholesterol, being lowered considerably via these drugs, does not have a relationship to the cause (etiology) of heart disease.

Take Crestor (rosuvastatin) as an example. Crestor plummeted cholesterol levels, yet failed to show any effectiveness, as could be seen by a 0% decrease in absolute total mortality rates among users.

Other statin drug trials show this same trend. Joel Kauffman, PhD, Professor of Chemistry Emeritus, teaches that the WOSCOPS trial showed only a 0.9% absolute drop in absolute total mortality among those taking the statin drug Pravachol (pravastatin) over 5 years. Pravachol drug pushers touted a 22% drop in relative risk reduction for total mortality.

Many might argue that while Pravachol does not prevent early death, it does prevent heart attack and stroke. This is false. With respect to heart attack and stroke, the PROSPER trial showed that Pravachol provided no reduction in heart attack or stroke among those who had no previous signs of cardiovascular disease (termed primary prevention)[13] and an absolute risk reduction of 4.3% among those who did (termed secondary prevention).[14]

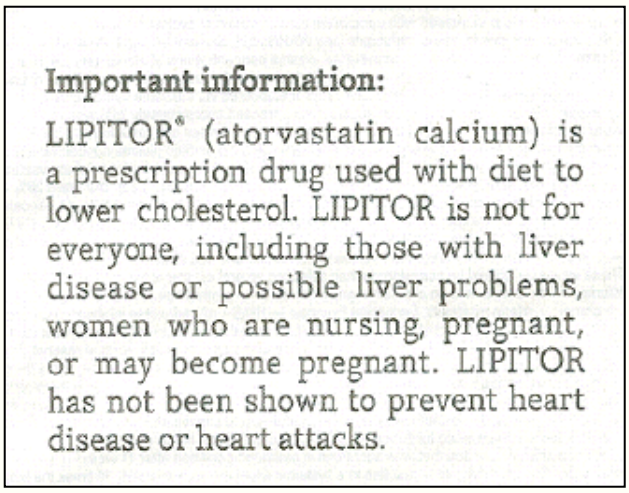
The statin drug trial known as LIPID showed these same results. The Long Term Intervention with Pravachol in Ischemic Heart Disease (LIPID) showed a contemptible absolute risk reduction in total mortality of 3.1%. Pravachol drug pushers touted a 21% drop in relative risk reduction for total mortality.

Even the most favorable statin drug trial, having minimal conflicts of interest and ethically sound reporting, the Heart Protection Study (HPS), yielded users of Zocor (simvastatin) with only a 1.8% drop in absolute risk reduction for total mortality. Another trial involving Zocor, the 4S trial, showed a minimal 3.3%drop in absolute risk reduction for total mortality among users. Zocor drug pushers touted a 29% relative risk reduction for total mortality.

The Anglo-Scandinavian Cardiac Outcomes Trial — Lipid Lowering Arm (ASCOT-LLA) trial, designed to identify the benefits of Lipitor (atorvastatin), showed 0% reduction in absolute total mortality rates among users. Looking at absolute risk reduction of heart attack and stroke, Lipitor

yielded a miniscule reduction of 1.2% over 3.3 years.[15] Lipitor drug pushers touted…whatever they wanted.

Lipitor ads were most honest. The fine (really fine) print on the back of ads declared that Lipitor "has not been shown to prevent heart disease." Believe it.[16]


Important information:

LIPITOR® (atorvastatin calcium) is a prescription drug used with diet to lower cholesterol. LIPITOR is not for everyone, including those with liver disease or possible liver problems, women who are nursing, pregnant, or may become pregnant. LIPITOR has not been shown to prevent heart disease or heart attacks.

Figure 1. Fine print included in ads for Lipitor by Pfizer courtesy of Weston A. Price Foundation. See the last sentence.

The most recent statin drug trial showing the ineffectiveness of Lipitor was the TNT (Treating to New Targets) study, sponsored by Pfizer. It was found that those receiving low-dose Lipitor reduced their mean LDL-cholesterol levels to 101 mg/dL, while those taking the high dose brought their LDL readings down to 77 mg/dL. After a median follow-up of 4.9 years, absolute total mortality was 0%.[17] Neither the high-dose nor low-dose group prevented early death! Lipitor drug pushers ignored this and touted a 20% relative risk reduction in coronary events while overlooking a 40% relative risk increase in side effects among users of high dose Lipitor (80mg/day).

Unable to decipher the deceptive statistics, a compliant media touted "lower is better" with respect to LDL-cholesterol. The official response to the lack of overall mortality reduction is a shining example of lazy thinking among pharmaceutically funded researchers:

"We need to make the assumption that mortality has been proven, that LDL lowering does in fact lower total mortality rates."

- Dr. John LaRosa, head researcher of the TNT study

Combining statin drug trial results failed to show any benefit to using statin drugs. Researchers from *Therapeutic Initiatives* performed a meta-analysis[19] of 5 major statin drug trials, these being PROSPER, ALLHAT-LLT, ASCOT-LLA, AFCAPS and WOSCOPS. In the pooled data of these trials, statin drugs provided a total absolute risk reduction in total mortality of 0.3% among those who showed no signs of having cardiovascular disease (primary prevention).[20] With respect to preventing heart attack and stroke, the five combined studies showed that statins prevented these events by a mere 1.4%.

Utilizing LIPS, PROSPER, GREASE, and HPS, a meta-analysis shows that statin use prevented absolute risk reduction in total mortality by 1.8% among those who showed signs of having cardiovascular disease (secondary prevention).

The only thing statin drug trials have proven is that statin drugs lower cholesterol by inhibiting an enzyme known as HMG-CoA-Reductase. Regardless of their ability to lower cholesterol, they failed to show that this effect has any benefit to preventing early death from heart disease, heart attack or stroke.

Some professionals will argue that a 3-4% drop in absolute risk reduction of total mortality, as seen among some trials, is significant. Considering the dangerous side effects of the drugs and those related to having low cholesterol this illogical.

From a scientific standpoint, it is important to ask why there was a 3-4% drop. Upon further investigation, we find that statins provide a small benefit due to anti-

inflammatory action (heart disease is an inflammatory disease).[21] Fortunately, this same benefit can be obtained using natural sources that do not have negative side effects or come with expensive prices. Anti-inflammation nutrients are fish oils (especially the EPA fatty acid), alpha-lipoic acid, green tea, ginger, and/or 95% grape seed extract (providing proanthocyanidins) to name a few.

Consuming anti-inflammatory nutrients from food rather than capsules would be acceptable. Supplement use is typically secondary to proper eating. Sometimes lifestyle does not allow for this.

Supplementing with encapsulated nutrients can sometimes enhance bioavailability (the ability of a nutrient to pass from oral ingestion into the blood) relative to the food source. This has been shown with “flavanols,” which are found in green tea as well as grape seed extract.[22] The *Journal of Clinical Nutrition* recently stated, “Flavanol absorption was enhanced when tea polyphenols were administered as a green tea supplement in capsule form and led to a small but significant increase in plasma antioxidant activity compared with when tea polyphenols were consumed as black tea or green tea.”

## Why Cholesterol-Lowering Drugs Do Not Prevent Heart Disease

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.

A drug trial known as REVERSAL showed that while Pravachol lowered LDL cholesterol by 25% it failed to stop the progression of heart disease, as could be seen by the continued growth of atheroma (thickening and fatty degeneration of the inner coat of the arteries).[23] Lead investigator, Dr. Steven Nissen, was dumbfounded and commented that:

"Surprisingly, despite attaining a low LDL level on pravastatin [Pravachol], these patients showed highly significant progression for percent atheroma volume and percent obstructive volume…"

He continued by saying:

"When I started this study, I believed that any reduction in progression would just be due to lower LDL levels, but now I'm not so sure."

We do not need these drug trials to prove this. Searching for a correlation between cholesterol levels and atherosclerosis is as simple as looking at the arteries of dead people. This has been done repeatedly since the early 1900's.

In 1961, researchers Mathur and colleagues studied the levels of cholesterol and the degree of atherosclerosis seen at autopsy within the arteries of 20 deceased patients as well as 200 more cases selected from medical libraries. All cholesterol levels were taken within 16 hours of death. No correlation could be observed between these patients' blood cholesterol levels and the amount or severity of "atherosclerotic plaque" within the arteries. Cholesterol levels, whether high or low, had no impact on the growth of atherosclerotic plaque - the major cause of heart disease.[24]

In 1962, the *American Heart Journal* published the research of Dr. Marek and colleagues who also searched for a correlation between cholesterol levels and atherosclerosis. Among 106 cases studied, the level of cholesterol did not affect atherosclerotic changes in plaque.[25] Dr. Marek concluded by stating that his results do not differ from the results obtained under the exact same examinations in health and disease with atherosclerosis, conducted by the same methods, in the same laboratory, and in the same populations.

*The American Journal of Clinical Nutrition* shows that at autopsy, postmortem patients who died suddenly showed no correlation between total cholesterol levels and atherosclerosis. Researchers Jose Mendez, PhD, and coworkers point out that their findings agree with previous studies. Notably, they cited researchers Lande and Sperry who, as early as 1936, also failed to find a correlation between cholesterol levels and atherosclerotic plaque.[26]

These studies shake the foundation of the current medical model for treating or preventing heart disease. Apparently, they are too logical. Highly educated folk totally miss them.

Continuing the search for a correlation between cholesterol levels and atherosclerotic plaque, we can use state-of-the-art technology. Rather than looking at arteries before and after death we can simply look at them while the patient is alive. Utilizing a special X-ray imaging machine known as electron beam computed tomography (EBCT), scientists are able to look at both cholesterol levels and atherosclerosis buildup in the arteries without waiting for patients to die. Electron beam tomography represents the next level in cardiac diagnosis by allowing medical doc-

tors to visualize the coronary arteries without having to go through an invasive procedure.

Utilizing EBCT technology, researchers Hecht and Harman of Beth Israel Medical Center in New York set out to determine whether or not increased cholesterol levels, specifically LDL cholesterol, led to plaque build up. Looking at 182 individuals who may develop symptoms of heart disease over 1.2 years of treatments with cholesterol-lowering drugs alone or in combination with niacin, it was discovered that despite lower cholesterol levels, there were ZERO differences in the development of atherosclerotic plaque. These researchers concluded, "with respect to LDL cholesterol-lowering, "lower is better" is not supported by changes in calcified plaque progression."[27]

Noted by CNN, medical doctors and drug companies who circulate the cholesterol myth are threatened by EBCT.[28]

Rather than fear cholesterol, we need to fear the media campaign against it. This campaign is very prevalent and here to stay. To substantiate, we look to Harvard Health Publications (HPS). On March 21, 2005 HPS unleashed a "Special Health Report" saying that it "provides an in-depth look at the role diet plays on cholesterol levels in the body, helps you evaluate your risk of heart disease, and offers advice on ways to maintain healthy cholesterol levels, including making changes in diet, exercising, and taking cholesterol-lowering medication as appropriate." Wow, this should be valuable.

Adhering to the cholesterol myth is akin to crossing a two-way street while looking only in one direction: you are bound to get run over. Getting hit by a car is rarely an accident, neither is heart disease.

# Hidden Dangers of Statin Drugs

Statins are a textbook case of the "cure" being more deadly than the disease. The dangers of statins drugs are rarely discussed, simply because drug companies are not reporting them to medical doctors.

The British Medical Journal (BMJ) has reported that of 164 statin drug trials reviewed, only 48 reported the number of participants with one or more negative side effects caused by the drug.[29] This scenario is reminiscent of FDA approved drugs Baycol, Vioxx, and most every other drug on the market today.

According to a report in 1990 by the U.S. General Accounting Office, 51% of prescription drugs have serious adverse effects that are undetected before approval.[30] More recently, The New York Times reported the testimony of FDA insider David Graham. Speaking before the Senate Finance Committee, the 20 year FDA veteran denounced the FDA by saying ,"we are faced with what may be the single greatest drug safety catastrophe in the history of this country or the history of the world."[31] It is no wonder USA Today reported that side effects from pharmaceutical drugs reached and all-time high in 2004.[32]

Unknown to the public and most doctors, cholesterol-lowering drugs can be life threatening.[33] In a letter submitted to the Archives of Internal Medicine, Uffe Ravnskov, MD, PhD, and colleagues, show that in two (EXCEL and AFCAPS/TexCAPS) of the three clinical trials that included healthy people, the chance of survival was better without the use of cholesterol-lowering drugs.[34] The letter was rejected for publication.

Of great concern are statins' ability to decrease CoQ10 – leading to congestive heart failure. The heart is made of relatively strong muscle and requires vast amounts of energy to function properly. CoQ10 is a vital substance that ensures that this energy production within the heart takes place. To elaborate, the force with which the heart contracts is approximately the force you would need to squeeze a tennis ball. Since the left ventricle must pump blood to the rest of the body, its walls are thick, while the walls of the atria are relatively thin. The volume of blood in the human body is nearly 5 liters. The heart pumps about 280 liters in one hour. This equates to 7,200 liters in 24 hours, or 2,688,000 liters per year! Recognizing this demand magnifies the importance of ensuring that the heart has abundant energy. To down regulate the energy of the heart via CoQ10 depletion with statins could be considered suicide, in slow motion.

Low CoQ10 leads to congestive heart failure due to weakening of the heart muscle, this is termed cardiomyopathy. So while the statin user might procure a 3-4% absolute risk reduction in heart attack or stroke they are perhaps trading it for cardiomyopathy.

It is hypothesized that a person can avoid this deleterious side effect by supplementing with CoQ10. This hypothesis has not been shown to be an effective means for avoiding statin-induced cardiomyopathy. Betting on it could prove dangerous to your heart. Save gambling for Vegas – not your body.

Statin drugs also attack focus and memory. Because cholesterol works to ensure the integrity of the myelin sheath (responsible for carrying electrical messages throughout the brain for memory and focus), a logical hypothesis is that lowering it can have a negative impact on memory and focus. Observing the effects of statin drugs, which significantly lower cholesterol, we find that the above hypothesis may hold true.

Dr. Graveline, MD, a NASA astronaut, flight surgeon, family doctor and author of Lipitor – Thief of Memory, claims he lost his memory after six weeks of using Lipitor. From his testimony we learn that he could not recognize his house or his wife after using the statin drug Lipitor. His memory loss lasted for six hours at a time. After quitting the drug, his lapses in memory ceased.

Dr. Graveline is not alone in his experience. Loss of memory from using statin drugs has become so widespread it has caught the attention of CBS News, who re-

ported the findings of researcher Dr. Beatrice Golomb, assistant professor of medicine at the University of California in San Diego. She states that: "We have people who have lost thinking ability so rapidly [from using statins] that within the course of a couple of months they went from being head of major divisions of companies to not being able to balance a checkbook and being fired from their company."[35]

It appears that cholesterol-lowering drugs in general also increase one's risk of developing cancer. In their study published in the Journal of the American Medical Association (JAMA), Thomas B. Newman, MD, MPH, and coworkers show that all cholesterol-lowering drugs, both the early drugs known as fibrates (clofibrate, gemfibrozil) and the newer drugs known as statins (Lipitor, Pravachol, Zocor), cause cancer in rodents at the equivalent doses used by man.[36]

Interestingly, these facts are not reflected in the highly coveted Physicians Desk Reference (PDR). For instance, the PDR shows that cancer is a side effect for fibric acid derivates and statins only when as much as 10 times the recommended human dose is used.

Dr. Gloria Troendle, deputy director for the Division of Metabolism and Endocrine Drug Products for the FDA, noted that the cholesterol-lowering drug gemfibrozil belonged to a class of drugs that has repeatedly been shown to increase death rates among users. Moreover, Dr. Troendle stated that she does not believe the FDA has ever approved a drug for long-term use that was as cancer causing at human doses as gemfibrozil.

Others shared these same concerns about gemfibrozil. Elizabeth Barbehenn, PhD, concluded to the FDA, "fibrates must be considered as potential human carcinogens and their carcinogenic potential should be part of the risk benefit equation for evaluating gemfibrozil."

Ignoring these facts, the pharmaceutically-campaigned FDA approved these drugs, despite having a majority vote among their advisory committee! Specifically, when asked to vote whether or not the cholesterol-lowering drug gemfibrozil should be approved for prevention of heart disease, only 3 out of 9 voted in favor of approval. Unfortunately, these votes are only "advisory" and the FDA decided to approve gemfibrozil for human consumption against the better judgment of the committee.

Extrapolation of cancer evidence from rodent to human is very uncertain. This is the argument of those in favor of using cholesterol-lowering drugs. This argument would only hold true if human studies also showed an increase in cancer rates. And in fact, that is what scientists are seeing.

Reported in the Lancet, Sheperd and colleagues for PROSPER noted that "new cancer diagnoses were more frequent on pravastatin [Pravachol] than on placebo [those not taking the drug]."[37] Similar findings were made in the CARE (Cholesterol And Recurrent Events) trial. Evidence from the trial showed a significant increase (a 1500% relative risk increase) in breast cancer among women taking Pravachol (a cholesterol-lowering drug made by Bristol-Myer Squib).[38]

One mechanism by which cholesterol-lowering drugs may cause cancer has been identified. Published in Nature Medicine, Dr. Michael Simons of Beth Israel Deaconess Medical Center in Boston shows that statin drugs mimic a substance known as vascular endothelial growth factors (VEGF). The biochemical VEGF promotes the growth of new blood vessels, a process known as angiogenesis. While angiogenesis may help the growth of arteries, the benefit is quickly negated by the potential for growth of cancer.

The British Journal of Cancer reports that VEGF plays an important role in the spread of colorectal cancer. For those who already have tumors, VEGF and compounds that mimic VEGF significantly diminish that person's survival time.[39] [40]

The fact that cholesterol-lowering drugs can potentially cause cancer at doses commonly used by humans will never be accepted as mainstream knowledge. Drug company-funded studies for cholesterol-lowering drugs are conveniently short in nature, typically 5 years or less.

It takes decades for cancer to develop. Even heavy smoking will not cause lung cancer within 5 years[41], yet it is a well-known fact that smoking leads to lung cancer. As long as statin drug trials last only 5 years, this side effect will continue to fly below the radar.

Researchers from the University of Denmark report that about 15% of cholesterol-lowering drug users over the age of 50 will suffer from nerve damage as a direct result of using statin drugs.[42]

USA Today reported, “Statins have killed and injured more people than the government has acknowledged.”[43]

The list of negative side effects from cholesterol-lowering drugs continues with rhabdomyolysis and erectile dysfunction being a possible outcome of using cholesterol-lowering drugs.

Fortunately, 50% of those who take cholesterol-lowering drugs quit within the first year due to negative side effects. Considering that medical doctors utilize the statin drug trials as their primary source of information, it is unlikely that the 50% of patients who stay on cholesterol-lowering drugs will ever become aware of the serious adverse events associated with cholesterol-lowering drugs, even when they fall victim to them.

Ignoring the dangers, Forbes Magazine (an investment magazine – no surprise) asserts that, “Patients at the highest risk should receive even more aggressive [statin] treatment--meaning higher, more expensive doses of these drugs.”[44]

Such a statement reminds me of the 1970’s when servants disguised as experts would promote the use of cigarettes to fight cancer:

"One could modify an old slogan: A pack a day keeps lung cancer away." - Dr. Ian Macdonald, chairman of California Medicine from U.S. News & World Report

The above statement is as absurd as those who maintain that, “to prevent heart disease, we need to lower our cholesterol.”

Utilizing relative risk reductions, drug manufacturers and statistical contortionists have hoodwinked medical doctors and patients. This is abundantly clear when we look at the negative side effects associated with the use of cholesterol-lowering drugs. In no way do the benefits outweigh the risk, and if so, by whose scale? The drug companies’ scale?

# Cancer Fighting Hint

Green tea has been studied extensively as a cancer-fighting agent. One mechanism by which green tea fights cancer is by blocking the production of vascular endothelial growth factor (VEGF) in our bodies.[45] Doing so halts the growth of tumors – a welcomed benefit to cancer victims.

Green tea's cancer fighting ability has been well established in both animal models and human trials.[46] The cogency of these studies ignited the Division of Cancer Prevention at the National Cancer Institute (NCI) to invite applications for grants to foster the identification of molecular targets from green tea. Rather than promote the unpatentable herb, these pharmaceutically compliant research houses are working toward developing a "copycat" molecule.

"We may be able to develop new anti-cancer drugs based on the structure of the EGCG molecule."

- Professor Roger Thornely, John Innes Center in Norwich

A copycat molecule would afford patent rights to drug companies who refuse to sell proven natural products at inexpensive costs. They strive for monopolization - causing patients to trade wealth for health.

The success of a single green tea extract or single "copycat" molecule is questionable. Studies show that the whole herb rather than an isolated extract is far more effective at fighting cancer.[47] This highlights the importance of using a full spectrum green tea product.

# Hidden Origin of Statin Drugs

No one would care to look twice – or even once – at the origin of statin drugs. Except, perhaps, if you needed one more reason not to use them or were an FDA-approved drug addict looking for an inexpensive alternative.

The origin of statin drugs is not a testament to the ingenuity and innovation of drug companies. Despite enjoying an unprecedented surge of momentum in popularity, statins are nothing more than an isolated poison derived from the fungus known as red yeast rice (*Monascus purpurus)*.[48]

In a natural response to the threat of a predator, red yeast produces the drug known as lovastatin (as well as other chemicals). Utilizing fundamental laboratory research, the discovery and isolation of lovastatin from red yeast rice was paid for by the U.S. government in the 1970s.[49] This secured a monopoly of knowledge, allowing for the censorship of the truth behind the wildly popular cholesterol-lowering drugs.

Commercially, lovastatin is known as Mevacor. It was the first statin drug, released in 1987 by the U.S. government-influenced company named Merck. Using a technique known as combinatorial chemistry, other drug companies have since unleashed their own versions. These versions include Zocor, Lipitor, Pravachol and Crestor.

As a toxic agent, the consumption of lovastatin via red yeast rice by its predators leads to sickness and in some cases, death. This is true for humans as well. Lovastatin's (and all other statin drugs) toxicity is attributed to its ability to block cholesterol and CoQ10 production.

Low levels of cholesterol and CoQ10 limits lifespan in humans. In 2005, the *Journal of the American Geriatrics Society* showed that elderly people with low levels of total cholesterol were approximately twice as likely to die as those with high cholesterol.[50] CoQ10 is a coenzyme necessary for the production of ATP (adenosine triphosphate). ATP is the source of cellular energy within the human heart. As CoQ10 is diminished, the heart weakens. Over time, this can result in congestive heart failure (CHF).

Humans appear to be so advanced, and yet they are the only species unable to recognize this simple defense mechanism of red yeast rice. Millions are blindly consuming statins as an elixir for longevity. Consumption of this poison fungus has grown worldwide.

The statin craze serves as a terrific example of how a little bit of knowledge can be dangerous. Nowhere in the history of man has an acknowledged poison been touted as a daily vitamin for every man, woman and child. The scientific community should be proud. Statins are the best selling drug of all time.

# How to Avoid the Dangers of Cholesterol Lowering Drugs

To ensure that you do not fall victim to the hype and greed, here are three questions to ask your doctor before filling the prescription:

- What is the ABSOLUTE reduction in total mortality rates among users of the drug?
- What is the ABSOLUTE reduction in heart attack and stroke among users of the drug?
- What are the negative side effects of using the drug?

If these questions are answered without scientific backing then logic will dictate not to fill the prescription.

What if the 100,000 plus victims of the COX-2 inhibitor Vioxx were given this information prior to their doctor's orders?

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## Dangerous Cocktails on the Way

As the incidence of heart disease continues to grow, so will the availability of prescription drugs that are purported to prevent or heal. Most recently, the “polypill” serves as a perfectly disgusting example. As the love affair with profits from statin drugs continues, so-called experts are now recommending that they be combined with other drugs, hence the term “drug cocktail.”

Hailed as a “strategy to reduce cardiovascular disease by more than 80%,” authors and patent holders of the lunatic concoction assert that everyone over the age of 55 should use this pill.[51] Yes, everyone on the entire planet. Can you believe that daring assertion by so-called scientists? This is dictatorship medicine, not evidence-based medicine. The guilty parties? Wald and Law.

Wald and Law propose a cocktail of a statin drug, three blood pressure lowering drugs, an angiotensin-converting enzyme inhibitor, folic acid and aspirin to be used to battle heart disease. That these “scientists” would recommend such heavy use of drugs is laughable and sad all at the same time.

Their assertion is based on an analysis done by computer, which looked at all previous studies of the individual components of the drug stack. In other words, they failed to do any medical examination whatsoever. They never studied the interactions that these drugs might have with each other once consumed as the ‘polypill’. They never studied the long-term effects of the ‘polypill’. And they never considered whether or not it is safe for men, women, and the elderly or ethnic groups! Not to mention that the main ingredient, a statin drug, is among the most dangerous drugs ever promoted for human consumption. Yet, these patent holders can get away with making false claims for an imaginary drug and recommend its use for EVERYONE over the age of 55, all based on computer evaluation. This is incredulous. Trailblazers of the scientific method are rolling over in their graves.

The only thing that could disgrace the scientific community more would be the approval of leading journal editors. And this is exactly what happened. The editor of the British Medical Journal (BMJ) appears to have sold his soul to pharmaceutical interests. Upon release of the biased paper, his suggestion was that we "keep this issue of the BMJ. It may well become a collector's item. It's perhaps more than 50 years since we published something as important as the cluster of papers from Nick Wald, Malcolm Law, and others." He is right on one point. This paper published by the BMJ is a collector’s edition. Never in the history of the BMJ have they ever published such absurdity. Never in the history of the BMJ have they recommended a pill to an entire population without anyone ever studying its real-life effects or even swallowing the damned thing! Never!

# The Cause of Heart Disease

To know the cure one must understand the cause. Rather than blindly succumb to rent-a-quote doctors who perpetuate that everyone's cholesterol levels should be below 200 mg/dL, it is vital that you obtain a basic understanding of cholesterol and the progression or cause of heart disease.

Eventually, you or a loved one will be forced to make vital decisions surrounding some aspect of heart disease. This may include making decisions surrounding the use of cholesterol-lowering drugs, natural medicine, exercise techniques and/or surgery. Considering that 800 individuals die every day from heart disease, being informed in these matters will be an asset to your health and perhaps even save your life.

While complex, it is not hard to learn the basics of how heart disease, or rather atherosclerosis, develops. Atherosclerosis is an inflammatory response initiated by damage to the innermost layer (known as the endothelium) of the arteries, which faces the bloodstream. The inflammatory response can happen anywhere, but 90% of the time it happens in the arteries of the heart (coronary arteries), probably due to the mechanical stress in this region.[52]

That atherosclerosis mostly occurs within the coronary arteries is further evidence that cholesterol is not the culprit in heart disease or plaque formation. Cholesterol is found throughout the entire body, yet 90% of the time plaque formation occurs in the coronary arteries. If cholesterol were the culprit, plaque formation would occur most everywhere else at the same rate.

Damage (scarring) to the inner layer of the coronary artery can be attributed to any number of biological disturbances or nutritional deficiencies. Working to prevent these is working to prevent atherosclerosis. Here are a select few:

- Free radical damage leading to oxidized Low Density Lipoproteins (LDL)
- Infection
- Smoking
- High blood pressure
- High blood sugar
- Increased levels of insulin
- Increased levels of homocysteine
- Increased levels of cortisol (i.e. stress)
- Lack of vitamin C

Once damage occurs to the inner layer of the coronary artery, the body's natural repair mechanism takes over. This mechanism begins with circulating levels of low-density lipoproteins (LDLs) into the damaged area, particularly between the smooth muscle layer and endothelium of the artery. Let me stress that this occurs whether a person has high or low LDL-cholesterol. This explains why researchers have FAILED to find a correlation between levels of cholesterol and the growth of atherosclerosis.

Once LDLs move into the damaged area of the endothelium, there is an alteration in endothelium function. This alteration begins the inflammation cascade. To signal for help from the immune system, the endothelium begins to produce reactive oxygen species (ROS). This attracts the immune cells to the damaged site. This, in turn, produces growth factors, which cause muscle cells to multiply and invade the damaged area of the blood vessel. Eventually, the conundrum of LDL, immune cells, muscle cells and debris from the initial damage form "plaque."

If damage to the endothelium persists, atherosclerotic plaque accumulates on the arterial walls. The end result is termed "endothelial dysfunction" (due to lack of nitric oxide and prostacyclin). Endothelial dysfunction decreases blood flow from the heart, which causes lack of oxygen and nutrients throughout the body. Endothelial

dysfunction can lead to major problems, involving not only your heart, but also your brain, lungs, kidneys, penile reaction and eventually every body system. Therefore, working to prevent or repair endothelial dysfunction demands attention among those who are at risk for suffering from heart disease. The end result of endothelial dysfunction is early death.

Over time, build up of atherosclerotic plaque initiates heart attack and stroke, sometimes without warning. As the artery narrows (from endothelial dysfunction), tiny blood clots, which are normally harmless, become a death threat. These tiny blood clots, usually capable of passing through a healthy artery, become caught in the plaque and further block the blood flow. If an artery is blocked in the heart, a heart attack is the result. And if a blockage occurs in the brain, a stroke is the result.

To highlight some of the main points of heart disease progression, the body uses numerous substances to form plaque on the arterial walls. The plaque consists of LDL-cholesterol, immune cells and muscle cells, among other things. This plaque acts as nature's "Band Aid" to heal the inner layer of the arteries.

Recognizing that LDL is one of many substances found in plaque and that it carries cholesterol, pharmaceutical companies and medical doctors coined the phrase "bad cholesterol" when referring to LDL. In a weak attempt to support this, they state that LDL-cholesterol is the culprit of deadly plaque buildup. Meanwhile, they ignore the importance of inhibiting inflammation (preventing scarring of the mechanically stressed arterial wall) and reversing endothelial dysfunction. Bad cholesterol is as real as the Easter Bunny.

# Lifestyle Factors for the Prevention or Reversal of Heart Disease

The first step toward preventing heart disease is engaging in healthy lifestyle habits, not popping pills. This includes both prescription drugs and nutritional supplements. Neither will prevent heart disease among those who have poor lifestyle habits. If you are serious about complete risk reduction from heart disease the following lifestyle habits must be employed:

- Abstain from sugar (sucrose, high fructose corn syrup, fructose and artificial flavors)[53] and cigarettes
- Exercise moderately
- Minimize alcohol intake from all sources including wine
- Eat more green/leafy vegetables on a daily basis
- Drink more purified water (not distilled)
- Limit milk consumption to raw milk – moderate amounts
- Consume walnuts, coconut oil and omega-3 fatty acids from fresh water salmon and/or canola oil regularly
- Minimize refined grains
- LOSE FAT (See “Help for the Obese” below)

Adhering to the aforementioned lifestyle habits will increase your lifespan due to the positive impacts they have on your body. All of them strive to prevent heart disease in the following ways:

- Restore endothelial function (for better circulation)
- Increase lean body mass
- Lower platelet aggregation (preventing clots)
- Moderate blood pressure
- Prevent plaque buildup
- Prevent oxidative stress
- Provide the heart with optimal energy
- Lower homocysteine levels
- Prevent insulin resistance

# Nutrients for the Reversal or Prevention of Heart Disease

Adding to healthy lifestyle habits, nutritional supplements that prevent heart disease can be considered. Natural product science has excelled faster than conventional medicine. Few medical doctors are taking note of these life-saving nutrients. Most important are naturally occurring anti-inflammatory agents as well as those that work to prevent excess scarring and increase nitric oxide production. Combining such nutrients with healthy lifestyle habits would prove most beneficial to longevity and well being. They are as follows:

**L-arginine with grape seed extract (95% proanthocyanidins)** - These nutrients work synergistically to repair endothelial dysfunction by increasing nitric oxide production within the arteries (more accurately the endothelium of the arteries). This prevents collapsing of the arteries while increasing the delivery of oxygen and nutrients throughout the body. Proanthocyanidins prevent blood clotting as well and serve as a healthy alternative to aspirin. More often than not, users of this nutrition cocktail also benefit from lowered or controlled blood pressure – allowing them to dispose of prescription blood pressure medications.

**Magnesium** – Supplementing with magnesium may ensure the integrity of the arterial wall by controlling blood pressure. Magnesium, as reported by the National Institute of Health, maintains normal muscle and nerve function, keeps heart rhythm steady, supports a healthy immune system, and keeps bones strong. It also helps regulate blood sugar levels and is known to be involved in energy metabolism and protein synthesis. Magnesium is a welcome addition to the above nutrient cocktail. The most advantageous forms of magnesium are mineral water and magnesium-L-aspartate (500 - 1000 mg daily are recommended).

**Vitamin C** – This essential vitamin also ensures the integrity of the arterial wall by helping rebuild collagen. Vitamin C is a superb anti-inflammatory as seen by its ability to lower CRP (C-reactive protein) in the body. CRP is a biomarker of inflammation that has garnered increasing attention among scientists and statin researchers. Soon, statin worshippers will tout that statins lower CRP. Fortunately, readers of this book won't have to resort to dangerous statins. Vitamin C is the logical alternative. In total, vitamin C prevents plaque build-up and endothelium dysfunction. Daily use of vitamin C can reduce the risk of heart disease by 25% compared to those who do not supplement with this essential vitamin.[54] It is most important to consume 2-10 grams daily.

**A combo of vitamin B12, B6 and folic acid** – This combo prevents high amounts of homocysteine – a known risk factor for heart disease.

**Omega-3 fatty acids** - Recent studies show that individuals who receive omega-3 supplements exhibit a significant reduction in overall cardiovascular deaths. For the technical mind, this prevention of early death is primarily due to the ability of these fatty acids to reduce heart arrhythmias (irregular heart beat) and blood platelet reactivity (thereby preventing clots). Additionally, the omega-3 fatty acids EPA and DHA improve endothelial relaxation due to an increase in NO vasodilatation and have an inhibitory effect on inflammation and endothelial dysfunction.[55]

**Alpha-lipoic Acid (ALA) –** ALA stops inflammation in its tracks – prevents plaque build-up. ALA is essential for diabetics due to its ability to reduce insulin sensitivity, oxidative stress, and diabetic peripheral neuropathy.

**Acetyl-L-Carnitine aka ALCAR (not L-Carnitine)** – ALCAR prevents weakening of the heart, known as cardiomyopathy (important for heart failure patients). The importance of ALCAR has become so prominent that it is actually approved by the Food and Drug Administration (FDA)!

These nutrients provide significantly greater protection from heart disease than any cholesterol-lowering drug.

Relative to statin drugs, the use of these nutrients would not be accompanied with negative side effects and inflated costs. Thanks to “drug company influence on your health” these facts have been obscured from the public.

**The Drug Company Influence on your Health**

In the beginning, there were nutrients for procuring health. Today, there are drugs, drugs and more drugs. This is the result of the drug company business model. It utilizes an arsenal of techniques to influence the government in order to minimize competition from nutritional supplements – especially those for heart disease.

The cold hard fact of this business model has become clear: health in America has been fractured. The health of U.S. children is worse in virtually all categories relative to children in other industrialized countries. At least 80% of seniors have at least one chronic disease and 50% have at least two according to the Centers for Disease Control (CDC).[56] Understanding these techniques serves as a how-to guide for avoiding government-mandated drug addiction and remaining healthy.

First, education on the proper use of nutritional substances to achieve good health was removed from the medical school curriculum over 85 years ago. There is not a medical doctor practicing today who has been trained in medical school on the prophylactic use of nutritional supplements. This explains the reluctance of medical doctors to teach patients about natural alternatives, they simply don't know about them. Through self-education, a select few medical doctors have become excellent advisors on the proper use of nutraceuticals.

Second, the FDA has stonewalled ALL nutritional supplement manufacturers from educating their clients on nutritional supplements by passing the Dietary Supplement Health and Education Act (DSHEA). This act prohibits supplement manufacturers to market or claim that their products "cure, mitigate, treat, or prevent" any given disease or illness. Instead, they can only make general statements about their products. As a result, nutritional supplements carry labels that are intentionally vague and misleading to consumers. Finding which nutritional supplements to take for any given illness has become close to impossible.

DSHEA also gave the FDA the authority to remove any nutritional supplement from the market if it "proved" to be unsafe. Because of their broad definition of "unsafe" and because most anything, even water, is unsafe in large amounts, the FDA can now ban any nutritional supplement which poses as competition to its pharmaceutical partners. Ephedra is a perfect example. Green tea may be next.

Third, lobbying by the pharmaceutical industry has enabled the drug community to influence the media to set a negative tone on the use of nutritional supplementation. More often than not, the message is that natural alternatives to prescription drugs are ineffective and dangerous. Unable to distinguish between the truth and profit motives, the general public has turned away from nutritional supplements to embrace pharmaceutical drugs.

And finally, on the worldwide front, the pharmaceutically compliant World Trade Organization (WTO) is working rigorously to convince the nations of the world that ALL human beings require the EXACT same amount of nutrients and that anything above this amount is dangerous. Under the guise of protecting vitamin consumers, the WTO is using what is known as the CODEX ALIMENTARIUS COMMISSION (CAC) to further restrict the free use of nutritional supplements within the United States and worldwide.

Specifically, the CAC is setting "Guidelines for Vitamin and Mineral Food Supplements." These guidelines are more restrictive and could supercede current U.S. regulations by dictating to the U.S. which nutrients are safe, the maximum and minimum amounts allowed in a product, and related packaging and labeling requirements.

The CAC stands firm in their conviction that these guidelines are for the safety of others. If safety were the priority the WTO could use the CAC to protect us from prescription drugs, which kill an estimated 125,000 people every year in the United States. Instead, they waste time on nutritional supplements, which have killed less people than rabid squirrel attacks.

The success of the aforementioned techniques lies in fear. This fear is secured by the vested interests of professional alarmists within the government who promote it in order to minimize drug competition. The end result - drug companies secure their lion's share and profit from your pain.

## Exercise

Use it or lose it. Exercise is an important factor for preventing heart disease. This does not mean training for a marathon. It simply means light exercise for moderate periods.

Proper exercise keeps the blood flowing smoothly through the arteries by enhancing “endothelial function” and helps to distribute cytokines throughout the body. The end result is better circulation and prevention of plaque build-up (atherosclerosis). In 2005, the *Journal of the American College of Cardiology* showed that even a single exercise session improved the health of blood vessels by 25%.

Exercise also lowers homocysteine levels. Homocysteine in the blood is a risk for heart disease due to its ability to scar the arterial wall and therefore elicit plaque build-up.

Finally, exercise lowers blood glucose levels. High blood glucose can increase the risk of heart disease exponentially. This is why diabetics have a 4.5 times greater chance of suffering from heart disease relative to non-diabetics—high blood glucose.

These benefits of exercise are proof that habits create and eradicate disease, not drugs. Recognizing this, drug companies and medical doctors will have to take huge pay cuts. Personal trainers are the true custodians of public health – as dictated by science, not hype.

# Help for the Obese – How to Control Blood Glucose

If a panacea for obesity and aging ever existed it would be the intentional act of controlling or lowering blood sugar (glucose) – not dieting. I should know. By getting my blood glucose under control I was able to descend from 30% body fat to a lean 10%. Adding to the benefit of being thin, this cure-all will obliterate insulin resistance, Type-2 diabetes, the symptoms of ADHD/ADD, cancer and heart disease.

The importance of this health alert demands attention—the Food and Drug Administration (FDA) states that two-thirds of American adults are overweight or obese and that early death from diabetes is an epidemic. America is a graveyard. Most people are waiting to die comfortably with symptom-masking FDA-approved drugs. Logic dictates trash the Diet Coke, forget about your cholesterol-lowering drug and galvanize this alert into your brain.

All substances are toxic, even water. The dose determines whether or not a given substance becomes a poison. This principle was established by Paracelsus in 1500 A.D. and applies to glucose and insulin.

Glucose can be considered the spark that ignites your energy fire. Insulin is the match. As glucose enters your bloodstream, insulin is released from the pancreas. Insulin shuttles glucose and other nutrients into the cells of your body. These important substances can also become toxic. Let me explain.

A large amount of sugar (sucrose, high glycemic index carbohydrates and fruit juice) intake leads to excessive insulin production (referred to as the insulin spike). Just like college students build tolerance to alcohol, the excess insulin "numbs" your cells.

Not able to gain entry into your cells, glucose (and many other nutrients) floats in your bloodstream with nowhere to go. Recognizing the constant flow of glucose, the pancreas continues to release insulin. Glucose and insulin become poisonous. Havoc sets in.

Most alarming, insulin inhibits your ability to burn fat by blocking "thermogenesis." Thermogenesis is your God-given right to be thin. It is the process by which your body rids itself of fat by converting it to heat. Insulin suffocates this process. This is true regardless of exercise and/or diet; tattoo this fact onto your brain.

Those who suffer from this negative side effect associated with excess sugar intake will become slaves to an out-of-control biochemical nightmare. In most cases, this nightmare is not reversible. Unable to awaken from it, it is characterized by constant sugar cravings, unquenchable thirst, excess urination, continued fat gain (has your body fat percentage been climbing over the years?), moodiness and low energy.

As predictably as your family doctor erroneously prescribes Lipitor for prevention of heart disease, these symptoms will manifest into obesity, then insulin resistance, followed by Type-2 diabetes, heart disease, cancer and eventually early death. Forget about "Band-Aid" drugs and make a decision to lower glucose naturally.

To ameliorate high blood glucose utilize the following techniques:

- If it tastes sweet, and it's not an organic piece of fruit or Stevia, SPIT IT OUT!
- 1 tablespoon of psyllium husk in water before each meal
- 1-6 grams of cinnamon per day[57]
- 300-600 mg of alpha-lipoic acid (ALA) per day
- 10-25 mg of 1% banaba leaf (corosolic acid) per day
- Eliminate high glycemic index carbs from diet
- Consume seeds and/or nuts with meals/snacks
- And of course, exercise moderately

Once blood sugar is controlled over a long period of time, plan on looking and feeling 5-10 years younger. The death threat from obesity, diabetes, heart disease and cancer will be nothing more than a bad dream.

# How to Quit Sugar Forever and Activate Thermogenesis

Sugar addiction is a real and present danger. Addiction to sucrose may be considered the number one cause of obesity. Obesity is a well-established risk factor for heart disease. The addiction is best illustrated by our natural tendency to refer to our little girls as "Sugar."

The voluntary act of relating our loved ones to sugar is due to the fact that like sugar, love for our children feels good. Said another way, love blocks pain.

Scientists have discovered this similarity between sugars and love to be their ability to trigger opioid receptors. When these receptors are triggered, a complex cascade of reactions is ignited. This cascade culminates in the inability to feel pain. The end result is happiness.

In addition to sugar and love, drugs can also trigger opioid receptors. These drugs include opium, codeine, morphine and oxycodone. Accordingly, they are known as opiates. Beyond just plain ol' happiness, opiates can elicit unequivocal feelings of euphoria. This in part explains why they can be so addictive – this euphoria is hard to come by naturally, but not impossible. It also might explain why those people who lack the feeling of being loved reach to either sugar (i.e. your wife eats chocolate when upset) or drugs.

Most anything that triggers opioid receptors may become addictive for some people. Some addictions are healthy. Some are not, as in sugar addiction.

Happiness is the most sought after feeling in the world. Sugar is among the most abundant chemicals around. Herein lies the problem. Because sugar makes people happy and because it is so readily available, it can be addictive. This is unhealthy due to the many side effects of sugar, and specifically obesity.

A sugar addiction is rationalized by a myriad of excuses. They typically go like this: Everyone drinks soda, If it was bad for me they would not sell it, Kids eat it, it must be O.K., It said "sugar free" on the label, I'll quit tomorrow, I don't mind being fat, it's in my genetics, Everyone is fat, Fat is healthy, I read somewhere that sugar is not addictive.

Knowing how the sugar addiction develops provides great insight into how to treat it. When consumed, sugar increases serotonin levels within the brain. This increases the production of endorphins. Like drugs, these brain chemicals trigger opioid receptors, thereby eliciting happiness, or blocking pain.

If opioid receptors are repeatedly triggered by sugar, thereby artificially increasing serotonin levels, the human body down regulates its natural production and release of serotonin. Serotonin is responsible for controlling mood and appetite.[58] Without serotonin a person is depressed and craves more sugar. This forges an emotional bond between happiness and sugar. Sugar addicts become dependent on it to increase serotonin and therefore make them happy. This phenomenon has been referred to as "emotional eating." Over time, emotional eating results in fat gain because it revolves around eating sugar, which blocks thermogenesis.

To overcome this, sugar addicts need to develop a healthy addiction that increases serotonin levels without eliciting negative side effects like sugar. Two habits fit these criteria, exercise and the use of the essential amino acid L-tryptophan (not 5-HTP).

The well-known "runners high" is the result of endorphins triggering opioid receptors. This feeling of happiness can be attained with even moderate exercise. It is a superb replacement to sugar. Admittedly, this replacement requires substantially more effort than eating Dairy Queen and can result in an unhealthy addiction – as seen by those who exercise daily. Balance is required.

L-tryptophan is an easy replacement to sugar and supplementing with it periodically should be combined with exer-

cise. It increases the body's own supply of serotonin by serving as a "building block" of it. Resultantly, L-tryptophan users eliminate their biological craving to sugar. This essential amino acid also increases melatonin. This is a welcome benefit to those who enjoy a good night's sleep.

Once the sugar addiction is ended, thermogenesis will be activated – allowing anyone the ability to live thin and slim. This alone greatly decreases your chances of suffering from heart disease.

## Why Not Artificial Flavors?

Professor Terry Davidson and associate professor Susan Withers at Purdue University have discovered that artificial sweeteners, like sugar, disrupt satiety; the feeling of being full.

Their results, published in the *International Journal of Obesity* showed that "mouth feel" plays a crucial role in the body's ability to count calories and that when we consume artificial sweeteners, we disrupt the body's ability to count calories based on sweetness.

Artificial sweeteners cause us to overeat without conscious awareness.[59] In other words, you think you're not eating like a pig, but in reality, you are.

Apparently, makers of health food bars and protein supplements have not been made aware of the ill effects of sugar. This can be seen by the fact that most every health food bar and protein supplement is loaded with sugar or artificial sweeteners. The belief that these bars and supplements are healthy for you is a perfect example of how marketing strategies can supersede medical science and common sense.

Instead of "low carb" we need low or no sugar. Recognizing this, a SafeTaste© Certification has been employed to act as a regulatory measure among health foods and supplements. Yielding the SafeTaste© Certification shows consumers that in fact the health food or supplement they are consuming contains no sugar (sucrose) or artificial flavors. Without this certification, be wary of consuming it. Learn more at www.safetastecertification.com.

# Closing

Health and longevity was not meant to be risky, complicated or expensive. To attenuate the risk of using cholesterol-lowering drugs while preventing heart disease, the general public must say no to FDA approved drug addiction and utilize healthy lifestyle habits. This is especially important for children. Atherosclerosis can begin in childhood.

Good health does not come overnight, it is a process. The first step in this process is to lower your intake or abstain from sugar and grain products. Focusing on this will prove to be simple, effective and most affordable.

Make a decision to be alive rather than to simply live.

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## Author Bio

Shane is the author of Health Myths Exposed, one of the most controversial and beneficial natural health books available. He holds a Master's degree in organic chemistry and has first-hand experience in drug design.

Abandoning synthetic medicine, he is an independent researcher, a consultant to the nutritional supplement industry and developer of the SafeTaste Certification seal. He is also the founder of HealthFX Nutraceuticals (www.health-fx.net) – a distributor and private label manufacturer of fine nutritional supplements for prevention and reversal of heart disease, longevity, fat loss and sports performance.

Shane is a member of The International Network of Cholesterol Skeptics (www.thincs.org) as well as a proud husband and father.

His extensive study of biochemistry and the use of natural products as medicine have elevated him above the mediocre and lazy thinking which runs rampant throughout the healthcare industry.

# Continuing Education – An Investment In Your Future

## Books

**Health Myths Exposed - Learn about Deadly Health Myths – Add 10 Years to Your Life**

By: Shane Ellison M.Sc. ISBN: 1420800272.
US $14.95

**Cholesterol Myths**
By: Uffe Ravnskov, MD, PhD. ISBN 0-9670897-0-0.
Foreword by Michael Gurr, PhD
US $20.00

**Seeds of Deception**
By: Jeffrey Smith. ISBN 0972966587.
US $12.21

**Eat Fat, Lose Fat: Lose Weight And Feel Great With The Delicious, Science-based Coconut Diet**
by Sally Fallon and Mary Enig. ISBN 1594630054.
US $16.47

**World Without Cancer: The Story of Vitamin B17**
by G. Edward Griffin. ISBN 0912986190.
US $17.50

## Links

www.healthmyths.net

**Health-FX** - Nutrients for Preventing Heart Disease, Fat Loss, Longevity and Sports Performance
www.health-fx.net

www.thincs.org

**Health Crusader Magazine**
http://www.healthliesexposed.com/

http://www.theomnivore.com/

www.gifam.org

**Health News Online by Chris Gupta**
http://www.newmediaexplorer.org

http://www.health-heart.org

**Death by Medicine by Dr. Gary Null**
http://www.garynull.com/documents/iatrogenic/deathbymedicine/DeathByMedicine1.htm

**Dr. Mercola**
www.mercola.com

**Doctor's on Call Radio Show**
http://www.doctors-oncall.com

**Sponsor of FLC Cycling - Collegiate National Champions**
www.the-drip.net

www.wellbeingjournal.com

**For Me Therapy** – Glucose Lowering Supplement for the Obese and Diabetic (see Mesoburn™)
www.formetherapy.com

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