

# A Closer Look at Cholesterol & Statin Drugs - Part 2

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Last month part 1 of this article was published looking at what cholesterol and statin drugs are. This month we will discuss what the actual research regarding the use of statin drugs is showing.

## What Does the Research Really Show?

The American Heart Association cites five main clinical trials that have been published since 2001 as an 'evidence-based set of guidelines' for the appropriate level of blood cholesterol. The mantra of this association is; "if blood cholesterol levels are too high, you can reduce your risk of heart disease by lowering it."

When hearing this statement repeated over and over we have come to believe it and we have now assumed that people who lower their cholesterol levels will live longer compared to those people who do not lower their levels. After all, that is what we have been told for years.

The mortality rate is a very important statistic at the end of a research study. None of the five cited studies showed a dramatic decrease in mortality in the statin treated group. In four of the five cited studies, there was a very slight decline (average of 0.775%) in mortality in the statin treated group versus the placebo group. The risk/reward of taking statin drugs does not seem worth it, for a less than 1% decline in mortality.

The Framingham study is one of the longest ongoing heart disease research studies. It was reported in 1987, that after 30 years of following the participants, there is no increase overall death rate in subjects with high cholesterol for those over 50 years of age. It was also reported that there was an increase in the cardiovascular deaths in those with falling cholesterol levels of 14% for every 1mg/dl drop in blood cholesterol levels.

Another study of 11,563 people found that those with total cholesterol numbers below 160 mg/dl had a 49% increase in all cause mortality compared to those with levels higher than 160mg/dl. The most frequent cause of non-heart related death



was cancer. Several studies have found a correlation with low cholesterol levels and an increased risk of death from liver, lung, pancreas, and bone marrow cancer.

A study of 5491 men aged 45-68 years found that falling cholesterol levels from 180-239mg/dl down to below 180mg/dl were associated with a 30% higher risk of death, especially death from cancer of the prostate, bone marrow and esophagus.

There are many, many studies that show that lowering cholesterol does not prolong life or reduce angina and heart attack. Cholesterol is not to be feared. It is required by every cell of the body, especially the brain. We need to rethink what we have been told by Big Pharma about heart disease and cholesterol.

## Side Effects of Lowered Cholesterol Levels Include Death

The elderly are particular sensitive to too low cholesterol levels. One research study showed that in the elderly female, a lower cholesterol level (<155 mg/dl) is associated with a 5.2 times higher death rate as compared to women with cholesterol levels of 272 mg/dl. Other studies have continued to show that both elderly men and women with higher cholesterol levels may actually result in a longer life span. 150,000 subjects were studied in Austria, data showed that low cholesterol levels were actually predictive of premature death in men of all ages and in women for 50 years of age. The Framingham study showed that the odds of cancer death are two fold higher if there has been a large decrease in total cholesterol levels over any four year period.



**Why Are Statins Still Prescribed?**

Follow the money! In 2004, Lipitor was the most prescribed drug in the United States earning the pharmaceutical companies 7.7 billion dollars. Zocor was the second most profitable drug, bringing in 4.5 billion dollars of revenue. No wonder, these companies can afford the fancy ad campaigns and glossy brochures to brag about the less than 1% decline in death rate.

The benefits of statin drugs have been overstated. Dr Joel Kaufman wrote, "The benefits of statin drugs in reducing mortality are exaggerated being only about 0.3% per year from the most favorable trials. This is not as great as the omega-3 supplements. The tendency of drug makers to make public the results of only the most favorable trials indicates that even the minor benefits described....

might be exaggerated. Statins are the drug class most likely to bankrupt Medicare, Medicaid, and other insurance plans without any significant benefits."

**What Natural Therapies Can Prevent Heart Disease?**

**Niacin:** Niacin has been shown to reduce the incidence of recurrent, nonfatal heart attack risk by 27% and the number of strokes by 26%. It decreases the LDL cholesterol and triglycerides and increases the HDL cholesterol. Niacin should be taken in the immediate or extended release form, not the slow release as there have been reports of liver issues from this type. Also, it is not recommended to take the 'no-flush' niacin as it does not offer the same benefits to the heart. Doses need to be individualized and should be taken with health care supervision.

**Fish Oil:** Fish oil has many benefits, but those associated with heart disease include lowering triglyceride levels, preventing blood clots and slowing arterial plaque growth. It has also been shown to prevent sudden cardiac death and can normalize abnormal heart rhythms. Dosing ranges from 1200-3000 mg per day.

**Red Yeast Rice (*Monascus purpureus*):** *Monascus purpureus*, is a red-pigmented yeast grown on rice. Numerous studies in China and the United States have demonstrated that red yeast rice preparations are helpful in maintaining healthy blood cholesterol levels.

**Conclusion**

It is time to stop and take a look at the quality of the information that has bombarded us from all directions for way too long. Are the people around you taking these medications and feeling vibrant, healthy and alive or are they chronically ill with one thing or another. As Dr David Brownstein repeatedly says in his books, "You cannot poison a receptor or a crucial enzyme system in the body for the long-term and expect a good result."

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Article references are available upon request.

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