



“75% of heart attacks victims have normal cholesterol”

“82 out of 83 people who take statins won't live ONE day longer over 5 years”

Dr Aseem Malhotra, Cardiologist

What is cholesterol?

It is a lipid organic molecule, synthesised by all animal cells, as a vital structural component of all cell membranes. It is essential to maintain structural integrity and fluidity. Cholesterol enables animal cells to dispense with a cell wall, so allowing them to change shape rapidly and to enable their movement (unlike plants and bacteria).

The Brain

Although the brain represents 2% of your body weight, some 25% of bodily cholesterol is found in the brain. Cholesterol is so essential to life that the brain makes its' own. Cholesterol regulates immune function, hormone production, decreases inflammation and guards us against cancer. *Might it really be trying to kill us?* It self regulates, to operate within a range to get the body back in balance – like numerous blood constituents. Beyond 'good and bad' cholesterol there is: total cholesterol, low density lipoprotein (LDL) level, ratios of LDL to HDL, LDL-C (cholesterol), LDL-P (particles), VLDL levels, oxidised LDL, small dense LDL, and light and fluffy LDL. So, it's not binary but is so inter-related.

What are statins?

Statins are prescribed to lower LDL 'bad' cholesterol production in the liver, a major organ, by forcing cholesterol to be drawn from the blood.

Adverse Effects

Always read the label, effects as listed on Atorvastatin: headaches, loss of appetite, nausea, shivering, sweating, trouble sleeping, mental depression, nervousness, nightmares, weight loss, lower back or side pain / back pain, lack or loss of strength.

Widely acknowledged evidence of: kidney failure, rapid aging, cataracts, severe muscle damage, mood spikes & major cognition harms.

But what if: cholesterol is simply the Ambulance at the scene of an Accident? Our natural, in-built healing mechanism trying to dampen down the cause of sustained, lifestyle lead, inflammation?

Perhaps we could mimic South African Karen Thompson and Dr Tim Noakes who have opened the World's first carbohydrate addiction clinic?

History: In the 1950's Ancel Keys' heart study highlighted six Countries from which the *cholesterol hypothesis* developed. He found six Countries in which people who had high cholesterol, died earlier. However, he ignored a further 16 that showed with low cholesterol, you died earlier. Fast forward to 2016, when The Guardian newspaper exposed the bribing of Harvard Scientists (back in 1967) who were paid to demonise 'fats, as bad' by the US Sugar Industry. The US grain industry and sugar promoters skewed our health over decades triggering inflammatory diets. Meanwhile, statins steadily became the chemical 'saviour'. But, just why are there 30 million US diabetics? up from three million a generation ago - perhaps it's the wholesale promotion of refined carbs and sugars?

Handout to accompany: *Statins: Curse or Cure* public debate: on Monday 25th September 2017

Lowering criteria: Healthy ‘patient capture’ has been achieved by the ‘mandating’ of statin prescription by regularly lowering ‘compliance’ guidelines for those considered ‘at risk’. The 10 year ‘likelihood risk’ of a heart attack has steadily been initially for those at a 30% risk, then lowered to a 20% risk, and finally for those considered a 10% likelihood of a cardio vascular event in the next 10 years. Current NHS Guidelines recommend that 40% of all UK adults take statins – while healthier diet discussions remain broadly off the table.

Absolute risk: In every study (either industry or independently funded) the Number Needed to Treat (NNT) varies from 1% up to at best 4%. So, out of 100 people 99 will get no benefit at worst, up to, at best 24 out of 25, who will get no benefit of using a statin. But one in five suffer adverse effects.

The Number Needed to Treat (NNT) range from around 30 in the 4S (Simvastatin trial) and LIPID trials to over 100 in the primary prevention trials. 29 out of 30 derive no benefit, or in some cases 99 out of 100, don’t benefit (*refer Journal of The Royal Society of Medicine, Dr Andrew Thompson, Dr Norman Temple: *The case for statins has it really been made*).

Dr David Diamond, ASCOTT-LLA (Anglo-Scandinavian) trial published April 2005 in the Lancet, showed 98.1% on Atorvastatin versus 97% on placebo avoided a heart attack. Real benefit of 1.1% i.e. one person in 90 benefitted from a statin. BUT using the skew of relative risk by dividing 1.1% by 3% you get a ratio divided by a ratio and so manipulate the ‘benefit’ to 36%. Advert small print: *‘in a large clinical trial 3% of patients taking a sugar pill or placebo had a heart attack compared to 2% taking Lipitor’*. In absolute risk terms 97% of people taking nothing have no heart attack over 10 years versus 98.1% of people taking a statin. So a 1.1% real world ‘benefit’ gets a 33 times greater miscoding for an unsuspecting patient – while ignoring any adverse reactions.



“It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgement of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an Editor of The New England Journal of Medicine”

*Dr Marcia Angell, Former Editor in Chief, New England Journal of Medicine (founded in 1811)
permission to attribute 15th Sept 2017.*

However, in the UK, Sir Muir Gray, NHS innovator looks to pilot this year a three month ‘prescription to exercise’ for those people suffering ‘familial hypercholesterolemia’ prior to giving them a statin (permission to quote at our meeting, 21st Sept 2017).

Our diet has gone all sugary over recent decades, along with rampant diabetes. Our inflammatory diseases, both mental and physical, have increased dramatically, in line. By following the relatively recent ‘wisdom’ of a low fat diet, societies globally have not so much *gone all fat*, as *gone all sugary*. Excess sugar is stored as fat, to prepare for an assumed famine while awaiting more nutrient dense whole food. By avoiding natural healthy fats our capacity to build strong systematic health is now severely compromised. Not everyone suffers statin side effects but around 20%, or one in five people report them. Some are severe and some have proven fatal (the statin Baycol was withdrawn from the market in 2001 due to over 50 attributable deaths (with, rumour has it, a \$1 billion fine).

Manx Perspective: as heard on Island, a Manx GP stated: “statins, they cause diabetes”. A local Businesswoman: “I believe statins contributed *massively* to my Mother’s dementia”. MHK, “My

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Mother was awful on statins". TT Marshall, "after I got off statins, I got my life back". Medical Consultant "This debate has already been put to rest...worth avoiding any controversy again".



"I have repeatedly called for an independent review of statins evidence and access to the anonymised patient level clinical trial data"

Fiona Godlee, Editor of the BMJ, British Medical Journal (founded 1840), permission to attribute granted: 18/09/2017.

"the new study of 68,000 people found that 92 percent of people with a high ('bad') cholesterol level lived longer in 2016"

As featured in BMJ Open Journal Prof. Uffe Ravenskov, Associate Professor of renal medicine, Lund University. (permission to quote granted: 18/09/2017).



On 5th September 2017, the Daily Mail carried a statins trial article - hardly high science but there you go. The trial followed over 5,000 men for 20 years - but no women were monitored, not one - yet the trial was in a newspaper perceived to have a mainly female readership. Might the trial result in a 50% 'exclusion' bias? Sanofi, Bristol-Myers Squibb and Sankyo pharmaceuticals funded the trial.

Alternative Book Reading

Lipitor: The Thief of Memory, Dr Duane Graveline, former US Astronaut.

The Cholesterol Con: Dr Malcolm Kendrick, UK, GP

Pure, White & Deadly: Dr John Yudkin, (pub' 1972) predicting current inflammatory sugar diseases

How Cholesterol Drugs Really Work and Kill You One Cell At A Time: Hannah Yoseph MD

The Diet Delusion: Dr Gary Taubes

Eat Fat, Get Thin: Dr Mark Hyman

Scientific Statins Papers / Method of Action

From PubMed.gov, titled: Statins stimulate atherosclerosis and heart failure: pharmacological mechanisms. *We present a perspective that statins may be causative in coronary artery calcification and can function as mitochondrial toxins that impair muscle function in the heart and blood vessels through the depletion of coenzyme Q10. Statins inhibit the synthesis of vitamin K2, the cofactor for matrix Gla-protein activation, which in turn protects arteries from calcification.* Authors: H Okuyama, PH Langsjoen and T Hamazaki.

Studies: Dr Beatrice Golomb, University of California, San Diego: 1) 'Statins fatigue and aggressive effects in Women'. 2) Statins & suicidality study by Dr Golomb, US National Library of Medicine.

From Framingham to HUNT2, 60 Years of Blaming The Wrong Culprit, Cardiologist Sergio Mejía Viana

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Statins stimulate atherosclerosis and heart failure <https://www.ncbi.nlm.nih.gov/pubmed/25655639>

Benefits of high cholesterol <http://www.ravnskov.nu/2015/12/30/the-benefits-of-high-cholesterol/>

Alternative Viewing. It is a leap of faith to accept that the regulators don't see the trial evidence – but the submitter tends to mark their own homework, telling Teacher (often the FDA) “it's fine, so don't look at the evidence”. See YouTube: *The End of Evidence Based Medicine* by Dr David Healy, it highlights the ongoing failure of independent clinical trials – and it will likely reset your compass.

Looking ahead. We will only heal health when we heal our relationship with food - clean, whole, natural and traceable. To drive future health care affordability, 'Prevention will be the Prescription'.

De-prescribing protocols are coming, as no medicines have ever been trialed in any combination. If addictive medicines were a song they'd be the Eagles, Hotel California “You can check-out any time you like, but you can never leave!”. Unknowable chemical combinations repeatedly lead on to hard to treat, long term, addictions. Medicines are trialed one by one, in carefully screened, often short duration trials. In reality, you are the infinitely variable, long term medicated, patient guinea pig.

**So let's shoot for the stars and enshrine in Manx Law: “Five Med's Max” by 2022.
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Dr Roy Taylor of Newcastle University calls Type II ‘reversible diabetes’, “*a disease of refined carbohydrates*” having shown calorie restriction reverse diabetes. The next generation should be educated to return to a broadly *Hunter Gatherer* diet replacing our current *Hunter Emitter* lifestyle.

The reliability of the Scandinavian Simvastatin Survival Study (4S) study (in 1994), *was called into question via a review stating “it should not be relied upon as it was run and analysed by staff paid by a statin manufacturer”.* This “*would be totally unacceptable today*” said author Dr Michel De Logeril.

The Honolulu heart study published in the *Lancet* in 2001 concluded that in the over-sixties a high total cholesterol level is inversely associated with risk of death. So, *the higher the cholesterol, the lower the rate of death.*

In the internet age might we move to an *Informed Patient Physician Partnership* (IPPP) by fully valuing and amplifying the patient voice, rapidly building a wellness, not treatment, learning loop.

The move to food traceability feeds on locally grown natural botanicals. Within a decade we may return to real food more suited to Biological Wellness, replacing the current Chemical food & pill model. All stems from education, by asking better questions to find new opportunity answers.

Our blood (very nearly an armful) contains: white blood cells, haemoglobin, haematocrit, mean cell volume, mean corpuscular haemoglobin, red cells, platelets, mean platelet volume, neutrophils, lymphocytes, monocytes, eosinophils, basophils, haptoglobins... Plus: sodium, potassium, bicarbonate, urea, creatinine, total protein, albumin, cholesterol, HDLD, triglycerides, creatine kinase, myoglobin and troponin, plus the all important, fibrinogen (factor I) ... So, *why the singular focus on cholesterol? maybe it's the annual Global statins sales of £35 billion (in 2013) – that's why.*

**NEXT EVENT: A follow up will be held on Sunday 1st April 2018 (no NOT an April Fools joke).
At the Manx Museum, Douglas, Isle of Man, British Isles.**

*Please note: I have **NO** medical training, and offer **NO** medical advice. This handout is meant only for discussion purposes and does not replace suitably qualified and medical expertise.*

These notes summarise the presentation slides. A random walk through the Statins Curse or Cure debate.

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