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Nutrition, Health & Heart Disease

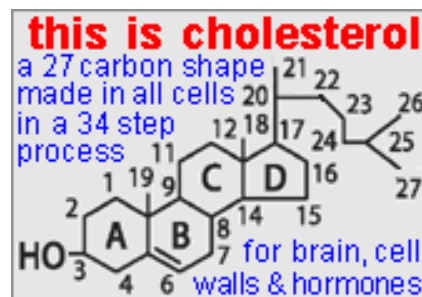
RIGHT
click on
links

Cholesterol and its drugs: info to share with your Dr. and friends.
Is low-cholesterol really healthy? Does lowering it extend life?

Lipitor has not been shown to prevent heart disease or heart attacks.

U.S. TV ad. Over 30,000 million \$ sold; no proven effect! -arrow added- Causes muscle & joint pain, "senior moments"

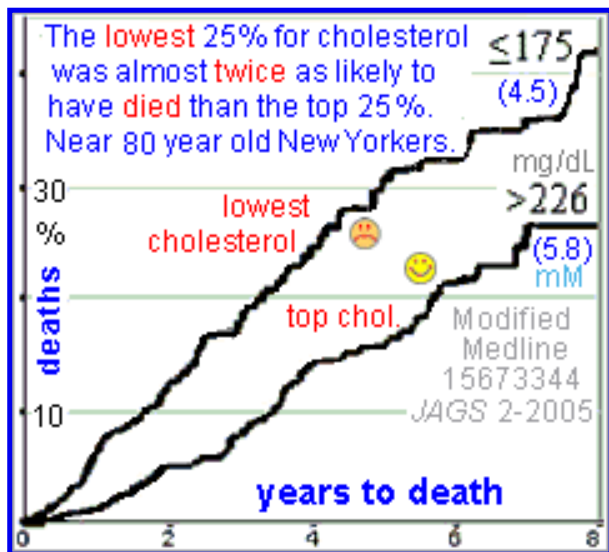
C27·H45·OH - High cholesterol was more likely a 'defense factor' than a 'risk factor' prior to refined foods. The famed Framingham study found better thinking at high cholesterol while decreasing levels after age 50 predicted *more* heart disease deaths!



Drug and food interests create cholesterol fear but *statins* don't work by lowering it and **don't save women**: [BMJ Feb.](#), [JAMA May](#), [JACC Sept. 2004](#), [CMAJ Nov. 2005](#).

More cancer and no survival benefit ($\pm 0.1\%$) in high risk older Europeans: [Lancet 2002](#) (PROSPER study: 3 million \$3 pills taken).

Next, in 6 years, nobody saved ($\pm 0.07\%$) in this younger group of [Americans](#) (ALLHAT study: graph below).



Cholesterol Pills, statins like [Lipitor](#), [Zocor](#), [Pravachol](#), [Lescol](#), [Mevacor](#) or [Crestor](#), (killer) fibrates and [niacin](#) (mega vitamin B3) have side effects, good, bad and unknown. Studies show that lowering cholesterol with statin, fibrates or omega-6 oils (but not niacin or fiber) promotes cancer [general effects and seniors].

The more statins cut cholesterol, the more **they cut energy** to nerves, muscle and heart by lowering **CoQ10**, 'battery acid' and anti-oxidant ('catalytic converter') of every cell. [Here's](#) a study with best cholesterol at the not exactly low old "normal" range of 180-240 (4.6-6.0) -also: [1](#), [2](#). Great sites: [thincs.org](#) and [Cholesterol Myths](#).

PS-1 In heart failure: *lowest 20%* for cholesterol: double the death rate!

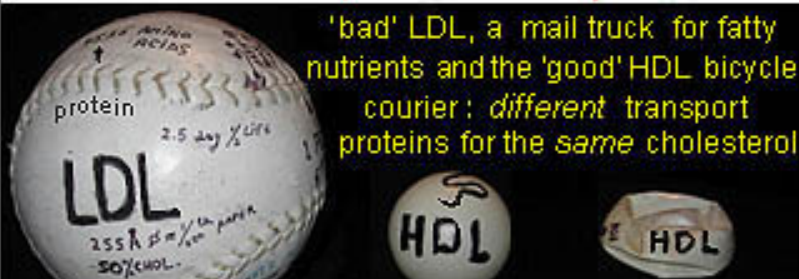
PS-2 TNT trial implodes: 5000 heart patients for 5 years on 80 mg top-dose *Lipitor* suffer 2 more deaths than patients on only 10 mg. On either dose, the same 26 ±1% progression in artery calcium in 12 months anyhow! **Lipitor does NOT save lives in studies.**

♂ **PS-3** Out of 1/2 million U.S. men at 'prime heart attack age', the top for cholesterol [292 mg/dL (7.5 mM)] on anti-cholesterol absorbing drug for 7.4 years (and 1/8th less "bad LDL" compared with dummy drug) but no difference in survivors; count them: 3. And, oeps: in 65,000 men with 2700 deaths, those with least cholesterol [below 187 (4.8)] had most deaths!

♀ **PS-4** The *American College of Cardiology* in 2004: "... there is no evidence for a total mortality benefit in women from dyslipidemia [statin] treatment." Women: 3 more deaths on *Zocor* and 2 more heart 'events' on *Lipitor* in large studies (4S, ASCOT). In 24,000 women over age 50, those in the lowest 25% for cholesterol had the same risk for death (+60%) as those smoking!

Some general data about cholesterol. Later, more about drugs.

LIPO-PROTEINS: nutrient transport emulsion
Good or bad cholesterol: only the PROTEINS change, NOT the cholesterol transported.
YOU control the type of nutrients or toxins these proteins transport.



'bad' LDL, a mail truck for fatty nutrients and the 'good' HDL bicycle courier: different transport proteins for the same cholesterol

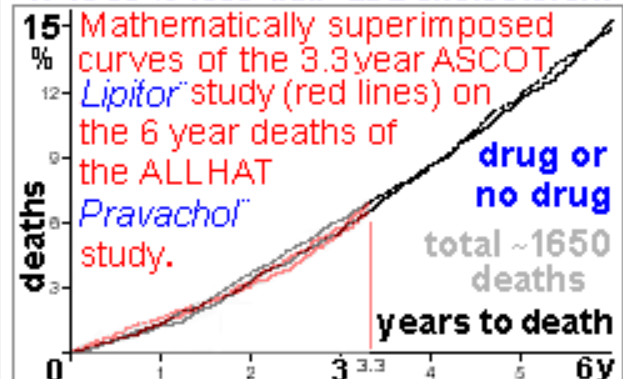
50% cholesterol LDL, 20% - 0% HDL

1 billion such emulsion particles per drop of blood, dozens different proteins, and a nutrient composition YOU determine by your diet. The ONLY bad cholesterol may be that found pre-oxidized in egg and milk powder products, or in dry or excessively fried meats. Trans-fats, insufficient omega-3 oils and excess homo-cysteine (from lack of B-vitamins) also degrade LDL quality.

Some ways to make this vital LDL droplet a Trojan horse yourself is by loading it with oxidized cholesterol, trans fats, or homocysteine.

SUMMARY: LIPO-PROTEINS CAN BE VITAL NUTRIENT DELIVERY OR GARBAGE TRUCKS [LDL] BUT HDL IS ALWAYS A MULTI-TASK CLEAN-UP AND DELIVERY SERVICE

Statins like *LIPITOR*™ (atorvastatin) don't save lives, and calcification continues! 17 to 53 % less 'bad' LDL cholesterol..



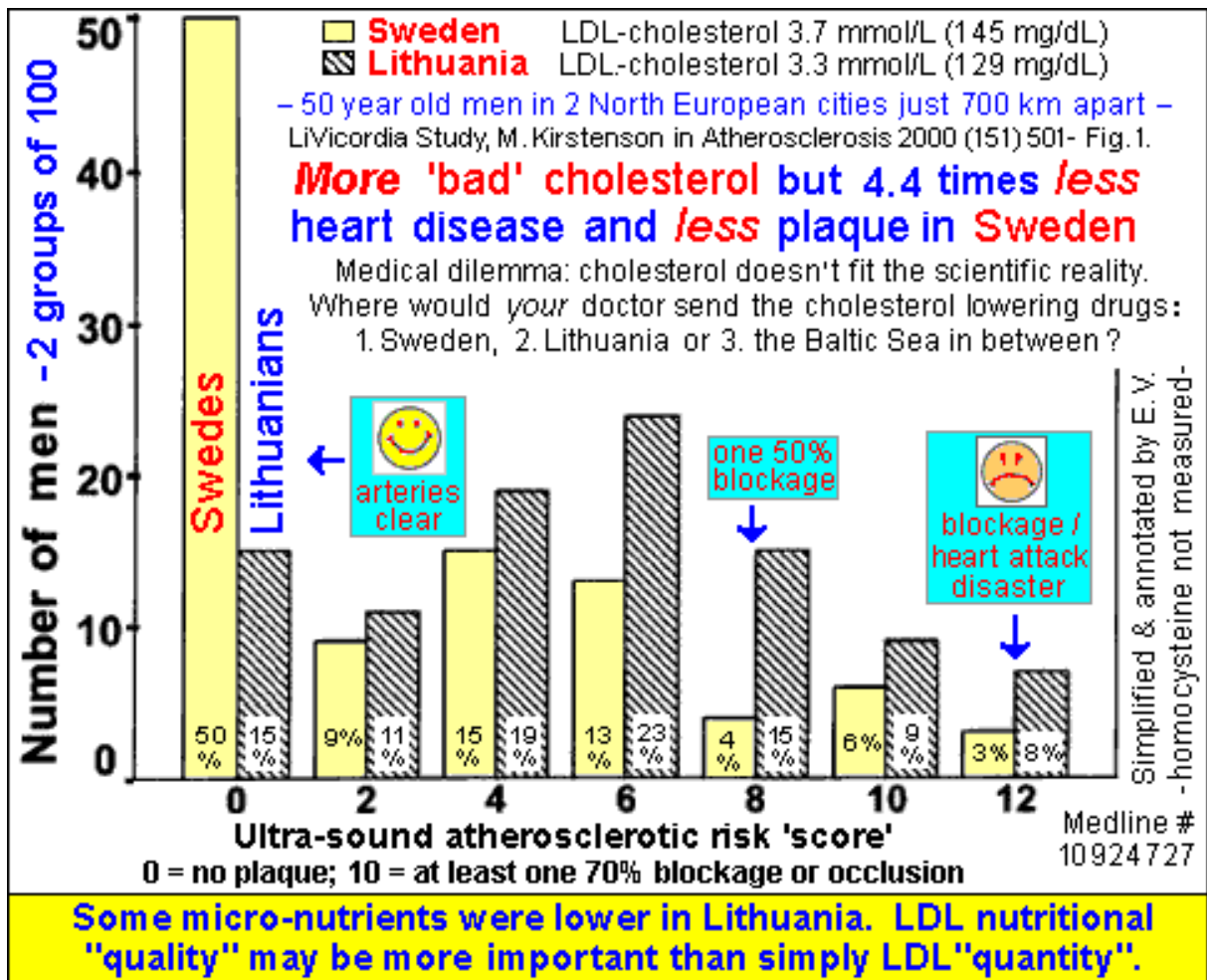
Over 10,000 high-risk people for years on two typical statins, no one saved.

Another 5000 heart patients on top-dose *Lipitor* for 5 years suffer 2 more deaths than 5000 patients on low dose (TNT study)

And, on either dose, artery calcium increased 26±1% in 1 year anyhow! Medline 16415377

Top dose or no *Lipitor*: 53% less cholesterol, the same 22% increase in calcium in the valve of the aorta per year. Medline 15944423

2006 UP-DATES: 2365 stroke patients for 5 years on top-dose *Lipitor* suffer 5 more deaths, more serious bleeding strokes and no fewer fatal heart attacks than those on placebo (SPARCL study) and 1200 diabetics on *Lipitor* for 4 years had 2 more deaths and no fewer 'events' than those taking the placebo (ASPEN study)



Good HDL-cholesterol explained

health-heart.org

This most microscopic of blood particles is really a package of over 50% protein, about 30% lecithin (emulsifier) and 0-20% cholesterol. **Calling it 'cholesterol' is thus a Medical Misunderstanding.**

It is a 'space ship' of over 80 proteins in the blood, a messenger and courier controlling artery and cell health. Good it always is!

It interacts with other fatty blood droplets (LDL) and cell walls alike.

HDL raises with anything that promotes circulation: exercise, moderate alcohol, or as drug: mega-niacin. Also, foods with fats.

HDL lowers with waist-obesity, trans fats, high refined-starch, low-fiber low-fat foods. Factory refined flour products don't help.

HDL, the tiny work horse

~22 amino acids per coil that 'talk' and regulate cells

proteins that control the particle

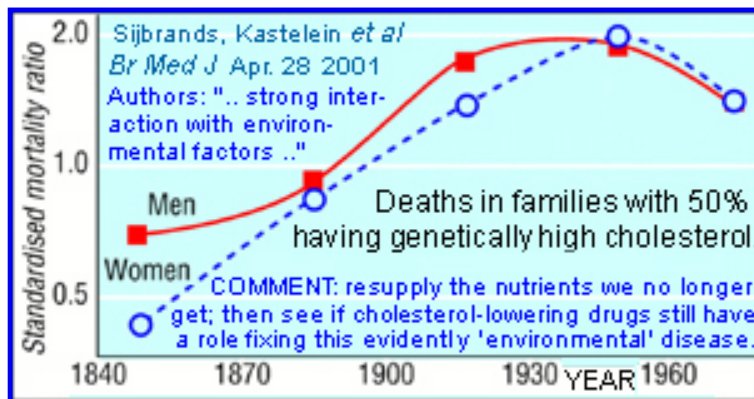
Filled with 'up to' 20% cholesterol

lecithin layer -like a cell wall-

empty HDL disk

simplified Medline 7751809

↑ nitric oxide ↑ prostacyclin ↓ endothelin-1 ↑ surface heparans ↑ cholesterol efflux ↑ proliferation ↑ migration ↑ tissue plasminogen activator	function, fluidity, motion up new: with PON-1 HDL detoxifies homo cysteine thio-lactone, 'cleans' LDL, cell & membrane walls	↓ PAI ↓ E-selectin ↓ V/ICAM-1 ↓ thromboxane A ₂ ↓ LDL uptake ↓ platelet activating factor ↓ apoptosis ↓ NF-kB activation ↓ sphingos.-1 phosph.	Clotting, blood stickiness, cell death down what HDL does	What HDL does
LEFT: the good things HDL promotes.		RIGHT: the 'bad' things HDL makes better.		
		Medline 11602504 Simplified J. Genest		



Cholesterol lowering: no mortality benefit in women, elderly, but in men?



Crestor's massive JUPITER study found no cardiovascular mortality benefit .. and per 10 NON fatal strokes or heart attacks prevented, 8 new diabetics were reported. Most benefit was in non life-saving procedures like balloon angioplasties. So much for having 50% less 'bad' LDL cholesterol
[click for results](#) *New Engl J Med* 11-2008

CHOLESTEROL PILLS, statins, -*Pravachol, Lipitor, Zocor, Mevacor, Lescol, Crestor*- '.if diet and exercise alone are not enough..' make part of a lab report look 'better'. This makes families poorer and less concerned about food choices while most doctors are not yet blamed for prescribing them.



They hardly raise HDL and slash the production of CoQ10 **by the same % as LDL**, forcing heart, in fact *all* cells, to work with *less* energy and *more* 'free radical' damage. Their limited effect is clearly not from cholesterol lowering but most probably from imitating (cheap and usually safe) nitroglycerin (click on picture to the left) and possibly by reducing inflammation, as would (cheap but not so safe) aspirin, omega-3 fish oil in pills, and many vitamins in a multivitamin, including E).

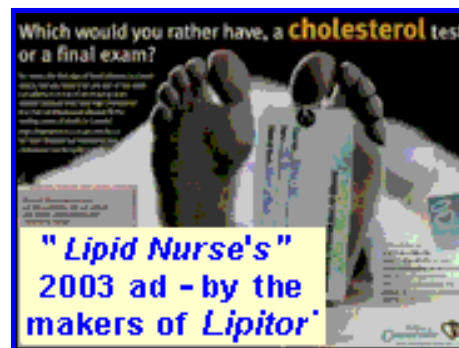
Those doctors aware of the fact that the statin studies can be explained by their powerful nitroglycerin mimicking effect (and thus less non-fatal angina [heart pain] and angina driven non-fatal benefit) find the concept that they may have been wrong about cholesterol too terrible to contemplate, yet that is what most studies show, including *all Lipitor* and *Crestor* (atorva- and rosuva-statin) studies.

Stanol-sterol margarines, policosanol, fibrates, gugulipid, dextrothyroxine, estrogen, ezetimibe [Zetia, Ezetrol, part of Vytorin/Enigy -click for warning] and 'killer torcetrapib all 'manage cholesterol' in various ways but have never shown to save lives, just like *Lipitor*.

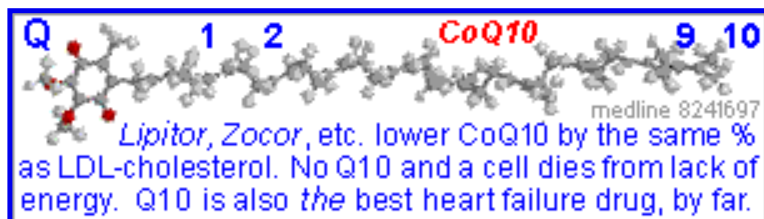
Medscape and MedlinePlus list 100 side effects but not *a most vital one*, CoQ10 reduction. Simply put:

1. **Good:** Statins imitate nitroglycerin, resulting in less non-fatal chest pain ('stable' angina) and thus hospital visit and thus about 20-45% fewer stents. Example: *Lipitor* in the ASCOT study, and now the 2008 JUPITER study with fewer stents but **zero cardiac deaths prevented after 17,000 years of Crestor use!!** BETTER: To avoid 90% stents and bypasses, not just 20 or 45%, when having a heart attack, first go to a close and small hospital that cannot "go in" and statistically survival at 6 months is better. 'Planned' angioplasty (stents) also does not prevent heart attacks, make you live longer or make your life quality better;

2. **No effect:** from changes to cholesterol [lipids]; 'familial' (genetically high) patients may be different but the science is incomplete;
3. **Bad:** pain (joints, weakness), 'senior moments'/memory (try niacin instead!), less CoQ10, more Lp(a), birth defects and bleeding strokes, nerve repair problems and likely cancer;
4. **Scary ads** & faulty science [*Zocor*, *Vytorin* and the *Pfizer* feet in the morgue fear of death campaign called 'unethical' by the World Health Organization];
5. Don't prolong survival in most high-risk groups and not in women:



Massive benefits proclaims Oxford University about its 2002 *Zocor - Heart Protection Study*. 75% of heart attacks still happen and 300 on *Zocor* for 1 year to postpone one (1) death. Massive drug use, few 'men' saved. The next study claiming benefit in high-risk elderly, *Pravachol's PROSPER* had 28 fewer heart but 24 more cancer deaths and more 'new' cancers in each of 4 years in a group with 52 fewer smokers. Next, zero 'anything' was found in *Pravachol's ALLHAT* in high-risk North Americans: 1 death postponed per 1.1 million \$3 pills taken! Next was *Lipitor's ASCOT* also without mortality benefit (graph below). **From 10 years ago: cholesterol lowering by any means caused 150 more deaths per 100,000 patient-years of intervention. Cheers.** No statin benefit in "primary" prevention in 2003, click on the right picture: the University of British Columbia.



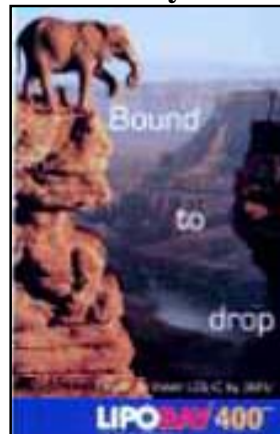
"Ask your doctor if "Rx" is right for you" prompt the ads but vital information is hidden from you and your doctor. This paves the way for after-the-damage criminal investigations and lawsuits.

Statins, fibrates and high intakes of the common cholesterol-lowering polyunsaturated omega-6 'vegetable' oils (like corn) are linked to more cancer, as is just plain low cholesterol. Canadian ads but not U.S. ads warn that statins lower CoQ10; *there's* your muscle and nerve pain, and lack of energy. Fewer studies were done on women and elderly, groups where high LDL has no evident link to mortality [low HDL does have such link, but HDL is best raised by, for example, exercise, moderate alcohol use or mega-niacin *with* -or it will raise homocysteine- a multivitamin]. No mortality studies were done in people taking whole foods, omega-3 oil and a good *multi*.



Many B-vitamin (homocysteine) trials are now being done but some are in people where prevention is rather (too) late, some were destined for failure (VISP) and many are set-up to have statins share the credit. The latter paves the way for *combination therapy*: statins + niacin and/or aspirin and/or fish oil and/or multi-B-vitamins ... if statins alone are not enough ...

A TV ad exclaims: '*Lipitor* did it, the lower *numbers* you're looking for.' Then, a small banner: "*Lipitor* has not been shown to prevent heart disease ..." Isn't that what people expect when taking the drug? Now, in 2005, *Lipitor* ads no longer mention heart disease, it



simply 'treats' (bad) cholesterol, a concept created by the drug and food industry. Another TV couple: 'Oh, Jessie, I love you too! ...*Zocor*, Be There! Up to 87% of *Baycol** users drop to 'target levels' but 'effects on disease and death have not been established.' Why not real wellness goals such as less illness, fewer doctors visits or more time with friends?

Eight authors of the U.S. ATP III 2004 treatment guideline 'update' got money from average 10 drug companies; one, a NIH gov't employee, got \$114,000 + 'stock options' from the statin industry. The 9th author earns a living as NCEP Coordinator with the job to '*increase the proportion* [.. of Americans] *who adhere to their cholesterol-lowering regimen.*' And, oeps, they forgot the largest statin study ever, J-LIT (graphs at end). More in *BMJ* on study conflicts of interest. Could the brilliant beauty of a drug (industry) blind a well meaning doctor? Is it fear of not following 'guidelines'? *)*Baycol* (*Lipobay*) was withdrawn for causing unexpected deaths: here's an important comment about all statins. Also, StatinAlert.org or StoppedOurStatins.



How about *Pravachol*? Two analysis by the Journal Club here and here; some high risk participant would have to be treated for over 200 years at a drug cost of \$200 000 to prevent one cardiac 'event'. The WOSCOPS study selected 6600 men out of 160 000 and treated half. After 5 years and 30% giving up on the drug total deaths were not quite statistically different. The CARE study found, in

patients with prior heart attacks '.. no significant differences in overall mortality ..' [1.6 per 1000 years of drug use, a statistical fluke.] *NEJM*; 99-4-8:1115 about a 3rd study (LIPID): '*Pravachol* has no particular advantage over placebo [dummy-pill].' Finally the truly massive ALLHAT study found 'zip' in *any* health department!



Also more dead on nasty *Lopid* -fibrates kill people-

**-EXCEL-
dummy pill
3 deaths
Mevacor
8 deaths
per group
11 months:
study killed**

The *Mevacor* (lovastatin) EXCEL trial had with 89% probability 2.75x more deaths (97% cardio-vascular) after 2 million pills were swallowed (11% fewer heart attacks, 40% more cancer); then, dumping 97% of the placebo group, *Merck* continued but without the risk of the drug proving conclusively to be more fatal than a dummy pill --and dead patients kill drugs! Then, after 3 times more *Mevacor* pills, the AFCAPS / TexCAPS trial ended with 3 more drug deaths (also 40% more cancer). Next, *Merck*'s 1st *Zocor* study (4S) killed 3 more women but saved men, yet with unexplained anomalies in the mortality curves after 18 months. incidentally: statistics & data entry by *Merck*.



Scandal at Oxford: *Sir Peto* and *Dr. Collins* refuse to publish the *Heart Protection Study* mortality curves in men, women, diabetic or not. In 1992 both wanted '*total mortality*' trials [they then thought this was relevant]; they did the study and now hide the mortality curves. In 2004 *Dr. Collins* suggested they would release these data but did not. In April 2007, author *Dr. Baigent* said it would be 'inappropriate' to publish these data and author *Dr. Sleight*: 'It is not my decision, but it looks like that.' [not releasing data about deaths]. Study sponsor *Merck* is also mum about deaths but as always, women did not benefit. If you're a diabetic women with a 75% chance to die from blood vessel diseases, would you not like to know how many days of life you might statistically gain or lose taking *Zocor* for 5 years? That is not an 'inappropriate' question but a real one and even more so when balancing money for food or drugs.

Twenty percent of 1st time *Zocor* users were motivated by cholesterol fear instilled by a football coach (*Merck* annual report). *Pfizer* uses golfers and, before Feb. 28 2008, a doctor who never practiced.

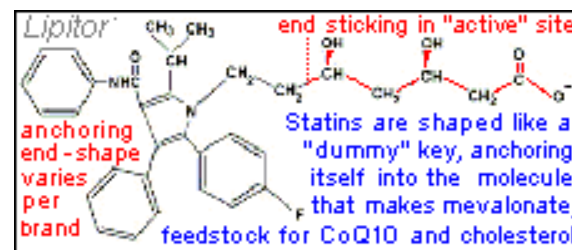


A shocking statement on the ALLHAT website (2007): "..trials demonstrating a reduction in coronary heart disease from cholesterol lowering have not [sic] demonstrated a net reduction in mortality." MedlinePlus about ALLHAT: "..people taking pravastatin were no less likely to die or develop heart disease than people receiving usual care." *Lipitor's* ASCOT 3.3 year mortality result is no different: 5168



people on statin, 5 million pills swallowed and the curves touch, and cancers, quality of life and muscle pain not reported. The 5 year SPARCL *Lipitor* trial ended with 5 fewer deaths on dummy pills while the ASPEN study ended with 2 fewer deaths on placebo (2nd graph from top).

Statins aren't cholesterol but *mevalonate* lowering 'therapy'. This mother-molecule also makes *CoQ10* and other vital stuff with names like isoprene [it takes 10 to make *Q10*, 6 to make cholesterol], *farnesyl*, *geranyl*, *dolichol* and *squalene*. Similarly, *aspirin* is not simply "anti-clot therapy", it rearranges all fat-based "house keeping", pain and signal machinery. Statins and aspirin hamper (*inhibit*) fundamental body processes. Whatever good necessarily comes with the bad.



On the other hand, *niacin* promotes over 300 reactions and has few harmful effects since it stimulates body processes, like all vitamins. *Niacin* must be taken with a multi-B-vitamin or it will raise homocysteine. It is just a partial answer to heart disease and has other benefits but niacin did prevent heart attacks and did save lives; 2006 update.

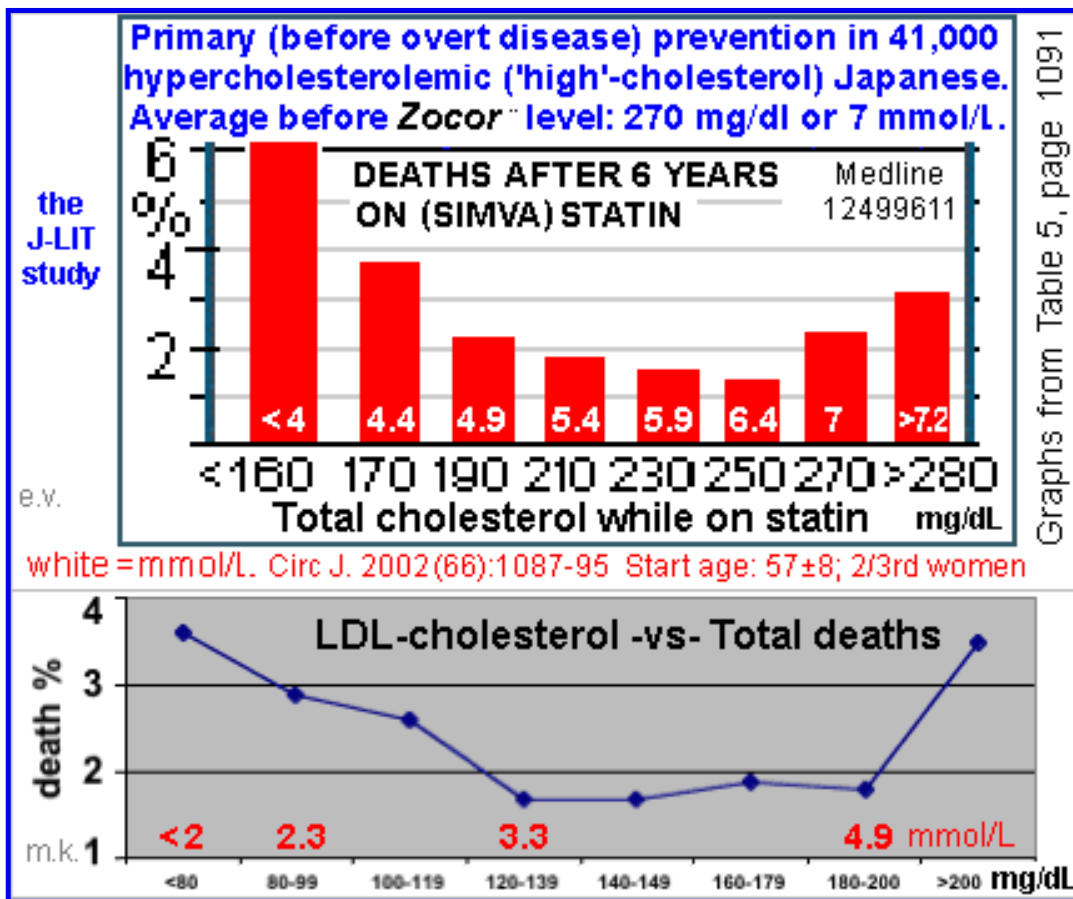
 <p>U.S. TV ad... Steve did everything 'right'—but it wasn't 'enough'</p>	<p>March 2005 Health Canada issues a 'Dear Doctor' letter about the greater than 20 mg dose</p>	<p>IF you can't convince your Dr. NOT to prescribe statin and get a prescription for the highest generic dose, the price drops from \$340 US to \$20 per 1000 mg. Cut the pill into halves or quarters. Price from Canadian ZocorGeneric.com. Do Google search for 'generic zocor'.</p> 	 <p>Statement 2007 Crestor.com 2006 U.S. TV ad</p>
<p>If Crestor is 'the gorilla statin' said industry site theheart.org, the new pitavastatin should be called 'the terminator statin'.</p>		<p>NO risk finding placebo is better than Crestor: only 204 such subjects. (til 2006, combining a total of 5 studies)</p>	<p>CRESTOR has not been shown to prevent heart disease or heart attacks</p>

Bottom Line: At 10 - 36x the price of *generic niacin* (1.2 kg for \$50 or 80¢ per week [here](#))*, in some types of (mainly male and non-congestive) heart patients, some statins *may* reduce the risk of "events" by one fifth [probably not "deaths", and you have to scrape the statistical barrel]. This leaves no less than 4/5ths of the risk. To deal with the larger under lying problem, remember that fat substitutions have proven of no value, apart from those involving omega-3 oils, and that whole-foods and supplements cheaply lower most risk factors -and survival chances. *(tel. 1.800.544.4440 or 1.954.766.8433; product 94.)

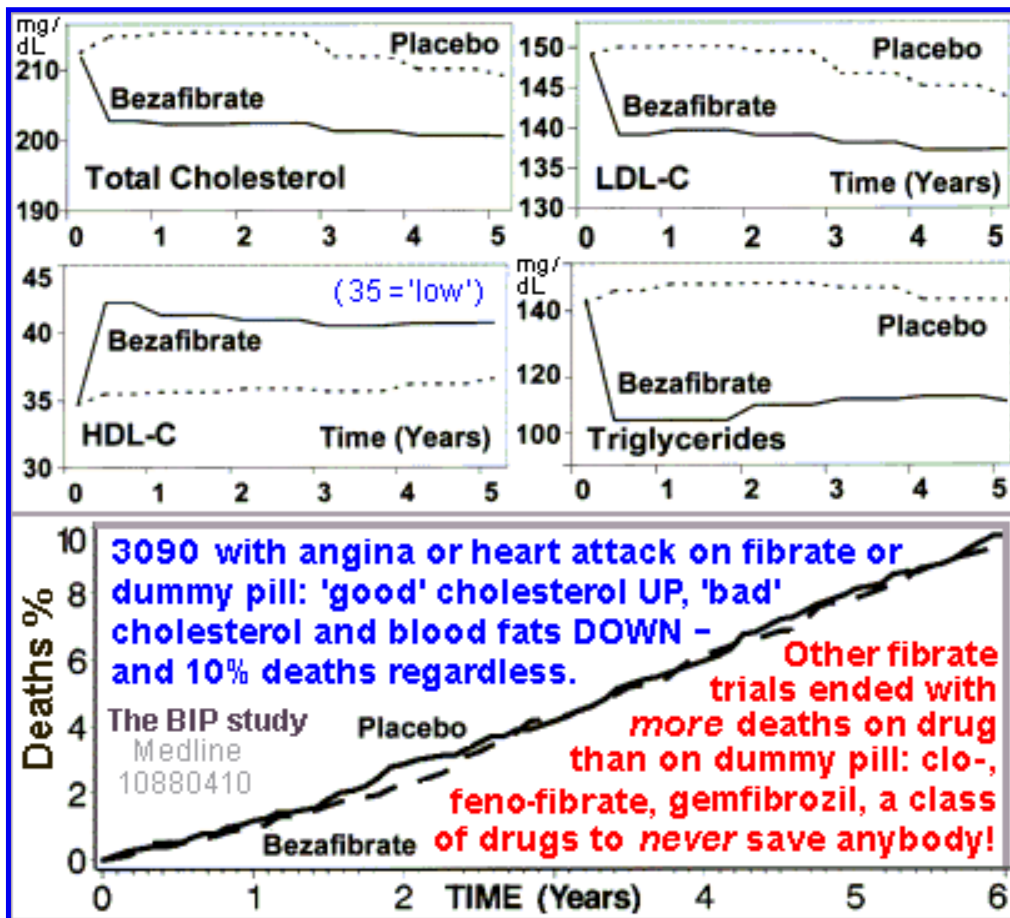
A doctor prescribing statin and not *first* niacin *plus* a good multi vitamin, *without* tracking homocysteine and Lp(a), and *without* replacement [CoQ10](#), canola and fish omega-3 (pills) and likely a magnesium supplement is practicing incomplete medicine.

Mega-niacin [about 1/3rd of 2 grams/day after meals] does take some medical guidance and for the first few days it *will* give a harmless but frightening hot-flush. It is the *only* drug suggested by the AHA to raise HDL and it's [1 of 3 to lower LDL](#) [including fibrates, a drug family *increasing* deaths -see below]. Best: plain niacin (not 'no-flush') and it may make your doctor feel better about law suits since you're doing something about 'your' cholesterol. Always take with a multi otherwise it raises homocysteine and, bonus: it lowers clotting Lp(a) and [fibrinogen](#) Why not share this info with the Dr. signing for your drugs?

Clinical results (oeps):



Graphs from Table 5, page 1091



Note: this 'cholesterol summary' PDF is extracted from the body of www.health-heart.org 2009.5.29