New guidelines issued for

**STATIN**

drug therapy

It has now been exposed that sugar paid scientists to blame cholesterol for the heart disease that sugar causes. Statins have side effects. So a start of a new guideline was released by the American Heart Assoc (AHA). Now avoiding sugar, SINthetic foods + Drugs, Exercise, Stress reduction all are being recommended and investigated.

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New Guidelines for Use of STATIN - Cholesterol Lowering Drugs

The U.S. Preventive Services Task Force on Sunday issued new guidance for the use of cholesterol-busting statin drugs. The report greatly expands the universe of people who should be screened to see whether they need the medication to everyone over age 40 regardless of whether they have a history of cardiovascular disease.

The recommendations also support the position of the American College of Cardiology and the American Heart Association, which in 2013 radically shifted their advice from suggesting that doctors focus on the level of a patient’s low-density lipoproteins or “bad cholesterol” to looking at a more comprehensive picture of risk based on things such as weight and blood pressure, as well as lifestyle factors.

“People with no signs, symptoms, or history of cardiovascular disease can still be at risk for having a heart attack or stroke,” explained Kirsten Bibbins-Domingo, who chaired the task force.

The task force, which is made up of independent experts but commissioned by the government, concurs that a comprehensive evaluation is a better way to look at risk. But it puts a greater emphasis on age than the ACC and AHA did in determining who might benefit from the medication in preventing heart attack or stroke. It is also slightly more conservative when it comes to determining the benefits of taking the medications, which include Lipitor, Crestor and Zocor.

The new guidelines, published in JAMA, suggests that people ages 40 to 75 who have one or more risk factors – such as high cholesterol, high blood pressure, diabetes or smoking that put them at a 10 percent or greater risk of having a heart attack or stroke in the next 10 years – should be on statins.

The group also said that people with a 7.5 percent to 10 percent risk “may also benefit” but did not definitively recommend they take them.

“People in this group should make an individual decision with their doctor about whether to start taking statins,” the task force advised.

In contrast, the ACC/AHA recommends that people with a 7.5 percent or greater risk take the drugs.

Another important difference between the groups is that the task force withheld a recommendation about starting statins in adults who are 76 and older, saying that “the current evidence is insufficient to assess the balance of benefits and harms.” In a commentary accompanying the recommendations, Philip Greenland and Robert Bonow note that there is “uncertainty and hesitation” in the guidelines regarding older people but said it appears it is not necessary to stop taking statins at age 76 if you are already on them.

Both the task force and AHA groups carry tremendous influence in medical practice and in what insurance companies will cover (and in the case of the task force, Medicare coverage). But individual doctors are free to take the advice or leave it, and in recent months there has been a lot of debate about what the scientific evidence really shows regarding the therapy.

There is a consensus among experts that people at substantial risk for heart disease benefit from statins but considerable disagreement about those at lower risk. Rita Redberg, a cardiologist at the University of California at San Francisco and editor of JAMA Internal Medicine, and others have been very vocal about their belief that the drugs are overprescribed.
NEW ORLEANS, LA — In patients age 70 and older with an intermediate risk of cardiovascular disease, 5.6 years of taking blood-pressure lowering therapy did not improve their cognitive function, but statin therapy did not worsen this ability, in a new study. Dr Jackie Bosch (McMaster University, Hamilton, ON) reported these findings from a subset of older patients who were part of the Heart Outcomes Prevention Evaluation-3 (HOPE-3) trial in a press briefing prior to a late-breaking clinical trials session here at the American Heart Association (AHA) 2016 Scientific Sessions.

These findings should "put to rest" any concerns that statins may cause memory loss (that stops when the drug is stopped), she told for heart wire from Medscape. "The [US Food and Drug Administration] FDA put a boxed warning based on observational post marketing surveillance data as did the UK..."
This is a good news, bad news story, according to AHA spokesperson Dr Mark Creager (Harvard Medical School, Boston, MA). "The good news is that no harm was done in the statin arm, and it should allay the fears of our patients who are so reluctant to take statins. . . . The bad news is blood-pressure lowering in this population is not effective for cognition," despite the hope that better control of hypertension would delay cognitive decline.

"Rosuvastatin was and should be considered for [patients at intermediate risk of cardiovascular disease], because of the 24% relative risk reduction in cardiovascular events—that's big," Dr Bosch emphasized.

The study has "an important silver lining," said the discussant at the press briefing, Dr Ralph L Sacco (University of Miami Health System). "We probably need to treat higher-risk patients, at a younger age, and treat longer" to see any potential benefit in delay of cognitive decline, he said, and Drs Bosch and Creager agreed.

"We've got to tackle high blood pressure in more people and do it earlier, because then we're going to forestall a number of events including the big one—stroke—but also the cognitive decline that we know occurs in people with high blood pressure," said Dr Creager.

**Cardiovascular Benefits, Cognition Risks in Older Patients in HOPE-3**

As reported by heartwire, HOPE-3 randomized moderate-risk individuals from 228 centers in 21 countries to receive either candesartan/hydrochlorothiazide or placebo and rosuvastatin or placebo. Blood-pressure lowering reduced cardiovascular events by 24% only in patients with hypertension, and the statin reduced cardiovascular events by 25% in all.

"The original HOPE-3 study said 'everyone in this intermediate risk group benefited,' " Dr Bosch explained. The current study delved deeper to see the effect on cognition.

In HOPE-3, patients age 70 and older completed tests to assess cognition—the Digit Symbol Substitution Test (DSST), the 11-item Montreal Cognitive Assessment (MoCA), and the Trail Making Test Part B (TMT-B)—and function at baseline and at study end.

Of 3086 men and women in this older age group in HOPE-3, 1626 completed baseline and study-end questionnaires that assessed cognition.
At baseline, the patients had a mean age of 74 years and 59% were women. Their mean blood pressure was 140/79 mm Hg, and their mean LDL cholesterol was 127 mg/dL. Their blood pressure fell by a mean of 6/2.9 mm Hg, and their LDL-cholesterol dropped by a mean of 24.9 mg/dL.

**But there were no significant changes or no improvement in Digit Symbol Substitution Test (DSST), the primary study end point, between patients taking placebo vs rosuvastatin, placebo vs candesartan /hydrochlorothiazide, or placebo vs both drugs.**

The DSST test is part of the Wechsler Adult Intelligence Scale (IQ test), which measures a person's ability to think quickly, Dr Bosch explained. "It's rather stressful . . . but it's very sensitive to any change in processing speed."

There was a trend ($P=0.04$) for a beneficial effect on cognition in patients with highest baseline BP and LDL in patients taking combination treatment vs placebo, which would need to be investigated further, and the benefits of early initiation and longer-term treatment remain unclear, she concluded.

Dr Creager put the study into perspective this way: "It doesn't change my approach as a clinician; I think statins, using our guidelines, are incredibly effective and have contributed to the decline in cardiovascular events and death," he said. "This gives me more evidence to tell my patients, when I'm discussing the use of statins, that they need not be concerned that these will impair their ability to think."
Statin Dangers and how to use Natural Statins

Statins reduce risk of breast cancer recurrence

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Background: The primary end point of our study was to test whether the concurrent use of a statin is related to a lower risk of recurrence and increased relapse-free survival in patients with early breast cancer.

Materials and methods: We reviewed 610 female patients with stage I, II, or III breast cancer who had been surgically treated and who had subsequently received at least adjuvant chemotherapy in order to prevent recurrence.

Results: Among the 610 patients with breast cancer, 83 (13.6%) were receiving a statin on a chronic basis for other medical purposes. Overall, statin users displayed longer mean relapse-free survival (16.6 vs 10.2 years, \( P=0.028 \)). After data had been adjusted for patient and disease characteristics, statin users maintained a lower risk of recurrence. This favorable outcome in statin users was particularly evident when we included only younger patients in the analysis (20 vs 10 years, \( P=0.006 \)).

Conclusion: Statins may be linked to a favorable outcome in early breast cancer patients, especially in younger age-groups.
HealthDay News -- For patients without diabetes, the incidence of statin-associated type 2 diabetes is relatively low, according to research published in The American Journal of Cardiology.

Payal Kohli, MD, from Kaiser Permanente in Denver, and colleagues conducted a retrospective analysis of data from subjects without diabetes in the Treating to New Targets (TNT) and Stroke Prevention by Aggressive Reduction in Cholesterol Levels (SPARCL) trials to identify increased risk of statin-associated type 2 diabetes. Participants were subdivided into 4 groups: normal fasting glucose (NFG) and triglyceride ≤1.7 mmol/L; NFG and triglyceride >1.7 mmol/L; prediabetes and triglycerides ≤1.7 mmol/L; and prediabetes and triglycerides >1.7 mmol/L. Comparable groupings were created by substituting BMI values for triglyceride concentration (<27.0 and ≥27.0 kg/m²).

The researchers found that 8.2% of the total population developed incident type 2 diabetes. There was variation in type 2 diabetes event rates (statin or placebo), from a low of 2.8%/3.2% (NFG and triglycerides ≤1.7 mmol/L) to a high of 22.8%/7.6% (prediabetes and triglycerides >1.7 mmol/L); the values were intermediate for only elevated triglycerides >1.7 mmol/L (5.2%/4.3%) or only prediabetes (12.8%/7.6%). The differences were comparable with BMI values.

"These data suggest that the diabetogenic impact of statin treatment is relatively modest in general," the researchers wrote.
Physicians whose patients have high cholesterol often recommend cholesterol-lowering medications called statins. But there are new concerns about those recommendations.

A recent study found that people prescribed statin medications had an increased risk of Parkinson's disease, contradicting previous research that indicated a benefit.

Parkinson's disease is a nervous system disorder that includes stiffness and trembling. It cannot be cured and typically progresses over time. Previous research indicated that high cholesterol levels protect patients from Parkinson's disease.

The University of California at San Diego reported that other documented statin side effects include changes in liver function, muscle tissue damage, depression, irritability, pain and problems with memory and concentration.

"We identified 20,000 Parkinson's disease patients and looked at whether using statins was associated with a higher or lower risk and we found people using statins have a higher risk of the disease," senior author Xuemei Huang, MD, PhD, said. "So this is the opposite of what has been hypothesized."
Dr. Huang is the vice chair for research at Penn State College of Medicine in Hershey, Pennsylvania.

Dr. Huang and research colleagues found in a previous small study that statin use was associated with increased risk of Parkinson's disease, and wanted to see if the findings could be confirmed in a larger study.

The researchers analyzed medical claims data on 30,343,035 people of ages 40 to 65 between Jan. 1, 2008, and Dec. 31, 2012. Of those people, 21,559 had confirmed Parkinson's disease.

Dr. Huang and the research team found that patients who used statin medications were 1.6 times more likely to develop Parkinson's disease.

"We know that overall weight of the literature favors that higher cholesterol is associated with beneficial outcomes in Parkinson's disease, so it's possible that statins take away that protection by treating the high cholesterol," Dr. Huang said. "Another possibility is that statins can block not only the cholesterol synthesis but also synthesis of coenzyme Q10 that is essential for cell function."

The study was presented as an abstract at the American Neurological Association 2016 Annual Meeting on Oct. 16.

The study was funded by the National Institutes of Health, Pennsylvania State University College of Medicine-Milton S. Hershey Medical Center, General Clinical Research Center, GCRC Construction, and the Center for Applied Studies in Health Economics.
A new scientific statement released by the American Heart Association encourages health care providers to be mindful of the effects of interaction between statin medications and other drugs prescribed for CV conditions.

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“Health care providers and their patients who take statins need to be aware that these medications could interact with their other heart disease medications, such as medications
to control [BP], treat abnormal heart rhythms and others,” Barbara S. Wiggins, PharmD, FAHA, chair of the committee that wrote the statement, said in a press release. “While many of these drug combinations are safe, every patient is different and will tolerate medications differently. Patients need to be aware that interactions can occur and should speak to their health care providers about any unusual side effects or concerns.”

The committee analyzed medications such as antiarrhythmic drugs, medications used in treating congestive HF, antiplatelet agents and anticoagulants, immunosuppressive agents, nonstatin cholesterol-lowering agents and calcium channel blockers for potential interactions with statins.

The authors estimated that 2.8% of all hospital admissions are attributed to drug interactions, noting that, due to adverse drug reactions and underlying conditions, drug interactions may often be disguised, making the percentage even higher. The issue can be managed if patients and health care providers discuss and review during a given visit all medications the patient is taking, the committee wrote.

“To optimize patient safety, health care providers must have an understanding of the mechanisms, magnitude and potential consequences of any given [drug-drug interaction],” the authors wrote. “Interpreting this information will assist clinicians in the safe prescribing of medications and permits careful consideration of the benefits and risks of concomitant medications.”

The document lists each interacting agent, the statin that it may interact with, the effect of that interaction, the magnitude of that interaction and the resulting recommendation by the committee. The range of recommendations is: the combination is useful; it is reasonable; it may be considered; it is potentially harmful; it should be avoided; or it must be avoided.
Can Restoring Vit D Levels Improve Adherence in Statin Rechallenge?

The effect of replenishing vitamin D levels was studied in a group of statin-induced myopathy patients. For patients with statin-induced myopathy, restoring low vitamin D levels appeared to help improve medication adherence and ultimately prevent cardiovascular and mortality events, according to a study published in the *Journal of Pharmacy Practice*.

Statins are a class of drugs used to decrease cholesterol levels and reduce risks for coronary heart disease. One of the primary reasons for nonadherence, however, is the muscular adverse effects associated with these agents.

A team of pharmacists from the Veterans Affairs Loma Linda Healthcare System, Loma Linda, CA, evaluated the effect of replenishing vitamin D levels on statin-induced myopathy in a study of veteran patients who were not able to maintain statin therapy in a pharmacist-
run ambulatory care setting. The study's primary outcome was the percentage of patients who maintained statin therapy at 12 months after reinitiation; secondary objectives included change in patients' vitamin D levels, fasting lipid profiles, and achievement of lipid goals after restarting statin therapy.

**Statin Dangers and how to use Natural Statins**

- When the statin lowers the cholesterol does that mean that 7-dehydrocholesterol, the raw material that makes vitamin D, is lower on the skin too? If so does that imply that I won’t be able to make vitamin D now when I go out in the sun?
- There is conflicting literature on this as well.
- Might this also mean that my sun exposed areas are now exposed without the protective effects of vitamin D producing more wrinkling, color changes, and bruising?
- We have the enzyme that makes active D 1,25 OH on our skin, it keeps the skin cells in line, keeps them from turning cancerous or reproducing inappropriately. Keeps the fibroblasts healthy repairing our skin.

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**Cholesterol and D Hormone**

- **Nutrition and the Skin**
  - Vitamin D is crucial for skin health.
  - Deficiency in vitamin D may lead to skin problems such as wrinkles, age spots, and thinning.

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**Side Effects of Statin drugs**

- Nasopharyngitis, arthralgia, diarrhea, dyspepsia, nausea, pain in extremities, urinary tract infection, myalgia, muscle spasms, musculoskeletal pain, fatigue, hepatic enzyme elevation, rhabdomyolysis, myopathy, peripheral neuropathy, acute renal failure.
Reasons Why You Should Not Take Statins

By Dr. Mercola
Statin cholesterol-lowering drugs are widely touted as the best way to lower your cholesterol and thereby prevent a heart attack. They’re recommended to people who have “high cholesterol,” those who have heart disease, and even for some healthy people as a form of preventive medicine.

Statins are among the most widely prescribed drugs on the market, with more than 1 in 4 Americans over 45 taking them. This already inflated number is set to increase significantly due to draft recommendations issued earlier this year by the U.S. Preventive Services Task Force (USPSTF). This federal advisory board recommended statin treatment for people between the ages of 40 and 75 with a 10 percent or greater risk of heart problems in the next 10 years (based on the 2013 AHA-ACC online calculator) — even if they have not had a previous heart attack or stroke.

Needless to say, if you’re a U.S. adult aged 40 or beyond, there’s a good chance your doctor may bring up statins at your next visit, so you need to do your homework to determine if these drugs are truly right for you — and there’s a good chance they’re not.

Reasons Why Statins are harmful

1. They Don’t Work
   Statin drugs work to lower cholesterol, and as your levels fall, you may assume that is proof that you’re getting healthier and lowering your risk of heart disease and heart attack. But that would be far from the truth.
   There is far more that goes into your risk of heart disease than your cholesterol levels. Further, there is evidence showing that statins may actually make your heart health worse and only appear effective due to statistical deception.
   One report published in the Expert Review of Clinical Pharmacology concluded that statin advocates used a statistical tool called relative risk reduction (RRR) to amplify statins’ trivial beneficial effects.
   If you look at absolute risk, statin drugs benefit just 1 percent of the population. This means that out of 100 people treated with the drugs, one person will have one less heart attack. This doesn’t sound so impressive, so statin supporters use a different statistic called relative risk.
   Just by making this statistical sleight of hand, statins suddenly become beneficial for 30 to 50 percent of the population. As STATS at George Mason University explained, “An important feature of relative risk is that it tells you nothing about the actual risk.”

2

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2. **Statins Reduce CoQ10**

Statins deplete your body of *coenzyme Q10* (CoQ10), which accounts for many of their devastating results. Although it was proposed to add a black box warning to statins stating this, the U.S. Food and Drug Administration (FDA) decided against it in 2014.

CoQ10 is used for energy production by every cell in your body, and is therefore vital for good health, high energy levels, longevity, and general quality of life. CoQ10’s reduced form, ubiquinol, is a critical component of cellular respiration and production of adenosine triphosphate (ATP).

ATP is a coenzyme used as an energy carrier in every cell of your body. When you consider that your heart is the most energy-demanding organ in your body, you can surmise how potentially devastating it can be to deplete your body’s main source of cellular energy.

So while one of statins’ claims to fame is warding off heart disease, you’re actually *increasing* your risk when you deplete your body of CoQ10. The depletion of CoQ10 caused by the drug is why statins can increase your risk of acute heart failure.

So if you’re taking a statin drug, you MUST take Coenzyme Q10 as a supplement. If you’re over 40, I would *strongly* recommend taking ubiquinol instead of CoQ10, as it’s far more effectively absorbed by your body.

In every study conducted so far, ubiquinol has been shown to be far more bioavailable than the non-reduced form (CoQ10). Dr. Steven Sinatra, cardiologist and founder of the New England Heart Center, recommends taking at least 100 milligrams (mg), but preferably 200 mg of high-quality CoQ10 or ubiquinol daily.

One study in the European Journal of Pharmacology showed that ubiquinol effectively rescued cells from the damage caused by the statin drug simvastatin, thereby protecting muscle cells from myopathies.\(^4\)

The other part most people don’t realize is that CoQ10 and ubiquinol are lipid-soluble materials biosynthesized in your blood. The carrier is the blood lipid *cholesterol*.

The ubiquinol actually keeps your LDL (often referred to as the "bad" cholesterol) reduced, as it’s an exceptionally potent antioxidant.

Reduced LDL cholesterol isn't bad cholesterol at all. Only the oxidized version will cause a problem. So by reducing CoQ10 production in your body, you’re also removing the mechanism that keeps your LDL cholesterol from doing harm in your body.

3. **Statins Reduce Vitamin K2**

A new finding was published in March 2015, and it is not yet widely known.

Research published in Expert Review of Clinical Pharmacology revealed that, in contrast to the current belief that cholesterol reduction with statins decreases
atherosclerosis, the drugs may instead actually stimulate atherosclerosis and heart failure.\(^5\)

There were several physiological mechanisms discussed in the study that show how statin drugs may make your heart health worse, one being that they inhibit the synthesis of vitamin K2. **Vitamin K2** protects your arteries from calcification. Without it, plaque levels worsen.

Vitamin K2’s biological role is to help *move calcium* into the proper areas in your body, such as your bones and teeth. It also plays a role in *removing* calcium from areas where it shouldn't be, such as in your arteries and soft tissues. According to a 2009 Dutch study, vitamin K2 is associated with reduced vascular calcification even at small dietary intakes.\(^6\)

Statin drugs inhibit the function of vitamin K2 in your body, which means taking them may put you at risk of vitamin K2 deficiency, a condition known to contribute to a number of chronic diseases, including:

<table>
<thead>
<tr>
<th>Osteoporosis</th>
<th>Heart disease</th>
<th>Heart attack and stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate calcification, from heel spurs to kidney stones</td>
<td>Brain disease</td>
<td>Cancer</td>
</tr>
</tbody>
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4. **Statins Reduce Ketone Production**

Statins lower cholesterol by inhibiting the enzyme in your liver that produces cholesterol (HMG coenzyme A reductase). Unfortunately this is the same enzyme that produces not only CoQ10 but also ketones, which are crucial nutrients to feed your mitochondria.

Ketones are vitally important biological signaling molecules. There are three ketone bodies, acetoacetate, beta hydroxybutyrate, and acetone.

They’re produced in your liver (they’re byproducts of the breakdown of fatty acids) and production increases during fasting.\(^7\) As noted in the journal Trends in Endocrinology & Metabolism:\(^8\)

“**Ketone bodies are emerging as crucial regulators of metabolic health and longevity, via their ability to regulate HDAC [histone deacetylases] activity and thereby epigenetic gene regulation.**”

Ketone bodies appear to inhibit HDAC function, which is implicated in the regulation of aging. Further, researchers noted “ketone bodies may link environmental cues such as diet to the regulation of aging.”\(^9\)
5. **Increased Risk of Serious Diseases**

Because statins deplete your body of CoQ10, inhibit synthesis of vitamin K2, and reduce the production of ketone bodies, they increase your risk of other serious diseases. This includes:

### Cancer

Research has shown that long-term statin use (10 years or longer) more than doubles women's risk of two major types of breast cancer: invasive ductal carcinoma and invasive lobular carcinoma. According to Dr. Sinatra, statins block the squalene pathway (squalene is the precursor to cholesterol), which he believes is essential in preventing breast cancer.

In addition, the use of any statin drug, in any amount, was associated with a significantly increased risk for prostate cancer in a separate study, and there was an increasing risk that came along with an increasing cumulative dose.

According to a letter to the editor published in the Journal of Clinical Oncology:

> “Several cholesterol-lowering drugs, including statins, have been found to be carcinogenic in rodents in doses that produce blood concentrations of the drugs similar to those attained in treating patients.

In accordance, breast cancer occurred in 12 of 286 women in the treatment group of the CARE (Cholesterol and Recurrent Events) trial, but only in one of 290 in the placebo group. In the PROSPER (Prospective Study of Pravastatin in the Elderly at Risk) trial, cancer occurred in 245 of 2,891 patients in the treatment group, but only in 199 of 2,913 in the placebo group.

In the SEAS (Simvastatin and Ezetimibe in Aortic Stenosis) trial, cancer occurred in 39 of 944 patients in the treatment group, but only in 23 of 929 in the placebo group.

In the two first simvastatin trials, nonmelanoma skin cancer was seen more often as well, and with statistical significance if the results are calculated together. The latter finding may explain the current so-called epidemic of nonmelanoma skin cancer.”

### Diabetes

Statins have also been shown to increase your risk of diabetes via a number of different mechanisms. The most important one is that they increase insulin resistance, which can be extremely harmful to your health. Secondly, statins increase your diabetes risk by raising your blood sugar.

As a result, your liver returns the sugar to your bloodstream, which raises your blood sugar levels. These drugs also rob your body of certain valuable nutrients, which can also impact your blood sugar levels. Two nutrients in particular, vitamin D and CoQ10, are both needed to maintain ideal blood glucose levels. A 2011 meta-analysis confirmed the higher the dosage of statin drugs being taken, the greater the diabetes risk.

The "number needed to harm" for intensive-dose statin therapy was 498 for new-onset diabetes — that's the number of people who need to take the drug in order...
for one person to develop diabetes. In even simpler terms, 1 out of every 498 people who are on a high-dose statin regimen will develop diabetes. The following scientific reviews also reached the conclusion that statin use is associated with increased incidence of new-onset diabetes:

- A 2010 meta-analysis of 13 statin trials, consisting of 91,140 participants, found that statin therapy was associated with a 9 percent increased risk for incident diabetes. Here, the number needed to harm was 255 over four years, meaning for every 255 people on the drug, one developed diabetes as a result of the drug in that period of time.
- In a 2009 study, statin use was associated with a rise of fasting plasma glucose in patients with and without diabetes, independently of other factors such as age, and use of aspirin, β-blockers, or angiotensin-converting enzyme inhibitors. The study included data from more than 345,400 patients over a period of two years. On average, statins increased fasting plasma glucose in non-diabetic statin users by 7 mg/dL, and in diabetics, statins increased glucose levels by 39 mg/dL.

**Neurodegenerative Diseases**

Cholesterol is also essential for your brain, which contains about 25 percent of the cholesterol in your body. It is critical for synapse formation, i.e. the connections between your neurons, which allow you to think, learn new things, and form memories. So perhaps it’s not surprising that memory loss is widely reported in association with statin use.

Further, remember that statins reduce ketone production. Ketone bodies are used as fuel by your brain, and they have also demonstrated the capacity to protect against neuronal disease, seizures, and age-related brain diseases, such as Alzheimer’s, Huntington’s, and Parkinson’s. Researchers from Penn State College of Medicine even found statins were associated with an increased Parkinson’s risk.

High total cholesterol and LDL were also associated with a lower risk of Parkinson’s disease. The study concluded, “Statin use may be associated with a higher PD [Parkinson’s disease] risk, whereas higher total cholesterol may be associated with lower risk.”

**Musculoskeletal Disorders**

Statin users are more likely to suffer from musculoskeletal conditions, injuries and pain than non-users. Myalgia, muscle weakness, muscle cramps, rhabdomyolysis, autoimmune muscle disease, and tendinous diseases have all been reported in association with statin use. One reason for this may be statins’ interference with selenium-containing proteins. Selenoproteins such as glutathione peroxidase are crucial for preventing oxidative damage in your muscle tissue. As reported by Wellness Resources:

“Blocking the selenoprotein enzyme glutathione peroxidase is akin to pouring gasoline on the fire of inflammation and free radicals, which damages muscle tissue. In fact, the scientists described this blocking of the selenoproteins...”
reminiscent of selenium deficiency induced heart failure, known as Keshan’s disease first identified in the 1930s.”

Further, according to a study published in JAMA Internal Medicine:

“... [S]tatins use is associated with an increased likelihood of diagnoses of musculoskeletal conditions, arthropathies, and injuries ... Several factors may explain the musculoskeletal AEs [adverse events] of statin therapy, including the inhibitory effect on coenzyme Q10 synthesis, selenoprotein synthesis, and the mitochondrial respiratory chain.

In addition, in vitro studies indicated that statins may affect apoptosis genes; misregulation of apoptosis is associated with myopathy. Pathologic studies also have shown that statin use may be associated with myopathy in the presence of normal creatine kinase levels, even in the absence of symptoms.

Statin-associated necrotizing autoimmune myopathy was noted to persist or progress despite cessation of statin therapy.”

Cataracts

An objective review of PubMed, EMBASE, and Cochrane review databases found that for every 10,000 people taking a statin, there were 307 extra patients with cataracts. This was supported by a separate JAMA study, which further revealed that the risk of cataracts is increased among statin users compared with non-users. Cataract is a clouding of your eye lens and is a main cause of low vision among the elderly.

If You Take Statins, Be Sure You Also Take Vitamin K2 and CoQ10

If you decide to take a statin, a vitamin K2 supplement is highly recommended. MK-7 is the form you’ll want to look for in supplements; it’s extracted from the Japanese fermented soy product called natto. Professor Cees Vermeer, one of the world’s top vitamin K2 researchers, recommends between 45 mcg and 185 mcg daily for adults. You must use caution on the higher doses if you take anticoagulants, but if you are generally healthy and not on these types of medications, I suggest 150 mcg daily. You’ll also need to make sure you take CoQ10 or ubiquinol (the reduced form) with it. One study evaluated the benefits of CoQ10 and selenium supplementation for patients with statin-associated myopathy. Compared to those given a placebo, the treatment group experienced significantly less pain, decreased muscle weakness and cramps, and less fatigue.

How to Protect Your Heart Health

Are you looking for a non-drug way to boost your heart health? Here are some of my top recommendations:

- Reduce, with the plan of eliminating, grains and sugars in your diet. It is vitally important to eliminate gluten-containing grains and sugars, especially fructose.
Consume a good portion of your food raw.

Make sure you are getting plenty of high-quality, animal-based omega-3 fats, such as krill oil. Research suggests that as little as 500 mg of krill per day may improve your total cholesterol and triglycerides and will likely increase your HDL cholesterol.

Replace harmful vegetable oils and synthetic trans fats with healthy fats, such as olive oil, butter and coconut oil (remember olive oil should be used cold only; use coconut oil for cooking and baking).

Include fermented foods in your daily diet. These will not only optimize your intestinal microflora, which will boost your overall immunity, but will also introduce beneficial bacteria into your mouth. Poor oral health is another powerful indicator of increased heart disease risk.

Optimize your vitamin D levels, ideally through appropriate sun exposure as this will allow your body to also create vitamin D sulfate — another factor that may play a crucial role in preventing the formation of arterial plaque.

Exercise regularly. Make sure you incorporate high-intensity interval exercises, which also optimize your human growth hormone (HGH) production.

Stop smoking and drinking alcohol excessively.

Be sure to get plenty of high-quality, restorative sleep.

Practice regular stress-management techniques.

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Sugar is the Major Cause of Heart Disease

by Dr. Stephen Sinatra
Filed Under: Heart Health, Food and Nutrition
Last Reviewed 10/11/2016

The U.S. government has released their 2015-2020 Dietary Guidelines, and one of their top recommendations is that all Americans limit their intake of added sugars to no more than 10% of their daily calories. I was thrilled to see that they're finally acknowledging that sugar is a real health hazard. Yet, getting 10% of your calories from sugar is still far too high when it comes to heart health. For most people eating that amount of sugar would amount to a whopping 12 teaspoons of sugar a day! Plus, you needed to factor in your consumption of white flour (bread, pastas, etc.) which the body quickly converts to sugar.
Why Is Sugar Such a Health Hazard?

The problem with sugar is that it contributes to inflammation of the arterial walls. It does that by generating an insulin spike, and when insulin spikes continuously it starts to ravage the fragile, but ultra-important endothelial lining of blood vessels. If the endothelial lining becomes damaged, all the well-known causes of heart disease problems swarm to the scene and create the inflammatory mayhem that eventually leads to heart attack and stroke.

What’s worse is that excessive sugar consumption can also cause weight gain. Weight gain, combined with sustained high insulin levels, can lead to insulin resistance and diabetes—which further increases your risk of cardiovascular disease.

How To Avoid Heart Disease Caused by Sugar

1. **Beware of high fructose corn syrup.** Most of the sugar you eat is “hidden,” usually under the guise of high fructose corn syrup. This corn-based sweetener is used in thousands of foods, from ketchup and tomato sauce to soft drinks and crackers. Do everything you can to avoid foods containing this sweetener.

2. **Use natural sweeteners.** If you must sweeten foods, add a little fruit juice or try some shredded raw or dried apples, coconut, raisins or dates. Use spices such as **cinnamon**, cloves or nutmeg. Or experiment with stevia, an herbal supplement that is now available as a sweetener.

3. **Eat several small meals a day, rather than three large meals.** By eating little portions spread throughout the day, you’ll feel more satiated and be less inclined to overload on sweets that can cause heart disease.

4. **Limit alcohol intake.** This includes wine, beer and liquor. Many people don’t realize that alcohol contains a large store of hidden sugar.

5. **Eat an anti-inflammatory Pan-Asian Modified Mediterranean (PAMM) diet.** My heart-healthy PAMM eating plan includes 40 to 45 percent slow-burning, low-glycemic index carbohydrates; 30-35 percent healthy fats; and 20-25 percent protein—all of which help to reduce inflammation.

6. **Restrict bread and bread products as much as you can, especially those containing wheat.** Wheat is found in many processed foods, from breads to pastas and manufacturers use it in abundance because it's convenient, inexpensive, and long lasting. But the problem with wheat, according to Dr. William Davis the author of *Wheat Belly* is that our modern-day wheat is grown from genes that have been spliced over 50,000 times to make it easier to grow and resistant to drought. But that splicing has also resulted in wheat that has a higher glycemic index than table sugar!
Now it’s your turn: How have you reduced heart disease causes, such as sugar, in your diet?

You May Also Be Interested in

- Too Much Margarine Could Kill You, Quite Literally!
- Foods High In Saturated Fat Aren't the Enemy

Natural Statin vs SINthetic Statin

Lovastatin, a compound isolated from Aspergillus terreus, was the first statin to be marketed.

Author: Professor of Medicine Desire' Dubounet, D. Sc. L.P.C.C.

Statin: are a class of medicines that are frequently used to lower blood cholesterol levels. The drugs are able to block the action of a chemical in the liver that is necessary for making cholesterol.

Synthetic Statin side effects can be uncomfortable, making it seem like the risks outweigh the benefits of these powerful cholesterol-lowering medications. Consider the risks and benefits.

Doctors often prescribe synthetic statins for people with high cholesterol to lower their total cholesterol and reduce their risk of a heart attack or stroke. Most people taking statins will take them for the rest of their lives unless they can achieve normal cholesterol levels through diet, exercise, weight loss and nutritional supplements. This can make statin side effects more difficult to manage.

For some people, synthetic statin side effects can make it seem like the benefit of taking a statin isn't worth it. Before you decide to stop taking a statin, discover how synthetic statin side effects can be reduced.
Dr. Desi’s Natural Cholesterol Lowering Oyster Mushroom SOUP

2 Servings

2 1/2 cups water
3/4 lb oyster mushroom
2/3 lime
1 lemon grass, crushed
2 kaffir lime leaves
2 tablespoons fish sauce
5 sprigs cilantro, chopped
2-3 chili peppers, crushed
1 teaspoon nam prig pow (Optional)

Tips and substitutions
For a vegetarian soup, substitute mushroom soy sauce for fish sauce. Use vegetarian nam prig pow.
You only need to have boiled the lemon grass for a couple minutes to bring out the flavor. Wash the mushrooms and set them aside.
Crush the lemon grass with the back of your knife or a meat tenderizer. Tie the lemon grass into a knot and drop it into a pot of water. Bring the lemon grass broth to a boil then add the oyster mushrooms. Pull the kaffir lime leaves from their middle stems and drop them in the pot. Add nam prig pow, if you like. Turn off the heat.
Crush chili peppers and place them in a serving bowl. If you don’t like it hot, do not crush the chili peppers. Add fish sauce and 2/3 of the lime to the bowl. Pour the soup in the bowl. Taste and see if you might want to add more lime or more fish sauce. I love mine very spicy and sour. This means that I need to add a teaspoon of fish sauce and more lime, so that I can taste all the flavors.

Sprinkle with chopped cilantro and serve hot.
EPFX XRROID ANALYSIS AND HOMEOPATHIC TREATMENT FOR CHOLESTEROL AND OTHER BLOOD LIPID DISEASE 1995

Authors: William C. Nelson, M.D.; Homeo Diagnostica, Budapest, Hungary
Wm. J. Cunningham, C. B. T.; Boulder, Colorado, U.S.A.

Abstract:

The Xrroid measure of electrophysiological reactivity has been used on many types of diseases. The Xrroid reactivity test was utilized in this study on several patients with excess blood cholesterol versus a control group of patients with correct blood lipid measurements. The testing process was blinded for best results.

In this study the QXCI medical device was shown to be effective in detecting cholesterol excess in the blood. The device was also shown to be effective in detecting various heart problems and risks such as infarction.

This article is a summary of the Xrroid reaction similarities in these groups, and we review the results of the homeopathic treatment of the patients with excess cholesterol. This article briefly reviews the electrical reactivity and homeopathic theories and their applications.
Excess Fat and Sugar Consumption Turn Into Neutral Fat...

- Calories spent as energy
- Excess Stress + Lack of Exercise
- Left over fats and sugar
- Triglycerides stored away as neutral fat in the body

5 Food That Help Lower CHOLESTEROL

**Green Tea**
According to a new meta-analysis of 14 studies, green tea significantly reduced total and LDL cholesterol levels (by 7.20 mg/dL and 2.19 mg/dL, respectively).

**Soy**
A study published in 2010 in The Journal of Nutrition found that eating soy daily — and adding it to your diet to replace foods high in saturated fat — can help lower LDL cholesterol by nearly 8 to 10 percent.

**Cocoa**
A meta-analysis in the American Journal of Clinical Nutrition found that cocoa consumption lowered LDL cholesterol by more than 5 mg/dL in people at risk of heart disease.

**Tomatoes**
A 2011 meta-analysis of studies published in the journal Maturitas revealed that consuming 25 milligrams of lycopene (the antioxidant that gives tomatoes their red pigment) daily can reduce LDL by about 10 percent.

**Oats and Barley**
The soluble fiber that oats and barley contain — called beta-glucan — is particularly powerful. Eating oats with at least 3 grams of soluble fiber every day, for example, can lower LDL and total cholesterol by 5 to 10 percent.

Source: www.everydayhealth.com
1. REDUCE THE CAUSES OF DISEASE
DEAL WITH LIFESTYLE
EDUCATION
AWARENESS

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