



Women and statin drugs don't mix

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Cholesterol-lowering statin drugs are bad news for just about everyone. And especially for women. In fact, research shows that women who take statins often experience muscle cramps, muscle pain, and fatigue.

These side effects are especially troubling considering research has *yet* to show that high cholesterol increases a woman's risk of cardiovascular disease. And I doubt it ever will. Because most women (and men) who suffer heart attacks these days have *normal* cholesterol levels.

However, we *do* have solid research that shows *low* cholesterol increases your risk for depression and other mental health disorders. Especially if you're a women. Which means women who take statins are more prone to depression and other mental health issues.

You see, among many other critical functions, cholesterol forms a core component of your central nervous system. And it's critical to your cell membranes. As you may recall from high school biology class, cell membranes allow critical nutrients to enter the cells. And they allow harmful toxins to leave the cells.

Cholesterol is also the precursor to vitamin D and to the sex hormones. And these help you feel happy and more "vital." They're also important for normal metabolism. And for good health overall.

But statins interfere with normal cholesterol production. And they disrupt the functioning of cell membranes throughout the body. Including cell membranes in the tissues in your brain and nervous system.

In my view, this explains why several major studies in recent years link low cholesterol to major depression. And I'm not the only one who believes statins are to blame.

In a recent editorial, a Kelly Brogan, M.D.—a psychiatrist who specializes in women's mental health—said she sees a strong connection in her practice between statin drug use and depression in women. Dr. Brogan says she doesn't want any of her patients taking a statin drug. Ever. For anything. Even if they have high cholesterol.

And then there are the results of a significant Swedish cohort study. Researchers followed 300 healthy, middle-aged women and found that those who had low cholesterol also had significantly more depressive symptoms. Even after the researchers accounted for confounding factors such as body mass, alcohol consumption, and smoking.

More than 20 years ago, a U.S. researcher published a theory about why men and women with low cholesterol often suffer from depression. He said low cholesterol seems to impact a person's serotonin receptors. And serotonin is the "feel-good" neurotransmitter in the brain. Of course, new anti-depressant drugs try to increase levels of this neurotransmitter. But again, they do it by blocking normal metabolic functions. Plus, these drugs are associated with a *higher* risk of suicide (and possibly homicide) in depressed patients.

Besides impacting mental health, statins appear to affect a woman's overall metabolism.

In fact, a study published two years ago in the *Archives of Internal Medicine* showed that post-menopausal women who took statin drugs increased their risk of developing Type II diabetes by a whopping 48 percent!

So why is anyone taking statin drugs—especially women—now that we know better? Now that we know all the harm these drugs can cause? And now that we have solid scientific evidence that *low* cholesterol—*not high cholesterol*—is a real problem?

For most of human history, a "good" diet traditionally included eggs, meat, and healthy dietary fats. Yes, these foods contain cholesterol. But they help support liver metabolism. As well as hormonal balance and mental health.

Yet, 30 years ago, the government-industrial-medical complex decided that high cholesterol is a problem. And foods that contain cholesterol incorrectly moved to the "forbidden" list.

The only thing that scientific medical practitioners can figure is that it's hard for the mainstream to switch gears. In fact, in a recent editorial in the *British Medical Journal*, researchers estimated that it takes 17 years for mainstream thinking to catch on to today's scientific discoveries.

(Hmm...17 years...that's the amount of time it takes for a new drug patent to expire. Coincidence?)

Well, take heart. By 2031, your primary care doctor may finally accept the decades-old knowledge that cholesterol isn't the problem it's made out to be. And maybe he or she will stop forcing a statin drug on

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you if your total cholesterol ever creeps above 200 mg/dL.

But until that day comes, you'll have to be your own advocate. Instead of worrying about cholesterol, I recommend asking your doctor about these four numbers for controlling the risk of heart disease:

1. Fasting blood glucose level
2. Fasting insulin level
3. Hemoglobin A1C (long-term measure of blood glucose)
4. Homocysteine level

These are the real risk factors for metabolic syndrome, which often leads to Type II diabetes as well as cardiovascular disease. (And of course, your doctor should monitor your blood pressure at every visit as well.)

To help get these numbers where you want them, focus on improving your diet. As always, eat like you're on top of the food chain. You can still enjoy eggs in the morning. And a nice steak at night.

Just thinking about it can make many people happy. And it's good for your heart too!

Subscribers to my newsletter get a free report called "*The Top of the Food Chain*" *Cure for Obesity*. If you're not yet a subscriber to my *Insiders' Cures* newsletter, [now is the perfect time to get started!](#)

Sources:

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