

Big Pharma's blockbuster cholesterol "cure" goes from bad to deadly

Cholesterol in foods has been mistakenly portrayed as a "heart attack on a plate." But cholesterol drugs are turning out to be a "disaster in a pill."

Some people can't take cholesterol drugs at all because of their almost immediate crippling effects on skeletal muscles.

Believe it or not, they are the fortunate few.

Millions of others who have been able to "tolerate" taking these drugs are now turning out to suffer other long-term, chronic health consequences.

I have written previously about studies revealing that people taking cholesterol drugs don't have a lower death rate from heart disease. In fact, overall, the World Health Organization has found low cholesterol to be associated with higher death rates worldwide.

Now recent research is providing more details about statin drugs' disastrous effects.

Statin offer no real health benefits whatsoever

Interestingly, we have to turn to countries outside the United States for these revealing studies. Countries that have unquestioned high standards for medical practice and research—but are perhaps less dominated by drug industry priority.

For instance, a recent study from Sweden shows that a massive increase in statin use has provided no health benefits whatsoever.¹ At the height of the statin craze, the number of people taking statins tripled in just two years (between 1998 and 2000). Yet the number of people suffering

or dying from heart attacks was unchanged.

Appropriately enough, this study was published in the *Journal of Negative Results in Biomedicine*.

Of course, these days such a journal isn't just appropriate, it has become critical.

As I've said before (most notably in my report, *The Secret to Spotting the Truth Behind the Headlines*, which you received when you first subscribed to *Insiders' Cures*), there is massive bias among researchers, funders (frequently drug companies) and journals not to publish negative studies regarding drugs. Nobody ever hears about all the studies that fail to show benefit, although these results

are just as valid and just as important. So much so, an entire journal has emerged to make such results available.

This study covered nearly the entire population of Sweden between the ages 40 and 79 for the years 1998-2000. It included morbidity and mortality data from 289 municipalities—urban, suburban, rural, industrial, and in-between. The numbers added up to nearly 4 million people.

And results showed no benefit from tripling the use of statins.

In order to try to make these results go away, critics would have to find "something else" that must

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Beware generics!

As if all the problems with statins I've told you about thus far weren't bad enough, there's yet another problem you need to know. Statins have been around long enough that generic forms are now available. Unfortunately, in this instance, a generic version may not be worth the financial savings. In fact, opting for a generic statin may cost you your life.

Outright fraud has emerged with generic Lipitor being sold by a manufacturer in India. All along, problems with lab inspections, quality control data and other requirements were evident. And the effects of this fraudulent generic drug are even more toxic than the patented statin drugs.

The FDA was well aware of the situation—yet did nothing about it.

Eventually Congress and the US Department of Justice had to step in. The manufacturer pled guilty to selling "adulterated drugs."

Yet they are still in business, selling generic drugs in the U.S. and worldwide.

Of course, healthcare reform has always mandated substituting patented drugs with generic drugs as a way to save costs (a trend that will only accelerate as Obamacare takes over).

But true healthcare reform would involve substituting dangerous, expensive drugs (and the costs of managing their frequent complications) with natural, non-drug treatments that are effective and much safer—or at least offsetting their toxicity with natural products (as in the case of CoQ10).

have counter-acted the “benefits” of statins. A huge upswing in unhealthy diets or other lifestyle factors, for example. But lifestyle factors take many years to show their effects. And this study occurred over a matter of only two years. During which the only significant change was the massive increase in statin drug consumption.

The fact is, once you have nearly the whole population of a country taking a drug, it provides the ultimate “post-marketing” surveillance—well beyond anything that can be observed in any clinical trial.

From this standpoint, it's a shame the study didn't look at all the negative effects statins also cause, in addition to the complete lack of any benefit.

Negative side effects like pancreatitis, rhabdomyolysis (destruction of muscle cells that leads

Statin poison your blood sugar metabolism

The good news is, we also now know one important “mechanism of action” by which statins are actually poisoning blood sugar metabolism and causing diabetes (and its many complications).

Last year, FDA issued a “warning” that statins raise blood levels of Hemoglobin A1C, or glycosylated hemoglobin. These are hemoglobin proteins in the blood that are bound to glucose molecules, and they provide a good measure of high blood sugar levels over long periods of time. The higher your HbA1C level, the higher your risk of developing long-term complications of diabetes—like heart disease, kidney failure, blindness, and peripheral neuropathy. Not to mention Type III diabetes, or Alzheimer's Disease, as I explained in the December 2012 issue of *Insiders' Cures*.

to severe pains and cramps), hepatitis, swelling of the blood vessels, hives, shortness of breath, edema, severe skin itching, and blood in the urine.

And more new research offers yet another dangerous side effect. As well as another clue to explain why statins don't appear to decrease death rates from heart disease, but do increase overall death rates.

It turns out patients taking statins may be dying of diabetes instead.

A full-scale public health crisis

One recent study found that statins pose an increased risk of diabetes.² Just as diabetes has emerged as the No. 1 growing threat to health.

The study looked at more than 17,000 patients age 65 years or older who had been hospitalized for a heart attack. Just over half (52 percent) were treated with *intensive* statin therapy (higher doses of atorvastatin, rosuvastatin, simvastatin). The other 48 percent were given only *moderate* statin therapy (lower doses of the three drugs listed above, or any dose of fluvastatin, lovastatin or pravastatin).

Five years later, there was a 5 percent higher rate of developing diabetes in the higher statin group. Of course, since everyone in the study received statins, it wasn't possible to compare the rate of diabetes with patients who didn't receive the drug at all. (They would probably argue that it would have been “unethical” to “deprive” any heart patient of the drugs.)

But it's not the only study to find this damning evidence.

Another study published in May in the *British Medical Journal* also found that patients are at an increased risk of new onset of diabetes after being given statins.³

This study looked at 471,250 patients with no history of diabetes

prior to being treated with a statin. After a 14-year follow-up, researchers again found the more intensive, high-dose statin drugs showed increased rates of diabetes compared to the more moderate treatment: atorvastatin (22 percent higher), rosuvastatin (18 percent) and simvastatin (10 percent).

There was also an increased risk of diabetes from moderate-dose compared to low-dose statins.

(Again nobody in the study escaped without being on some such drug, so we don't know whether non-drug users have an even lower rate of diabetes. But based upon average population studies, it is highly likely)

Although the researchers didn't comment on it, this is a classic dose-response effect: The higher the dose, the greater the toxicity. In this case, risk of developing diabetes. So, if this drug were being studied as a poison (and it probably should be) it fulfilled one of the primary proofs of toxicity.

But these studies aren't even the first ones to uncover increased diabetes risk among statin users. This effect first emerged last year in the JUPITER study, which found a 27 percent higher rate of diabetes in patients taking rosuvastatin.⁴ And The Women's Health Initiative (the forerunner of which I helped get started at NIH in the 1980s) found a 48 percent increased risk in women.⁵

In these large cohort studies, it was possible to perform comparisons with people who were not being given statins at all. Thus the much larger risks of 27 and 48 percent.

These rates aren't just some statistical finding. They represent a full-scale public health crisis.

So, what can be done?

Protect yourself with CoQ10

For a long time, some REAL experts have been recommending that

any patient taking a statin should also take coenzyme Q10 (CoQ10). In fact, Merck even took out a patent on a combination statin-CoQ10—but never made it available to the public. When a colleague and I contacted Merck about why they weren't offering this formula, their response was “no comment.”

In new research presented at the 2013 Heart Failure Congress, Co-Q10 was able to cut the risk of death among heart patients in half.⁶ This new study from Europe also found that patients with heart failure taking 100 mg of CoQ10 three times per day had fewer heart events, fewer hospitalizations, and a lower risk of dying from any cause—including heart disease.

Like cholesterol itself, CoQ10 is normally produced in the human body and is found in all cells. It is present in highest concentrations in the heart, liver, kidneys, and pancreas. CoQ10 plays a key role in energy production and acts as a powerful antioxidant. In addition to being produced in the body, there are a few dietary sources, such as beef, chicken, and fish, that offer small amounts.

However, statins disrupt the body's natural production of CoQ10. So if you still take a statin drug, be sure to take a CoQ10 supplement to offset this effect.

Co-Q10 is fat-soluble, so it's best to take a softgel formula, rather than dry tablet. And taking divided

doses—100 mg twice a day with meals—may enhance absorption and minimize any side effects. CoQ10 supplements are generally well tolerated and have minimal side effects (although they may interfere with certain medications, including the anti-platelet drug Plavix, which has its own dangers, the anti-coagulant Coumadin, and even aspirin).

Look for the CoQ10 product Ubiquinol. It's generally more expensive than other CoQ10 supplements, but it's the active form of the nutrient. So it's worth the extra investment to ensure you're getting a quality formula. 

Citations available online at www.DrMicozzi.com

Breakthrough study reveals the secret to fish oil's heart benefits

It seems not a day goes by without seeing another study on the health benefits of omega-3s. The big story for years now has been their ability to protect against heart disease. More recently, studies have suggested that omega-3s have an “anti-inflammatory” or (perhaps more correctly) an immune-modulating effect—helping to keep the immune system in balance. At the same time, other studies are showing that heart disease may be caused by inflammation (or again, an imbalanced immune system) as I reported in last month's issue.

These ideas are getting us closer to understanding the all-important “mechanism of action”—or *how* omega-3s actually work in the body to reduce disease. For most doctors, and certainly for all patients, it is

enough to know that something does work. But medical researchers don't rest until they establish how it works.

So this new research is especially interesting. And one recent study in particular caught my eye.

It tested whether fish oil could reduce blood pressure, heart rate, and nervous system responses—by blunting the body's reactions to mental stress.¹

These researchers were smart enough to recognize something I've told you many times—that the main culprit behind high blood pressure and heart disease isn't salt...or saturated fat...or tobacco.

It's STRESS.

The link between mental stress and heart disease risk is well-documented. Yet, until now, no study

ever examined how fish oil (omega-3) supplementation affects this link.

Researchers subjected 67 participants with normal blood pressure to a 5-minute mental stress test before and after 8 weeks of fish oil supplementation or placebo.

They found that fish oil significantly reduced both heart rate and overall nervous system reactivity to mental stress.

The researchers (perhaps focusing too much on their own study rather than the bigger picture) expressed concern that, despite its other benefits, fish oil did not lower blood pressure. But considering the study participants all had normal blood pressure to begin with, this particular finding makes perfect sense.

Other studies have shown that

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