

DR. MICOZZI'S

INSIDERS' CURES

THE INSIDER'S GUIDE TO A HEART-HEALTHY AND STATIN-FREE LIFE

Your ultimate guide to ditching
cholesterol drugs for good—
and transforming your
heart health, starting TODAY

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PART 1: UNDERSTANDING CHOLESTEROL

Of all the potentially life-threatening illnesses, heart disease may be the one surrounded by the most confusion and misdirection. And no aspect is more rife with misunderstanding than cholesterol.

No matter how much headway we seem to make in uncovering the real threats to your heart, cholesterol seems forever etched in the public perception as the No.1 risk factor.

And, unfortunately, that's just one of the myths associated with cholesterol. But if you're truly going to protect yourself from cardiovascular disease, you need to know the whole truth—and nothing but the truth—about this misunderstood and much-maligned substance. Including why following the mainstream cholesterol guidelines may put you in danger.

CHAPTER 1:

CHOLESTEROL IS NOT THE REAL ENEMY

The real difference between “good” and “bad”

You've undoubtedly heard the terms “good” and “bad” cholesterol. But as widely accepted as these terms have become, not many people really understand why LDL and HDL are labeled as such. Or how these types of cholesterol behave in the body.

In order to be transportable in the blood, cholesterol is bound to proteins. These proteins are called lipoproteins (the “L” at the end of both LDL and HDL).

High-density lipoproteins (HDL) are made in the liver to scavenge excess cholesterol from the blood. Then they bring it back to the liver where it is broken down into bile acids, released into the intestines, used in digestion, and eliminated from the body. HDL is therefore, the “good” cholesterol.

Low-density lipoprotein (LDL) carries cholesterol from the liver to the heart and other tissues. One of its specific jobs along the way is to help repair damaged blood vessels and arteries by “patching” them with deposits of cholesterol. Unfortunately, this action has given LDL a bad name—literally.

But it's important to remember that cholesterol is there to repair damage caused by other factors (high blood pressure, or chronic inflammation, for example). It's not caus-

ing the damage. So managing the underlying conditions in the first place is a much more effective heart-protective strategy than trying to lower cholesterol after the fact.

Cholesterol myths exposed...

Myth #1:

Cholesterol is a harmful substance

The human body needs cholesterol for normal metabolism, hormonal function, cellular integrity, and other physiologic processes. In fact, when your body doesn't have enough cholesterol it makes more.

Chemically, cholesterol is a fat. But unlike other fats, it supplies no calories to the body. Instead, it's an essential building block for molecules, cells, and tissues. It forms a component of all cellular membranes throughout the body—and is particularly critical in brain and nerve cells.

Cholesterol is also an essential component of many hormones, including estrogens, testosterone, and cortisol, the adrenal cortical hormone.

Skin cells also convert cholesterol to vitamin D in the presence of sunlight. And vitamin D is a critical nutrient (which also functions like a hormone in many ways).

Myth #2:

High cholesterol in the diet raises your risk of heart disease

Heart disease is only partially related to cholesterol levels in the blood. And researchers have known this since

the 1950s and 1960s.

Actually, at the University of Pennsylvania (my alma mater), scientists studying primates at the Philadelphia Zoo made this initial discovery. They found that changes in cholesterol in the diet did not explain changes in blood cholesterol levels in the animals. And, further, changes in blood cholesterol did not explain changes in heart disease!

So, starting more than 50 years ago, there were clues that dietary cholesterol is at least two steps removed from actually developing heart disease.

And, when it comes to heart disease, there are silent killers—high blood pressure and stress, and chronic inflammation—that appear much more dangerous than cholesterol.

Myth#3:

Keep your cholesterol below the recommended “normal” level of 200

Of course, 200 is considered normal today. But who knows what “normal” will be tomorrow.

(See “new guidelines” in Chapter 9.)

A “normal” blood cholesterol level for a given sex and age group in the U.S. is really just a statistical average for a population. One in which half (or more) of all individuals die of heart disease anyway.

Still, the National Institutes of Health (NIH) continues to revise the recommended levels of cholesterol further and further downward. And the depths they’re reaching can really no longer be considered “normal” by any real numerical standard in the population.

Myth #4:

Eating foods that contain cholesterol will raise your cholesterol levels

Even before these ridiculous NIH standards, cholesterol-containing foods have long been the favorite government villains in the supermarket and restaurant menu.

People are literally afraid to eat some fantastically nutri-

tious (not to mention delicious) foods, for fear that their order of poached eggs or shrimp cocktail will send their cholesterol levels through the café roof.

And the mainstream dietary recommendations only encourage that mindset.

The metabolic reality is that cholesterol in the diet is not related to cholesterol in the blood. But fat in the diet is.

Any cholesterol that is present in foods (such as shellfish or eggs) is chemically broken down during digestion. The body manufactures its own cholesterol from fats, and from other food sources, that are consumed in the diet.

In fact, the liver actually uses cholesterol to form bile acids. Bile acids facilitate the digestion of dietary fats by emulsifying them. Which also helps the body absorb critical fat-soluble vitamins like vitamin A, D, and E, from foods.

This whole misunderstanding was actually uncovered by the early 1980s at Harvard University. But obviously, even 30 years later, there’s still a great deal of confusion. So, allow me to set the record straight, once and for all:

It’s too much fat in the diet (not cholesterol) that leads to higher cholesterol levels in the blood.

But that doesn’t mean you need to banish fat from your diet, either. Your body needs some fat. (They’re called “essential” fatty acids for a reason). Unfortunately, these days, many people are getting too much of a good thing. Which helps explain why there has been such a dramatic increase in the health concerns associated with excess fat (although it is increasingly recognized that sugars and carbs are actually the real problem).

Since fats are primarily associated with animal products, early humans probably had a difficult time getting *enough* fat for a healthy metabolism.

Early humans hunted animals and ate meat when they could. But wild game has only 4-6% fat compared to 40-60% in modern domesticated animals. So today, we have the opposite problem from our prehistoric ancestors.

There have been many changes in the American diet over the past century as we moved from family farms to massive agribusiness. Increased fat content in meats and dietary consumption is one of them. So is a dramatic **decrease** in fresh fruit and vegetable intake—down from 40% to only 5% of the diet. And along with both of these changes, and others, we find increased heart disease rates.

Of course, pinning down the exact cause-and-effect nature of these dietary shifts in relation to heart disease is easier said than done (as hard as the scientific statisticians try). But one thing is certain: Improving your diet certainly won't hurt. But what really is an "improved" diet?

The answer isn't cutting any one food group or substance out entirely. Rather, a truly balanced diet is key. Unfortunately, you may not find the right balance for you in any government-created "pyramid" or "plate." I'll tell you more about the best food choices to keep your heart healthy in Chapter 12.

CHAPTER 2: CHOLESTEROL AND YOUR HEART

Research has shown that most men and women who suffer heart attacks have *normal* cholesterol levels. These studies are very important in two ways. First, they show that high cholesterol *isn't* the be-all, end-all risk factor for developing heart disease. Or having a heart attack. Secondly, they show that something else is at play. Actually, several other factors are at play...as I'll explain in a moment.

Unfortunately, very few primary care doctors talk about these other risk factors with their patients. When they see "high" cholesterol numbers, they simply prescribe a cholesterol-lowering statin drug (more on this topic later). It's almost a knee-jerk reaction these days. In fact, I once received a question from a Daily Dispatch reader asking about this problem. He wrote:

"I am a 53-year-old subscriber with stubbornly high cholesterol for about 15 years. I have taken statins in the past, but based on readings of your work and oth-

ers, I no longer take statins. My cholesterol was last measured at 231 with LDL at nearly 199. My highest cholesterol number unmedicated was 284. My weight is 180 lbs on 6 feet of body, and triglycerides are within normal range. Your answer may be very helpful in working with my doctor to get a more targeted solution to persistently high cholesterol."

Remember, the real focus should be to lower your risk of heart disease and other chronic diseases. Not just to lower your cholesterol and jump the gun to a statin drug regimen.

The truth is, every cell in the human body needs cholesterol. And when your body doesn't have enough cholesterol, it simply makes more.

What's more, as I mentioned earlier, most men and women who suffer heart attacks have *normal* cholesterol. So, at best, high cholesterol plays a marginal role in the development of heart disease for most people.

Statistical studies back up my concerns about the modern obsession with cholesterol. The World Health Organization (WHO) looks beyond the borders of the United States for health trends. In every country where WHO has collected data, the lower the average cholesterol level, the higher the overall death rate in the population.

My late colleague at the National Cancer Institute, Dr. Arthur Schatzkin, was very good at ferreting out statistical associations. In large databases he found lower cholesterol levels were linked to higher rates of cancer and higher mortality—and that was back in the 1980s.

But somehow I don't recall that line of investigation being pursued.

The bottom line is, we need to look at the real causes of heart disease—if we want to improve heart health. And stop ingesting medicines that are actually poisons.

Which brings me to the next topic in The Great Cholesterol Debate: statin drugs.

PART 2: THE NEGATIVE EFFECTS OF STATINS

The body makes cholesterol. That's normal. Cholesterol is a building block of cells and steroid hormones. I'm sure you are starting to understand its importance to your health by now. Unfortunately, it takes many years for the mainstream to catch on to any solid scientific evidence that might force them to change their thinking.

The result? The government-industrial-medical complex pushes drugs that are **ineffective**. In fact, they are pushing drugs that are poisoning us. Even worse, pharmaceutical companies are actually digging in their heels and doubling down on these deadly **cholesterol-lowering drugs** known as **statins**.

CHAPTER 3: STATINS CAUSING REAL PROBLEMS

Cholesterol-lowering drugs may be blockbusters for the pharmaceutical industry. But they are truly "disasters in a pill." Today, roughly a quarter of Americans age 45 and older take statins to treat high cholesterol.

Statins deplete crucial vitamins in your body

You know vitamin D is critical for good health. It supports healthy bones and joints. It improves brain function and longevity. And it reduces your risk of cardiovascular diseases, infectious diseases, and even cancer (including skin cancer). The science couldn't be any clearer. Yet, ironically, we face a clear and present epidemic of vitamin D deficiency in the U.S.

This epidemic stems from confusing and inadequate government dietary guidelines, poor food quality, unbalanced diets, and fear of sun exposure. Plus, we now know certain blockbuster drugs block your body's synthesis of vitamin D.

Your skin normally synthesizes vitamin D when exposed to certain wavelengths of ultraviolet light from the sun. Actually, it's the cholesterol in your skin that is used by the cells to synthesize vitamin D. In fact, the biochemical structure of vitamin D is almost identical to that of cholesterol.

But when cholesterol levels are low, or *forced* low by a statin drug, the body can't replenish the skin's cholesterol stores. And when your skin cells don't have enough cho-

lesterol, they can't synthesize vitamin D using sunlight.

This problem eventually contributes to vitamin D deficiency...never a good situation. Evidence links vitamin D deficiency with an increased risk of many conditions. Including cancers, dementia, infections, depression, diabetes, heart disease, and osteoporosis.

A few years ago, scientists started to look at the connection between statin use and low vitamin D.¹ In two cross-sectional studies, researchers found a link between statin-induced myopathy (muscle pain) and low vitamin D. And they suggested that supplementing with vitamin D might help reverse the statin-induced muscle pain.

Unfortunately, the studies stopped short of proving statins *cause* low vitamin D. But anyone who knows about basic human biology knows it's true. When you forcibly lower natural cholesterol to abnormally low levels, you will interfere with vitamin D levels too.

Sadly, very few men and women, and not enough doctors, know taking a statin drug can cause low vitamin D. Nor do they realize statin drugs cripple your body's ability to produce another critical nutrient, coenzyme-Q10 (or CoQ10).

Certain foods contain some CoQ10. And your cells can synthesize some too. Like vitamin D, CoQ10 plays many critical roles in the body. In fact, CoQ10 is also called "ubiquinone"—like the word "ubiquitous," which means "everywhere"—since it appears and is needed almost everywhere in the body.

First, CoQ10 goes to work in your mitochondria, your

body's energy factories. CoQ10 helps generate cellular energy in the form of ATP. Second, CoQ10 helps with cellular hydration. Each cell in your body needs water. And CoQ10 helps keep them hydrated. Third, CoQ10 appears in many other key metabolic processes.

Now here's the problem...

CoQ10 shares the same metabolic pathway as cholesterol. But statin drugs interfere with this pathway. So when you take a statin drug, your body's synthesis of both cholesterol and CoQ10 takes a hit.

Armed with this information, even a high school biology student can understand how statin drugs poison two of the most important and "ubiquitous" nutrients in the human body. So, of course, we can assume the statin industry knows about these effects as well...right?

How statins poison the body

The most common problems statins cause are in skeletal muscle.

This problem is most likely to manifest as muscle pain, cramps, fatigue, and weakness. In extreme cases it can result in a condition known as rhabdomyolysis—destruction of muscle cells that leads to severe pains and cramps but also releases dangerous chemicals into the body that can poison your kidneys. But remember, your heart—the organ statins are supposed to protect—is a muscle also. So while you're taking a statin (with the hope of keeping your coronary arteries healthy to prevent heart disease) the drugs may be bypassing that whole process and actually damaging your heart muscle directly. The irony would be laughable if it wasn't so terrifying.

And to make matters worse, if the byproducts of muscle destruction reach a dangerous level in the blood, they can actually cause kidney failure and brain pathology.

The way statins create this toxic mess is by poisoning a key part of every cell—the mitochondria. Mitochondria are responsible for cellular respiration, which is how cells create energy to fuel every metabolic process and generate the water they need to stay hydrated.

Muscles are especially susceptible to this damage. But after the muscles, no part of the body is as affected by statins as is the brain, which also has a high metabolic need for oxygen and energy. The brain only accounts for about 3 percent of your body weight. But it uses 20 percent of the oxygen you breathe in. And 50 percent of the glucose in your blood circulation. So it too suffers from this metabolic poison.

Now here's the worst part of it: When you stop taking statins, the damage doesn't just correct itself. And even people who do not report actual muscle symptoms can still show microscopic changes in mitochondrial cellular respiration. Statins have even caused previously "silent" genetic variants of muscular diseases to become expressed.

Statins offer no real health benefits whatsoever

It's no surprise that millions who have been able to "tolerate" taking these drugs are now turning out to suffer other long-term, chronic health consequences.

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

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.² As the statin craze began to reach its height,, the number of people taking statins tripled over 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, 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.

The 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 in the entire population 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 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. Ironically, as more and more people take statin drugs, there are now millions who can now be studied.

Over the past ten years, a recent study showed people taking statins showed only differences in their diet and weight- they actually consumed less healthy diets, with more calories, and fats and gained more body weight—called the “statin gluttony” effect—which we know will eventually lead to more heart disease. We will tell you more about this dangerous result below. 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.

Is big pharma's “miracle” heart drug making you fat?

Despite the evidence, big pharma makes empty promises that statin drugs can protect men and women from heart disease. It promotes a false sense of “security” to everyone and anyone who takes a statin drug that they're

somehow heart attack-proof and stroke-proof.

And this illusion leads some statin-users to eat more total food, more empty calories, and more junk food. Eventually, these poor habits cause statin-users to gain weight. Ironically, it also increases their CVD risk.

Researchers recently explored this disturbing trend in a new study known as the “statin gluttony study.” For the study, they used high-quality data on nearly 28,000 men and women enrolled in the U.S. National Health and Nutrition Examination Survey (NHANES).

At the start of the study, statin users consumed 2,000 calories and 71.7 grams of fat per day. At that time, people who didn't use statins consumed less than that amount. Presumably, the non-statin users were less concerned about cardiovascular disease.

But then, something changed.

Ten years later, statin users consumed 192 more calories and 10 more grams of fat per day. Overall, statin users increased their caloric intake by 10 percent and increased their fat intake by 14 percent.

They also increased their body mass index during this 10-year period. And they gained anywhere from 7 to 11 pounds.

By comparison, men and women who didn't take statins didn't increase their caloric or fat intake at all.

So what changed? Why did statin users loosen their diets (and their belts)?

Blame big pharma. It continues to perpetuate the idea that statins provide ironclad protection against CVD. And that's simply not true.

What a disaster that so many at-risk men and women forsake proven, healthy, and safe diet and lifestyle approaches to preventing CVD disease for a little tiny pill. And the pill doesn't even work as intended! (Not to mention the dangerous side effects involved.)

In an editorial that accompanied the study, the editor of

JAMA: Internal Medicine said she has treated many patients with statins over the years. She too has observed a “false reassurance” among those who take statin drugs.³

So—during the first decade of the 21st century, it appears everyone got the message about restricting dietary intakes. Except those who most need it.

CHAPTER 4: STATINS EQUAL BIG BUSINESS

After an injury, one of the body's first reactions is to naturally increase cholesterol levels.

But that's not true in people who are on statin drugs. Statins lower cholesterol by poisoning a normal and necessary enzyme in the body called HMG-CoA reductase. The poisoned cells can't produce as much cholesterol.

When Merck, the maker of the first statin drug, came out with the cholesterol lowering drug, Mevacor, it was heralded as a great achievement. Careers were secured, fortunes made, corporate profits assured, and buildings funded and built to honor the discoverers.

At about the same time, some doctors (like myself) were telling the world that we believed in the power of complementary medicine. That we believed the wise use of nutrition and natural medicine could “complement” the drug-dominated practice of human medicine.

And one prime use for complementary medicine, we knew, would be to help counteract the “known and accepted” side effects of drugs.

These natural substances *support* normal metabolism, especially when the body is bombarded with drugs that interfere with normal metabolism.

If the high quality and scientific standards of the pharmaceutical industry could be applied to the “wild west” of the U.S. natural products industry, we knew it would benefit consumers.

We knew Merck was one of the great science-based pharmaceutical companies. In fact, we were pleasantly

surprised to discover Merck had already taken out a patent on a CoQ10 and Mevacor combo.

However, the combination treatment was not made available to the public. When a colleague and I asked Merck why not about 12 years ago, we were told that the company never comments on products it doesn't sell...

Bungled by bureaucracy

Industry experts point out a possible reason for the decision not to market this helpful combination. Merck had already done clinical trials on Mevacor to prove it lowers cholesterol levels. (Whether that ended up doing any ultimate good, or even more harm than good, was not part of the trial.) CoQ10 as a dietary supplement was already on the market and widely available. However, the FDA would have required a new multimillion-dollar clinical trial on the combination in order for it to be approved!

As two separate pills, the FDA saw no problem. Multiple individual drugs are given together to millions of people every day. But combine the two into one pill, and the FDA sees it as a new drug. Even though the only “side effect” of CoQ10 is to reduce the toxicity of the statin.

FDA is like any other government bureaucracy, insanely placing the requirements of their own internal bureaucratic processes over and above logic, science, facts, truth, and the public interest.

The billion-dollar memory thief drug

Besides being metabolic poisons that interfere with your body's natural production of vitamin D and CoQ10, I've always believed statins disrupt brain function as well.

Of course, big pharma is now trying to tell us the complete opposite—that high cholesterol causes dementia. And they say you need to take a statin drug to cut your risk. That seems to be a particularly odd claim. One good reason is all of the new research showing that low Vitamin D levels can double the risk of dementia, and we know statins interfere with Vitamin D in the body.

Originally, doctors only gave statin drugs to people with high cholesterol. But now, big pharma wants virtually

every adult to take them. They try to claim it will prevent any number of health problems—from cardiovascular disease to Type II diabetes.

In fact, in December 2013, big pharma got some help advancing their cause. An “expert” panel expanded the guidelines for statin use. This panel concluded that we need to look beyond total cholesterol levels when determining who should take a statin.

According to these “experts,” we need to consider a patient’s age, weight, and blood pressure. We also need to look at whether a patient smokes or has diabetes. They even designed a nifty mathematical formula to help doctors determine their patients’ cardiovascular disease risk. And if, after plugging in the numbers, a patient has more than a 7.5 percent risk of suffering a heart attack or stroke in the next decade, he or she should start taking a statin drug. Regardless of their LDL cholesterol score.

If we apply these new guidelines, it means millions more American men and women (and up to a billion worldwide) will “qualify” to start taking statin drugs (more on this on page 17 “Expanded a good thing?”)

The statin industry has also worked overtime to prove high cholesterol raises your risk of Alzheimer’s dementia. But they’ve only found one study that even comes close to substantiating this claim.

In a single review study from the past 30 years, men with high cholesterol in their 50s had an increased risk of Alzheimer’s much later in life.

The statin industry quickly jumped on this random finding back in 2008.⁴ As more and more people take statins and studies reveal their lack of health benefits, and negative side effects are coming to light, researchers recognize that a random early study might have shown a health benefit—not due to the drug—but due to “healthy volunteer” effect. Back when statins first came out patients, and even doctors, were skeptical about using a drug to “treat” cholesterol (since “high cholesterol” is totally asymptomatic). Patients who volunteered to take the drug in the early studies were highly motivated and willing to do anything and everything to prevent heart disease, including following healthy a diet and

lifestyle, and even taking a new unknown drug. Sometimes a single random study popped up with a random health benefit. Statisticians now realize this result was due to participants in the study following a healthy diet and lifestyle (real risk factors for heart disease) and not a result of taking the drug or lowering cholesterol. And the lame stream media aided and abetted them. But they missed (or didn’t understand) a key piece of the study...

The men in the study started taking statin drugs in their 50s, once they were diagnosed with high cholesterol. So, for the rest of their lives, the men had statin-induced *low* cholesterol. Now, a good percentage of these men *did* develop dementia. But it wasn’t because of their initially high cholesterol. Having *low* cholesterol for all those years probably increased their dementia risk.

As you know by now, cholesterol plays in a critical role protecting the brain. In fact, here is what an overwhelming number of studies published before and after that review suggest...

Older adults with high cholesterol have increased longevity.⁵ (And heart disease is still the No. 1 cause of mortality in older adults, both men and women. So increased longevity should generally mean lower risk of heart disease, with higher cholesterol.)

Plus, researchers link high cholesterol with *better* memory⁶ and reduced dementia risk.⁷

In addition to these statistical considerations, there’s one obvious reason why statin drugs contribute to Alzheimer’s dementia...

Statins cripple your liver’s ability to make cholesterol. And your brain needs cholesterol. It enables signal transport across the synapses—a critical, ongoing brain function. Longer term, cholesterol encourages the growth of nerve cells. And it keeps the myelin sheath around nerve cells healthy. The myelin sheath is a layer of fatty substance that insulates each and every nerve cell. Without healthy myelin, the nerve cells in your brain can’t communicate with each other!

In an interview, one prominent U.S. researcher put the

immediate effects this way...

"When you deprive the brain of cholesterol, you directly affect the machinery that triggers the release of neurotransmitters. Neurotransmitters affect the data-processing and memory functions. In other words—how smart you are and how well you remember things."⁸

Doesn't that sound like dementia to you?

Without a doubt, statins affect brain function. Take, NASA physician-astronaut Dr. Duane Graveline, who actually experienced amnesia after taking a statin drug for just six weeks.

Following his frightening ordeal, Dr. Graveline wrote a book about the damaging effects of statins on the brain called *Lipitor: Thief of Memory*. But the real thief is the entire statin industry.

So protect yourself from these thieves. And don't let any primary care physician scare you into taking a statin drug supposedly because "high cholesterol is a big risk factor for Alzheimer's." It's just not turning out to be true.

CHAPTER 5: MORE REASONS TO SKIP THE STATINS ALTOGETHER

If doctors actually begin to implement these outrageous new guidelines, it means a staggering 70 percent more healthy men and women will "qualify" to take a statin drug.

Many experts, including Harvard Medical School professor Dr. John Abramson, came out strongly against the new guidelines. Abramson even coauthored a terrific OP-ED response piece in the *New York Times* called "Don't Give More Patients Statins."⁹

More recently, Abramson and a team of researchers reviewed data from an important statin study called the Cholesterol Treatment Trialists' (CTT) Collaboration. They found that 20 percent of men and women who take statin drugs discontinue them because of serious side effects. Such as muscle pain, diabetes, hepatitis, cataracts, sexual dysfunction, decreased energy, and fatigue.

Abramson and his team published their findings in the *British Medical Journal*.¹⁰ And they questioned whether men and women not at high risk of heart disease should take statin drugs at all.

But whenever medical researchers question a drug—regarding its side effects or whether it should even be used in the first place—you can guarantee proponents of the drug will retaliate...with a vengeance!

Indeed, as soon as the Abramson paper came out, statin proponents quickly went on the offensive. They argued that only 9 percent of statin patients actually discontinue the drug because of side effects. And they sought a retraction from Abramson.

In the end, Abramson and his team did withdraw their statement about the percentage of patients who experience treatment-related adverse events.

But the numbers aren't that different in reality. Whether it's one in five patients who suffer side effects serious enough to make them stop (20 percent) ...or "only" about one in 10 (9 percent)...it really doesn't matter all that much. Either way, it still adds up to millions of men and women experiencing harmful side effects so disabling and intractable they are impossible to live with. Plus, just because a patient didn't stop taking the drug, it doesn't mean they aren't suffering real and troubling side effects—and just having to live with it.

Furthermore, the finding about side effects was a secondary point in Abramson's paper. The key finding was that statins failed to reduce mortality among people who had less than a 20 percent risk of developing cardiovascular disease over the following 10 years. In other words, for men and women who have less than a 20 percent risk of developing cardiovascular disease, the drugs are useless.

(Abramson and his team did not retract this important finding about lack of efficacy, nor did BMJ retract this finding. Statin proponents apparently didn't try to argue against that point either. They know it's true. We all know it's true!)

But remember, according to the outrageous, new AHA/ACC guidelines, if a patient has more than a paltry 7.5

percent risk of suffering a heart attack or stroke in the next decade, he or she should start taking a statin drug. Regardless of their cholesterol score.

So here's the conundrum...

If the vast majority of men and women who take statin drugs have less than a 20 percent risk of developing cardiovascular disease over the next 10 years...and we know statin drugs don't lower cardiovascular risk for this category of patients...why are they taking the drugs at all?

It makes no sense. And the pharmaceutical industry knows it. So they get everyone worked up about whether it's 20 percent or "only" 9 percent of patients who suffer side effects. And they get us to gloss over the real issue... that the drugs don't work for their intended purpose! That's a trick worthy of the best magician.

Below, I'll tell you about another dangerous illusion that results from the use of statins...namely, that taking a statin drug allows you to have "looser" dietary and lifestyle habits.

Now, onto this growing problem of "statin gluttony..."

Is big pharma's "miracle" heart drug making you fat?

As you probably know, heart disease is the No. 1 killer in this country. And according to the World Health Organization, smoking, lack of exercise, an unhealthy diet, and other lifestyle factors cause 80 percent of cardiovascular disease (CVD).

But big pharma seems to tell many of us not to sweat it. We can dodge CVD by just taking a statin drug pill.

And the idea is gaining momentum. Statin use is skyrocketing. In fact, just look at the numbers...

In 1999, 7.5 percent of the population took a statin drug. But by 2010, 16.5 percent of Americans did. So, in just 10 years, statin use more than doubled.

Of course, big pharma has had a little help promoting statins.

As you'll recall, the American Heart Association and the

American College of Cardiologists now recommend anyone who has more than a 7.5 percent risk of suffering a heart attack or stroke over the next decade should take a statin drug. (But as I explained earlier, new research proves statin drugs aren't appropriate for men and women who don't have much higher CVD risk.)

Despite the evidence, big pharma makes empty promises that statin drugs can protect men and women from heart disease. It promotes a false sense of "security" to everyone and anyone who takes a statin drug that they're somehow heart attack-proof and stroke-proof.

And this illusion is now leading many statin-users to eat more total food, more empty calories, and more junk food. Eventually, these poor habits cause statin-users to gain weight. Ironically, it all increases their proven CVD risk.

Researchers recently explored this disturbing trend in a new study known as the "statin gluttony study." For the study, they used high-quality data on nearly 28,000 men and women enrolled in the U.S. National Health and Nutrition Examination Survey (NHANES).

At the start of the study, statin users consumed 2,000 calories and 71.7 grams of fat per day. At that time, people who didn't use statins consumed more than those amounts. Presumably, the non-statin users were also less concerned about diet and cardiovascular disease.

But then, something changed.

Ten years later, statin users consumed 192 more calories and 10 more grams of fat per day. Overall, statin users increased their caloric intake by 10 percent and increased their fat intake by 14 percent. They also increased their body mass index during this 10-year period. And they gained anywhere from 7 to 11 pounds.

By comparison, men and women who didn't take statins didn't increase their caloric or fat intake at all.

So what changed? Why did statin users loosen their diets (and their belts)?

Blame big pharma. It continues to perpetuate the idea that statins provide ironclad protection against CVD.

And that's simply not true.

What a disaster that so many at-risk men and women forsake proven, healthy, and safe diet and lifestyle approaches to preventing CVD disease for a little tiny pill. And the pill doesn't even work as intended! (Not to mention the dangerous side effects involved.)

As I mentioned earlier but it bears mentioning again, in an editorial that accompanied the study, the editor of *JAMA: Internal Medicine*¹¹ said she has treated many patients with statins over the years. She too has observed a "false reassurance" among those who take statin drugs.

So—during the first decade of the 21st century, it appears everyone got the message about restricting dietary intakes. Except those who most need it.

If you really want to lower your CVD risk, do it the right way—the secret is not in a pill. (I'll tell you how in Part 4 of this report.)

Statins a bust for lung diseases too

As if I had to add one more thing...big pharma loves COPD.

It stands for Chronic Obstructive Pulmonary Disease. And in the old days, we used to call this hard-to-treat disease emphysema.

Big pharma pines over the 15 million Americans who have COPD because they make excellent, lifelong customers. But here's the problem...

None of the drugs to treat COPD work all that well. So patients go from drug to drug, struggling to find one that will help them breathe a little easier. That's partly why the ad campaigns for COPD drugs are so relentless. It's a hugely competitive and profitable market.

Recently, big pharma tried a new tactic to treat the 15 million Americans suffering with COPD—cholesterol-lowering statin drugs.

I don't really know where big pharma first got the idea to use these dangerous drugs to treat COPD. Perhaps they observed some random co-morbidity finding in

an early statin study due to the "healthy volunteer" effect. Ultimately, it probably just ties back to good old corporate greed—pure and simple. Big pharma wants a bigger piece of the COPD pie. So they're using old, failed cholesterol drugs in this new way to see if they can turn an easy buck.

It saves them time and money to use an old drug, instead of developing a new drug and getting it approved by FDA. (Once the FDA approves a drug for a specific purpose, doctors can prescribe that drug for any other purpose as well. We call this practice "off-label" prescribing. It's a huge problem in the U.S.—and it's only getting worse.)

The truth is, the jig is up for big pharma's "miracle" cholesterol drugs. The word is slowly getting out, and I hope that after reading this report, you'll be a large part of the group that chooses to get off statin drugs for good.

So big pharma needs a new plan of attack. And a new set of innocent victims. This time, it's men and women with lung disease. And somehow, the pharmaceutical industry actually wrangled two clinical trials out of this cockamamie scheme.

The first clinical trial tested the effect of simvastatin (Zocor) on 885 patients with COPD.¹²

All the participants had a smoking history of 10 or more "pack-years." (This term means the number of packs smoked per day multiplied by the number of years smoked. For example, they could have smoked one pack per day for 10 years or two packs per day for 5 years.) They had also received oxygen, steroids, antibiotics, or hospitalization for COPD during the prior year.

Here's a group already taking a number of potent and potentially dangerous drugs. So did piling on even more drugs help?

The researchers randomly divided COPD patients into two groups. One group took simvastatin. The other group took a placebo. The patients followed their designated protocol for up to 36 months at 45 different centers around the country.

During the course of the study, the researchers measured the patients' COPD "exacerbations."

An exacerbation is the medical term for "flare-up." So the researchers wanted to measure how many times a patient's COPD symptoms flared during the course of a year.

They found that patients in the placebo and the statin group experienced the exact same number of COPD flares during the year—1.4.

Researchers also measured how much time passed before the patients experienced their first exacerbation.

Now here's where it gets interesting...

It took the drug group 223 days to experience an exacerbation. But the placebo group went exacerbation-free for 231 days.

In other words, patients taking the statin drug actually fared worse than the placebo group. Without taking the drug, patients had an extra week and a day free of flare-ups.

This may not seem like much. But consider this...

Fifty-eight men and women (7 percent) of the patients died during the study. That extra week and a day could seem like a gift.

The results were so bad in this study, the data safety and monitoring committee shut it down before completion.

But as you know, big pharma never goes down without a fight.

Researchers in a second clinical trial gave rosuvastatin (Crestor) to patients who suffered from Acute Respiratory Distress Syndrome (ARDS) associated with sepsis.¹³

Sepsis is serious, life-threatening blood infection. And just about the last thing I'd give a sepsis patient would be a statin drug. In fact, in the next section I'll tell you about other findings where doctors have concluded that no patient suffering from any disease should be given any statin drugs during the last six months of life.

But these researchers wanted to see if ARDS patients with sepsis who took rosuvastatin lived any longer. They also wanted to see if the drug helped patients breathe freely without a ventilator.

So, they randomly divided 745 sepsis patients into two groups. One group received the drug. And the other group received a placebo.

The researchers claim the two groups had the same outcomes. However, I looked closely at the actual results.

The drug group had a 29 percent mortality rate. But the placebo group only had a 25 percent mortality rate.

That means 109 men and women died in the drug group. But only 93 people died in the placebo group. That's 16 extra deaths in the drug group. Given the metabolic damage caused by statin drugs, especially in critically ill patients, those numbers don't surprise me.

I *am* surprised however; the researchers concluded this difference was not "significant." It certainly was significant to those 16 people who died for doing this poor research.

Like the first clinical trial I mentioned, this study was also stopped early by the data safety and monitoring committee because of the dangers and lack of effectiveness.

The National Institutes of Health's National Heart Lung and Blood Institute (NHLBI) funded the COPD study. And both the NHLBI and AstraZeneca funded the ARDS study. (So the drug companies didn't just waste their own money on these ill-begotten studies. The taxpayers bore some of the cost. In fact, most of the cost!)

Sadly, this is the kind of research the NIH funds nowadays. They give failed drugs to sick patients already taking other drugs. The results are terrible. Or downright deadly. But then, they go on to fund another study just like the last! Instead of looking at real, natural solutions.

It makes me think of the old line, "What's the definition of insanity?"

Answer: When you keep doing the same thing over and over again, but expect a different outcome.

Which brings me to my next topic...

These “miracle” drugs may cause cataracts

Researchers recently attempted to **pull another fast one** with a random study that showed statin users have a 20 percent lower cataract risk.¹⁴ Cataracts are the No. 1 leading cause of visual impairment in the world. So big pharma was probably chomping at the bit to promote statins as a way to “prevent” this common optical problem.

But once the dust settled, solid research started to emerge that showed statin use actually *increases* cataract risk. And not just by a little bit.

For this study, researchers matched 6,972 statin users with non-users.¹⁵ The patients were military veterans drawn from the San Antonio Military Multi-Market Area health system. (San Antonio is the headquarters of the U.S. Army Medical Department and the Air Force Aeromedical Center.) The statin drug users in the study had been taking the drugs for at least 90 days. And 75 percent of them took Simvastatin (Zocor).

Researchers initially found that statin users had a 9 percent increase in cataract risk. That percentage may not sound very high. But then the researchers “controlled” for other risk factors. In other words, they eliminated patients who had other high risk factors for developing cataracts. And that’s when things got more troubling...

You see, smoking, diabetes, and advanced age are all known risk factors for cataracts. So, once the researchers controlled for these factors, they found that statin users actually had a *29 percent higher cataract risk*. In other words, in patients with no other risks factors, taking a statin drug alone increased their cataract risk by nearly one-third.

The results were consistent whether patients took statins for two, four or six years. But remember, the study also included statin users who had only taken the drug for 90 days. This may have actually diluted the findings. If the researchers had only included long-term statin users, the findings probably would have been far worse.

Bottom line?

We need more research. But in the meantime, it appears

statin use may increase cataract risk. And, as for that earlier study that showed a lower risk for cataracts among statin users...it probably suffered from a “healthy user” bias. The earliest studies on statins—before they were widely known or relentlessly pushed on the public—were also prime examples of this bias.

You see, the patients who volunteered for the earliest drug studies on statins were already health-conscious. So when the study results came in positive, it’s not necessarily an indication that the drug worked. Many times, it’s just that the patient was healthier to begin with—and was more motivated to *stay* healthy. That means they were more willing to do anything to lower their risk, including other healthy behaviors. And even take a drug if the doctor recommended. So, of course, these early studies were more likely to end up showing some random benefits (incidental to the drug). And far less likely to show negative side effects.

But some researchers are starting to understand the massive impact of the “healthy user” bias. Now there are more studies on more people and we are finally seeing the unbiased results. The ugly truth is coming out.

CHAPTER 6: CAREFUL WHO AND HOW THEY TARGET

Statins more dangerous in women

These statin drugs are bad news for just about everyone. And unfortunately, especially bad for women. Research shows that women who take statins *often* experience the muscle cramps, muscle pain, and fatigue I was telling you about earlier.

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 again, 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 woman.

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 I explained earlier, 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, 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.¹⁶

And then there are the significant results of a Swedish cohort study.¹⁷ 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.¹⁸ 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 also appear to affect a woman's overall metabolism.

A study¹⁹ 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?

The only reason I can come up with 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

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.²⁰ 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 U.S. Department of Justice had to step in. The manufacturer pled guilty to selling "adulterated drugs."

ol isn't the problem it's made out to be. And maybe he or she will stop forcing a statin drug on you if your total cholesterol ever creeps above 200 mg/dL.

The FDA was well aware of the situation—yet did nothing about it. Eventually Congress and the U.S. 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 under Obamacare).

CHAPTER 7:

EXPANDED STATIN DRUG GUIDELINES A GOOD THING?

Obviously I have nothing positive to say about statin drugs. However, after all this, I'm actually *thrilled* to hear about the new guidelines for expanded statin drug use. I know that sounds crazy. So let me explain...

Today, roughly a quarter of Americans age 45 and older already take statins to treat high cholesterol. But an expert panel from the American Heart Association (AHA) and the American College of Cardiology (ACA) said that number just isn't high enough. They want to increase our drug “dependence.”

If we apply these new guidelines, it means **millions more** American men and women and up to a **billion worldwide** will “qualify” to start taking the drugs.

So, *why* does this new development make me “giddy as a school boy”?

Well, these new guidelines are so **preposterous, so outlandish, so asinine**, they've made just about everyone—even mainstream experts and mainstream media—raise their eyebrows and think, *well now they have finally gone too far*. And maybe, just maybe, we'll finally have a real discussion about the dangers of statin drugs.

I have warned you about these dangers in the previous pages of this report. But most Americans still seem to have no idea about the harm statins can cause. So now,

thanks to the AHA's foolishness, many experts are now taking a closer look at the problem. And these are just a few of the facts they should find, if they finally look hard enough...

- In prior generations, cardiovascular disease existed as an isolated medical condition. Some people just had faulty tickers. And that was that.
- But today, two-thirds of patients hospitalized for acute heart attack actually suffer from metabolic syndrome. And the heart attack is just a symptom of the problem.
- To drive this point home, 75 percent of these heart attack patients have completely normal total cholesterol levels.

Despite the conventional wisdom that high cholesterol is a major risk factor for heart disease, several recent independent studies found that *low* total cholesterol is actually associated with higher death rates. Both from cardiovascular disease and other diseases, such as cancer.

You could conclude that the AHA and the ACA are being savvy. They saw the writing on the wall. They saw that high cholesterol just *isn't* the problem it's been made out to be. So, they changed their criteria for statin drug use.

I can hear the backroom meeting now...

“Oh, so it is turning out that high cholesterol doesn't equal more heart attacks and strokes?” “Well, no. You need to measure weight. And look at family history. And see whether they smoke. Or have Type II diabetes.”

In other words, they expanded their original criterion to include a whole slew of people who don't even have high cholesterol. And told them to take a cholesterol-lowering drug! In fact, using these new criteria, they doubled the number of people eligible for statin drug prescriptions...in one fell swoop.

But let's get to a larger issue...

Will these new, expanded guidelines reduce cardiovascular disease events in this country? Will this help reduce heart attack and stroke rates in this country? Will people live longer?

You probably know that answer by now: don't count on it.

So, if these drugs don't prevent heart attacks...don't prevent strokes...don't help us live longer...and *do* cause major, harmful side effects along the way...remind me again, why are we expanding their use?

Recently, two Harvard Medical School professors asked the very same question. They said the new risk calculator is deeply flawed.²¹ And that it overestimates

a patient's risk.

So yes, I'm thankful for the new guidelines. It seems like a lot of folks in the medical world have finally seen enough. Perhaps we can now all focus on taking some real steps to reduce cardiovascular disease risk. Like lowering blood pressure. Lowering stress. Reducing chronic inflammation. Improving diet. Engaging in sensible, healthy physical activity. And even enjoying wine in moderation.

PART 3: STATIN RECOVERY PLAN

Are you ready for some good news? I told you about how statins can cause severe nutritional deficiencies, muscle damage, and even cognitive problems. I've often been asked if it's possible to recover from these harm-

ful side effects. Is there a "recovery program" for statin drugs?

Of course, there is!

CHAPTER 8: TURNING THE SHIP AROUND

Some natural ingredients can actually reverse the damage caused by statins. And unlike some natural health "miracle cures," these have a great deal of solid research behind them. In fact, there have already been nearly 1000 published research studies in the peer-reviewed scientific literature on statin damage and/or recovery. Of course, reading these studies can be overwhelming for anyone not in the medical field. (And even for most doctors, apparently.)

That's just one reason why you won't hear about statin recovery from the mainstream government-industrial-medical complex. The other reason? Statin drugs are the best-selling drugs in the U.S. And Lipitor—nicknamed "turbo statin"—is the No. 1 best-selling drug of all time.

But plenty of men and women out there *do* stop taking statins because of the side effects.

The good news is, the actual drug starts to leave your body within 24 hours after you stop taking it. Unfortunately, it can leave behind lasting effects in your muscles. And even in your cells. So you need to be careful about what to do in the days and weeks after stopping a statin regimen. The following five critical steps will help support your body as it heals from the damage.

Step 1: Support your muscles.

Based on studies of actual muscle biopsies, muscles do not uniformly recover on their own after you stop taking

a statin. They need help. First and foremost, they need more **coenzyme-Q10 (CoQ10)**. The standout in the natural arsenal, coenzymeQ10 (also called ubiquinone or ubiquinol), acts to reverse effects of statin-induced mitochondrial damage. It also helps regulate normal cellular respiration.

For the most bang for your buck, in the case of statin recovery...look for a CoQ10 supplement that says **ubiquinol** on the bottle. Your body absorbs this chemically reduced form much more easily. If the bottle says "Coenzyme Q10" or "CoQ10," it's probably ubiquinone—the less well-absorbed chemical form. I recommend taking 200 mg of ubiquinol daily with a meal as part of a statin recovery plan. (For everyone else, I recommend taking 100 mg a day with some Vitamin E.)

Step 2: Boost your brain

B vitamins can prevent and reverse statin-induced neuropathy and damage to neurons. Taking a high-quality B complex is a good part of the statin damage reversal plan.

Most B vitamins are readily available in foods, but B12 deficiency is common, especially among older people. B vitamins are found primarily in animal-based food products such as red meat, poultry, eggs, fish, and dairy. The body can't make B vitamins, and plants are poor sources—making animal products necessary. Side note—that's why almost all vegetarians and vegans need B supplements.

As I've mentioned before, human metabolism and physiology are simply not adapted to getting nutrients

from a strictly plant-based diet. If you are a vegetarian or vegan, you are more likely to have a vitamin deficiency. If you think you are following such a diet for reasons of health—think again. If you follow such a diet for ethical or moral reasons, then strongly consider supplementation. I recommend everyone take 3 mg of B6 and 9 mcg of B12 daily in a high-quality B complex.

Step 3:

Shore up your stores of the sunshine vitamin

Vitamin D production requires cholesterol, so statins interfere with the body's ability to make it normally. It's important to avoid vitamin D depletion, since low levels have been strongly linked with numerous diseases. Your body creates some vitamin D naturally from exposure to the sun's UV rays. However, from November until March, at latitudes north of Atlanta, the sun never gets high enough in the sky to provide the specific wavelengths of light necessary to activate vitamin D production. The fact is, most people don't get enough sunlight to maintain optimal vitamin D levels. Even in the summer months. So I recommend taking a daily vitamin D supplement of 5,000 IU throughout the year.

Step 4:

Eat more apples.

Metabolism of **mevalonic acid**—which the body needs to synthesize cholesterol—is also damaged by statins. Eating **apples** and drinking **apple cider** (in moderation) can help. Apples are the single most abundant source of mevalonic acid among plants eaten as foods. I don't see enough clinical research on this topic to be clear about "dose." But if an apple a day can keep the doctor away, it should also help keep away the poisonous effects of statins.

Step 5:

Keep your cells hydrated.

Finally, after 12 years of doing my own research, I became convinced that **South African red bush** (like Co-Q10) has a profound effect on supporting cellular respiration, which generates energy and water for proper hydration at the cell level. Finally, laboratory research studies and a clinical trial published in late 2013 showed that I was right. Red bush is available as a powder that can be used to make a tasty and healthful beverage.

Red bush should be part of any statin recovery plan. (Really, it should be part of everyone's daily health and hydration regimen.) In addition to the hydration benefits, new research shows it has direct benefits to the muscle tissue itself and lowers blood sugar by increasing supply to the muscles and other tissues.

**STATIN RECOVERY PLAN
SUPPLEMENT GUIDE**

CoQ10	200 mg (with food)
High quality B complex with	
B6	3 mg
B12	9 mcg
Vitamin D	5,000 IU

PART 4: HOW TO GET HEART-HEALTHY TODAY

So as you can see, there are ways to reverse the damage done by statins. But even better would be never taking them in the first place. After all, high blood pressure is a much more serious, clearly proven threat to heart health. Why not start there, with some easy, free, safe, and effective approaches that are proven to lower blood pressure...and therefore really reduce heart disease risk?

Seven critical heart health markers more important than cholesterol

Blood glucose (sugar), insulin, and hemoglobin A1C are usually associated with diabetes. So why should we looking at them for heart disease as well?

Because researchers are realizing that many people who are diagnosed with heart disease today tend to be different from their stressed-out, hard-charging, under-exercising fathers and grandfathers who also smoked and drank too much.

Instead, today's patients most likely have metabolic disorders that result from a lifetime of eating the wrong artificial foods and drinking the wrong artificial beverages. And it turns out the same diet choices that lead to diabetes also lead to heart disease.

Doctors routinely measure fasting blood glucose and insulin levels as well as hemoglobin A1C in people with diabetes. The first two of these tests are well known, but you may not be as familiar with hemoglobin A1C. This test gives a good long-term measure of your average blood sugar numbers over time.

Unfortunately, many doctors still don't measure homocysteine levels and do not take them seriously. But they should. Your body uses homocysteine to make protein and to build and maintain tissue. However, too much of this substance may increase your risk of stroke, certain types of heart disease, and peripheral artery disease.

So, without further ado, here are the targets for these four critical heart disease markers.

Fasting blood glucose. The ideal range is 65 to 99 mg/dL. However, if your hemoglobin A1C is at a healthy, lower level, your doctor will likely be less concerned if your blood glucose is a little over 99 in a single test.

Fasting insulin. A normal level is below 5 uIU/mL, but ideally you'll want it below 3.

Hemoglobin A1C should be between 4.4 and 6.5 percent.

Homocysteine. The Mayo Clinic says a normal level is between 4.4 and 10.8 $\mu\text{mol/L}$.²²

To help get all of these numbers where you want them, focus on improving your diet. Eat like you're on top of the food chain. Specifically, you should incorporate plenty of foods that are rich in folate and B vitamins (dairy, eggs, and meat).

I also recommend talking with your doctor about the possibility of taking metformin. This diabetes drug is actually based on an ancient herbal remedy called goat's rue or French lilac. Studies have proven metformin to be both safe and effective. And it is the only drug that lowers blood sugar while also reducing the risk of heart and circulatory diseases as a complication of diabetes.

But as I mentioned above, these are a few more important factors to consider in assessing your overall heart health. There is strong emerging evidence that higher vitamin D levels has many health benefits, including heart health and lowers the risk of mortality. But, unfortunately, your doctor is even less likely to monitor these markers. Unless, of course, you insist on it.

Three more heart health markers you should keep close tabs on

Other important measurements you should consider are C-reactive protein (CRP) and fibrinogen. CRP is a marker of inflammation. Research has linked CRP to increased risk of coronary artery disease. And fibrinogen is

a protein involved in blood clotting. Elevated levels can lead to dangerous artery-blocking clots.

Combined with the other parameters I mentioned above, these tests can help your doctor assess your overall risk of heart disease.

Your CRP level should be less than 1 mg/L, and your fibrinogen level should be between 200 and 400 mg/dL. To achieve this, follow a healthy, balanced diet. High-quality fish oils are particularly helpful at reducing the chronic inflammation that can boost your CRP level.

One final heart-healthy tip: Avoid excess iron. It can potentially accumulate in your heart muscle, liver and other tissues, eventually leading to organ failure in susceptible people. I've also conducted research with Nobel laureate Baruch Blumberg that showed that excess iron in the body increases the risk of cancer in both men and women.²³ Never take a supplement containing iron unless you have been diagnosed by a doctor with an iron deficiency.

Prevent heart disease with this key vitamin

Like many chronic diseases, heart disease starts with inflammation.

You probably know the visible effects of inflammation—pain, redness, heat, and swelling. And you've probably experienced it after twisting an ankle or straining your back. In these cases, the inflammatory process is the first step toward self-healing.

But not all inflammation is the same. Some inflammation occurs inside the body—and it does not lead to healing. It only leads to destruction. In fact, inflammation in your cardiovascular system can cause damage to your heart and blood vessels.

So, as I reported yesterday, it's very important to ask your doctor for the C-reactive protein (CRP) test. If your numbers are too high, it means you have a lot of harmful inflammation in your cardiovascular system. And, therefore, you have a much higher risk of developing heart disease.

Fortunately, one key vitamin appears to help lower

inflammation throughout the body. Including in your cardiovascular system.

Of course, I'm talking about the incredible and versatile vitamin D.

In a new study, researchers explored the role of vitamin D in inflammation and chronic disease in 957 healthy, older adults. At the study's outset, the researchers measured the participants' vitamin D levels. They defined anything above 75 nmol/L as "sufficient" vitamin D. And anything below 25 nmol/L as "deficient."

They found that men and women *deficient* in vitamin D had higher levels of biomarkers linked with cardiovascular disease.²⁴ In fact, they had significantly higher levels of C-reactive protein and interleukin-6 (another marker of inflammation tied to heart disease) compared to those who had sufficient vitamin D levels. The men and women were also more likely to have other inflammatory conditions, such as multiple sclerosis (MS) and rheumatoid arthritis.

In an interview, Dr. Clifford J. Rosen of Tufts University School of Medicine underscored the importance of this study. He said, "I think all of us now think that inflammation is a critical factor in a lot of disease... so there's some rationale for thinking about trying to reduce chronic inflammation with something as simple as vitamin D. And it may have a further effect on atherosclerotic risk of cardiovascular disease."

In other words, lowering your cardiovascular risk and protecting yourself from just about every other chronic disease may be as simple as getting more vitamin D.

Unfortunately, as much as 80 percent of the U.S. population is vitamin D deficient.²⁵ And those statistics won't get any better any time soon as long as health "experts" in this country continue to push propaganda to avoid the sun completely.

The truth is, you can—and should—spend 20 minutes a day in the sun without sunscreen. This healthy exposure will help boost your vitamin D levels naturally.

Plus, ignore all the medical experts who continue to

claim that taking vitamin D and measuring blood levels isn't important.

You should take a vitamin D supplement. Currently, the Institute of Medicine (IOM) recommends 600 international units (IU) of vitamin D daily for adults up to age 70. After age 71, the IOM recommends increasing intake to 800 IU. But these recommendations are based on findings regarding bone health.

Ongoing research proves you need much higher doses to achieve and maintain optimal vitamin D levels in the body. I recommend everyone take a daily, high-quality supplement that contains 5,000 IU of vitamin D year-round, even during summer. If you don't like taking too many pills or capsules, look for a vitamin D in liquid form. You can take it straight from the dropper or add it to any beverage you like.

CHAPTER 9: TENSION ABOUT HYPERTENSION

I've spent a lifetime studying blood pressure. I even received an American Heart Association research prize for some of the work I published on the topic when I was still a medical student. And I've spent 30 years looking for natural alternatives to every common chronic medical condition.

So as much as I wish there were always a purely "natural solution" to blood pressure, I just unfortunately don't see one. The right science isn't there.

That's not to say nothing can be done to help. Just don't count on supplements to do it for you. And definitely don't hedge your bets on salt restriction. (That's yet another scam that has misdirected millions of dollars and decades away from the true causes and solutions.) And while we're clearing up blood pressure misconceptions, I must set a few other things straight, like...

Make sure *you even have* high blood pressure!

The American Heart Association recommends taking two measurements while standing, two while sitting, and then taking the averages.

Has any doctor or nurse ever done this with you?

Not likely. But don't be afraid to ask. This is your health at stake. And you're entitled to a few extra minutes of time to get it right.

And even then...many people suffer from "white coat syndrome." They get all stressed out just from being in the doctor's office and getting tested. This can result in consistently high—but consistently wrong—measurements.

So let me tell you how to get it right...

First, you should take a few blood pressure readings at home or away from the doctor's office for comparison.

Also, keep in mind that blood pressure varies over the course of the day and night (something called "diurnal variations"). Try taking measurements at different times of day to find out when your own blood pressure tends to be highest and lowest.

And avoid stimulants (caffeine, tobacco, exercise, and stress) before taking your blood pressure. A fever or sudden changes in body temperature can also affect your blood pressure, so avoid taking your readings while sick, after strenuous activity, or after being in the heat or cold.

After all of that...if it turns out you DO have high blood pressure...don't hesitate to get it under control immediately.

Always play it by the numbers with your blood pressure

Managing your blood pressure (BP) is the single most important step you can take to reduce your risk of cardiovascular diseases.

As a young medical student, I was initially surprised to learn that blood pressure is lower during childhood and slowly rises until adulthood. (And often, it doesn't stop rising.) I was even more surprised to learn that the standards for BP during various ages in childhood were not clear, at least at that time.

So, during med school, I began researching blood pressure levels in children in the U.S. and in field work Asia.

I tested their levels at rest, and before and after exercise. And I discovered that both physical and emotional stress play a major role in raising blood pressure, even in children. My findings were published in the *American Journal of Public Health* in 1979.

Doctors have actually been measuring blood pressure since blood pressure cuffs and meters were developed about 100 years ago. This measurement gives the force that flowing blood exerts against the inside walls of blood vessels. Of course, these forces represent mechanical sheering stresses that can cause damage to blood vessel walls. And these stresses are the underlying basis of the hardening and narrowing of the arteries that comprises cardiovascular diseases.

Your blood pressure reading consists of two numbers: systolic and diastolic. The systolic (top number) reading is the high peak of the pressure when your heart beats. The diastolic (bottom number) is the pressure at its low point, in between heartbeats.

Most of us today know that 120/80 is considered “normal” BP. But this wasn't always so.

During medical school, we were taught that “normal” systolic BP for adulthood was your age plus 100. So, a 60-year-old man was expected to have a systolic BP of 160. And it was essentially okay for a 70-year-old man to have a systolic reading of 170. Experts thought this “asymptomatic” rise of blood pressure with age was “normal.” And they only recommended drug treatment if your systolic reading rose significantly higher than your age plus 100.

They mistakenly thought high blood pressure due to advancing age was “asymptomatic.” In other words, it didn't cause any real symptoms. Now we know it's a silent killer. And it only strikes suddenly with a heart attack, stroke, or aneurysm.

They also mistakenly thought high blood pressure with advancing age was “normal.” And, yes, it was (and is) the numerical “norm” because most modern men and women experience a lifetime of exposure to stress. So

their blood pressure rises with age.

But let me be clear...high blood pressure is not “normal.” Far from it.

The reading of 120/80 remains optimal. And that “lower is even better.” But doctors are now reaching a consensus that 140/90 is the point at which the benefits of lowering BP outweigh their risks and side effects in the general population. No matter your age. Recent research continues to show that in adults there appears to be no benefits to lowering blood pressure below the 140/90 level and that lower is not always better. Blood pressure below 120/80 does not appear to be beneficial and may even have some risks of its own. Among older people there is recent research that moderately high blood pressure even reduces dementia (perhaps by better perfusing the brain with blood and oxygen).

So, what about the flip side of the blood pressure “coin”?

Low blood pressure is generally a sign of good health as long as the top, systolic pressure is above 80. But anything lower than that can also cause problems. If your blood pressure is too low, it becomes difficult to maintain adequate blood flow against the effects of gravity and other mechanical influences.

A blood pressure drop of 10 to 20 points when you go from lying down or sitting, to a standing position is called “orthostatic hypotension.” You would experience this problem as sudden, passing lightheadedness. This occurrence indicates an inability to regulate blood pressure.

A study in the journal *Hypertension* followed more than 12,000 adults for 17 years. Those who had episodes of orthostatic hypotension, especially between the ages 45 to 55 years, were more likely to develop heart failure by the end of the study.²⁶

Here's another point to consider: blood pressure measurements should be the same (or very close to it) in both arms. Research in the medical journal *Lancet* analyzed 20 studies that measured BP in both arms.²⁷ They found that a BP difference of 10 to 15 points from one arm to the other increases the risk of dying from heart disease or stroke. A 15-point difference doubled the risk

of arterial disease.

These simple blood pressure measurements can tell you a great deal about your health and your risk of cardiovascular diseases.

- If you have systolic blood pressure readings from 120 to 139, or diastolic readings from 80 to 89, you may run a greater risk of eventually developing real hypertension. And you should monitor your blood pressure frequently.
- If your BP readings stay at 140/90 or above, you need to check with your doctor about starting a treatment program. If you monitor your BP at home and find a reading over 180/110, check it again. If it persists, you should get urgent care to lower it. And be sure to check both arms!

Stress and blood pressure

The problem is, the world we live in today is overloaded with unnatural sources of stress. Stress that our bodies are not designed to handle. And there's no question in my mind that chronic stress is the real cause or contributor to high blood pressure in at least 90% of sufferers.

So here's the good news...there ARE effective "mind-body" therapies to help manage that stress. But only AFTER you get high blood pressure under control (under 140/90). And unfortunately, there may be no "natural" cure for doing that.

The very best thing you can do to reign in real high blood pressure is to go ahead and take a drug. *This* is an instance where the benefits of pharmaceuticals outweigh the risks. High blood pressure is a swift and silent killer. And you can't afford to fool around with it.

Of course there ARE side effects associated with blood pressure drugs. But you do have options. And there are things you can do to minimize those risks.

Unfortunately, nearly one out of 10 patients stop taking their blood pressure medications due to side effects. That's one reason you should stick with blood pressure drugs that have been on the market for at least seven years. They're generally known to be safer with fewer

side effects. Plus, this will save you a lot of money, since you'll have more generic drugs to choose from.

Fortunately, you can do many things, aside from drug therapy, to keep your blood pressure low. Especially if you only have mild-to-moderate high blood pressure.

Take yoga, for example.

New research shows that yoga reduces mild-to-moderate high blood pressure.²⁸

In one clinical trial, University of Pennsylvania (my alma mater) researchers studied 120 participants with mild-to-moderate high blood pressure. Patients were 50 years old, on average. And their average systolic blood pressure was 134 mmHg.

The researchers gave the participants three treatment options: yoga, diet, and yoga-diet combined. Then, they divided the participants into three groups. One group practiced yoga two or three times a week in a studio. The second group began a walking regimen and received nutritional counseling. The third group practiced yoga and received dietary counseling.

Men and women who practiced yoga reduced their [systolic] blood pressure by 5 to 6 mmHg after 12 weeks. And they reduced both their systolic and diastolic numbers at 24 weeks.

The lead researcher said, "It's not a huge decrease in blood pressure; it's not a drug effect; but it is significant." And for those experiencing early, mild-moderate elevations in blood pressure, lifestyle modifications like yoga can help keep you off drugs.

Interestingly, U Penn researchers presented these findings at the 2013 American Society of Hypertension Scientific Sessions. This same group rejected my study on stress and high blood pressure 35 years ago. My study examined the effects of stress on schoolchildren in Southeast Asia. Eventually, the study did get published elsewhere in the *American Journal of Public Health*. But at the time, the American Society of Hypertension wasn't so open-minded.

The very first study connecting yoga with lower blood

pressure also appeared 35 years ago in the British journal *Lancet*. However, as you know, the medical community is *slow* to embrace alternative approaches. And usually only does so after drug approaches are proven wasteful and/or harmful.

And that's exactly the predicament we face when it comes to high blood pressure. But I'm not complaining. It's great to see an alternative approach treated seriously by U Penn researchers.

Going forward, just remember that mind-body approaches work differently for different people. So, yoga may help you lower your blood pressure. But it may not help your spouse or a friend.

And, of course, it's just as important with high blood pressure as it is with any chronic condition to adopt a healthy diet and exercise program, lose weight, and reduce or manage stress through any number of effective "mind-body" techniques.

Find out which techniques will work best for you by finding your "emotional type" at www.drmicozzi.com. Then, your doctor should be able to slowly lower your dose of blood pressure medication and potentially stop it altogether.

Survival guide to blood pressure medications

If you are going to take a drug, there are a few things to keep in mind.

Believe it or not, 100 years ago, blood pressure medicines contained cyanide. Not surprisingly, they caused some thoroughly unpleasant side effects. So it was often hard to get patients to stay on these medications. Unlike most drugs that address the symptoms of a disease, patients felt better when they stopped the medications.

Luckily, in more recent decades, better, safer, more effective drugs have become available. There are still a few potential side effects. But in most cases, they're easily managed.

Beta-Blockers (like Propranolol) block adrenalin, relax and open the blood vessels for easier flow, and can reduce the speed and force of the heartbeat. But

because they block adrenalin, they also can cause side effects such as faintness, dizziness, and cold extremities. They can also narrow the air passages in the lungs, which may cause wheezing, cough, and shortness of breath. Alpha-blockers are somewhat similar but may also increase cholesterol and weight gain, as well as episodes of sudden drops in blood pressure.

If you suffer any of these side effects, see your doctor about adjusting the dose or the prescription. And remember to ask about drugs that are "off patent." They're less expensive and have stood the test of time in establishing their safety.

Diuretics (or "water pills") are designed to eliminate excess fluids, making it easier for the heart to pump. They increase urination, which may already be a problem in men with prostate problems. And it may also allow key nutrients to escape in the extra urine. Most physicians recognize the potential loss of potassium, but may not be aware of the loss of other nutrients.

If you're taking a diuretic, make sure you are well hydrated with South African rooibos and/or CoQ10, and have adequate intake of vitamins and minerals.

Vasodilators relax and open the blood vessels, which allows blood to flow more freely and reduces blood pressure. However, they may cause problems similar to the ones listed above for Beta-Blockers.

Some of these potential symptoms may have you raising your eyebrows. But rest assured, if there's one thing modern medicine is good at it is managing diseases with drugs. And also managing the well-known and accepted side effects of those drugs. And in the case of high blood pressure, the benefit of swiftly and efficiently lowering it with the use of drugs far outweighs the risks of the side effects of the drugs for most people.

Unlike statins, one of the easiest ways you can help control the costs and the side effects of blood pressure medications is to consult your doctor about using a "generic." These have been around long enough to go "off patent," which dramatically lowers the price. And they've been used long enough that the FDA has had a chance to discover any hidden problems that emerged after they

“approved” the drug. Which means your doctor will be well-equipped to spot—and deal with—any potential side effects that may occur. Some of these older drugs include Diazoxide, Hydralazine, Minoxidil, Nitroprusside, Prazosin, and Thiazide diuretics.

And, of course, it's just as important with high blood pressure as it is with any chronic condition to adopt a healthy diet and exercise program, lose weight, and reduce or manage stress through any number of effective “mind-body” techniques. Then, your doctor should be able to slowly lower your dose of blood pressure medication altogether.

CHAPTER 10: NOURISH YOUR HEART

I told you about some key nutrients I recommend for the statin reversal plan in Chapter 8. But now let's talk about everyday heart health. How can you feed your heart to keep it strong and nourished on a day-to-day basis?

Key nutrient improves your chances of surviving a heart attack or stroke

I mentioned vitamin D's role in statin recovery, but this nutrient is essential for all facets of heart health. Keeping your levels adequate (or, better yet—optimal) can mean the difference between life and death—literally. In fact, a new German study found that men and women with low vitamin D are far more likely to die following a heart attack or stroke.²⁹

Vitamin D regulates nearly 400 genes in the body. And some experts believe it acts more like a hormone than a nutrient. This activity may help explain why it reduces your risk of developing so many different diseases—from cancer to multiple sclerosis. It's also important for bone health and mental health. It helps keep blood pressure at normal levels. And it even shrinks painful uterine fibroids in women.

The latest findings about vitamin D relate to cardiovascular disease (CVD), the most common health problem of our time. Of course, previous studies established a connection between low vitamin D and cardiovascular

disease. However, in these earlier studies, researchers typically took just one blood sample to test for vitamin D. And they didn't look at the differences between fatal and non-fatal CVD events. In other words, they just looked at the number of cardiovascular events overall. They didn't look at who died. And, just as important, who *didn't* die.

The latest German study is much stronger because researchers measured vitamin D levels at three different times. And they looked at the differences between who died and who didn't die after suffering a heart attack or stroke.

For the study, researchers followed a cohort of nearly 10,000 adults ages 50 to 74 years for over 10 years. They measured the amount of vitamin D (25-hydroxyvitamin D, or 25-OH-D) in the participants' blood at the outset of the study. Then, they measured it again after five years. And one last time after eight years.

They found that 59 percent of women and men in the study had inadequate vitamin D levels. The researchers defined “inadequate” as anything lower than 50 nanomoles per liter (nmol/L).

Over the next 10 years, 854 participants had a non-fatal CVD event. (Four-hundred sixty of them suffered non-fatal heart attacks. And 313 had non-fatal strokes.) But 176 participants had a fatal CVD event. (There were 79 fatal heart attacks. And 41 fatal strokes.)

Overall, men and women with low vitamin D levels had a 27 percent greater risk of suffering a heart attack or stroke.

But here's the kicker for your ticker...

Their CVD events were far more likely to kill them. In fact, men and women with low vitamin D increased their risk of suffering a fatal heart attack or stroke by a whopping 62 percent! By comparison, men and women with adequate levels of vitamin D were much more likely to survive their heart attack or stroke.

Of course, there are several ways to look at these findings.

First off, perhaps low vitamin D leads to more severe CVD events, when they occur. Or perhaps low vitamin D somehow reduces your ability to survive such events when they occur. We also know that low vitamin D is associated with other conditions—such as diabetes, chronic kidney disease, and poor health overall. Perhaps this association lowers your ability to survive a CVD event.

What does all this mean for you?

Clearly, you need to maintain optimal vitamin D levels year-round. Of course, in the winter, if you live north of Atlanta in the U.S., the sun's rays aren't strong enough to support your body's own natural production of vitamin D in the skin. No matter how much time you spend outside.

So you need to take a vitamin D supplement. **I recommend taking one year-round that gives you 5,000 IU per day of vitamin D.** Overall, studies indicate this amount to be a good general recommendation.

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).

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.³⁰

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 fish oil can reduce blood pressure in people who DO have elevated blood pressure, or hypertension. So this simply appears to be another instance where we should credit the "wisdom of the body" (and basic physiologic processes) for not "fixing" problems that don't actually exist!

And it certainly isn't cause to "throw the baby out with the bathwater," so to speak. Because this research revealed a real breakthrough if you can see the bigger picture.

A valuable insight that moves us closer to understanding *how* omega-3 fish oils have their benefits in heart disease.

Over the short term, blood pressure constantly goes up and down—but settles out at a resting "set point."

Chronic stress causes that “set point” to rise. The body eventually readjusts at a higher blood pressure—causing ongoing “wear and tear” damage to our heart and blood vessels. Stress also causes increases in nervous system reactivity and heart rate.

The ability of fish oil to reduce heart rate and nervous system responses to stress within just 8 weeks is a good sign it will also help keep blood pressure normal and the heart healthy over the longer term.

And don't forget that fish oil has previously been shown to reduce triglyceride levels in the blood and decrease growth of atherosclerotic plaques in blood vessels—which result after the wear-and-tear damage of elevated blood pressure and chronic inflammation gets repaired.

When you have a vicious cycle of patho-physiologic factors causing a disease, you need a real cure that knocks out all the negative effects (not just a drug that has one effect and causes other side effects). And fish oil offers the “whole package” when it comes to heart health.

I recommend everyone take at least 1 to 2 grams per day of omega-3 fatty acids from fish oil.

Ideally, you should be looking for dietary sources of omega-3s, such as salmon, sardines, and other fatty fish. Of course, if you don't like fish, purified omega-3s and fish oil supplements are widely available.

CHAPTER 11: 7 HEART-HEALTHY SUPPLEMENTS TO CONSIDER

As I mentioned above, there are many nutritional supplements that can benefit overall heart health generally (but not blood pressure specifically). Following are seven of my favorites. These nutrients have been shown to help support the heart muscle, and promote free-flowing blood to the heart and circulation.

1. **Gugulipid.** Gugulipid, or gum-guggul, is from the resin of one of the remarkable gum trees found in South Asia, Southeast Asia, and Australia. Centuries ago, gum tree resins were employed in the ancient Ayurvedic pharmacy. The knowledge of how and

when to harvest the resins, how to prepare and store them, and how to administer them are critical to achieving its therapeutic benefits. There are accordingly questions about the supply, formulation, and potency of different preparations, so check with your qualified health practitioner about the sources and uses of this dietary supplement. But when used appropriately, this therapy has been shown to maintain healthy levels of cholesterol (instead of just lowering them arbitrarily).

2. **Garlic.** The clinical studies of garlic on heart health address three areas: (1) lipids, like cholesterol and triglycerides (2) blood pressure, and (3) atherosclerosis and thrombosis. Investigators have explored its use as a treatment for mild hypertension and high cholesterol. Numerous studies have long documented garlic's effect on platelet aggregation and fibrinolytic activity in humans, which makes the blood “thinner.”

To benefit from the heart health effects of garlic take one or two fresh cloves per day; or if using a garlic extract, take 200-400 mg, two to three times per day.

3. **B Vitamin and Flavonoids.** The levels of a chemical called homocysteine in the blood are strongly and consistently linked to the risk of heart disease. The leading researcher who has worked for decades to demonstrate this effect lives in my old home town in New England. I brought him to speak to the College of Physicians in Philadelphia over 12 years ago to try to get the word out about this critically important finding. All these years later, your doctor may still not know to do anything about homocysteine. But lowering homocysteine to healthy levels is easily achieved by supplementing with folic acid, vitamin B6, and vitamin B12.

Try daily doses of 800 mcg of folic acid, 25-50 mg of vitamin B6, and 100-300 mcg of vitamin B 12.

4. **Selenium & Vitamin E.** Since selenium comes from the soil in which foods are grown, and livestock are grazed, selenium levels in the body often correlate with the local environment. I studied the role of selenium in preventing cancer in China during the late 1980's. But selenium is also important for the heart. Deep in the interior of Mainland China lies the land

with the lowest levels of selenium anywhere on earth. In this low-selenium area of China, we find high rates of "Ke-Shan" disease, a deadly cardiomyopathy wherein the heart muscle itself does not function.

Besides contributing to the health of the heart muscle, selenium also helps activate the important antioxidant enzyme, glutathione peroxidase, which is also important to heart health. Selenium is often thought to work in combination with vitamin E, especially as an "antioxidant." On its own, vitamin E protects low-density lipoprotein cholesterol from being oxidized and reduces heart disease.

Take selenium 100 mcg per day, and vitamin E 400 IU per day.

5. **Magnesium.** Magnesium deficiency can develop if you are being treated for heart disease, especially with the use of digitalis and certain diuretic drugs. Some researchers believe that magnesium supplementation helps prevent the occurrence of sudden death in people with heart disease and helps improve survival.

Take 300-400 mg of magnesium per day for six weeks to restore healthy magnesium levels.

6. **Hawthorn.** Hawthorn is a member of the rose family with sharp thorns and small white or pink flowers that develop a bright red fruit, found in woodlands. The plant constituents improve heart muscle function, heart output, and blood flow in the coronary arteries and to the heart muscle. It also reduces resistance to blood flow.

Try a commonly used extract from leaves and flowers standardized for total flavonoid or procyanidin content, 160-900 mg per day for 4 to 8 weeks. If using a traditional preparation of the berries or fruit, try 4-5 grams per day.

7. **Terminalia arjuna.** This Ayurvedic herb has been well known in India for its heart benefits since at least 500 BC. It contains a flavone called arjunolone, as well as arjunic acid, and arjunetin and arjunosides, which are glycosides (like the better-known digitalis). Arjuna seems similar to other heart-active medicinal plants like Lilly of the Valley (*Convallaria majalis*) that help

survival with heart disease. As with guggulipid, check with your health practitioner about appropriate sources and uses of this dietary supplement.

A combined approach represents the best of complementary medicine: (1) safe and effective drugs as needed to control blood pressure, (2) dietary supplements for heart health, (3) a sensible program of diet and exercise, (4) achieving and maintaining a healthy weight, and (5) using effective mind-body therapies that match your own personality or emotional type for stress management.

CHAPTER 12: YOUR STEP-BY-STEP GUIDE TO COMBATTING CARDIOVASCULAR DISEASE

Cardiovascular disease is a major problem in the United States. And the numbers keep getting worse. Let's recap the seven steps that can help you lower your risk of suffering a heart attack or stroke.

No. 1: Get your blood pressure under control

High blood pressure (and the stress lurking behind it) is the No. 1 cause of heart disease. So, you should do everything you can to keep it under control as we talked about earlier. Including safe, proven drug therapy if your doctor recommends it, as well as relaxation techniques like yoga or taking a 20-minute walk, and all the other effective mind-body techniques best suited to your own individual personality (take the short survey at www.drmicozzi.com).

No. 2: Eat like the Italians and Greeks

Of course, diet plays an important role in preventing cardiovascular disease. But you have to choose the right diet. I highly recommend adopting the Mediterranean diet. It is the single most effective diet for preventing cardiovascular diseases.

Traditionally, the Mediterranean diet includes healthy amounts of fruits, vegetables, whole grains, nuts, fish,

and some red meat. It also employs relatively large amounts of olive oil.

Olive oil contains plenty of monounsaturated fatty acids. These specifically help your heart. In fact, the EPIC-Spain study followed 40,622 patients and found a 44 percent reduction in cardiovascular disease just from using olive oil in the diet.³¹ In the U.S., even the FDA agrees that just 2 teaspoons of olive oil a day can reduce your risk of heart disease.

The **Mediterranean Diet** also gives you plenty of bioactive plant polyphenols. You find these powerful antioxidants in olive oil, nuts, fruits...and even red wine. And it turns out, these antioxidants protect you against cardiovascular disease too. In the EUROLIVE study, researchers recruited 200 healthy subjects from five European countries.³² The researchers discovered that the subjects decreased their blood lipid (fat) levels and oxidative stress markers when they increased the phenolic content in their olive oil.

Fish also plays prominently in the Mediterranean Diet. It contains lots of omega-3 polyunsaturated fatty acids. And we know these help lower your risk of developing cardiovascular disease as well. In fact, the American Heart Association now recommends adults get plenty of omega-3 fatty acids to prevent heart disease.

Of course, if you don't like fish, you can always take a high-quality fish oil supplement.

No. 3: Eat more fruits and veggies

This one is obvious. But always worth mentioning. Simply put, plant sterols and other bioactive constituents found in vegetables and fruits help keep your heart healthy. In fact, that EPIC study I mentioned earlier also examined the relation between fruit and vegetable consumption and the risk of dying. Like other studies before it, this EPIC study found that men and women who eat lots of fruits and vegetables reduce their all-cause mortality. And especially their cardiovascular disease mortality. In fact, eating a diet high in fruits and vegetables reduces your risk of dying from cardiovascular disease by a whopping 15 percent.³³

No. 4: Eat more fiber

Strive to take in more natural fiber through foods such as fruits and vegetables. And when you do eat carbs, make sure they are only complex carbs like barley, whole oats, or sprouted wheat grain. Complex carbs contain the most beneficial forms of dietary fiber. Your body digests them slowly, unlike refined carbs. Plus, they help sweep out toxins from your intestinal tract. Just be wary of anything with "added fiber" like those awful cereal-granola bars. Instead, go for a nice slice of "Ezekiel bread" with a dab of real butter.

No. 5: Go ahead—enjoy that dark meat on your plate

The U.S. government says you should limit saturated fat to reduce your cardiovascular disease risk. But now we know this advice is completely wrong. And even dangerous.

Today, you'll still hear many "health experts" say to limit fat intake to less than 30 percent of total calories. And to limit saturated fats to less than 10 percent of calories. You'll also see many well-intentioned adults following low-fat diets. They avoid red meat. Skip the butter. And would never think of touching a piece of bacon. Even the nitrate-free variety. Well, some experts knew better. Even 30 years ago. They just happened to work in a different building from the human heart specialists.

Science shows that men and women who *avoid or overly limit* saturated fats actually increase their cardiovascular (CV) disease risks!

In fact, more recent prospective cohort studies show no association whatsoever between saturated fat intake and higher risk of CV disease. Instead, saturated fats may protect you from CV disease somewhat.³⁴ Dietary saturated fat does seem to increase low-density lipoprotein (LDL) cholesterol in the blood. Yet, when you reduce LDL cholesterol in the blood by eating less saturated fat, this only impacts the larger, lighter Type A LDL.

But now we know that the smaller, denser Type B LDL cholesterol causes problems with CV disease.

And any guess what type of food influences Type B LDL cholesterol?

You got it: carbohydrates.

Simply put, saturated fats simply aren't the enemy. And we all need some in our daily diet—in moderation. Remember, dietary sources of saturated fats are generally good sources of protein and vitamins and minerals too.

Eating some saturated fat also gives you natural, fat-soluble nutrients, such as vitamins A, D, and E, as well as B vitamins. And these important nutrients are extremely difficult to get in low-fat and/or vegetarian/vegan diets.

**No. 6:
Exercise in moderation...outdoors**

Everyone knows that exercise is good for the heart. You also want to make sure to exercise in the great outdoors, whenever possible. One study found that exercising outside is far better for you than exercising indoors.³⁵ First, you get some vitamin D much of the year when exercising outside. Second, exercising outside is generally more challenging. Your body must make constant adjustments to the terrain. So you must use different muscle groups. And lastly, it's just plain more enjoyable. In fact, one study found that men and women who exercise outdoors reduce their cortisol (stress hormone) levels more than indoors exercisers.³⁶ Cortisol is the stress hormone we know plays a role in cardiovascular disease. Just plain being outside in Nature is good for the body and soul. But some people still seem to need a reason to go outside. And outdoor exercise is a good reason.

**No. 7:
Get enough SLEEP!**

Researchers now believe that getting proper sleep is critical to your health. And, more specifically, critical to your heart's health. In fact, researchers from Harvard Medical School and Brigham & Woman's Hospital recently completed a very important sleep study.³⁷

For the study, researchers followed 23,447 men over six years. The participants came from Harvard's Health Professional Study, which has been following a large group

of men since 1986. (I often report about the many solid studies coming out of Harvard)

The researchers asked the men if they had trouble falling asleep or staying asleep. Those that said they did have trouble ran a 55 percent higher risk of cardiovascular disease. They also had a 25 percent higher risk of death. That's compared to men who said they sleep well.

Now, as I mentioned, this study was based on what participants reported about themselves. Next, I'd like to see the researchers conduct studies in a sleep lab to observe what patterns of sleep, or lack of sleep, lead to an increased cardiovascular risk.

The study's lead author said he believes poor sleep influences the body's hormonal system. And it may even increase chronic inflammation.

**No. 8:
Supplement!**

The medical mainstream is so busy churning out new drugs it doesn't seem to want to consider vitamin and mineral nutrition. Which is a shame. Because not only do these nutrients have the potential to prevent some of today's most common—and deadliest—ailments, they can also be extremely beneficial when used with mainstream therapies.

That is, after all, what *complementary* means in its truest sense.

But as you know by now, when dietary supplements are used correctly, they can counter-act and correct many of the side effects and nutrient depletions caused by many commonly prescribed drugs. This property provides one of their most unique benefits. Not only do they help reduce the potentially serious side effects that accompany many common prescription drugs. But also to help them—and your body—work even better. Most supplements today are safe, affordable, and in fact something you can't afford not to do.

NOW GO GET STARTED

So are you ready for your new steps towards a heart-

healthy future? The science is there to back you up. Avoid dangerous drugs and multiple trips to the doctor by choosing the right foods and nutrients to fuel your heart (and while you're at it—your entire body). Be careful not to believe every statement or label you read that claims to be "heart healthy." And remember what the FDA is basing its standards on. Cholesterol is not the enemy—but high blood pressure, chronic inflammation, and stress are. Take the right steps to lower your blood pressure and find some time to relax and de-stress throughout the day. You are already on the road to recovery.

Sources:

- 1 "The relationship of vitamin D deficiency to statin myopathy," *Atherosclerosis* 2011 Mar; 215(1):23-9
- 2 "No connection between the level of exposition to statins in the population and the incidence/mortality of acute myocardial infarction: An ecological study based on Sweden's municipalities," *Journal of Negative Results in Biomedicine* 2011; 10(6)
- 3 "Different Time Trends of Caloric and Fat Intake Between Statin Users and Nonusers Among US Adults," *JAMA Internal Medicine* Published online April 24, 2014
- 4 "Cholesterol as a Risk Factor for Dementia and Cognitive Decline: A Systematic Review of Prospective Studies With Meta-Analysis," *American Journal of Geriatric Psychiatry*, 2008, May; Vol. 16(5):343-354
- 5 <http://www.ncbi.nlm.nih.gov/pubmed/9343498>
- 6 "Better memory functioning associated with higher total and LDL cholesterol levels in very elderly subjects without the APOE4 allele," *Am J Geriatr Psychiatry* 2008 September; 16(9): 781-785
- 7 "High total cholesterol levels in late life associated with a reduced risk of dementia," *Neurology* 2005; Vol. 64: 1689-1695
- 8 "Cholesterol-reducing Drugs May Lessen Brain Function, Says Researcher," *Science Daily* (www.sciencedaily.com) 2/26/2009
- 9 "Don't Give More Patients Statins" *New York Times*, (www.nytimes.com) 11/13/13
- 10 "Should people at low risk of cardiovascular disease take a statin?" *BMJ* 2013;347:f6123
- 11 "Different Time Trends of Caloric and Fat Intake Between Statin Users and Nonusers Among US Adults," *JAMA Internal Medicine* Published online April 24, 2014
- 12 "Simvastatin for the Prevention of Exacerbations in Moderate-to-Severe COPD," *New England Journal of Medicine* 2014; 370:2201-2210
- 13 "Rosuvastatin for Sepsis-Associated Acute Respiratory Distress Syndrome," *N Engl J Med* 2014; 370:2191-2200
- 14 "Statins prevent cataracts," *European Society of Cardiology* (www.escardio.org) 8/31/2014
- 15 "Association of Statin Use With Cataracts: A Propensity Score—Matched Analysis," *JAMA Ophthalmol.* 2013;131(11):1427-1434
- 16 "Statins for Women? Not for My Patients," *Huffington Post*" (www.huffingtonpost.com), 11/20/2013
- 17 "Depressive symptoms, social support, and lipid profile in healthy middle-aged women," *Psychosom Med.* 1997;59(5):521-8
- 18 "Low serum cholesterol and suicide," *The Lancet* 1992; 339 (8795): 727—729, 1992
- 19 "Statin Use and Risk of Diabetes Mellitus in Postmenopausal Women in the Women's Health Initiative" *Arch Intern Med.* 2012; 172(2):144-152
- 20 "Dirty medicine." *CNNMoney.* Mar 13, 2013. <http://features.blogs.fortune.cnn.com/2013/05/15/ranbaxy-fraud-lipitor/>
- 21 "Should people at low risk of cardiovascular disease take a statin?" *BMJ* 2013; 347 doi: <http://dx.doi.org/10.1136/bmj.f6123> (Published 22 October 2013)
- 22 "Blood tests for heart disease." <http://www.mayoclinic.org/diseases-conditions/heart-disease/in-depth/heart-disease/art-20049357>. Accessed March 24, 2014
- 23 "Moderate elevation of body iron level and increased risk of cancer occurrence and death." *Int J Cancer.* 1994 Feb 1;56(3):364-9
- 24 "Lack of Vitamin D Linked to CVD Biomarkers, Inflammation," *Medscape* (www.medscape.com) 2/27/2014
- 25 "Demographic Differences and Trends of Vitamin D Insufficiency in the US Population, 1988-2004" *Arch Intern Med.* 2009;169(6):626-632
- 26 "Orthostatic Hypotension as a Risk Factor for Incident Heart Failure The Atherosclerosis Risk in Communities Study," *Hypertension.* Published online before print March 19, 2012
- 27 "Association of a difference in SBP between arms with vascular disease and mortality: a systematic review and meta-analysis," *Lancet* 2012; S0140-6736(11)61710-8
- 28 "Yoga and hypertension". *J Clin Hypertens*, 9(10): 800-801, 2007. Retrieved from: <http://omicsonline.org/yoga-and-hypertension-2157-7595.1000144.pdf>
- 29 "Serum 25-Hydroxyvitamin D and Incidence of Fatal and Nonfatal Cardiovascular Events: A Prospective Study With Repeated Measurements," *Journal of Clinical Endocrinology and Metabolism*, December 2013; 98(12)
- 30 "Fish oil and neurovascular reactivity to mental stress in humans," *AJP Regu Physiol* 2013; 304(7): R523-R530
- 31 Olive oil intake and mortality within the Spanish population (EPIC-Spain) *Am J Clin Nutr* July 2012 ajcn.024216
- 32 "Changes in LDL fatty acid composition as a response to olive oil treatment are inversely related to lipid oxidative damage: The EUROLIVE study". *J Am Coll Nutr.* 2008 Apr;27(2):314-20
- 33 "Fruit and Vegetable Consumption and Mortality: European Prospective Investigation Into Cancer and Nutrition," *American Journal of Epidemiology*, 2013; 178 (4): 590

- ³⁴ "Nutraceuticals for Prevention and Treatment of Coronary Heart Disease," *Curr Opin Cardiol* 2013;28(4):475-482
- ³⁵ "Does participating in physical activity in outdoor natural environments have a greater effect on physical and mental wellbeing than physical activity indoors? A systematic review." *Environ Sci Technol*. 2011 Mar 1;45(5):1761-72. doi: 10.1021/es102947t. Epub 2011 Feb 3
- ³⁶ "Does participating in physical activity in outdoor natural environments have a greater effect on physical and mental wellbeing than physical activity indoors? A systematic review." *Environ Sci Technol*. 2011 Mar 1;45(5):1761-72. doi: 10.1021/es102947t. Epub 2011 Feb 3
- ³⁷ "Sleep Duration and Risk of Atrial Fibrillation (From the Physicians' Health Study)" *Am J Cardiol*. Feb 15, 2013; 111(4): 547—551. Published online Dec 6, 2012. doi: 10.1016/j.amjcard.2012.10.038

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