



DR. MICOZZI'S

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Special HEART-HEALTH Edition

Revealed: What the mainstream doesn't know about heart disease in older adults

My safe, natural, and effective approach for optimum heart health as you age

We are well aware of all of the attention given to heart health from government officials and their crony-capitalist codependents—including the American Heart Association, the legions of cardiologists running their treadmills in every community, and big pharma and its metabolic-poison statin drugs.

Shouldn't all of this attention and expense equate to some kind of effective prevention and treatment strategies for heart health for patients? So it is indeed troubling when a leading medical journal, *Circulation*, had to recently report that there are "significant gaps in knowledge" when it comes to cardiovascular care in older adults.¹ And that was putting it mildly.

This shocking statement is particularly disturbing because we all know that the risk of cardiovascular disease increases with age. And yet, as this report shows, mainstream medicine does not really know what it is doing when it comes to providing cardiovascular care to those who need it the most—older Americans.

That's the bad news. But the somewhat good news is that the mainstream has been barking up the wrong trees anyway. So you are not really missing much of anything.

In a moment, I'll share with you my top tips to keep your heart healthy,

naturally, as you age. But first, let's look at how the mainstream got itself in this illogical, cardiologist conundrum in the first place.

80% of cardiovascular deaths occur in people older than 65

You may be surprised to learn that cancer is the leading cause of death among adults age 18 to 74. It is only after age 75 that cardiovascular disease emerges as the number one cause of mortality. But its effect on older adults is so overwhelming that cardiovascular disease dominates health statistics for the entire adult population as the number one cause of death overall.

The *Circulation* article notes that people over age 65 account for *more than half* of the cardiovascular procedures and hospitalizations in the U.S., as well as about 80% of cardiovascular deaths. And although people age 75 and older comprise only about 6% of the total population, more than 50% of cardiovascular deaths occur in this age group.

However, as the scientific statement admits at the outset, despite the large impact of heart disease on older adults, there remain troubling gaps in providing cardiovascular care to this particular population.

Circulation would not publish such a statement lightly. It has been in circulation, so to speak, for a long

time, and has been a leading medical journal since its debut.

In fact, my very first scientific study was published in *Circulation*, from research I performed as a second-year medical student while working with the chief of surgery at the Graduate Hospital of the University of Pennsylvania. (This hospital was originally set up by Penn's scientific faculty to admit patients who would participate in scientific studies, while also receiving premium medical care, in order to advance medical research—and was an early and better version of the "NIH Clinical Center.")

Just from reading the headline of the recent *Circulation* statement, I suspected that a big part of the cardiovascular care problem in *older* adults is that most of the modern

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medical research has actually been conducted on *middle-aged* adults. Researchers often ignore older adults, even though they are the ones who really need cardiology care the most (or at least, need most of the care).

Why do researchers always forget about senior citizens?

Things change as we age, and it turns out that many medical research studies (used primarily to get drugs approved) don't take that basic biological fact into account. But even on the rare occasions when cardiology studies do reflect this fact, they are often ignored if the information doesn't fit mainstream medicine's agenda.

For example, *JAMA* studies published years ago demonstrated that there is no reason to give statin drugs to people over age 70. Geriatricians and primary care doctors are finally getting the message, but try telling that to crony-capitalist codependent cardiologists. After all, without statin drugs, what would they have to do, other than running their treadmills?

Furthermore, in my December *Daily Dispatch* ("You might not need that blood pressure drug after all"), I reported on a recent study showing that many older adults continue to be given blood pressure medications after their blood pressure has returned to normal, or even below normal—contributing to poor circulation, strokes, falls, and potentially dementia. (Likewise, newer more expensive drugs approved for diabetes, when given to older adults, can lead to the same kinds of problems due to hypoglycemia.)

These are all issues in older adults that have been given short shrift by the academic-government-industrial medical research establishment. (But don't worry, their research has been

good enough—and only good for—big pharma getting approval from the FDA for its "poison pills.")

Indeed, the *Circulation* scientific statement admits to this troubling fact. It states outright that clinical trials have either specifically, intentionally excluded older adults or have admitted only relatively healthy older patients with few complications or impairments related to cardiovascular disease. Despite the high incidence of cardiovascular disease, disability, and mortality—not to mention the devastating loss of independence and decreased quality of life—among this age group.

How aging affects your cardiovascular health

Studies do show that aging impacts cardiovascular anatomy and physiology...as well as other organ systems, including the brain, kidneys, liver, and muscles.

These changes influence the effectiveness of cardiovascular drugs and other treatments. They also increase the risk of complications related to both drug and non-drug interventions.

Therefore, it should not be assumed that cardiovascular studies on younger people actually tell doctors *anything* about how to treat their older patients with heart disease.

In fact, despite all of the emphasis on "evidence-based" medicine, it turns out there is no real scientific evidence on how to treat cardiovascular disease in the majority of people who actually need cardiovascular care.

This all assumes that the mainstream's pet theories for cardiovascular disease risk (like dietary cholesterol, fats, salt, and blood cholesterol) ever had any real meaning for anybody in the first place.

In the meantime, big pharma is

happy to dole out billions of pills to treat putative “risk factors” in healthy younger adults, most of whom will never have a heart problem. But if they do develop a cardiovascular issue, it will most likely happen when they become much older adults—at which point mainstream medicine has nothing to offer.

But I do have something to offer.

In fact, I've been researching natural options for cardiovascular care for decades. And there are far more science-backed solutions than I could fit into this article.

So I've started developing an in-depth, step-by-step protocol that will eliminate any so-called “gaps in knowledge” in how to keep your heart healthy at ANY age. I've just finished sifting through all of my research to put together this revolutionary new protocol. I will keep you posted on the progress—and release—as it gets closer.

In the meantime, here is a brief rundown of just a few of the safe, effective, and natural options for heart health.

Simple but effective ways to reduce your risk of cardiovascular disease

For optimum cardiovascular health, you need to focus on three key factors:

- Controlling your blood pressure.
- Stopping chronic inflammation. Just as it can with any other muscle in your body, chronic inflammation can compromise heart function.
- Lowering your blood levels of an amino acid called homocysteine.

You can achieve all of these naturally. Here's how.

Vitamin D. On page 6, I discuss how study after study reveals how

vitamin D can improve your health from head to toe. And this wonder vitamin may also be the world's most potent natural blood pressure protector. How?

Well, some researchers theorize it has to do with vitamin D's unique connection to an enzyme called renin. This enzyme's primary function is to help regulate blood pressure throughout the body and vitamin D is vital in its synthesis. (I studied renin at the City of Hope National Medical Center under a college research scholarship back in 1973.)

D also does double duty for heart health by reducing inflammation. A study of 957 older adults with high blood pressure found that the people with lower blood levels of vitamin D had significantly higher markers of inflammation compared to the people with elevated levels of D.²

I recommend taking 10,000 IU daily of D3, which is the most bioavailable form of the vitamin.

Coenzyme Q10. Several studies show that this nutrient not only provides energy for your hard-working heart muscle, but it can also help maintain healthy blood pressure levels.

CoQ10 is particularly important if you take statins, because it helps support the cellular mitochondria that are poisoned by these dangerous drugs. I recommend 200 mg of CoQ10 a day.

Magnesium. I call magnesium the “miracle mineral” because it can improve your health in so many ways. Not only has magnesium been shown in studies to boost bone health and help fight diabetes, depression, and migraines, but it also is vital for heart health.

Magnesium is crucial for muscle and nerve function...including your heart muscle. It helps create ATP

(cellular) energy within your body. And it relaxes your blood vessels, which means your heart doesn't have to work so hard to pump blood throughout your cardiovascular system.

You can get magnesium in your diet by eating dark leafy greens like collard, kale, spinach, and swiss chard. Seeds and nuts are rich sources of magnesium, as are beans—especially black beans.

But because researchers estimate that more than 50% of Americans are deficient in magnesium, I also recommend supplementing with 400 mg of magnesium citrate (the most bioavailable form) daily.

Vitamin K2. I didn't fall victim to the hype a few years ago about this supposed “miracle nutrient” that can fix anything that ails you. But I do respect the growing amount of evidence linking K2 to bone and heart health.

The older you get, the more risk you have of calcification within your cardiovascular system—which leads to hardening of the arteries. This is why I recommend *never* taking calcium supplements, because they can contribute to this calcification.

But studies show that K2 can actually *transport* calcium out of your arteries and into your bones.

In fact, research shows that healthy arterial tissues have been shown to contain *100 times more vitamin K2* than unhealthy arteries.

The famous Rotterdam Study, which tracked the heart health of 4,800 participants for seven years, showed that the people who consumed the largest amounts of K2 had fewer calcium deposits around their heart. That led to a whopping *57 percent* reduction in heart issues.³

And another study of postmenopausal

women found that vitamin K2 significantly improved their arteries' ability to stretch.⁴

The main food sources of vitamin K2 are fermented foods like cheese, yogurt, and soy. I don't recommend soy because so much of it is genetically modified, not to mention the other problems associated with it (see the January 2017 issue of *Insiders' Cures* for more on that topic)—which doesn't leave you a lot of choice for your daily K2 ration.

That's why I now recommend vitamin K2 supplements. But don't just run out to the grocery store and grab any K2 product off the shelf. Look for products that contain what research shows is the gold standard of K2—MenaQ7.

This naturally derived form of vitamin K2 uses the highest purification available. And it's the only form of K2 that has been clinically validated to work. I recommend 150 mcg of the MenaQ7 form of vitamin K2 daily.

B vitamins. Nearly 50 years ago, my colleague, Harvard University Medical Professor Dr. Kilmer McCully, first described the incredible connection between heart health and homocysteine.

This amino acid is crucial for the health of your arterial walls. But when you have too much homocysteine in your body, theories suggest it can actually *destroy* the endothelial cells in your cardiovascular system. That can create chunks and divots in your arterial walls. Cholesterol (which is otherwise an innocent bystander) races in to fill the holes...and becomes calcified and turns into plaque (another reason to avoid calcium supplements, as above).

But a meta-analysis of 12 studies

including 34,481 people found that vitamins B6, B12, and folate (B9) significantly reduced participants' homocysteine levels.⁵

Research shows that each of these B vitamins plays a key role in recycling homocysteine into methionine—taking a potentially dangerous amino acid and converting it back into a protein building block.

To help keep your homocysteine levels in check, I recommend 30 mg of vitamin B6, 800 mcg of folate, and 1,000 mcg of vitamin B12 every day.

Trimethylglycine. Also known as betaine, this type of amino acid has been shown in some studies to be even more powerful than folate for healthy homocysteine levels. I recommend 500 mg daily.

To read more about trimethylglycine, check out “The heart hazard throwing aging into overdrive” in the November 2015 *Insiders' Cures*.

L-carnitine. A Mayo Clinic review of 13 controlled trials found that compared to a placebo, L-carnitine was associated with an astonishing 65% reduction in ventricular arrhythmias—which can lead to sudden cardiac death.⁶ The researchers cited L-carnitine's ability to help improve energy metabolism in heart cell membranes.

I recommend 500 mg of L-carnitine daily for optimum heart health.

Ashwaganda, boswellia, and curcumin. These herbs have been shown to be effective at reducing chronic inflammation. Look for dietary supplements that include 400-500 mg of each of these ingredients.

Fish oil. There's convincing evidence that the omega-3 fatty acids in fish oil are effective at lowering blood pressure and triglyceride levels. I recommend 1-2 grams of


high-quality fish oil per day, along with eating fatty fish like salmon once or twice a week.

A balanced diet. Avoiding sugar, simple carbs, and processed foods is one of the most effective ways to fight inflammation. Swap out these harmful foods for plenty of antioxidant-rich fruits and vegetables.

Moderate exercise. I know I don't have to tell you the benefits of swimming, walking, or doing housework or yardwork, every day. Exercising outside in the sunshine can also boost your levels of vitamin D, and directly support your immune system.

Mind-body techniques. The “silent killer” behind cardiovascular disease is stress (not salt, saturated fats, or cholesterol). Among other things, the stress hormone cortisol can boost your blood pressure. Almost 20 years ago I published a paper with Dr. Ken Seaton asking whether cortisol is actually the major hormone associated with aging. And just last month, I reported in my *Daily Dispatch* e-letter about a new study directly linking stress as experienced in the brain to heart disease (“New research confirms the real silent killer behind heart disease”).

There are many effective mind-body techniques to reduce stress and lower blood pressure, including biofeedback, guided imagery, mindfulness meditation, yoga, and others.

To find out which stress-reduction technique will work best for your individual personality type, take my Emotional Type Quiz at www.drnicozzi.com, and read my popular book with Mike Jawer, “*Your Emotional Type*.” (You can order a copy of this book by [clicking here](#) or by calling 1-800-682-7319 and asking for order code EOVT2301.) 

New study shuts down the heart disease “meat myth” once and for all

By now, it should be an old story. The government's nutritional advice about avoiding dietary cholesterol and saturated fats was all wrong, all along. That means its recommendations to stop eating dairy, eggs, meat, and shellfish were not only dead wrong, but they have actually created a dietary, nutritional, and disease disaster.

But the diehards just...die hard. Last September, I reported on a ridiculous study from Harvard that grasped at thin straws, trying to trump up any possible, slim evidence linking meat to heart disease (See the *Daily Dispatch* “Case against meat loses more muscle.”) These researchers remain in denial, while the country really needs them to move on to the other stages of grief over the failure of their theories about heart disease.

Fortunately, other scientists have indeed moved on. A new research review from Purdue University reveals that consuming red meat in amounts greater than what is typically recommended does not affect heart health...nor risk factors like high blood pressure.¹

24 studies show that eating meat doesn't raise blood pressure or cholesterol

The Purdue research begins by pointing out the inconsistency of reported observations between red meat intake and cardiovascular disease (CVD). The researchers also state that comprehensive analyses of randomized, controlled clinical trials that investigate the effects of meat consumption on CVD have been very limited.

Amazingly, this means that 40 years

of failed dietary recommendations about meat were based on inadequate studies and no real scientific evidence at all.

Instead, these recommendations are faith-based, built on a house of cards, especially when it comes to the older adults who need cardiovascular care the most.

The new study had an ambitious goal—to research all prior studies to determine whether eating various amounts of red meat per day affected CVD risk factors.

The researchers reviewed hundreds of studies on red meat consumption and CVD risk. But they found only 24 that were designed properly and performed well enough to be able to really determine the connection.

Subjects in those studies were age 20 or older, ate either more or less than half a serving of meat a day, and were screened for CVD risk factors.

Results showed that red meat intake did not affect the study participant's blood pressure; total cholesterol; or HDL, LDL, or triglyceride levels—which are commonly measured indicators of heart disease. (Of course, as I point out on page 8, cholesterol has nothing to do with heart disease, although blood pressure and triglycerides are important risk factors).

And these findings were consistent no matter how much, or little, meat the study participants ate.

In other words, eating more than a half-serving of red meat per day did not influence risk factors for cardiovascular disease. Conversely, there was no benefit to cutting back

meat consumption to below a half-serving per day.

What can meat do for you?

What the study did *not* look at are the possible nutrient deficiencies and health risks from not eating enough meat.

Meat is the richest source of bioavailable minerals (like calcium, iron, magnesium, and selenium), as well as vitamins A, B, D, and E.

Mainly because of the anti-meat propaganda, there are epidemic dietary deficiencies in the U.S. of calcium, magnesium, B vitamins, and vitamin D—which in all likelihood contributes to the epidemics of diet-related chronic diseases like cancer, diabetes, and osteoporosis.

And, of course, meat is an excellent source of protein. This is key because, as I've reported before, studies show that older men need twice as much protein as the government's daily recommended allowance in order to maintain muscle mass.

What you really need to give up to keep your heart healthy

By following the government's half-cocked advice to cut dairy, eggs, meat, and shellfish from their diets, Americans were left with little else. Basically, the government has created diets that rely on more and more carbs.

Ultimately, by following this advice, you would end up like the “Man in the Iron Mask,” or the “Prisoner of Zenda,” on a bread-and-water diet. But what was your offense?

And, of course, carb-heavy diets lead to important risk factors for heart disease, including high blood sugar and chronic inflammation. Focusing efforts on reducing and eliminating these real culprits behind cardiometabolic disease would go much further in improving heart health in the general population.

But billions of dollars of prior research has not concentrated on that goal. Instead, it has focused on blood pressure (correctly) and cholesterol (unaccountably). So we have plenty of data on those factors, but lack data on real CVD risk factors that are not routinely considered by researchers

or measured by doctors (for example, chronic inflammation, homocysteine, and B vitamin levels).

This deficiency makes the vast majority of the research useless for providing real cardiovascular care to anyone. Do you see a pattern emerging?

When your doctor doesn't even (a) measure all the right factors and (b) doesn't have the right treatments for (c) your correct age group, you don't have much choice in the matter.

That's why you can forget most of your cardiologist's favorite risk factors for CVD, and dangerous

statin drugs, and rely more on a natural approach to heart health.

This includes taking a high-quality vitamin B complex every day, 250 mg of vitamin C twice per day, 10,000 IU of vitamin D daily, and 400 mg of magnesium a day.

And, of course, tell your cardiologist and other doctors to get off the anti-meat bandwagon.

There is an old saying: "One man's meat is another man's poison." I suggest you tell your cardiologist you will take the meat...but to lay off the poisonous prescriptions when it comes to preventing heart disease.

Don't fall for bad science! Debunking the latest misguided "advice" on vitamin D

The *British Medical Journal* is at it again when it comes to ridiculous opinions and studies about vitamin D research.

In a 2014 *Daily Dispatch* ("Facts should always outweigh opinions, but they don't"), I reported on two large research reviews published in the *BMJ*. The first review showed that vitamin D supplementation reduced overall death rates in older adults. And the second one linked high levels of vitamin D to improved health in children.

These studies clearly showed that people should supplement with vitamin D every day. But, believe it or not, *in the very same issue in which these studies were published*, the *BMJ* editors wrote an editorial questioning the need for vitamin D supplementation.

Now, the *BMJ* editors have created more confusion by publishing a new research review titled "Should

adults take vitamin D supplements to prevent disease?"¹

Their misguided answer to this question? No.

Convolved research results in contradictory conclusions

The review analyzed clinical trials on the impact of vitamin D supplements on bone and muscle health. The researchers concluded that taking D supplements doesn't reduce the risk of bone fractures or other musculoskeletal issues.

If that weren't ridiculous enough, the researchers took their stance even further. "We conclude that current evidence does not support the use of vitamin D supplementation to prevent disease," said lead researcher Mark Bolland, associate professor of medicine at the University of Auckland, New Zealand.

What about all of the evidence about

how D lowers the risk of cancer, dementia, diabetes, heart disease, and other chronic diseases?

In an effort to figure out what the researchers were talking about, I took a closer look at this study. And I discovered that the researchers specifically noted how clinical trials have failed to show that vitamin D supplementation reduces the risk to bones and muscles posed by "falls and fractures."

So the researchers' claim about D failing to prevent disease is really limited only to observations about fractures—not a word about any *other disease* or, technically speaking, *any disease* at all.

I suppose they might be excused for letting the government RDA define what they consider to be vitamin D-related "disease," limited only to bone health and osteoporosis, and ignoring all of the scientific evidence on virtually every chronic disease.

But then, the researchers went on to state that vitamin D supplementation actually may be beneficial in people who are at high risk, such as those in nursing homes, darker-skinned individuals, and people living in colder climates.

In other words, the researchers concluded that *people don't need vitamin D, unless they are people who need vitamin D!*

Which, by their definition, is most of the world's population!

What you really need for bone health

Besides focusing on only one “disease”—bone health/osteoporosis—the researchers also focused on only one nutrient for what is a complex metabolic and nutritional condition.

For instance, as I wrote in a November 2016 *Daily Dispatch* [“The common nutrient that can reverse osteoporosis (Hint: It's NOT calcium!)”], other research has revealed that vitamin C is as important as calcium for bone health, and for preventing osteoporosis and fractures.

(British Royal Navy Surgeon Dr. James Lind discovered the importance of vitamin C for bone health back in the 1700s, so you would think the *British Medical Journal* editors should be alert to this naval history—instead of studying their own navels when it comes to nutrition research.)

The vitamin D researchers also noted that people can get D from “oily fish, egg yolk, red meat, liver, fortified breakfast cereals, fat spreads, and milk.” But with the exception of fish, so-called heart “experts” have been telling you *not* to eat these foods. So what is a body to do, if not supplement?

At least someone in the U.K., away from the editorial desk of the *BMJ*, is paying attention to vitamin D supplementation. As of last summer, an organization called Public Health England has advised that *everyone* take 400 IU daily of vitamin D to protect bone and muscle health.

Of course, 400 IU is far below what the science suggests (and even below the scandalous 600 IU per day recommended by the U.S. government). In fact, it's just one-tenth of what the U.S. RDA says is the recommended *maximum* daily intake.

The final little nuance from the vitamin D researchers is that supplementing with D is “unlikely to do any harm, but in the adult population, supplementing at the Public Health England levels does not prevent falls or fractures.”

At least they got that right. Or half right, anyway...see the sidebar to the right for more on the topic of vitamin D's role in falls. But it IS true that research shows that D levels that are “sufficient” for bone health are *not* optimal for preventing other chronic diseases.

Why you need 10,000 IU of D a day, rain or shine


So what did we miss? Or better, what did these researchers *not* miss in their analysis?

Based on the *credible* science, I recommend taking 10,000 IU daily of vitamin D for optimal health and disease prevention.

And while the sun is still at its low winter angle (which doesn't allow people who live north of Atlanta or Los Angeles to synthesize vitamin D from solar exposure), that will change next month.

So don't be foolish on April 1: In

addition to taking a quality vitamin D supplement every day, make sure to get outside with some uncovered skin 15 minutes a day in the spring, summer, and fall.

Your body, brain, heart, *and* bones will thank you for that daily dose of D. 

Researchers who got it right about vitamin D and bone health

There will always be an England, and it seems the *British Medical Journal* editors will always be in denial about vitamin D...until they are subjects for the *International Journal of Gerontology*.

Maybe then they'll finally realize that the latter journal actually got it right when it comes to the effect of vitamin D on bone health and falls in older people.

New findings published in the *International Journal of Gerontology* showed that just 900 IU of vitamin D a day, combined with low-frequency exercise, reduced the risk of falls in older adults by an astounding 74%.

This clinical trial involved 91 men and women, average age of 85, who were divided into four groups. The control group exercised three times a week. Another group exercised twice a week. The third group didn't exercise, but took 900 IU of vitamin D a day. And the final group exercised twice a week and also took 900 IU daily of D.

The researchers found that the twice-weekly exercise group had a 53% reduction in falls, and the vitamin D group had a 43% reduction. But combining both exercise and supplementation was the clear winner, with the 74% reduction I mentioned earlier.

Why? Well, low-frequency exercise helps signal your bones to undergo healthy remodeling, which helps facilitate vitamin D's bone-building benefits.

It's important to note that a little exercise goes a long way. You don't have to be a marathon runner to have good bones (and you don't need to ruin your joints in the bargain).

Why “fixing” your cholesterol won’t save you from heart disease—and what to do instead

A “controversial” article appeared on several medical websites last year. The title: “Should cardiologists evaluate their obsession with LDLs and HDLs?”¹

The enlightened writer says cardiologists have made us all focus on LDL (so-called “bad” cholesterol) and HDL (good cholesterol) levels (assisted by the crony-capitalist cartel of big-government science and big pharma, I would add).

But, the writer points out, we still really *do not* have appropriate evidence that changing someone’s cholesterol numbers affects heart disease risk or outcomes!

He asks at what point (and *to* what point, I would add) do we continue running expensive studies on a failed hypothesis? Today’s cholesterol studies recall the 1980s, when cardiologists kept trying to improve heart muscle strength with drug after drug that just increased mortality in their poor patients.

Perhaps, the author writes, cardiologists really should re-examine their obsession with cholesterol numbers. Of course, you know I have already done so long ago, based on the science.

The compelling case against cholesterol fixations

The *real* evidence against using cholesterol levels as the end-all and be-all of heart health has been building for years. The *so-called* evidence that lowering cholesterol has any benefits for health is not so much based on “blind” clinical trails, but on blind faith.

That faith finally began to be shattered when the newest, ultimate, anti-cholesterol drugs proved to be a

complete bust.

According to data presented at the American College of Cardiology’s annual meeting last April, one new drug, evacetrapib, did make LDL cholesterol levels drop by 37%, but showed *no* benefit at all for actual heart disease.²

Two other similar drugs also failed. One lowered cholesterol by 20% but had no effect on heart disease—and it had toxic side effects. The other raised HDL cholesterol but did not lower LDL cholesterol.

These “shocking” findings led to a plaintive question from the drug study’s principal investigator: “We had an agent that seemed to do all the right things. It’s the most mind-boggling question. How can a drug that lowers something that is associated with benefit not show any benefit?”

Here is my answer for those “boggled” minds: Cholesterol has nothing to do with heart disease, and lowering cholesterol has no benefit (in fact, quite the opposite), as has been demonstrated over and over again by scientific studies.

My drug-free way to improve heart health

Of course, a “boggled” cardiologist’s mind is a symptom of a blind faith that has been found false—not the result of logic or real scientific investigation.

That’s certainly the case with mainstream medicine’s inexplicable love affair with cholesterol-lowering statin drugs—despite growing evidence that statins don’t prevent heart disease. In fact, they may actually *cause* it (read more about this in my February 2016 *Daily Dispatch*


“The ‘everyday things’ poisoning your cells and killing your heart.”)

Although, curiously, statins appear to help people *after* they have had a heart attack, *regardless* of their cholesterol levels. Some believe statins may achieve clinical benefit because they appear to stabilize arterial plaque occlusions. This effect may occur because statins seem to have anti-inflammatory effects on the lining of the blood vessels. But neither of these actions have anything to do with dietary or blood cholesterol levels.

So there’s another clue about the unimportance of cholesterol levels to heart health—and another reason not to take these drugs in an attempt to *prevent* anything.

There are far better ways to reduce chronic inflammation and improve blood circulation and the health of blood vessels (see page 3) than by taking dangerous statin drugs—with their growing list of toxic side effects for the brain, eyes, liver, kidney, and muscles. Not to mention that research shows statins increase the risk of diabetes, which is the leading cause of cardiometabolic heart disease.

To learn how to help prevent heart disease without dangerous drugs, stay tuned for my in-depth, step-by-step learning protocol, which I will release later this year.

And in the meantime, I encourage you to read my special report *The Insider’s Guide for a Heart-Healthy and Statin-Free Life*. (You can order a copy by [clicking here](#) or by calling 800-682-7319 and asking for order code EO2T300.) 

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