



## Independent Thought on Statins

February 2007.

Article by Marek Doyle, [www.blueprintfitness.co.uk](http://www.blueprintfitness.co.uk)

1. The cost of treating a patient in the UK with Pravastatin is approx £6k per life year gained<sup>1</sup>.
2. The NHS spends £1billion on statins each year. This works out at a cost of more than £30 for each taxpayer<sup>2</sup>.
3. Statins do not extend life in women<sup>3</sup>, yet millions of prescriptions continue to be filed each year.

Statins is the label given to chemical compounds that aim to reduce cholesterol. They work in the body by inhibiting receptor sites of the HMG-CoA Reductase enzyme. This enzyme breaks down HMG-CoA into mevalonic acid, which in turn is converted to cholesterol, so by disabling its action in this way you reduce the production of cholesterol. (You also get toxic levels of HMG-CoA building up in the liver). These have become a blockbuster product, and the medical community happily promotes the use of statins as a panacea for anyone with the slightest chance of CHD (Coronary Heart Disease).

Merck & Co, the first major manufacturer on the statin scene, could never have imagined their product would be such big business. However, clever marketing in a time of ongoing ignorance can reap major rewards; our media is filled with nonsensical dietary advice which encourages an inactive population to eat horrifically deficient diets, which causes problems. Raised cholesterol is never a problem in itself, just a symptom of a problem – in almost all cases, a poor food intake. GPs spend five years at med school and still leave uneducated; it is therefore no surprise that, faced with the daunting prospect of taking responsibility for restoring the health of their patient or complying with the protocol of filling a prescription form, most feel happy to sidestep responsibility and reach for their pen.

What seems clear is that there is a definite clinical benefit to reducing cholesterol by taking statins. But the potential side-effects are in many cases a completely unnecessary risk because of the very simple solution to elevated cholesterol – taking a good B vitamin. Harvard doctor Kilmer McCully showed in 1969 that the biggest factor in CHD and elevated cholesterol was B vitamin deficiency, plain and simple; unfortunately, this conclusion was not profitable for the drug companies (sponsoring the research) and, when he refused to change the conclusion, his funding was taken away and he was shown the door. For those who think this sounds like embellishment, a quick Google search on ‘Kilmer McCully’ may change the way you think about pharmaceutical influence on the media.

This profit-driven appetite for manipulating public opinion has been passed onto the current crop. It seems that for every front-page story reporting miracle breakthroughs in obesity, heart disease or cancer treatments, there is a report of worrying side-effects swept

under the carpet. One reality that all sides must accept is that we simply do not know everything, so it seems ridiculous to believe any claim that an unnatural substance cannot harm you.

The medical community happily accepts that it does not know why statins do not elicit the same response in women as they do in men. This is because no-one fully understands the full effects of these drugs in the body. It seems therefore almost comical that drug company representatives can categorically deny that these statins cause no health issues when there is a flood of reports of headaches, muscle damage, amnesia, fatigue, aggression, etc. You should also be aware that your doctor does not know whether statins will cause health issues, and he will not even mention the fact you need to supplement with Co-enzyme Q10 (a powerful anti-oxidant). This is necessary as, like cholesterol, Co-Q10 is manufactured out of mevalonic acid.

It would seem that the pharmaceutical industry is again failing to respond to the concerns of the patients in exactly the same way that it did in the SSRI scandals; in that instance, years of industry denial of problems caused by their unsafe products eventually turned into a belated acceptance that SSRI antidepressants were indeed addictive substances that caused depression, and suicide in many cases<sup>4</sup>. So, whilst we do not know the full story regarding statins, I would urge caution to potential users rather than rely on the testimony of companies with a proven record of withhold information that could dent their profit margins, even when this is against the public good<sup>5,6</sup>.

Taking aside the proven outcome of B vitamin supplementation, the reason to prescribing statins remains lowering the risk of Coronary Heart Disease by lowering LDL cholesterol, pure and simple. As more and more people are discovering, this can be done in so many ways – the easiest and most effective of which is introducing essential oils, such as those found in fish and flaxseed oil. These Omega-3 oils, when consumed in sufficient proportions, will convert within the body to series-3 prostaglandins, which not only control inflammation within the body but also promote beneficial HDL (High Density Lipoprotein) Cholesterol, that sweep potentially harmful LDL towards the liver and out of the body. To give a further boost to HDL levels, weight training is a very simple way of stimulating their production.

But should our focus even be on cholesterol levels? Its true that a lot of cases of CHD exhibit raised cholesterol but that is not to say this cholesterol caused the problem; it occurred as a result of the problem (damaged arteries, which stimulated the body into producing extra cholesterol). Similarly, if a car's brakes malfunctioned, a smashed-up front bumper might accompany this problem 90% of the time – however, spending millions of pounds of NHS cash on unbreakable bumpers would have little effect on the brake failure!

There is a compound called Sytrinol that normalises cholesterol output naturally. Sytrinol is a unique blend of tocotrienols (substances found in fruits that are very closely related to Vitamin E). Unlike statins, that block the receptor sites for the HMG Co-A reductase enzyme to work on, Sytrinol normalises the production of the enzyme; if it is higher than it should be it will be reduced, yet normal levels will remain normal. As a result, you avoid a toxic build up of the enzyme. I have myself achieved 'spectacular' reductions in clients' LDL levels from just flaxseed oil and better dietary choices – the results are even more pronounced if you add Sytrinol. Once again, it is a case of providing your body with the

nutrients it requires to restore its own delicate balance, rather than bluntly blocking a natural process.

Taking chemical compounds to illicit a quantitative response of LDL cholesterol may seem like an attractive and time-efficient prospect to doctors – and is therefore the protocol promoted to patients – but with more information it is possible to overcome the unintentional failures of the medical establishment and make your own decision. If it is something that should keep you alive, then it is a no-brainer as to whether it is worthwhile. However, when taking statins is an ineffective way to deal with symptoms that are not especially relevant whilst causing worrying side effects, you have to ask if they are really necessary. For most people, the answer is a resounding no.

#### References:

1. Adis Ltd, 1999, Pravastatin cost effective for prevention of coronary disorders.
2. Daily Mail, 24 Jan 07.
3. Journal of American Medical Association, May 12 2004, Walsh and Pignone: Review of trials where women had been assigned statins.
4. J Law: *Big Pharma*, p116.
5. Crompton: Bursting the Happy Bubble, *The Times Body & Soul*.
6. Jeanne Lenzer: *FDA is incapable of protecting FDA against another Vioxx*. British Medical Journal, 27 November 2004.

**Marek is a personal trainer, nutritional therapist and allergist operating in Kensington, Chelsea, West London and Basingstoke. He is the director of Blueprint Fitness, [www.blueprintfitness.co.uk](http://www.blueprintfitness.co.uk)**