Are Heart Attacks & Strokes Predictable? Part 2 of 4 Transcript

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Cholesterol myths and statin marketing

So is cholesterol important? Well, yes and no. And there's an excellent book called The Great Cholesterol Myth by a doctor named Steven Sinatra, just like Frank Sinatura.

Steven sinatra and it talks about the real story on cholesterol and the use of statin medication. So I highly recommend that. So, you know, one of the cholesterol myths is that having high cholesterol means you're going to have a heart attack.

So everybody's working, right, on lowering cholesterol. And the most common way they tell you to lower cholesterol is with medication. What we found is this is very misguided because for a variety of reasons.

The main reason that it happens is there's a big push by the pharmaceutical companies for doctors to prescribe statin medication. There's something that the Pharmaceutical companies like, it's called compliance.

And we usually think of compliance as being willing to go along with the program or whatever. Their version of Compliance is if they can find a medication that you have to take every day for the rest of your life, That's compliance, and that is a monetary boon to them.

When you take things like antibiotics for a week and then you stop and don't need them anymore, I mean, why do you think There are problems in antibiotic development.

That's not where the big money is, because we take it for a short period of time, and then we're done. So the more medications they can get people on where you are told you have to take every day, you don't have take the rest of your life, it's bigger financial rewards for them.

And the first thing that happened with statins is that Lipitor, are any women here on Lipitore? Okay. Lipitor, you don't have to raise your hand. What?

Lipitour, there was a slight of hand that was done in the studies when lipitor first was brought on the market. They found that it didn't do a thing for women.

But it did seem to lower cardiovascular disease in men. So they, instead of separating the data and saying, you know, use it in man but not in women, well, they were going to lose half the population if they said not to use in in woman.

Why low-fat diets backfired

so they mixed the date all together and said, Well, the day for men and women shows that it does have some benefit. Everybody's prescribing it for women as well as men Lipitor does absolutely nothing for women.

The more information that comes out about cholesterol, the more we realize that cholesterol is not the problem. Why is some of the cholesterol getting deposited in our blood vessels?

That's the question. It doesn't happen because you have high cholesterol. except in rare instances where there's a genetic familial problem with extraordinarily high cholesterol, which is a different story.

And that's not what affects 99% of the population. What we know is that having very low cholesterol under 160, and a lot of your doctors want to get you under 16, down to 140, you have increased risk of dying.

And if you have cholesterol over 240, you had a decreased risk of dying. So your total cholesterol is not what

makes a difference in your long term health.

The other great cholesterol myth is that if you eat eggs because they have cholesterol, you're going to have a heart attack. That's not true. Dietary cholesterol does not put cholesterol in your blood vessels.

What puts cholesterol into your vessels is an accumulation of things that we're gonna talk about. So the real cause of cardiovascular disease is not having high cholesterol, it's not eating cholesterol.

It's now eating saturated fat. Other things that we're going to get to. And one of the things has been really misguided, I think it is finally turning around a little bit, is this whole idea that you should eat a low-fat diet.

And so when people remove fats from their diets, you know, there are only three things you can eat. It's either fats, carbohydrates, or proteins. So if you take fats away, that leaves you with carbohydrates and protein.

Problems with statin studies and short doctor visits

And believe me, when the whole low-fat craze happened, people did not start eating a whole lot more chicken, turkey, and fish. They ate a lot of carbohydrates.

And all the processed foods, if you take fats out of processed food, the only way to make them taste good is to put a bunch of sugar in or a punch of salt.

So this whole starting in the 70s was the rise of the obesity epidemic and was really the big push to eat a low-fat diet. So low fat diet has really gotten us into trouble.

What other things? This I already talked about. So the great cholesterol reality is that statins equal money, and that's why they're pushed so strongly.

And one of the problems, I was a doctor who practiced conventional medicine until seven years ago, for like over 25 years. I believe the articles that were in our medical journals, are very scientific journals like The New England Journal of Medicine, which is probably one of the better ones.

The American Journal Cardiology. I was at OBGYN, so it was the Journal, the American College of OB-Gyn. I respected the scientific articles that were in there, and so I acted upon them.

If a certain study said that this drug was tested and it worked better than something else, then I would always want to do what seemed to work better for patients.

not realizing how much of the funding comes from pharmaceutical companies. So the studies are very skewed, and you'll find that for vaccine studies, you find for statin studies.

You find it for a lot of different medication studies so doctors are acting on their best knowledge, reading what's in their journals, thinking that this is unbiased science, and there's unfortunately very little unbiased science anymore.

Nobody wants to fund it, you know, the NIH funds are decreasing, so most of the funding comes from an interested party, interested in promoting what is being studied and showing it in the best light.

And I think that's where we've gotten with statin medications. The other thing is, doctors have really been pushed into spending very short visits with patients.

I know it's very unsatisfying for patients, I wasn't happy about it as a doctor, but really the quickest thing you can do is write somebody a prescription and send them on their way.

Starting to talk about lifestyle and like, can you reduce carbs in your diet? Well, what would that mean? What would you have to give up? And, you know, What could you do instead of it?

and what kind of exercise are you able to do? You have a knee problem? Could you this type of exercises or that type exercise? That takes a while and I mean in a five or seven minute visit there really isn't time for that.

Cholesterol, inflammation, and particle size

So there's a lot of push to write prescriptions as treatment, that's not a treatment. A treatment is caring for the whole person. And cardiovascular, I mean, it's all about lifestyle.

And studies have been done. Lifestyle changes are just as effective as medication for almost every cardiovascular thing you can think of. But it takes time, and doctors don't have a lot of time.

See, where were we? Yeah, so like I said, the NIH and your cardiologists are killing you. And they literally are because they're sending you down a wrong pathway telling you it's all about your cholesterol level.

Here's the latest view on cholesterol. It's not an offending agent. Cholesterol is not what gives you cardiovascular disease cholesterol going up is actually a healthy response to some Invader into your body It's like an immune response We also know that severely lowering cholesterol with statin medications increases cancer risk, breast cancer in women and prostate cancer and men, because it's affecting the immune response part that cholesterol plays in our body.

I mean, we make cholesterol Our brain needs cholesterol. Our immune system needs Cholesterol. I mean, would we have developed as a species after all these millions of years with one particle that only did bad?

Ch??esterol does a whole lot of different things than our bodies. And one of the things it does is provide us with immunity. So when we see, we'll stay on cholesterol for a minute longer, when see high cholesterol we need to think what, not stamp it out, but what could be going on here that this person's body would be making more cholesterol.

What inflammatory situation is going because this is all about inflammation, that silent process that goes on under the surface, inside your body that generally you're not aware of.

Some people know they have inflammatory situations. They have rheumatoid arthritis and they inflamed joints or other inflammatory diseases where they get symptoms.

But a lot of us just don't even know we have inflammation going on. What is important about cholesterol, and I don't have it on here, but we'll talk about it later, is not what your total cholesterol level is, it's the details in understanding your cholesterol profile.

It's what is the size of your chelesteral particles?

Hormones and cardiovascular disease

How much oxidized cholesterol is there in your bloodstream? We can measure that. Do you have little tiny cholesterol particles that are very likely to get under that nice velvety endothelium and cause you a problem?

Or do you big fluffy cholesterol particle that's are like beach balls and they just bounce off the wall and don't really settle in under the endoselial lining?

So those are some of the details that we need to know about. Not just looking at your total cholesterol and going, oh your cholesterol is 223, you need a statin.

I have so many patients whose cholesterol's just a little over 200 and Their doctors are insisting they be on statin medication. It's not the proper treatment.

And I want to talk about hormones and the role of hormones because a lot of us in anti-aging medicine view

cardiovascular disease as a hormone deficiency disease and we see a lots of examples of this.