Statins and the GG Pathway: What You Need to Know Transcript

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Podcast Intro and Guest Welcome

Welcome to Doctor Talks, the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors. If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place.

Get ready to unlock the secrets of lifelong health and vitality. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

Well, hello everybody, and welcome back to a reverse heart disease. Naturally. Summon and don't move. Buckle up, because this is going to be a great interview.

And maybe a figure you don't know from the medical community, which is exciting, but a good friend of mine. Welcome to Ivor Cummings. Good day, sir. Thanks a lot, Joel.

Delighted to be here. And a few people might have already detected. You sound like Sean Connery. You are in the great country of Ireland. What city are you in?

I've been in Dublin, actually. The capital? Yeah, I've been a long time. All right. Excellent. And, the sheer joy of hearing you talk is, half the, wonderment we're going to have.

The other is your amazing young brain and all that you've put in it. So tell people, because you are probably. I have another engineer that we've interviewed about wearables for the heart, but, you know, you're, you know, most people are medically inclined from the beginning.

You made this great transition a decade ago. Tell us just a little biography of what that was all about. What were you doing 15 years ago and what do you do now?

Right, Joel? Well, basically I did bio chemical engineering, so I've a bio background.

Ivor Cummins' Career and Health Transformation

That was back in 1990, and I worked a medical device, FDA regulated kind of devices, and all. But then I moved into high volume manufacturer of consumer products.

And essentially for nearly 30 years, I was in a position always of leading teams and complex problem solving. And it culminated as, an R&D technical manager for many years and directly people managing and also the corporation would use me to directly lead as a technical person the biggest, most complex problems that were costing the business money.

So that was my whole history. I had a flair for problem solving, logic and all branches of the science required. That was my corporate career and it was great.

However, 2012 I'll switch quickly. I got some routine blood tests. Three of them were extremely high. Cholesterol, our old friend, and serum ferritin, the iron loading in the blood, and gamma gluteal transferase, a liver enzyme.

So the doctor I didn't understand these in depth, but they were standard. So I quizzed the doctor a what are the implications of readings? I could see I was way outside the normal distribution, so I knew it was meaningful and be,

what can I do to attack these, you know, what are the root causes that I can apply?

And I got very poor answers. And then I went to a family friend who is a very experienced doctor, much older in the 50s. And I didn't get really convincing answers there.

And I finally went to a professor of medicine who's also connected the family and the same thing. So I got a test for hemochromatosis, the iron loading disease that's common in Irish people. It was negative.

I was told to eat healthy whole grains, maybe more, for the cholesterol and for gamma transferase. Maybe I was drinking too much wine, but I wasn't actually really doing that.

So it was very disappointing. So long story short, I had access to PubMed and ResearchGate through my corporation, and I started root causing problem solving.

Right. That's me. I'm within a few weeks of, to be quite honest, obsessive research. I had eureka moments. I discovered metabolic syndrome, insulin resistance syndrome, i.e.

type two diabetes. I realized I was high insulin, with severe metabolic syndrome. That's why I had bad readings. And I basically just cut out all processed food, breads and sugars and juices.

I was drinking lots of juices because they were my five a day. I cut out all the sugary carbs, and I went to a more fat based diet as an emergency measure.

And within eight weeks, my bloods were all resolved. And as a side effect, I was not actually striving for at all. I dropped around 32 or 34 pounds in weight, and I went down to a very slim physique and I just thought, wow.

And the reason for that, by the way, in case people are wondering, I began to find that my appetite was under control for the first time in my adult life, and I began to literally skip meals with impunity.

I was very high energy in that period, so I was skipping meals and eating non obesity organic food, and together it was a double whammy. And that's why the weight collapse.

So I began to lecture on insulin resistance metabolic syndrome to all the engineers and my corporals. I got support from the senior leadership for that.

Some guys video that got on YouTube and the whole career coming down the way. Some of your YouTubes have millions of views, don't they? Yeah, I have a million views of my main heart disease, one which is mostly about the calcium, the scan and the power of the mask, which of course, that's one of the reasons we mask and that one has a million views.

Yeah, but the other is a few hundred thousand would be the higher ones. And it would have, you know, down to your humble, your humble mouth, very big reach.

You may shock some people, but tell everybody what your kind of tag name is. I mean, it's either Cummins is your birth name, but what's your tag name and your all?

It's it's the fat emperor. That sounds a little arrogant. Yeah, I know, you certainly have, reclaimed your health, and you look wonderful. We are going to be talking about other approaches.

Insulin resistance using because in my view, you got to be extreme. You're on one end of the spectrum and it works. And the science is there, but there are people doing more of the 80, ten, ten very high complex carbohydrate.

Obviously they both share no processed food, no ultra processed food, no added sugars. There are different approaches. And it's, you know, it's interesting to know how adaptable our human biochemistry is to getting junk

out of the diet.

And then there are two ways to approach it.

Discovering Calcium Scoring and Heart Disease Risk

So, it's good for everybody to hear it, but let's shift to calcium scoring. Although again, it's a topic that's going to come up a few times on this heart disease reversal summit.

Where did you first encounter the heart calcium CT scan, of which you're very famous for promoting? You know, get one, get one early detection, early detection.

You can't reverse heart disease if you don't detect it. So we have to detect it early. So where did that come in your life in just a few minutes? Riff on that.

Right. And actually very clear answer there. A David Babish is one of Ireland's wealthiest entrepreneurs. He runs a 600 million turnover business, which he 51% owns.

So that's David Babas, remember the name. And he set up a charity, Irish Heart Disease Awareness. And the reason briefly is he got a calcium scan, I think in the Cooper Clinic randomly.

He was 52 years old. He was top 10% of fitness for his age. He does treadmills and the doctor said, you're bulletproof. And he he could wear his kind of prom talks slim as a whip is running four times a week.

Garlic calcium scan 930. And in the following days and weeks he began to research and realized how extreme his risk really was. And he became so passionate about it.

He wanted to save the world from heart disease by letting people know there's a scan. If you're a middle risk person, it will tell you how big a problem you have, and you can take action and he found me basically in 2015.

I was still in my corpus and he said, look, I can send you around the world to speak. Going to your conferences. And he began to fund all my expenses, no pay what he would fund me to go all over the world. And that extended my reach.

But of course, as part of that, I discovered the calcium scan. He told me all about it in our initial phone call, two hours long, and I was skeptical.

I thought, how can he have discovered this amazing technology? And I didn't know about it, but I had never looked up Joel Diagnostics too much. I was into the metabolism.

He sent me a four inch thick folder on calcium scanning by motorbike courier, a folder he'd built, and within an hour I was just thinking, oh my God, this test is unbelievable.

And that's how I got into it. Right? And it was, is he behind the wonderful documentary The Widowmaker movie, which was out of Ireland? Yeah, he phoned to that.

It was a couple of million dollars of his own money, and he spent a couple of million more on on the rest of his mission. But the Widowmaker movie was pretty high budgets, relatively high budget.

And I had Gillian Anderson narrated, and it's very professionally done by a professional documentary team. And I put a one hour version, offers an abridged version on YouTube, and that one we can put the link in later.

You can watch. The one hour is long enough. You don't need the full two hours. Yeah. And for anybody listening, although it was, funded by this Irish Art foundation, most of the interviews are out of the United States, where the technology was identified way back in 1990.

And then this amazing story. And I won't blow it for people who haven't seen it about this legislator in Texas and how he took on as a mission like you've taken out.

And I've taken on spreading the word about hard calcium CT scanning. What's the status in Ireland? How likely is it that a primary care team is going to recommended?

How expensive? How accessible is it to somebody 50 years old with an elevated blood pressure? Elevated cholesterol? Right. Ireland's a little better than a few years ago, but it's still the case that practitioners will not recommend us, and they'll scratch their head if you ask for it.

Because the whole medical industry, as explained in The Widowmaker movie, has been steered for 40 years to not like us without data, of course, but they all feel that way.

So you can gastos in many independent clinics, it's around 300 bucks roughly. And some insurance companies, the good news is, are beginning to cover us. A few years ago, they really didn't have the code to cover it.

So it's not bad, but you need to be your own kind of author of your own destiny. You need to push further, and you need to go and get at the system. Won't won't push it to you.

Not much different here in the States. It's, after literally in many cities, 25 years it's been available. The prices drop, but the legislation has not been explosive.

Primary care teams are not like they still do recommend it. And sometimes they're talking patients out of it. What's it going to really do to change when we know that not just you and me, but the American Heart Association, the National Lipid Association, they've all put in the power of a zero calcium score into their algorithm to needs treatment, statins and other.

Everybody needs a lifestyle, we know that. But who needs prescription drugs? And obviously it harms the pharmaceutical industry to put it in an algorithm that you don't need pharmaceutical agents.

So it just hasn't been picked up. We, did talk to Matthew Boot off our mutual friend, professor and chief of medicine cardiology at UCLA. He just wrote an editorial making another plea that the insurance companies in the States should.

Now, given it's about a 75 to $150 test in the states, pay cover for the test, although it's within the reach of most people.

How Statins Work and Their Tradeoffs

And of course, there was just recently out of, I want to say Denmark, the Dan Cavett's trial. But at least in their one niche age 65 to 69, it's now a proven fact that liberal use of the calcium scoring and other screening test of asymptomatic men has an outcome benefit.

That's always been the, you know, the, maybe the weak spot in the argument proved to us that it makes a difference. It's now a proven fact. So I hope all your hard work and my championing the heart calcium CT scan, in my own clinic, I mean, the majority of the people I see during the week, that's why.

And, you I cannot guess. Thin body, decent labs. And they have a high score. But then when you go deeper, you might find, like you said, metabolic syndrome.

Lipoprotein, a, unexplained inflammation, other genetic factors. So. So, we've mentioned the pharmaceutical industry a few times. You're quite an expert on statins, the cholesterol lowering medication.

And, you have some really interesting understanding of the biochemistry and the liver. Let's talk a little bit just off your head. Tell us a bit about the MeV clinic asset or Maven light pathway, the production, system in the liver for

cholesterol.

The good, the bad, the side branches. Just share with us what you know, which is a lot. Yeah, it's it's been a while since I've done the deep biochem and, probably 6 or 7 years, but I, I still remember, the key things.

So the evolutionary pathway is fascinating because it's such a fundamental branch of, of life and biology, for humans, mammals in general. But the reason it got really interesting is because it's where the stopping drug class, it's action, takes place, and it basically cuts off the branch, the evolutionary pathway.

By all means, make sure cholesterol, which is vital to life. No, no one questions that cholesterol is the most important molecule for life. Your brain is 25% cholesterol, even though it's only 4% of your body weight.

And every cell can make its own, with some exceptions. So cholesterol is vital and it can become corrupted. But the statins cut off a branch of the evolutionary pathway that that fabricates cholesterol.

Hence they lower and we suspect lower oxidized cholesterol as well, and damaged cholesterol particles. So the benefits may come from there. But the sad thing is that in this pathway, it does many branches and the one that's hit by the statins, it also is very important to enable k two metabolism.

And we know vitamin K2 is very important for balancing calcium metabolism. And also it is a pathway that unfortunately gets hit that produces polypeptides for muscle function.

And also it's the pathway that produces CoQ10. And many people may be familiar with statins. You may need to supplement CoQ10. And there's one more. It escapes me at the moment because I know those four key ones K2 muscle peptides, protein translation, and testosterone, testosterone, testosterone and other hormones.

And the CoQ10 that that's the basket. So all of these crucial life enabling or health enhancing and longevity producing things sadly get hit by the stop.

And because, as Professor Barry Tan said, it's an indiscriminate, blunt instrument. It knocks out the pathway for the cholesterol, which is the target, but it knocks out everything we've just discussed.

So that's where you get a lot of muscle aches and pains, and some of the neurological problems experienced by people. And the CoQ10 is lower. There can be links to heart failure type problems over time and etc., etc.

and it's unfortunate. But as you know now, there is a way of counteracting that problem. At least one that we know of, and it's quite recent, but based on very old science.

Right. So I like that, you know, that, you know, in those that there still are clearly patients that have a very high cholesterol and a genetic or lifestyle basis, and perhaps they're not willing to change their lifestyle.

Cardiologists use statins widely. Family practitioners, you know, I use them less than most cardiologists and only in people with established disease.

But we're not getting out of this life by eliminating the statin pharmaceutical industry, which is largely now generic. It's not an expensive drug class anymore.

There are new cholesterol drugs that are extremely expensive, but not the statins. But but like you said, it's a shotgun. When you use a statin to block an enzyme to lower cholesterol production, you're also lowering good guys.

We got bad guys. And I don't call cholesterol a bad guy. It's just access. And oxidized cholesterol may be a bad guy in some people, but we're. We're knocking down the good guys.

So, you mentioned the name Doctor Barry Tan. Tan. Not everybody is going to be familiar with him. You have a

wonderful interview on your website that I would recommend people you know, spend the time to see how excited Doctor Tan is about the discovery that something in the Amazon can, you know, really make it the best of both worlds.

You lower your cholesterol, but you don't lower these four key accessory. Metab metabolic products, testosterone Co Q10, vitamin K2, Mk four, and the muscle protein translation pathway.

So tell us a little about what Doctor Tan discovered in this plant. Yeah. So he discovered old decades ago, this plant, an extraordinary vivid kind of pink seeded plant.

And it was on his travels and he thought, because he was Chinese background, that he would find things of real interest from the natural plant world for health in China.

But it ended up, as you say, more Amazonian. And he was there, incidentally, and he took the seeds of this plant, and he brought them back, and he realized that there was something in them that stopped them oxidizing powerfully stopped them oxidizing.

And if you remove that component, they would darken in this test tubes. But long story short, he discovered that taco trinomials and very briefly, vitamin E people take vitamin E, but it's a bit of a double edged sword because there's tocopherol form of vitamin E, and there's taco triangle form, and taking excess torque off roles may actually be even problematic.

And this has been published on vitamin E, and most vitamin A is dominated by alpha tocopherol. But he discovered the other part of vitamin A taco trying all.

I think Gamma and Delta had massive antioxidant properties and really was truly beneficial in studies. So he extracted that amazing thing. But to get to the validated pathway many years later, there was another pale yellow compound he had extracted, which he wasn't sure what it was.

And it's actually part of the Taco Triennale. It's kind of the tail and it's called Journal Jar on the old G. G. and after many years of work and research, he discovered that that is the crucial node in the Marvel pathway that enables all the good things we talked about.

And he realized that because to start knocks the whole pathway and hits a node. Also, if you replace the G, G, you can counteract all the bad problems with the starting glass, while leaving is still reducing the cholesterol pathway, which is the desired thing for that drug.

So that was kind of the, the kind of amazing road to Damascus he realized g g would be really helpful and helpful because it declines as we age, like many things so really healthy to take it and supplement us.

But most crucially for the countless millions who feel they need to take the statins, or they're the type that can benefit, you could negate the negative effects.

You could fix the things that are broken that are just an unfortunate knock on effect. So that was this guy. Pure is the product from extend life. I think you know, Warren, my body in New Zealand, provides Doctor Tan's top quality raw material and I I'm almost I'm not sure anyone else is really realizing this.

I'm not sure there's jigs available generally, like other supplements, I think, what you just talked about maybe the hottest, you know, promise in, the wider use without complications of statins, a statin, the cholesterol lowering medication.

So we're talking about a plant from the Amazon, and I've seen pictures of it. It looks a little bit like a pomegranate. Like you said, beautiful pink red kernels or seeds called the annatto plant.

GG Pure, Annatto, and Supporting Statin Users

And you can extract from it the highest quality form of vitamin E or vitamin E called cocoa triangles. But then this discovery that you can extract entirely different other biochemically related compound called g, g, we'll call it g g.

And you can take your Lipitor, take your Crestor, take care zocor obviously the generic form, but you can take g g pure with it and get your cholesterol lowering and still support the limb of that pathway that seems to, you know, be involved with, health and well-being.

I know I learned in medical school, about the biochemistry of taking a cholesterol lowering statin medication and the anticipation you're going to block coenzyme Q10 production.

It's just biochemistry. You have to. And who would volunteer to get their Coke Q10 black? Now we know it's more than coenzyme Q10. It's protein, testosterone, vitamin K2, Mk four.

Who would volunteer to have that. It's bad enough to get old, but you don't want to have a pharmaceutical agent accelerate what may be an aging process and probably a vascular aging process.

Like talk a little bit. We do know that people on statins, we know this, frankly, from our mutual friend Matthew Buddha's work and others that statins lower cholesterol and may, in some subsets, promote, avoidance of heart attacks and hospitalizations.

But they do increase calcification of arteries. There's our friend vitamin K2. Do you do you think it's that good pathway blockage that's resulting in that?

And now we might actually be able to lower cholesterol without accelerating artery calcification. I think that's my assumption. And again, the problem with the statins increase calcification is it is associational data.

And it's quite consistent. But it's not a proven kind of RCT. And sometimes people say, oh, people who take statins may be less careful with their diet, and that may be the association.

It's confounded. But for me it was all was the antagonize ation or antagonizing of the k two pathway, which I knew about long before GPS. I suspected that that was the most likely culprit.

And then, of course, GG's action and D antagonizes that K2 pathway, and therefore you would expect that you could very well see the excess calcification via stop and whatever the root cause, be ameliorated or mitigated.

So that would be the expectation. But I think we all know that there's myriad pathways. They all interact. There's feedback loops where highly complex machines.

So the fact that G enables the key hormones testosterone, the translation muscle protein sentences, and the K2, you know, to have all of them being tackled together, they're they're kind of be a holistic benefit.

And I'm sure that would convert into many forms of better health, including, of course, vascular deterioration being improved. Yeah, that would be the oh, and they did do one.

At least one. Barry has a lot of papers, but one specific human experiment, they gave stop no stop and g g no g. And the damage biochemically measured from the start in which we discussed, where they saw the markers moving and in the way you might expect.

Not a good way. With the g g added in to the other group that was canceled. And in the non stop and group, the g g versus placebo also saw an improvement in these various measures.

So it's not a full RCT but outcomes. But the science is coming in now to actually validate all of the hypotheses. Well, you know again we don't throw the baby out with the bathwater is very exciting topic.

You know, if you open a package insert of a drug like generic Lipitor, generic Crestor, it'll say from RFD, be aware

of muscle aching, be aware of blood sugar elevation, be aware of cognitive issues, brain fog, memory.

Because medical science studies have shown these are issues in some people. I doubt we're going to get a 10,000 patient trial of statin plus GPS, pure versus stand alone.

Because after all these years, we hardly have a Co Q10 plus statin randomized study to look at and certainly not a big one at would have to take, you know, a quite an enormous amount of money.

It won't happen. But, you know, will we be able just clinicians making observations, a patient that, isn't thriving on a stat and that now is put on, nutritional support and, and that's what I recall.

The annatto plant, and there's a nutritional biochemical support, g g capsules. Are they going to resolve some of the, detriment and to be able to stay on the medication safer and better?

I'll tell you, in my clinic, I see a lot of people. I'm the first visit, doc. I just got discharged from the hospital six weeks ago. I had three stents, small heart attack.

I'm on 80 milligram of atorvastatin, which is a typical discharge protocol by research for 30 days. But nobody ever questions it. So they end up on these massive doses, for a long term.

And I'll draw a blood test and it's a blood level of Co Q10. Now, I don't get that test back for ten days, but I usually tell the patient, you know, you need to supplement with coenzyme Q10 if you're going to stand that kind of dosage when the bloodwork comes back.

They have nearly undetectable blood Co Q10 levels. It's biochemistry. It's not a surprise I didn't discover this. It's in the medical literature. I haven't published the papers.

And you know, and I'm certainly glad that I put them on supplemental CoQ10. What's really an interesting question is do we now add co Q10 in GG pure or maybe do we just add GG pure journal juvenile GG.

And well that support and I'm going to do that. And somebody has just put them on GG pure. Recheck the serum level of co Q10. Because we do know for certain disease conditions for high blood pressure.

Blood level of Co Q10 of two and above supports more normal blood pressure. So it acts almost like a pharmacologic agent. And in congestive heart failure, a blood level of three or greater, in CoQ10 supports, resolution of some of the symptoms and even a rise in ejection fraction.

So we don't want to walk around with pharmaceutically induced low co Q10. I mean, age does that to us. We don't need to add to age. Age is tough enough for most of us.

So this G, pathway that Doctor Tan discovered. And again, I urge people to look up your, fairly recent interview with them. So, you said the product GG pure.

I think it went quickly, but extend life.com. If I remember extended-life.com and people can read about it. Tell us where people can find more about your youtubes, your work, your, your fascinating interviews.

Right. Thanks, Joel. Yeah. And oh, and just one quick thing I'll say on, on GPS and in general, what you alluded to, people sometimes think, oh, well, nutraceuticals are expensive and, and they kind of trust pharmaceuticals more.

But, you know, an irony for me for many years now, the statement comes from a fungus that's taken from plant worlds. You know, and you get a patent on it and whatever you might tweak.

But the pharmaceuticals overwhelmingly come from plant world proteins and substances that are tuned or trimmed and patented. And they're huge money. But you can go to nature, like in this case of GPS and many other things, and extract these fascinatingly beneficial molecules.

Where to Find Ivor Cummins and Closing Remarks

But because they're not patented with big trials, you know, they're not respected as much. So I just thought I'd mention that, you know, it's all coming from the same place, you know.

Yeah, it's metformin from lilacs, aspen from willow trees. GB here, from the annatto plant. I know there's many, many, many others, of course, that, I've got but you can't patent the natural product.

You can't you can't patent, you know, a lot of the vitamins out there, but of course, you can modify them and make them patentable and call them a pharmaceutical agent. So, and, you know, the funny thing is, I used to come in many, many years ago, just make a joke about you basically get a natural plan for a compound that will do X, but your compound just needs the span of an electron, and one atom in a big molecule changed in order to let you get a patent, give you the exact same tag.

But now it's done a trial and it's a pharmaceutical. But there you go. But on that question, yeah, I think if you just search my name R Commons very quickly, up the top, you'll hit my Twitter and YouTube and Facebook and they're the main platforms I go out on, particularly YouTube.

All the videos, I haven't really had time to get into Insta yet, so it's mainly those three on my blog, The Theta emperor.com. I blog occasionally as well.

The Instagram would be for pictures of your five children and if you have if you have any pets, I don't find scientific posts and Instagram do extremely well, even though I I persisted that.

But And I do post a lot about the calcium scoring. So anyways, I want to thank you from everybody at this heart disease reversal Summit. You bring a breath of fresh air from across the Atlantic and exciting times.

And this GPS pure is really exciting. So we so appreciate you explaining it to us. And, we'll catch up soon. Thank you sir. Excellent. Thanks so much, Joel. Till next time.

Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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