STATINS ARE DANGEROUS DRUGS

Statins actually increase the risk of heart attacks and strokes. (!!!)

Statins cause Type 2 Diabetes.

Statins cause memory loss and cognitive decline.

Statins destroy muscle tissue, often causing extreme leg muscle pain.

Statins increase the risk of cancer.

Statins cause cataracts.

Statins cause life-threatening kidney disease.

Statins suppress the immune system.

Studies showing that Statin drugs have many damaging side effects, including increased cardiovascular disease, the very condition they are purported to prevent (!!!):

Proc Natl Acad Sci USA. 1990 Nov;87(22):8931-4. Lovastatin decreases Coenzyme Q-10 levels in humans. Folkers, et al.

Mol Aspects Med. 1997;18(suppl):s137-s144. Dose-related decrease of serum Coenzyme Q-10 during treatment with HMG CoA-reductase inhibitors. Mortenson et al.

Biofactors. 2003;18(1-4):113-24. Statins lower plasma and lymphocyte ubiquinol/ubiquinone. Passi, et al.

Biofactors. 2003;18(1-4):101-11. The clinical use of HMG CoA- reductase inhibitors and the associated depletion of Coenzyme Q-10. Langsjoen, et al.

Drug Metabol Drug Interact. 2003;19(3):151-60. Reversal of Statin toxicity to human lymphocytes in tissue culture. Pettit; et al.

Biofactors. 2003;18(1-4):91-100. Systematic review of the effect of Coenzyme Q-10 in physical exercise, hypertension and heart failure. Rosenfeldt, et al.

The American Heart Association (the number one organization pushing statins on millions of Americans for decades) has publicized a statement confirming that statins are dangerous, particularly when combined with other medications commonly prescribed concomitantly. They admit that combining statins with a blood thinner can cause the blood to become dangerously thin --- leading to internal bleeding and increasing the risk of hemorrhagic stroke. Statins also are problematic when taken with blood pressure medicines, drugs to control heart rhythm, and drugs prescribed in congestive heart failure. It is also admitted that statins should never be mixed with other cholesterol lowering drugs --- even though they are often prescribed together. --- The bizarre conclusion from the AHA is that patients should keep taking their statin drugs despite these "unavoidable" risks --- and even when those symptoms of internal bleeding, muscle pain, and rising liver enzymes begin, the AHA recommends that patients still continue taking their statins, but perhaps reduce the dosage a bit.

Statins increase the risk of Type 2 Diabetes by 36%. In women, higher doses of statins increase the incidence of diabetes by more than 50%.

Type 2 Diabetes is a strong independent risk factor for cardiovascular and cerebrovascular outcomes. Many studies show an increased incidence of Type 2 Diabetes in statin users. The medical-pharmaceutical establishment has published many studies attempting to claim that as many or more patients will benefit from statin use as will develop Diabetes. That claim appears to be nonsense, since elevated cholesterol is not an independent risk factor for cardiovascular events, but Type 2 Diabetes very definitely is.

Ray K. Statin diabetogenicity: guidance for clinicians. Cardiovasc Diabetol, 2013. ----- This study admits that the risk of Diabetes from taking statins is so significant that the FDA now requires a warning on statin drugs labels. This study further points out that patients are extremely likely to become diabetic from statin use if they already have elevated fasting blood glucose, elevated body mass index, elevated blood pressure, and elevated triglycerides --- which is to say --- for patients with those Type 2 Diabetic risk factors the risk of statins far outweighs any perceived benefits.

Maki KC, et al. Statin use and risk for Type 2 Diabetes: what clinicians should know. Postgrad Med, 2017. ----- This study shows that the increased incidence of Type 2 Diabetes from statin use is 25% compared to placebo.

Insulin resistance leading to Metabolic Syndrome and Type 2 Diabetes is now an uncontrolled epidemic in America. Metabolic Syndrome and Type 2 Diabetes significantly increase the risk of cardiovascular disease, and in fact, are independent risk factors for CVD. The "atherogenic lipid triad" typtifies these individuals. It includes elevated serum triglycerides, low HDL cholesterol, along with elevated LDL. But the critical aspect of the LDL is not its elevation, but rather the preponderance of small, dense LDL particles. It is the small, dense LDL particles that are highly atherogenic as they are more likely to form oxidized LDL and are less readily cleared from the blood. Metabolic Syndrome and Type 2 Diabetes also lead to high levels of VLDL particles, which contain a high concentration of triglycerides, thus resulting in high serum triglycerides accompanied by low HDL cholesterol --- each of which are independent risk factors for cardiovascular disease.

Many studies show that using statins to drive down LDL yields no significant effect on cardiovascular outcomes in diabetic patients.

Nesto RW. Beyond a low-density lipoprotein: addressing the atherogenic lipid triad in Type 2 Diabetes and the metabolic syndrome. Am J Cardiovasc Drugs, 2005.

Indeed, the leading cause of morbidity and mortality in Type 2 Diabetics is cardiovascular disease. A diagnosis of Type 2 Diabetes constitutes a risk of death from cardiovascular disease as high as does the diagnosed presence of vascular disease. The key mechanism by which Type 2 Diabetics are at risk for cardiovascular disease involves the effects of insulin resistance on liver metabolism. The key process is the over-production and delayed clearance of triglyceride-rich lipoproteins in the liver. The enzyme lipoprotein lipase is the problem, with its function accelerated by apolipoprotein A5, and attenuated by apolipoprotein C3. A 60% elevation of triglyceride level is associated with 2.2 times the risk of myocardial infarction. Only fibrates (not statins), which benefit the triglyceride to HDL ratio, reduce the risk of cardiovascular disease in diabetics.

Mark L, et al. [Diabetic dislipidemia and atheroslcerosis]. Orv Hetil, 2016.

[--- Of course --- both fibrates and statins can be avoided in patients who understand the progression ----- (unhealthy microbiota + high carb diet) → Inflam-Aging → Tubby Tummy → Inflam-Aging → dys-insulinism → ImmunoNeuroEndocrine Stress → Insulin Resistance → Inflam-Aging → severe INE stress → (high triglyceride/HDL ratio + abdominal obesity + hypertension + rising blood sugar) → full-blown Metabolic Syndrome including Type 2 Diabetes → (life-threatening cardiovascular disease + increased cancer incidence + every imaginable disease associated with Inflam-Aging) ----- all of which responds magnificently to NUTRI-SPEC dietary and supplement recommendation.]

Dugani S, et al. Association of lipoproteins, insulin resistance, and Rosuvastatin with incident Type 2 Diabetes: secondary analysis of a randomized clinical trial. JAMA Cardiol, 2016. ----- Recognizing the irrefutable evidence that statins increase the risk for Type 2 Diabetes, these researchers set out to identify the risk factors for developing diabetes from statin drugs. To implement their analysis, these researchers devised a novel Lipoprotein Insulin Resistance (LPIR) score --- composed of 6 lipoprotein measures --- a score that correlates well with insulin resistance --- and correlated that LPIR with the incidence of Type 2 Diabetes among individuals randomized to either taking a high-intensity statin or a placebo. None of the test subjects were a Type 2 Diabetic at the beginning of the study.

In the statin group of test subjects, LDL was decreased after 2 years by 40% and VLDL decreased by 20% --- but shifted the LDL subclass toward (dangerous) smaller and more dense LDL size. The results of the tests confirmed that over the course of two years, a higher percentage of those on statins became Type 2 Diabetics than did those in the placebo group.

One study designed to quantify the increased risk of developing diabetes due to statin use showed that over a period of 4 year statin use, the average patient is 9% more likely to become diabetic than if statins were not used. Of course, that represents an average of all patients. There is a much higher risk of becoming diabetic from statin use in those who show the typical insulin resistance profile --- including high triglycerides, low HDL cholesterol, abdominal obesity, and fasting glucose above 100.

Sattar N, et al. Statins and risk of incident diabetes: a collaborative meta-analysis of randomized statin trials. Lancet, 2010.

A study published in the European Journal of Epidemiology shows that there is no difference in the risk of atherosclerotic cardiovascular disease in women with diabetes whether or not they take statins. --- And in fact, diabetic women have a 40% higher incidence of Atherosclerosis regardless of statin use. However, the statins do increase the incidence of diabetes --- and diabetes is a risk factor for Atherosclerosis, so in the long run, the statins will increase the incidence of vascular disease.

Many studies show that statins cause memory loss and cognitive decline. Yet many other studies show no adverse neuropsychiatric response to statins, and a few studies purport to show that statins are actually beneficial in that they reduce the risk of dementia.

In one study, of 60 patients identified who had memory loss associated with statins, 36 received Simvastatin, 23 Atorvastatin, and 1 Pravastatin. 50 % of the patients noted cognitive adverse affects within two months of starting a statin. 56% of the patients noted improvement when the statin was discontinued. Memory loss reoccurred in 4 of those patients who were re-challenged with the statin.

One small randomized study showed that patients receiving statins tended toward lower cognitive performance than those receiving a placebo. Two other placebo-controlled trials found neither benefits nor adverse effects from statins on cognition. One controlled trial of Simvastatin found no affects on cerebral spinal amyloid levels. In contrast, five observational studies (not randomized control) found a lower risk of dementia among patients on statins.

Why the apparently conflicting data? Some studies indicate that the difference between statin types may tell the story. Studies appear to show that the more lipophilic statins such as Simvastatin and Atorvistatin do cause cognitive impairment, whereas the more hydrophilic statins such as Provostatin Rosuvastatin do not.

The rhabdomyolysis muscle pain caused by statin drugs occurs for the same reason statins are dangerous to the heart --- depletion of CoQ10. Supplementing patients suffering from rhabdomyolysis with CoQ10 decreases

their muscle pain by 33%, --- but only 33%, because the statin drugs pull CoQ10 out of the body faster than it can possibly be replaced.

The risk of the most common form of breast cancer (Invasive Ductal Carcinoma) is increased by 83% in women taking statins, and is increased by more than 200% if the cholesterol was significantly elevated. Statins also increase the odds of Invasive Lobular Carcinoma by 97%, and by 243% in statin users with high cholesterol.

McGdougall Ja, et al. Long-term statin use and risk of ductal and lobular breast cancer among women 55-74 years of age. Cancer Epidemiol Biomarkers Prev, 2013. ----- This study shows that current users of statins for 10 years or more have an 83% increased risk of IDC, and 97% increased risk of ILC compared with women who never used statins. Among women who are put on statins with a diagnosis of hypercholesterolemia, ten years of taking statins more than doubled the risk of IDC, and increased the risk of ILC by nearly two and a half times.

Statins increase the risk of cataracts by 27%. Incidence of cataracts in the overall American population increased 20% from 2004-2014. Some of that increase is due to the irresponsible use of statins. A study published in JAMA Ophthalmology showed that 10% of non-statin users developed cataracts, but 35% of those taking statins developed cataracts. Another study showed that statins increase the risk of cataracts by 57%, and cause cataracts to occur up to 6 years earlier than they would have otherwise.

Erie JC, et al. Statin use and incident cataract surgery: A case-study control study. Opthalmic Epidemial, 2016. ----- This more recent study demonstrated that even after adjusting for age, sex, diabetes, cardiovascular disease, cerebral vascular disease, peripheral vascular disease, renal disease, oral and inhaled steroid use, and SSRI use --- the incidence of cataract surgery is significantly associated with statin use. The odds of a woman on statins needing cataract surgery are increased by 34% if on statins, and the odds of a man needing cataract surgery increases by 17% due to statin use. The study concludes: Incident cataract surgery was associated with increased odds of statin use, and underscores the possibility that increasing statin use could be contributing to rising rates of cataract surgery.

Interestingly, when a number of good studies over a period of several years established the clear connection between statins and an increase in incidence of cataracts, the pharmaceutical industry (predictably) scrambled like mad to fund studies disproving the link between statins and cataracts. One 2017 study published in the Journal of the American Heart Association and another published in another 2016 article published in Atherosclerosis showed that the incidence of cataracts was increased by 19% and 13% respectively. These studies conclude that that risk is "moderate", and certainly does not justify any decreased use of statins. Note, these studies were financed by the American Heart Association --- the number one proponent of statin use.

Statins cause the risk of kidney failure to increase by 30%, and the odds of chronic kidney disease increase by 36%. Incidence of serious acute kidney problems such as nephritis and nephrosis increase by 35% in statin users according to studies published in the American Journal of Cardiology. Even short-term statin use increases the risk of acute kidney disease by up to 34%.

Statins increase the risk of kidney disease --- including acute kidney injury, chronic kidney disease, and Nephritis/Nephrosis/Renal Sclerosis.

Acharya T, et al. Statin use and the risk of kidney disease with long-term follow-up (8.4-year study). Am J Cardiol, 2016. ----- This study shows that statin users have a 30% increased incidence of acute kidney injury, 36% increased incidence of chronic kidney disease, and a 35% increased risk of Nephritis/Nephrosis/Renal Sclerosis. In a subset of patients without co-morbidities, the associated of statin use with chronic kidney disease was even higher --- a 53% increased risk.

Mixing statins with the antibiotic Clarithromycin changes the way the statin is metabolized --- which leads to dangerously high potassium and kidney damage. This is a medical emergency that requires immediate hospitalization and can even lead to death.

One of the gimmicks popularly used to promote statin use in recent years is the finding that they "reduce inflammation". The problem is that reduction in inflammation is because they are immune suppressive. They reduce the

immune system's ability to produce antibodies and to mobilize the immune system in defense against bacterial and viral infections.

A study published in the New England Journal of Medicine highlights the muscle damage caused by statins. But the study particularly focused on autoimmune myopathy --- the condition in which the immune system attacks muscle tissue. What is frightening about autoimmune myopathy caused by statin drugs is that even stopping the statins will not necessarily reverse the autoimmune regression. Such victims of statin drugs almost always have to take immune suppressing drugs to control the myopathy. Even the most aggressive immune suppressing drugs often do not control the crippling condition.

Another study out of Johns Hopkins University in 2010 highlighted the number of patients suffering statin-induced myopathy ended up in wheel chairs. ----- Point of emphasis --- this is not the "ordinary" rhabdomyolysis so frequently caused as a statin side effect. We are talking here about a more severe form of myopathy. There are an estimated nearly 2,000 people suffering this crippling disorder in America.