

# Your Doctor Is A Liar!



Learn the truth about “cholesterol”

**BEFORE YOUR DOCTOR KILLS YOU!**

**(or someone you love!)**

# The TRUTH is...

Everything that your doctor has told you  
about “cholesterol” is absolutely wrong!  
Absolutely all of the concern about  
“cholesterol” is a monumental lie!

Despite what your doctor says, eating MORE  
CHOLESTEROL will actually improve your health!

The so-called bad “cholesterol” (LDL)  
is NOT the cause of heart disease!

The medical/pharmaceutical establishment has secretly changed  
the meaning of the word “cholesterol” without informing you!  
The CHOLESTEROL listed on food packages  
has a completely different meaning than the “cholesterol”  
that your doctor claims to measure in your blood!

Your test results for HDL and LDL  
do not add up to your total “cholesterol”!  
They never do! Look at your test results and see!

Statin drugs such as Lipitor, Crestor, etc.,  
do NOT prevent heart disease or heart attacks!  
They say so right in their own advertisements!

High “cholesterol” levels reflect fundamental  
nutritional imbalances that can be improved  
by simple dietary changes, but your doctor is  
giving you exactly the wrong dietary advice!

## Your Doctor Is A Liar!

They are putting your life at risk  
and they are ripping you off at the same time!

Are you brave enough to learn the truth?

READ THIS BOOK!

\$23.95

[www.yourdoctorisaliar.com](http://www.yourdoctorisaliar.com)





Hi, my name is James Paul Roguski. I am the author of the book *Your Doctor Is A Liar!* I do not have a personal story of illness and/or suffering. I am simply a “regular guy” who has (thankfully) awakened from the illusions presented by the media. I have seen through the lies that are told every day by the members of the medical and pharmaceutical establishment and I can no longer hold in the disgust that I feel for the despicable and barbaric practices that are performed with impunity every day by medical doctors, physicians, surgeons and pharmacists. I have been forced by my inner spirit to share the insights with which I have been blessed, with all who care to listen. Thank you for venturing this far.

If you downloaded the E-Book version from the website [www.yourdoctorisaliar.com](http://www.yourdoctorisaliar.com), please feel free to print it out and share it with everyone you know. You have my permission to make as many copies and/or to send it digitally to everyone you know. Heck, you have my permission to email it to everyone on earth! After you have read (and re-read) this book, please do not let it just collect dust on your bookshelf. The information contained within this book is so vital to your health, and to the health of your loved ones, that I humbly request that you please make it a point to share this book with as many people as possible. Please give this book to someone that you care about. You may very well save their life!

May your life be long and healthy.



## In a Nutshell

For those of you with very short attention spans, here is the “Cliffs Notes” version of the contents of this book...

- Your Doctor Is A Liar!  
Don't believe a single word that they say.
- CHOLESTEROL does NOT cause heart disease.  
Stop worrying about your “cholesterol” levels.
- All prescription drugs and all over the counter drugs are poisons that cause serious side effects.  
Just say NO to all drugs.
- Drugs that lower your “cholesterol” do NOT prevent heart disease or heart attacks! Even the drug companies publicly admit this.
- Find a qualified “natural” health expert. Find a good naturopathic, homeopathic, chiropractic or Oriental herbal/acupuncture practitioner to guide you towards better health. (Throughout this book, when I use the word “doctor”, I am referring to a Western-style medical doctor or M.D.)
- If you want to avoid heart disease, alter your diet to eat the way people ate hundreds of years ago when there was NO heart disease. Eat more protein. Eat more foods that contain CHOLESTEROL such as eggs, butter, cream, red meat and organ meats. Eat more foods that contain Vitamin C and Copper. Stop eating sugar. Stop eating processed foods.

## In a Nutshell

(continued)

- Avoid processed oils (soybean, canola, corn, etc.) hydrogenated oils, partially hydrogenated oils and any food that is prepared in a heated oil that may contain these toxic “foods” as if they were the plague! (They are!)
- As a bare minimum, take the following nutritional supplements on a regular basis...

Multiple Vitamin

Multiple Mineral (including magnesium and copper)

Multiple Essential Fatty Acid (EFA)

Vitamin C

Gelatin/Collagen/Protein supplement

- Get your **natural** doctor to check your insulin level (not blood sugar, not glucose, INSULIN). It should be 10mU/ml or less. If it is higher than that, then you need to eat less of everything and you definitely need to eat less sugar and fewer carbohydrates.
- Tell your medical doctor(s) to take their “cholesterol” tests, their “cholesterol” lowering drugs and their reduced CHOLESTEROL diets and tell them to go straight to hell! Their beliefs are based on faulty statistical analysis, their drugs are poisonous and their advice does not work!

The following pages provide a thought-provoking array of statements that have been made by various people who, like me, have recognized that the so-called “cholesterol” problem is not a health problem at all. **It is a scam of extra-ordinary proportions** that has already cost the American public TRILLIONS of dollars and has already caused MILLIONS of innocent people to lose their lives well before their time.

**CHOLESTEROL DOES NOT CAUSE HEART DISEASE!**

**and**

**LOWERING YOUR “CHOLESTEROL”  
DOES NOT HELP YOU TO LIVE LONGER**

Anyone who attempts to tell you that it does is either lying to you or has been brainwashed by someone who lied to them. The only problem is that **YOU** haven’t seen any of the factual information contained in this book. The medical/pharmaceutical industry is designed to receive a huge financial reward when you get sick, so they are working very, very hard to keep this information hidden. Instead of telling you the truth, the whole truth and nothing but the truth, they are endeavouring to make you believe that you are ill so that they can prescribe deadly, poisonous drugs and recommend surgical procedures that are known to be ineffective. There is ample evidence that clearly contradicts the “prevailing wisdom” about “cholesterol” and its relationship to the heart disease plague. After you finish reading this book, you will understand your health a little bit better and hopefully, you will also awaken to the TRUTH that...

**YOUR DOCTOR IS A LIAR!**



*“The level of one’s blood ‘cholesterol’ is, at best, nothing more than an extremely rough indication of a great many different disease conditions. To alter one’s life-style as a consequence of this particular laboratory test may well cause more trouble than it could relieve... if you have come to believe that you can ward off death from heart disease by altering the amount of ‘cholesterol’ in your blood, whether by diet or by drugs, you are following a regimen that still has no basis in fact. Rather, you have been taken in by certain commercial interests and health groups who are more interested in your money than your life.”*

*Edward R. Pinckney  
Former co-editor of  
The Journal of the American Medical Association*

*“The public is so brainwashed, that many people believe that the lower your ‘cholesterol’, the healthier you will be or the longer you will live. Nothing could be further from the truth... The ‘cholesterol’ cartel of drug companies, manufacturers of low-fat foods, blood testing devices and others with huge vested financial interests have waged a highly successful promotional campaign. Their power is so great that they have infiltrated medical and governmental regulatory agencies that would normally protect us from such unsubstantiated dogma. Statin drugs have been aggressively promoted by the pharmaceutical industry and medical opinion leaders. The new guidelines were not written by disinterested scientists, but by members of the medical community who have received major grants from the pharmaceutical industry. The recommendations are based on distorted statistical analysis of relative risk reduction that mislead doctors and the public.*

*They are designed to turn healthy people into patients!”*

*Paul Rosch  
Clinical Professor of Medicine and Psychiatry  
New York Medical College*

*“What you believe about heart disease is about to change. Many Americans, including medical scientists, have a one-track mind when it comes to the condition. In the past, fats and CHOLESTEROL in the diet were blamed for causing heart disease. But years of medical research have produced NO convincing evidence that these components of foods actually cause hardening of the arteries. The millions of research dollars spent trying to prove the ‘cholesterol’ theory have all come up empty handed. The idea that CHOLESTEROL causes arteriosclerosis has been touted, researched and publicized for so many years that, until recently, only a few people questioned it. The truth is that the ‘cholesterol’ theory has never been proven. All the attempts to prove a connection between the CHOLESTEROL we eat and the risk of heart disease have failed. Eating a CHOLESTEROL-rich diet doesn’t cause heart disease, and measuring blood levels of ‘cholesterol’ fails to predict heart disease in most of those who have it. In fact, scientists have proven that pure CHOLESTEROL does NOT cause arteriosclerosis and that elevation of blood ‘cholesterol’ is a symptom - not a cause - of heart disease. Most people who get heart disease have normal ‘cholesterol’ levels in their blood. Unfortunately you never read about that in the paper because too much is invested in the ‘cholesterol’ theory. Scientists don’t want to admit they’re wrong after all the time and money spent trying to prove that ‘cholesterol’ was killing us. But this approach isn’t working. Heart disease is still the number one cause of death in the United States. The eighty-five year reign of the ‘cholesterol’ theory of heart disease is coming to an end. Our thinking has to change. There is a way to prevent heart disease and to achieve a longer, healthier life. Heart disease is caused by modern processed food and the way to prevent the disease is to improve the quality of your diet. What the average American eats in one day - cereal for breakfast, a doughnut and coffee midmorning, cold cuts on white bread for lunch, potato chips and soda as a*

*continued...*

*snack, and a burger and fries for dinner, followed by a double swirl soft serve ice cream cone - is a stomach turning proposition. Even health-conscious eaters who use skim milk on their cereal, replace the doughnut with a plain bagel, eat nonfat pretzels instead of chips, have pasta for dinner and eat fat-free frozen yogurt with cookies for dessert, all in the name of good nutrition, are fooling themselves. If we ate what our bodies needed, heart disease would be as rare as it is in unindustrialized parts of the world. The official dietary recommendations made by the U.S. Department of Agriculture; the National Heart, Lung, and Blood Institute; and the American Heart Association lead us to believe that eating a 'balanced diet' in line with the Food Pyramid will provide all the nutrients we need. This simply is not true. The demonization of fats has also led to the low-fat diet craze that has swept the United States and enticed us to eat more refined carbohydrates instead of complex carbohydrates from fruit and vegetables. By eating low-fat foods filled with sugar and white flour and snacking on highly processed, high calorie foods depleted of all nutrients, Americans are depriving themselves of vitamins, minerals, fiber, essential oils and phytochemicals that are needed to prevent disease. These are more than just bad habits - the way we eat is causing a disease epidemic. We're killing ourselves with our food. Recognizing that our unhealthy diet can lead to disease, and realizing that we can use our food choices to prevent disease, are the first steps in making change. All you have to do is improve your diet. The simplest part is figuring out what to eat. The only hard part is ignoring what the health establishment has drilled into our heads about the supposed culprits. The real villains are processed foods, especially refined carbohydrates, that are depleted of the vitamins our bodies need to prevent disease. With a more balanced and nutritious diet, the mid-twentieth century epidemic of heart disease can become a distant memory.*

*Kilmer S. McCully, M.D.  
Author of "The Heart Revolution"*

*“There is no nutritional substance as controversial as CHOLESTEROL, and no substance about which there is more confusion. There is no other substance as widely publicized by the medical profession - and no bigger health scandal. ‘Cholesterol’ can strike terror into the minds of misinformed people. The ‘cholesterol’ scare is big business for doctors, laboratories, and drug companies. It is also a powerful marketing gimmick for vegetable oil and margarine manufacturers who can advertise their products to be ‘cholesterol-free.’”*

*Udo Erasmus, PhD.*

*Author of “Fats that Heal, Fats That Kill”*

*“The idea that saturated fats cause heart disease is completely wrong, but the statement has been published so many times over the last three or more decades that it is very difficult to convince people otherwise unless they are willing to take the time to read and learn what all the economic and political factors were that produced the anti-saturated-fat agenda. Blood ‘cholesterol’ levels between 200 and 240 mg/dl are normal. These levels have always been normal. Many hundreds of thousands of people are treated with expensive medications to prevent the development of a non-existent illness. If the medications were only expensive and not life threatening, their use could no doubt be shrugged off as a harmless snake oil pharmaceutical scam; but, in fact, these are thoroughly dangerous medications for both physical and emotional reasons—for physical reasons because their use can lead to serious untreatable diseases such as liver cancer, and for emotional reasons because their use perpetuates the myth that ‘cholesterol’ is dangerous and evil. There is no need to worry about your ‘cholesterol’ levels. This is a phony issue.”*

*Mary G. Enig, Ph.D.*

*President of the Maryland Nutritionists Association*

*“It is virtually impossible not to recognize that many researchers routinely manipulate and/or interpret their data to fit preconceived hypotheses, rather than manipulate hypotheses to fit their data. Much of the literature, therefore, is nothing less than an affront to the discipline of science... The current campaign to convince every American to change his or her diet and, in many cases, to initiate drug ‘therapy’ for life is based on fabrications, erroneous interpretations and/or gross exaggerations of findings and, very importantly, the ignoring of massive amounts of unsupportive data.”*

*Russell L. Smith, Ph.D.  
Author of “The Cholesterol Conspiracy”*

*“Clear your mind of the belief that ‘cholesterol’ causes heart disease. Stop taking ‘cholesterol’ lowering medication. ‘Cholesterol’ lowering, without correcting underlying vitamin deficiency, should be considered medical malpractice!”*

*Dr. Matthias Rath, M.D.  
Author of “Why Animals Don’t Get Heart Attacks... But People Do!”*

*“The constant denigration of beef, animal fats, eggs, and locally produced dairy foods like raw milk, cream, cheeses and butter - all of which were once the products of small farms - has no basis in science but powerful support from monopolistic grain cartels, food processors, vegetable oil producers and pasteurized dairy manufacturers. Health professionals generally ignore the growing body of evidence that the ingredients of processed foods - liquid and hydrogenated vegetable oils, refined sweeteners, processed milk products, preservatives and artificial flavorings - are the largest contributors to modern disease, especially heart disease.”*

*Ron Schmid, N.D.  
Author of “The Untold Story of Milk”*

*“Back in the early ‘80s, I was the leader of a group of top-level nutritionists with the USDA who developed the eating guide that became known as the Food Guide Pyramid. Carefully reviewing the research on nutrient recommendations, disease prevention, documented dietary shortfalls and major health problems of the population, we submitted the final version of our new Food Guide to the Secretary of Agriculture.*

*When our version of the Food Guide came back to us revised, we were shocked to find that it was vastly different from the one we had developed. As I later discovered, the wholesale changes made to the Guide by the Office of the Secretary of Agriculture were calculated to win the acceptance of the food industry. For instance, the Secretary’s office altered wording to emphasize processed foods over fresh and whole foods; it also hugely increased the servings of wheat and other grains to make wheat growers happy.*

*Where we, the USDA nutritionists, called for a base of 5-9 servings of fresh fruits and vegetables a day, it was replaced with a paltry 2-3 servings (changed to 5-7 servings a couple of years later because of an anti-cancer campaign by another government agency, the National Cancer Institute, forced the USDA to adopt the higher standard). Our recommendation of 3-4 daily servings of whole grain breads and cereals was changed to a whopping 6-11 servings, forming the base of the Food Pyramid as a concession to the processed wheat and corn industries. Moreover, my nutritionist group had placed baked goods made with white flour - including crackers, sweets and other low nutrient foods laden with sugars and fats - at the peak of the pyramid, recommending that they be eaten sparingly. To our alarm, in the ‘revised’ Food Guide, they were now made part of the Pyramid’s base. And, in yet one more assault on dietary logic, changes were made to the wording of the dietary guidelines from ‘eat less’ to ‘avoid too much’, giving a nod to the continued...*

*processed food industry interests by not limiting highly profitable 'fun foods' (junk foods by any other name) that might affect the bottom line of food companies.*

*I vehemently protested that the changes, if followed, could lead to an epidemic of obesity and diabetes - and couldn't be justified on either health or nutritional grounds. To my amazement, I was a lone voice on this issue, as my colleagues appeared to accept the 'policy level' decision. Over my objections, the Food Guide Pyramid was finalized. In the 25 years since the initial Food Guide was developed, we face an unprecedented nutrition crisis. A majority of Americans have poor quality diets and the rates of diet related chronic diseases, from cancer, diabetes and heart disease to digestive diseases and arthritis, are soaring. The latest research blames commercial food ingredients, imbalanced diets, excessive calories and too few nutrient and antioxidant rich vegetables, fruits and whole grains.*

*Ultimately, the food industry dictates the government's food advice, shaping the nutrition agenda delivered to the public. In fact, to the food industry, the purpose of food guides is to persuade consumers that all foods (especially those that they're selling) fit into a healthful diet. The government readily complies. How and why does the government allow this to happen? As I learned from my days as a USDA nutritionist, nutrition for the government is primarily a marketing tool to fuel growth in consumer food expenditures and demand for major food commodities. It's an economics lesson that has very little to do with our health and nutrition and everything to do with making sure that food expenditures continue to rise for all interests involved in the food industry.*

*It's evident that the government can't be relied upon to provide objective, health promoting food and nutrition advice."*

*Luise Light  
Author of "Ketchup is Not a Vegetable"*

*“Many people consider the consumption of CHOLESTEROL, in and of itself, to be a health hazard. This is not the case. The risks associated with CHOLESTEROL intake have been vastly overstated by the media and even by some health officials. The CHOLESTEROL in our bodies is essential for good health. It is a naturally present substance that our bodies need in order to function properly, not a poison you ingest from the ‘wrong’ foods. The widespread perception, then, that the presence of CHOLESTEROL in the human body is somehow intrinsically harmful is a distortion of the truth. The way the foods we eat affect our risk of heart disease is a subject that has been wrenched out of context and profoundly exaggerated in recent years. The National Heart, Lung, and Blood Institute has developed a National Cholesterol Education Program to increase awareness of the importance of serum ‘cholesterol’ levels. Unfortunately, this group has been the source of as much exaggeration and misdirection as it has useful advice for physicians and their patients. It is also worth noting that the National Cholesterol Education Program’s ‘recommended’ maximum level of intake of dietary CHOLESTEROL (300mg/day) is arbitrary and more or less meaningless from a physiological standpoint. The figure does not represent any demonstrated change in risk in any clinical study. For most of us, the fact that a certain health recommendation receives substantial news coverage and is the subject of an expensive public awareness campaign is enough to convince us of the validity of that position. Such trust is perhaps too easily placed.”*

*Frederick J. Stare, M.D.*

*Founder, Department of Nutrition  
Harvard School of Public Health*

*Robert E. Olson, M.D.*

*Professor of Medicine, SUNY/Stony Brook*

*Elizabeth M. Whelan, Sc.D.*

*President, American Council on Science and Health*

*Authors of “Balanced Nutrition, Beyond the Cholesterol Scare”*

**“Saturated fats and CHOLESTEROL are not the cause of coronary heart disease. That myth is the greatest scientific deception of this century [the 1900s], perhaps of any century.”**

*Dr. George V. Mann, M.D.*

*Author of “Coronary Heart Disease, the Dietary Sense and Nonsense”*

***“There’s no connection whatsoever between CHOLESTEROL in food and ‘cholesterol’ in blood. And we’ve known that all along. CHOLESTEROL in the diet doesn’t matter at all unless you happen to be a chicken or a rabbit.”***

*Ansel Keys, Ph.D.,*

*Professor Emeritus at the University of Minnesota (1997)*

***“The public has been told for many years that fats are bad. In fact, we’ve known for thirty or forty years that that’s not really true.”***

*Walter Willett*

*Chairman of the Department of Nutrition  
Harvard School of Public Health*

***“When I was in medical school in the mid 1980’s, we were taught that atherosclerosis was an end stage condition, a disease that everyone would get as they grew older. But that’s just not true. The body is capable of healing itself. Damaged and blocked vessels can open up and function normally again. We now know that we have a choice regarding this disease. Atherosclerosis can be prevented, brought to a halt and even reversed.”***

*Dr. John P. Cooke, M.D., Ph.D.*

*Author of “The Cardiovascular Cure”*

*“As one investment reporter put it, statin drugs ‘turn cholesterol into money.’ Industry estimates put total annual spending on statins at more than \$22 billion. It is no wonder the pharmaceutical companies are hyping these drugs.*

*Supporters are so enamored of statin drugs that some have even proposed putting them in the water supply. Critics object that the statins are another thalidomide story for the drug industry, with ill effects not yet fully understood. The drug companies will tell you that the likelihood of side effects from statins is low. Nevertheless, many physicians who prescribe these drugs - and their patients who use them - may tell you otherwise. In many physicians’ practices (including my own), muscle aches and weakness occur in approximately 30% of patients who take statins. Like many of my colleagues, I have hundreds of patients who, when they take a statin agent, develop annoying, sometimes incapacitating, muscle aches and weakness that abruptly stop when they discontinue use of the drug, and return when drug use is resumed.*

*The fundamental flaws in focusing on ‘cholesterol’ and statin agents are the perceptions that ‘cholesterol’ identifies hidden heart disease and that lowering ‘cholesterol’ is the way to a future free of heart attacks. Both perceptions are untrue. ‘Cholesterol’ can be high, low, or in between, but all too frequently fails to shed light on this murky situation. ‘Cholesterol’ does not reliably identify all people with hidden heart disease, nor does lowering it cure you of heart disease. Many heart attacks still occur in people with low ‘cholesterol’ levels, whether or not they take ‘cholesterol’ lowering drugs.*

*Really lowering your risk for heart disease  
requires a dramatic shift in focus.”*

*William Davis, M.D.  
Author of “Track Your Plaque”*

*“The analysis of the shortcomings of the ‘cholesterol’/fat hypothesis concerning the genesis of arteriosclerosis clearly indicates that this theory has outlived its usefulness. Indeed, careful analysis of the data upon which this hypothesis is based has revealed bias, selective use of data, conflict of interest, and other irregularities of science, placing the whole concept of plasma ‘cholesterol’ control in the realm of myth and pseudoscience. Unfortunately, while the drug industry sends out 80,000 sales representatives to doctors’ offices, fills medical journals with glossy advertising, and underwrites thousands of seminars where doctors are paid to listen to lectures that are really sales pitches for drugs, information about the true risks is hard to find. Almost all of the information that doctors receive about drugs comes straight from the pharmaceutical industry. Even if a natural food or supplement is equally effective, a drug company can’t make a big profit from it, so it will push a drug instead.*

*CHOLESTEROL is perhaps the most important substance in our lives, for we could not live without an abundant supply of it in our bodies. The vital role of CHOLESTEROL in the human body is indisputable. New evidence has surfaced that points to nutritional factors other than CHOLESTEROL that may really be our major public health enemy and that suggests our fifty year war against ‘cholesterol’ has been misdirected. Elevated ‘cholesterol’ is not the problem we have been led to believe.*

*The annual toll of lives and serious side effects currently sustained by hundreds of thousands of patients is a heavy and unnecessary price to pay for faith misplaced.”*

*Dr. Duane Graveline, M.D.  
Former NASA Flight Surgeon  
Author of “Lipitor, Thief of Memory”*

***“CHOLESTEROL is a component of all human cell membranes; the long term consequences of interfering with its synthesis and the synthesis of related compounds are unknown.”***

*Medical Letter on Drugs and Therapeutics*

***“It is characteristic of human nature that resentment rather than curiosity is roused when we are advised that evidence dictates long held beliefs or concepts are false. Debate on the role of dietary CHOLESTEROL and animal fat in coronary heart disease is intensifying. This viewpoint, promulgated widely in both the lay and scientific press with almost religious fervour, has been sufficiently forceful to develop CHOLESTEROL phobia in the general public. However, it is implausible that CHOLESTEROL, an essential metabolite and a constituent of every cell in the body, could possibly be noxious at all blood levels when it is also a precursor of vitamin D, steroid hormones and bile acids and constitutes up to 17% of the dry weight of the brain. On these grounds alone review of the evidence is warranted for it is not possible that CHOLESTEROL or LDL could be the principal CAUSAL factor of atherosclerosis. Risk factors are only statistical associations and are not causal in any sense. It is essential to realize that the causality is assumed and not proven. Such imprecise use of English results in misrepresentation and bad science. Scientific evidence for the role of dietary fat and hypercholesterolemia in the causation of atherosclerosis is seriously lacking... readers should be aware of the unscientific nature of claims used to support it and see it as little more than a pernicious bum steer.”***

*William E. Stehbens*

*Director of the Malaghan Institute of Medical Research  
Professor at the Department of Pathology,  
Wellington School of Medicine*

*“It may surprise you to know that practicing physicians have been hearing about ‘cholesterol’ and Coronary Heart Disease (CHD) the same way that you have, through the media. They also don’t know the real facts. Both the public and the clinical physicians have simultaneously been swamped by an ever-growing tidal wave of exaggerations, distortions, and even fabrications of the facts. The media blitz has been so successful that nearly everyone is now thoroughly brainwashed. The perpetrators of this state-of-affairs are principally the National Heart, Lung and Blood Institute (NHLBI), the American Heart Association (AHA) and many of the medical ‘researchers’ who are financially supported by these agencies. This alliance controls nearly all CHD research and disseminates nearly all CHD information to the public. It literally steamrolls over all who disagree and there are many medical researchers who have been trampled in its path. If you control the money and the media, negative findings are little more than irritants because the public will never hear about them. It is NHLBI/AHA’s version of George Orwell’s Newspeak. Biases are so commonplace, they appear to be the rule, rather than the exception. Such biases have enabled the NHLBI and AHA to generate ‘positive’ results from masses of negative evidence merely by stating that the literature is supportive. Conclusions drawn by authors of such studies seem to be based on the need to justify the money and many years devoted to these investigations, rather than on the objective analyses of data. It is painfully obvious in some instances that preconceived beliefs were to be supported no matter how much the data had to be manipulated and erroneously interpreted to achieve this end. Billions of dollars are spent worthlessly and millions of lives are lost prematurely because research funding agencies have disregarded masses of scientific findings and fraudulently used public monies to disseminate dogma and propaganda.”*

*Russell L. Smith, Ph.D.  
Author of “The Cholesterol Conspiracy”*

***“‘Cholesterol’ testing does not see or measure heart disease. In fact, the total ‘cholesterol’ values of people who do and don’t have a heart attack are about the same!”***

*Dr. John A. Rumberger, Ph.D, M.D.  
Clinical Professor of Medicine, Ohio State University*

***“The great mass of people...  
will more easily fall victim to a big lie than to a small one.”***

*Adolf Hitler*

***“Hitler did it. He was not the first, but he did it quite successfully. ‘It’ being the big lie. He and his cohorts told it often enough, and with official state backing, so that just about everyone involved believed it. Government agencies and the American Heart Association have literally forced a drastic change in dietary habits with mostly manufactured evidence. Those dietary changes, along with dangerous medicines, can cause far more disease, disability and death than the illness they are supposed to prevent.”***

*Cathey Pinckney and Edward R. Pinckney, M.D.  
Authors of “The Cholesterol Controversy”*

***“The doctor is to be feared more than the disease.”***

*Latin proverb*

***“No illness which can be treated by the diet  
should be treated by any other means.”***

*Moses Malmonides of Caldova*

*“I have come to recognize that the people who perpetuate the ‘cholesterol’ theory have done it by playing on our fears and our weaknesses - much the same way terrorists behave. They take our natural fear of dying and our reluctance to make major changes in our lives and use them against us: They hype the rising statistics about heart disease, then promise us that we can make ourselves safe from it by taking a simple pill. These people all stand to make a profit out of pushing the simplistic, scientifically dubious idea that to avoid heart disease all you have to do is avoid CHOLESTEROL in your diet and lower your blood ‘cholesterol’. Americans have been terrorized for almost half a century by the activities of a group that has caused far more damage than Osama bin Ladin’s Al Queda. I call these people the Cholesterol Terrorists. They don’t deal in bombs or guns, but in a much more dangerous subversive commodity: misleading, oversimplified, and even downright untrue claims about your most precious possession: your health. Their goal is to keep every hospital bed filled, keep every surgery theater operating all the time, to push every pill the drug companies can produce. They are not out to make political points. They’re just out to make money. Who are these terrorists? Your physician may be one of them. As a doctor, he or she doesn’t make any money if you’re so healthy that you never need medical services. The family doctor is just the smiling front man for a much larger group, a group that includes hospitals, insurance companies, sue-happy malpractice lawyers, pharmaceutical companies and even the big food producers. As long as the public is kept uninformed about the facts of heart disease and the fallacy of the ‘cholesterol’ theory, people will keep paying through the nose for high priced prescription drugs rather than taking their health into their own hands and taking effective steps to reduce their risk of heart disease.”*

*Paul A. Stitt*

*Author of “The Real Cause of Heart Disease is NOT Cholesterol!”*

*“Half of all cardiac deaths occur in people with normal ‘cholesterol’ levels. Clearly, other factors are involved. Our market-driven, advertising-shaped culture pushes sugar, fat and salt laden foods that cause cardiovascular disease, then pushes expensive prescription drugs to slow (but not reverse) the damage. Drug companies control all of the major venues of information for doctors. This control is accomplished: by a sales force of 90,000 drug representatives who monitor doctors’ prescribing patterns from pharmacy printouts and carry slanted information and freebies to doctors’ offices on a weekly basis; by underwriting and influencing doctors’ conferences and the majority of doctors’ continuing education; by making the PDR, which is written by the drug industry, the book doctors use the most to guide their medication decisions; by possessing the vast majority of research money and filling medical journals with studies designed as much for marketing purposes as for medical progress; and by paying the salaries of more and more academicians at our medical schools, thereby focusing research and teaching on marketable drugs rather than on other issues of scientific importance. The result is that for most disorders, treatment means drugs. The pharmaceutical industry’s dominance over information also means that you are not likely to get a balanced viewpoint from most doctors today. Our economic system is all about sales, not health. It is about profits, not prevention, and you are the cash cow.”*

*Jay S. Cohen, M.D.*

*Author of “The Magnesium Solution for High Blood Pressure”*

*“Most people who suffer heart attacks have average ‘cholesterol’ levels. The fact is that one person can have a low ‘cholesterol’ number and be at grave risk for a heart attack, while someone else with a higher figure will be fine.”*

*Dr. Arthur Agatston, Cardiologist  
Author of “The Miami Beach Diet”*

*“High ‘cholesterol’ levels are NOT the cause of disease. High levels of circulating ‘cholesterol’ are an attempt by the body to fight free radicals. High blood ‘cholesterol’ levels are an indicator of the presence of high levels of free radicals (such as fungal mycotoxins, peroxides, petrochemicals and residue from tobacco smoke for example); oxidant damage; and infestation of the body with fungi or other pathogenic micro-organisms such as bacteria or parasites. It is these high levels of toxins that result in arterial damage and degenerative heart disease. Researchers at the World Health Organization and elsewhere have found that a diet of mostly refined carbohydrates increases the presence of fungal mycotoxin blood levels, which in turn triggers the liver to increase its production of circulating ‘cholesterol’. Most of the body’s ‘cholesterol’ is produced by the body itself. In fact, a deficiency in ‘cholesterol’ is associated with a higher risk for cancer and immune disorders, including AIDS. This is because the role of ‘cholesterol’ is a protective one, binding (chelating) toxic mycotoxins in the blood. A natural foods diet will rid the body of mycotoxins and free radicals and consequently lower elevated ‘cholesterol’.”*

*The Encyclopedia of Natural Healing*

*“The theory that saturated fats and CHOLESTEROL clog arteries has been effectively disproved by a number of highly respected scientists from many nations. Butter consumption dropped by more than two-thirds over the last century, but the incidence of heart disease has skyrocketed. What has kept pace with the rise of heart disease is our consumption of trans-fatty acids, packaged foods, processed vegetable oils, carbohydrates and refined sugar. I think you know where the blame should land.”*

*Jordan S. Rubin  
Author of “The Maker’s Diet”*

“There is absolutely no evidence anywhere that normal CHOLESTEROL floating around in the blood does any harm. Drug company advertising for ‘cholesterol-lowering’ drugs gives the impression that excessive ‘cholesterol’ in the blood simply deposits itself on the artery walls, and that lowering ‘cholesterol’ levels stops that process. It would be nice if it was that simple, but once again, the magic pill theory falls short. Another ‘cholesterol’ myth perpetuated by the drug companies is that everyone with a total ‘cholesterol’ over 200mg/dL should be concerned. This is blatantly false. While a ‘cholesterol-lowering’ drug will usually do a very good job of lowering your ‘cholesterol’, there’s scant, if any, evidence that it will help you live longer or reduce your risk of a heart attack. There are no studies that show that women benefit from these drugs - all the studies showing even marginal benefits have been done on men. If the American public had even a clue of how destructive these drugs are, they wouldn’t touch them. And don’t think this is a revolutionary statement. There is a complete consensus (or should we say lip service) among drug companies, physicians and organizations such as the American Heart Association that the first step in lowering ‘cholesterol’ should be a ‘vigorous’ attempt to improve diet and increase exercise. Sadly, few physicians are following this advice, and drug company advertising and marketing certainly doesn’t reflect it. Here’s a question for the FDA: Where are the long-term studies on these drugs? They didn’t exist when the drugs were approved. These drugs have ominous side effects, especially when used on a long-term basis. It’s well known that these drugs can cause severe side effects and that long-term follow-up studies are sadly lacking. The studies that do exist juggle numbers and play with statistics to the point where the information becomes meaningless.”

Earl L. Mindell, R. Ph., Ph.D.  
Author of “Prescription Alternatives”

*“The fact is that although heart disease is commonly portrayed as largely caused by high ‘cholesterol’, 80% of the people who get this disease have the same total and LDL ‘cholesterol’ levels as those who don’t! A lot of people with ‘normal cholesterol’ are getting heart disease. How is this compatible with the working paradigm of heart disease and the treatment guidelines based upon it?”*

*Thomas Yannios, M.D.  
Author of “The Heart Disease Breakthrough”*

*“The public have been somewhat ‘brain-washed’ with the idea that the road to lowering blood ‘cholesterol’ is the ideal, and perhaps only, pathway to cardiovascular health. There is an enthusiastic willingness of a physician to adopt a pharmacological (drug) approach to the therapy of high blood ‘cholesterol’ and an equal willingness for the person with a high blood ‘cholesterol’ to take this ‘apparent’ easy way out. Studies have emerged which show that physicians may be apt to prescribe synthetic ‘cholesterol-lowering’ drugs without exhausting the possibility of more natural means. I believe that the focus on ‘cholesterol’ and cardiovascular risk has led to an unhealthy preoccupation of reducing only one risk factor for premature cardiovascular mortality... lowering ‘cholesterol’ alone without consideration of other lifestyle or health concerns is not a worthy objective. In recent years, drugs to lower ‘cholesterol’ have been viewed erroneously as a panacea for reducing the risk of high blood ‘cholesterol’ and plaque buildup in the arteries. Lowering ‘cholesterol’ by using synthetic lipid-lowering drugs without including a nutritional program to improve general health is neither safe nor cost-effective. Therapy that is targeted to just lower ‘cholesterol’ is shortsighted or even foolish medicine.”*

*Stephen Holt, M.D.*

*“As a medicinal chemist, I discovered startling evidence surrounding ‘cholesterol’ lowering drugs. Commercially they are known as atorvastatin (Lipitor), fluvastatin (Lescol), lovastatin (Mevacor), pravastatin (Pravachol), simvastatin (Zocor) and rosuvastatin (Crestor). The belief that these drugs prevent heart disease is undeniably false - but more importantly - dangerous. Because of the gender and age bias among the statin drug trials, one cannot conceivably use the statin drug trials to rationalize prescribing them to women, the elderly, children or ethnic groups. Prescribing statin drugs to any one of these groups is a giant leap of faith - safety and effectiveness has not been shown for any of these populations. If you are among any one of these populations and taking a statin drug, you are a guinea pig! It is neither logical nor scientifically sound to use the statin drug trials in defense of lowering ‘cholesterol’ to prevent heart disease. All statin drug trials from 1990 to 1999 suffered from age and gender bias. There is no evidence from primary prevention trials showing that ‘cholesterol’ lowering effects among women from the use of statin drugs decreases mortality from heart disease. The elderly have also been bamboozled. The ‘cholesterol’ lowering myth being spread by pharmaceutical companies worldwide could rightfully be considered the deadliest health myth in the history of mankind. With dollar signs in their eyes, drug companies have launched a massive fear campaign about ‘cholesterol’. Medical doctors, drug manufacturers and nutritional supplement companies make billions of dollars browbeating us into believing that CHOLESTEROL is an enemy to our bodies. This statement has been made with such redundancy that it has handicapped health logic among some of the most respected health experts in the world. Rather than fear CHOLESTEROL, we need to fear the media campaign against it. This campaign is very prevalent and here to stay. CHOLESTEROL has been wrongfully convicted as the culprit in heart disease. It deserves redemption.”*

*Shane Ellison, M. Sc.  
Author of “Health Myths Exposed”*

***“Diagnosis of overt heart disease on the basis of lipid (‘cholesterol’) levels alone is simply not feasible.”***

*Dr. William Kannel  
Former Director of the Framingham Study*

***“I think that it is a mistake to get hung up on one particular value of ‘cholesterol’ that would divide those at risk from those not at risk.”***

*Dr. Antonio Gotto  
Former President of the American Heart Association*

***“Most diseases are the result of medication which has been prescribed to relieve and take away a beneficent and warning symptom on the part of Nature.”***

*Elbert Hubbard*

***“Unfortunately, it is easier to believe a falsehood that has been repeated a million times, than it is to believe the truth that you have just encountered for the first time.”***

*Anonymous*

***“Doctors are just the same as lawyers.  
The only difference is that lawyers merely rob you,  
whereas doctors rob you and kill you too.”***

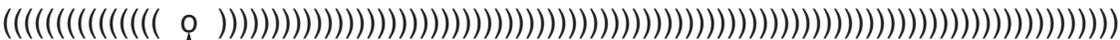
*Anton Chekhov*

***“Doctors will get off their pedestals  
when patients get off their knees.”***

*Anonymous*







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This book may be reproduced in whole or in part and may be transmitted in any form without permission of any kind. Any part of this book may be reproduced, stored in a retrieval system or transmitted in any form or by any means electronic, mechanical, photocopy, recording or other, without permission of any kind.

The whole point of this book is to expose the lies of the medical and the pharmaceutical industries by sharing this information with as many people as possible. Please feel free to copy and share this book with everyone that you know and love. Their lives depend upon it!

The material in this book is intended for education. It is also meant to be construed as advice that is designed to help you keep yourself healthy and balanced. It is not medical advice. It is health advice. It is not designed to treat any dis-ease. By definition, all pharmaceutical drugs are poisons that are designed to “treat” your symptoms. On the contrary, the information in this book will show you how to address the most fundamental needs shared by every human being. It is far better to strive to maintain health rather than to merely attempt to doctor up the symptoms of one’s disease. It is suggested that you rely upon your body’s own inner wisdom as your primary reference for the care and maintenance of your own health.

**You are encouraged to take full responsibility  
for your own health and for your own actions.**





## *The “Wallet-ectomy”*

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## **Dedication**

This book is dedicated to all of you brave souls who have already had the guts to tell your medical doctors, your pharmacists, your surgeons and your official government “authorities” that you no longer need their diagnoses, their drugs, their procedures nor their advice or assistance in maintaining your own health.

This book is dedicated to all of you brave souls who no longer need an HMO, a doctor, a surgeon, a pharmacist, a cardiologist, an internist, a dermatologist, etc., etc., to “manage your disease” because you have figured out for yourself how to maintain the health of your own body, heart, mind and spirit.

This book is dedicated to all you brave souls who have taken back the innate responsibilities that ultimately reside within each individual human being: The responsibility to take care of yourself; The responsibility to listen to your own inner spirit; The responsibility to live in accordance with the laws of Mother Nature; The responsibility to take the time and put in the effort that is necessary to understand how and why your own body functions; The responsibility to pay attention to what you put in your mouth, to what you breathe into your lungs and to what you rub onto your skin.

This book is also dedicated to all of you who want to be brave souls, but have been trapped by the lies that you have been told every day of your life, in every country, in every state, in every city in every medical center and in every medical doctor’s examination room in the world. I dedicate this book to each and every one of you who is striving to awaken from the nightmare of “medical science” because you have finally realized that...

**YOUR DOCTOR IS A LIAR!**



## **A very special thank you...**

to my life partner,

for believing in me,  
for encouraging me,  
for helping me,

but most of all,

for simply being  
the wonderful person  
that you are.

Thanks Marissa.

I love you!



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### IT'S A JOKE...

Three doctors were on their way to a convention when their car got a flat tire. They all got out of the car to examine the tire.

The first doctor said, "I think that it's flat."

The second doctor examined it more closely and said, "It sure looks like it's flat."

The third doctor squeezed the tire and said, "It sure feels like it's flat."

All three doctors nodded their heads in agreement. "We'd better run some tests!"

• • •

The phone at the nurses' station rang. When the nurse picked up the phone, the caller asked, "Can you tell me how your patient, Mr. Smith is doing?"

The nurse replied, "He's getting better. In fact, he'll be ready to leave the hospital in a couple of days. May I ask who is calling?"

The caller replied, "This is Mr. Smith. The doctor won't tell me anything!"

### The “C” Word

In order for you, the reader, to be able to clearly identify your doctor’s LIES, you must realize that the simple and true scientific meaning of the word CHOLESTEROL has secretly been changed.

Throughout this book, I have chosen to use two different font styles to distinguish the different meanings that the word CHOLESTEROL has been given. When I am referring to the original, true meaning of the word CHOLESTEROL, I will

*“A wise man hears one word  
and understands two.”*

*Yiddish Proverb*

present it in capital letters with no quotation marks: CHOLESTEROL. When I am referring to the adulterated, deceptive form

of the word that your doctor uses when they are lying to you, it will appear in lower case letters surrounded by quotation marks: “cholesterol”.

I implore you. EVERY time you hear the “C” word come out of your doctor’s mouth, STOP THEM IMMEDIATELY!! A lie is about to be told. You can identify that lie (and possibly prevent it) by demanding that your doctor specify which version of the “C” word they are using. Personally, I absolutely refuse to allow such deceptive phrases as “good cholesterol”, “bad cholesterol”, “LDL cholesterol”, “HDL cholesterol” or “total cholesterol” to even be uttered in my presence without being challenged. Doing this is tiring, it is frustrating and it should not be necessary, but it is, and it is worth it because...

**YOUR DOCTOR IS A LIAR!**

**CHOLESTEROL**  
**(The true meaning)**

CHOLESTEROL is a waxy substance that is found in every membrane of every cell of the human body, especially nerve and brain cells. CHOLESTEROL is used by the body to make a large number of very important hormones, including Vitamin D, pregnenolone, progesterone, cortisol, aldosterone, testosterone, and the estrogens. CHOLESTEROL is absolutely vital for health. The numerical amount of CHOLESTEROL listed on food packages refers to true CHOLESTEROL.

**“cholesterol”**  
**(The made up version)**

“cholesterol” = HDL + LDL + Triglycerides/5

This term is only used by the medical and pharmaceutical industries. LDL and HDL are not found in food. Triglycerides are absolutely, positively not the same as CHOLESTEROL. Food that does not contain any CHOLESTEROL can be (and is) converted into triglycerides, which your doctor then deceitfully refers to as “cholesterol”.

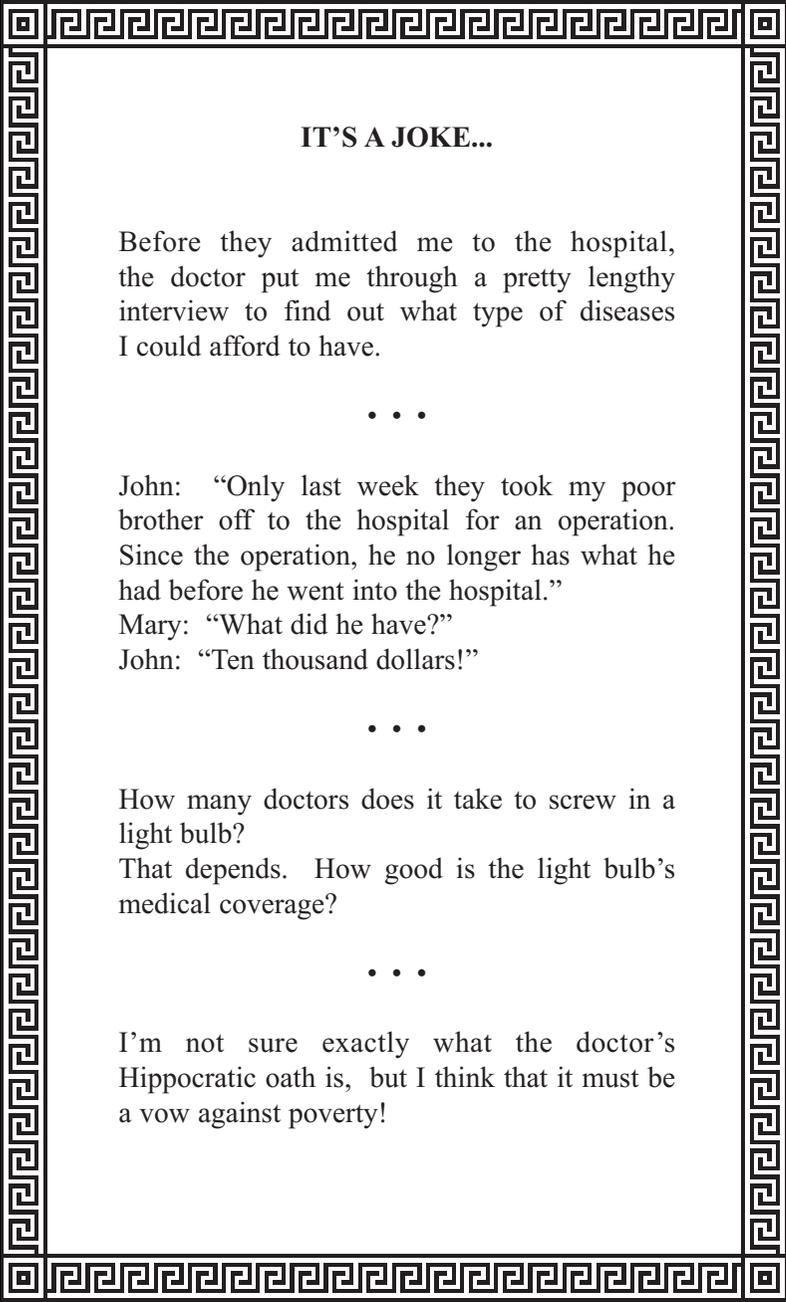
**DO NOT BE DECEIVED BY YOUR DOCTOR'S  
ABUSE OF THE LANGUAGE!**

**CHOLESTEROL ≠ “cholesterol”**

**fraud:** noun. 1. deceit or trickery perpetrated for profit or to gain some unfair or dishonest advantage. 2. a particular instance of such deceit or trickery. 3. something that is not what it pretends to be. 4. a deceitful person. 5. imposter.

**doctor:** verb. 10. to tamper with, falsify. 13. to practice medicine.

*Random House Webster's College Dictionary*



### IT'S A JOKE...

Before they admitted me to the hospital, the doctor put me through a pretty lengthy interview to find out what type of diseases I could afford to have.

• • •

John: “Only last week they took my poor brother off to the hospital for an operation. Since the operation, he no longer has what he had before he went into the hospital.”

Mary: “What did he have?”

John: “Ten thousand dollars!”

• • •

How many doctors does it take to screw in a light bulb?

That depends. How good is the light bulb's medical coverage?

• • •

I'm not sure exactly what the doctor's Hippocratic oath is, but I think that it must be a vow against poverty!

## **Introduction**

**IT'S A JOKE...**

A diabetic patient was in the hospital to have his gangrenous left leg amputated. After the surgery, the doctor came in to speak to the patient.

DOCTOR: I've got some good news and some bad news. The bad news is that I'm afraid we amputated the wrong leg.

PATIENT: What? With bad news like that, how could there be any good news?

DOCTOR: Well, it seems that we may be able to save your left leg after all!

• • •

Why are doctors lousy kidnappers?  
No one can read the ransom notes!

• • •

Why do nurses give Viagra to elderly male patients in old folks' homes?  
To stop them from rolling out of bed!

• • •

What's the difference between an oral thermometer and a rectal thermometer?  
The taste!

The premise of this book may be shocking to some. Contrary to “Authority”, contrary to “accepted public knowledge”, contrary to everything that every medical official and every medical practitioner has ever told you, and contrary to what “they say” and what “everybody knows”, I am here to point out a very simple fact that has been, at the very best, overlooked, and at the very worst, has deliberately been hidden from the public. I am here to point out that, in order for you to be healthier...

### **YOU NEED TO EAT MORE CHOLESTEROL !**

I will try to state this as clearly as possible: CHOLESTEROL is necessary for life. There is only one type of CHOLESTEROL. There is absolutely nothing “bad” about CHOLESTEROL, in fact, all CHOLESTEROL is good.

Without adequate levels of CHOLESTEROL, your health will drastically deteriorate. In and of itself, an elevated level of

***“All great truths begin  
as blasphemies.”***

*George Bernard Shaw*

“cholesterol” does NOT CAUSE heart disease. Absolutely no scientific study has ever been able to prove such a ridiculous assertion. None. Never. Nada! In fact, there is ample evidence to the contrary. If your doctor has frightened you by telling you that you have elevated levels of “cholesterol” in your bloodstream, then I suggest that you should tell your doctor to take their test results and shove them up their ass, because...

### **YOUR DOCTOR IS A LIAR!**

Far from being a deadly killer, CHOLESTEROL is a life saver! Please realize that the quick measurement of “cholesterol” that is done in your doctor’s lab or at your pharmacy’s free “cholesterol” screening does NOT accurately reflect the levels of CHOLESTEROL in the tissues of your body. Both of these events

are nothing more than marvelously designed marketing and promotional events. A high level of “cholesterol” in the blood actually means that the individual cells of your body are having difficulty manufacturing enough CHOLESTEROL on their own, so your body’s chemical plant (your liver) is helping them out by making some additional CHOLESTEROL, which is then delivered to the cells via the bloodstream in nice, neat packages called LDL. Your liver does this on purpose and with good reason because the individual cells of your body desperately need MORE CHOLESTEROL in order to survive!

***Please realize that the measurement of blood levels (of anything) only tells you what the body is moving around from place to place.***

The bloodstream is roughly analogous to our interstate freeway system. If you counted the number of cars on the freeway in the middle of the night, you might wrongly conclude that the traffic is not all that bad. However, if you observed cars that were backed up behind an accident, you might wrongly conclude that the stretch of freeway that you were observing was overcrowded. Obviously, a snap-shot observation of freeway traffic is inadequate to determine future freeway construction needs, so why does the medical profession believe that the quick measurement of something so complex as the flow of lipids through the watery fluids of the human body can possibly be an accurate way to determine the overall current health of an individual human being? And how could it possibly predict the FUTURE health condition of that individual?

***“Elevated blood levels of ‘cholesterol’ and other blood risk factors are not the CAUSE of cardiovascular disease.”***

*Dr. Matthias Rath, M.D.*

*Author of “Why Animals Don’t Get Heart Attacks... But People Do!”*

There is so much obvious evidence exposing the stupidity of the current system that it boggles the mind. Think about it. Your doctor takes one blood test and professes to be able to accurately predict the status of your future health for the rest of your life. Even the worst 1-(900) psychic reader will tell you that the future that they can see is only one of many possibilities. But your all-knowing, all-seeing and omnipotent psychic/doctor is somehow able to clearly predict the only future that awaits you, and if you have high “cholesterol” readings, then your immediate future is most definitely going to include a prescription for pharmaceutical drugs. (You may want to check the diplomas on the wall behind your doctor’s desk. Maybe they actually did double-major in Nostradamus Studies and Prognostication when they were in psychic/medical school.) If you happen to visit a psychic/heart surgeon, then your future will most likely include some serious reconstruction on the roadways of your cardiovascular system. It must undoubtedly be their uncanny psychic ability to predict your only possible future that enables medical doctors, surgeons and pharmacists to drive much nicer cars and live in much nicer homes than you and I.

The linear thinking that dominates the thought processes of the medical establishment ignores the intricate feedback mechanisms that are employed by the body in order to keep itself in balance. Elevated blood levels may very well mean that the body has too much of something, but it is just as likely that elevated blood levels mean that the body’s tissues are deficient, so the bloodstream is merely delivering more resources to wherever they are needed. Any medical textbook will tell you that LDL is made in the liver in order to deliver additional CHOLESTEROL to the cells.

The purposeful activity of producing and delivering nutrients which are necessary for life is not a mistake on the part of the human body. It is your liver’s job to manufacture numerous

complex chemical compounds for use throughout the body. It does NOT do so in a haphazard manner. Your liver is NOT stupid. If your liver is making additional “cholesterol” then there must be a very important reason. An elevated level of LDL means that your cells need more CHOLESTEROL and your liver is sending some to the rescue! A low level of HDL means that the cells do NOT have enough CHOLESTEROL to send back to the liver for removal. An elevated level of triglycerides means that your liver is distributing excess calories to the body to be used for energy or stored for later use. None of this is random. None of this is a mistake. The mistake is in your doctor’s mis-representation of these normal, natural, healthful events!

***“ ‘Good cholesterol’ is not a type of CHOLESTEROL... ‘good cholesterol’ refers to the way the body transports CHOLESTEROL in the blood.”***

*Understanding Normal and Clinical Nutrition  
(Textbook)*

I know that this flies in the face of convention. It flies in the face of common knowledge. “Everybody knows” that “cholesterol” causes heart disease, don’t they? Well, I know that “everybody” is wrong! If you want to live a long and healthy life and avoid a multitude of health problems as the years go by, please consider this simple fact: Despite trillion\$ of dollars in medical research, despite drugs, surgery, dietary programs, advertising and awareness programs and everything else that you can think of, more than half of all of the people in America currently die from heart disease in spite of all these “efforts”. One hundred years ago heart disease was absolutely unheard of. You can’t even find a chapter on it in the medical textbooks of that era. Now heart disease kills more than half of everyone! Correct me if I am wrong, but it sure seems to me like the “prevailing wisdom” is not making us any healthier.

In fact, the “prevailing wisdom” is only making the medical and pharmaceutical industries more and more wealthy while it is killing all the rest of us faster than any plague in the history of humanity. Look at the evidence. In 1900 there was no “medical establishment” to speak of. Most people cared for themselves with food, herbs, homeopathic remedies, spa treatments, faith and an occasional visit *from* their “family doctor” and absolutely no one was dying from heart disease. And now? Now, 45% of Americans take prescription drugs, the medical establishment sucks up over 20% of the entire American economy and over 50% of us die from heart disease! Coincidence? I think not!

*According to the statistics of the World Health Organization (WHO), each year more than 12 million people die from the consequences of heart attacks and strokes.*

I do hereby make the claim that the entire medical/pharmaceutical industry has been lying to, deceiving, tricking, defrauding and cheating the American public in a very big way for the last 100+ years. They have bilked and swindled us (their trusting patients) out of hundreds of trillions of dollars, yes, hundreds of trillions of dollars in regards to cardiovascular disease alone. The people who work in the medical and pharmaceutical industries are continuing to lead us to a slow, painful expensive slaughter with information that they know to be false and misleading. They must be stopped and they must be stopped right now!

***YOUR DOCTOR IS KILLING YOU!***

*The official medical establishment openly admits that the fourth leading cause of death in America is due to adverse reactions to properly prescribed pharmaceutical drugs!*

## **Incidence of Adverse Drug Reactions in Hospitalized Patients**

A Meta-analysis of Prospective Studies

by

Jason Lazarou, M.Sc.

Bruce H. Pomeranz, M.D., Ph.D.

Paul N. Corey, Ph.D.

Summarized from an article that appeared in

*The Journal of the American Medical Association (JAMA)*  
*April 15, 1998 Volume 279, Number 15*

**The Objective:** To estimate the incidence of serious and **FATAL** adverse drug reactions in hospital patients.

**The Conclusions:** The authors estimated that in 1994, in the United States alone, 106,000 hospital patients **DIED** from adverse drug reactions. They deduced that **DEATHS** from adverse drug reactions rank as at least the sixth leading cause of **DEATH** in America, and possibly as high as the fourth leading cause! At best, only heart disease (743,460), cancer (529,904), stroke (150,108), pulmonary disease (101,077) and accidents (90,523) **KILLED** more Americans than “business as usual” in the medical profession. Doctors “practicing medicine” **KILL** more Americans than AIDS, more than Diabetes, more than Thyroid Disorders, more than Multiple Sclerosis, more than Muscular Dystrophy, more than Parkinson’s Disease, more than all the other diseases!

**Important note:** This study carefully and explicitly did NOT count **DEATHS** that were due to errors in administering the drugs. This study did NOT count **DEATHS** that were due to noncompliance on the part of the patient. This study did NOT count **DEATHS** that were due to overdose. This study did NOT count **DEATHS** that were due to drug abuse. This study did NOT count **DEATHS** that were merely therapeutic failures. This study did NOT count **DEATHS** that were considered as only possible adverse drug reactions. The determination had to be clear. Also, this study only counted **DEATHS** due to adverse drug reactions if the people actually made it to the hospital before they **DIED**. It did NOT account for anyone who may have **DIED** at home, or before they made it to the hospital.

**106,000 people are KILLED by *properly* administered drugs each year in America!**

Additionally, the authors of this study reported on the incidence of serious, but non-fatal incidences of adverse drug reactions. They estimated that in 1994 approximately 2,216,000 people suffered from serious adverse reactions to drugs that were *properly* prescribed and administered by their doctors. Serious adverse drug reactions were defined as those that required hospitalization or were permanently disabling or **FATAL**. (Subtract the 106,000 **FATAL** reactions to get 2,110,000 serious, but not quite **FATAL** adverse drug reactions.)

The people who conducted the studies were actually in contact with the patients who suffered the adverse reactions. The people who conducted the studies were able to interview physicians, nurses or patients at least once per week.

All adverse drug reactions were confirmed prior to the patients' discharge from the hospital. No adverse drug reactions were counted unless the people who conducted the study were actually present at the time.

The studies included in this meta-analysis spanned a period of 32 years (1964-1996). The analysis found that the incidence of adverse drug reactions has not changed over the past 32 years.

To quote directly from JAMA...

“We have found that serious adverse drug reactions are frequent and more so than generally recognized. **FATAL** adverse drug reactions appear to be between the fourth and sixth leading cause of **DEATH**. Their incidence has remained stable over the last 30 years... There are a large number of serious adverse drug reactions even when the drugs are properly prescribed and administered... We found that a high proportion of adverse drug reactions were type A reactions. This may suggest that many adverse drug reactions are due to the use of drugs with unavoidably high toxicity... It is important to note that we have taken a conservative approach... hence we are probably not overestimating the incidence of adverse drug reactions.”

Recent studies have shown that the income generated for hospitals from adverse drug reactions is very high, adding an additional \$1.56 to \$4 BILLION dollars per year to American's hospital bills.

**No numbers were provided for the costs of the funerals.**

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Recent studies have shown that the income generated for hospitals from adverse drug reactions is very high, adding an additional \$1.56 to \$4 BILLION dollars per year to American's hospital bills.

**No numbers were provided for the costs of the funerals.**

I base these far-reaching accusations on verifiable, documented, facts. These accusations are not based on new discoveries. They are not based upon alternative healing practices or exotic medicine. These accusations are based upon cold, hard facts that are published in medical textbooks and taught to every medical student in every medical school in this country.

Every statement in this book is based upon information provided by the medical/pharmaceutical industry itself. Their own textbooks incriminate them. Their own documents incriminate them. Their own journals incriminate them. Their own product inserts incriminate them. The facts are crystal clear, but somehow they convince most people to simply look the other way! And most obvious of all, their pathetic lack of progress and lack of success incriminates them beyond even a shadow of a doubt. Half of all people in this country still die from heart disease. Clearly the advice that you are receiving from your doctor is NOT WORKING!

I respect your right to your religious beliefs, whatever they may be, and I am not normally a Bible-toting, Bible-quoting person, but please allow me to pass along a bit of very wise advice from the mouth of Jesus Himself:

***“Beware of false prophets, which come to you in sheep’s clothing, but inwardly they are ravening wolves. Ye shall know them by their fruits... every good tree bringeth forth good fruit; but a corrupt tree bringeth forth evil fruit.”***

*Matthew 7:15-17*

Based solely upon the fruits of their works, it is abundantly clear that the medical/drug industry is lying to you. Their advice simply does not bear good fruit. The work of the medical/pharmaceutical establishment brings forth a wealth of evil fruit. They arrogantly

hide their dirty laundry behind lab coats and surgical scrubs because they believe that we are too busy to pay attention, too ignorant to question their opinions and too afraid to challenge their authority. They may not be wearing sheep's clothing exactly, but they are wrapped in a cloak of deceit, protected by custom, status, regulation, power, money and linguistic manipulation.

Much like the children's story where the adults ignore the truth, and it takes the innocent eyes of a child to see the obvious, I have opened my eyes and I have discovered that...

***The Emperor's Doctors Don't Have On Any Clothes Either!***

I hope that you are able to see that which is so blatantly obvious. The foundation of the entire medical/pharmaceutical industry rests upon a monumental lie. The news media is also lying to you. Your government is lying to you too. All of the "Walk and Run and Bike for a Cure" organizations and all of the "Wear a Ribbon on Your Lapel or a Band Around Your Wrist For a Cure" organizations are lying to you as well. Are you really so naive as to believe that the American Heart Association is ever going to do anything so radical as to be the first "charitable" organization to ever put themselves out of business by actually "finding a cure" for the disease upon which their very jobs depend? You must realize that the cure that they supposedly seek will forever be "right around the corner", if only you will donate just a little more, and just a little more, and just a little more... .

Sadly, your family and friends have also been lied to, so you should be wary of their poorly informed opinions as well. Also, you should definitely not believe me either. I am human and I am probably wrong on a few points in this book. Please contact me immediately if you discover an error in my work. Also, I have probably left out some very important information as well. If you personally have access to any information that you wish to share,

please contact me and share it with me so that I may share it with others. This book is continuously being updated. Please visit the companion website in the future to find additional updates. ([www.YourDoctorIsaLiar.com](http://www.YourDoctorIsaLiar.com)) Your support, your suggestions and even your criticism are all very much welcome. I will certainly endeavour to correct any and all flaws. I'm trying very hard to sift through all these lies so that I too may live in the truth.

Why have you overlooked the reality that is so plain to see? Why have you allowed yourself to be brainwashed and indoctrinated by the incessant repetition of statements such as...

“Ask your doctor.”

“Consult your doctor.”

“Only your doctor can decide what is best for you.”

“Don't do this and don't do that until you ask your doctor.”

“There's nothing that can be done for your condition.”

“You will have to do this for the rest of your life.”

“It's an infection.”

“It's a virus.”

“It's genetic” or “It's hereditary.”

Whether in the medical or any other field, my personal experience has shown that whenever someone says that there is nothing that can be done, you have to realize that it really means one of two things: Either they are incompetent and don't know enough to do what needs to be done, so you should go find a better practitioner, or they actually do know of something that can be done, but they also know that you are going to balk at doing what you really need to do, so they don't bother to mention what they do know. Doctors usually mean both. Medical doctors' field of vision is so narrow that they don't know one millionth of the possibilities of all that can be done, and they are so blinded by their own arrogance that they are unable to even admit that they are ignorant of such possibilities. Additionally, most doctors receive the vast majority

of their income from insurance company payments, so if the insurance company doesn't cover it, then as far as they are concerned, the treatment does not exist, because they know that you are not going to reach into your pocket to pay for it.

In regards to having to follow a given course of treatment for the rest of your life, of course you will, but only if you refuse to examine more appropriate therapies. If you refuse to delve into the true CAUSE of any problem and if you refuse to make any changes in your habit, lifestyle, living conditions, etc., then of course nothing is going to change. But what if you identified the CAUSE? What if you ate more wholesome food, got more rest and had a lot less stress in your life? What if you made some drastic, but straightforward changes? What if you did what you truly loved for a living, lived in a peaceful community, and got along with your spouse, family and neighbors? These things are the fundamental starting point of good health. These most basic things must be done first, in order to be healthy. Couldn't you do some of them? Of course you can, but have you?

***“Lunacy can be defined as attempting the same thing over and over while expecting to have different results.”***

*Anonymous*

The reason why doctors have such unusual power in today's world is because they profit by committing fraud every day. The primary reason that doctors lie to their patients is money, but the secondary reason is because so many patients really do not want to hear the truth. If you are a typical American, then you have not taken the time to learn enough about your own body in order to keep yourself healthy. You don't know enough to realize that your doctor is lying to you with every word that they speak. You do not want to take responsibility for the decisions that you have made and for the

actions that you have taken in your life. You just don't want to be bothered! By definition, the only people who go to medical doctors are the people who do not want to take responsibility for their own health. You want to do whatever you want, you want to eat whatever you feel like eating, you want to get a paycheck rather than pursue your innermost dreams, you want to continue to bury your true emotions and you want to blame someone else for all of your problems rather than face your inner emotional world with honesty and dignity. You want to have your cake and be healthy too. You want your insurance company to pay for everything. You want to be able to break every health rule in the book and then either have your doctor fix it with a pill or have a surgeon cut out the part of you that you broke.

***“The truth which makes men free is, for the most part,  
the truth which men prefer not to hear.”***

*Herbert Agar*

I'm NOT sorry if this upsets you. You need to be awakened from the dreamworld that the medical establishment has anesthetized you into because the nightmares that await you in the “Land of Doctors” are truly horrifying. Health cannot be administered via a pill, via an injection or via a surgical procedure. If you want to truly be healthy, at some point you are going to have to take full responsibility for learning exactly what YOUR body, mind, heart and spirit really need in order to be healthy and then you are going to have to make the various changes that are necessary. All of them.

***“You want the truth? You can't handle the truth!!”***

*Jack Nicholson  
in the movie “A Few Good Men”*

I am tired of seeing and hearing doctors placed on a pedestal and admired as (M.D.) medical deities. I find this to be completely and totally offensive to my spiritual beliefs. I believe that it is every human being's right to worship the Divinity of their choice and my personal "God" is most definitely not the American Medical Association. I hold the medical establishment of this country in such low regard that I have been forced by my spirit to write the book that you now hold in your hands. I believe that the only force that can ever lead you to your own personal truth is the combined efforts of your own body, heart, mind and spirit.

***"For the masses, truth originated in authority  
rather than in the evidence of their own senses  
or the conclusions arrived at by independent thought."***

*J. A. C. Brown*

The next time that your doctor tells you that "you have an infection", ask them a few questions. Did they take a sample of fluid from your body, culture it in the lab, wait a few days and then look at the growth under a microscope? Did they actually use a microscope and see any bacteria? Or are they simply guessing? And are you simply believing? If you truly do have a bacterial infection, it can and should be clearly proven to you. Bacteria can be seen under a microscope. If you truly do have a bacterial infection, make your doctor prove it to you BEFORE you start swallowing poisons to kill some mysterious bacteria that may or may not be the cause of your health problems.

The next time that your doctor tells you that "you have a virus", ask them if you can see their multi-million dollar electron microscope. Virus particles are so amazingly small that they can only be seen under the highest magnification possible. Does your doctor own an electron microscope? Do they know of a

laboratory that owns an electron microscope? Did they bother to send a sample of your blood or other bodily fluid to be tested for any possible virus? Are they recommending something that is effective against viruses? Please realize that antibiotics do not offer any health benefits if you are dealing with viruses. What did your doctor recommend for your “virus”?

The next time that your doctor tells you that your health issue is genetic or hereditary, why don't you ask them why the issue was not apparent when you were born? Ask to see the results of the DNA test that located the damaged or mutated gene that is supposedly the cause of this alleged “genetic” problem? If I recall, the Human Genome Project has completely mapped human DNA. Courts of law accept DNA tests as evidence to both convict or exonerate people who are accused of crimes. Did your doctor submit a sample of your DNA to a testing laboratory? Did the results show which gene was responsible for your health issue? Or is your doctor simply making up a story to hide the fact that they simply have no idea how to help you?

Medical doctors lie to every patient that walks into their office every day. They get away with it because patients are afraid to challenge their doctor's lies with the most basic questions. Maybe this happens less often in the “show me” state of Missouri. Maybe you should pretend that you are from Missouri. Maybe you should memorize a few Missouri-like phrases...

Show me the bacteria!

Show me the virus!

Show me the damaged gene!

Show me positive benefits or I won't show you my money!

Show me that you are not lying, because I know that you are!

I am tired of hearing people say “I can't do anything unless I ask my doctor first”! Please learn to listen to your own inner self.

Please trust your own personal Divinity to guide you to your truth. Please keep your mind open and listen to the still, small voice inside of your very self that guides you to all that is good in your life. Use your common sense. Trust your gut. Please don't be afraid to ask questions when you do not fully understand something. When something just doesn't "feel" right, then it probably isn't right, at least not for you. Stop putting so much faith in your doctors and rekindle your faith in the **SPiRiT** that rests within you. Listen to the feelings that you feel inside, because life itself starts within, and your health follows naturally from your inner life. Please take the time to learn about your personal, individual health and wisely apply that knowledge to your own life.

*"We have not lost faith, but we have transferred it from God  
to the medical profession."*

*George Bernard Shaw*

One way to seek the truth is to ask questions. This book contains a number of questions that every person should use as a basis to examine their doctor's so-called knowledge, and to challenge their doctor's undeserved authority. This book also contains the answers to these questions, so obviously, the main purpose of asking your doctor is not to increase *your* understanding of this subject matter. After you have read this book a few times and digested the material within it, I very much doubt that your doctor will be able to add anything other than more lies about "cholesterol" to your accurate knowledge.

**The real purpose of asking your doctor these questions  
will be to examine their personal integrity.**

I believe that it is okay if someone does not know all of the details about a subject, even if it is a subject within their chosen profession and even if they are charging your insurance company a lot of money in return for their professional services. It is also okay if someone makes an honest mistake. We are all human. However, it is NOT okay to lie. It is NOT okay for doctors to pontificate and act as if their decisions may not be questioned. It is NOT okay for doctors to misrepresent all of their personal opinions and outright guesses as if every single word that comes out of their mouth is a “proven scientific fact”.

This book contains many valid questions that any and every person should demand that their doctor answer. I suggest that you do exactly that. ASK. Confront them head on. See how much they really know, and see how much they only pretend to know. Demand references. Ask for proof. But after you ask, what will you receive? After your doctor has been confronted with the information in this book, I suggest that you sit back and observe their responses very carefully. If they grab this book out of your hand and say something like: “Hey, that is interesting and thought provoking! Let me see that! Where did you get that book? I’d like to get a copy for myself!”, then you should probably count your blessings. You’ve got a rare, open-minded good one.

***“Truth is what stands the test of experience.”***

*Albert Einstein*

However, your doctor is far more likely to respond by becoming defensive, argumentative and (don’t say that I didn’t warn you) possibly even angry with you. I have witnessed this personally. When their omnipotence is questioned, most doctors tend to take a psychological trip on a cruise boat up a well known river in Egypt called the Nile (they go into denial)!

*“The one condition coupled with the gift of truth is its use.”*

*Ralph Waldo Emerson*

I honestly don't care if you agree or disagree with what I have written in this book. All I ask is, since you already have this book in your hand, please make it a point to read it. When you are done reading it, please read it again. Then, please pass it along to a family member or friend who needs to know this information. If you downloaded this book via the internet, please feel free to attach it to an email and send a copy of it to everyone you know.

Heck, you have my permission to send it to everyone in the world!

I have chosen to NOT enforce my copyright privileges in regards to this book. My ultimate reward will be far, far greater when I look around one day in the near future and see that my fellow human beings have awakened to the truth that...

***The Emperor's Doctors Don't Have On Any Clothes Either!***

Until that day arrives, I ask so very little. Please keep an open mind. Ask questions. Demand answers. My guess is that you will soon discover that...

**YOUR DOCTOR IS A LIAR!**

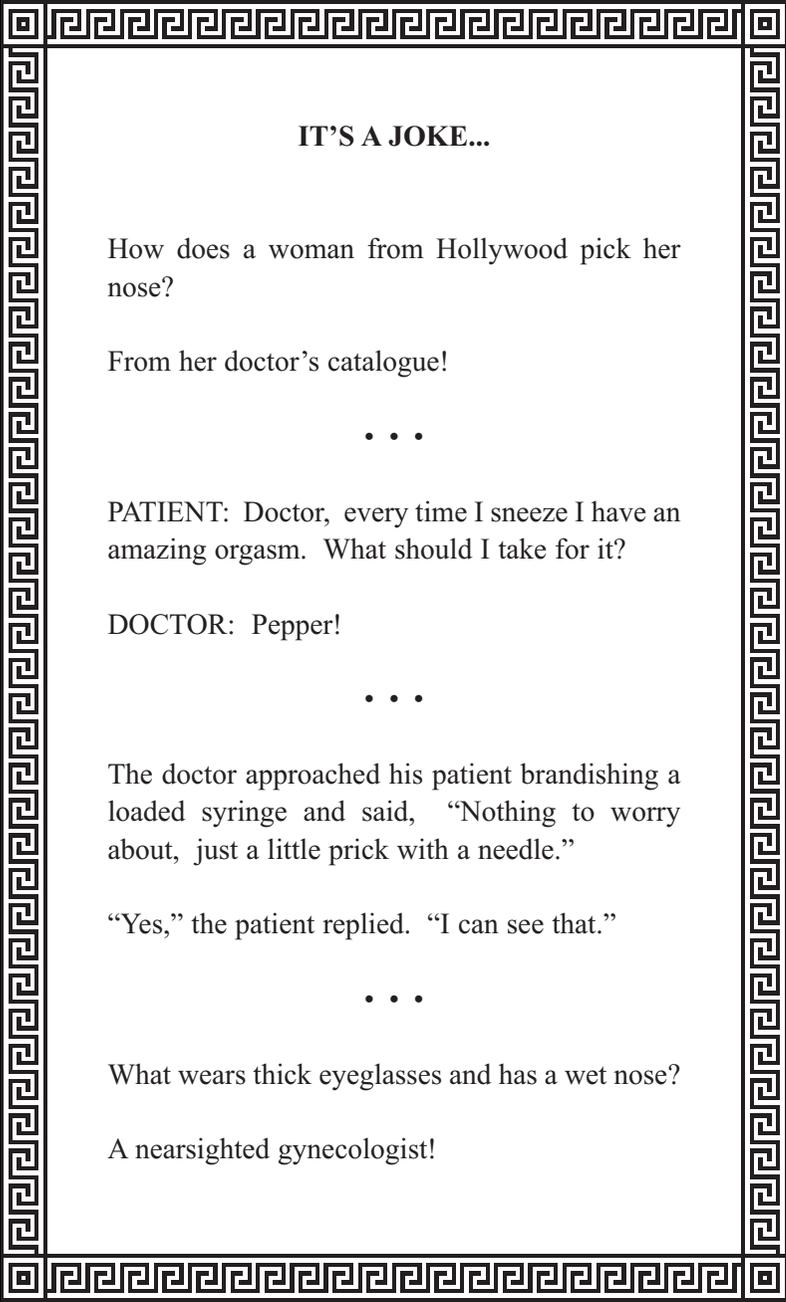
*Soon, everyone will realize that the medical and pharmaceutical industries, from top to bottom and as far as the eye can see, are a complete and total FRAUD!*

*Number of physicians in the United States: 700,000.  
Accidental deaths caused by physicians per year: 100,000.  
Accidental deaths per physician: 0.14285*

*Number of gun owners in the United States: 80,000,000.  
Number of accidental gun deaths per year: 1,500.  
Accidental deaths per gun owner: 0.0000188.*

*Statistically, doctors are 7,600 times more likely  
to kill you than gun owners!*

**Your Doctor Is a Liar!**



### IT'S A JOKE...

How does a woman from Hollywood pick her nose?

From her doctor's catalogue!

• • •

PATIENT: Doctor, every time I sneeze I have an amazing orgasm. What should I take for it?

DOCTOR: Pepper!

• • •

The doctor approached his patient brandishing a loaded syringe and said, "Nothing to worry about, just a little prick with a needle."

"Yes," the patient replied. "I can see that."

• • •

What wears thick eyeglasses and has a wet nose?

A nearsighted gynecologist!

**Chapter 1**

**Mechanics,  
Firefighters  
&  
Yellow Finger Syndrome**

### IT'S A JOKE...

A doctor prescribed suppositories for a man who was suffering from constipation but a week later, the man returned and complained that they were not working.

“Have you been taking them regularly?” asked the doctor.

“What do you think I’ve been doing? Shoving them up my ass?”

• • •

A surgeon was about to perform a hemorrhoidectomy. He instructed the nurse to get the necessary implements ready for the surgery. She returned a few minutes later with a pair of surgical gloves, a jar of Vaseline, a scalpel and a bottle of beer.

The surgeon soon came in to begin the surgery. He put on the gloves, lubed them up with the Vaseline, picked up the scalpel and said, “No nurse. I said that I needed a butt-light!”

At the beginning of most of the chapters throughout this book, there will be questions that you should use in order to test your doctor's knowledge, to challenge your doctor's authority and to examine your doctor's integrity. At the end of each chapter, we will go through a sample question and answer session with a fictitious doctor who actually knows the answers to the questions, a wonderful doctor who does not lie and who does not try to deceive you. I had to fabricate a make-believe doctor, because no such medical doctor exists. Please make it a point to ask your doctor these questions...

- Q. Doctor, can you reference even one study where the subjects were fed or injected with CHOLESTEROL or LDL to the point that they developed heart disease and had a heart attack?**
  
- Q. Wouldn't this type of study be necessary to "scientifically prove" that "cholesterol" or LDL actually CAUSE heart attacks?**
  
- Q. If "cholesterol" does not actually CAUSE heart disease, but is only a "risk factor" then why are we so concerned about it? Shouldn't we be more concerned about the CAUSES of heart disease?**

- A. The short answer is that studies such as this have been conducted, and they have shown conclusively that CHOLESTEROL does NOT cause heart disease! Your doctor simply chooses to ignore this information.

Please realize that nearly 100+ years of "cholesterol" indoctrination have blinded you to the difference between the meanings of the words CAUSE and "risk factor". *Doctors talk about "cholesterol" as a "risk factor" for heart disease, but patients mistakenly believe that they hear their doctor say that CHOLESTEROL is*

*the CAUSE of heart disease!* Your doctor has absolutely no motivation to correct you. The word CAUSE needs no explanation. The term “risk factor”, though, is mis-understood and mis-used by most people, because it has been conveniently mis-used and mis-represented by too many doctors for far too long.

*“Most of the evidence that seems to link risk factors to cardiovascular disease is, to date, circumstantial.”*

*Dr. Manning Feinleib  
National Heart, Lung and Blood Institute*

## MECHANICS

The way that doctors talk about “cholesterol” as a “risk factor” is analagous to the way that Joe, my mechanic, would talk to you about the light that goes off on the dashboard of your car to warn you that the engine temperature is getting too hot. The temperature of your engine does not rise because the light is on. The heat generated by the light on your dashboard is not CAUSING your engine to overheat. The sensor in the engine that monitors the temperature of the engine CAUSES the light on your dashboard to light up in order to warn you that you are risking damage to your engine. Please note the difference between CAUSE and EFFECT. The purpose of the light is to point out a potential risk. Many possible CAUSES need to be examined before your qualified mechanic can say with any certainty why the warning light is on. Maybe you don’t have enough coolant. Maybe you blew a hose. Maybe your water pump is not working. Maybe there is not enough oil in your crankcase and the engine is generating too much friction. Maybe your fanbelt is broken. Maybe an old plastic bag blew onto your radiator and the air cannot pass through the radiator in order to cool it. Maybe the temperature sensor is malfunctioning. Maybe it’s just really hot outside and your old car simply cannot handle it.

***“CHOLESTEROL has been presented by many experts as the arch-villain. In their eagerness to ‘do something’, these experts have assumed that a risk factor means a causal factor, rather than a marker of the risk.”***

*Petr Skrabanek  
University of Dublin, Ireland*

What if your mechanic behaved like your surgeon? What if you asked your mechanic to “fix” the light on the dashboard, the way people ask their surgeon to “fix” their heart trouble, and your mechanic said, “Sure, I can ‘fix’ *the light!*” What if they then proceeded to cut the wire that goes from the temperature sensor to the light? The light most certainly would be “fixed” (as in: locked in the off position), so your mechanic could honestly proclaim: “I ‘fixed’ *the light*. I’m quite sure it won’t go on any more. I cut out the thing that you thought was giving you trouble.” So you drive away, thinking that the CAUSE of the problem was eliminated, when the mechanic merely disconnected the warning mechanism that was put in place by the manufacturer in order to give you advance notice that your engine may be “at risk”. When a surgeon does a bypass operation or inserts a stent to hold open a blocked cardiac artery, are they really addressing the root CAUSE of the heart problem, or are they merely lulling you into a false sense of security that will most certainly come back to haunt you?

***“You may have your suspicions, your fears. You may even believe there is something, somewhere, terribly, drastically wrong, but because someone else is in charge, because there is a part of the system above you which you don’t know, you don’t question it. You even distrust your own doubts.”***

*Graham Swift*

What if your mechanic behaved like your medical doctor? What if your mechanic told you that you could solve your problem with that troublesome light by purchasing a big block of ice each morning from your local ice pusher, and then told you to place it on your cooling system's temperature sensor in order to keep the temperature reading down? What if your mechanic prescribed a "sustained release" temperature lowering ice block for the management of your engine's high temperature problem? How different would that be from when your doctor prescribes a "sustained release" "cholesterol" lowering medication for the "management" of your high "cholesterol" problem?

The mark of a really, really, really good con man is that the people that they con never even realize that they have been ripped off. Apparently your doctor is able to **convince** you to do something ridiculous that your mechanic would never even consider. Wouldn't you prefer that your doctor actually locate, identify and correct the root source of the problem? You demand that of your mechanic, so why not the same requirement of your doctor?

Blood test results reflect a number of functions in the body but, more than that, they reflect what the body is doing in its infinite wisdom to communicate within itself in order to maintain balance and health. Doctors routinely ignore the simple fact that everything that the body does, it does for a reason. Instead of taking the time to interpret the messages and the true meanings, they merely reach for the prescription pad in order to "treat" those pesky symptoms.

***"Truth, even if it does not prevail in public,  
possesses an ineradicable primacy over all falsehoods."***

*Hannah Arendt*

*“Blood ‘cholesterol’ level is influenced by many other factors. It changes with body position. It increases with nicotine use, stress, pain, fear, pregnancy, lack of exercise, a number of drugs and medicines such as male and female hormones, tranquilizers, cortisone products, vitamins A and D, diuretics, and even alcohol. The longer a tourniquet is bound to the arm during the process of drawing blood, the higher the ‘cholesterol’ value. And various diseases raise ‘cholesterol’, for example, hypothyroidism, hepatitis, kidney disease, and gall bladder obstructions. Blood ‘cholesterol’ is constantly changing and it is entirely different during the four seasons of the year. For all of these reasons and more, a single measurement of blood ‘cholesterol’ cannot represent a person’s average level.”*

*Russell L. Smith, Ph.D.*

*Author of “The Cholesterol Conspiracy”*

Maybe everything in your blood is there for a reason! Maybe your arteries are falling apart and the repair work being done by your body requires the circulation of more leak-prevention materials (such as fat) to stuff the cracks. Maybe you eat like a pig and your body has gotten very skilled at turning all those extra calories into fat. Maybe you are an endurance athlete or you are genetically pre-disposed to be able to use large amounts of fat for energy. Maybe you did something as simple as taking a very deep, deep breath prior to having a blood sample drawn. The simple act of deep breathing actually causes a dramatic increase in the flow of fat-rich lymph fluids through your thoracic duct. This directs more fat into your blood stream from your lymphatic system and can change the makeup of your blood, much like adding heavy cream enriches a soup recipe. Maybe you were a bit dehydrated or your electrolytes were a bit imbalanced, causing your blood to be a bit “thicker” so it appeared to be a bit more concentrated in fat. Maybe the laboratory that processed your blood test was inaccurate. Maybe the last meal that you ate before your test

temporarily caused your “cholesterol” levels to rise. Maybe you forgot to not eat prior to the blood test. Maybe your situation is a combination of several or all of the above. More likely than not, your doctor or surgeon never bothered to take the time to explain any of the above details to you. The point is this: There are a lot of very simple factors that can have a dramatic effect upon the results of any ONE blood test. Basing any health advice upon the results of any oversimplified test should be viewed as medical incompetence but, unfortunately, in this day and age, it is accepted medical practice.

The main difference between a mechanic and a surgeon or a doctor, is that a mechanic WILL take the time to explain the inner workings of your automobile to you, for as long as it takes for you to understand. If you mistakenly thought that the light on your dashboard actually CAUSED your car to overheat, your mechanic would take the time to explain to you how the light really works and why it was on. But, if your doctor sees that you mistakenly believe that “cholesterol” CAUSES heart disease, the odds are very good that they will NOT take the time to explain the inner workings of your body to you. They will not explain to you WHY your “cholesterol” is high. They will not explain what high levels really mean in terms of bodily function. Why should they? They have you right where they want you: Scared, confused and about to be medicated! You are not really ill so much as you are ill-informed.

***“Thou shalt not bear false witness against thy neighbor.”***

*The Ninth Commandment*

If your mechanic looked at the light on your dashboard and simply disconnected the wire that connected the warning light to the internal temperature sensor, or if your mechanic wrote you a prescription for you to get a daily block of ice at your local ice

pusher's store, and you drove off, only to have your engine blow a few miles down the road anyway, you would call your lawyer and sue your mechanic for malpractice in a heartbeat.

So, when your surgeon reaches for their scalpel and starts removing and rearranging body parts or when your doctor refuses to even discuss possible CAUSES and immediately reaches for the prescription pad to medicate your "cholesterol" warning light into the "acceptable range", why do you not question their competence? And, more importantly, why do you not also question their integrity?

It is true that there have been thousands of "statistical" studies over the last 100+ years that show that high "cholesterol" levels are a statistically significant "risk factor" relating to a number of diseases. Well, any mechanic could tell you that there is a much greater "statistical" risk of having your car overheat when the warning light is in the red zone. But that doesn't tell you WHY your car is overheating. High "cholesterol" levels simply mean that something is wrong, and that something is altering the balance of fats in the blood, but what is that something? What is the CAUSE?

There has NEVER been even one study where scientists took a group of people, made them eat a measured amount of pure CHOLESTEROL or LDL and then discovered that they had more heart attacks! Never! This would seem to be a reasonable initial experiment to begin to determine whether eating too much CHOLESTEROL or LDL actually led to heart disease or other health problems. Has this type of experiment ever been done? YES! Will your doctor show you the results of these studies? NO! Why not? Because every study that has observed people who eat large amounts of CHOLESTEROL in their diets has found exactly the opposite of what your doctor wants you to believe. Dozens of studies have shown that the more CHOLESTEROL that you eat, the healthier you will be!

## IT IS ALL A LIE!

Please apply your innate, “common” sense to this issue. Trillions of dollars have been spent on tests, drugs, and surgeries yet more than 50% of all people still DIE from cardiovascular disease. The Journal of the American Medical Association admits that properly prescribed drugs are the fourth leading cause of death. The use of drugs to “manage cholesterol” has NOT resulted in the eradication of heart disease or heart attacks. People with “normal cholesterol” levels die from heart attacks just as often as do people with “high cholesterol” levels. The entire “cholesterol” testing, pharmaceutical drugging and surgical butchering industries are simply businesses that are based upon a monumental lie! It’s all about the money. YOUR MONEY!

*“What is truth? For the multitude, that which it continually reads and hears... what the Press wills, is true. Three weeks of press-work, and the ‘truth’ is acknowledged by everybody.”*

*Oswald Spengler*

## CHOLESTEROL DOES NOT CAUSE HEART DISEASE!

The above statement may take a while to sink into most readers’ minds. High “cholesterol” levels may warn of some bio-chemical imbalance of some sort, but the point to remember is that the elevated levels are a result of those imbalances, not a CAUSE of them. Doctors have confused CAUSE and EFFECT (symptom) and they have done so on purpose. They ignore the root CAUSE and focus upon endless varieties of symptoms and the “treatment” of those symptoms, rather than the elimination of CAUSES. If they actually treated the CAUSES and successfully cured you, they believe that they would soon be out of work. So they believe that it is financially better for them to hide the cure and give you a

chemical “treat” in order to generate a different set of symptoms, so that they can “treat” you again, and again and again. This way, they can keep you coming back forever because, as they put it, “You are going to have to do this for the rest of your life!” (If they are ever going to own a yacht!)

*Have you ever wondered why doctors say that they practice the art of (giving) medicine?*

*Wouldn't it be better if they practiced the art of healing?*

The practice of medicine, by definition, is designed to merely distract your body from its current concerns by literally poisoning the body with a chemical toxin so that the body's attention is drawn away from the original problem. The “art” of practicing medicine is NOT the same as the art of healing. The art of practicing medicine is based upon finding the “right” type of poison and prescribing the “right” amount of that poison in order to distract the body, *without* killing the patient. While the body is focused on the new and different poison that has been added to the body by the modern medicine man, it is the medical doctor's hope that the body will be able to heal itself in the background, behind the side effects that are caused, on purpose, by the pharmaceutical drug. If the doctor is lucky and the patient is strong enough to withstand the onslaught of the poisonous drug AND the original problem at the same time, the body may be able to heal itself from both the old and the new problems. When this happens, most doctors are given the credit for this healing, and they wrongfully accept it, knowing full well that all healing is done by the body itself.

*“God heals, and the doctor takes the fees!”*

*Benjamin Franklin*

As you saw in the introduction, doctors are missing the mark quite frequently, because their own medicine is the fourth leading cause of death in America. By definition, when you walk out of your doctor's office with your prescription in hand, and go to the drug store to purchase your drugs and then take those drugs, **YOU ARE NOT BEING HEALED! YOU ARE BEING POISONED!** And even worse, you are doing so voluntarily! All drugs are toxic, that is why they are so closely regulated. When you take any pharmaceutical drug, please realize that its real purpose is to poison you "just enough" that it distracts your body's attention "just enough" so that you no longer notice your body's original efforts to heal itself from the root CAUSE of your initial problem. No matter what, you still have to deal with whatever it was that was causing your problem in the first place.

*"A doctor is a person who writes prescriptions  
till the patient either dies or is cured by Nature."*

*John Taylor*

Simply stated, heart disease is NOT caused by a dietary deficiency of Lipitor. Strokes are NOT caused by a deficiency of Coumadin. Arthritis is NOT caused by a deficiency of Celebrex. Attention Deficit Hyperactivity Disorder is not caused by a deficiency of Ritalin. Allergies are NOT caused by a deficiency of Claritin. Osteoporosis is NOT caused by a deficiency of Fosamax. Upset stomachs are NOT caused by a deficiency of Tagamet or Zantac. Acne is NOT caused by a deficiency of birth control pills. Hot flashes are NOT caused by a deficiency of an extract of urine obtained from a pregnant female horse (Premarin). And the list goes on and on.

One hundred fifty years ago, doctors routinely prescribed arsenic and mercury based "medicines" for a wide variety of ills. We

now know that arsenic and mercury are devastatingly toxic poisons, but they are undeniably very effective at diverting your body's attention from any existing problem. It is kind of like how you forget about your headache after someone drops a bowling ball on your toe. Even when your "medical" doctor does their job perfectly well, it is still your own natural healing abilities that ultimately heal you. It is your body, heart, mind and spirit that originally created your body. Only you know how to heal you!

**DOCTORS DO NOT HEAL, THE BODY HEALS ITSELF!**

***Iatric:***

***Referring to medicine, the medical profession or physicians.***

***Iatrogenic disorder:***

***Any adverse mental or physical condition induced in a patient by effects of treatment by a physician, surgeon or dentist. The term implies that such effects could have been avoided.***

***Iatrogeny:***

***An adverse state or condition induced by a physician.***

***Iatrology:***

***Medical science.***

*Taber's Medical Dictionary*

Please take a good look at the dictionary definitions in the box above. If the words above seem foreign or unusual, compare them to the words psychiatric, pediatric and geriatric. If the simple words iatric, iatrogeny and iatrology do not manage to send a shiver of fear, anger, disgust and vengeance through your body, then you had better read them again, because you obviously do not

yet fully comprehend their meaning. Medical science is, by definition, the study of how medical doctors strive to induce new mental or physical conditions in patients. The purpose of medical science is NOT to cure! The clear purpose of the medical industry as defined in the medical dictionary, is to induce adverse effects that could have been avoided. How can you avoid them? Simple. Don't let a practitioner of medical science (M.D.) do anything to you, ever! Don't ever go into their office and don't ever let them stick anything into any of your orifices!

***“The art of medicine consists of amusing the patient  
while nature cures the disease.”***

*Voltaire*

Is your doctor actually healthy themselves? Do they take the time to teach you about health? Do you hire an unhealthy medical doctor to help you to improve your health? Would you hire a plumber to redecorate your living room? Would you hire an interior decorator to do bodywork on your car? Would you hire an auto mechanic to hem the pants and take in the jacket of your silk suit? Would you hire a seamstress to file legal papers for you in a court of law? Would you hire a lawyer to teach your children about moral and ethical behaviour? So why do you hire a drug pusher or a butcher to help you improve your health? Is it any wonder that you often find yourself in conflict with your medical doctor or surgeon?

***“Conventional medicine, based on pharmaceutical drugs, is limited to treating the symptoms of cardiovascular disease while ignoring the root cause - blood vessel weakness. Marketing campaigns for ‘cholesterol’ lowering drugs simply proclaim ‘cholesterol’ as the scapegoat.”***

*Dr. Matthias Rath, M.D.*

*Author of “Why Animals Don’t Get Heart Attacks... But People Do!”*

Is it any wonder that you have a gnawing feeling inside that there must be something that they are missing or not telling you?

The fault does NOT rest with your doctor. It rests with YOU! Whose fault would it be if your living room was decorated in Early American Porcelain? Whose fault would it be if your car came back from the shop painted mauve or ecru? Whose fault would it be if your brand new silk suit had oil stains on it? So whose fault is it when your health starts to suffer from the side effects of the medication that you have voluntarily been swallowing every day on the advice of your drug pusher? And whose fault is it when you follow their recommendation and take yet another poisonous drug to “treat” the side effects of the first drug? Come on, confess!

**IT IS YOUR FAULT FOR GOING TO  
A MEDICAL DOCTOR IN THE FIRST PLACE!**

The true blame for the state of your health rests solely upon the person that looks back at you whenever you look into a mirror. Your doctor puts the letters M.D. after their name. Do you not know that those letters stand for MEDICAL doctor? Do you not realize that your M.D.’s job is to doctor up your symptoms with medicine? When you hire a surgeon, you are going to get cut. When you hire a psychologist, you are going to get therapy. When you go to a medical drug pusher, do you really think that you are going to get anything other than a prescription for a poisonous pharmaceutical drug with a long list of deadly side effects?

**WHAT THE HELL DO YOU EXPECT?**

***Allopathy:***

***[Greek: allos, other, + pathos, disease, suffering]  
System of treating disease by inducing a pathologic reaction  
that is antagonistic to the disease being treated.***

*Tabor's Medical Dictionary*

Listen carefully to the language that your allopathic doctor uses. They never actually say that they are offering a “cure” that is designed to eliminate the CAUSE of your problem. They are only going to give you a “treatment”, which will only give you a different set of symptoms (side effects) that (they hope) will mask your current symptoms. The concept of “allopathic” medicine is clearly defined by the word itself. “Allo” comes from the root that means opposite and “pathic” means disease. Before you ever consider taking another pharmaceutical drug, please realize that its main purpose is not to “cure” your condition. The main purpose of all drugs is to give you *another* disease that produces symptoms that are the opposite of your original symptoms. The symptoms of your original disease only *seem* to go away. In reality, they are merely being masked by the symptoms of your brand new, iatrogenic, allopathic, doctor-caused second disease. If your system is really strong, you may be able to heal yourself from both diseases. When this self-healing takes place, you can be sure that your medical doctor will be there to take the credit. However, when something goes wrong, and your body is not strong enough to handle the original disease and the new allopathic, iatrogenic disorder that was CAUSED, on purpose, by your well paid drug pusher, then you will DIE just like 105,999 other people each and every year... KILLED by your “*properly prescribed*” medicine!

***“I often say that a great doctor  
kills more people than a great general.”***

*Gottfried Leibnitz*

Think about it. If you have “acid reflux”, your doctor prescribes an antacid. But what CAUSED the problem in the first place? Did you know that 15,000 people DIE due to intestinal bleeding caused by non-steroidal anti-inflammatory medications each and every year? Medical doctors don’t care about CAUSES. They are only skilled in CAUSING new, iatrogenic diseases with symptoms that mask over your original symptoms. If you have a runny nose, they prescribe a drug designed to dry up your nose. Never mind that a runny nose is the body’s way of washing out something that doesn’t belong there. When you have a cough, you reach for a cough suppressant, never once thinking that maybe the cough was your body’s way of trying to clear harmful substances out of your lungs. If a balanced person took antacids or sinus drugs, their stomach would become too alkaline and their nose would become too dry. If you have “cholesterol” levels that are too “high”, then they give you a drug that would, in a healthy person, cause “cholesterol” levels to drop too low. But *why* were those levels too high? High levels of “cholesterol” in the blood are NOT the CAUSE of heart disease.

It is impossible to get rid of the CAUSE by applying effort in a vain attempt to alter the EFFECT while the CAUSE is still active. It is impossible to stop your car’s engine from overheating by disconnecting the wire that lights up the light on your dashboard when your engine is getting too hot. That would clearly be absurd. In fact, disconnecting the warning light has been shown to be a “statistically significant risk factor” for a blown engine! It is equally impossible to correct the nutritional deficiencies that CAUSE heart disease by taking poisonous pharmaceutical drugs that merely prevent you from recognizing that the high “cholesterol” light is flashing a warning on your body’s dashboard.

**TAKING DRUGS TO LOWER YOUR  
“CHOLESTEROL” LEVELS IS STUPID!**

As you will see in later chapters, the CAUSE of heart disease is known, and treating the CAUSE does result in normalization of blood “cholesterol” readings. But does your doctor want to talk about that?

## **FIREFIGHTERS**

If the analogy about mechanics and overheating engines left you wanting more, then how about an analogy about fires and firefighters?

What if you were a space alien and you came to earth during the hot dry season in any of our world’s many forests? What would you see? You would see fires raging out of control, destroying the life of the forest. What else would you see? You would see seemingly endless hordes of firefighters *starting* fires!! As a space alien, you might not immediately recognize the concept that firefighters employ when they are starting controlled backfires in order to limit the damage caused by the raging, uncontrolled fires. Firefighters position themselves in advance of the dangerous fire and start fires that burn back toward the main fire in order to use up the fuel that would have been available to the fire and thus extinguish it in a controlled and ingenious way. But, until you realize what they are doing, it sure looks like they are causing the problem!

***“Epidemiologic observations can never be utilized to prove causation.”***

*David A. McCarron, M.D. and Cynthia D. Morris, Ph.D.  
Authors of “Calcium and Hypertension”  
from a NIH workshop on nutrition and hypertension*

When surgeons cut into a clogged coronary artery and find tough, arteriosclerotic plaque that has been built up over time and is now clogging the arteries, they act as judge, jury and executioner when they blame “cholesterol” just like the space aliens might blame the firefighters. “Cholesterol” is not guilty of causing the initial damage, but it is wrongly convicted by virtue of being caught at the “scene of the crime”. Please realize that absolutely every doctor knows this, but fails to share this with their patients. When any type of irritation, damage or weakness occurs in the cardiovascular system of arteries, capillaries and veins, one means of repair used by the human body is to coat the damaged area with fatty substances and fibrous connective tissue (fibrinogen) in order to stop the leak. If the damage continues year after year after year, then obviously the repair work will have to continue year after year as well. Eventually the patchwork gets calcified, hardens and may become too big and start to clog the flow of blood through the damaged artery. The “cholesterol” was not the initial CAUSE of the damage. The “cholesterol” is much like the innocent firefighters, it is at the scene attempting to stop further destruction.

### **YELLOW FINGER SYNDROME**

The simplest analogy follows. It is a known fact that people who smoke tend to suffer from heart disease at a higher rate than people who do not smoke. It is also a known fact that people who smoke tend to suffer from yellow discoloration of the fingers from the simple act of holding the cigarettes that they smoke. Thus, in the idiotic “Land of Doctors”, yellow fingers could be seen as an accurate “risk factor” for heart disease. Your doctor could refer to this as Yellow Finger Syndrome. Obviously Yellow Finger Syndrome does not CAUSE heart disease, but it is connected in a remote way to heart disease, so it could be referred to as a heart disease “risk factor”. Any observant physician in the “Land of Doctors” would be able to immediately recognize that a patient

with yellow fingers may be at an elevated risk for heart disease. The physician would then be able to make the dreaded official diagnosis of “Yellow Finger Syndrome”. The logic would be so seemingly simple. Yellow fingers = smoker = higher heart disease risk = Yellow Finger Syndrome Sufferer. In this case, the doctor would most certainly prescribe a powerful anti-yellowing drug to help the patient “manage” the dangerous Yellow Finger Syndrome “risk factor” which is an extremely accurate predictor of greater chance of having a heart attack! The patient might even qualify for assistance from one of the many charitable fundraising organizations that are dedicated to helping Yellow Finger Syndrome Sufferers.

If the patient visited a surgeon, the surgeon would most likely recommend that the patient undergo a double-quintuple finger transplant in order to replace the five yellowed fingers on each hand. This would certainly seem to remove the “risk” that was associated with Yellow Finger Syndrome. There wouldn’t be any guarantee that the Yellow Finger Syndrome would never return, but the transplanted fingers should remain non-yellow for a period of time. At least during that time, the patient would not suffer the stigma of being a Yellow Finger Syndrome Sufferer and could live their life without the fear of such embarrassment.

But what if the smoker wore gloves whenever they smoked? The evidence would not be there! Using this faulty evidence, the physician in the “Land of Doctors” would come to the wrong conclusion that the patient’s non-yellow fingers = non-smoker = lower heart disease risk. But the patient is a smoker!

In either instance, the patient would not have been properly informed as to how Yellow Finger Syndrome related to the CAUSE of the heart disease, which obviously is smoking. Nor would the patient have been properly instructed as to how they should adjust their actions so as to eliminate both the yellow fingers and the risk

to their heart that is being CAUSED by the cigarette smoke. Of course the above example is totally absurd, but this is exactly the same type of ill-logic that drives the marketing of “cholesterol treatments”. Yellow Finger Syndrome does not CAUSE heart disease. Yellow fingers are a result of an activity (smoking) that happens to CAUSE yellow fingers and also happens to increase the risk of heart disease at the same time. Likewise, elevated “cholesterol” levels do not, in and of themselves, CAUSE heart disease. Elevated “cholesterol” levels are also CAUSED by the same dietary indiscretions that lead to heart disease. Elevated “cholesterol” levels are a warning sign, a “risk factor” for heart disease in exactly the same way that yellow fingers are a “risk factor” for heart disease. Taking poisonous drugs to “lower your cholesterol” is just as stupid as it would be to take an anti-yellowing drug to change the color of your fingers to avoid the danger to your heart that might be associated with the dreaded (but fictitious) Yellow Finger Syndrome!

*“The main reason for the failure of modern medical science is that it is dealing with results and not causes. It is obvious that dealing with the final result alone will not be wholly effective unless the basic cause is also removed.”*

*Edward Bach  
Author of “Heal Thyself”*

My God, the idiocy of the current focus upon lowering “cholesterol” is so unbelievably misguided that it boggles the mind! I hope that the previous analogies have successfully opened your eyes to the obvious.

The points to remember are these...

Just because “cholesterol” is found at the scene of the arterial blockage does not mean that it was the initial CAUSE of the damage, and just because your “cholesterol” levels are elevated does not mean that they are busy CAUSING “heart disease”. CHOLESTEROL performs countless functions in the body and the amount of CHOLESTEROL fluctuates all the time depending upon the body’s needs. Just because you are “managing” your “cholesterol” levels with drugs does not mean that you have properly identified and eliminated the root CAUSE of the problem. You most certainly have not. Your body’s effort to raise “cholesterol” levels is most definitely not due to a dietary deficiency of an artificial pharmaceutical drug in your daily diet. Your surgeon’s attempt to *physically* rearrange the arteries of your heart, replacing them with veins from your leg, most certainly will not have any effect upon the *chemical* and *physical* processes that CAUSED that artery to clog in the first place. Most bypass patients suffer from clogged bypasses soon after the operation. This is simply because the CAUSE remains unchanged.

*I challenge anyone reading this book to send me a copy of a death certificate that lists “hypercholesterolemia” as the CAUSE of death. “Hyper” means high and “emia” means in the blood. Hypercholesterolemia means high “cholesterol” in the blood. Hypercholesterolemia is RARELY listed as a CAUSE of death because it does not CAUSE heart disease.*

If you were to have an opportunity to ask the questions that were posed at the beginning of this chapter to a doctor who actually knew the answers, who would not lie and who would not try to deceive you, you might hear something like the following...

**Q. Doctor, can you reference even one study where the subjects were fed or injected with CHOLESTEROL or LDL to the point that they developed heart disease and had a heart attack?**

A. The correct answer is that these studies have been done, and they failed, but your doctor simply chooses to ignore them. The true meaning of the word ignor-ance simply means to ignore that which is obvious. Doctors pompously claim that *modern* medical ethics makes it impossible to perform experiments like those that you mentioned because of the dangers that they might pose to people. They claim that no one would volunteer for a study if the purpose was to try to cause heart disease and even if they did, it would be seen as unethical to actually conduct such an experiment. But these studies have been done (see the chapter “CHOLESTEROL is NOT guilty!”).

*“Apparently the first experiment evaluating the daily feeding of CHOLESTEROL or fats to humans over a long period of time was conducted in 1933. This study reported that the addition of 2,230mg of CHOLESTEROL per day in the form of nine egg yolks produced only a ‘slight’ increase in blood ‘cholesterol’. Pure CHOLESTEROL feedings were repeated numerous times and the amounts fed to subjects ranged from about 5,000mg to the enormous quantity of 60,000mg (about 120 times the amount contained in the normal diet.) Thus, experimenters repeated the same mistakes and obtained the same negative findings over a period of at least 28 years.”*

*Russell L. Smith, Ph.D.  
Author of “The Cholesterol Conspiracy”*

**Q. Wouldn't this type of study be necessary to "scientifically prove" that "cholesterol" or LDL actually CAUSE heart attacks?**

A. The correct answer is: Yes, you are correct, but since the actual cause of heart disease is known to the medical and pharmaceutical industries, and since doctors do not have the patented rights to the cure, there is no financial incentive for doctors to discuss experiments that they know would prove their current advice to be wrong. It is much easier and far more profitable for your doctor to simply ignore the information in this book and to deny that it even exists. Your doctor's ignorance and denial of the truth drives you to follow the "recommended" protocols, which are far more lucrative for them and far more dangerous for you.

**Q. If "cholesterol" does not actually CAUSE heart disease, but is only a "risk factor" then why are we so concerned about it? Shouldn't we be more concerned about the CAUSES of heart disease?**

A. Because it makes people in the medical and pharmaceutical establishment quite a lot of money. Think about it... all the "cholesterol" screenings, prescriptions, heart surgeries, monthly checkups, etc., generate billions of dollars of income. If we went back to the policies of the past when doctors actually tried to help you to understand how to maintain your own health, there wouldn't be any heart disease. Cancer is a strong number two, but it doesn't generate nearly as much business as heart disease. Diabetes has potential to be big. Plastic surgery, excuse me, cosmetic surgery, is coming on strong, because Hollywood is really helping us to promote it. AIDS was exciting for a while, but it didn't take off the way it could

have. All that doctors have to keep them going are diseases that affect a relatively small number of people such as Alzheimer's, Parkinson's, Muscular Dystrophy, and the like. Heart disease is huge. It generates more than half of the total income received by the medical industry. You are concerned about "cholesterol" because, financially, doctors need you to be concerned about "cholesterol". It is by far the biggest money maker that doctors have. It gets you into the office every year for your "annual physical", and, once doctors get you onto the meds it keeps you coming back more frequently so that they can monitor the damage that the drugs are doing to your liver, kidneys and other organs. If doctors didn't have the "cholesterol problem" to get you worried and get you to go to a doctor in the first place, then half of all doctors would have to look for new jobs.

Unlike the answers given above by our make-believe doctor, who gave honest, informed, candid answers, you may be extremely surprised by the responses that your doctor may give once you start asking tough questions. In general...

- 1) They will not produce any valid scientific evidence at all.
- 2) They will give you some deceptive information about some other type of meaningless study that is decidedly NOT what you specifically asked for.
- 3) They will attempt to distract you and convince you that such "proof" is unnecessary because "everyone knows that you have to control your 'cholesterol'!"
- 4) They may get very angry. Please be forewarned.

It is your responsibility to yourself to observe the actions of your doctor and determine whether or not...

**YOUR DOCTOR IS A LIAR!**

### **“SCIENTIFICALLY PROVEN” ??**

What does the above phrase really mean? I bet you think that you know, but I am absolutely certain that you don't. The phrase “SCIENTIFICALLY PROVEN” is definitely one of the most misused phrases in the English language. Actually, it is misused 100% of the time. Let me explain. We all studied science in grammar, middle, junior high, high school and maybe even college. A “scientific” experiment is one where you take a set of circumstances, purposefully change ONLY one variable, run the experiment and observe what happens. If anything interesting or unusual happens, then you go looking for a reason. Since all of the KNOWN variables were “controlled” by you, the scientist, the most likely suspect as to the CAUSE of the observed change is the one variable that you purposefully changed. DUH! That's science. But wait...

Can you really do a truly “scientific” experiment on a human being? How can you really control ALL of the variables of a human life? How many times did you breathe today? Same as yesterday? What did you eat? Drink? Did you make love? Did you laugh? Did you get angry? How often did you have a bowel movement? Okay, this could go on forever. You get the point. Honest scientists understand that...

**IT IS ABSOLUTELY IMPOSSIBLE TO DO A SCIENTIFIC EXPERIMENT ON THE HUMAN BODY BECAUSE YOU CANNOT CONTROL ALL OF THE VARIABLES!**

If it is impossible to do a “scientific” experiment on even one human being, then it is most definitely impossible to “SCIENTIFICALLY PROVE” that anything will work for everyone. Doctors disparagingly refer to individual’s attempts to perform simple scientific experiments on their own bodies as unacceptable “anecdotal evidence”, but...

**“Anecdotal evidence” is actually the closest that you are ever going to get to pure science when considering your own personal human body. If it works for you, it must be valid, for you (and only you)!**

Since it is impossible to control ALL the variables in any experiment with living creatures, scientists have given up on pure science. Yes, that’s right. They have given up because it is impossible, and they realize it. They are smart people. That’s why they are scientists. In place of real, honest, true science, what you actually see is all kinds of media reports on STATISTICAL data regarding health. Our marvelous scientists work like crazy to dig out STATISTICAL evidence that something is PROBABLE and our media and our doctors turn around and distort all their hard work by wrongly stating that something has been “scientifically proven”! Hogwash!!

Now, you and I both know that statistics can be manipulated very easily. I purposefully chose not to say that statistics lie because statistics do NOT lie, doctors do. Statistics are just numbers. Numbers do not lie. But numbers can be and are manipulated by people who have an agenda to promote or by companies who have a drug to sell.

Absolutely nothing can be “scientifically proven” in regards to the human body. The best that anyone can ever say is that something is probable or not probable, and maybe even assign a numerical value to that probability. Health issues regarding the human body may be discussed in terms of probability, not pure scientific proof. Let me give you clear insight into the linguistic reality of the medical/pharmaceutical establishment: If you ever hear someone say that something has (or has not) been “SCIENTIFICALLY PROVEN” to improve your health, then you should immediately realize that that person is a liar!

**People who present “statistical” probabilities to the public under the mantle of “scientific proof” are liars!**

On the other hand, if you ever hear that something has been shown to be “STATISTICALLY RELEVANT” and that there is a \_\_\_% PROBABILITY that it may improve your health, and that you may want to consider it as a possibility, then, before you make a move, make sure that you actually know what “STATISTICALLY RELEVANT” really means. Curiously, the meaning of the phrase “STATISTICALLY RELEVANT” depends upon the field of study. Some are stricter than others. If you are a researcher in the science of physics, and you hope to get the results of your work to be viewed as statistically relevant, and maybe published in a reputable journal, then you have to meet their entry requirements. Reputable journals in the field of physics generally will not publish any claim of a new observation unless the data have a significance level of 1/10,000 or more.

This means that if the same experiment were repeated 10,000 times, the new observation would have to be observable in 9,999 of the 10,000 experiments. In other words, 99.99% of the time.

Medical journals are a little bit more forgiving. In medicine and related fields such as psychology, pharmacology and even social studies, the threshold for publication is supposed to be 95%. This means that, at a minimum, an experiment would have to be performed at least 20 times, and it would have to show the observed result at least 19 out of 20 times (95%). Supposedly, if, and only if, a study meets these requirements, it will then be CONSIDERED for publication. It doesn't mean it will get published, but at least it has met the minimum requirements.

Do medical journals actually follow their own requirements? Heck no! The pressure to publish and share information is too great. Their typical response to this criticism is something like: "Hey, people's lives are at stake here. We have to publish this information so that people know what we know as soon as we know it. It's not like finding a new, far off galaxy in the sky. It is important right here and now!"

And I agree, so long as what is actually "known" is made crystal clear. Medical journals are not meant for general public consumption, because they are merely supposed to be sharing the latest news about PRELIMINARY results among fellow researchers, whether they do their experiments in a laboratory or in a clinic. Medical journals simply report upon experiments, not "scientifically proven" facts!!!!!!

By no stretch of the imagination should you ever believe that any of the information found in medical journals has been “SCIENTIFICALLY PROVEN”. Most of it is not even accepted yet as being “STATISTICALLY RELEVANT”. It may be on its way to such status, but it is not there yet, and they clearly do not claim that it is. The problem here is the media. Everyone needs a headline. Everyone needs a story. You can see where this is leading. “Health” reporters scan the new issues of the medical journals for “juicy” stories and proceed to mangle the concepts of Science, Statistics, Probability and Truth.

If all this has been confusing, let me simplify it. People lie. People mangle the language in order to deceive. News reporting is never “Fair and Balanced”. Never! Our “news” is controlled by corporations attempting to earn a profit. Are you really so naive as to believe that they are going to report news that may put some of their advertising revenue at risk? Have you not noticed how much advertising revenue is being generated by drug companies promoting their products? Here’s a hint: The pharmaceutical industry spends more money on marketing their drugs than they spend on researching and developing them!

Drug companies are continually striving to create artificial chemicals that do not exist in nature so that they can market them as drugs to vast numbers of people. Most problems have a multiplicity of CAUSES, and they all need to be addressed in order to improve your health. It is a simple truth that no single artificial chemical can ever “cure” a complex, multi-faceted disease, but yet we still keep hoping for that magical “silver bullet”, that “wonder drug”, that “cure-all”

No one therapy will ever work for everyone. What do you care if a new drug helps 99.99% of the population if it has the side effect of killing you dead! Just because one person benefits does not mean that everyone will, and the fact that many people benefit does not rule out the possibility that it might not work at all for you. That's why doctors call what they do a practice.

Just think about it. if you could simply swallow a pill that would "cure" your disease, then you would be cured. You wouldn't have to purchase any more drugs. Drug companies do not want to discover "cures". There is absolutely no profit potential in finding a "cure" for any disease. However, there is unlimited potential for profit in creating ongoing, life-long "treatments" for symptoms that can be sold over and over and over to unsuspecting, desperate consumers.

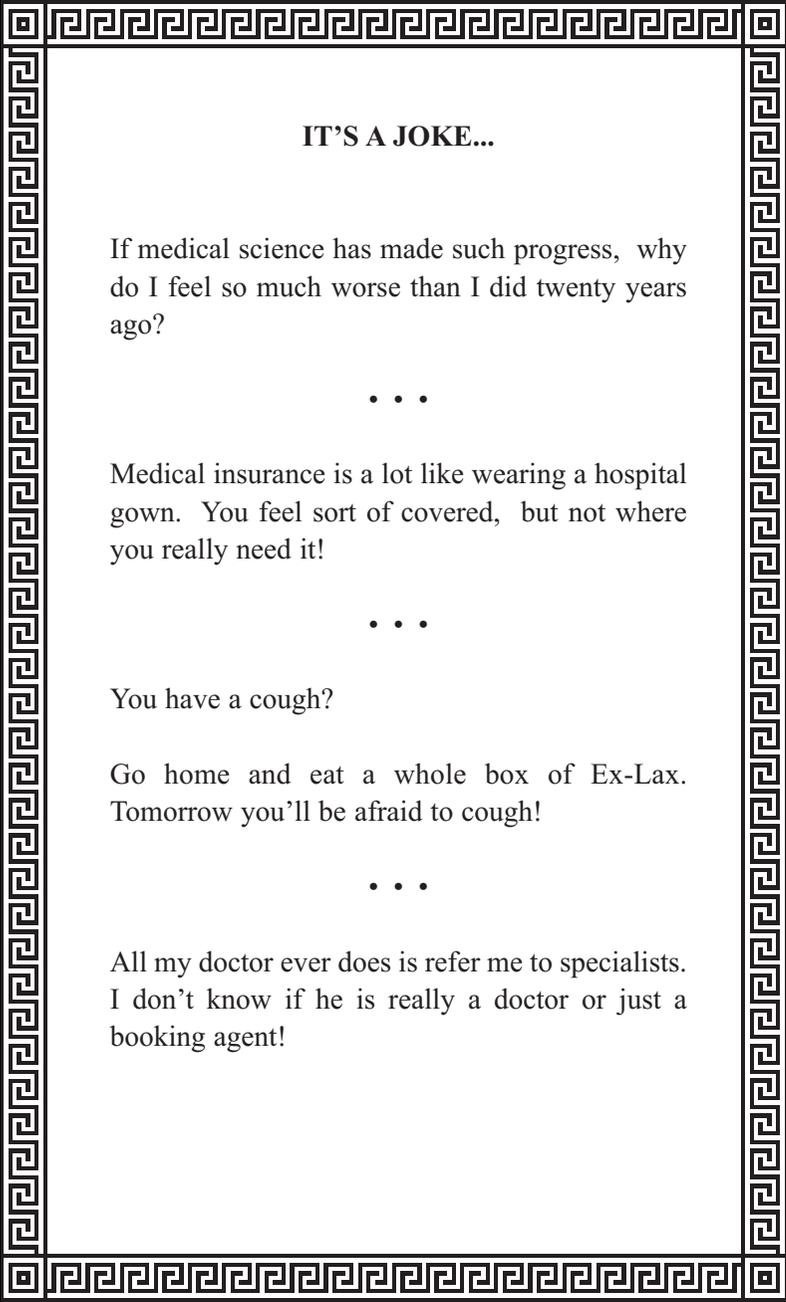
In the financial world, there is always a disclaimer on every advertisement... "Past results do not guarantee future success." The practice of medicine should have a similar disclaimer, but until it does, you are simply going to have to trust your gut. Ask questions. I suggest that you follow your instincts before you ever blindly trust your doctor, because...

**YOUR DOCTOR IS A LIAR!**



**Chapter 2**

**CHOLESTEROL  
Is NOT Guilty!**



**IT'S A JOKE...**

If medical science has made such progress, why do I feel so much worse than I did twenty years ago?

• • •

Medical insurance is a lot like wearing a hospital gown. You feel sort of covered, but not where you really need it!

• • •

You have a cough?

Go home and eat a whole box of Ex-Lax. Tomorrow you'll be afraid to cough!

• • •

All my doctor ever does is refer me to specialists. I don't know if he is really a doctor or just a booking agent!

The next time you get an opportunity to speak with your doctor, take the time to ask them any or all of the following questions...

**Q. Doctor, does CHOLESTEROL CAUSE heart disease?**

**Q. If I lower my “cholesterol” levels, will I live longer?**

**Q. Are there any studies that show that it is dangerous to lower my “cholesterol” too much?**

A. The short answer to all of these questions is that overall, when all factors are considered, healthier, longer-lived people have higher “cholesterol” levels than sickly, dead people. Stated a different way, many studies have actually reported that, in many respects, ***“cholesterol” that is too low is actually worse than “cholesterol” that is too high!***

To start you off on the right foot on this incredible journey, let me simply say that **you can’t believe everything that you read!** In my research for this book, I came across a statement that seems innocent enough, unless you know how to read between the lines.

***“The relationship between CHOLESTEROL in the diet and atherosclerosis was first observed in rabbits in 1908 by a Russian pathologist named Ignatowsky.”***

*Peter O. Kwiterovich, Jr., M.D.*

*Author of “Beyond Cholesterol”*

*The Johns Hopkins Complete Guide for Avoiding Heart Disease*

Now that I know how to read between the lines, I’m beginning to

think that maybe Dr. Jim Ignatowsky from the old television series “Taxi” may have gone “Back To The Future” to play a little joke on all of us! It is true that in 1911, Antishkow and Ignatowski independently published the results of studies they completed. That is where the truth stops. In these studies, VEGETARIAN rabbits were fed large amounts of animal based CHOLESTEROL for several months. Their blood “cholesterol” levels rose dramatically and autopsies of their hearts showed that they were clogged with fatty, fibrinous material.

### **THUS WAS BORN THE CHOLESTEROL THEORY!**

Except...

Rabbits are not humans. I know that this is obvious, but it is still a very important point. **“Cholesterol” studies performed on VEGETARIAN animals simply cannot be translated into meaningful information for omniverous human beings.** When it comes to diet and CHOLESTEROL, human beings are incredibly unique. Herbivores such as goats, cattle, horses, camels, moose, sheep, and yes, rabbits, are unable to process dietary CHOLESTEROL. If herbivores are fed diets that are rich in oxidized CHOLESTEROL, it is true that they may develop fatty streaks in their arteries, but these changes are NOT the same type of changes that occur in atherosclerotic human coronary arteries.

***“Any pathologist of independent mind and free from preconceived ideas would conclude that human atherosclerosis and the lesions induced by the overload of CHOLESTEROL and fats are not one and the same disease.”***

*William E. Stehbens*

*Director of the Malaghan Institute of Medical Research*

*Professor at the Department of Pathology,*

*Wellington School of Medicine*

The favorite victim of “scientific” studies is the Watanabe rabbit. Watanabe rabbits are generally docile and peaceful animals. They generally don’t bite and their long ears make it easy to take blood samples. Unlike the killer rabbit in the movie, *Monty Python and the Holy Grail*, Watanabe rabbits are vegetarians. When they are force-fed CHOLESTEROL rich foods, the rabbits’ “cholesterol” levels quickly rise to 10-20 times higher than that of even the highest level ever recorded in humans. CHOLESTEROL is deposited in the rabbits’ liver, kidneys and other internal organs. The rabbits’ fur falls out and its eyes turn yellow. Fatty streaks of CHOLESTEROL are deposited in the rabbits’ arteries but still, these experimental rabbits do not have heart attacks! It is simply impossible to induce a heart attack in a rabbit by dietary means alone! The only way to induce a heart attack in an experimental rabbit is by either hormone injection or mechanical damage to the rabbits’ arteries.

It is true that the arteries of these poor rabbits develop fatty streaks, but **this is not the same as human atherosclerosis**. The average American BELIEVES that atherosclerosis, or hardening of the arteries, is caused by the buildup of CHOLESTEROL and other fats along the **inside** lining of the arteries. **THIS IS FALSE!** In rabbits, the obstructing materials were found to be attached to the innermost lining of the artery. This **wrong** information has been pounded into your brain your entire life. By your parents. By your friends. By your teachers. By the media and by the medical/pharmaceutical industry. The only problem is that what happens in rabbits is not the same as what happens in humans. **In humans, CHOLESTEROL and fats DO NOT simply attach themselves to the inside of your arteries and clog them up like hair and soap scum clog your sink and shower drain. That is not how it works.** Your parents, your friends, your teachers and the media were all wrong. Your doctor should know better, but...

**YOUR DOCTOR IS A LIAR!**

*“In humans, CHOLESTEROL and other fats don’t simply come bouncing merrily along down an artery and suddenly decide to stick somewhere. That is what happens when vegetarian animals are fed high fat, high CHOLESTEROL diets. When vegetarian rabbits eat a diet that is high in saturated fats and CHOLESTEROL, they develop a form of atherosclerosis that may totally plug up their coronary arteries within three months. Supporters of the ‘cholesterol’ theory have used this observation to support the theory, ignoring the fact that the pathological changes in the animals’ arteries in no way resemble those seen in diseased arteries of humans. In humans, fatty obstructions are build on location, within the walls of arteries themselves. Arterial walls contain a layer of strong circular muscles. Therefore, the growths have only one way to expand and that is by protruding into the opening of an artery. In vegetarian animals the fatty deposits build up on the inner walls of the arteries. In humans, the fatty deposits grow within the arterial wall itself and are covered by the inner lining membrane of the artery. A true believer in the ‘cholesterol’ theory must be willing to genuflect before the following statements with a religious fervor:*

- 1. Eating CHOLESTEROL and saturated fat raises the blood ‘cholesterol’ level.*
- 2. Elevated blood levels of ‘cholesterol’ cause fatty deposits to form in our arteries.*
- 3. Eating less saturated fat and CHOLESTEROL will cause blood levels of ‘cholesterol’ to go down.*
- 4. Lowering blood ‘cholesterol’ levels (by any means) will reduce the risk of dying.*

*There is just one simple problem with these assumptions.*

**THEY ARE ALL WRONG!”**

*Charles T. McGee, M.D.  
Author of “Heart Frauds”*

So what happens if you feed CHOLESTEROL to carnivores?

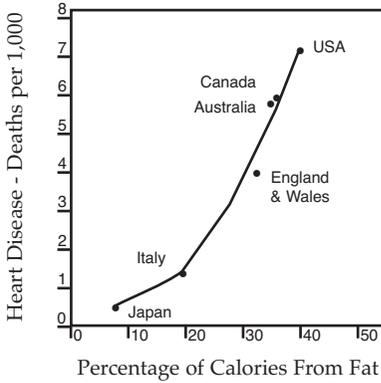
***“Innumerable experiments involved rabbits and other animals which could not metabolize CHOLESTEROL like humans. Consequently, while large amounts of dietary CHOLESTEROL raise blood ‘cholesterol’ in humans by only a few milligrams, they raise levels in rabbits by many hundreds of milligrams. Animals which metabolize CHOLESTEROL similar to humans, such as rats and dogs, do not develop the atherosclerosis-like disease even when fed very large amounts of CHOLESTEROL.”***

*Russell L. Smith, Ph.D.  
Author of “The Cholesterol Conspiracy”*

***“The feeding of CHOLESTEROL to carnivorous animals is generally without pathological consequences.”***

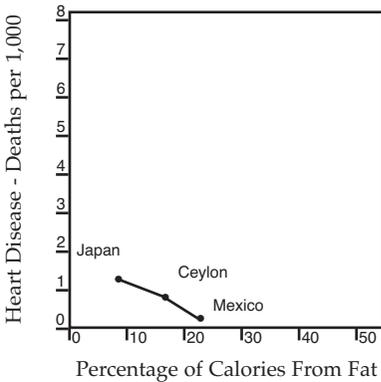
*Principles of Biochemistry (Textbook)*

In 1952, Dr. Ancel Keys, the Director of the Laboratory of Physiological Hygiene at the University of Minnesota presented a report to a small audience in New York at Mt. Sinai Hospital. At the time, Dr. Keys believed that food that contained high levels of fat was the culprit to be blamed for the epidemic of heart disease that was killing one of every two Americans. As a part of his “proof” he presented a graph that “seemed” to show a *statistical* correlation between the total dietary intake of fats and the death rates from heart disease in seven countries. The careful reader may recognize Dr. Keys from the introductory quotes. His position is now clear, but in 1952 Dr. Keys apparently found a sympathetic listener in Fred Epstein. Convinced by Dr. Keys’ presentation, Fred Epstein began spreading the anti-fat propaganda “with great effect” throughout Europe and America. The graph from Dr. Keys’ presentation looked like this...

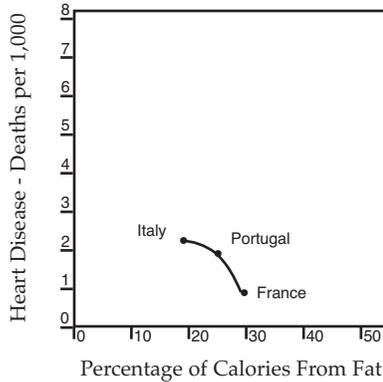


As you can clearly see, the data seems to imply that the more fat that the people in a given country eat, the more heart disease they are likely to have. However, unknown to most people is the fact that Ancel Keys conveniently neglected to include data from many other countries that was available at the time. He chose to only graph the data from seven countries that seemed to fit his theory.

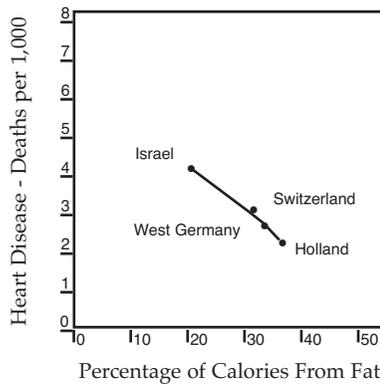
If Ancel Keys had instead decided to graph the available data from Japan (a different study), Ceylon and Mexico, he might have presented the chart below which shows that **INCREASING FAT CONSUMPTION ACTUALLY DECREASES THE RATE OF HEART DISEASE!**



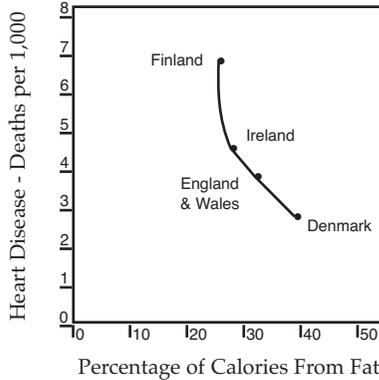
If Ancel Keys had instead decided to graph the available data from Italy, Portugal and France, he might have presented the chart below which shows that INCREASING FAT CONSUMPTION ACTUALLY DECREASES THE RATE OF HEART DISEASE!



If Ancel Keys had instead decided to graph the available data from Israel, Switzerland, West Germany and Holland, he might have presented the chart below which shows that INCREASING FAT CONSUMPTION ACTUALLY DECREASES THE RATE OF HEART DISEASE!



If Ancel Keys had instead decided to graph the available data from Finland, Ireland, England & Wales and Denmark, he might have presented the chart below which shows that INCREASING FAT CONSUMPTION ACTUALLY DECREASES THE RATE OF HEART DISEASE.



By choosing to present only selected data from Japan, Italy, England & Wales, Australia, Canada and the United States, Ancel Keys basically “cooked the books”. He chose data that fit his pet theory and ignored data that conflicted with it. By definition, this is very good marketing, but this is very, very, very bad science!

Prior to the 1920s, highly saturated animal fats in the form of butter, lard and tallow were eaten without fear. In 1920, when heart disease was practically unheard of, the consumption of animal fat in the US was approximately 26 pounds per person, per year. By 1989, with heart disease far and away the greatest cause of death throughout the country, the consumption of animal fat in the US had decreased to approximately 11 pounds per person per year. This is hardly convincing evidence that decreasing the intake of fat is good for your heart.

One inescapable reality is that every diet is a series of trade offs. If you eat more of something, then you will most likely eat less of something else. It's obvious, but... when researchers such as Ancel Keys look at diets and see large amounts of a given food such as meat, butter and eggs, their minds only see the obvious. They associate any problems as being caused by what they perceive to be an excess. They conveniently forget that the very excess that they are observing is crowding out some other type of food such as fruits, vegetables, seeds and nuts. Ask yourself: Is it the too much of something? Is it the too little of something else? Or, could it possibly be a complex combination of many things?

*“The Eastern Finns, for instance, whose lofty heart disease rates convinced Ancel Keys and a generation of researchers of the evils of fat, live within 500 kilometers of the Arctic Circle and rarely see fresh produce or a green vegetable. The Scots, infamous for eating perhaps the least wholesome diet in the developed world, are in a similar fix. Researchers joke that the only leafy vegetable that these populations consume regularly is tobacco. As for the purported benefits of the widely hailed Mediterranean diet, is it the olive oil, or the fresh vegetables? After all, the olive oil is used either to cook vegetables or as a dressing over salads. The quantity of vegetables consumed is almost a pound a day. Indeed, recent data on heart disease trends in Europe suggest that a likely explanation for the differences between countries and over time is the availability of fresh produce year-round rather than differences in fat intake.”*

*Gary Taubes  
Author of “The Soft Science of Dietary Fat”*

We all know that life is complicated. An individual's health is the sum total of a vast combination of factors that are unique to each person. Why is it that scientists, doctors, politicians and members of the media want everything to be overly simplistic?

Starting in the 1960s, the American Heart Association (AHA) began urging Americans to follow a low fat diet that they referred to as the “Prudent Diet”. The public responded poorly, I guess because, at that point in time, the public was still wise. One of the early studies, the Joliffe Anticoronary Study, was conducted in New York City by its namesake, Dr. Joliffe. Half of the participants in the study were placed on the AHA’s “Prudent Diet” and the other half were chosen because they were big eaters of red meat and had lots of CHOLESTEROL and saturated fat in their diets. The results of the Joliffe study were reported in 1966 as a “great success” because the participants who followed the “Prudent Diet” had lowered their serum “cholesterol” by 25%! Successful, yes, in lowering “cholesterol” readings, but almost no mention was made of the fact that **NONE of the control group, who ate all of the so-called “wrong” foods died from heart attacks, but eight of the participants who followed the “Prudent Diet” died of heart attacks during the study. Dr. Joliffe himself died of a “vascular event”, but it was reported that he had died of diabetes.**

Another trial to test the “Prudent Diet” was conducted by Dr. Irving Page of the Cleveland Clinic. The results of this pilot test with 2,000 participants were reported in 1969 and **there was no benefit at all from the “Prudent Diet”. Dr. Page died of a heart attack.**

In 1969, the Diet-Heart Review Panel of the National Heart Institute (now the National Heart, Lung, and Blood Institute or NHLBI) reported that “It is not known whether dietary manipulation has any effect whatsoever on coronary heart disease.” In the late 1960s and early 1970s, it was realized and considered that an extremely large scale experiment in nutrition would be the only way to truly settle the question of how dietary fat relates to cardiovascular disease. Such a test would have been enormous. Tens of thousands of individuals would have to switch to low fat diets so that their health could be compared to an equal number of

people who agreed to eat a high fat diet. All of these people would have to be followed for decades until enough deaths accumulated to provide statistically significant results. In 1971, The National Institute of Health (NIH) estimated that such an experiment would cost \$1 billion. This was more than the NIH was willing to spend so, instead, they decided to forego a \$1 billion study that might be definitive and instead fund a half-dozen studies at one third of the cost. Everyone “expected” that these smaller studies would be sufficiently persuasive to “prove” that reducing the consumption of saturated fats and CHOLESTEROL (meat, butter, eggs) would prolong the lives of those who consumed less of these “killer foods”! These studies ran through the 1970s and their results were published between 1980 and 1984.

### **PLEASE READ CAREFULLY!**

Four of these trials examined the effect of diet upon heart disease rates in people in Honolulu, Chicago, Puerto Rico and Framingham, Massachusetts. **They all showed that there was NO evidence that men who ate less fat lived longer or had fewer heart attacks! A fifth trial, the Multiple Risk Factor Intervention Trial (MRFIT), which alone cost \$115 million, suggested that eating less fat might actually shorten one’s lifespan!**

The sixth study was NOT even a dietary study. The \$140 million Lipid Research Clinics Coronary Primary Prevention Trial (LRC) was a drug trial. The LRC study began in 1973 and ended in 1984. On average, individual subjects participated in the study for approximately 7.4 years. The LRC study only included white males with extremely high serum ‘cholesterol’ levels (higher than 95% of the general population). Absolutely no women and no minorities were included. In fact, 480,000 white males were screened in order to find 3,806 health challenged white males who were purposefully chosen to be completely UN-representative of

the general population. At the very least, the results of the LRC study cannot be applied to women, they cannot be applied to minorities and they cannot be applied to 95% of all white males. The results of the LRC study (as inconclusive as they are) can only be “scientifically” applied to the 5% of all white males who suffer from the same level of extremely high ‘cholesterol’ levels that affected the men who were chosen to take part in the LRC study.

**PLEASE TAKE NOTE:**

The above information is more than adequate to make the remainder of this explanation a completely unnecessary exercise. The use of the “results” of the LRC study to direct national public health policy, in and of itself, is absurd. I will continue with the following details for those of you who wish to understand how all of the current insanity originated.

In December, 1984, at a Consensus Development Conference on Lowering Blood Cholesterol to Prevent Heart Disease held by the National Heart, Lung, and Blood Institute (NHLBI) and a division of the National Institutes of Health, an “expert” panel concluded that high “cholesterol” is a major cause of coronary heart disease, that lowering elevated blood “cholesterol” levels (specifically LDL “cholesterol”) will reduce the risk of heart attacks, and that dietary changes will reduce blood “cholesterol” levels. This abomination of science in the name of government policy became known as “The Lipid Theory”. Please note the use of the word “theory”!

The Consensus Conference “officially” gave the appearance of unanimity where none existed. Their conclusions completely ignored all of the research that came before the LRC trial. They ignored the studies in Honolulu, Chicago, Puerto Rico and Framingham. They ignored the MRFIT trial. The conclusions drawn by the Consensus Committee ostensibly parroted the results of just one study (LRC). Why? Could it be that there was bias involved? When one considers that the planning committee for the

conference was chaired by a NHLBI administrator named Basil Rifkind (who also led the LRC trial!) and considering the fact that the planning committee chose Rifkind's co-investigator Daniel Steinberg to lead the panel, is it really any wonder that the report that was published by the panel praised the results of the LRC trial?

First of all, what exactly is a "consensus" conference? The idea of such a conference is that an expert panel of *unbiased* experts listens to vast amounts of the information pertaining to the issue at hand and attempts to arrive at a conclusion with which EVERYONE agrees. If there was no controversy, there would be no need for a consensus committee to meet in the first place. The report that was published by the conference revealed none of the differing opinions held by the scientists who attended the conference. Cardiologist Michael Oliver of the Imperial College in London argued that it was unscientific to equate the effects of a drug study with the effects of diet, but no mention of this obvious truth appears in the committee's final report. Oliver later complained in the British medical journal, *The Lancet*, that...

*"[committee members] were selected to include only experts who would, predictably, say that all levels of blood 'cholesterol' in the United States are too high and should be lowered. And, of course, that is exactly what was said."*

*Michael Oliver, Cardiologist*

The data from the LRC study clearly shows that using drugs to lower levels of "cholesterol" in the blood have absolutely NO significant benefit in regards to a person's **OVERALL** health and longevity BUT, because the results of this one trial were selectively misrepresented, and because the media loves a good sound bite, soon everyone in the country was wrongly led to fear CHOLESTEROL.

If the so-called “scientists” had honestly interpreted and honestly presented the results of this trial, they could have provided substantial proof that the high levels of “cholesterol” in the blood are absolutely NOT the CAUSE of increased **MORTALITY**, but they instead chose to alter the criteria by which they judged their own results, they chose to grossly misrepresent their data and they chose to selectively ignore other data which was completely contrary to their misguided conclusions. The so-called “scientists” who directed the LRC study and also controlled the “Consensus” Conference that praised the results of the same study touted the following results...

	<b>Placebo</b>	<b>Drug</b>
<b>Participants</b>	1900	1906
<b>“Cholesterol” levels</b>	-	-8.5%
<b>Heart Attacks</b>	187	155
<b>Deaths Due to Cardiovascular Disease</b>	38	30

The reports of the LRC study that reached the public focused upon the “relative” reduction of risk or heart attack death rather than the “absolute” reduction of risk in relation to overall mortality. This is a very clever method of statistical manipulation that is often used by drug companies in order to make their products seem to be more effective than they really are. I will go into further detail on this devious practice in the next few paragraphs. The press releases given to the media failed to note that the participants who received the drug therapy had a greater number of violent and accidental deaths than the control group. These deaths, along with deaths that resulted from an increased number of gastrointestinal diseases and gastrointestinal cancers were described by the investigators as a “chance occurrence” and were largely ignored by the media.

A proper statistical analysis of the information listed above should have included at least some of the following statements...

- **1.3300%** of the subjects given placebo suffered from a heart attack per year.  $[(187/1900)/7.4 = 1.330\%/year]$
- **1.0989%** of the subjects given the drug therapy suffered from a heart attack per year.  $[(155/1906)/7.4 = 1.0989\%/year]$
- Therefore, if you are a white male with “cholesterol” levels in the top 5% of the population, then taking a drug that lowers your blood “cholesterol” levels by 8.5% may lower your risk of having a heart attack by **0.2311%** per year  $(1.330 - 1.0989 = 0.2311\%/year)$ .
- **For every 1% reduction in serum “cholesterol”, drug therapy will lower your risk of heart attack by 0.0272% per year.**  $(0.2311/8.5\%)$  **BIG DEAL!**

Also...

- **0.2703%** of the subjects given placebo died from cardiovascular disease per year.  $[(38/1900)/7.4 = 0.2703\%/year]$
- **0.2127%** of the subjects given the drug therapy died from cardiovascular disease per year.  $[(30/1906)/7.4 = 0.2127\%/year]$
- Therefore, if you are a white male with “cholesterol” levels in the top 5% of the population, , then taking a drug that lowers your blood “cholesterol” levels by 8.5% may lower your risk of dying from cardiovascular disease by **0.0576%/year**  $(0.2703 - 0.2127 = 0.0576\%/year)$ .
- **For every 1% reduction in serum “cholesterol”, drug therapy will lower your risk of death due to coronary heart disease by 0.0068% per year.**  $(0.0576/8.5\%)$

**BIG DEAL!**

Dr. Basil Rifkind, the director of the LRC study could have made a positive and lasting impression upon the world if he simply had the balls to state the obvious: He could have said that “Using a drug to lower ‘cholesterol’ levels does **NOT** provide a statistically significant amount of protection against heart attack or death from coronary heart disease in white males with extreme hypercholesterolemia”. But did he say that? NO! NO! NO! NO! NO! A thousand times NO! Dr. Basil Rifkind chose to manipulate the data of the LRC study in order to please the “powers that be”. Instead of providing an accurate statistical analysis such as that presented above, Dr. Rifkind ignored basic statistical practices in order to draw the conclusion that he wanted to find rather than perform a “scientist’s” most basic function, which is to truthfully and *completely* report the results of their “scientific” experiments.

First and foremost, the analysis and interpretation of data is typically reported in terms of benefit per year of therapy. He ignored the fact that the participants were involved in the study for 7.4 years. Dr. Rifkind chose to ignore this basic practice in order to make his results appear to be more impressive than they were.

He also ignored the fact that there were 1900 people in the placebo group and 1906 people in the drug therapy group. Instead, he only used the raw numbers for heart attacks (38, 30) and the raw numbers for deaths due to coronary artery disease (187, 155). To explain how this skewed his analysis, what if only 190 people were given placebo and 190.6 (191) people were given drug therapy? Then the results of fewer heart attacks (187, 155) and fewer deaths (38, 30) would have been phenomenally significant! But what if 190,000,000 people were given placebo and 190,600,000 people were given drug therapy? Then the same results would have been phenomenally NOT significant! Clearly, the number of participants really, really, really matters when you are analyzing the data from any experiment, but Dr. Rifkind “conveniently” chose to ignore this basic statistical truth in order to make his results appear more impressive than they really were.

The current confusion that clouds the thinking of the American medical establishment and the American public is mainly due to Dr. Rifkind's creative "interpretation" of the results of the LRC study. What did Dr. Basil Rifkind, the director of the LRC study actually report to the media? Dr. Rifkind incorrectly stated that the LRC study showed that drug therapy lowered the risk of heart attack by 17%! He went on to state the following...

***"For each 1% fall in 'cholesterol', a 2% reduction in heart attack can be expected."***

*Dr. Basil Rifkind  
Director of the LRC Study*

Where did he get these numbers?????????????

The 17% comes from conveniently ignoring the number of people in the study and the entire 7.4 year average length of the study. It is true that 32 more people (187-155) suffered heart attacks in the placebo group, so Dr. Rifkind deceitfully calculated the results as  $32/187 = 17\%$ . He compared this with the percentage drop in "cholesterol" (-8.5%) to arrive at the very appealing sound bite that he presented to the media.

To repeat from above, an accurate statistical analysis of his own data would have forced Dr. Rifkind to report that...

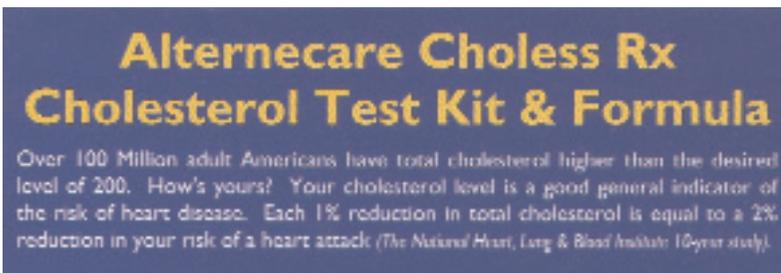
For each 1% fall in "cholesterol", a 0.0272% per year reduction in heart attack can be expected, but instead, he said that...

"For each 1% fall in "cholesterol", a 2% reduction in heart attack can be expected".

I would say that he overstated his results by a factor of 73.5!  
( $2\% / .0272\%$ )

Let me try to put this into plain language for you. The absurdity of the statement that was made by Dr. Basil Rifkind will soon become obvious. If it were possible to reduce your risk of having a heart attack by 2% simply by lowering your “cholesterol” by 1%, then what if someone started with a very high “cholesterol” level and proceeded to lower it by 50%? According to Dr. Rifkind, that would completely eliminate their risk of heart disease! Suppose your starting “cholesterol” level was 500. I know that this seems high, but much higher levels have been recorded. If you proceeded to lower this high reading by 50% down to 250, Dr. Rifkind’s statement would mean that you would have completely eliminated your risk of heart disease by doing so! ( $50\% \times 2 = 100\%$ ) Most doctors today feel that a “cholesterol” reading over 200 (certainly one of 250) puts a person at greater risk for a heart attack, but according to Dr. Rifkind’s statement, if you reduced your “cholesterol” reading by 50% (from 500 to 250) you would thereby reduce your risk of heart disease by 100%. This is obviously absurd, but this is what he said!

This stupid statement has been repeated and repeated and repeated and repeated for more than two decades and no one has challenged it, even though it is absolutely absurd! While writing this book I found a product that repeated this absurdity right on its package. The statement is highlighted below...



**Alternecare Choles Rx**  
**Cholesterol Test Kit & Formula**

Over 100 Million adult Americans have total cholesterol higher than the desired level of 200. How's yours? Your cholesterol level is a good general indicator of the risk of heart disease. Each 1% reduction in total cholesterol is equal to a 2% reduction in your risk of a heart attack (The National Heart, Lung & Blood Institute 10-year study).

**Please realize that the above statement is absolutely absurd!  
Anyone who repeats this statement in order to try to convince  
you to reduce your “cholesterol” levels is a liar!!**

Somehow, just like the tailors that convinced the Emperor that his nonexistent new clothing was spun from gold, Dr. Basil Rifkind managed to **con**(vince) the entire medical, pharmaceutical, educational, governmental, and media establishments into believing that lowering one's "cholesterol" levels could somehow magically reduce their risk of heart disease. Well, he didn't convince me! I do hereby state that Dr. Rifkind was wrong! Dead wrong! Lowering one's "cholesterol" by 1% does **NOT** lower heart disease risks by 2%. I do not know if Dr. Rifkind is still alive, but if you are, I challenge you to rescind your statement and admit that your analysis of your own data was dramatically flawed and that your mistake has been responsible for millions of unnecessary deaths and trillions of wasted dollars!

*“Heart Disease is caused not by an excess - overconsumption of fats and CHOLESTEROL - but by a nutritional deficiency - lack of vitamins B6, folic acid and B12. To prevent the disease, the emphasis needs to be on supplying adequate nutrients in our food, not on limiting fat and CHOLESTEROL. It's time to revise our thinking. The idea that eating too much fat and CHOLESTEROL raises LDL and blood 'cholesterol' is outmoded. Fats and CHOLESTEROL are not the demons in our food supply. But, ironically, our fear of them has made us eat more of the true villains - refined flour, sugar and other processed foods. No wonder the United States is filled with obese, diabetic, hypertensive people and heart disease is the number one killer among men and women. Many people in this country are in a state of nutritional disaster. Our consciousness has to change. The nutritional advice Americans hear every day is off base. The official government and health agencies are giving out confusing, contradictory, and inadequate messages. This is a life-and-death situation. We are in a crisis, and action needs to be taken immediately.*

*Kilmer S. McCully, M.D.  
Author of “The Heart Revolution”*

*“It was Ancel Keys who introduced the low-fat-is-good-health dogma in the 50s with his theory that dietary fat raises ‘cholesterol’ levels and gives you heart disease. Over the next two decades, however, the scientific evidence supporting this theory remained stubbornly ambiguous. The case was eventually settled, not by new science, but by politics. It began in January 1977, when a Senate committee led by George McGovern published its ‘Dietary Goals for the United States’, advising that Americans significantly curb their fat intake to abate an epidemic of ‘killer diseases’ supposedly sweeping the country. It peaked in late 1984, when the National Institute of Health officially recommended that all Americans over the age of two eat less fat. By that time, fat had become ‘this greasy killer’ in the memorable words of the Center for Science in the Public Interest, and the model American breakfast of eggs and bacon was well on its way to becoming a bowl of Special K with low-fat milk, a glass of orange juice and toast (hold the butter), a dubious feast of refined carbohydrates. In the intervening years, the NIH spent several hundred million dollars trying to demonstrate a connection between eating fat and getting heart disease and, despite what we might think, it failed. Five major studies revealed no such link. A sixth, however, costing well over \$100 million alone, concluded that reducing ‘cholesterol’ by drug therapy could prevent heart disease. The NIH administrators then made a leap of faith. Basil Rifkind, who oversaw the relevant trials for the NIH, described their logic this way: they had failed to demonstrate at great expense that eating less fat had any health benefits. But if a ‘cholesterol’ lowering drug could prevent heart attacks, then a low fat, ‘cholesterol’ lowering diet should do the same. ‘It’s an imperfect world,’ Rifkind told me. ‘The data that would be definitive is ungettable, so you do your best with what is available.’ Some of the best scientists disagreed with this low fat logic, suggesting that good science was incompatible with such leaps of faith, but they were effectively ignored.”*

Gary Taubes

Author of “What If It’s All Been a Big Fat Lie?”

The media loved it! They had the sound bite that they proceeded to repeat over and over and over and over until this very day. The medical establishment climbed onto the anti-CHOLESTEROL bandwagon en masse. In the first year after the results were published, the LRC study was referenced by the authors of 109 other articles. In the second year, the LRC results were referenced by the authors of 121 other articles. In the third year, the LRC study was referenced by 202 other articles. Over the years, Dr. Rifkind's erroneous, devious, manipulative and deceitful phrase has been repeated millions of times by other researchers, the media, your doctor, and maybe even by you yourself without regard to the simple fact that ***it is absolutely incorrect!***

*“The response to the LRC trial by the media and other medical researchers was enormous. The media accepted the LRC authors’ press releases without question, but many medical researchers were highly critical of the LRC study. The media were either unaware of the criticisms or ignored them, and the public, therefore, once again received a completely one sided view.”*

*Russell L. Smith, Ph.D.  
Author of “The Cholesterol Conspiracy”*

How could this have happened?

*“It may surprise some readers and contributors to learn that statistical reviewers for the Journal seldom advocate rejection of a submitted article solely on the basis of faulty statistical analysis of data.”*

*The Journal of the American Medical Association  
1986, Volume 256. 18, page 2552*

Sir Francis Bacon would have called this “wishful science” that was based on fancies, opinions and biases along with the exclusion of contrary evidence. Bacon offered a suggestion for determining the validity of any assumption: the test of time. Good science is rooted in truth, so as it grows and develops, the evidence supporting it gets increasingly more and more compelling, but “wishful science” cannot stand the test of time.

Once the official government “decree” was handed down by the National Institute of Health, the race was on among the pharmaceutical companies and the food industry to provide drugs and “cholesterol” free foods to treat this menacing high “cholesterol” problem. Now, all the public gets is advertising and promotional materials from companies selling their products to lower your “cholesterol” levels, while one out of every two Americans still **DIES** from heart disease! **IT’S NOT WORKING!**

It continuously amazes me that the vast majority of people have come to accept the fallacy that “cholesterol” causes heart disease. ***This false belief has caused everyone to ask the wrong questions.*** Most of the studies that have been conducted in the last two decades seem to have been done by people suffering from brain lock because they only go so far as to determine whether treatment will lower one’s “cholesterol” level. If the “cholesterol” level goes down, then it is **ASSUMED** that the treatment or activity **MUST** be good for your heart. The most important, next logical step is nearly often omitted:

**WHO CARES IF SOMETHING LOWERS YOUR  
“CHOLESTEROL”!**

**DOES IT ALSO IMPROVE THE HEALTH  
OF YOUR HEART AND INCREASE  
YOUR OVERALL HEALTH AND LONGEVITY?**

*“With respect to total fatalities - that is, deaths from coronary heart disease (CHD) and all other causes - most meta-analyses show no significant difference and thus no improvement in overall survival rates in the trials. This finding, that ‘cholesterol’ treatment has not lowered the number of deaths overall, has been worrisome to many researchers and is at the core of much of the controversy on ‘cholesterol’ policy. The trials generally have not evaluated the efficacy of ‘cholesterol’ lowering treatment for several important population groups, such as women, elderly men and women, and minority men and women. Thus, they provide little or no evidence of benefits or possible risks for these groups.”*

*The United States General Accounting Office  
Report to Congress*

*Cholesterol Treatment - A Review of the Clinical Trials Evidence*

The debate over the cause of heart disease will only be settled when someone figures out how to stop people from dying! “The Lipid Theory” is a miserable failure simply because it has not proven its worth. Far too many people are still dying from heart disease!

Science is rarely a clean, neat and tidy venture. There have been numerous studies through the years that have clearly contradicted “The Lipid Theory”. This is not unusual or bad. This is science. Every theory always has loose ends to be tidied up and conflicts and contradictions that need to be examined. Every side of any debate will have its supporters and its detractors. This chapter is meant to be a counter-point to all of the government, pharmaceutical, medical and agri-business propaganda that you have been subjected to over the past 20+ years! There is another perspective. This other perspective believes that “The Lipid Theory” is absolutely dead wrong! Please read at least some of the conflicting evidence that should cause everyone to question the validity of “The Lipid Theory”.

*“Theorists almost always become too fond of their own ideas, often simply by living with them for so long. It is difficult to believe that one’s cherished theory, which really works rather nicely in some respects, may become completely false.”*

*Francis Crick*

*Nobel Prize Laureate for the discovery of the structure of DNA*

The following are just a few of the many studies that “prove” that “The Lipid Theory” is an INadequate explanation for the CAUSE of heart disease...

Dr. Rodney Finlayson of the Wellcome Research Laboratories in England studied the records of all the major hospitals in London, looking for cases where patients had died of a myocardial infarction. ***He found only 6 such deaths between 1870 and 1900.***<sup>1</sup> Heart disease was practically unknown then, so it did not have an official name, but the symptoms were obvious. Dr. Alastair Mackinnon performed a similar study in the more rural area of Yorkshire and obtained very similar results. So what was the diet in England at the time that led to such a low death rate from heart attacks? ***The English diet in 1880 was undoubtedly high in CHOLESTEROL and saturated fats. It was filled with large amounts of butter, lard, eggs and red meat.*** No one was the least bit concerned about “cholesterol” back then.<sup>2</sup>

\* \* \* \* \*

From World War I up until the 1980’s, the number of deaths from heart attacks increased substantially in most countries of the world while the dietary intake of animal fat was unchanged or actually decreased. For instance, ***from 1930 to 1960 in the United States death from heart disease increased about tenfold while the consumption of animal fats actually decreased.***<sup>3</sup>

*In England, from 1930 to 1970, the number of heart attacks increased tenfold while the consumption of animal fat remained relatively stable.*<sup>4</sup>

\* \* \* \* \*

*In Switzerland after World War II the death rate from heart disease actually decreased despite an increase in consumption of animal fats of about 20%.*<sup>5</sup>

\* \* \* \* \*

In the 1960s, Dr. S. L. Malhotra studied the diet of two distinct sub-cultures of people in India. The first group were people living in the far north of India, in and around the city of Udaipur. *The people of this area were the world's largest consumers of butterfat in the form of a purified butter product known as ghee. They had very few deaths from heart attacks.* The second group of people lived in the far south of India, in and around the city of Madras. *These people were strict vegetarians. Polished white rice was a major staple of their diet. They had almost no saturated fat in their diet. The majority of fats in their diet came from margarine. The population of this area suffered seven times the death rate from heart attacks as the people in the northern region.*<sup>6</sup> In a follow up study done in 1987, Dr. Butari Raheja of the Jaslok Hospital in Bombay, India reported that the parts of India that had a low death rate from heart attacks among people who had much of their fat in the form of ghee were *now having sharp increases in heart attack rates as the low-cost hydrogenated polyunsaturated margarine had priced ghee out of the market.*<sup>7</sup>

\* \* \* \* \*

*In Japan, since 1970, the number of fatal heart attacks has continued to decline in all age groups despite the continuing increase in the consumption of animal fat.*<sup>8</sup>

***From 1955 to 1965 the death rate from heart disease in middle aged Yugoslavians increased threefold while the intake of dietary fat decreased by 25%.<sup>9</sup>***

\* \* \* \* \*

Dr. J. C. Paterson from London, Canada regularly analyzed blood samples from about 800 war veterans who were confined to a hospital for various reasons. “Cholesterol” levels varied from person to person, but remained relatively constant over time for each individual. When the veterans died, a post mortem analysis was performed which included the visual, microscopic and chemical analysis of their coronary arteries. ***No connection was found between “cholesterol” levels and the degree of atherosclerosis found in their arteries.<sup>10</sup>***

\* \* \* \* \*

***In Italy, between 1961 and 1985, the consumption of saturated fat increased by 69% while the death rates from heart disease decreased 61%!<sup>11</sup>***

\* \* \* \* \*

In 1970 Professor Fredrick Stare of Harvard reported on the Irish Brothers Heart Study. This unusual study looked into the health of brothers who had moved to the Boston area and left blood brothers back home in Ireland. The diet of the brothers in Boston conformed well to the recommended diet of the American Heart Association. ***The brothers in Boston had more heart attacks than the brothers that remained in Ireland despite the fact that the brothers who remained in Ireland consumed over one and one-half pounds of butter per week.<sup>12</sup>***

\* \* \* \* \*

Pathologist Kurt Lande and biochemist Warren Sperry of the Department of Forensic Medicine of New York University studied large groups of individuals who had died violent deaths. ***They found absolutely no correlation between the amount of “cholesterol” in their blood and the degree of atherosclerosis in the coronary arteries.***<sup>13</sup>

\* \* \* \* \*

Dr. K. S. Mathur from Agra, India studied 200 people who had died in accidents and could find no correlation between the “cholesterol” levels and the degree of atherosclerosis. ***Those with low “cholesterol” levels had just as much atherosclerosis as those who had high levels.***<sup>14</sup> Similar studies with similar results have also been done in Poland<sup>15</sup>, Guatemala<sup>16</sup> and the United States.<sup>17</sup>

\* \* \* \* \*

In 1973, Dr. Charles Bemis at the Peter Bent Brigham Hospital in Boston studied 70 patients, and followed up a few years later with angiographic examinations. In eight patients, “cholesterol” levels had increased, but none of the eight patients suffered from increased atherosclerosis. ***In 16 patients, “cholesterol” levels had decreased but yet their level of atherosclerosis had increased.***<sup>18</sup>

\* \* \* \* \*

Dr. Abraham A. Kroop at the University hospitals in Nijmegen and Leiden, The Netherlands studied 21 patients who were treated with a “cholesterol” lowering statin drug (Zocor) AND with a blood filtering system similar to dialysis that physically removed most of the LDL from their bloodstream. ***The patients’ “cholesterol” levels were lowered an average of 63% (from 303 to 115)! Only two of the patients showed reduced levels of atherosclerosis but nine patients actually got worse! “Cholesterol” levels were reduced by more than half and still nearly half of the participants’ conditions got worse.***<sup>19</sup>

\* \* \* \* \*

Dr. Tatu Miettinen studied 600 middle-aged, overweight and hypertensive male business executives with high “cholesterol” levels. The men were encouraged to stop smoking, exercise more, lose weight and to adjust their diet. If the results from these efforts proved to be ineffective, they were placed on “cholesterol” and blood pressure lowering medications. *The men who exercised, lost weight, ate less animal fat and more vegetable oil, quit smoking, and took their drugs lowered their “cholesterol” by 6.3%, lowered their blood pressure by 5% and lowered their smoking rate 13%... and then they had twice as many heart attacks.*<sup>20</sup>

*“Whether we look directly with the naked eye at the inside of the arteries at autopsy, or we do it indirectly in living people using x-rays, ultrasound or electron beams, no association worth mentioning has ever been found between the amount of lipid in the blood and the degree of atherosclerosis in the arteries. Also, when the ‘cholesterol’ goes up or down, by itself or due to medical intervention, the changes of ‘cholesterol’ have never been followed by parallel changes in the atherosclerotic plaques.”*

*Uffe Ravnskov, M.D., Ph.D.  
Author of “The Cholesterol Myths”*

Dr. Uffe Ravnskov, M.D., Ph.D., published a meta-analysis of numerous studies, summarizing their results. In 26 different “cholesterol” lowering experiments using a variety of methods and medications, Dr. Ravnskov found that 5.8% of all the participants who received NO treatment died during the course of the experiment, but *a higher percentage (6.1%) of the participants who received the various treatments died! The treatments were worse than doing nothing.*<sup>21</sup>

*If high ‘cholesterol’ were the most important CAUSE of atherosclerosis, people with high ‘cholesterol’ should be more atherosclerotic than people with low ‘cholesterol’. But as you know by now, this is very far from the truth.*

*If high ‘cholesterol’ were the most important CAUSE of atherosclerosis, lowering of ‘cholesterol’ should influence the atherosclerotic process in proportion to the degree of its lowering. But as you know by now, this does not happen.*

*If high ‘cholesterol’ were the most important CAUSE of cardiovascular disease, it should be a risk factor in all populations, in both sexes, at all ages, in all disease categories and for both heart disease and stroke. But as you know by now, this is not the case.*

*Uffe Ravnskov, M.D., Ph.D.  
Author of “The Cholesterol Myths”*

Dr. Bernard Forette and a team of French researchers from Paris found that *women who had the lowest “cholesterol” levels were five times more likely to die and old women with very high “cholesterol” levels actually lived the longest.*<sup>22</sup>

\* \* \* \* \*

Dr. Clarence Shub at the Mayo Clinic found that *coronary atherosclerosis had increased in all patients whose “cholesterol” had decreased by more than 60 points.*<sup>23</sup>

\* \* \* \* \*

At the University of Pittsburgh, Matthew Muldoon, assistant professor in the Department of Medicine; Stephen Manuck,

professor in the Department of Psychology; and Karen Matthews, professor in the Department of Psychiatry did a meta-analysis of “cholesterol” studies and found that the number of people who received “cholesterol” lowering treatment and subsequently died from violence or suicide was indeed, statistically significant. They found that the death rates from violence and suicide in the placebo groups in these studies closely matched the national average, but *the groups undergoing the “treatments” died from violence and suicide at a significantly higher rate. They stressed that low “cholesterol” rates are more often observed in criminals, people with violent or aggressive conduct disorders, homicidal offenders, people with a history of violence or suicide related to alcohol, and people with low self control.* They also calculated that the additional violent and suicidal deaths that occurred in these studies outnumbered any life saving benefits that may have been claimed for the “treatments” given to those who participated in the study. In short, they found that it was better to take a sugar pill, a placebo.<sup>24</sup>

\* \* \* \* \*

Dr. Donna Vredevoe at the School of Nursing and the School of Medicine at UCLA found that *the mortality rate in patients with severe heart failure was higher in patients with the lowest “cholesterol”.*<sup>25</sup>

\* \* \* \* \*

Dr. Rauchhaus, in co-operation with several German and British Universities found that *people with low “cholesterol” were more likely to die from chronic heart failure* than those people with high “cholesterol”.<sup>26</sup>

\* \* \* \* \*

A study that was led by Dr. Tamara Horwich and performed by Professor Gregg C. Fonorow at the UCLA Department of Medicine and Cardiomyopathy Center in Los Angeles found that ***people with “cholesterol” below 129 were twice as likely to die from severe heart failure as those with “cholesterol” above 223.***<sup>27</sup>

***“Most of the data showed that higher cancer death rates were associated with lower blood ‘cholesterol’ levels and that total death rates were greater at the lower blood ‘cholesterol’ levels than at the intermediate levels.”***

*Russell L. Smith, Ph.D.  
Author of “The Cholesterol Conspiracy”*

Since over 90% of all cardiovascular disease occurs in people who are more than 60 years old, studies of elderly people are the most pertinent. Contrary to “common knowledge”, most studies of the elderly report that high “cholesterol” is NOT an accurate risk factor for coronary heart disease in the elderly. Dr. Harlan Krumholz of the Department of Cardiovascular Medicine at Yale University reported in 1994 that ***elderly people with low “cholesterol” died twice as often from a heart attack*** as did old people with high “cholesterol”.<sup>28</sup>

***“People with high cholesterol live the longest... It is actually much better to have high than to have low “cholesterol” if you want to live to be very old.”***

*Uffe Ravnskov, M.D., Ph.D.  
Author of “The Cholesterol Myths”*

Children with Smith-Lemli-Opitz syndrome produce very little CHOLESTEROL. This is because an enzyme that is necessary in the production of CHOLESTEROL does not function properly.

Since CHOLESTEROL is so very vital for life, these children are usually stillborn or, if they survive birth, suffer from severe malformations of the central nervous system. They also tend to suffer from frequent and severe infections. However, *if their diet is supplemented with pure CHOLESTEROL or extra eggs, their bouts with infection become less serious and less frequent.*<sup>29</sup>

\* \* \* \* \*

The Multiple Risk Factor Intervention Trial (MRFIT), in which information from more than 300,000 young and middle-aged men was screened, found that *men with “cholesterol” lower than 160 are four times more likely to die from AIDS* than those with “cholesterol” levels above 240.<sup>30</sup>

\* \* \* \* \*

Minnesota researchers, led by Dr. Ami Claxton, found that young, unmarried *men who had low “cholesterol”* at the beginning of the study *were twice as likely to test positive for HIV* as compared with those with the highest “cholesterol”.<sup>31</sup>

*“How is it possible that high ‘cholesterol’ is harmful to the artery walls and causes fatal coronary heart disease, the commonest cause of death, if those whose ‘cholesterol’ is the highest live longer than those whose ‘cholesterol’ is low?”*

*Uffe Ravnskov, M.D., Ph.D.  
Author of “The Cholesterol Myths”*

A 15 year long study of over 100,000 people in San Francisco by Professor Jacobs along with Dr. Carlos Iribarren found that *people with low “cholesterol”* at the start of the study *were admitted to the hospital more often because of infectious diseases.*<sup>32</sup>

*“The average person requires at least 70 to 100 grams of protein per day, or about 400 calories worth... Eskimos eat very little carbohydrate, in fact, no carbohydrate during the winter, and survive nicely to a ripe old age. Although their traditional diet is composed of a large quantity of protein and an enormous amount of fat, Eskimos suffer very little heart disease, diabetes, obesity, (despite the cartoons), high blood pressure and all the other diseases we associate with a more civilized lifestyle. Furthermore, Eskimos don’t have metabolic systems from an alien planet; they have the exact same biochemistry and physiology that we do. Yes, you could eat the same diet and tolerate it nicely.*

*We know this because of the famous study done in 1929 and 1930 using the explorers Vilhjalmur Stefansson and Karsten Anderson. Those men returned from the Arctic reporting that Eskimos were able to live on nothing but caribou meat all winter while performing arduous work, expending great amounts of energy without consequence. To prove that not only Eskimos had this capability, both explorers volunteered to be studied while hospitalized in Bellevue hospital in New York City for one year. During this time they ate a meat diet composed of more than 2,500 calories a day, which was 75% fat. At the end of the year both had lost about 6 pounds of weight, their ‘cholesterol’ levels and other blood chemistry values were normal, and neither experienced any adverse effects.”*

*Michael R. Eades, M.D. & Mary Dan Eades, M.D.  
Authors of “Protein Power”*

Professor Matthew Muldoon and his team at the University of Pittsburgh, Pennsylvania found that *people with low “cholesterol” (below 160), had significantly lower total white blood cells counts and also that the number of various types was also lower than those people who had higher “cholesterol”.*<sup>33</sup>

*“Dietary CHOLESTEROL is unequivocally not a significant and practical factor in evaluating blood ‘cholesterol’ There are only trivial theoretical health benefits and probably no real benefits to be obtained from eliminating all CHOLESTEROL from one’s diet. There is neither scientific evidence nor satisfactory theory indicating that every individual synthesizes sufficient amounts of CHOLESTEROL for his or her needs. There is not merely suggestive evidence that “cholesterol” lowering is harmful to health, there is an abundance of facts. Some 31 studies, including Framingham, the Seven Countries study, and the large MRFIT study, reported higher cancer or total death rates with individuals having lower blood ‘cholesterol’ levels.”*

*Russell L. Smith, Ph.D.  
Author of “The Cholesterol Conspiracy”*

Dr. Willy Flegel, and his associates in the Department of Transfusion Medicine at the University of Ulm, and at the Institute of Immunology and Genetics at the German Cancer Research Center in Heidelberg, Germany found that *the powerfully toxic effect of chemicals produced by staphylococcus bacteria disappeared almost completely if the bacterial toxin was mixed with purified LDL.*<sup>34</sup>

\* \* \* \* \*

In an experiment performed on mice, Dr. Hihai Netea and his team from the Departments of Internal and Nuclear Medicine at the University Hospital in Nijmegen, The Netherlands, found that

*mice with genetically high “cholesterol” could withstand injections of purified toxins that were more than seven times as potent as the injections given to the mice with normal “cholesterol” levels. In another experiment in which they actually injected the mice with toxic bacteria, they found that mice with genetically high “cholesterol” were twice as likely to survive the bacterial infection.*<sup>35</sup>

\* \* \* \* \*

Professor David R. Jacobs of the Division of Epidemiology at the University of Minnesota, reviewed 19 large studies of more than 68,000 deaths and found that *low “cholesterol” predicted an increased risk of dying from gastrointestinal and respiratory disease.*<sup>36</sup>

\* \* \* \* \*

In France, between 1961 and 1985, the consumption of saturated fat increased by 28% while the death rates from heart disease decreased 20%.<sup>37</sup>

**There is no French Paradox. The only paradox is how dense, stubborn and blind American medical and governmental officials have been in the face of ample evidence that shows that the French are not the exception to the rule!** The problem is that these officials cannot see the trees of truth behind the forest of lies that they have been repeating for fifty years since Ancel Keys started this massive deception!

*“I’ve come to think that ‘cholesterol’ is not as important as we used to think it was.”*

*Dr. Ancel Keys  
New York Times, July 14, 1987*

Congratulations to you if you have had the patience and fortitude to actually read all of the preceding short abstracts of just some of the “statistically relevant” studies that exist which conflict with the “prevailing wisdom”. Since, in scientific terms, it only takes one example that is contrary to a proposed theory to show that the theory is not universal, and thus not “scientifically proven”, exactly how much more evidence is your doctor going to need before they will admit to the truth and stop lying to you? This small chapter in this little book points out more than three dozen examples that clearly contradict the supposedly “scientifically proven” theory used to justify the treatment of “high cholesterol” with poisonous pharmaceutical drugs. None of these examples are “anecdotal” in nature. These well designed experiments were all performed by highly respected scientists and published in respected, peer reviewed journals. They all have shown that, at the very least, there are exceptions to the “prevailing wisdom”.

*“The average man and woman has come to believe that should a medical laboratory test show that the ‘cholesterol’ in his or her blood is numerically greater than it’s supposed to be, life’s ultimate catastrophe is imminent. Since medical science has not, as yet, even come close to proving that ‘cholesterol’ in the blood is the CAUSE of heart disease, it becomes ridiculous to postulate that altering the amount of ‘cholesterol’ in one’s blood, especially through diet, will make any difference in the health of one’s heart. Yet government agencies have allowed health associations and food industries to play havoc with the anxieties of millions and millions of people by permitting this unproved doctrine to be promoted. There is no proof that an elevated blood ‘cholesterol’ is the CAUSE of any heart disease. When business preys on the public’s fear of heart disease for its own profit, the only protection the consumer can have is knowledge.”*

*Cathy Pinckney and Edward R. Pinckney, M.D.  
Authors of “The Cholesterol Controversy”*

In scientific circles, this type of data is supposed to be more than enough to send true scientists back to their proverbial drawing boards in order to start over on developing a new theory. It is sad that medical doctors find it expedient to tout their claims as having been “scientifically proven” when, in actual fact, the “prevailing wisdom” regarding “cholesterol” has been scientifically DIS-proven! Medical doctors simply choose to ignore the existence of these studies. They choose to be ignor-ant of the truth.

How is it that the evidence shows that having low “cholesterol” actually increases the chances of developing heart disease and many other diseases in all of the studies in this chapter, yet our “authority” figures in the government and the medical and pharmaceutical industries continue to tell us exactly the opposite? It should be completely obvious that the advice that we have been receiving from the medical industry and the drug treatments that are promoted by the drug industry ARE NOT WORKING!

When valid scientific experiments say one thing, and your doctor says something completely opposite, isn't that a lie? When theories and marketing claims say one thing, but results say another, isn't something wrong?

If you were to have an opportunity to ask the questions that were posed at the beginning of this chapter to a doctor who actually knew the answers, who would not lie and who would not try to deceive you, you might hear something like the following...

**Q. Doctor, does CHOLESTEROL CAUSE heart disease?**

A. No!

**Q. If I lower my “cholesterol” levels, will I live longer?**

A. No! In fact, you will probably die sooner.

**Q. Are there any studies that show that it is dangerous to lower my “cholesterol” too much?**

A. Yes, there are many. See the references following this chapter. Literally millions of doctors have told their patients that the “scientific evidence” shows that they need to “manage their cholesterol levels” without ever offering one shred of evidence to back up their assertion. These lies will continue until you (and many more people like you) wise up and insist that doctors stop lying and start telling the truth. Clearly, the case against CHOLESTEROL should be dismissed. Please defend its honor and let your doctor know that you now understand that...

### **CHOLESTEROL IS NOT GUILTY!**

If your doctor still insists that “cholesterol” CAUSES heart disease, or even if your doctor still insists that “cholesterol” is an accurate “risk factor” for heart disease, or any other illness for that matter, or if your doctor still insists that it is safe for you to take a poisonous pharmaceutical drug in order to “manage” your “cholesterol” levels then you know beyond any shadow of a doubt that...

### **YOUR DOCTOR IS A LIAR!**

The starting point in turning back the tide of all your doctor’s lies is to start learning all that you can about the nutritional value of real food. The following pages contain a list of foods that are sources of dietary CHOLESTEROL. Keep in mind that the average human body contains 150,000mg of CHOLESTEROL. It is practically impossible to elevate your “cholesterol” levels by consuming foods that contain CHOLESTEROL. Numerous studies have shown this to be true. I do hereby challenge you to try to eat enough of the following foods to raise your “cholesterol” levels!

You might also want to note that the so-called “red meat” (beef) does NOT contain more CHOLESTEROL than the so-called “white meat” (chicken)!!! Just another bit of evidence showing that...

**YOUR DOCTOR IS A LIAR!**

And, just one more...

The March 28, 1991 issue of the New England Journal of Medicine included an article about an elderly gentleman who ate twenty-five eggs per day FOR THIRTY YEARS! Despite consuming approximately 17 times the recommended daily amount of CHOLESTEROL in his diet, this man enjoyed blood “cholesterol” levels that were absolutely “normal”. His LDL was 142. His HDL was 45. His triglycerides were 65. His total “cholesterol” was an even 200! If 25 eggs per day for thirty years failed to cause this 85 year old man any ill effects, then what the hell are you worried about?

*Enjoy your steak!*

*Enjoy your eggs!*

*Enjoy your butter!*

***STOP worrying about “cholesterol”!!!***

***Eat more CHOLESTEROL!!!***

<u>Food</u>	<u>Serving Size</u>	<u>CHOLESTEROL</u>
Goose, liver	1 liver	484 mg
Cornish game hen	1 whole	340
Veal, liver	4 ounces	340
Heavy whipping cream	1 cup	326
Veal, sweetbreads	4 ounces	284
Light whipping cream	1 cup	265
Duck, liver	1 liver	227
Egg	1	212
Egg yolk	1	212
Liverwurst	4 ounces	180
Shrimp	4 ounces	173
Eggnog	1 cup	149
Eel	4 ounces	143
Chicken, liver	1 liver	140
Chicken, leg	1 leg	138
Ricotta cheese	1 cup	124
Lobster	4 ounces	108
Sour cream	1 cup	102
Liver	4 ounces	100
Caviar	1 TBSP	94
Chicken, breast	1/2 breast	92
Goose	4 ounces	91
Sea bass	4 ounces	91
Half & half	1 cup	89
Duck	4 ounces	88
Turkey, dark meat	4 ounces	83
Beef, rib roast	4 ounces	82
Beef, T-bone	4 ounces	81
Pork chop	1	81
Mackerel	4 ounces	80
Beef, sirloin	4 ounces	79
Beef, porterhouse steak	4 ounces	79
Chicken, thigh	1 thigh	79
Beef, chuck roast	4 ounces	78
Beef, tenderloin	4 ounces	78
Cod liver oil	1 TBSP	78
Bacon	4 ounces	77
Kielbasa	4 ounces	76
Carp	4 ounces	75
Rabbit	4 ounces	74
Snails	4 ounces	73
Turkey, light meat	4 ounces	73
Lamb, chops	4 ounces	68
Lamb, leg	4 ounces	66
Catfish	4 ounces	65
Ham	4 ounces	65

Trout	4 ounces	65 mg
Bologna	4 ounces	64
Veal, cutlet	4 ounces	64
Veal, rump roast	4 ounces	64
Salmon	4 ounces	63
Beef, flank steak	4 ounces	60
Chicken, drumstick	1 drumstick	59
Canadian bacon	4 ounces	57
Shark	4 ounces	57
Pork, spare ribs	4 ounces	55
Italian sausage	1 link	52
Chicken, pate	1 TBSP	50
Cod	4 ounces	49
Chicken, gizzard	1 gizzard	48
Crab	4 ounces	47
Whipped cream	1 cup	45
Swordfish	4 ounces	44
Tuna	4 ounces	43
Snapper	4 ounces	41
Knockwurst	1 link	39
Chicken, wing	1 wing	38
Oysters	5 medium	38
Scallops	4 ounces	37
Halibut	4 ounces	36
Cottage cheese	1 cup	34
Sardines	2	34
Clams	5 large	33
Whole milk (3.25% fat)	1 cup	33
Gouda cheese	1 ounce	32
Hard salami	4 slices	32
Butter	1 TBSP	31
Cream cheese	1 ounce	31
Cheddar cheese	1 ounce	30
Romano cheese	1 ounce	29
Yogurt (plain, whole)	1 cup	29
Brie cheese	1 ounce	28
Goat milk	1 cup	28
Muenster cheese	1 ounce	27
Pastrami	1 ounce	26
Swiss cheese	1 ounce	26
Feta cheese	1 ounce	25
Monterey jack cheese	1 ounce	25
Beef, ground, regular	4 ounces	24
Mozzarella cheese	1 ounce	22
Blue cheese	1 ounce	21
Beef, ground, lean	4 ounces	21
Provolone cheese	1 ounce	20
Parmesan cheese	1 ounce	19

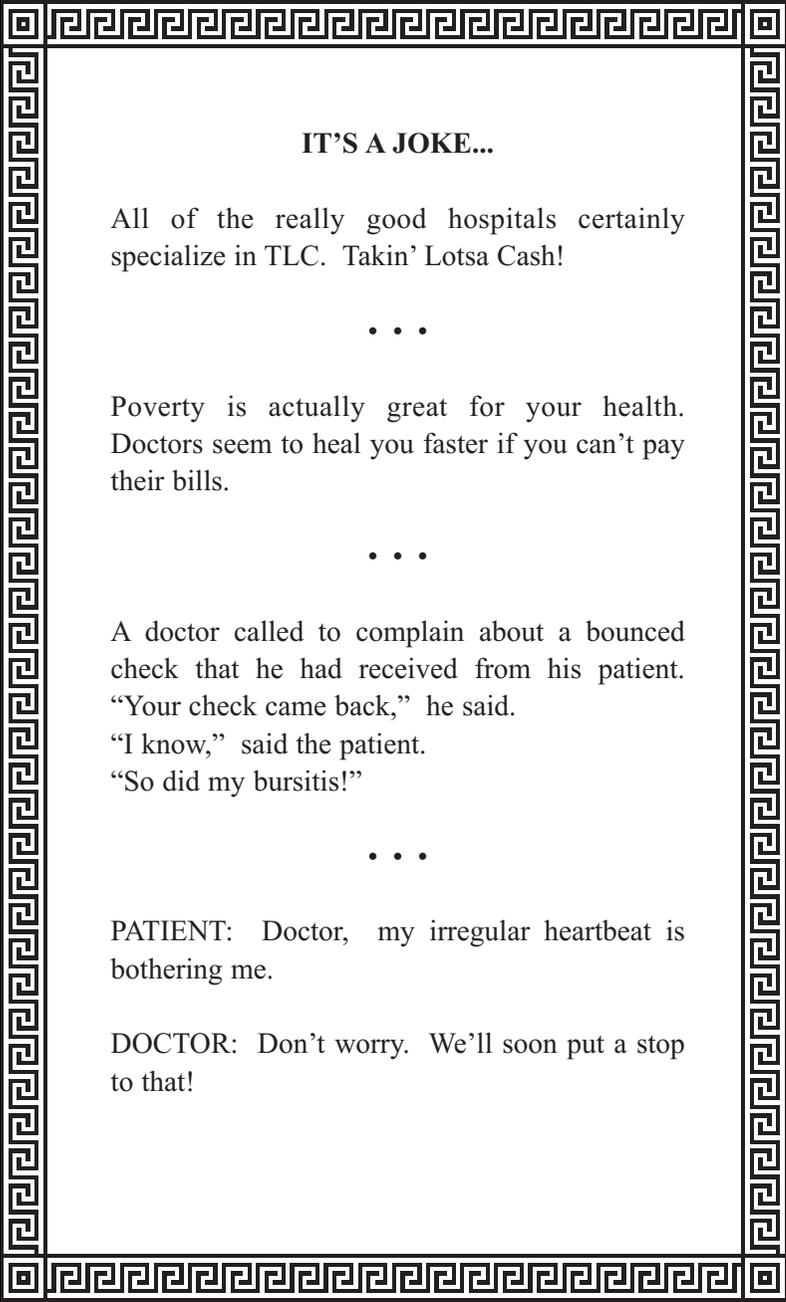
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- 37 *The Cholesterol Myths*, Uffe Ravnskov, page 43.

**Chapter 3**

**Why Does It Only Clog There?**

*(My favorite questions!)*



**IT'S A JOKE...**

All of the really good hospitals certainly specialize in TLC. Takin' Lotsa Cash!

• • •

Poverty is actually great for your health. Doctors seem to heal you faster if you can't pay their bills.

• • •

A doctor called to complain about a bounced check that he had received from his patient. "Your check came back," he said. "I know," said the patient. "So did my bursitis!"

• • •

PATIENT: Doctor, my irregular heartbeat is bothering me.

DOCTOR: Don't worry. We'll soon put a stop to that!

The next time you get an opportunity to speak with your doctor, take the time to ask them the following questions. They are definitely my favorites.

- Q. Doctor, if too much “cholesterol” in the bloodstream is able to clog the arteries to the heart, resulting in atherosclerosis and heart disease, why doesn’t the “cholesterol” clog the microscopically tiny capillaries in the extremities of the body, such as the toes, the fingers, earlobes and the tip of the nose? Why don’t I get a finger attack, or a nose attack?**
  
- Q. Since the overall surface area of all of the little “pipes” that make up the entire cardiovascular system is actually about the size of a football field, why is it that the clog always occurs at the same exact spot over and over? Why do the large coronary arteries of the heart clog up first?**
  
- Q. When surgeons do a coronary bypass operation, they often take a section of a vein from the leg of the same patient to use as a replacement for the clogged artery in the heart. Why didn’t the vein in the patient’s leg also clog up the same way that the artery in the heart did? The same blood flows everywhere in a person’s body, so why don’t people get vein-o-sclerosis?**
  
- Q. Why does the replacement vein then tend to clog up after it has been used to replace the arteries of the heart? The vein didn’t clog when it was located in the leg, but the same section of vein clogs after it is relocated in the heart! Why doctor? Can you tell me why?**

- A. The short answer is that the first assumption is wrong. Heart disease is NOT CAUSED by CHOLESTEROL simply getting stuck to the inside walls of the artery. The body does not work that way.

### **CHOLESTEROL DOES NOT CAUSE HEART DISEASE!**

There is a dramatic difference in the type and character of the blockages that may be observed in the coronary arteries and those found in other parts of the body. Damage to the arteries of the heart tends to contain additional factors which differentiates it from blockages and plaque elsewhere in the body.

*High CHOLESTEROL diets do NOT create the same type of lesions that are found in heart attack victims.*

Let's trace a little of the history of heart research.

In 1911, two American pathologists from the Pathological Laboratories at the University of Pittsburgh, Pennsylvania, Oskar Klotz and M. F. Manning, published a summary of their studies of the human arteries and concluded that "there is every indication that the production of tissue in the intima [the thin layer of cells that line the interior of the arteries] is the result of a direct irritation of that tissue."

In 1926 a few doctors granted that there was a new disease of the heart caused by coronary blood clots, which in turn caused an infarction of the myocardium (death of the heart tissue) that can often lead to the death of the entire body. This new disease was called coronary thrombosis. The treatment at the time was to give the patient additional oxygen in an oxygen tent.

In 1953, the Canadian physician G. C. Willis found that atherosclerotic plaques form in both guinea pigs and humans, but only in vascular tissue that is deficient in Vitamin C. Willis devised a method of photographing arterial plaques with x-rays and observed a strange phenomenon in his heart patients. Willis saw that atherosclerotic plaques were not uniformly distributed throughout the vascular system. These blockages were concentrated near the heart, in the large arteries where the blood pressure is greatest, where the arteries are constantly stressed, bent, squeezed and subjected to high internal pressures.

*Willis reasoned that the mechanical stress caused by the pulsation of blood from the endlessly beating heart could explain the typical pattern of atherosclerosis located in the coronary arteries that supply the heart.*

**Please note that Willis also observed that this process only occurred when Vitamin C levels were depleted.** To Willis, *the body was laying down plaque precisely where it was needed in order to stabilize the vascular system.* Willis noted that it was possible to induce “fatty streaks” in the arteries of experimental animals, but these “streaks” were of a dramatically different character than the type of lesions that were concentrated in certain arteries of the heart.

When guinea pigs were fed diets deficient in vitamin C, ALL of the guinea pigs developed atherosclerosis. Guinea pigs that received the human equivalent of 5 grams of Vitamin C per day had absolutely NO atherosclerosis.

Willis conducted experiments on his patients, giving them 500mg of Vitamin C, three times per day. Approximately 90% of his

patients either showed regression or stabilization of the arterial plaques. Patients who did NOT take additional vitamin C showed NO improvement.

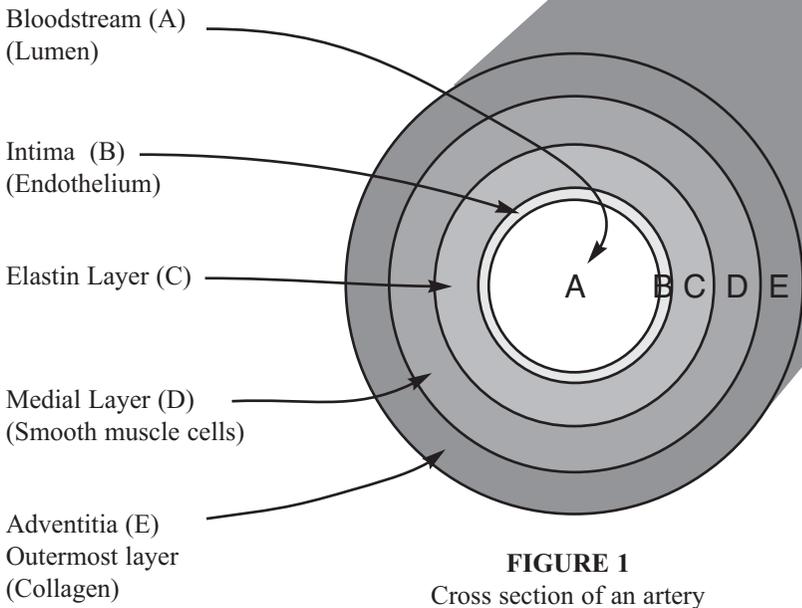
Willis published his experiment with guinea pigs in 1957 in the Journal of the Canadian Medical Association. This landmark paper was entitled “The Reversibility of Atherosclerosis”. However, the scientific and medical communities showed little interest in Willis’ experiments. They had already settled upon what they believed to be the guilty culprit.

Because it had been observed that “fatty streaks” could be generated along the inner lining of the blood vessel walls by feeding large amounts of CHOLESTEROL to laboratory animals, most scientists had accepted this as proof of the guilt of CHOLESTEROL in heart disease. They failed to distinguish between the different type of lesions that were found specifically in heart tissue. True, CHOLESTEROL was deposited in these areas, but there was another underlying mechanism which was extremely specific to the arteries of the heart.

***“Any pathologist of independent mind and free from preconceived ideas would conclude that human atherosclerosis and the lesions induced by the overload of CHOLESTEROL and fats are not one and the same disease.”***

*William E. Stehbens  
Director of the Malaghan Institute of Medical Research  
Professor at the Department of Pathology  
Wellington School of Medicine*

On the following pages, you will be introduced to details of the sequence of events that leads to cardiovascular disease. Please do **NOT** take this as Gospel. The following information is the best working theory that many scientists have settled upon in order to



**FIGURE 1**  
Cross section of an artery  
(Diastolic - between heartbeats)  
(Not drawn to scale)

explain what has been observed in the human body. If you get anything at all from these following pages, please simply realize that CHOLESTEROL is nowhere to be found! In no way whatsoever is CHOLESTEROL implicated as a CAUSE of heart disease.

The graphic above (Figure 1) is a representation of an artery. The cross section that is shown is typical of any artery, but the sequence of events that are to follow are unique to the coronary arteries that supply nourishment to the heart itself. The innermost circle (A) depicts the hollow area within the coronary artery through which blood flows after it has been pumped out of the left ventricle of the heart, into the aorta and outward to all the areas of the body. The innermost layer of any artery is made up of a layer of endothelial cells and is called the intima or endothelium (B).

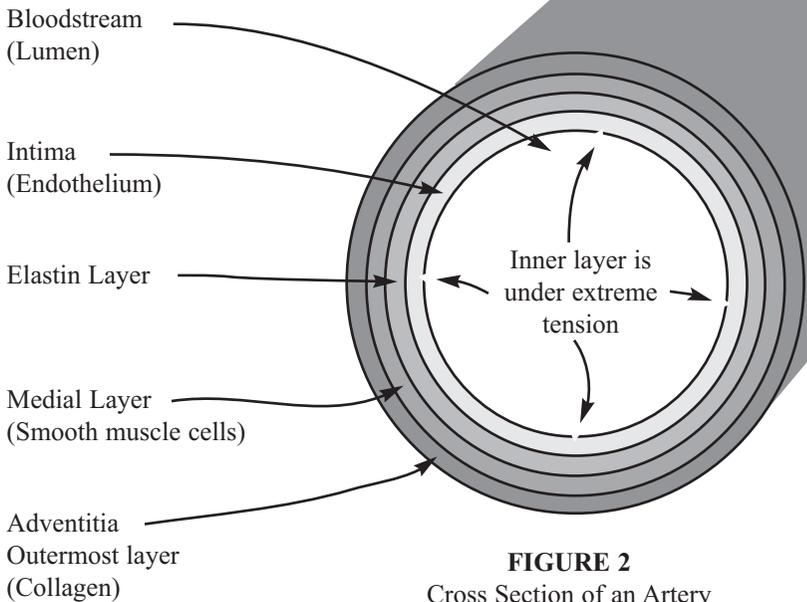
This layer literally comes into contact with the blood flowing through the artery. It is intimate with the bloodstream. Slightly further away from the bloodstream is a layer of very flexible, elastic tissue (C). Still further away from the bloodstream is a layer of smooth muscle cells which is also referred to as the medial or middle layer of the arterial wall (D). The outermost layer or adventitia (E) contains a large percentage of collagen fibers and is significantly more rigid than the more flexible layers of the intima, elastin, and smooth muscle cells. The outermost band of collagen fibers (adventitia) acts as somewhat like a girdle or belt in order to limit the expansion of the inner, more flexible layers that make up the intima, elastin and smooth muscle fiber layers when large amounts of blood are forced through the artery after every heartbeat.

*“The fact that arteries that are physically prevented from widening, such as the arteries that pass through the bony channels in the skull never become atherosclerotic suggests that atherosclerosis is a natural bodily response to overexpansion of the arteries. Veins never become atherosclerotic, presumably due to the fact that they are subjected to much lower pressures than arteries.”*

*Uffe Ravnskov, M.D., PhD.*

*Author of “The Cholesterol Myth”*

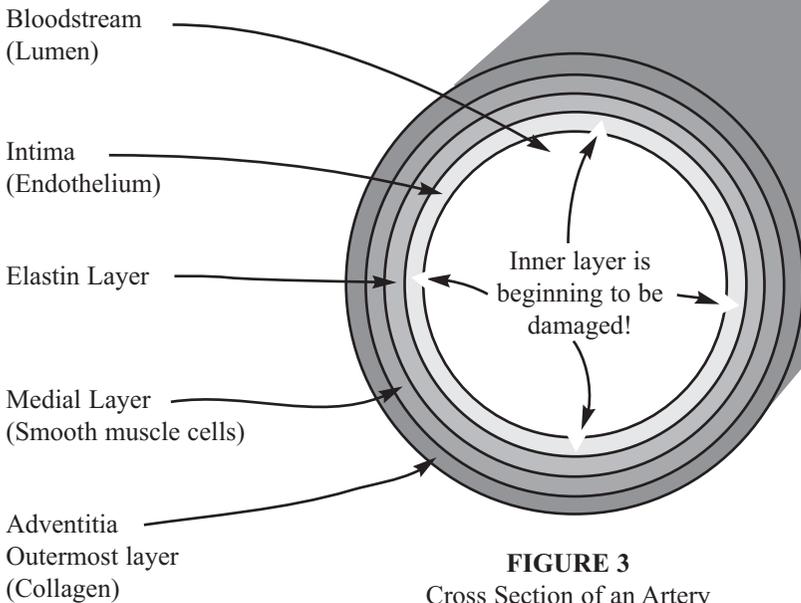
The graphic on the next page (FIGURE 2) is a representation of the same artery as on the previous page, but at a different moment in time. Immediately after every heartbeat, a large amount of blood is forced into the aorta, and the first branches into which the blood may flow are the coronary arteries of the heart. When your blood pressure is measured and found to be “normal” at 120/80, please don’t forget that that measurement is only “normal” in the arm. The pressure that is exerted by the blood coursing through the



**FIGURE 2**  
Cross Section of an Artery  
(Systolic - during heartbeats)  
(Not drawn to scale)

coronary arteries is far, far greater than the pressure exerted within the arteries of your extremities. The inner layers need to be flexible in order to allow blood to flow into the coronary artery so that the heart itself can be nourished. If the inner layers of the coronary arteries become too stiff, too rigid, and too inflexible, only a limited amount of blood will flow through the coronary arteries to nourish the heart. The optimal condition of the artery is one where the collagen rich outermost layer is extremely tough and impenetrable while the innermost layers are very, very flexible and elastic, but remain intact in order to keep the flowing blood in the lumen where it belongs.

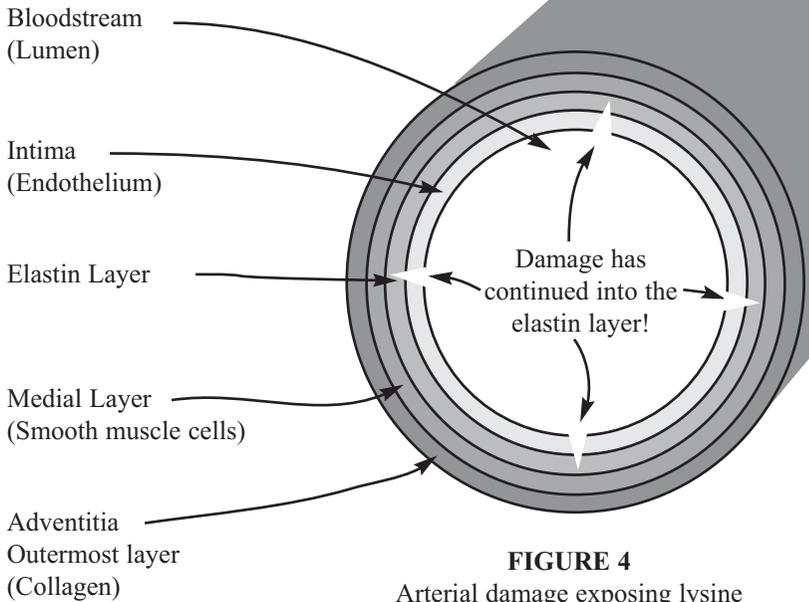
As depicted by the graphic on the next page (FIGURE 3), it is possible for the innermost layer, the intima, to be damaged and



**FIGURE 3**  
 Cross Section of an Artery  
 (Systolic - during heartbeats)  
 (Not drawn to scale)

begin to leak. Many, many, many things can cause this type of damage. Free radical damage is a possible cause. Bacterial, fungal and parasitic infection are also possibilities. Toxic environmental compounds such as pesticides and pharmaceutical drugs are possible sources of damage. Sugar damages the inner membrane of arteries. Even compounds that are made by the human body itself, such as homocysteine, are considered to be possible agents of damage to the endothelial layer of the arteries.

But none of these factors explain why the most severe damage is only found in the coronary arteries of the heart. The best explanation so far is the explanation offered by Dr. Matthias Rath. Dr. Rath believes that it is simply the physical reality that the coronary arteries are forced to stretch to their utmost capacity with every heartbeat that ultimately damages them. Without adequate



**FIGURE 4**  
Arterial damage exposing lysine and proline in the elastin layer.  
(Not drawn to scale)

levels of the nutrients necessary to maintain and repair this ongoing damage, the coronary arteries fall into disrepair (FIGURE 4), a very specific type of atherosclerotic plaque develops and heart attacks and myocardial infarctions (death of heart tissue) become more and more of a possibility.

Work that led to the 1987 Nobel prize in medicine discovered that lysine and proline residues in the damaged endothelial tissue and especially in the elastin layer behind it become the focal starting point of atherosclerotic plaques. A very unique type of lipoprotein known as lipoprotein(a) is especially able to stick to these areas of damage because it contains a protein that is specifically designed, (by our own amazing human body) to attach itself to lysine and proline molecules that are exposed in

these damaged areas. Upon examination of coronary atheromas, it was found that the vast majority of CHOLESTEROL found in the built up plaque in coronary arteries was in the form of lipoprotein(a).

Despite the lies that your doctor has told you, there is no such thing as “bad cholesterol”! CHOLESTEROL does not clog your coronary arteries. Your body manufactures a specific form of lipoprotein in an attempt to HALT and repair the damage that is a result of nutritional deficiencies. The ability to custom make a specific lipoprotein designed to patch cracks in the cardiovascular system belongs only to species that do not manufacture their own vitamin C (humans and guinea pigs). In most other animals, ascorbic acid is manufactured by the animal in quantities that are sufficient to maintain the integrity of the cardiovascular system. Only humans and guinea pigs have evolved and developed the genetic ability to manufacture lipoprotein(a) in order to patch the damaged elastin layer of their arteries. Lipoprotein(a) provides an alternate way to strengthen and stabilize artery walls that are chronically deficient in Vitamin C and other nutrients.

As you will see in upcoming chapters, the proteins elastin and collagen are both exceedingly rich in the amino acid proline. The specific locations within the matrices of these large proteins at which the individual proto-collagen and tropo-elastin fibers are connected (cross-linked) are very rich in the amino acid lysine. Once they are in place within the completed collagen and elastin matrices, the individual proto-collagen and tropo-elastin fibers are extremely difficult to degrade, but once damage has begun, the weakest points are at the areas where they are crosslinked together.

To protect against damage to these vitally important collagen and elastin rich tissues, the human liver has developed the amazing ability to manufacture a special lipoprotein, lipoprotein(a), that has special lysine and proline receptor sites built into its surface. When

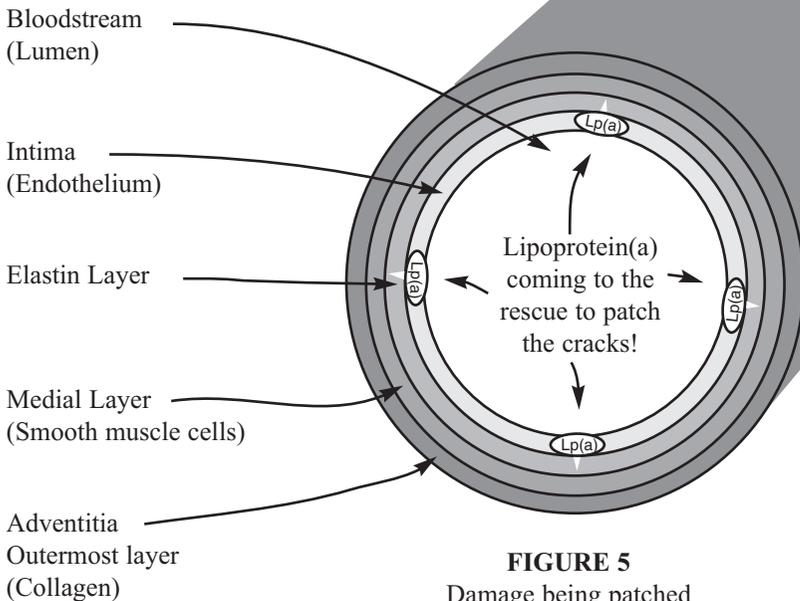
strands of collagen and elastin become exposed beneath the intima of the arterial walls, this marvelous lipoprotein(a) specifically attaches itself to the lysine and proline residues on the exposed or broken fibers. This helps to seal and protect that specific area from further damage. The CHOLESTEROL that is a part of lipoprotein(a) is a marvelously effective waterproofing agent. It is very waxy and smooth and it repels the fluid medium of the bloodstream.

**Lipoprotein(a) is a very, very effective and life-saving patch.**

If this microscopic arterial damage occurs anywhere in the body, the lipoprotein(a) globule is made by the liver and is then placed into the bloodstream so that it may circulate throughout the body. This lipoprotein(a) will thus be ready, willing and available to prevent further damage and thus, lipoprotein(a) ultimately protects human beings from having their arteries degrade further and potentially burst and hemorrhage. If the nutritional deficiency continues and the degradation of the arterial superstructure also continues, then the liver will continue to manufacture lipoprotein(a) and it will continue to be deposited along the artery walls (see FIGURE 5 on the next page). Lipoprotein(a) is a life saver. It is a patching material that is specifically designed to help maintain the integrity of the elastin layer in every artery in your body. Has your doctor ever told you any of this? No? Why not? Because...

**YOUR DOCTOR IS A LIAR!**

If your doctor is one of the few who has enough wisdom and honesty to instruct you to have a blood test performed in order to determine the levels of the repair molecule lipoprotein(a) that are circulating in your bloodstream, then you should count your blessings! But don't be afraid if these levels are high! And don't take drugs in a misguided attempt to lower your levels of



**FIGURE 5**  
 Damage being patched  
 by lipoprotein(a).  
 (Not drawn to scale)

lipoprotein(a)! Please remember that lipoprotein(a) is a repair molecule that is actively saving your life! Elevated levels of lipoprotein(a) are merely a warning light that is flashing on your body's dashboard. You do not need to treat elevated levels of lipoprotein(a). If your levels of lipoprotein(a) are elevated (greater than zero), this should prompt you to learn everything that you need to learn in order to maintain the health and integrity of your arteries. You don't need to limit your body's response to arterial damage, you need to eliminate the CAUSES that are damaging your arteries in the first place so that your body no longer needs to make specific repair molecules like lipoprotein(a) in order to save your life on an ongoing basis.

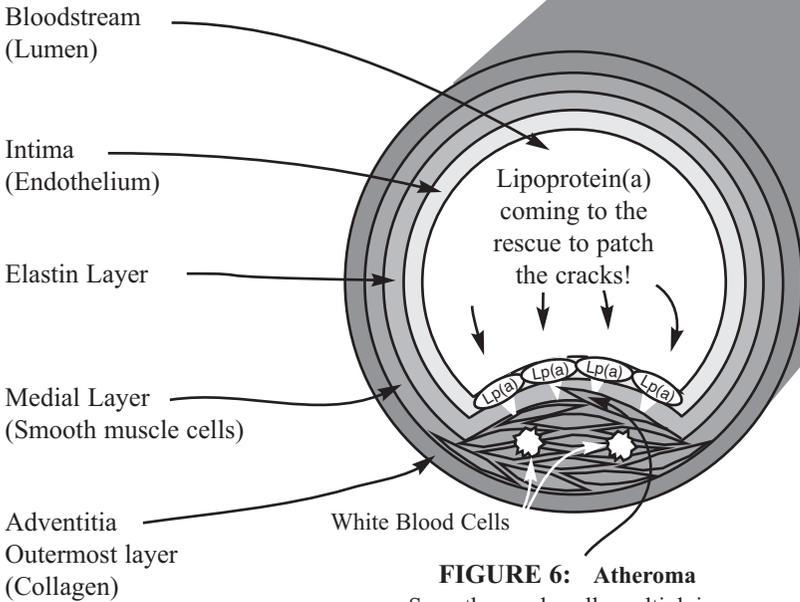
The story of heart disease does not stop here. There is far, far more information that your doctor has not told you about.

In 1976, Russell Ross, a professor of pathology, and John Glomset, a professor of biochemistry and medicine at the Medical School at the University of Washington in Seattle, suggested their Response-to-Injury Hypothesis. They suggested that the first step in heart disease may be an injury (physical or chemical) to the intima. The injury results in inflammation and the raised areas (not really plaque at this stage) are simply healing lesions. These healing lesions are quite similar to simple, everyday scabs, except that they happen to occur on the inside of your coronary arteries.

If you had a nosebleed and developed a large healing lesion (scab) on the inside of your nose, it would be relatively more difficult for air to pass through that nostril. Similarly, if you have a damaged coronary artery with a developing healing lesion (scab), it will be relatively more difficult for blood to flow through that artery.

In 1977, Earl P. Benditt of the University of Washington used an electron microscope to study the coronary atheromas (growths) that tend to specifically block coronary arteries. Atheroma is the technical term for the hardened healing lesions or scabs. Benditt discovered that the atheromas contain almost NO CHOLESTEROL. Instead, they are neoplastic in form. This means that they are a benign (healthy) new growth that is made up mostly of new cells. In essence, the cells in the damaged arteries rapidly reproduce, much like skin cells have to reproduce themselves in order to heal a wound on the surface of the skin. This new growth pushes out into the interior cavity of the artery much like a scab lifts up off of the surface of the skin. If the growth becomes too large, it can block off the artery.

If the swollen lesions of the intima of the coronary arteries are continually damaged due by the physical stress of the heartbeat, then large amounts of lipoprotein(a) will be deposited to protect the elastin layer. If the combination of multiplying cells in a fast growing scab (lesion) and a fatty covering made up predominately



**FIGURE 6: Atheroma**  
Smooth muscle cells multiplying and moving into the artery in order to repair the damage

of lipoprotein(a) grows too large for the artery that is under stress and being damaged, then the flow of blood through that artery may need to be blocked in order to effect repairs to that artery. When this happens in a coronary artery, most people call this a heart attack.

But even this is NOT a mistake on the part of the body. The body is unbelievably wise and it is only your doctors' ignorance and arrogance that leads you to assume that your body has made a mistake. It has not. The only mistake is in your doctor's misinterpretation of your body's actions. If your coronary artery is about to burst and you are about to bleed internally, there is actually a better chance for survival if the muscle cells that surround your coronary artery multiply rapidly and block off the coronary artery (FIGURE 6). From the overall view of the body, it

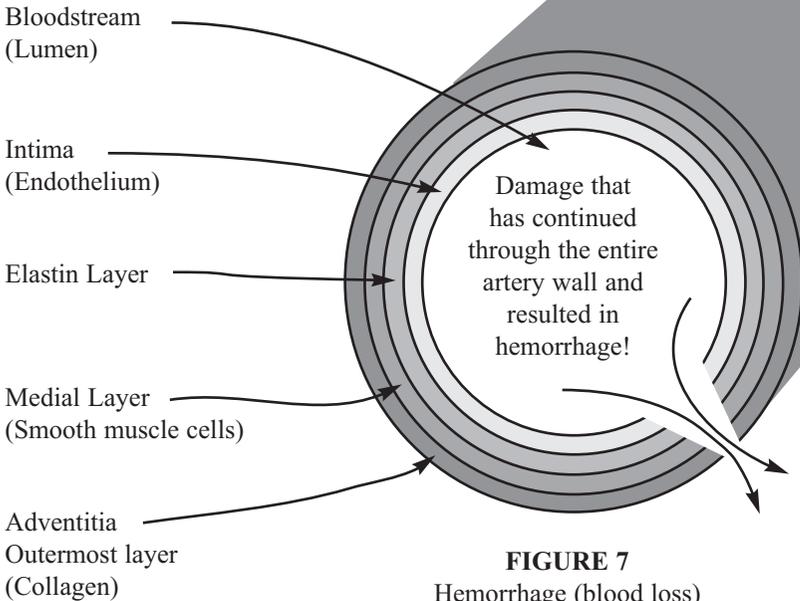
is better to lose the function of a portion of the cardiac muscle by blocking the bloodflow to that area of the heart rather than lose the entire life of the person by uncontrolled internal bleeding!

*“The blockages found by the angiogram are usually not relevant to the patient’s risk of heart attack. For instance, in the most sophisticated study of bypass surgery, the Coronary Artery Surgery Study (CASS), it was demonstrated that heart patients with healthy hearts but with one, two, or all three of the major heart vessels blocked did surprisingly well without surgery. Regardless of the number or severity of the blockages, each group had the same low death rate of 1% per year. That same year, the average death rate from bypass surgery was 10.1%. In other words, the operation being recommended supposedly to save lives was ten times more deadly than the disease.”*

*The bottom line is this: when patients are advised to have a coronary angiogram, chances are eight out of ten that they do not need it. The critical factor in whether a patient needs coronary artery bypass surgery or angioplasty is how well the left ventricular pump is working, not the degree of blockage or the number of arteries affected. Bypass surgery is only helpful when the ejection fraction (the amount of blood pumped by the left ventricle) is less than forty percent of capacity. Up to ninety percent of all bypass procedures are done when the ejection fraction is greater than fifty percent, which is adequate for circulatory needs. In other words, as many as ninety percent of all bypass procedures may be unnecessary.”*

*Michael Murray and Joseph Pizzorno  
Authors of “Encyclopedia of Natural Medicine”*

I have little doubt that this upcoming paragraph will clearly be the first time you will ever see someone state that a heart attack is actually good for you! Think about the late actor, John Ritter. He



**FIGURE 7**  
Hemorrhage (blood loss)  
due to severely damaged artery.  
(Not drawn to scale)

died due to a burst aorta. There is little hope of being rescued in time to repair this type of massive damage. (Was John Ritter on any “cholesterol” lowering medication that inhibited his system from repairing the weaknesses that developed in his aorta? I do not know the answer to this private medical information. If anyone can ethically share this information with me, I would appreciate it.)

Angina, decreased heart output and yes, even a heart attack is infinitely better than a burst aorta (FIGURE 7). I would much rather have a warning of some type and that is exactly what the body provides in the form of a heart attack. Most first heart attacks are not fatal. Heart attacks are a very, very serious warning from the body that there are problems inside. This is why many people dramatically change a multitude of things about their life, their diet

and their personality after a heart attack. It is quite an effective wake up call. Most people have quite a “change of heart” about a great many things in their life after they have a heart attack. It is certainly the case that their heart was trying to send them a message in an unmistakable way.

Inside every blood vessel lies vast quantities of strands of collagen braided into a triple helix. The collagen that is wrapped around your arteries provides them with strength and stability much like the steel rebar wrapped around bridge supports prevent them from shattering during an earthquake. When the heart beats and forces blood to flow rapidly through the arteries of the heart, the collagen that wraps the coronary arteries prevents these arteries from bursting like a balloon. Like any other pumping system, the pipes near the pump must limit their inner volume so that fluids will be forced to flow to other sections of the body. If the coronary arteries weakened and ballooned out of shape then all the blood would pool around the heart. Pressure elsewhere in the system would drop and circulation throughout the body would suffer. Healthy collagen is absolutely vital for the overall functioning of the cardiovascular system, but it is especially vital in the arteries nearest the heart where the pressures are the greatest. Nothing lasts forever. Collagen is a living tissue and needs to be repaired, replenished and routinely replaced. If all the necessary nutrients are present in adequate amounts, collagen will be manufactured and laid down into the structure of the arteries as needed. This preventative maintenance needs to be done constantly in order to keep the artery in good working condition. When all the necessary nutrients are not present in optimal amounts, the collagen superstructure deteriorates and the arterial wall weakens.

Let's pay another visit to Joe, the mechanic. If I brought my car into Joe's repair shop with a poorly running engine caused by lack of oil in the crankcase, Joe would probably smack me in the head for neglecting my vehicle. Everyone knows that you have to keep

oil in the crankcase in order for your engine to run properly. Joe would say something like, “I’ll clean this mess up and put some oil in your engine for you, but you are going to have to start taking better care of your engine or it’s going to die and you are going to have to pay a lot of money to have it replaced.”

Now, a smack in the head and a verbal warning from your mechanic is not as bad as a heart attack, but they are essentially the same thing. If you ignorantly neglect to put oil in the engine of your car, it generally gives you a few warnings before it explodes. It knocks. It pings. It groans. More than likely, it will simply grind to a halt rather than explode in your face. All you have to do is pay attention and you will realize that something is wrong.

Likewise, if you neglect to properly nourish your heart (nutritionally and emotionally), it generally lets you know that something is wrong. It hurts. It doesn’t pump enough blood. It races. It skips a beat. When you go to your doctor’s office, unfortunately, they are neither as knowledgeable nor as honest as your mechanic. Do they tell you that you have to maintain high levels of nutrients in your system in order to keep your heart functioning properly? No. They only “treat” the symptoms. By definition, medical doctors never address the real CAUSE!

If your mechanic behaved as deceitfully as your doctor, he wouldn’t tell you that you needed to put oil in your crankcase. A deceitful mechanic would pour enough oil into your crankcase to get your car well enough to limp out of their garage and hand you a business card of their partner-in-crime, the blown engine replacement specialist (automotive heart surgeon). Then they would both sit back and wait for you to call, knowing all the time that your engine is most certainly going to break down if you never put any nutrition (I mean oil) into your body (I mean crankcase.)

*The following is an excerpt from the book*

*“Heart Fraud”*

*by*

*Charles T. McGee, M.D.*

*“In 1963 the first angiograms were performed. During an angiogram a catheter is passed up the aorta to a point just above the heart. A material is then injected (loosely referred to as a dye) which will flow through the arteries of the heart and show up on an X ray.*

*In the early days of angiograms, radiologists performed the tests and interpreted the results. Cardiologists soon began to do the test on their own patients. So it was that a new breed of catheter passing cardiologist was born and launched on the road to riches. Cash registers began to clang in cardiologists’ offices as decimal points in fee schedules were moved several places to the right. When the balloon angioplasty (stretching the obstruction with a balloon) arrived on the scene, financial opportunities for cardiologists multiplied exponentially.*

*The angiogram was treated with awe as if it was a miraculous technique. For the first time doctors could see what the inside of the main arteries of the heart looked like as blood was rushing through them. The angiogram also created a recording on paper that doctors could hold in their hands. Seeing the results of a test on a piece of paper has become highly important to doctors. It makes a test seem more scientific, meaningful, and reassuring than it really may be.*

*The angiogram began to be used as a reliable indicator of the extent of obstructions in the plumbing of the heart. Cardiologists loved the test and began to refer to pictures of the arteries seen on an angiogram as a road map. There is just one tiny problem with the angiogram: it is a very inaccurate test!*

*The angiogram became well accepted and quickly spread throughout the land. Physicians were shocked when the first studies related to accuracy were published in 1974, about ten years after the first angiograms had been done. Angiograms that had been used to plan bypass surgery were compared with the actual arteries of patients who died shortly after what is commonly called life saving bypass surgery. Serious discrepancies were found.*

*Accuracy was studied a second way at Massachusetts General Hospital in 1976 (in association with the Harvard Medical School Office of Information Technology). Four experienced readers of angiograms were asked to participate in the study. Some of these physicians had been interpreting the test for nine years, and each had read a minimum of 1500 angiograms. In addition, these doctors taught the method to other physicians in training at one of the most respected teaching hospitals in the country.*

*Only angiograms of the highest photographic quality were used in the study. Each expert was asked to examine a specific area of one coronary artery and report the degree of obstruction he saw as a percentage. Readings between the four experts were then compared.*

*Wide differences of opinion were found. In the worst cases one expert read an area of an artery as being totally blocked (100%), while another saw no obstruction at all (0%). You can't get further apart. In actual daily practice each film would be read by only one physician and a treatment regime would be based on that reading. The accuracy of angiograms is of great importance because experts recommend that only arteries more than 50% obstructed should be treated surgically and those less than 50% left alone. But which ones are they?*

*A third study was presented at a meeting of the American Heart Association in 1979, but never published. Thirty abnormal angiograms were circulated between three well respected medical centers for consensus evaluations. On the first time around there was significant disagreement between the readers in 39% of the films. A few months later the same films were recycled through the same centers and read by the same experts. Individual radiologists were found to disagree substantially with their own previous reading 32% of the time.*

*In 1984 a fourth study was published that approached the problem yet another way. Preoperative angiographic readings were compared to doppler (ultrasound) flow velocity readings taken directly on coronary arteries with the chest open during bypass surgery. The doppler readings were accepted as reliable, representing the gold standard. So many discrepancies in interpretations were found , the authors concluded:*

*‘The physiologic (blood flow) effects of the majority of coronary obstructions can not be determined accurately by conventional angiographic approaches. The results of these studies should be profoundly disturbing to all physicians who have relied on the coronary arteriogram to provide accurate information regarding the physiologic consequences of individual coronary stenosis.’*

*Translated into plain English, this means that the ordinary angiogram is so inaccurate it should not be used to plan bypass surgery or balloon procedures. The article even referred to the practice in the past tense as if this revelation would stop physicians from doing just that.*

*Three of these studies were published in medical journals. No efforts were made to attract media attention to the embarrassing results. If the media had picked up the story they could have accurately reported, ‘The diagnostic test used to scare the pants off heart disease patients and coerce them into billions of dollars of unnecessary surgical procedures is a scam.’*

*These studies of accuracy of the ordinary angiogram stand unopposed. After an extensive search of the medical literature I could find no articles that have reported the angiogram to be an accurate test. If such articles exist I am certain they would have been publicized to counter the negative reports referred to above.*

*After these reports were published the volume of angiograms, coronary bypass surgeries and balloon angioplasties continued to increase dramatically. In fact, during the time these reports were made public, bypass surgeons and balloon passing cardiologists were double-shifting their steam roller into warp drive. Nothing was going to stand in their way. Now, a good 20 years later, medical schools continue to teach how to perform and read the ordinary angiogram, never mentioning its lack of accuracy.*

*I have shown these articles to heart patients who have had angiograms who have then questioned their own doctors as to this problem of accuracy. Some doctors replied that they were aware of the studies, but they considered the question to be moot. At their local hospital, radiologists know how to read angiograms accurately (which means better than Harvard). Arrogance is alive and well in medicine.*

*An accurate angiogram method was developed in the 1970s, but you and I can't get one. Its very existence has been treated almost like an insider's trade secret. In 1977, B. Greg Brown described a new angiographic technique he called quantitative angiography. Views of coronary arteries are taken from two angles simultaneously with two cameras to achieve a three dimensional effect. Data are interpreted by a computer, not the human eyeball. The method measures diameters of arteries accurately to within 150 microns, producing a margin of error of only 1%. This distinguishes it from the conventional or ordinary angiogram, the term I like to use for the commonly available, inaccurate procedure. The average doctor and the general public have almost no access to the method. Its very existence has almost been veiled like an industrial trade secret.*

*The quantitative angiogram represents a giant step forward. It gives researchers a way to measure the effects of treatment efforts on obstructed areas of arteries. However, I am shocked because of what has not happened. This new technique should have been announced publicly as a major improvement and breakthrough. Such a revelation would have publicly exposed the ordinary angiogram for what it is. But, if that had happened, the multibillion dollar a year bypass and balloon industries would have been torpedoed in their underbellies. Therefore, vested interests have had good reasons to suppress information about the quantitative angiogram.*

*Thomas B. Grayboys reported that abnormalities found in the (ordinary) angiogram had no value in trying to predict how well a patient would do in the future. He stated this diplomatically by saying that obstructions in arteries are not as important as how well the heart is adjusting to the obstructions. The function of the heart is to pump blood. If the pump is working normally, invasive procedures are not going to improve the pumping action. Blood flow will not be reduced in an artery until there is at least a 75% obstruction in the channel through which it is passing. Up to that point the same amount of blood can pass through an obstruction simply by speeding up. Because of the mathematics of calculating the surface area of a circle, it becomes critical to know if an artery is obstructed more or less than 50%. A 50% reduction in diameter will produce a 75% reduction in the opening of an artery. At that point blood flow will begin to be reduced.*

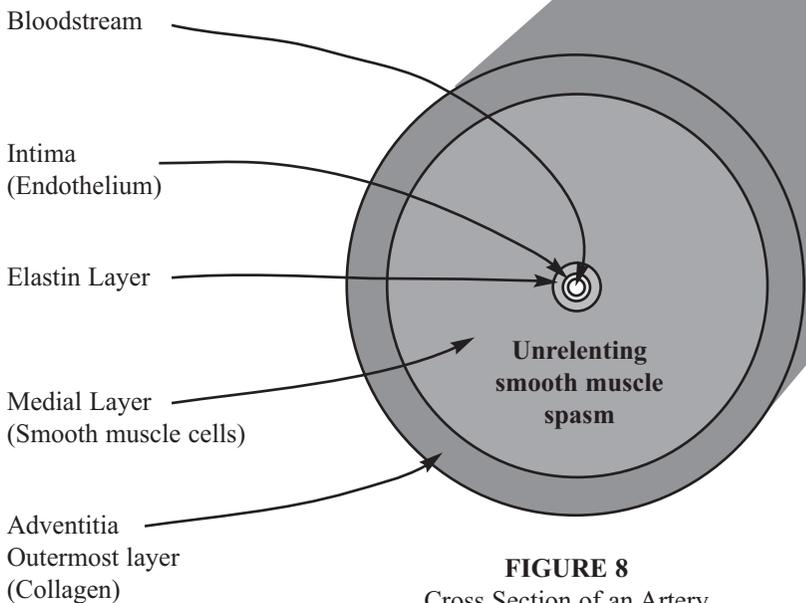
*The only reason to do an angiogram is to decide what to do during a surgical procedure. If, after non-invasive tests, a decision has been made to manage a patient medically, there is no reason to do an angiogram.*

*Heart disease victims should insist on having either an echocardiogram or nuclear medicine isotope scan to determine the ejection fraction, a measurement of how well the left ventricle is functioning as a pump. If the left ventricle is able to pump blood normally, then there is no evidence a coronary artery bypass graft or balloon procedure is going to improve chances of survival.*

*The coronary bypass operation stands as a monument to an almost total lack of understanding of causes, prevention and effective management of this disease. The only large scale studies ever conducted to try to prove that bypass surgery extends life showed it doesn't. Heart patients lived just as long without the surgery. But this is not what most people (and doctors) believe.*

*In the area of the angiogram, coronary artery bypass surgery, and the balloon angioplasty, a pattern has been established. The procedures were developed and widely used before studies were completed that confirmed that they were either inaccurate or of little value. When evidence appeared showing they were of little benefit, physicians simply chose to ignore it even though the articles were published in medical journals. Therefore, it is not surprising to learn that a second opinion clinic run by Harvard cardiologists found that over 80% of bypasses and angiograms being recommended are not necessary.*

*Most American doctors have probably never heard of these studies. Negative comments about medicine are not welcomed by doctors, and those that originate from within medicine usually are stored quietly away in medical libraries. Doctors continue to use the inaccurate angiogram as a guide in recommending surgical procedures to patients. The tactics used in these sales pitches raise questions of ethics and fraud. Not informing patients about the inaccuracy of the ordinary angiogram deserves to be called a fraud on the public.*



And finally, we come to an issue that 99.99999% of doctors have never, ever properly explained to their patients.

Studies of patients who have died from heart attacks have revealed that at least 20% do NOT have any appreciable blockages in their coronary arteries whatsoever. These people DIED due to a heart attack, yet they had absolutely NO blockages in their coronary arteries. The death of the heart tissue in these cases is due to some other, completely different reason, most likely a serious, unrelenting spasm of the coronary artery (FIGURE 8). If you recall from the chapter on CHOLESTEROL and the hormones that are made from it, studies of progesterone have shown that adequate levels of this (male and female) hormone make it nearly impossible for scientists to cause heart spasms in laboratory animals. Progesterone prevents spasms in all muscles, including the heart.

It is also known that inadequate levels of magnesium can lead to chronic and acute spasms of all types of muscle tissue, including the smooth muscle tissue found in the coronary arteries. What your doctor will NOT tell you is that **sudden** heart attacks are usually NOT due to the **slow** buildup of CHOLESTEROL in your coronary arteries. Sudden heart attacks are more commonly due to a hormonal, neurotransmitter or mineral (electrolyte) imbalance that sends the smooth muscle tissue surrounding the coronary arteries into an unrelenting spasm that completely blocks the flow of blood to the heart. One out of five people who have just suffered from a heart attack find that they have absolutely no blockage in their coronary arteries and their doctors, who are trapped by their previous lies regarding the so-called “bad cholesterol”, can offer them absolutely no valid explanation.

The belief that bypass surgery is beneficial has actually been scientifically DIS-proven. It has actually been shown that the benefits of bypass surgery are due primarily to the placebo effect!

*“Even surgery has been used as a placebo. In the 1950s, angina pectoris, recurrent pain in the chest and left arm due to decreased blood flow to the heart, was commonly treated with surgery. Then some resourceful doctors decided to conduct an experiment. Rather than perform the customary surgery, they cut patients open and then simply sewed them back up again. The patients who received the sham surgery reported just as much relief as the patients who had the full surgery. The full surgery, as it turned out, was only producing a placebo effect.”*

*Michael Talbot  
Author of “The Holographic Universe”*

To further complicate the issue, numerous patients, who are very much alive and healthy, have been found to have coronary arteries that are completely, 100% blocked with atherosclerotic deposits yet

these patients were asymptomatic. They had no symptoms. They did not have a “heart attack”. They did not suffer from fatigue. They did not have pain (angina). Somehow the heart tissue that was downstream from the blockage managed to stay

*“The data from the past quarter century shows conclusively that bypasses do more harm than good for the majority of patients who submit to them. How can the general public be so gullible? How can physicians get away with it? And how can society let these physicians get away with it? Today, this trend of blindly accepting what conventional physicians have to say, simply because they are the ‘authorities’ is getting out of hand. What I find particularly unnerving is that we, as a free culture with ample access to information and the ability to verify facts, still allow the medical industry to continually rip us off and put us in harm’s way. The white coats dance around spouting idiotic and frightening proclamations. ‘You’re a walking time bomb’. ‘You could go at any minute’. ‘You have a 100% chance of a heart attack’. And we just eat it up, no questions asked. Where is the incensed reaction? If we were to actually hold these doctors accountable, we could dismantle the entire profession. In the past 25 plus years, I’ve treated between 5,000 and 10,000 patients who were told by their conventional doctors that they needed bypass surgery. The overwhelming majority did just fine without the slew of recommended procedures such as angiograms, angioplasties, or bypasses. My charts are filled with successes of this nature. The fact that studies consistently show that bypass surgery does little if anything but harm patients has not hindered its growing popularity. The average angioplasty can run between \$28,000 and \$31,000, and a bypass can cost up to \$61,000. And what do you get for this huge chunk of change? An increased risk of brain damage and a 2.4% chance of dying in the hospital. What a deal.”*

*Dr. Julian Whitaker, M.D.*

alive and to function perfectly well despite the blockage. Despite what your doctor has led you to believe, the process that results in atherosclerotic blockage of the coronary arteries and the event of a myocardial infarction (death of heart tissue) or heart attack, are not directly related.

**So let me summarize...**

**Every year, approximately 500,000 coronary bypass surgeries are performed at a cost of \$60,000 per surgery which, when multiplied together, comes to over \$30 BILLION dollars. Research shows that the surgery is ten times more likely to kill you than not having the surgery, and approximately 90% of the surgeries are deemed to be unnecessary if the heart is still able to pump 50% of its maximum levels. None of the surgeries actually address the root CAUSE of the problem, so it keeps reoccurring! Medical doctors misinterpret and misrepresent the information that they give to their patients. When doctors recommend statin drugs to lower your so-called “bad cholesterol”, when doctors recommend deviously mis-named “blood thinners” to prevent your blood from clotting properly and when doctors say that coronary bypass surgery is necessary, it is clear that they are not concerned with the facts. Medical doctors are far more concerned with their financial well-being than they are with the well-being of you, their unsuspecting victim. It seems that most medical doctors are quite willing to lie about the true causes of heart disease because they are unwilling to bypass the monetary gain that they receive by lying!**

*“A heart attack or stroke should indicate a failure of medical therapy rather than the beginning of medical intervention.”*

*The Framingham Heart Study*

If you were to have an opportunity to ask the questions that were posed at the beginning of this chapter to a doctor who actually knew the answers, who would not lie and who would not try to deceive you, you might hear something like the following...

- Q. Doctor, if too much “cholesterol” in the bloodstream is able to clog the arteries to the heart, resulting in atherosclerosis and heart disease, why doesn’t the “cholesterol” clog the microscopically tiny capillaries in the extremities of the body, such as the toes, the fingers, earlobes and the tip of the nose? Why don’t I get a finger attack, or a nose attack?**
  
- Q. Since the overall surface area of all of the little “pipes” that make up the entire cardiovascular system is actually about the size of a football field, why is it that the clog always occurs at the same exact spot over and over? Why do the large coronary arteries of the heart clog up first?**
  
- Q. When surgeons do a coronary bypass operation, they often take a section of a vein from the leg of the same patient to use as a replacement for the clogged artery in the heart. Why didn’t the vein in the patient’s leg also clog up the same way that the artery in the heart did? The same blood flows everywhere in a person’s body, so why don’t people get vein-o-sclerosis?**
  
- Q. Why does the replacement vein then tend to clog up after it has been used to replace the arteries of the heart? The vein didn’t clog when it was located in the leg, but the same section of vein clogs after it is relocated in the heart! Why doctor? Can you tell me why?**

- A. The short answer is that the assumption that “cholesterol” causes heart attacks is simply false. You don’t get finger attacks or nose attacks because they are not put under nearly as much physical stress as the arteries of the heart. With each heart beat, seventy times a minute, 4200 times an hour, 100,000 times a day, the arteries of the heart are stretched to their limit over and over and over. Because you do not have all the nutrients necessary for the generation of collagen protein so that the body can repair itself, you fall apart. Most people’s arteries are falling apart all over the place and lipoprotein(a) is being laid down to patch the cracks until a more permanent repair can be made, but the key factor in coronary arteries is the rapid growth of atheromas or healing lesions. When a coronary artery begins to show signs of weakening, all the available forces are called to the rescue. White blood cells enter the area. Muscle cells divide and multiply. Specially designed lipoprotein(a) is manufactured in the liver and circulated through the blood to be used to patch the cracks.

Your heart may also choose to slow down or to decrease the force at which it pumps in order to relieve the pressure on the damaged coronary artery. If the damage is severe, a blood clot may necessarily form in the artery in an attempt to patch the damage. If even that does not stop the problem, then the artery may purposefully go into spasm in order to temporarily close off this section of artery until it can be stabilized. This is not a mistake on the part of the body. It is a desperate act that is actually life saving. All the time, the heart sends you warnings. Heart pain (angina) is the message that is sent by the dying cells of the heart that are located downstream from the damaged coronary artery. Unfortunately, they begin to starve and possibly die once the arterial repair work has reached critical stages. Even after a heart attack, the body works

to protect itself. Insufficient cardiac output (so-called heart damage) will exist until the arteries are stabilized. If the arteries are repaired, heart function will return to normal. This only happens in the heart because only the heart is placed under constant physical stress.

*“There are three arteries supplying the heart, but when I operate on someone, the arteries don’t all look the same. For instance, someone will come in with one of those arteries 99% blocked. Yet the other two vessels are in perfect condition, and the parts before the blockage and after the blockage are so clean they look like they belong to a baby. But there’s one blockage. Now why is it just in that one vessel? There is something else going on in the heart that we have yet to understand. It is going to be something we haven’t thought about. Perhaps the definitive answer will come to us through a long-term research study, or perhaps we’ll stumble upon it accidentally. It may be staring us in the face right now and nobody is putting it together.”*

*O. Wayne Isom, M.D.  
Chairman of Cardiothoracic Surgery  
Weill Cornell Medical College*

*“It may come as a surprise to you, but even after 40 years of relentless and expensive studies, researchers have failed to prove the validity of the ‘cholesterol’ theory. The fact is, blood ‘cholesterol’ is only weakly associated with heart disease and between 1945 and 1995 not a single study presented evidence that reducing ‘cholesterol’ blood levels would lower overall death rate. Some studies even showed that ‘cholesterol’-lowering drugs increased the overall death rate.”*

*Charles T. McGee, M.D.  
Author of “Heart Frauds”*

*The following are excerpts from the book...*

***Why Animals Don't Get Heart Attacks...  
But People Do!***

***by Matthias Rath, M.D.***

*“The total depletion of the body’s vitamin C reserves, as they occurred in sailors of earlier centuries, leads to a gradual breakdown of the body’s connective tissue, including the blood vessel walls. Thousands of sailors died within a few months from hemorrhagic blood loss through leaky blood vessel walls.”*

*“The main cause of cardiovascular disease is the instability and dysfunction of the blood vessel wall caused by chronic vitamin deficiency. This leads to millions of small lesions and cracks in the artery wall, particularly in the coronary arteries. The coronary arteries are mechanically the most stressed arteries because they are squeezed flat from the pumping action of the heart more than 100,000 times per day.”*

*“The average diet contains enough vitamin C to prevent open scurvy, but not enough to guarantee stable, reinforced artery walls. As a consequence, millions of tiny cracks and*

*lesions develop along the artery walls. Subsequently, 'cholesterol', lipoproteins and other blood risk factors enter the damaged artery walls in order to repair these lesions. With chronically low vitamin intake, however, this repair process continues over decades. Over many years, this repair overcompensates, or overshoots, and atherosclerotic deposits develop."*

*"Repair of the artery walls becomes necessary. 'Cholesterol' and other repair factors are produced at an increased rate in the liver and transported in the bloodstream to the artery walls, which they enter in order to mend and repair the damage. Because the coronary arteries sustain the most damage, they require the most intensive repair."*

*"Vitamin deficiency leads to the production of faulty and dysfunctional collagen molecules by the arterial muscle cells."*

*"With continued vitamin deficiency over many years, the repair process in the artery walls overcompensates. Atherosclerotic plaques form predominately at those locations in the cardiovascular system needing the most intensive repair: the coronary arteries. This is why infarctions occur primarily at this very same location and why the most frequent cardiovascular events are infarctions [death] of the heart, not infarctions [death] of the nose or ears."*

*"Around the core of the plaque, a local "tumor" forms from muscle cells typical in the artery wall. This muscle cell*

*tumor is another way in which the body stabilizes the vitamin deprived artery wall. The deposit of lipoproteins [Lp(a)] from the bloodstream and the muscle cell tumor in the artery wall are the most important factors that determine the size of the plaque and, thereby, the progression of coronary artery disease.”*

*“Lipoproteins are the transport molecules by which CHOLESTEROL and other fat molecules circulate in the blood and attach to the artery wall. For many years, it has been thought that the primary transport molecule responsible for the deposit of fat in the artery walls was LDL (low-density-lipoprotein or the so-called “bad cholesterol”). Today, we know that the most dangerous fat transport molecules are not LDL molecules, but a variant called lipoprotein(a). The letter (a) could stand for “adhesive”, as it characterizes an additional sticky protein that surrounds LDL molecules. By means of this sticky protein, the lipoprotein(a) molecules accumulate inside the artery walls. Thus, it is not the CHOLESTEROL or LDL “cholesterol” level that determines the risk for cardiovascular disease, it is the amount of lipoprotein(a) molecules.”*

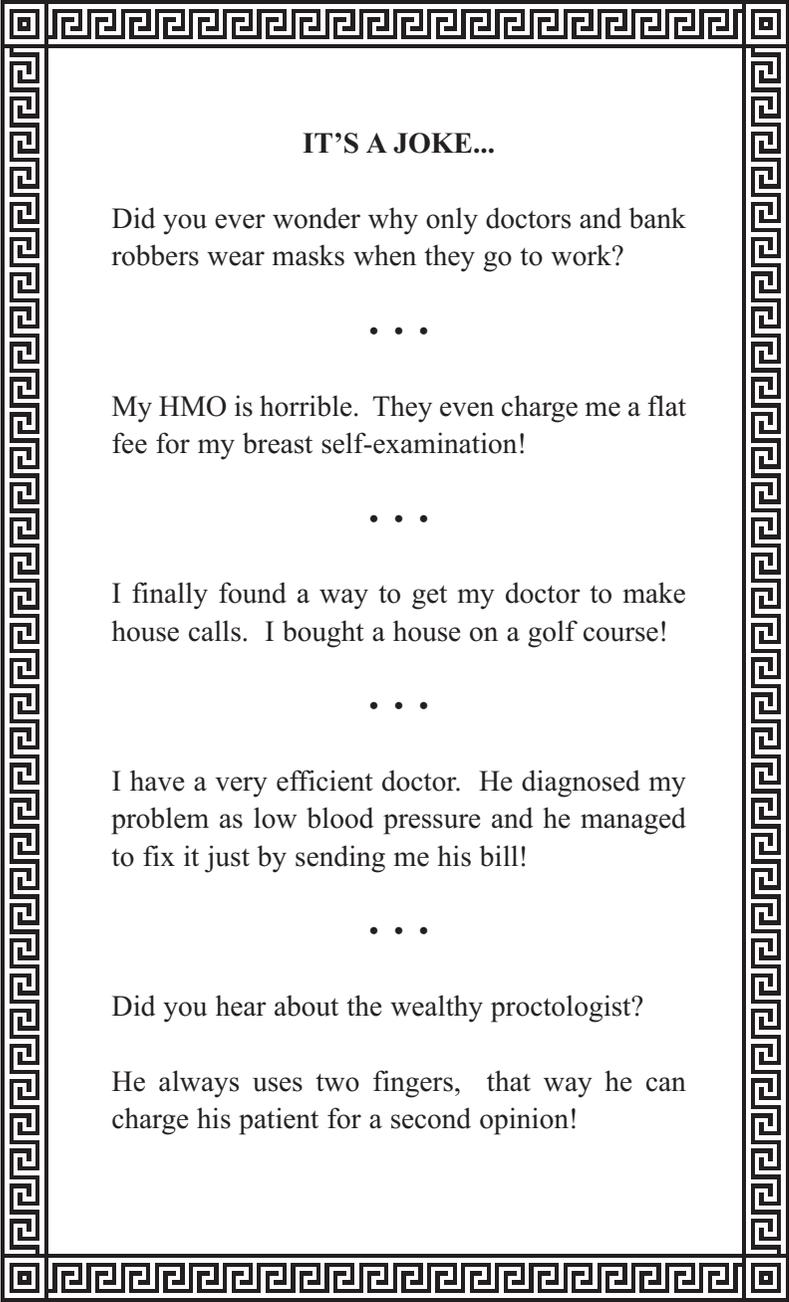
***“Clear your mind of the belief  
that ‘cholesterol’ causes heart disease.”***

***“Stop taking ‘cholesterol’ lowering medication.”***

***“CHOLESTEROL LOWERING,  
WITHOUT CORRECTING UNDERLYING  
VITAMIN DEFICIENCY, SHOULD BE  
CONSIDERED MEDICAL MALPRACTICE!”***

**Chapter 4**

**The BIG Blood Clot Lie!**



**IT'S A JOKE...**

Did you ever wonder why only doctors and bank robbers wear masks when they go to work?

• • •

My HMO is horrible. They even charge me a flat fee for my breast self-examination!

• • •

I finally found a way to get my doctor to make house calls. I bought a house on a golf course!

• • •

I have a very efficient doctor. He diagnosed my problem as low blood pressure and he managed to fix it just by sending me his bill!

• • •

Did you hear about the wealthy proctologist?

He always uses two fingers, that way he can charge his patient for a second opinion!

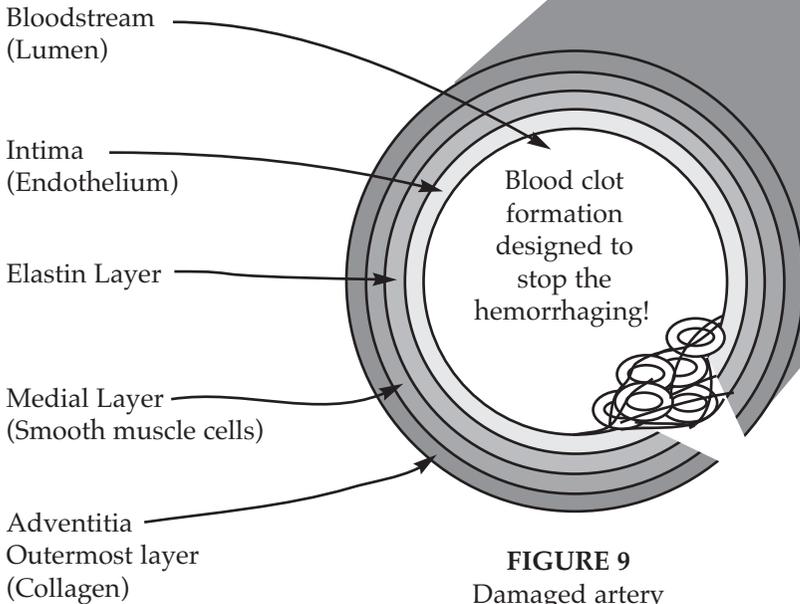
The next time you get an opportunity to speak with your doctor, take the time to ask them the following questions.

- Q. Doctor, do blood thinners actually thin my blood?**
- Q. Doctor, is it possible for a blood clot to travel from my leg to my heart or to my brain?**
- Q. Doctor, is aspirin safe?**

A. The short answer to all three questions is NO!

Patients are often frightened by their doctors in regards to blood clots (see FIGURE 9 on the next page). They are then told that they will have to take poisonous drugs that are deceitfully referred to as “blood thinners” for THE REST OF THEIR LIVES!!! Please recognize the use of scare tactics in this blatant and despicable marketing ploy. I would like to interject some logic and reason into this disgusting practice. Simple fluids such as water can “thin” the blood by diluting its contents. A diet that is high in sugar will certainly “thicken” the blood and make it have more of the consistency of syrup, honey, molasses or any other sugary fluid. Conversely, a low sugar diet will “thin” the blood. Numerous anti-oxidants such as Vitamin C and Vitamin E will also “thin” the blood by preventing free radical damage that can cause red blood cells to clump together.

Numerous drugs that are known as “blood thinners” and are sold as “preventative” measures to prevent blood clots do **NOT** actually “thin” the blood. Contrary to the seemingly beneficial name that the medical and drug industries have given to their so-called “blood thinners”, these poisonous drugs are designed to inhibit the natural ability of the blood to form clots. This prevents the body



**FIGURE 9**  
 Damaged artery  
 with life-saving blood clot.  
 (Not drawn to scale)

from stopping the hemorrhaging of blood through damaged and leaking arteries. So-called “blood thinners” do **NOT** “thin” the blood. They destroy your body’s ability to patch serious leaks in your cardiovascular system.

As we discussed in the previous chapter and as you can see above, a blood clot is a life-saving occurrence. Clots occur whenever blood is leaking out of the arteries, capillaries and veins that comprise the entire cardiovascular system.

I have personally had literally hundreds of people tell me that their doctors “put them on blood thinners” because they had developed blood clots in their legs and they were worried that the clots might break free and travel to either their heart (where they are wrongly

accused of causing heart attacks) or to their brain (where they are wrongly accused of causing strokes). Has your doctor ever spoken to you of such a situation? Have you ever heard a family member or friend relate that their doctor “put them on blood thinners” for fear that a blood clot in their leg might travel and cause a stroke or a heart attack? In regards to this situation, I cannot say this emphatically enough...

## **YOUR DOCTOR IS A BIG LIAR!**

The obviousness of this lie will boggle your mind once you come face to face with the truth. Any introductory anatomy class (or any anatomy book) will clearly explain that blood **NEVER** travels from the legs to the brain or to the coronary arteries of the heart without first passing through the lungs. This is fundamental. This is undeniable. This is Anatomy 101. Let me repeat it: Blood **NEVER** travels from the legs to the brain or to the coronary arteries of the heart without first passing through the lungs. Said another way... All blood passes through the lungs before it ever goes to the coronary arteries of the heart or to the brain.

At this point, are you saying to yourself, so what? The answer is simple. Mother Nature has designed our cardiovascular system to filter out ALL blood clots by forcing every ounce of blood in our bodies to pass through the small capillaries of the lungs first, before any of it travels to the coronary arteries that nourish the heart or the brain. The lungs are designed to filter out any and all potential clots that may have dislodged anywhere else in the body. In order to pass through the capillaries of the lungs, all of the blood in your body must squeeze through in single file, one blood cell at a time. Any clots or other debris will be caught in the fine meshwork of the capillaries of the lung long before they ever get anywhere near the coronary arteries of the heart or to the brain!

If your doctor, or the doctor of someone that you know and love has ever told you that you need to be on “blood thinners” because there is a danger that a blood clot may travel from your leg (or arm or any other body part) to your heart or to your brain, then...

## **YOUR DOCTOR IS A BIG LIAR!**

This is a despicable lie. It is clearly false. It clearly ignores the most basic facts of human anatomy. It should be a criminal offense punishable by time in prison, but most patients simply accept it as Holy Gospel when it comes from the mouth of their Medical Deity (M.D.). Please. I beg of you. Find out if anyone you know is taking so-called “blood thinners” because they have fallen victim to this disgusting lie. PLEASE give them a copy of this book, or at least a copy of this chapter.

## **THEIR LIFE IS IN DANGER!!**

Simply stated, anyone who takes aspirin (which is known as a Non-Steroidal-Anti-Inflammatory-Drug or NSAID), Coumadin or any other poisonous drug that is designed to stop the blood clotting process might just as well get a knife and start poking holes in their body to make themselves start bleeding, because the effect of the drugs is nearly as immediate. Studies have shown that bleeding in the stomach is the affliction which results in most of the deaths from aspirin. Nearly 70% of persons taking aspirin daily show a blood loss of 1/2 to 1-1/2 teaspoons of blood in the stool and 10% of regular aspirin users lose 2 teaspoons of blood in the stool every day. Aspirin does not “thin” the blood. Aspirin blocks the production of compounds called prostaglandins which trigger the clotting process whenever that process is necessary.

Aspirin doubles the time necessary for blood to clot, increasing the likelihood of hemorrhage. Aspirin causes more than 500 deaths per year in children alone! Over 100,000 people every year are admitted to the hospital for complications such as intestinal bleeding caused by NSAIDs such as aspirin. Over 15,000 people DIE per year from complications caused by prescription and over the counter NSAIDs!

The obvious side effect of consuming anti-coagulant drugs (I refuse to call them “blood thinners”) such as aspirin and Coumadin is that you are far more likely to bleed to death. The Physician’s Desk Reference clearly states that:

*“The most serious risks associated with Coumadin treatment are hemorrhage (severe bleeding resulting in the loss of a large amount of blood) in any tissue or organ and, less frequently, the destruction of skin tissue cells (necrosis) or gangrene. Severe necrosis can lead to the removal of damaged tissue or amputation of a limb. Hemorrhage and necrosis have been reported to result in death or permanent disability.”*

*The Physician’s Desk Reference*

According to a report in the New England Journal of Medicine:

*“If deaths from the gastrointestinal toxic effects from non-steroidal anti-inflammatory drugs [NSAID] were tabulated separately in the National Vital Statistics reports, these effects would constitute the 15th most common cause of death in the United States.”*

*The New England Journal of Medicine 1999; (24) 188-89*

*“Aspirin is an acid and regular use can promote heartburn, dyspepsia, nausea, vomiting, stomach ulcers, erosion of and bleeding from the stomach lining and gastrointestinal hemorrhage. Two standard aspirin tablets doubles bleeding time for four to seven days. Total cardiovascular deaths and total all-cause deaths were the same in aspirin and control groups. Therefore, while there were fewer heart attack deaths, there were more stroke deaths in the aspirin group, indicating virtually no benefits of aspirin unless, of course, one considers it preferable to die of a stroke rather than a heart attack.”*

*Russell L. Smith, Ph.D.  
Author of “The Cholesterol Conspiracy”*

Has your doctor ever warned you of the dangers of these drugs?  
No? Do you know why? Because...

### **YOUR DOCTOR IS A LIAR!**

I have personally seen hundreds of people whose arms and legs were covered with bruises that were a result of their consumption of “blood thinners” that were prescribed by their medical doctors. These people were literally falling apart because they were taking a deadly (yes, DEADLY!) drug that prevented their body from stopping even the tiniest loss of blood. The lightest, slightest bump would cause an immense bruise due to unstoppable internal hemorrhaging. They had all been told (by their medical doctors) that they “had to take blood thinners” because they were at risk of having a blood clot travel from their legs to their heart or to their brain where it might “cause a heart attack or stroke”! These people believed their doctors and followed their instructions to take “blood thinners” (which are more appropriately called anti-coagulants”) in order to treat a supposed “problem” that is absolutely, positively physically and anatomically impossible!!

These people believed their doctors lies because they simply did not have even the most basic understanding of human anatomy.

**Blood clots cannot travel from your legs (or anywhere else in your body) to the coronary arteries of your heart or to your brain, because they must first travel through the tiny capillaries of your lungs which trap them and prevent them from going any further. PERIOD!**

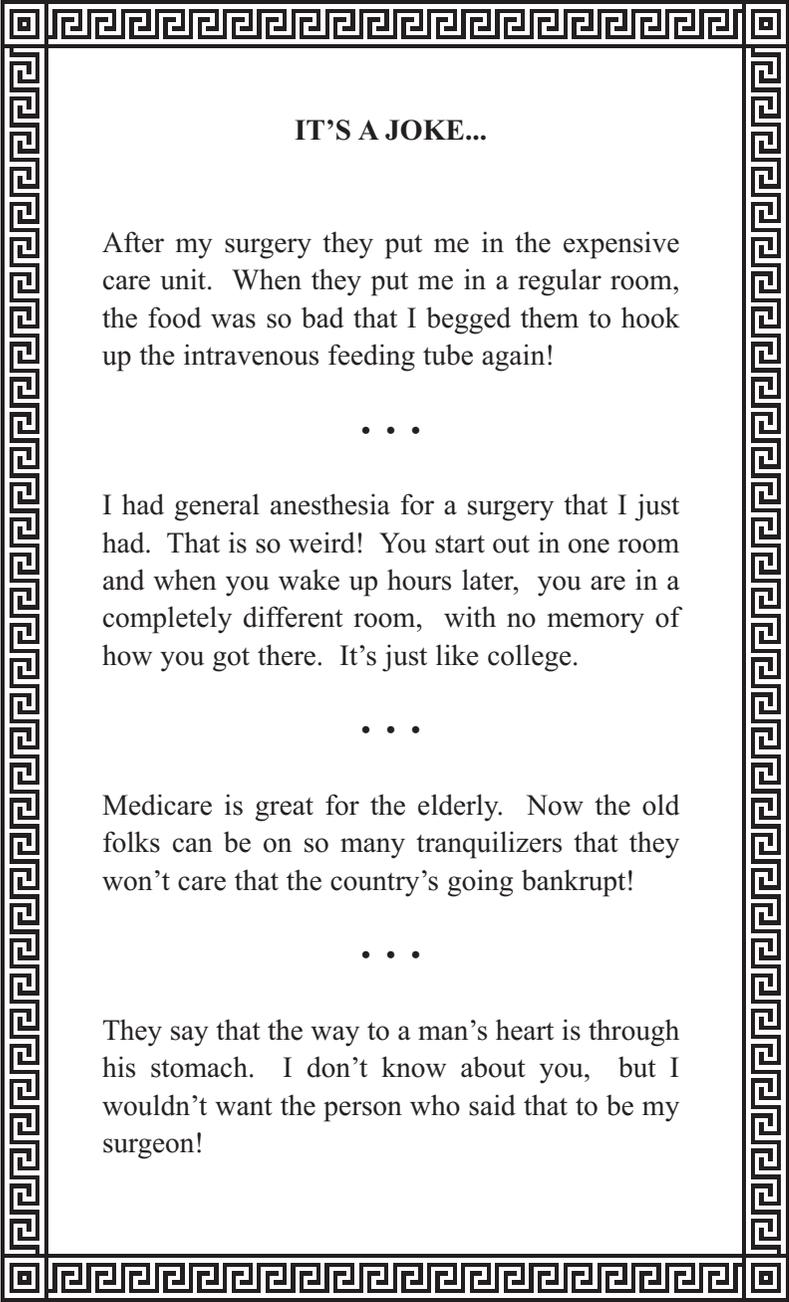
**If your doctor has frightened you, or anyone you know, into consuming DEADLY “blood thinners” in order to prevent a blood clot from travelling and causing a stroke or heart attack, then...**

**YOUR DOCTOR IS A BIG LIAR!**



**Chapter 5**

**The Biggest Lie of All**



### IT'S A JOKE...

After my surgery they put me in the expensive care unit. When they put me in a regular room, the food was so bad that I begged them to hook up the intravenous feeding tube again!

• • •

I had general anesthesia for a surgery that I just had. That is so weird! You start out in one room and when you wake up hours later, you are in a completely different room, with no memory of how you got there. It's just like college.

• • •

Medicare is great for the elderly. Now the old folks can be on so many tranquilizers that they won't care that the country's going bankrupt!

• • •

They say that the way to a man's heart is through his stomach. I don't know about you, but I wouldn't want the person who said that to be my surgeon!

## The Biggest Lie of All:

“It’s genetic!”

Your father had “high cholesterol”. So did your grandfather. So did your mother, so the fact that you also have “high cholesterol” must mean that it’s a genetic problem right?

**WRONG! WRONG! WRONG! WRONG! WRONG!**

Medical doctors love to blame all kinds of problems on genetics. Whenever your doctor blatantly lies to you by telling you that your health problem is due to your genetics, please do yourself this favor. Ask yourself: Did they at least run a test to determine if you had faulty or damaged DNA?

Personally, this is the one lie that digusts me most of all. Not just because medical doctors are bold enough to tell it, but because patients are naive enough to believe it! Whenever a medical doctor attributes your symptoms to a genetic disorder without running a test to identify the damaged or missing genetic material, **THEY ARE LYING!!!** This should be amazingly obvious to all.

**OF ALL THE LIES THAT DOCTORS TELL,  
THIS IS THE EASIEST LIE TO EXPOSE!**

There is a known genetic disorder that results in extremely high levels of “cholesterol” in the blood. It is called Familial Hypercholesterolemia (FH). It involves a deformity of a gene that is located on the short arm of chromosome 19, in band 19p13.2. There are two types: heterozygous FH, which means that only one of your parents passed along the defective genetic material on the zygote (sperm or egg) that they provided at your conception and

homozygous FH which means that both of your parents passed along the defective genes in their zygotes. Homozygous FH is usually far more serious than the heterozygous form. Familial hypercholesterolemia is a disorder that results in completely absent or grossly malfunctioning LDL receptors (75% inactive) that are found on the surface of the membranes of hepatic (liver) cells. There are a number of other, less frequent and slightly different disorders. They include type B hypercholesterolemia which is caused by ligand-defective apolipoprotein B-100 and hypercholesterolemia 3 which is caused by mutation in the PCSK9 gene. In all of these truly genetic ailments, the cells of the liver are unable to take in LDL from the bloodstream due to this genetic error, so blood levels of LDL rise dramatically...

### **BEGINNING AT BIRTH!**

Patients who truly have inherited FH have levels that are far, far, far above normal. The levels of infants and children at birth often exceed 600mg/dL! In true FH, CHOLESTEROL from the excess LDL is not only deposited in the arteries, it is deposited all over the body. These fatty deposits are called xanthomas and xanthelasmas. They occur as VISIBLE fatty deposits in the skin and the cornea of the eye, as well in hidden areas everywhere in the body.

You are either born with FH or not. “Cholesterol” levels can be checked at birth, but the National Cholesterol Education Program (NCEP) recommends checking children in a FH family at age two. If a person has normal “cholesterol” levels at birth, then he or she will never develop FM later in life! You cannot all of a sudden, in your 20s, 30s, 40s, 50s or 60s come down with a genetic disorder that you can then retroactively blame on your parents. Inherited diseases cause symptoms that are measurable at birth. The fact that doctors are able to get away with this unbelievably blatant lie is a testament to the gullibility of their patients. This does not apply only to CHOLESTEROL. If your doctor EVER says that your

ailment “must be genetic” you know immediately that they are lying! Did they test your DNA? If not, then please stop this lie the next time you hear it. Never allow a medical doctor to tell you that “it’s genetic” if they did not first test your DNA!!! ailment “must be genetic” you know immediately that they are lying! Did they test your DNA?

*“Familial hypercholesterolemia (FH) is caused by mutations in the protein coding for the LDL receptor. Among French Canadians in Quebec, the prevalence of heterozygous FH is 1 case per 270 persons. Christian Lebanese persons have a prevalence of 1 case per 170 persons. In South Africa, the prevalence in Afrikaners is 1 case per 100 persons. The prevalence in Ashkenazi Jews is 1 case per 67 persons. Although moderate hypercholesterolemia is a common finding in industrialized countries, heterozygous FH occurs in approximately one per 500 persons worldwide. The prevalence of homozygous FH is one case per one million patients. The consequences of defective LDL receptor and subsequent elevations of LDL are present at birth. [In the homozygous form], corneal arcus and planar, tendon and tuberous xanthomas are present early in childhood and sometimes at birth. Without heroic interventions to lower blood cholesterol levels, survival beyond young adulthood is unlikely. The gene for the LDL receptor, which is autosomal dominant, is on the short arm of chromosome 19.*

**Definitive diagnosis can be made only  
with gene or receptor analysis.”**

*Elena Citkowitz M.D., Ph.D.  
Director of Cholesterol Management Center  
Yale University School of Medicine*

*“How can you determine whether your high blood ‘cholesterol’ indicates that you have inherited familial hypercholesterolemia (FH)? In normal infants, the average blood ‘cholesterol’ and LDL ‘cholesterol’ levels are quite low at birth. In FH heterozygotes, by contrast, the LDL ‘cholesterol’ level is about twice as high at birth in blood taken from the umbilical cord. How common are children who are FH homozygotes? FH homozygous children are very rare, indeed, one in a million. In the United States, where there are 240 million people, only about 240 children are FH homozygotes. One important clue is the presence of CHOLESTEROL deposits under the skin. Children who are FH homozygotes develop CHOLESTEROL deposits under the skin by the time they are five years old, and occasionally these deposits are present even at birth. These deposits, called ‘xanthomas’, usually start in the patient’s twenties or thirties. They often occur as round, hard bumps under the skin and within tendons in areas of increased friction, notably the tendons in the hand (particularly over the knuckles), the tendons over the elbow, and the Achilles tendon in the heel. A definite diagnosis of FH requires a clear demonstration that the number of LDL receptors working in your cells is decreased. To perform this test, cells must be grown from a small piece of skin taken from your arm using a procedure called a biopsy. From the piece of skin, cells, called fibroblasts, are grown in cell culture in a research laboratory. Alternatively, cells from the blood, called lymphocytes, may be obtained and grown in cell culture. The cells are grown under special conditions that stimulate the number of LDL receptors on their surface. LDL ‘cholesterol’ is removed from the blood of a donor and made radioactive, and the actual binding of LDL to the LDL receptors on the cells is measured. Unfortunately, this test to determine whether a normal number of LDL receptors is working is expensive, time-consuming and laborious.”*

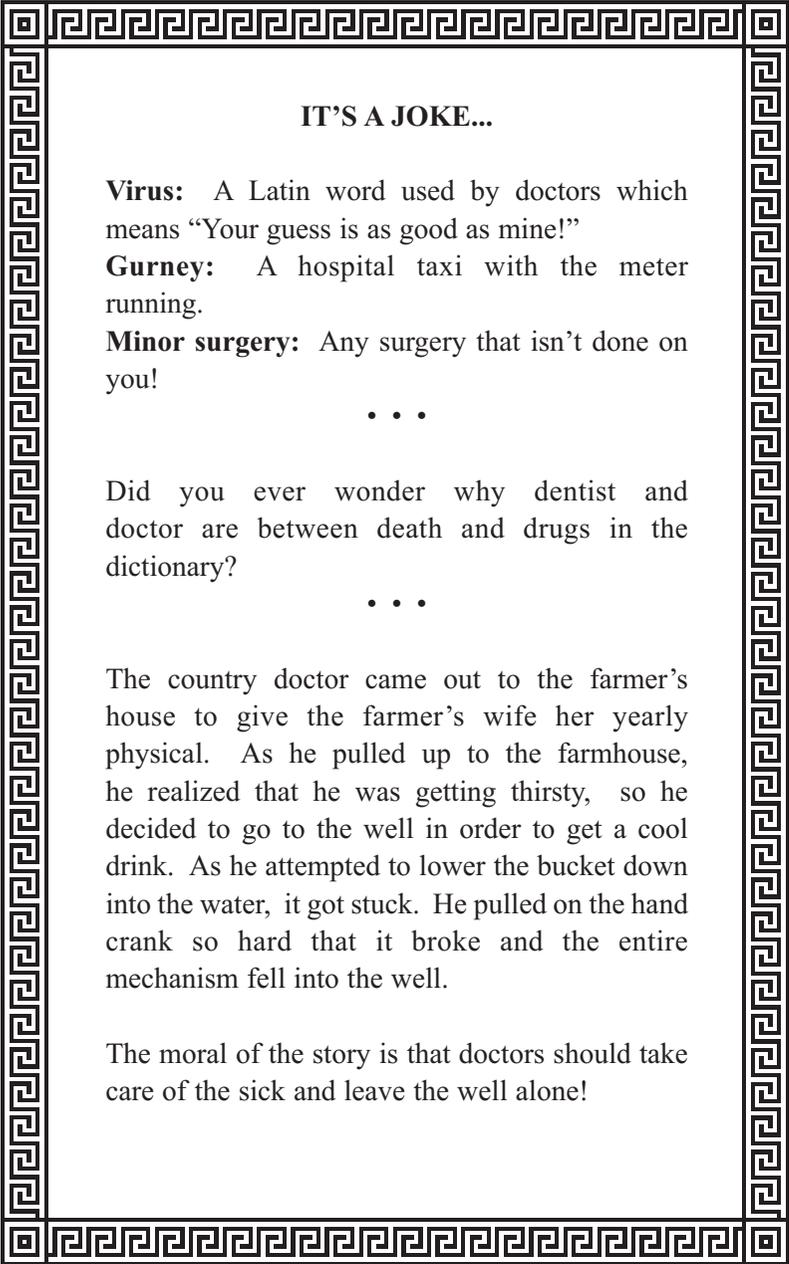
*Peter O. Kwiterovitch, Jr., M.D.*

*Author of “Beyond Cholesterol”*

*The Johns Hopkins Complete Guide for Avoiding Heart Disease*

**Chapter 6**

**What's in a Name?**



### IT'S A JOKE...

**Virus:** A Latin word used by doctors which means “Your guess is as good as mine!”

**Gurney:** A hospital taxi with the meter running.

**Minor surgery:** Any surgery that isn't done on you!

• • •

Did you ever wonder why dentist and doctor are between death and drugs in the dictionary?

• • •

The country doctor came out to the farmer's house to give the farmer's wife her yearly physical. As he pulled up to the farmhouse, he realized that he was getting thirsty, so he decided to go to the well in order to get a cool drink. As he attempted to lower the bucket down into the water, it got stuck. He pulled on the hand crank so hard that it broke and the entire mechanism fell into the well.

The moral of the story is that doctors should take care of the sick and leave the well alone!

The next time you get an opportunity to speak with your doctor, take the time to ask them any or all of the following questions...

- Q. Doctor, is the CHOLESTEROL that is listed in the Nutritional Facts panel on food packages the same as the “cholesterol” that you listed on my blood test?**
  
- Q. If they are the same, then why don’t the food packages list whether the “cholesterol” in the food is the so-called “good” kind of “cholesterol” or the so-called “bad” kind?**
  
- Q. Wouldn’t it be better for me to eat foods that contain the so-called “good cholesterol” and only avoid the foods that contain the so-called “bad cholesterol”?**

And while I have you here...

- Q. Why do I always see the words “good” and “bad” between quotation marks in regards to “cholesterol”? I learned in english class that this is a linguistic technique that is used when you are lying or being facetious, like when someone says, “Gee, ‘thanks a lot’”!**
  
- Q. And, come to think of it, why are they both referred to as the so-called “good” and the so-called “bad cholesterol”?**
  
- A.** The simple answer to all of the above questions is that *the meaning of the word CHOLESTEROL has secretly been changed!* If you look up CHOLESTEROL in a biochemistry textbook, you will find one definition. If you talk to your doctor, your surgeon, your pharmacist or if you listen to the media or to your family and friends, you

will get a completely different definition. (If you ever get a definition, that is.) This chapter will help to clarify your understanding of the true definition of CHOLESTEROL despite the fact that...

### **YOUR DOCTOR IS A LIAR!**

I only wish that I could be there with you in your doctor's office when you pose these questions. It is so very amusing to see doctors squirm. As a patient, it is empowering to see them begin to fall down off of their pedestals, but it also sad to see them begin the process of telling lies in earnest.

Simply stated, one of the major premises of this book stems from the clear-cut observation that the medical profession has masterfully changed the meaning of the word CHOLESTEROL. It's not just with CHOLESTEROL. This problem pervades the entire medical establishment. The assumed status of the entire medical profession itself is based upon this language barrier. Doctors often speak in a Latin-based language that I call "DoctorTalk". Language, any language, is vague. Words are used to define ideas that contain a wealth of information, so all words can ever do is approximate the idea that you are trying to get across. One of the most recent, blatant examples of linguistic manipulation occurred when President Clinton proclaimed with a straight face (and a clear conscience no doubt) that he...

“did not have *sexual relations* with that woman!”

What is the definition of the phrase “sexual relations”? Since no commonly used dictionary clearly defines that particular phrase, savvy man that he is, President Clinton chose to define it for his own personal benefit. When he made the above statement, he was speaking in a manner that he firmly believed was consistent with his own inner truth. Because the people that opposed him chose to

define the term “*sexual relations*” differently, they accused him of lying. It’s a linguistic argument for the ages.

When any one word is given multiple, conflicting definitions, you have to be “in the know” in order to understand the conversation. If I talk to my friend about the “tree” that is growing next to my driveway, we both know what type of tree I am talking about, but you don’t, because you have never been in my yard. When I use the phrase “too

***“If you can control the meaning of words, then you can control the people who must use the words.”***

*Philip K. Dick*

big” with my girlfriend, she understands that I am talking about water, because in her native language of Tagalog, “tubig” means water. Have you ever heard the famous comedy skit performed by Abbott and Costello regarding the discussion about the baseball players named “Who” (on first base), “What” (on second base) and “I don’t know” (on third base)? At first, if you don’t understand the double entendre (double meaning) that is involved, the skit is not the least bit funny (and is actually quite irritating) but once you are “in the know”, the skit is hilarious.

I have read enough medical books to finally be able to crack the doctor’s code. I understand the dual meanings that doctors use for the word CHOLESTEROL, and I do not think that their 100+ year con is the least bit funny at all.

Let me explain how I stumbled upon this.

A very good friend of mine, Maclovia, called me up one day to ask me for my opinion. Her mother, 76 year young Carmen (one of the original dancers in West Side Story) had bumped her knee on the coffee table. It swelled up and hurt pretty badly, so she went

to her doctor. The doctor did a few physical manipulations that are designed to help diagnose damage to certain ligaments within the knee, and while doing so, actually aggravated the injury. X-rays were taken, which were negative, but soon the doctor hit Carmen with the bad news: She had *ARTHRITIS!* The doctor then wrote a prescription and sent Carmen home. When her daughter Maclovia called me, she was simply seeking a different opinion, from a different perspective. Much of the conversation with the doctor had disturbed her mother's normally positive attitude and they were looking for more information. We proceeded to have a discussion about, of all things, not knees, but about language.

*Haven't you ever wondered why the doctor says that your test results are "negative" when they are actually good as far as your health is concerned? Could it be that when they say that a test result is "positive" that it is only from the point of view of the potential profit that they stand to receive by treating your condition?*

When a doctor "makes a diagnosis" it doesn't do or mean anything. The word "diagnosis" has a very interesting definition. The root "di" means two, "a" means the opposite (like a-typical), and "gnosis" means to know. So when a doctor gives you a di-a-gnosis it only means that now two people do NOT know what is happening! I kid you not, that's the meaning of the word di-a-gnosis. Calling a bumped and swollen knee a bumped and swollen knee just does not cut it in the "Land of Doctors". Medical insurance companies' billing practices demand specific di-a-gnoses, which are then converted into numerical codes, which can then be entered into forms that can then be submitted for PAYMENT TO THE DOCTOR! Well, unfortunately, there is no insurance code for a bumped and swollen knee, so, in order to get paid, the doctor had to settle on the most acceptable (to the insurance company) di-a-gnosis: *ARTHRITIS!*

Did Maclovía's mother Carmen have a history of knee trouble?

No.

Did her x-rays show bone degenerations or abnormal deposits?

No.

Did any blood test prove positive for rheumatoid arthritis?

No.

Had she had any joint pain prior to bumping her knee?

No!

And now, for the \$64 million dollar question? Did she really have "arthritis"? Yes, she did, but its not what you think. Most people think that they know what "arthritis" is. Factors like bone degeneration, abnormal growths, and chronic pain are what most people associate with "arthritis", but Carmen didn't have those symptoms. Yet she did have "arthritis". How can that be?

Here is the secret to the lies that doctors tell every day. It happens with "arthritis". It happens with cancer. It happens with the common cold and it happens all the time in a big, big way with "cholesterol" and heart disease. Doctors simply define the language that THEY use just like President Clinton defined the language that he used when referring to his "activities" with Ms. Monica Lewinsky. In Latin, "arth" means joint and "itis" means inflammation, swelling, and redness. So, in Latin, "arthritis" actually means a red, swollen joint. Doctors love to translate your health status into "DoctorTalk" in order to confuse you. Arthritis sounds

*"When there is a failure  
of human understanding,  
men make up new words."*

*Goethe*

like a much more serious and impressive health problem than a bumped and swollen knee but, more importantly, there is an insurance code that corresponds to arthritis, so the doctor can get paid when they make a diagnosis of arthritis. They cannot get paid for a diagnosis of a bumped and swollen knee. They (your doctor)

also get the side benefit of being able to prescribe a dangerous pharmaceutical drug that requires constant monitoring, which guarantees more office visits and more billable procedures. Hmm.

So what should Carmen do? Accept the di-a-gnosis? Take the drug and deal with all of the negative side effects? Come back for more visits? Worry about a di-a-gnosis that is only a word? Carmen wisely went home. She rested. She waited. Amazingly, her body fixed itself. She banged her knee and it got better all by itself. Imagine that! A miracle! She overcame the dreaded di-a-gnosis of “arthritis” and she walks pain free to this day.

Hopefully, the above true story gives you some idea about where we are headed in discussing the lies about “cholesterol”. In their own minds, doctors do not believe that they are lying, just as President Clinton did not believe that he was lying. Somehow, our culture always seems to put more emphasis upon the word liar, than we do upon the word: **DECEIVER!** Technically, President Clinton never lied to the American public, but he did try to **DECEIVE** us.

Your doctor is skilled in the deceptive language of “DoctorTalk”, so the only thing that you can do to protect yourself is learn how to ask questions that force them to answer you in common, everyday accepted English. When you learn to ask your doctor probing questions, then you will be presented with an opportunity to see how they will react. They will be unable to continue the deception, because you have learned HOW to ask the right questions.

So let’s revisit the questions at the start of this chapter, knowing, and demanding that the definition of the word CHOLESTEROL is the definition that was just given. No deception. No “sexual relations”. No Latin. No lies. No so-called this or so-called that.

The following is a hypothetical question and answer period that you might have if you asked these questions of a doctor that was completely honest, did not lie, AND DID NOT ATTEMPT TO DECEIVE YOU EITHER!

**Q. Doctor, is the CHOLESTEROL that is listed in the Nutritional Facts panel on food packages the same as the “cholesterol” that you listed on my blood test?**

A. No, they are different.

**Q. If they are the same, then why don't the food packages list whether the “cholesterol” in the food is the so-called “good” kind of “cholesterol” or the so-called “bad” kind?**

A. They are not the same. Please realize that, even though they may sound as if they are value judgements, the phrases “good cholesterol” and “bad cholesterol” are not value judgements at all. Those phrases actually only refer to how CHOLESTEROL is being transported in the blood. “Good cholesterol” (HDL) and “bad cholesterol” (LDL) are only found in blood. Food manufacturers do not specify levels of HDL and LDL that their foods contain because the government does not require them to do so.

**Q. Wouldn't it be better for me to eat foods that contain the so-called “good cholesterol” and only avoid the foods that contain the so-called “bad cholesterol”?**

A. The phrases “good cholesterol” and “bad cholesterol” are not really value judgements about the effect upon human health. These phrases only refer to how CHOLESTEROL is transported within the bloodstream. Please realize that these phrases do not mean what you think they mean.

**Q. Why do I always see the words “good” and “bad” between quotation marks in regards to “cholesterol”? I learned in english class that this is a linguistic technique that is used when you are lying or being facetious, like when someone says, “Gee, ‘thanks a lot’”!**

A. The correct answer is: You see, that is one way that doctors cover themselves legally. By using this technique, doctors are actually clearly telling you that they are just pulling your leg by calling HDL “good” and by calling LDL “bad”. Doctors know better, but they use this deceptive language to keep you confused.

**Q. And, come to think of it, why are they both referred to as the so-called “good” and the so-called “bad cholesterol”?**

A. The correct answer is: This is just a little bit more of the same. Using “good” and “bad” to redefine HDL and LDL worked so well that absolutely no one ever questions the validity of these phrases. If you repeat something often enough, eventually people will accept that it must be true simply because they have heard it said so many times. Your doctor lies blatantly because they know that you are not going to realize the importance of what they are telling you. It’s basically due to your ignorance and your doctors’ arrogance.

**Chapter 7**

**Something Doesn't Add Up!**

### IT'S A JOKE...

Why do doctors ask you to wait two to three weeks for an appointment and then, once they take a look at you ask, "Why did you wait so long to come in and see me?"

• • •

The doctor pulled a white sheet over the dead patient's face, turned solemnly to the family and said, "Well, his condition is stable!"

• • •

An old man woke up in the recovery room after an operation and said, "Thank God that's over!"

"Don't be so sure!" said the man in the bed next to him. "They left a sponge inside of me and had to operate again to take it out!"

"How terrible!" said the old man.

"That's nothing," said a third man.

"They had to open me up again to remove a clamp that they left inside of me!"

"That's dreadful!" said the old man.

Just then, the surgeon poked his head around the corner and asked all of them,

"Have any of you seen my car keys?"

I know that I had them with me earlier!"

The next time you get an opportunity to speak with your doctor, take the time to ask them any or all of the following questions...

- Q. Can you please explain to me exactly what the difference is between the so-called “good cholesterol” (HDL) and the so-called “bad cholesterol” (LDL)?**
- Q. Doctor, I have a question regarding the results of my “cholesterol” test results. You said that my “total cholesterol” was \_\_\_\_\_, and that my LDL was \_\_\_\_\_, and that my HDL was \_\_\_\_\_. Are those numbers correct?**
- Q. Okay, so here’s my real question. When I add my LDL and my HDL together, I only get \_\_\_\_\_, which is less than the “total cholesterol” which you told me was \_\_\_\_\_. Something here does not add up! Can you please explain why?**
- Q. Are triglycerides the same as CHOLESTEROL?**

**A.** The short answer to all of these questions is that HDL, LDL, triglycerides and CHOLESTEROL are all completely different things, and really cannot be compared with each other in any meaningful way. HDL and LDL NEVER add up to “total cholesterol”. Your doctor has obviously been giving you only a part of the story. This is the key to the entire deception that doctors have been keeping a secret for generations.

When numbers don’t add up, you should begin to smell a rat. In the above questions, please fill in the blanks with the specific results of your own “cholesterol” test. I guarantee you that your HDL and your LDL will not add up to the “total”. They never do,

but yet most patients never question the obvious. Why don't your test result numbers add up? Why are you contemplating life-changing health decisions based on numbers that you do not understand? Why doesn't your doctor take the time to fully explain them to you so that you do understand? Why are they reaching for their prescription pad without even discussing the reasons and the CAUSES behind the numbers that they are using to justify the prescription of pharmaceutical drugs? The obvious reason is because...

## **YOUR DOCTOR IS A LIAR!**

### **CHOLESTEROL TESTING**

Doctors and the laboratories that process your "cholesterol" tests use a very interesting formula to determine what they deceptively refer to as "total cholesterol". That formula is...

$$\text{HDL} + \text{LDL} + (\text{triglycerides} / 5) = \text{"Total Cholesterol"}$$

Most people would be surprised to learn that the laboratory test that is done to "determine" LDL doesn't even actually measure LDL at all. The formula above is used to calculate, not measure LDL! The number that your doctor gave you for that infamous, so-called "bad cholesterol" (LDL) was only an estimate! That's right....

**UNLESS YOUR DOCTOR HAS PROVIDED YOU WITH THE OPPORTUNITY TO UNDERGO A VERY SPECIAL (AND EXPENSIVE) TYPE OF BLOOD TEST THAT ACTUALLY MEASURES THE AMOUNT OF LDL IN YOUR BLOOD, THEN YOU HAVE NEVER ACTUALLY HAD YOUR LDL MEASURED! YOUR LDL HAS ONLY BEEN ESTIMATED!**

Despite what they may have told you, it is highly likely that your doctor has NEVER actually measured your LDL levels! The simplistic version of this so-called “cholesterol” blood testing that your doctor uses only CALCULATES AN ESTIMATE of your LDL levels by manipulating the equation that was shown above into the following...

$$\text{LDL} = \text{“Total Cholesterol”} - [(\text{HDL} + (\text{triglycerides} / 5))]$$

The Physicians’ Desk Reference clearly states that this formula is not accurate. Numerous testing companies are springing up all over the world now touting the benefits of their NEW testing methods. These companies are pointing out the inadequacies of the former types of testing (the kind that your doctor has been doing for 50+ years) and they are now recommending that patients submit their blood samples for these new types of “cholesterol” testing.

The first type of new “cholesterol” testing is called *electrophoresis*. In this technique, your blood plasma is placed in a gel and is then subjected to an electrical charge. Specific types of lipoproteins migrate through the gel in specific patterns that depend upon the size and electrical charge of the specific lipoproteins in your blood. Once the various subtypes have migrated and formed these various patterns, they can be *measured* and reported with great detail. The accuracy of this method has been validated in hundreds of scientific publications.

An even newer type of “cholesterol” testing is called *NMR (Nuclear Magnetic Resonance) spectroscopy*. This technique employs a device that is similar to the machines used to perform MRIs (Magnetic Resonance Imaging) on other sections of the body. A magnetic field is applied to the blood plasma and it affects different types of lipoproteins differently, which enables them to be accurately *measured*. This form of testing does not rely upon the skill of the technician performing the test.

*“With the importance of LDL levels, it may come as a surprise to many that their LDL was not directly measured, but simply calculated. How accurate is the calculated LDL result? A direct LDL test result rarely coincides with a calculated one. For someone with an LDL at or close to the desirable ceiling value, a calculated result can be dangerously misleading. How can you tell whether your LDL level was a direct measurement or simply calculated? A direct test of LDL costs about \$150. Divide your triglyceride level by five, add that sum to your HDL and subtract both from your total ‘cholesterol’ level. If the arithmetic works out neatly, chances are you are reading calculator results. Does it matter? Very much, in my opinion.”*

*Julius Torelli, M.D.  
Author of “Beyond Cholesterol”*

PLEASE ask yourself this simple question. ***If the tests that have been done for the last fifty years were inaccurate (because they didn’t actually measure LDL), doesn’t that mean that all of the so-called “scientific” studies and all of the “expert” advice based on the so-called “cholesterol” “measurements” should be thrown into the trash because all of the numbers were inaccurate?***

*Scientists, test manufacturers and doctors ARE now telling us that “total cholesterol”, LDL and HDL are no longer accurate indicators of the risk of heart disease, despite the fact that they have been telling us for more than fifty years that these so-called “measurements” were meaningful! But instead of re-evaluating the mistakes of the past 50 years, the medical industry expects us to take more expensive tests so we can start worrying about NEW categories of blood lipids such as LDL particle number, particle size profiles such as HDL<sub>2</sub> (Large, buoyant), HDL<sub>3</sub> (Small, dense) VLDL<sub>(1+2)</sub> (Large Buoyant), VLDL<sub>(3)</sub> (Small Remnant), IDL (Intermediate Density Lipoprotein), Remnant Lipoproteins (IDL + small VLDL<sub>3</sub>), Total Non-HDL (LDL + VLDL).*

## WHEN IS IT EVER GOING TO END?

I will not go into the details of all of these NEW measurements that your doctor will soon be using in their ongoing attempts to confuse you even further. I will only cover the basics of lipid metabolism that most people are already completely misinformed about and completely confused by. If I can help you to understand the basics of the lies that have already been told, then maybe you will be able to recognize and avoid the new lies that are being developed.

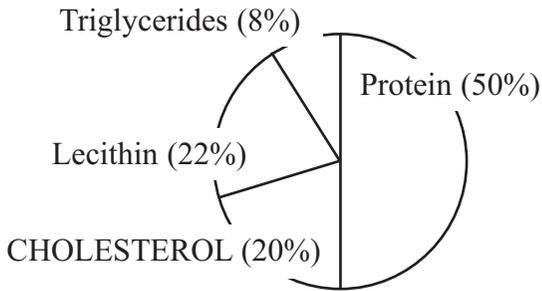
### HDL

**HDL** stands for **H**igh-**D**ensity-**L**ipo**P**ROTEIN. It is highly dense because it is 50% protein and protein is much more dense than any of the other components in HDL. HDL is a globule that contains a collection of a wide variety of different nutrients. Since oils (triglycerides) and waxes (CHOLESTEROL) do not mix well with water, it is necessary to surround them with a special wrapper (lecithin), so that they can travel through the watery fluids of the blood. Lecithin naturally forms globules that are very much like soap bubbles. On average, a single globule of HDL weighs thousands of times more than a single molecule of CHOLESTEROL. The CHOLESTEROL that is found in HDL is exactly the same as the CHOLESTEROL that is found in LDL. The CHOLESTEROL is neither “good”, nor “bad”. It is simply being transported by a different type of lipoprotein.

***“ ‘Good cholesterol’ is not a type of CHOLESTEROL...  
‘good cholesterol’ refers to the way the body transports  
CHOLESTEROL in the blood.”***

*Understanding Normal and Clinical Nutrition  
(Textbook)*

Any biochemistry, medical or nutrition textbook will tell you that CHOLESTEROL is an individual molecule with the chemical formula  $C_{27}H_{45}OH$ . Those same textbooks will tell you that compared to a single molecule of CHOLESTEROL, a globule of HDL is unbelievably huge in size. It is true that HDL globules do contain CHOLESTEROL, but HDL is definitely not the same as CHOLESTEROL. HDL typically contains:



### High Density Lipo-Protein (HDL) Globule



### **Relative size of a single CHOLESTEROL molecule**

One of the most devious things about the entire “cholesterol” scam being perpetrated by your doctor, is obvious once you learn what HDL actually is. **HDL is 50% protein!!!** How can your doctor, and the American Heart Association tell you that it is good to elevate your HDL levels in one breath, and in the very next breath, they tell you to drastically limit your consumption of eggs, red meat, liver and other protein rich animal foods? How hypocritical can they be? How obvious do their lies need to be before you notice? **HDL is 50% protein and their diet advocates consuming only 15% protein** along with 30% fat and 55% carbohydrates! Talk about a Catch-22. **How can you expect to make more HDL, which is 50% protein, when the diet that they recommend is only supposed to contain 15% protein?**

*“CHOLESTEROL travels in the blood as a ‘passenger’ on a family of protein particles called lipoproteins (meaning lipid carrying proteins). This allows CHOLESTEROL to be soluble in blood. It also permits proteins to steer the lipoprotein particle to target the liver, plaque, or other places in the body. Proteins also determine to what degree its passenger CHOLESTEROL and other lipids will interact and be deposited into plaque. In other words, it is the protein component of the particle that determines the behavior of the lipoprotein particle. The CHOLESTEROL component just goes along for the ride. When your ‘cholesterol’ is tested in your doctor’s office or hospital, the amount of CHOLESTEROL present is measured, while the protein component is ignored. This approach ignores the important fact that the behavior of a CHOLESTEROL particle depends on its protein partner.”*

*Dr. William Davis, M.D.  
Author of “Track Your Plaque”*

This unbelievably obvious deception is only the first of many things that simply do not add up!

HDL globules are used by the cells of your body as a sort of garbage truck. According to medical textbooks, individual cells use HDL to discard any waste materials and excess nutrients that are in OVERABUNDANCE WITHIN THE CELLS!

*“HDL: the type of lipoprotein that transports CHOLESTEROL back to the liver from peripheral cells, composed primarily of protein.”*

*Understanding Normal and Clinical Nutrition  
(Textbook)*

Please slow down the rate at which you are reading, because you must understand the next paragraph. The logic is simple and straightforward, but you have been so brainwashed by medical bullshit that you may need to read the next paragraph a few dozen times for it to really sink in. It takes a while to clean out all of the old ideas and let a new perspective enter. Please be patient. When the light bulb goes off inside of your head, you will be rewarded for your efforts.

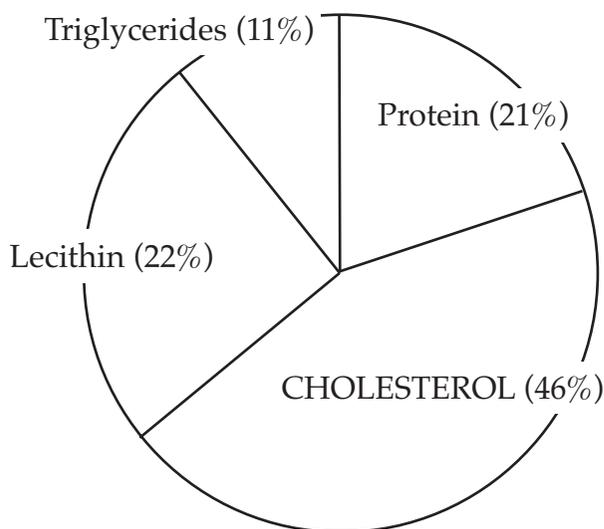
**\*\*\*IMPORTANT: Please read slowly\*\*\***

HDL levels in the bloodstream rise when the individual cells have EXCESS CHOLESTEROL (or unneeded hormones) that they are sending back to the liver for reuse or disposal. This garbage truck-like function is the textbook purpose of HDL. Doctors tell you that high HDL levels are good for your health. I AGREE! Enabling your cells to throw out the garbage is a good thing. BUT, in the very next breath, doctors and the American Heart Association tell you to cut down on your consumption of CHOLESTEROL! But the textbooks say that HDL levels rise when the cells have EXCESS CHOLESTEROL to discard! How can you get your HDL levels to rise by restricting the very thing that they are designed to carry away from the cells? If high levels of HDL are a sign of good health, and HDL is used by cells to discard their excess CHOLESTEROL, then that means that high cellular CHOLESTEROL levels are a sign of good health, so we should eat more CHOLESTEROL in order to be more healthy! If you want your HDL levels to rise, you have to consume additional protein so that your cells can make HDL in the first place and your cells need to have EXCESS CHOLESTEROL that they may choose to discard. But doctors tell you to try to get your HDL levels to rise by eating less protein and less CHOLESTEROL! Either all the textbooks and medical dictionaries are wrong, or...

**YOUR DOCTOR IS A LIAR!**

**LDL**

**LDL** stands for **Low-Density-Lipoprotein**. LDL is less dense than HDL because it contains a smaller amount of dense protein. LDL and HDL are made from the same basic compounds. The main difference is simply in the relative amounts and ratios of those compounds. LDL contains a lower percentage of protein than HDL, and since protein is much more dense than CHOLESTEROL or triglycerides, LDL is less dense than HDL (that's how LDL and HDL got their names). LDL is at least twice as large as HDL and LDL is far bigger than a single molecule of CHOLESTEROL. It is true that LDL globules contain CHOLESTEROL, but LDL is definitely not the same as CHOLESTEROL. On average, LDL typically contains...



**Low Density Lipo-Protein (LDL)**

*“The LDL circulate throughout the body, making their contents available to all the cells - muscle, including the heart muscle; fat stores; the mammary glands; and others. The body cells take up triglycerides from them; they also collect phospholipids [lecithin], and CHOLESTEROL to build new membranes, to make hormones or other compounds, or to store for later use.”*

*Understanding Normal and Clinical Nutrition  
(Textbook)*

Again, as before, please slow down the rate at which you are reading, because you must understand the next paragraph. The logic is simple and straightforward, but you have been so brainwashed by medical bullshit that you may need to read the next paragraph a few dozen times for it to really sink in. It takes a while to clean out all of the old ideas and let a new perspective enter. Please be patient. When the light bulb goes off inside of your head, you will be rewarded for your efforts.

**\*\*\*IMPORTANT: Please read slowly\*\*\***

All medical and nutritional textbooks state quite clearly that LDL is manufactured in the liver to send nutrients to the cells. The main thing that is being sent is CHOLESTEROL. This means that the cells need more CHOLESTEROL. As you will see in an upcoming chapter, CHOLESTEROL is used by all the cells in the body to make a multitude of compounds without which life could not exist. So what do doctors and the American Heart Association tell you to do in terms of diet? They tell you to stop eating the very substance that your cells are desperately in need of. Your cells are so depleted, that your very own liver has stepped up production and is shipping out more and more in delivery trucks called LDL. Doctors tell you that the higher your levels of LDL are, the less healthy you are. I AGREE! But does that mean that you should take drugs that prevent your liver from doing its job? Does that

mean that you should eat less CHOLESTEROL and force your liver to manufacture it from scratch? High levels of LDL traveling from your liver to your cells means that your cells need more CHOLESTEROL!! The cells of your body are screaming because they need to receive MORE CHOLESTEROL! For God's sake, and your own, EAT AN EGG! HAVE SOME BUTTER! EAT SOME RED MEAT! Why else would your liver be manufacturing it and sending it? Why does your doctor tell you to eat LESS CHOLESTEROL when the very blood test that they are reading says that your liver is busy making CHOLESTEROL because the cells of your body desperately need MORE? You may have already guessed the answer: Because...

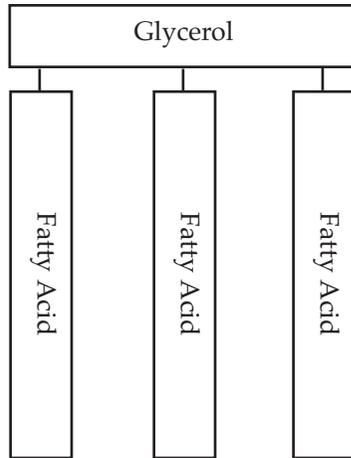
### **YOUR DOCTOR IS A LIAR!**

*“Most of the time your doctor makes a myopic attempt to decide whether you have heart disease by looking only at your ‘cholesterol’. ‘LDL cholesterol’ doesn’t tell us whether you do or do not have coronary plaque. If treatment of coronary disease were as easy as treating your ‘LDL cholesterol’, lowering your ‘LDL cholesterol’ would cure heart disease. It does not.”*

*Dr. William Davis, M.D.  
Author of “Track Your Plaque”*

### **TRIGLYCERIDES**

Now lets take a look at the third variable in the equation that doctors and laboratories misuse. The word triglyceride is used to define a category that includes many similar compounds. There are thousands of different triglycerides. They all have the same general structure, but the details can be different and unique in so many ways, that it nearly defies description. A two dimensional representation of a triglyceride molecule looks like this...



### **Triglyceride (general template)**

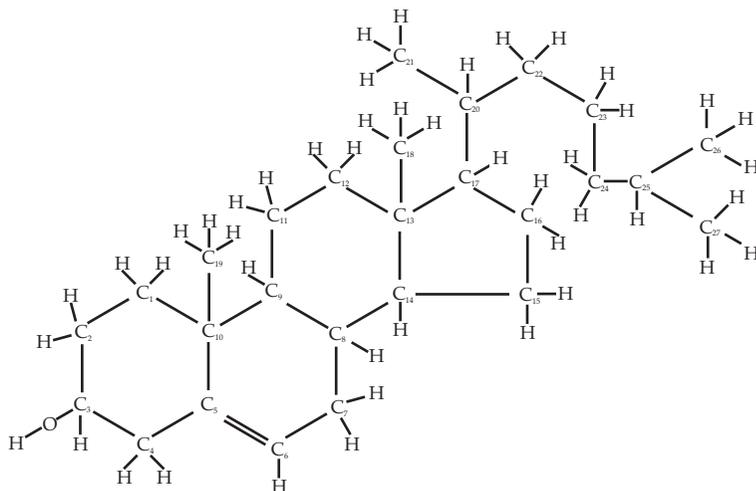
The glycerol portion of the triglyceride molecule can have all kinds of different chemicals attached to it on the top side that is opposite the fatty acids. Additionally, there are dozens, if not hundreds of different fatty acids of all shapes and sizes and they can all be combined in so many different permutations that it would be impossible to list all of the possibilities. Triglycerides are the preferred storage medium for energy in the body. They are found in abundance in adipose (fat) cells. Your body can take excess calories from just about any food (protein, carbohydrates, fat and alcohol) and convert it into triglycerides. It is much easier for the body to store excess calories in the form of triglycerides than it is to convert those excess calories into CHOLESTEROL.

The amount of triglycerides found in the bloodstream normally rises after a meal. The more fats, carbohydrates and alcohol that you consume, the higher your level of triglycerides becomes. Almost twelve hours must pass before the level returns to “normal”. But how many people fast for twelve hours? How can

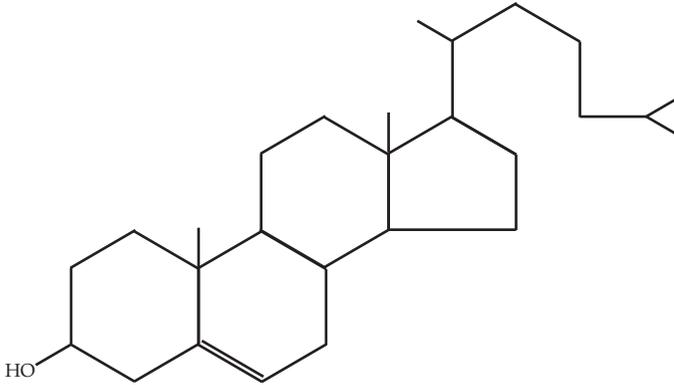
that level be considered normal? The fasting level that doctors usually measure is actually abnormal! Normal means usual. What people usually do is eat three to six times per day. Most of the day people are walking around digesting their latest meal, so most of the day people are walking around with triglyceride levels that are far above their so-called “normal” fasting levels. If high levels of triglycerides are “bad” for you, then all of us are constantly walking around with levels that are too high for our own good health!

## CHOLESTEROL

This is where you get to catch your doctor in the biggest, most obvious lie ever, so please read this carefully. CHOLESTEROL is a very unique molecule. There is only one version. It has the chemical formula  $C_{27}H_{45}OH$  where C stands for Carbon, H stands for Hydrogen and O stands for Oxygen. A two dimensional representation of the structure of a CHOLESTEROL molecule looks like this:



**CHOLESTEROL (detailed)**



**CHOLESTEROL (simplified)**

**TRIGLYCERIDES ARE ABSOLUTELY, POSITIVELY, WITHOUT A DOUBT, NOT THE SAME AS CHOLESTEROL!!!** It should be abundantly and brutally obvious that triglycerides and CHOLESTEROL are clearly not the same thing! Just look at them!

Here is how your doctor has deceived you. Your doctor has not told you that it is possible for you to eat absolutely ZERO dietary CHOLESTEROL but still have your so-called “cholesterol” levels rise because they deceitfully call triglycerides “cholesterol”! If you overeat anything, your liver can convert that food into triglycerides and then your lying doctor will tell you that your “cholesterol” levels went up! Doctors, testing laboratories and the drug industry all use the formula below to “calculate” your “cholesterol”.

$$\text{“Total Cholesterol”} = \text{HDL} + \text{LDL} + (\text{triglycerides} / 5)$$

Please, please, please, please realize that this equation is a lie!

I realize that many of you may have math phobia, but let's take a look at this equation from an algebra teacher's point of view anyway. We have an equation with four different variables. HDL, LDL and triglycerides are absolutely and completely different from each other, and they are absolutely not the same as CHOLESTEROL, yet the amounts of all of these substances are treated as if they are completely interchangeable.

Any good algebra teacher would fail you for setting up an equation like this. It is meaningless and non-sensible. It has no solution because all of the variables represent different units of measurement. For sake of discussion, let's say that your doctor told you that your LDL is 120, your HDL is 60 and your triglycerides are 100. If you plug all these numbers into the equation that your doctor uses, you will find that your so-called "total cholesterol" equals 200. You would probably be happy with these results. Everything seems to add up nicely, despite the fact that, in reality, this exercise is completely absurd. Any self-respecting algebra teacher would be completely disgusted with this scenario, because even though the numbers add up, all the units of measurement are different!

$$\mathbf{60\ HDL + 120\ LDL + 100\ Triglycerides/5 = 200\ CHOLESTEROL}$$

An appropriate analogy would be to argue that 60 big baskets of mixed fruit plus 120 truckloads of a different fruit mix plus one fifth of a bunch of 100 bananas equals 200 raisins! You might be able to pull off a trade like that at a farmers' market if you stood in such a way that the sun got into the farmer's eyes and blinded him, but in terms of your health, please, this is absolutely ridiculous!! You most certainly would never get away with anything like this in an algebra class (certainly not in my sister Joan's algebra class), but this is exactly what they teach future doctors in medical schools.

I understand that medicine is an art, and doctors love to dress up the practice of their “art” with all kinds of “scientific” mumbo-jumbo. The bottom line with the work of a creative artist such as a painter or a sculptor is very simple... Does the art work leave your surroundings more beautiful? The bottom line with the work of the practitioner of the art of medicine is also very simple... Does their work leave you healthier?

I suggest that you get out your latest “cholesterol” test scores and plug your results into the above equation. You will see that your numbers will seem to “work” when you plug them into your doctor’s equation (you may not have been given the number for triglycerides, so it may not be possible for you to check without first obtaining that information). Don’t strain your brain trying to comprehend the mathematics. That is not the point. The point is...

### **THE USE OF THIS EQUATION IS RIDICULOUS!!**

The only thing that doctors accomplish when they throw all of these confusing numbers at you is that they confuse you. A confused patient can be frightened. A scared and confused patient can easily be manipulated and led into making a poorly informed, and thus badly reasoned decision about their health. Most scared and confused patients look for help from the “authority” figure in a white lab coat for advice, and more often than not, the advice that you receive is to take a pharmaceutical chemical drug and schedule a follow-up appointment so that the doctor can check to see if the drug is damaging your liver or some other organs. Doesn’t this set off a red flag? Shouldn’t the possibility of liver damage awaken you to the dangers of the treatment being offered? Doesn’t the admission that drugs that inhibit the production of CHOLESTEROL can also cause your liver cells to burst and die raise your awareness just a little bit? Do you really want to trade high numbers in a completely meaningless equation for severe liver damage??

*Although it may be counter-intuitive, a high level of LDL in the bloodstream (proclaimed to be 'bad') actually indicates that you suffer from LOW levels of CHOLESTEROL in the tissues of the body. The elevated LDL blood levels indicate that your liver is manufacturing and sending CHOLESTEROL to all the cells of your body because they need MORE CHOLESTEROL! Contrary to the advice of your doctor, the American Medical Association and the American Heartless Association, if you have elevated LDL levels, then you actually need to eat MORE CHOLESTEROL, NOT LESS!*

*Also contrary to the prevailing 'wisdom', a high level of HDL in the bloodstream means that your cells have adequate protein and excess CHOLESTEROL that they are sending back to the liver for disposal. Low levels of HDL, which most doctors say are a sign of poor health, actually mean that the cells are deficient in protein and are also deficient in CHOLESTEROL.*

*In order to lower LDL levels and in order to raise HDL levels, it is necessary to consume MORE protein and MORE CHOLESTEROL!*

*So why does your doctor tell you to do the opposite?*

Doctors base the treatment of their patients on a blatantly fallacious equation that is completely meaningless, because they know that most people's eyes gloss over once their brains are forced to contemplate numbers, equations and algebra. Through the deceitful manipulation of mathematics, doctors have turned the business of "cholesterol management" into a mega-trillion dollar industry and **YOU** are the livestock being led to slaughter.

As a patient, do you fail to fulfill the most basic responsibility that you have? The responsibility to yourself? **YOU** have a responsibility to yourself to demand that any test be run a second

time at a different laboratory in order to rule out the possibility of error and simple variation due to chance. **YOU** have a responsibility to be informed about your own body and your own health. **YOU** have a responsibility to demand explanations. **YOU** have a responsibility to get a TRUE second opinion from someone who is able to look at the problem from a different perspective. Another opinion from another allopathic doctor or from a different specialist trained in the same methodology and using the same procedures will not normally result in additional knowledge being offered to the patient. What you get with a second opinion from a second allopathic doctor is merely an echo of the only opinion that they are permitted to give you without risking the loss of their license, so make it a point to step outside of the medical industry when you seek a true second opinion. Your health is ultimately your responsibility. It was YOU who chose to walk into the office of a medical doctor in the first place in order to request their assistance. It is YOU who follows their advice without question. It is YOU who looks at the numbers that they give you for HDL, LDL and “total cholesterol” and never bother to check the math or ask questions.

***“The only truly accurate measurement of LDL is the direct LDL test. The customary, indirect measure of LDL is estimated mathematically and can result in values that are grossly in error. Direct measurement of LDL, however, may cost more than all the rest of your lipid profile.”***

*Richard K. Bernstein, M.D.  
Author of “Diabetes Solution”*

At this point, the manipulated, scared and confused patient (**YOU**) usually forgets to stand up for their rights. You forget to get a second opinion. You meekly do as you are instructed. Surely the medical deity (M.D.) is all knowing and compassionately concerned with your welfare. “What do you know” compared to this powerful authority? The fearsome specter of having “high

cholesterol” and having to be on medication “for the rest of your life” because “if you don’t control your ‘cholesterol’ you are likely to have a heart attack or a stroke” is simply too much to bear. You don’t want to die. You have a family to take care of and friends that love you. So you stop at the pharmacy to purchase your drugs and you completely ignore the warnings of the dangers that the pharmaceutical company prints on the sheet that they provide along with their drugs as you swallow your prescribed poisons!

Let me tell you something about those warnings. They are there for an obvious reason: Every pharmaceutical drug is technically a poison. That’s right, a poison. That’s why they have a pharmacist guarding them. That’s why you have to get an official “permission slip” from your doctor in the form of a prescription in order to receive them. Ask yourself... would you give these poisons to your child? Would you give these poisons to your pet? If you took a few extra doses of these poisons could you get sick and possibly die? Would you ever consider taking the whole bottle? How do people usually attempt to commit suicide? They swallow drugs. People don’t try to kill themselves by swallowing vitamins or nutritional supplements! You can’t kill yourself that way! People don’t try to commit suicide by swallowing too many peas and carrots! They swallow drugs because swallowing drugs is the easiest way that there is to kill yourself. How do you define a poison? It’s something that can kill you! **DRUGS ARE POISON!**

Your doctor, and the pharmaceutical industry for whom they push drugs, have masterfully crafted a series of partial truths that are designed to confuse and misinform you, while leading you to believe that they are actually explaining the truth and informing you. The sum total of this mis-information propaganda leads you right into the hands of the medical/pharmaceutical establishment. Are you not able to see the obvious? They have convinced you to swallow poison in the pursuit of health! It cannot be stated in any simpler way.

**The medical establishment has somehow convinced you  
that it wise to swallow poison in the pursuit of health!**

Who is guilty here? Who recommended that you swallow poison? Look at the name of the person who signed your permission slip (prescription) that allows you to obtain the poison. Your doctor. You trust them with your life, and they recommend that you swallow poison in the pursuit of health. So what do you do? You buy your drugs, go home and swallow your poison like a very compliant, brainwashed, poorly informed and easily deceived fool. Why? Because...

**YOUR DOCTOR IS A LIAR!**

If you were to have an opportunity to ask the questions that were posed at the beginning of this chapter to a doctor who actually knew the answers, who would not lie and who would not try to deceive you, you might hear something like the following...

**Q. Can you please explain to me exactly what the difference is between the so-called “good cholesterol” (HDL) and the so-called “bad cholesterol” (LDL)?**

A. The similarities are more important than the differences. Neither HDL or LDL are actually the same as CHOLESTEROL. Both LDL and HDL are delivery vehicles for CHOLESTEROL, phospholipids such as lecithin, protein and triglycerides. Both HDL and LDL only exist in blood. They are merely vehicles that transport and deliver materials between the liver to the bodily tissues. They both carry the same basic ingredients, but they vary somewhat in the percentages of those materials. They are not actually “good” and “bad” in terms of what they do. “Good cholesterol” does not make you healthy. Healthy people have an abundance of HDL BECAUSE

they have EXCESS CHOLESTEROL. “Bad cholesterol” most certainly does not CAUSE bad health. People with bad health tend to have higher levels of LDL BECAUSE their cells are unable to make enough CHOLESTEROL, so the liver has to make it and send it to the cells of their body in the form of LDL. Don’t confuse CAUSE with EFFECT.

- Q. Doctor, I have a question regarding the results of my “cholesterol” test results. You said that my “total cholesterol” was \_\_\_\_\_, and that my LDL was \_\_\_\_\_, and that my HDL was \_\_\_\_\_. Are those numbers correct?**
- A. Yes, from the point of view that that is what the lab report says.
- Q. Okay, so here’s my real question. When I add my LDL and my HDL together, I only get \_\_\_\_\_, which is less than the “total cholesterol” which you told me was \_\_\_\_\_. Something here does not add up! Can you please explain why?**
- A. HDL and LDL are only part of the equation. The complete equation is...

**$HDL + LDL + (\text{triglycerides} / 5) = \text{“total blood lipids”}$**

Somewhere along the line, doctors started using a shorthand to refer to these very different variables. None of them actually refer to the individual molecule known as CHOLESTEROL. CHOLESTEROL is not bad. You must have CHOLESTEROL to survive. This equation is just a simple way to summarize what was observed in your blood. When your overall health is good, these numbers

tend to reflect that reality. Changing these numbers does not change your health. If your health improves, then these numbers will tend to improve also. Don't put the cart before the horse. You have to focus on being healthy. Once you get healthier, you will see these numbers reflect that newer, healthier you. Focus on being healthy. Don't focus on trying to merely change the numbers. Don't confuse CAUSE with EFFECT.

**Q. Are triglycerides the same as CHOLESTEROL?**

- A. No. They are absolutely and completely different things. This, more than anything else, is all the evidence that anyone should need to realize that their doctor is lying about "cholesterol". It is entirely possible for you to eat absolutely zero dietary CHOLESTEROL and still have your blood "cholesterol" levels rise. This is simply due to the fact that your body can easily and quickly convert excess calories from ANY source into triglycerides which, according to your doctor's formula, are then deceitfully referred to as "cholesterol". Triglycerides are definitely not the same as CHOLESTEROL, but the medical and pharmaceutical industries have changed the meaning of the word "cholesterol" to include triglycerides. This has been done in order to trick you into believing that you need to consume poisonous pharmaceutical drugs. It has also been devised to convince you to eat exactly the wrong foods in order to maintain the health of your cardiovascular system. It has been devised to convince you that you are sick when, in fact, you are not. When your doctor uses the equation that is typically used to deceitfully refer to triglycerides as "cholesterol", they you should immediately realize that...

**YOUR DOCTOR IS A LIAR!**

*“The first point to make is that you do not have a CHOLESTEROL level in your blood. CHOLESTEROL is insoluble in blood, and therefore has to be carried around the body inside a small sphere known as a lipoprotein. There are many different types of lipoprotein, ranging from the monster chylomicron to the teeny, weeny, High Density Lipoprotein (HDL). Lipoproteins do not just carry CHOLESTEROL. They also carry all sorts of other fats, saturated, monounsaturated and polyunsaturated. When you eat CHOLESTEROL and saturated fat, they are both absorbed into the intestinal wall, where the saturated fats are all stuck onto a glycerol molecule, to make triglycerides. The CHOLESTEROL remains unchanged. Then, within the intestinal wall, both are rammed into a chylomicron before being expelled into the portal circulation system to be moved around the body. Most chylomicrons go directly to the liver where they are absorbed, broken down, and reconstructed into a smaller type of lipoprotein known as a Very Low Density Lipoprotein (VLDL). These VLDLs then go out into the general circulation and gradually lose triglyceride. As they do so, they get smaller, transforming from VLDL to Intermediate Density Lipoproteins (IDL), then Low Density Lipoproteins (LDL). The LDL is either absorbed back into the liver, to be reused to create more VLDLs, or they are absorbed into other tissues where the contents are used by the cell. So, at what point does saturated fat get turned into CHOLESTEROL? Answer: It doesn't! You don't make CHOLESTEROL out of saturated fat. CHOLESTEROL, when it is made in the liver, starts out as a substance called Acetyl-coenzyme A. This is not a fat; it is nothing like a fat. Point one, therefore, is that saturated fat and CHOLESTEROL are completely unrelated chemically, and you don't make CHOLESTEROL from fats. So why would eating saturated fat increase CHOLESTEROL production in the liver? It can't and it doesn't. But of course, the substance we are interested in nowadays is LDL. Which is not the same thing as CHOLESTEROL at all. So why do we call a raised LDL level a raised 'cholesterol' level? In fact, the nomenclature in this whole area is just designed to make things almost impossible to understand. For example, a raised VLDL level is known as hypertriglyceridaemia. The only connection between saturated fats and CHOLESTEROL is that, because they are insoluble in water,*

*they sit inside lipoproteins in order that they can be carried around the body. The liver doesn't make LDL - LDL is the metabolic residue of VLDL. The liver doesn't make LDL, it makes VLDL, and when VLDL loses triglyceride it turns into LDL. So, if you eat more saturated fat (or any other kind of fat), the liver will churn out more VLDL. NOT because there is more CHOLESTEROL around, but because there are more triglycerides around to deal with. Therefore, presumably, after all the VLDLs have shrunk in size, there will be more LDLs left. Which means that a high fat consumption could lead to a higher level of LDL, via VLDL metabolism - although we have to abandon the whole CHOLESTEROL argument at this point, as CHOLESTEROL has nothing whatsoever to do with this process, it just gets carried around as an innocent bystander. After a meal VLDL levels go up, as you would expect, but the LDL level remains absolutely constant. Absolutely constant....(and there is no delayed response either). So, the amount of VLDL in the blood is totally unrelated to the level of LDL in the blood. Despite the fact that you 'make' one from the other. What this proves, beyond any doubt, is that the metabolic system tightly controls the level of LDL in the blood. It doesn't matter how many VLDLs are converted to LDL, the system takes the excess LDL out of play - instantly. It pulls excess LDLs into the liver where it recycles them. So, although fat intake can increase VLDL production, it has no effect on the level of LDL. Which means that, not only does saturated fat have no effect on CHOLESTEROL production in the liver, it also has no effect on LDL levels. In reality, it has no effect at all.*

*Fact one: The liver does not use fats, saturated or otherwise to make CHOLESTEROL*

*Fact two: The liver does not make LDL, it makes VLDL*

*Fact three: VLDL is converted into LDL through triglyceride loss*

*Fact four: VLDL levels and LDL levels are totally unrelated - totally, which means that: Saturated fat intake has no impact on LDL levels.*

***A Raised LDL Level Has No Impact On Heart Disease."***

*Malcolm Kendrick*

*Medical Director, Adelphi Lifelong Learning  
Cheshire, United Kingdom*

**Chapter 8**

**What is CHOLESTEROL, Really?**

**IT'S A JOKE...**

DOCTOR: You've only got six months to live.

PATIENT: But what if I can't pay your bill in that time?

DOCTOR: Then I'll give you another six months.

• • •

A man was in really bad shape. His eyes bulged way out of their sockets and he was always gasping for breath. His doctors didn't give him very long to live, so he decided to enjoy his final days and live it up. He withdrew all of his money from his bank account and went on a shopping spree, stopping at a fancy men's clothing store to purchase a new suit of clothes for a night out on the town. He asked the tailor for a white silk shirt in a size 14. The tailor replied, "Your neck looks a bit larger than that sir. Let me bring you a size 16."

"I know my size," said the man. "Please bring me a size 14 shirt."

"Very well," said the tailor. "I'll bring you the size 14 shirt, but if you wear it my guess is that your eyes will bug out and you will always be gasping for air!"

The next time you get an opportunity to speak with your doctor, take the time to ask them any or all of the following questions...

**Q. What is CHOLESTEROL?**

**Q. What does CHOLESTEROL do in my body?**

**Q. Why does my body make CHOLESTEROL?**

A. The short answer is: CHOLESTEROL is a very unique molecule that is converted into a wide range of hormones in the body. CHOLESTEROL is absolutely not the same thing as HDL, LDL or triglycerides.

Far from being a dangerous substance, CHOLESTEROL is absolutely necessary for life. CHOLESTEROL is a unique molecule. It is a chemical. It is a monohydric alcohol. It is organic because it is carbon based. Its chemical formula is  $C_{27}H_{45}OH$ . It is a yellow, waxy, solid lipid substance that melts at 300°F.

CHOLESTEROL is a steroid! Don't be afraid of that word. There is absolutely nothing wrong with naturally occurring steroids. Please make the distinction between the steroids that are made naturally within your own body and artificial steroids that are chemically different than those that are made by the human body. The word steroid comes from the same root as the word sterol, as in CHOLE-STEROL.

CHOLESTEROL is the raw material from which skin cells are able to manufacture Vitamin D in the presence of sunlight. CHOLESTEROL is vital for adequate natural protection from the

sun. Vitamin D is necessary for the proper absorption of calcium and the maintenance of healthy bones.

CHOLESTEROL also serves as a building block for some of the most important hormones in the human body such as pregnenolone, progesterone, DHEA, the glucocorticoids (cortisol), the mineralcorticoids (aldosterone), the androgens (androstenedione and testosterone) and the estrogens (estradiol, estriol and estrone).

CHOLESTEROL is a vital constituent of bile acids that are produced by the liver and stored in the gall bladder. Bile acids are necessary for the proper digestion and absorption of fat soluble vitamins, essential fatty acids and other fat soluble compounds.

CHOLESTEROL is secreted by glands in our skin in order to seal skin tissue from the outside world. Its waxy quality helps to cover and protect our skin against dehydration, cracking, wear and tear, sunlight, toxic compounds and bacteria. If you have ever squeezed a waxy plug out of one of the pores in your skin (a blackhead or a whitehead), then you have come face to face with CHOLESTEROL.

CHOLESTEROL is located in every cell of the body, especially in the cellular membranes and in the brain, nerves, spinal cord, liver, kidneys and adrenal glands. It is manufactured by every cell of the body and can be manufactured in the liver and delivered via the bloodstream to the cells of the body on an as needed basis.

CHOLESTEROL can be manufactured whenever our total intake of any food supplies us with calories in excess of our body's requirements. The breakdown of starches, sugars, fats, proteins and even alcohol provides the raw materials which the body can use to manufacture CHOLESTEROL from almost everything we eat. The more excess calories that we consume of any type of food

(especially sugars and saturated fats), the greater our ability to manufacture CHOLESTEROL.

CHOLESTEROL is even manufactured by the placenta during pregnancy. CHOLESTEROL can act as an anti-oxidant in a pinch when the body's level of antioxidants such as Vitamin C & E are running low.

*“Despite popular impressions to the contrary, therefore, CHOLESTEROL is not a villain lurking in some evil foods - it is a compound the body makes and uses. Your liver is manufacturing CHOLESTEROL now, as you read. At the rate of perhaps  $5 \times 10^{16}$  (50,000,000,000,000,000) molecules per second!”*

*Understanding Normal and Clinical Nutrition  
(Textbook)*

An average human body contains about 150,000 milligrams (one-third of a pound) of CHOLESTEROL. Only about 7% of the total is found in the blood ( $150,000\text{mg} \times 7\% = 10,500\text{mg}$ ). An “ideal” “cholesterol” reading of 200 milligrams per deciliter of blood means that there are 200 milligrams of “cholesterol” in every one tenth of a liter of blood. The average person has approximately five liters of blood. For simplicity, let's say that there is an average of 10,000 mg ( $5 \text{ liters} \times 10 \text{ deciliters/liter} \times 200\text{mg/deciliter} = 10,000\text{mg}$ ) of CHOLESTEROL in the blood and another 140,000mg elsewhere in the body, for an overall total of 150,000mg.

In most people, increased consumption of CHOLESTEROL triggers a feedback mechanism which results in decreased production of CHOLESTEROL within the body. Likewise,

decreased consumption triggers a feedback mechanism which results in increased production of CHOLESTEROL within the body. The point to gather from this information is that your body definitely needs a regular supply of CHOLESTEROL. If you don't do your body the favor of eating CHOLESTEROL, already made and ready to go, then every cell in your body has to work overtime in order to manufacture CHOLESTEROL from scratch.

Take a look at the complexity of the CHOLESTEROL molecule. Did you realize that every day your body manufactures more than four thousand billion billion molecules of CHOLESTEROL? Do you have any idea how difficult this process is? Do you have any idea how much energy this requires? It is unreasonable to assume that the body does this by accident. CHOLESTEROL is manufactured by the body on purpose.

*“Infants need CHOLESTEROL for proper brain development. Large amounts of CHOLESTEROL are supplied to the infant in human milk. Also the mammary gland secretes a special enzyme into the human milk that ensures that almost all of the CHOLESTEROL will be absorbed by the infant. CHOLESTEROL may be needed to form properly the part of the brain that allows the eyes to develop normally. Infants fed most infant formulas get either very small amounts of CHOLESTEROL or no CHOLESTEROL. The scientists in the companies that manufacture infant formulas generally know that infants need to consume adequate amounts of CHOLESTEROL, but they have let the anti-CHOLESTEROL propaganda control the composition of their products to the detriment of the growing infant.”*

*Mary G. Enig, Ph.D.  
Author of “Know Your Fats”*

In addition, the more stress that we are under (physical and mental) the more CHOLESTEROL our body makes, because CHOLESTEROL is the building block for all of the steroid hormones that are essential for life.

CHOLESTEROL enables every cell to compensate for and/or create changes in the fluidity and the permeability of cellular membranes. This function is so vital that nature has ensured that every cell is able to manufacture its own CHOLESTEROL. Cells add CHOLESTEROL to their membranes in order to stiffen them. Adding CHOLESTEROL to the membrane of a cell makes that membrane more waxy and impermeable. Conversely, cells remove CHOLESTEROL from membranes that are too stiff in order to soften them. Removing CHOLESTEROL from cell membranes makes the membranes less waxy and thus more permeable to water-borne compounds and pathogens. Cells adjust the make-up of their membranes in response to the stresses upon which they are placed. If pressures are too great, if pathogens surround the cell, if toxins surround the cell, it will protect itself by adding a waxy layer of CHOLESTEROL to its outer membrane. If pressures are too low, or if nutrients are surrounding the cell, then it will remove CHOLESTEROL from its membrane in order to make it more open to the outside world.

On the last page of this chapter is a graphic representation of a cross section of a typical cellular membrane. Please note the important placement and the abundance of CHOLESTEROL within the membrane itself.

To obtain the raw material to manufacture the various hormones that they need, cells remove stored CHOLESTEROL from their cellular membranes. When the cellular levels of CHOLESTEROL are low, due to insufficient production or elevated conversion into other compounds, the amount of CHOLESTEROL that is stored in the cell's membrane is reduced. This is not a healthy condition.

Lowered levels of CHOLESTEROL in the cell's membrane leaves vulnerable gaps in the cellular membrane that open the interior of the cell to the dangers of the outside world. If the cell is able to produce sufficient amounts of CHOLESTEROL to replace that which is used, a balance is obtained. Typically, this balance is reflected throughout the body by a blood "cholesterol" reading in the range of 200mg/dl. Forcibly maintaining this 200mg/dl level with drugs does not result in health! Health and balance result in a "normal" CHOLESTEROL level. If the cell is unable to manufacture enough CHOLESTEROL to meet its needs, it must call upon the liver to make and send more CHOLESTEROL to it via packages of LDL in the bloodstream. Elevated levels of LDL actually mean that the cells of the body need MORE CHOLESTEROL.

Do you realize that you can dramatically ease the manufacturing burden placed upon every cell of your body, and especially your liver, by simply eating more pre-formed, ready-made CHOLESTEROL in the form of animal based foods? Since CHOLESTEROL is found in every membrane of every cell of every animal tissue, all animal foods contain at least some CHOLESTEROL. Needless to say, that animal worked very hard and expended a great amount of energy in order to either produce or obtain that CHOLESTEROL in their diet. You can easily relieve your body of that energetic burden by consuming MORE CHOLESTEROL. The energy saved can then be used for the completion of other bodily functions.

CHOLESTEROL is the *primary* lipid (fat-like) compound found in the myelin sheath that surrounds all nerve cells. CHOLESTEROL is the *primary* lipid in the brain. CHOLESTEROL accounts for approximately 17% of the dry weight of the entire brain. Calling someone a "fat-head" is mistakenly seen as an insult, but calling someone a "CHOLESTEROL-head" would definitely be a compliment! The very substance that has been vilified as evil is

vitaly essential for creating synaptic connections between nerve cells in the brain. Glial cells, which are sort of helper/assistant cells to brain cells must be able to produce CHOLESTEROL for brain cells. Brain cells absolutely must have a dependable source of CHOLESTEROL in order to form synaptic connections with other brain cells. In short, CHOLESTEROL is necessary in order to learn, in order to create new ideas and store new memories.

*“The statement ‘even if you didn’t eat any CHOLESTEROL, your liver would manufacture enough for your body’s needs’ has been made so frequently it is often believed. But, in fact, there is evidence that for some people, CHOLESTEROL is an absolute dietary essential because their own synthesis is not adequate.”*

*Mary G. Enig, Ph.D.  
Author of “Know Your Fats”*

CHOLESTEROL is unusual in that our body can manufacture it, but it is unable to break it down. There is an intricate loop that takes CHOLESTEROL from the bloodstream into the liver for conversion into bile acids or “soaps”. The liver converts CHOLESTEROL into bile acids and then excretes these bile acids into the small intestine to assist in the digestion of fats and oils. The bile salts enable the body to absorb essential fatty acids and fat soluble vitamins. The absorbed fats make their way into the circulation by first flowing into the lymphatic system. However, CHOLESTEROL, in the form of bile acids, is returned to the liver via the portal vein. Normally, over 90% of bile acids are returned to the liver. Very little CHOLESTEROL in the form of bile is ever supposed to make its way to the outside world through the feces. CHOLESTEROL is an incredibly valuable commodity and is conserved and reused by the body.

If our food contains large amounts of soluble fiber, if the peristaltic action of our intestines is rapid and if our bowel movements are

regular, then CHOLESTEROL may be lost in the feces. By this manner, diets that are high in soluble fiber reduce the level of “cholesterol” in the blood. Soluble fiber from oats, apples, beans, peas and flax have been shown to accomplish this reduction. Wheat bran does not. The soluble fiber traps the CHOLESTEROL that the liver has removed from the bloodstream and dumped into the small intestine in the form of bile.

Please do not fall victim to the marketing of high fiber products as an aid in the so-called “healthful” reduction of CHOLESTEROL levels. While it is true that reasonable amounts of fiber, from natural, whole food sources are a healthful addition to any diet, it is also true that the excessively high consumption of concentrated, purified fiber has been found to cause numerous digestive problems and has even been found to increase cancer rates! The reason is simple. CHOLESTEROL is a necessary and vital nutrient. Removing it from the body at an unnaturally high rate is not health promoting. Too little CHOLESTEROL in the diet is MORE dangerous than too much! While the practice of consuming large amounts of fiber is recommended by doctors to “lower your cholesterol”, this can actually deplete the whole-body stores of CHOLESTEROL and require additional production by the liver. The liver-bile-small-intestine-reabsorption loop for CHOLESTEROL containing bile acids is designed by Mother Nature in order to conserve a very, very, very important and valuable resource: CHOLESTEROL!

***“CHOLESTEROL is not the evil molecule it is made out to be.”***

*Dr. Joseph Mercola, D.O.*

CHOLESTEROL is only found in animal foods. CHOLESTEROL is not found in plant based food although plants do contain compounds that are quite similar to CHOLESTEROL (see beta

sitosterol). One egg contains approximately 250mg of CHOLESTEROL. Liver and butter contain approximately 1000mg per pound, but most people do not eat liver and butter by the pound. Fish, shellfish, poultry, beef, pork and other meats contain relatively less.

The average North American adult consumes approximately just 500mg of CHOLESTEROL per day. About half of it is absorbed into the bloodstream and the remainder is excreted in the feces. Dietary intake pales in comparison to the amount of CHOLESTEROL that resides in the body (150,000mg) as well as the amount that can be produced by every cell in the body.

The overall consumption of CHOLESTEROL has not changed dramatically in the last 100 years. ***It should be clearly understood that the increase in heart disease in the early 1900s was definitely not aligned with an increase in CHOLESTEROL consumption. Heart disease rates skyrocketed in the early 1900s while CHOLESTEROL consumption was actually decreasing.*** As you have already seen, there is actually ample scientific evidence that people should actually eat MORE CHOLESTEROL in order to be healthier.

CHOLESTEROL is NOT bad! Our bodies require quite a lot of CHOLESTEROL in order to perform all of the tasks that are necessary to preserve and maintain our lives. It is only the value judgement that doctors place upon CHOLESTEROL's "character" that is truly in error. CHOLESTEROL is NOT bad! CHOLESTEROL is your very, very, very best friend! CHOLESTEROL has, no doubt, saved your very life countless times and will save your life many countless more times in the future. It is only your doctor's limited understanding, narrow mindedness and lack of appreciation for the many benefits of CHOLESTEROL that can truly be described as "bad"!

***“‘Good’ and ‘bad’ are improper descriptions because all CHOLESTEROL is exactly the same.”***

*Russell L. Smith, Ph.D.  
Author of “The Cholesterol Conspiracy”*

If you were to have an opportunity to ask the questions that were posed at the beginning of this chapter to a doctor who actually knew the answers, who would not lie and who would not try to deceive you, you might hear something like the following...

**Q. What is CHOLESTEROL?**

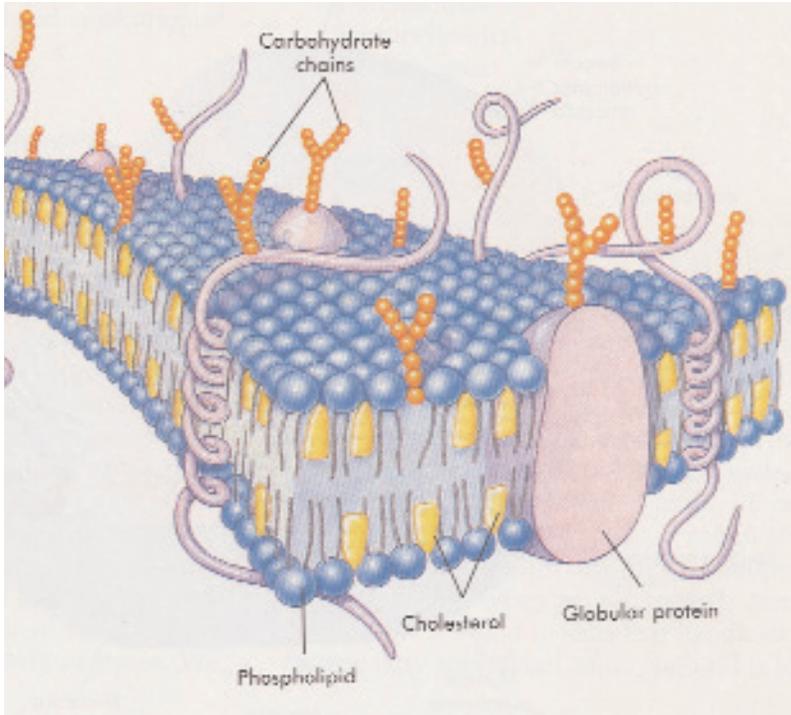
A. CHOLESTEROL is a molecule that has the chemical formula  $C_{27}H_{45}OH$ . It is technically classified as a steroid.

**Q. What does CHOLESTEROL do in my body?**

A. CHOLESTEROL is used by the body to do so many things, the list is almost endless. Additionally, CHOLESTEROL is converted by the body into a large number of different hormones including Vitamin D, pregnenolone, DHEA, progesterone, cortisol, aldosterone, testosterone, estradiol, estriol, estrone and many others.

**Q. Why does my body make CHOLESTEROL?**

A. CHOLESTEROL is made by the body because it is difficult to obtain enough in the diet. Most foods do not provide enough CHOLESTEROL, so the body is forced to make it from other substances, such as excess carbohydrates and fats. Suffice it to say that CHOLESTEROL is absolutely necessary for life.



### Cellular membrane

CHOLESTEROL acts to interlock the phospholipids that make up the vast majority of cellular membranes throughout the body. Removing CHOLESTEROL from your cellular membranes causes structural problems for the cells of your body that are analagous to what might happen if you were to remove all of the nails from your house. Most importantly, CHOLESTEROL is a major constituent of the myelin sheath that wraps and protects brain and nerve cells.



**Chapter 9**

**CHOLESTEROL Becomes...**

### IT'S A JOKE...

I went to the doctor for my checkup. I hate getting undressed in front of him, but he is a really good eye doctor!

• • •

The doctor enters the examination room and said, "Okay, take off your clothes and lie down."

I said, "Hey, the least you could do is buy me a drink first!"

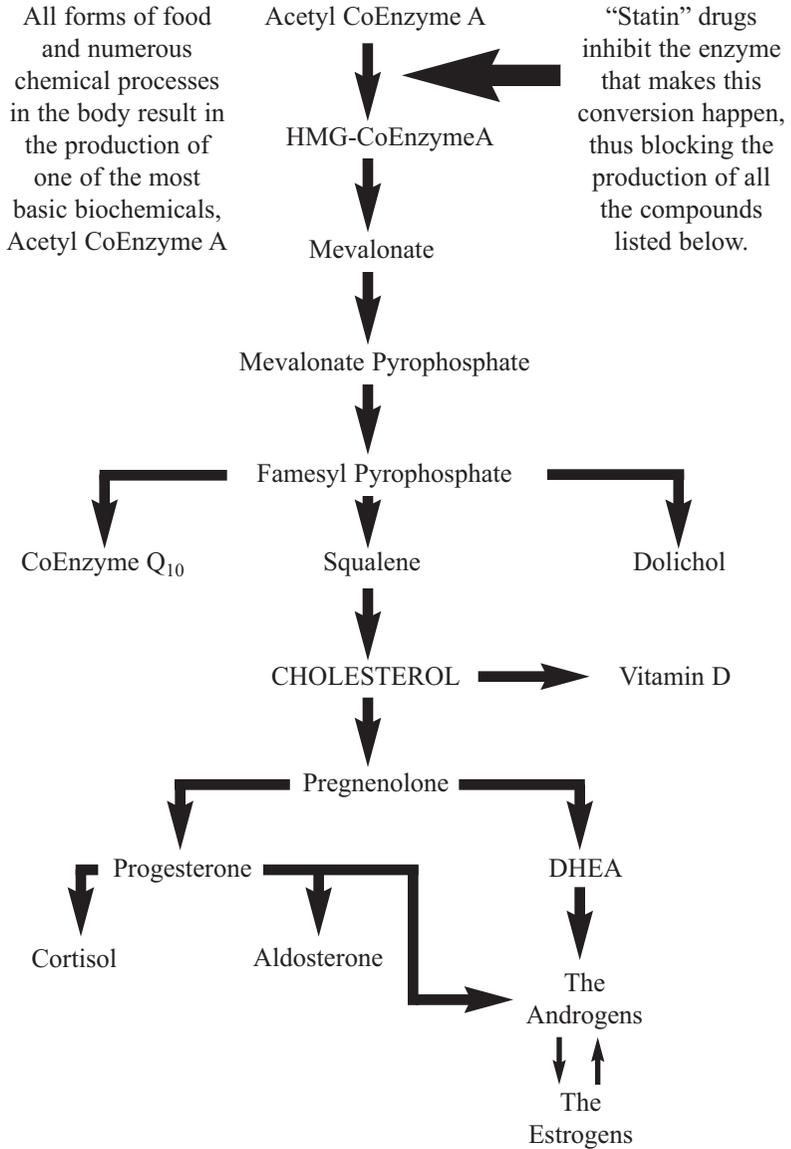
• • •

A woman was seeing a doctor about a skin ailment for which the doctor had prescribed artificial hormones. She was a little worried about the side effects that she was experiencing, so she asked her doctor, "Doctor, I'm afraid that these hormones are not doing what they are supposed to do. I've started growing hair in places that I've never had before."

The doctor replied, "Let me reassure you, a little hair growth is a perfectly normal side effect of the medication. Where has the hair growth occurred?"

The woman replied, "On my balls!"

The chart below is a simple outline of the biochemical pathways by which the human body transforms food into numerous compounds, many of which are necessary hormones.



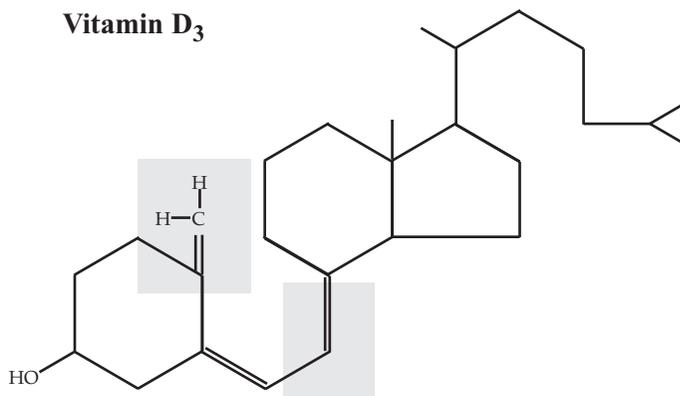
This chapter will compare and contrast the similarities and the differences among the many chemical compounds that the human body makes from CHOLESTEROL. I realize that much of the information in this chapter is very technical in nature and that it will not appeal to every reader. I included all of this information as a resource for those of you who do enjoy learning “the details”.

Although you should definitely read every word of this entire chapter, please make sure that you at least read the summary at the end of this chapter (skip to page 224, if you wish).

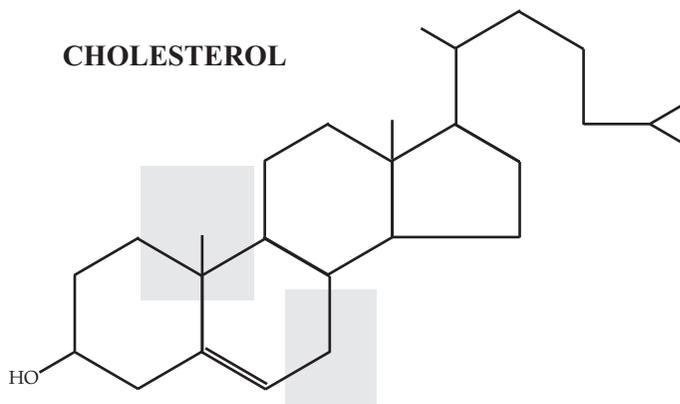
Please realize that, in the language of chemistry, all of the compounds discussed in this chapter are classified as STEROIDS. Don't be afraid of that word. These compounds will not make you bulk up and go into fits of rage at the drop of a hat. The compounds discussed in this chapter are all naturally occurring steroids that every human being has circulating throughout their bodies.

In addition to the natural compounds that are discussed in this chapter, however, there are also artificial steroids that unscrupulous athletes use to obtain an unfair advantage in sporting competitions, and there are artificial steroids that your unscrupulous doctor tries to sell you in the form of birth control pills, fertility drugs and hormone replacement therapy. These artificial steroids are known to be carcinogens, but yet they are marketed and sold by the billion\$ of dollar\$ by your doctor and their associates. At the same time, they tell you NOT to eat whole, natural foods that contain the most important natural steroid of all (CHOLESTEROL) from which your body makes all the natural steroid hormones that are necessary for life itself. They also tell you to take cancer-causing statin drugs that prevent your body from making its own CHOLESTEROL Why? (\$\$\$\$) Because...

**YOUR DOCTOR IS A LIAR!**

**Vitamin D<sub>3</sub>**

Please note the slight differences between the molecule of Vitamin D<sub>3</sub> above and the schematic representation of CHOLESTEROL shown below. They are identical except for the shaded areas.

**CHOLESTEROL**

Vitamin D<sub>3</sub> is also known as cholecalciferol, which gives a better clue as to its nature and function as a member of the sterol family that all have CHOLESTEROL as an ancestor. Most people are aware that the body can manufacture its own Vitamin D<sub>3</sub> when in the presence of direct sunlight, but most people do not know that

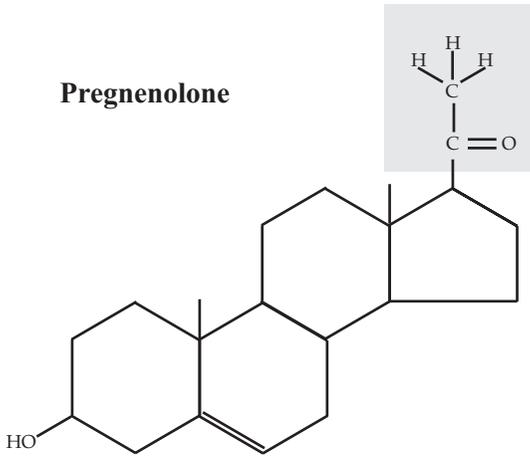
Vitamin D<sub>3</sub> is actually made from CHOLESTEROL. The family resemblance is unmistakable. CHOLESTEROL is found in the cells of the skin for a number of reasons. Its wax-like nature makes it a perfect compound to protect the skin from the ravages of water, pathogens, harsh chemicals and even minor injury. CHOLESTEROL even offers natural protection from the sun. When one of the carbon rings of CHOLESTEROL is hit by ultraviolet radiation from the sun, it absorbs some of the energy and protects the body from further sun damage. In the process, CHOLESTEROL is changed into Vitamin D<sub>3</sub>. The altered, but still useful molecule is then removed from the skin. From there it travels to the liver where it is altered further. Then it travels to the kidneys for even further alteration. Finally it is ready to proceed to the small intestine where it is put to work improving the body's ability to absorb dietary calcium from the inside of the digestive tract.

Since Vitamin D<sub>3</sub> is not found in many foods, and even then, it is found in extremely small quantities, and since the body can actually manufacture it, Vitamin D<sub>3</sub> is not properly classified as a vitamin. Vitamin D<sub>3</sub> behaves very much like a hormone, and since it comes from a family of compounds that all behave as hormones, it is reasonable to think of Vitamin D<sub>3</sub> as a hormone also. Nearly everyone knows that Vitamin D<sub>3</sub> is important for the proper absorption of calcium. Needless to say, anything that effects the production of Vitamin D<sub>3</sub> will also have a profound effect upon calcium absorption, bone formation, mineral storage and many other bodily functions that rely upon a ready and available supply of calcium.

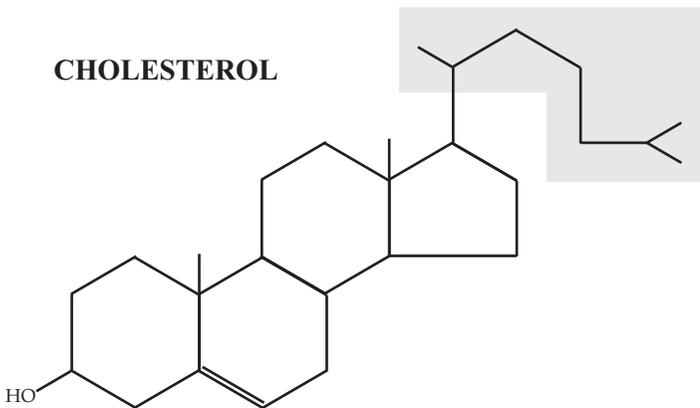
Please understand that “cholesterol” lowering statin drugs inhibit the production of CHOLESTEROL, from which Vitamin D<sub>3</sub> is made. Thus, by definition, statin drugs also inhibit the production of this vital hormone (Vitamin D<sub>3</sub>) and inhibit all of its beneficial actions.

Maybe that is why Lipitor and other statin drugs are known to cause numerous side effects, including **abdominal pain, abnormal heartbeat, back pain, constipation, distorted facial muscles, headache, heartburn, indigestion, joint pain, leg cramps, SENSITIVITY TO LIGHT, skin irritations, tingling of the extremities, and weakness!** If your doctor denies these facts, then ask them to look it up in the Physician's Desk Reference (PDR) that they are supposed to have on their desk. If they refuse to look it up, or if they deny the printed reality that is right in front of them, then I suggest that you get out of their office as soon as possible and never, ever go back, because...

**YOUR DOCTOR IS A LIAR!**



Please note the slight differences between the molecule of pregnenolone above and the schematic representation of CHOLESTEROL shown below. They are identical except for the shaded areas.



Pregnenolone is made from CHOLESTEROL in the mitochondria of every cell of your body. All of the other hormones that will be described are then manufactured from pregnenolone.

Pregnenolone does seem to have some benefit on rheumatoid arthritis symptoms. Researchers have found that pregnenolone blocks receptors for the neurotransmitter GABA (gamma-aminobutyric-acid). High GABA levels can have the effect of blocking memory. Pregnenolone seems to block that negative effect. Thus, pregnenolone improves memory. Pregnenolone also increases brain cell activity. Pregnenolone may also stimulate NMDA (N-methyl-D-aspartate) receptors in the brain, which play an important role in regulating synapses, thus influencing learning and memory.

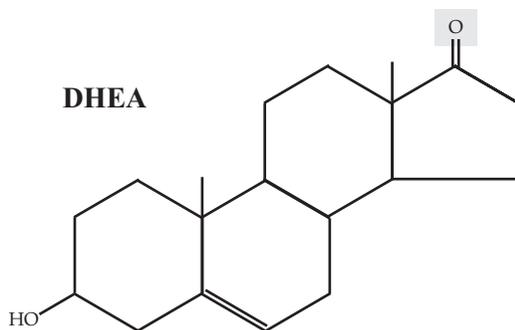
Please remember these important functions of pregnenolone when you read the amazing article entitled “Transient Global Amnesia” that was written by former NASA astronaut and flight doctor Duane Graeline which is included in the chapter entitled “Horror Stories”. When you read his story, please remember that pregnenolone is the first compound that the body produces directly from CHOLESTEROL. The list of compounds that are then made from pregnenolone is long, and it includes DHEA, progesterone, the glucocorticoids (cortisol), the mineralcorticoids (aldosterone), the androgens (androstenedione and testosterone), and the estrogens (estradiol, estriol, and estrone).

Pregnenolone is produced from CHOLESTEROL in our adrenal glands, liver, skin, testicles, ovaries and brain. Pregnenolone was seriously studied in the 1940's, after the well known researcher Hans Selye found that pregnenolone was helpful in reducing stress and fatigue.

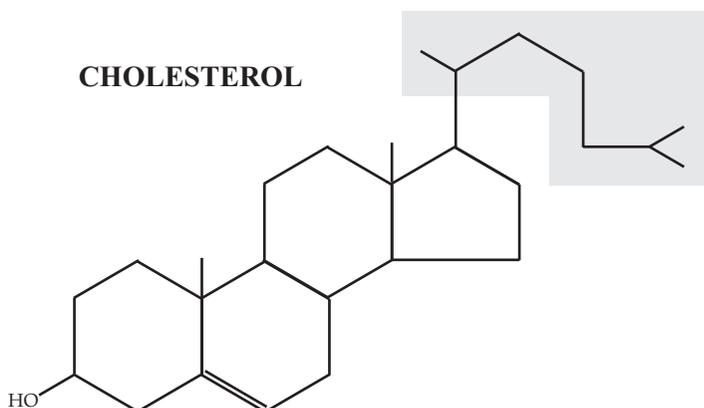
Please understand that “cholesterol” lowering statin drugs inhibit the production of CHOLESTEROL, from which pregnenolone is made. Thus, by definition, statin drugs also inhibit the production of this vital hormone (pregnenolone) and inhibit all of its beneficial actions.

Maybe that is why Lipitor and other statin drugs are known to cause numerous side effects, including **amnesia!** If your doctor denies this fact, then ask them to look it up in the Physician's Desk Reference (PDR) that they are supposed to have on their desk. If they refuse to look it up, or if they deny the printed reality that is right in front of them, then I suggest that you get out of their office as soon as possible and never, ever go back, because...

**YOUR DOCTOR IS A LIAR!**



Please note the slight differences between the molecule of DHEA (dihydroepiandrosterone) above and the schematic representation of CHOLESTEROL shown below. They are identical except for the shaded areas.



DHEA is made in the adrenal glands. The androgens and the estrogens are then made from DHEA. Only 5% of the DHEA in the body is found as free DHEA as pictured on this page. Approximately 95% of all the DHEA in the body is bound to a molecule of sulfur and is called DHEA-S (see next section).

It is not necessarily believed that the benefits of DHEA are actually due to some activity of DHEA itself. It is more likely that DHEA is merely a precursor to the hormones which will be discussed further on in this chapter. Still, many people who consume supplemental DHEA report that they feel as if it has taken years off of their chronological ages in terms of how good they feel.

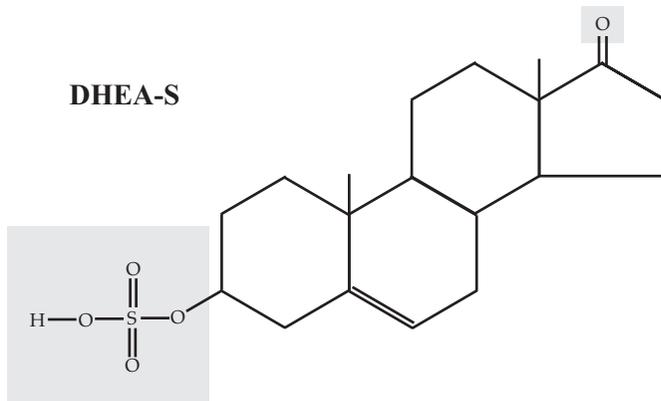
Higher levels of DHEA in people of all ages correlates with:

- Improved health
- Longer lifespan
- Longer period of healthier life
- Higher energy levels
- Improved immune function
- Improved ability to adapt to stress
- Improved sense of overall well-being
- Increased libido

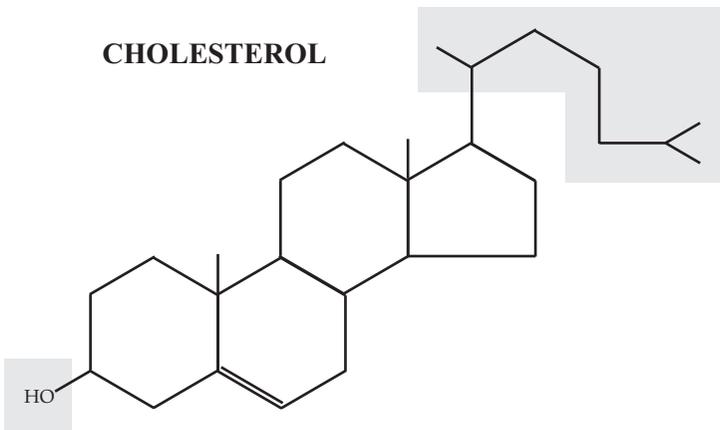
Please understand that “cholesterol” lowering statin drugs inhibit the production of CHOLESTEROL, from which DHEA is made. Thus, by definition, statin drugs also inhibit the production of this vital hormone (DHEA) and inhibit all of its beneficial actions.

Maybe that is why Lipitor and other statin drugs are known to cause numerous side effects, including **decreased sex drive, depression, fatigue, hair loss and hearing difficulties!** If your doctor denies these facts, then ask them to look it up in the Physician’s Desk Reference (PDR) that they are supposed to have on their desk. If they refuse to look it up, or if they deny the printed reality that is right in front of them, then I suggest that you get out of their office as soon as possible and never, ever go back, because...

**YOUR DOCTOR IS A LIAR!**



Please note the slight differences between the molecule of DHEA-S (dihydroepiandrosterone sulfate) above and the schematic representation of CHOLESTEROL shown below. They are identical except for the shaded areas.



DHEA-S is found in blood plasma. The sulfur bond makes DHEA-S more soluble in water, and this distinguishes it from regular DHEA, which is not water soluble. Approximately 95% of all the DHEA in the body is found in this form of DHEA-S.

The benefits attributed to DHEA-S are the same as those attributed to DHEA. Please see the previous section on DHEA for a list of these benefits.

Since DHEA-S is the form of DHEA that circulates in the blood stream, this is the type of DHEA that can be measured in a blood or saliva test. The normal blood range is between 200ng/ml and 1,500ng/ml for women and between 400ng/ml and 2,500ng/ml for men.

Please be aware that blood tests for DHEA-S DO NOT distinguish between DHEA and DHEA-S. This is incredibly important! DHEA-S, is NOT biologically active. Only DHEA is biologically active. You can think of it this way... the sulfur molecule bound to DHEA acts as a sort of chastity belt that prevents DHEA from having any influence while it is circulating. DHEA-S circulates throughout the bloodstream until a cell grabs it, unlocks the chastity belt of the sulfur bond and then converts the DHEA into the androgens (androstenedione and testosterone) and/or the estrogens (estradiol, estriol and estrone) that are discussed later on in this chapter. The bloodstream acts as a sort of DHEA-S reservoir from which all the cells of the body can drink.

Saliva tests DO distinguish between biologically active DHEA (about 5% of the sample in most cases) and biologically inactive DHEA-S (about 95% of the sample in most cases).

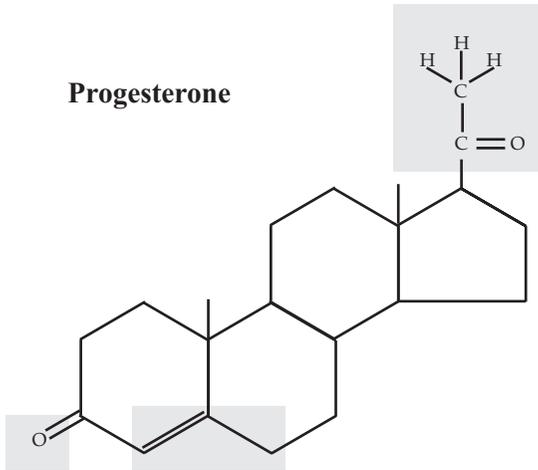
If your doctor is unaware of the difference between DHEA and DHEA-S, or if they are unaware of the difference in quality and accuracy between the blood test and the saliva test, then you should leave their office and find a more knowledgeable health care professional to assist you.

Please understand that “cholesterol” lowering statin drugs inhibit the production of CHOLESTEROL, from which DHEA-S is made.

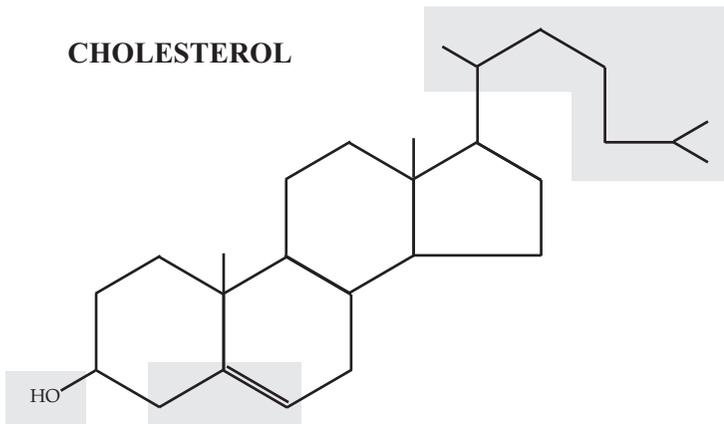
Thus, by definition, statin drugs also inhibit the production of this vital hormone (DHEA-S) and inhibit all of its beneficial actions.

Maybe that is why Lipitor and other statin drugs are known to cause numerous side effects, including **decreased sex drive, depression, fatigue, hair loss and hearing difficulties!** If your doctor denies these facts, then ask them to look it up in the Physician's Desk Reference (PDR) that they are supposed to have on their desk. If they refuse to look it up, or if they deny the printed reality that is right in front of them, then I suggest that you get out of their office as soon as possible and never, ever go back, because...

**YOUR DOCTOR IS A LIAR!**



Please note the slight differences between the molecule of progesterone above and the schematic representation of CHOLESTEROL shown below. They are identical except for the shaded areas.



Although many people have the wrong impression about progesterone, please realize that it is NOT a “female” hormone. Progesterone does not create or cause any “feminine” attributes.

The multitude of functions performed by progesterone are important for both genders. Both men and women manufacture progesterone in the myelin sheath that surrounds and protects all nerve and brain cells.

In women, levels of progesterone are low during the first half of the menstrual period and remain low until after ovulation. Progesterone is produced by the ovaries in very large amounts during the second half of the rhythmic menstrual cycle. Progesterone levels rise dramatically after ovulation, peak about a week later and decline before the expulsion of the lining of the uterus that occurs during menstruation.

Progesterone is probably best known for its importance in maintaining the viability of a growing fetus in the mother's womb. It literally received its name from its performance of this all important function. Pro-gest-erone is the pro-gestation hormone. Progesterone acts to ensure the growth and development of a newly impregnated egg in the womb (uterus) of an expectant mother-to-be. During pregnancy, progesterone is produced in absolutely huge amounts by the placenta. The placenta produces up to 400mg per day during the third trimester of pregnancy. In fact, prior to the development of other methods of producing progesterone, the only way to obtain progesterone was to eat the placenta (afterbirth). In most animals and in many human cultures, this is still a common practice following childbirth, and with good reason. The dramatic reduction in the amount of progesterone in the woman's body after childbirth can cause severe post-partum depression in new mothers.

**Progesterone has an extremely long list of beneficial functions...**

**Procreation**

- Increases libido in women at the time of ovulation.
- Stops ovulation by the other ovary once one egg has been released.
- Makes the cervical mucus accessible by sperm.
- Maintains the the lining of the uterus (secretory endometrium) for nurturing a possibly fertilized egg (ovum).
- Necessary for the embryo to survive.
- Prevents immune rejection of the developing baby. (Fetuses carry the DNA of the father, which is “foreign” to the mother’s body.)
- Facilitates the use of body fat for energy during pregnancy.
- Allows for the full development of the fetus throughout pregnancy.
- Allows the fetus to develop without determining gender specific development.

**Progesterone is an important building block for...**

- Cortisol and all the other adrenal corticosteroids.
- Aldosterone and all the other mineralcorticoids.
- The androgens (androstenedione and testosterone) in both males and females.
- The estrogens (estradiol, estriol and estrone) in both females and males.

**General functions of progesterone...**

- Necessary for healthy growth and maintenance of the myelin sheath that surrounds nerve cells.
- Protects against spasms of the heart muscle!
- Normalizes blood clotting functions.

- Protects against strokes.
- Restores proper tonicity to the cardiovascular system.
- Activates osteoblasts to increase new bone formation.
- Is thermogenic (raises body temperature).
- Helps metabolize fat for energy production.
- Helps prevent high blood pressure!
- Helps thyroid hormone function properly.
- Acts as a natural diuretic.
- Helps relieve muscle cramping.
- Acts as a natural anti-depressant.
- Helps relieve anxiety.
- Maintains normal cell membrane functions.
- Increases immunoglobulin E (Ig-E), which can help sinus, respiratory and vaginal infections and allergic reactions.
- Reduces the incidence of auto-immune disorders.
- Calms down a hyper-sensitive immune system.
- Helps prevent yeast (candida) infections in large doses.
- Helps normalize blood sugar levels.
- Restores proper cell oxygen levels.
- Normalizes zinc and copper levels.
- Is anti-inflammatory.
- Protects against endometrial, breast and ovarian cancer in women.
- Protects against fibro-cystic growths in the breast.
- Protects against prostate cancer in men.
- Complements and balances many of the functions of the estrogens.
- Restores balanced sensitivity to cell receptors for the estrogens.

Research done by M.R. Adams at the Bowman School of Medicine at Wake Forest University examined rhesus monkeys because their hearts closely approximate human hearts. Researchers injected the monkeys with chemicals that are known to cause coronary spasm.

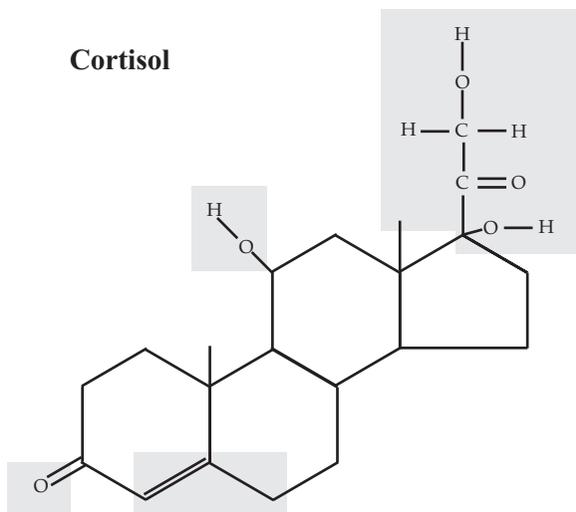
The hearts of the monkeys that were deficient in progesterone went into an unrelenting spasm that could only be relieved by another, different injection. The researchers were unable to cause any similar spasms in the hearts of monkeys that had adequate levels of natural progesterone. This can be interpreted in two ways: Adequate levels of natural progesterone may prevent heart spasms or insufficient levels of natural progesterone may lead to heart spasms.

In a study of 1083 pre-menopausal women, it was found that those who suffered from progesterone deficiency were five times as likely to develop breast cancer and ten times as likely to die from malignant growths of all types when compared to women with normal progesterone levels.

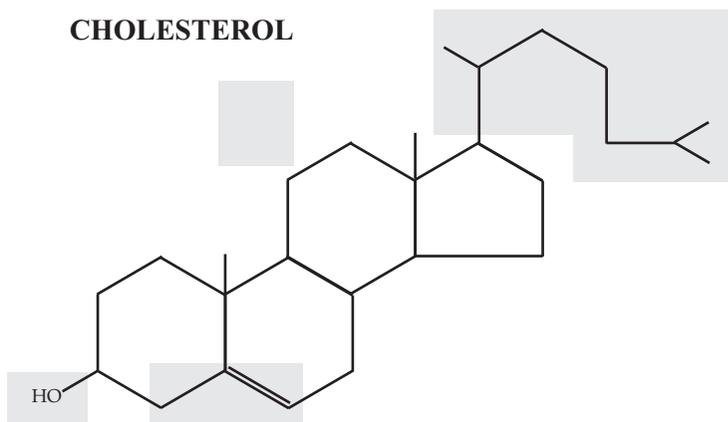
Please understand that “cholesterol” lowering statin drugs inhibit the production of CHOLESTEROL, from which progesterone is made. Thus, by definition, statin drugs also inhibit the production of this vital hormone (progesterone) and inhibit all of its beneficial actions.

Maybe that is why Lipitor and other statin drugs are known to cause numerous side effects, including **abdominal pain, acne, back pain, decreased sex drive, depression, fluid retention, and unstable emotions!** **Ask your doctor to explain why the PDR specifically and emphatically warns pregnant women against taking Lipitor!** If your doctor denies these facts, then ask them to look it up in the Physician’s Desk Reference (PDR) that they are supposed to have on their desk. If they refuse to look it up, or if they deny the printed reality that is right in front of them, then I suggest that you get out of their office as soon as possible and never, ever go back, because...

**YOUR DOCTOR IS A LIAR!**



Please note the slight differences between the molecule of cortisol above and the schematic representation of CHOLESTEROL shown below. They are identical except for the shaded areas.

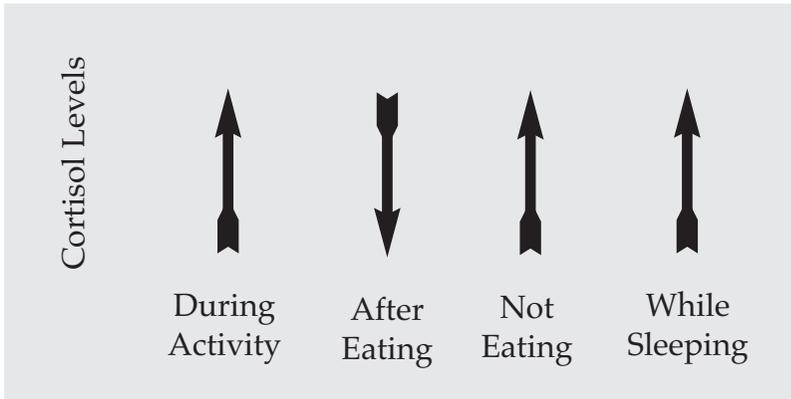


Contrary to the “prevailing wisdom” in many circles due to a wealth of highly inaccurate marketing and promotion, cortisol is NOT really the “stress” hormone. Adrenalin (which is made from

the amino acid tyrosine and is chemically completely different than everything that is covered in this book) is really the “stress hormone par excellence”! Cortisol is far, far better described as the “shortage” hormone or as the “deficiency” hormone or as the “I sure am getting hungry” hormone. Most accurately though, from your body’s inner perspective, **cortisol should be called the “I guess we are going to have to rip apart some portion of our body because this human being refuses to eat what they really need” hormone.**

Cortisol levels rise during periods of not eating. Cortisol levels typically rise at night while one is sleeping because, for about eight hours, the sleeper is not eating! High cortisol levels actually cause you to awaken in the morning, and low levels can leave you feeling sluggish and sleepy. You can roughly gauge the levels of cortisol in your own system by how hungry or not hungry you are. If you are very hungry, then you probably have cortisol levels that are on the rise. If you are always hungry, it probably means that whatever you have been eating is NOT satisfying your nutritional needs, so your body signals you to GO EAT AGAIN! This signal will repeat *ad infinitum* until you finally eat a food or a food supplement that is exactly what your body needs at that moment. Eating carbohydrates when your body is asking for protein doesn’t help. Eating candy when your body is asking for Vitamin C doesn’t help. Applying a sunscreen when your body is in need of Vitamin D is exactly the wrong thing to do! Hunger is the body’s signal that some type of nutrient or fuel source is needed. It is very important that you learn to listen to the messages that your body is sending to you so that you can understand what your body is really asking for. Hunger is not vague. Hunger is very, very specific. After you eat a very, very small portion of whatever it may be that your body needs, your hunger will immediately subside. It’s not about how much you eat. It’s about eating exactly what your body needs.

While your cortisol levels will vary, there is a pattern that is easy to understand.



Cortisol's job is to signal the entire body, and especially the liver and musculature, that nutrients are in short supply. This may be due to increased usage patterns. Maybe you are running a marathon at the moment, or maybe you are burning glucose like crazy in your brain trying to understand CHOLESTEROL and hormones. Maybe you have serious dietary nutritional deficiencies and cortisol is signaling the storage mechanisms in your body to release any available nutrients. Storage and the subsequent timely release of nutrients is one of the main functions of the liver. Next to the sheer bulk of the skin, bones and muscles, your liver is the biggest single organ in your body. It is a vast chemical manufacturing and storage facility. Vitamins, minerals, hormones, you name it, and your liver probably has some in storage. Your muscles are obvious storage depots for protein. Bones are also an obvious storage medium for protein! What? You didn't realize that your bones were made up mostly of protein? Yes, they are. Much like a modern skyscraper depends upon its steel skeleton for structural support, the bones of your body are held together by strands of collagen protein. Minerals such as calcium, magnesium, copper, zinc, sodium and potassium fill the space in between the

steel girders (collagen) in the bones, so yes, your bones do store minerals, but bones are primarily made up of protein. This puts a whole new perspective on osteoporosis, doesn't it? (That may very well be my next book, because doctors lie almost as much about osteoporosis as they do about CHOLESTEROL!)

When your brain gets a signal that some type of nutrient is needed by some specific area of the body, and if that nutrient is not currently circulating in the blood in an adequate supply, the brain signals the adrenal glands to go into action. One of the actions that the adrenals take is to release cortisol into the bloodstream. Where do they get this cortisol? The manufacture it from progesterone which was made from pregnenolone which was made from, you guessed it, CHOLESTEROL! Cortisol is classified as a glucocorticoid because its main purpose is to maintain at least a minimum amount of sugar in the bloodstream at all times. A steady stream of CHOLESTEROL is needed by the adrenal glands for them to be able to manufacture the specific steroid hormones that they must release into the bloodstream in order to satisfy the requests of the brain and in turn, guarantee that the nutrients needed by the tissues of the body are available in the bloodstream.

If cortisol can be classified as a "stress" hormone, as so many are anxious to do these days, then the stress that they must be referring to can only be the stress of nutritional deficiency. The following is a short list of situations that can cause cortisol levels to rise.

- Inadequate protein intake.  
Insufficient protein consumption for any period of time more than 4 hours will cause a rise in cortisol.
- Inadequate glycogen storage in the muscles and liver.  
Any vigorous exercise (running a marathon, hiking, rock-climbing, etc.) will cause a rise in cortisol. The maximum for most people is two hours. At that point all

stored sugar is used up, and you hit the proverbial “wall” and can go no further.

- Inadequate mineral balance in the blood.  
Eating too much fast food or nutritionally empty food that was conventionally or “factory” grown as opposed to organically grown produce and free range animal products in their natural, whole food form.
- Low blood sugar due to the rebound effect of an insulin spike. You had a piece of candy and a sugar filled soda an hour ago and now both your blood sugar and you are crashing.

The benefits of adequate and timely cortisol production by the adrenals are far too many to mention, but the list includes...

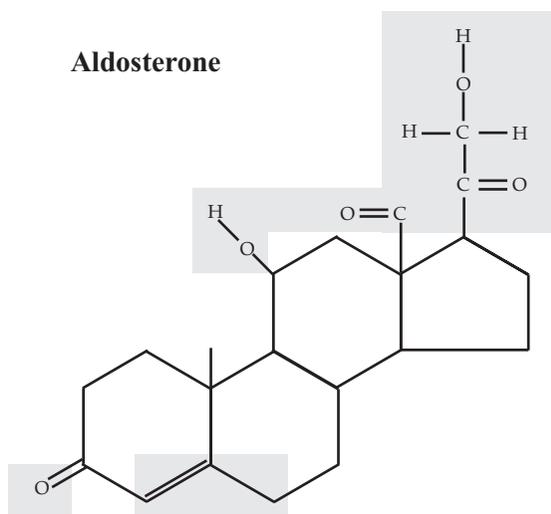
- Balanced and stable blood sugar levels.
- Balanced and stable energy levels.
- Balanced and stable levels of protein and amino acids in the blood.
- Ability to think clearly.
- Lower levels of inflammation throughout the body.

Eating highly nutritious meals in a timely fashion is all one really needs to do in order to keep cortisol at a healthy level but, since most people do not do this, cortisol is most definitely a hormone that you want your body to be able to produce easily and on an as-needed basis. Except in extreme circumstances, inhibiting the production of cortisol is not a good idea. Satisfying the body’s nutritional needs on a regular basis so that there is less of a need for the body to make and circulate cortisol in order to remove nutrients from storage is a far more wise and far more healthy approach. If any of the “short term” situations above occurs chronically, then you will suffer from chronically elevated cortisol levels.

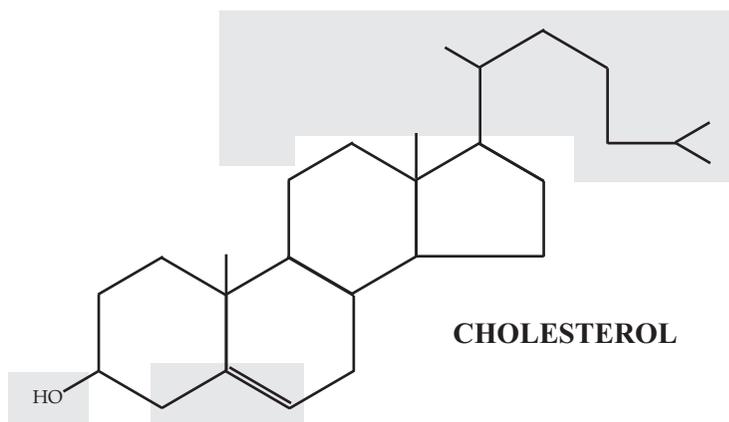
Please understand that “cholesterol” lowering statin drugs inhibit the production of CHOLESTEROL, from which cortisol is made. Thus, by definition, statin drugs also inhibit the production of this vital hormone (cortisol) and inhibit all of its beneficial actions.

Maybe that is why Lipitor and other statin drugs are known to cause numerous side effects, including **allergic reaction, changes in taste sensation, constipation, diarrhea, fatigue, gas, indigestion, inflammation of sinus and nasal passages, itching, purple or red spots on the skin, rash, respiratory problems, skin irritations, urinary problems, vomiting, weight gain and weight loss!** If your doctor denies these facts, then ask them to look it up in the Physician’s Desk Reference (PDR) that they are supposed to have on their desk. If they refuse to look it up, or if they deny the printed reality that is right in front of them, then I suggest that you get out of their office as soon as possible and never, ever go back, because...

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Please note the slight differences between the molecule of aldosterone above and the schematic representation of CHOLESTEROL shown below. They are identical except for the shaded areas.



Aldosterone is classified as a mineralcorticoid. Its purpose is to regulate the balance of minerals in the body, mainly sodium and potassium, but magnesium is also affected. The amount of bad

information that surrounds sodium (and the table salt that contains it) nearly rivals the amount of lies that have been told by doctors about CHOLESTEROL. Doctors have made salt into a villain that it most certainly is not. I choose not to go into the salt issue in this book, but it is also a humongous lie. I will provide but a quick summary. Please remember this as you read: The body depends upon balance and that balance fluctuates from moment to moment. Forcing the body to go in one direction all of the time is never balanced, never healthy.

It is needless to say that it is very important to maintain a healthy balance of all the minerals in the body. Of the many minerals that are necessary for life, sodium, potassium, chlorine, carbon (carbonate), magnesium, calcium, sulfur (sulfate) and phosphorus (phosphate) make up the vast majority of what are known as “electrolytes”. Every cell of your body absorbs certain electrolytes and pushes other electrolytes outside of their cellular structure in order to create an electrical charge on the inside of the cells that is different than the electrical charge that is on the outside of the cells. In this way, each cell becomes somewhat like a battery that is able to produce electricity. Without the proper balance of electrolytes, this process cannot happen.

I once sat through an interesting seminar where the speaker was trying to impress upon the audience the need for electrolytes. On stage, the speaker had a light that was wired to a small battery. To complete the circuit, the speaker placed both of the wires into a glass of plain water. Surprisingly, nothing happened. The speaker then sprinkled a little bit of salt into the water, stirred it around a little and then placed the wires back in the glass of water. Now, the light shined brightly. The point of the demonstration was that without salt and the other electrolytes, water will NOT conduct electricity. Your cells cannot survive in water that is devoid of electrolytes. You need salt to live.

Aldosterone is THE hormone in the human body that governs the processes that keep the body's electrolytes in the proper balance. Just the right amount of this and just the right amount of that and all is well. Too much of this and not enough of that, or vice versa, and every process in the body grinds to a halt because the many trillion cells of the body rely upon aldosterone to maintain an environment that is conducive to electricity. Then your doctor comes along, tells you to stop eating salt and prescribes a statin drug that makes it difficult for your adrenal glands to produce aldosterone in order to control the electrolyte balance in your blood and you wonder why you have high blood pressure? Hmmm.

Some of the functions of aldosterone include:

- Maintaining proper electrolyte balance in the body.
- Maintaining an adequate supply of water in the body.
- Maintaining proper blood pH levels.
- Maintaining proper blood thickness or viscosity.

Please understand that “cholesterol” lowering statin drugs inhibit the production of CHOLESTEROL, from which aldosterone is made. Thus, by definition, statin drugs also inhibit the production of this vital hormone (aldosterone) and inhibit all of its beneficial actions. Maybe that is why Lipitor and other statin drugs are known to cause numerous side effects, including **abnormal heartbeat, constipation, diarrhea, difficulty swallowing, dizziness, dry eyes, fatigue, fluid retention, leg cramps, sweating, urinary problems, weight gain and weight loss!** If your doctor denies these facts, then ask them to look it up in the Physician's Desk Reference (PDR) that they are supposed to have on their desk. If they refuse to look it up, or if they deny the printed reality that is right in front of them, then I suggest that you get out of their office as soon as possible and never, ever go back, because...

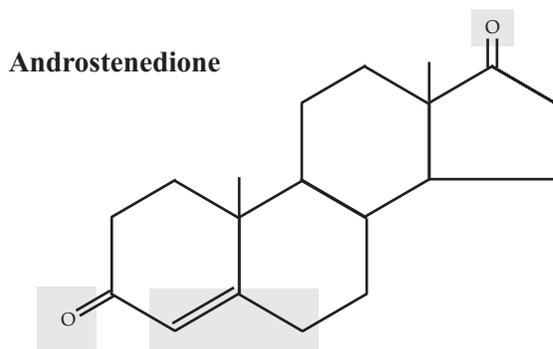
**YOUR DOCTOR IS A LIAR!**

## The Androgens

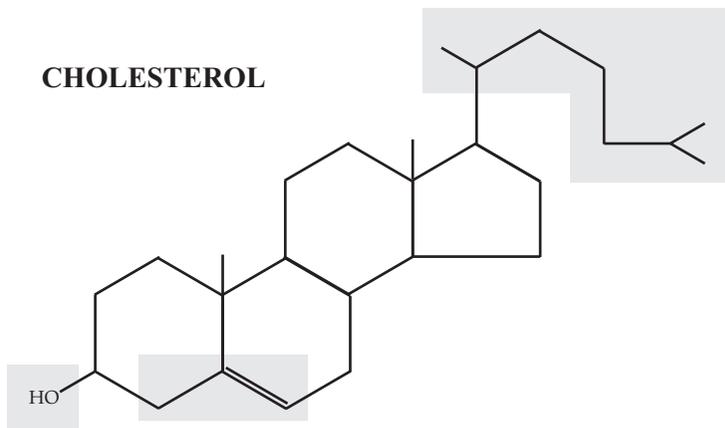
In Greek, “andros” means male. The androgens are commonly referred to as “male” hormones because they tend to bring about the expression of the characteristics that are typically associated with the male gender. This is somewhat misleading, however, because all healthy human beings, male and female, produce the androgens from CHOLESTEROL. When this family of hormones dominates an individual person’s system, typical “male” characteristics such as facial and body hair, greater muscularity, thicker skin and elevated aggressiveness are more likely to develop. Males typically produce about ten times as much of the androgens as do women. Most of the androgens are produced in the testes, but they can also be made elsewhere in the body, especially by the adrenal glands. Small amounts are actually manufactured in the ovaries of women. At the onset of puberty, increasing levels of the androgens can result in various noticeable characteristics. These same characteristics can become apparent in adults as well, if the levels of the androgens dominate the system. It isn’t so much about how much of the hormone is present, but the relative ratios of all the hormones involved.

**Higher levels of the androgens (relative to other hormones) can result in...**

- Disproportionately short legs
- Decreased adiposity (fat)
- More prominent larynx (Adam’s apple)
- Lower pitched voice
- Excessive facial and body hair
- Larger penis or clitoris
- Increased muscularity and strength
- Thicker skin
- Increased aggressiveness
- Higher body temperature



Please note the slight differences between the molecule of androstenedione above and the schematic representation of CHOLESTEROL shown below. They are identical except for the shaded areas.



Androstenedione is a natural substance that is found in humans, animals and in the pollen from many plants. It is produced in the gonads and in the adrenal glands from DHEA or from progesterone, which are both made from pregnenolone, which is made from CHOLESTEROL. Androstenedione has about one-seventh the potency as testosterone, but it can be converted into testosterone

by the body by a single chemical reaction. According to a German patent for androstenedione, 50 mg given orally raised blood levels of testosterone 140-183% above normal and 100 mg of androstenedione raised testosterone levels 211-337% above normal. Blood levels of testosterone start rising about 15 minutes after ingestion, peak around 1-1.5 hours later and return to near normal after around 3 hours.

After the fall of the Berlin Wall, Dr. Werner Franke obtained State Plan 14-25, the East German steroid “bible”, which detailed the steroid programs of over 200 elite East German athletes. It was learned that in the 1970’s, East German athletes used androstenedione in a nasal spray formulation as a final performance booster just before competition.

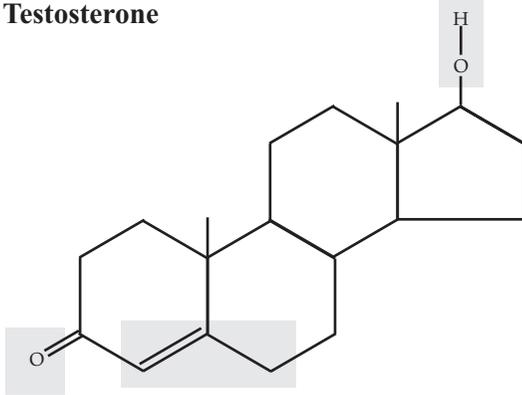
On March 11, 2004 the FDA sent warning letters to 23 companies which asked them to cease distributing products sold as dietary supplements that contain androstenedione and warned them that they could face enforcement action if they did not take appropriate actions. So, androstenedione, the building block of testosterone, a naturally occurring substance that became famous through its use as a dietary supplement by home-run record setting baseball player Mark McGuire is no longer legally available in the U.S.

Please understand that “cholesterol” lowering statin drugs inhibit the production of CHOLESTEROL, from which androstenedione is made. Thus, by definition, statin drugs also inhibit the production of this vital hormone (androstenedione) and inhibit all of its beneficial actions.

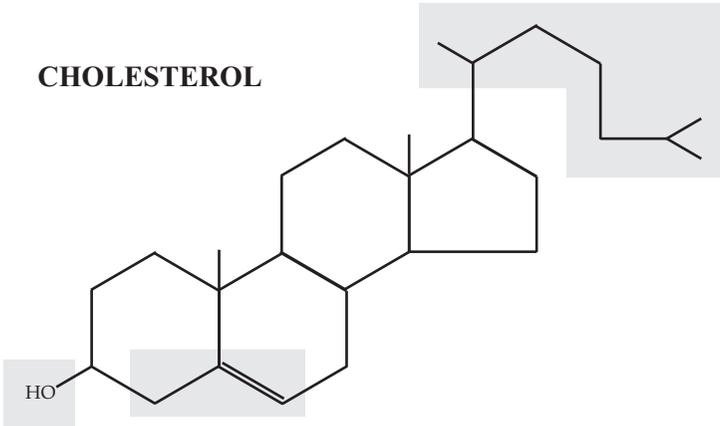
Maybe that is why Lipitor and other statin drugs are known to cause numerous side effects, including **accidental injury, acne, back pain, breast enlargement, decreased sex drive, distorted facial muscles, fatigue, hair loss, increased muscle movement, joint pain, lack of coordination, leg cramps, muscle aching or**

**weakness, weakness, weight gain and weight loss!** If your doctor denies these facts, then ask them to look it up in the Physician's Desk Reference (PDR) that they are supposed to have on their desk. If they refuse to look it up, or if they deny the printed reality that is right in front of them, then I suggest that you get out of their office as soon as possible and never, ever go back, because...

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**Testosterone**

Please note the slight differences between the molecule of testosterone above and the schematic representation of CHOLESTEROL shown below. They are identical except for the shaded areas.

**CHOLESTEROL**

In general, testosterone promotes the synthesis of protein and is known for its anabolic (growth) and masculinizing effects. Testosterone was first isolated from a bull in 1935. Large amounts are produced from CHOLESTEROL by the Leydig cells of the testes, but testosterone is also synthesized in smaller amounts by the theca cells of the ovaries, the zona reticulosa of the adrenal

cortex and by the placenta. In women, testosterone can be made from estradiol through a process known as reverse aromatization in the liver, adipose cells and other peripheral tissues. Once testosterone is produced, it is released into the bloodstream bound to a protein called sex hormone binding globulin. After it is absorbed into the cell, testosterone is then transported into the cytoplasm where it binds with a testosterone receptor. The testosterone/receptor complex is then transported into the nucleus of the cell where it can bind directly to nucleotide sequences of the chromosomal DNA. The areas at which this binding occurs are called hormone response elements and they influence transcriptional activity of certain genes.

The effects of testosterone include:

- Genital masculinization (development of penis, scrotum, prostate and seminal vesicles)
- Deepening of the voice
- Increased facial, bodily and pubic hair
- Increased muscle mass and strength
- Increased bone density and strength
- Increased libido and aggressiveness
- Increased mental and physical energy

Testosterone can be converted into estradiol, so excess levels of testosterone can actually result in a “feminization” of either gender.

Please understand that “cholesterol” lowering statin drugs inhibit the production of CHOLESTEROL, from which testosterone is made. Thus, by definition, statin drugs also inhibit the production of this vital hormone (testosterone) and inhibit all of its beneficial actions.

Maybe that is why Lipitor and other statin drugs are known to cause numerous side effects, including **accidental injury, acne, back pain, breast enlargement, decreased sex drive, distorted facial muscles, fatigue, hair loss, increased muscle movement, joint pain, lack of coordination, leg cramps, muscle aching or weakness, weakness, weight gain and weight loss!** If your doctor denies these facts, then ask them to look it up in the Physician's Desk Reference (PDR) that they are supposed to have on their desk. If they refuse to look it up, or if they deny the printed reality that is right in front of them, then I suggest that you get out of their office as soon as possible and never, ever go back, because...

**YOUR DOCTOR IS A LIAR!**

## The Estrogens

Doctors lie about the estrogens almost as much as they lie about CHOLESTEROL. First of all, despite what you may believe, there is no such thing as estrogen! That's right, THERE IS NO SUCH THING AS ESTROGEN!! Let me repeat that one more time for emphasis...

### **THERE IS NO SUCH THING AS ESTROGEN!!**

If you can find a specific chemical formula for this fictitious “estrogen” that doctors always seem to refer to, please let me know what it is! The word “estrogen” refers to an entire class of compounds, much like the word “car” refers to an entire class of vehicles. If you told someone that you had just purchased a new “car”, the first question that they would probably ask you is: “What kind?” Well, the same question needs to be asked in regards to the word “estrogen”. If your doctor ever tells you that your “estrogen” levels are too high or too low, the first words out of your mouth had better be: “What kind of estrogen?”

In Greek, “oestros” means “heat” or “fertility”. The estrogens are commonly referred to as “female” hormones because they tend to bring about the expression of the characteristics that are typically associated with the female gender. This is somewhat misleading, however, because all healthy human beings, male and female, produce the estrogens from CHOLESTEROL. When this family of hormones dominates an individual person's system, typical “female” characteristics are more likely to develop.

Most of the estrogens are produced in the ovaries, but they can also be made elsewhere in the body, especially by the adrenal glands. After menopause, and even after a complete hysterectomy, the estrogens are still made (in smaller amounts) in fat cells, muscle

cells and skin cells. Small amounts are actually manufactured in the testes of men. The estrogens are also made by the placenta during fetal development.

At the onset of puberty, increasing levels of the estrogens can result in various noticeable characteristics. These same characteristics can become apparent in adults as well if levels of the estrogens dominate the system. It isn't about how much of the hormone is present, but the relative ratios of all the hormones involved.

**Higher levels of the estrogens (relative to other hormones) can result in...**

- Disproportionately long legs
- Increased adiposity (fat)
- Typical “female” pattern deposition of body fat (hips, breasts, etc.)
- Less prominent larynx (Adam’s apple)
- Higher pitched voice
- Lack of facial and body hair
- Small clitoris or penis size
- Diminished muscularity and strength
- Thinner skin
- Increased passivity
- Lower body temperature

Low levels of the estrogens permit the underlying action of the androgens to become more noticeable. See the section on the androgens to learn of their effects.

Generally, the most common “estrogen” produced by the human body is estradiol, but once in the bloodstream, estradiol is rapidly converted to estrone.

In women, the levels of the “estrogens” are generally at their highest just prior to ovulation. They serve to stimulate growth of the egg follicle, and to thicken the wall of the uterus (womb).

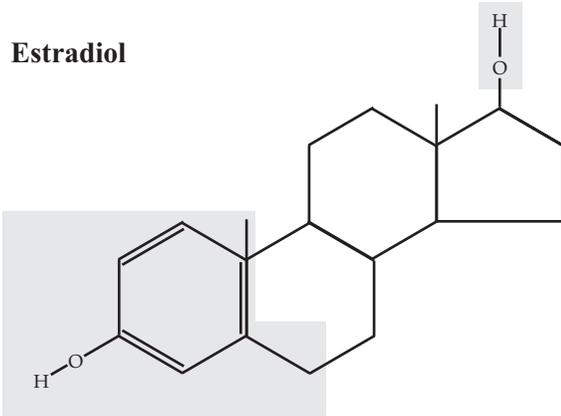
The American biochemist Edward Adelbert Doisy discovered estrone (1929), estriol (1930) and estradiol (1935).

The natural “estrogens” and artificially produced pharmaceutical variations can be used as contraceptives because they inhibit the pituitary gland in the brain from releasing follicle stimulating hormone (FSH). Follicle Stimulating Hormone normally triggers the ovary to release an egg from a developed follicle. The inhibitory effect of the excess “estrogens” in birth control pills prevents this natural process, and thus prevents pregnancy.

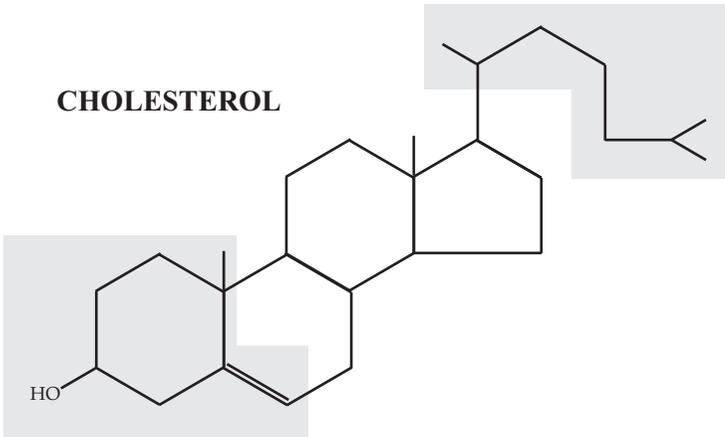
One of the most important, but ignored functions of “estrogen” is that it improves the body’s ability to absorb copper. Increased “estrogen” levels can increase serum copper levels by more than 100%!

***“‘Estrogen’ also lowers LDL in the bloodstream by increasing the number of receptor mechanisms on liver cells.”***

*Russell L. Smith, Ph.D.  
Author of “The Cholesterol Conspiracy”*

**Estradiol**

Please note the slight differences between the molecule of estradiol above and the schematic representation of CHOLESTEROL shown below. They are identical except for the shaded areas.

**CHOLESTEROL**

Estradiol is by far the most potent human estrogen. Estradiol is 1,000 times more potent in its effects on breast tissue than estradiol. Estradiol has been found to inhibit the entry of calcium into

coronary artery cells in a manner that is similar to the effect of calcium channel blocking pharmaceutical medications. This relaxes the vascular tension of systemic arteries and thus increases the blood flow throughout the cardiovascular system, which can relieve much of the burden that high blood pressure can place upon the heart. This relaxation of the arteries also inhibits spasms which can block coronary arteries and cause heart attacks whether the coronary arteries are filled with atherosclerotic plaque buildup or not. It is believed that this is at least one explanation for the cardiovascular protection that pre-menopausal women seem to benefit from in comparison to men and post-menopausal women.

Supplemental estradiol has been found to lower the levels of lipoprotein(a) by 9.6%.

Transdermally applied (through the skin) estradiol has been found to provide the same desirable benefits as “estrogens” that are administered orally, while avoiding the liver damaging effects that are often associated with hormone replacement therapy.

Estradiol also seems to act as a protective factor in the adult brain against neuro-degenerative diseases such as Alzheimer’s.

The human body is able to manufacture estradiol from estrone and vice-versa.

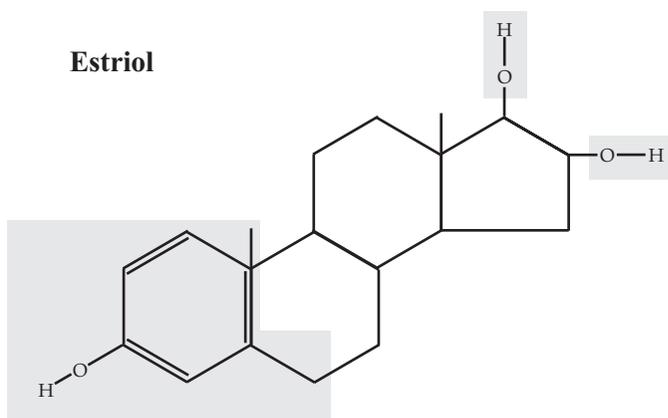
Please understand that “cholesterol” lowering statin drugs inhibit the production of CHOLESTEROL, from which estradiol is made. Thus, by definition, statin drugs also inhibit the production of this vital hormone (estradiol) and inhibit all of its beneficial actions.

Maybe that is why Lipitor and other statin drugs are known to cause numerous side effects, including **breast enlargement, decreased sex drive, unstable emotions and urinary problems!** **Ask your doctor to explain why the PDR specifically and**

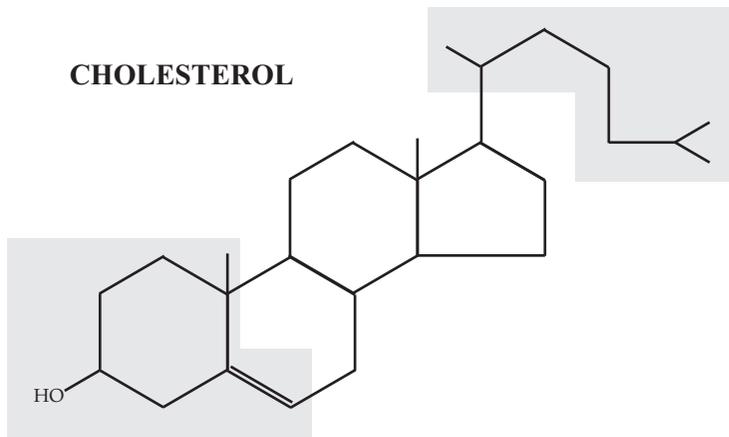
**emphatically warns pregnant women against taking Lipitor?**

If your doctor denies these facts, then ask them to look it up in the Physician's Desk Reference (PDR) that they are supposed to have on their desk. If they refuse to look it up, or if they deny the printed reality that is right in front of them, then I suggest that you get out of their office as soon as possible and never, ever go back, because...

**YOUR DOCTOR IS A LIAR!**



Please note the slight differences between the molecule of estriol above and the schematic representation of CHOLESTEROL shown below. They are identical except for the shaded areas.



Estriol is by far the safest “estrogen”. Some of the most common symptoms of “estrogen” deficiency are persistent vaginal dryness and thinning (atrophy) of the vaginal mucous membrane. Estriol is the estrogen that is the most beneficial to the vagina, cervix and

vulva. It assists greatly with improving vaginal dryness and atrophy, which can predispose a woman to vaginitis and cystitis.

Supplemental estriol has been found to significantly improve bone mineral density by inhibiting the loss of bone. Progesterone actually stimulates the production of new bone while estriol inhibits further loss. A prudent treatment for osteoporosis would examine the potential need for either or both natural hormones.

Intermittent estriol treatments have been shown to provide significant protection against breast cancer.

Estriol acts as a weak “estrogen” when it is administered as a single dose. It’s potency increases with prolonged use. However, estriol actually acts as an anti-“estrogen” when it is used in tandem with a more powerful “estrogen” such as estradiol. Estriol works to balance the “estrogen” activity by providing minimal activity when there is currently very little “estrogen” activity and by inhibiting activity when there is too much.

Estriol has been found to increase, thicken and improve the orientation of elastin fibers in the skin after only three weeks of topical application. After treatment for six months, skin elasticity and skin firmness markedly improved. The depth of wrinkles and the width of pores were reduced from 61-100%. Increased levels of type III collagen were also evident.

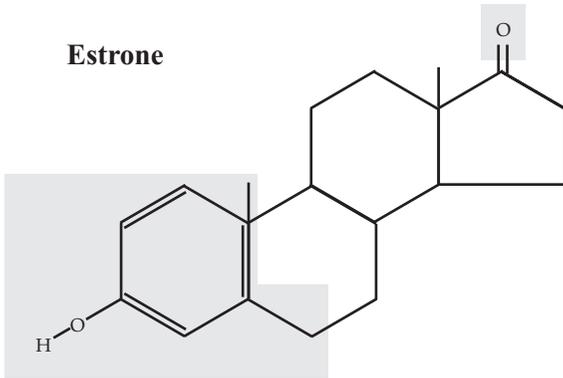
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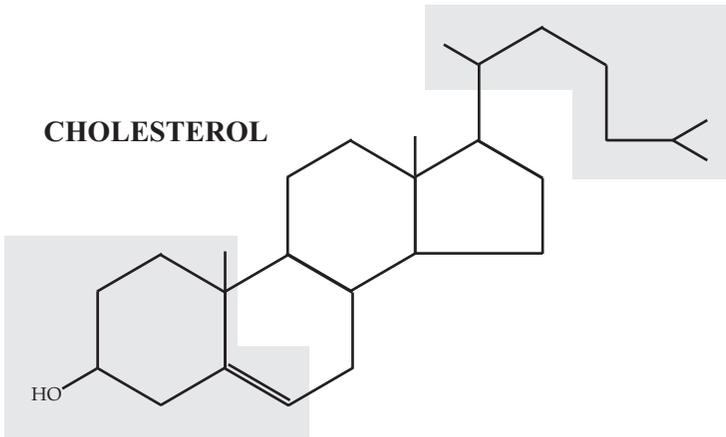
**Ask your doctor to explain why the PDR specifically and emphatically warns pregnant women against taking Lipitor?**

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Please note the slight differences between the molecule of estrone above and the schematic representation of CHOLESTEROL shown below. They are identical except for the shaded areas.



In pre-menopausal women, estrone is produced primarily by the ovaries and the cortex of the adrenal glands. In men, children (before puberty) and in post-menopausal women, estrone is derived from androstenedione in the peripheral tissues. The human body is able to manufacture estrone from estradiol and vice-versa. Estrone is also found naturally in palm kernel oil and in the pollen of the date palm.

In pre-menopausal women, estrone levels usually parallel those of estradiol. The levels of both hormones tend to rise during the first part of the menstrual cycle (follicular phase), peaking just prior to ovulation, with a secondary peak in the second half of the menstrual cycle (luteal phase).

Estrone is essential for the growth and normal maintenance of the lining of the uterus (womb). During pregnancy, large amounts of estrone are synthesized by the placenta from DHEA-S (which comes from the adrenal glands of the mother and the fetus).

Estrone has been used to treat threatened miscarriage, amenorrhea, breast cancer, hypogonadism, menopause syndrome, osteoporosis, post partum breast engorgement, vaginitis and vaginal atrophy. It has also been used in skin creams.

Studies have shown that a very low dose of supplemental estrone (just .625mg/day) is enough to preserve mineral bone density in the spinal bones of post menopausal women. Progesterone actually stimulates the production of new bone while estrone inhibits further loss. A prudent treatment for osteoporosis would examine the potential need for either or both natural hormones.

In post-menopausal women, the levels of estrone typically do NOT decline as dramatically as do the levels of estradiol.

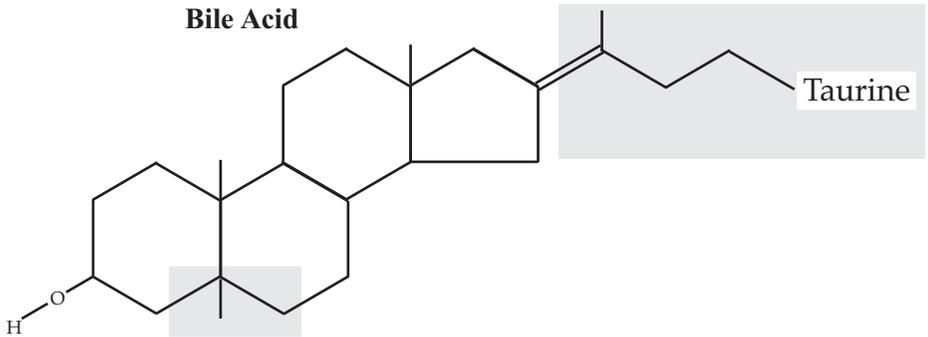
Please understand that “cholesterol” lowering statin drugs inhibit the production of CHOLESTEROL, from which estrone is made. Thus, by definition, statin drugs also inhibit the production of this vital hormone (estrone) and inhibit all of its beneficial actions.

Maybe that is why Lipitor and other statin drugs are known to cause numerous side effects, including **breast enlargement, decreased sex drive, unstable emotions and urinary problems!** **Ask your doctor to explain why the PDR specifically and**

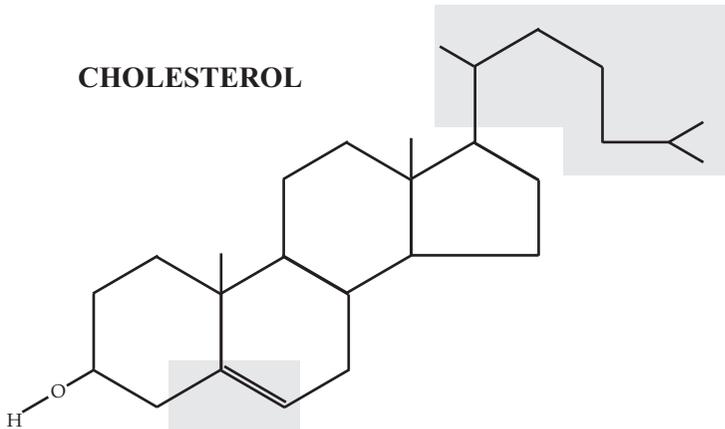
**emphatically warns pregnant women against taking Lipitor?**

If your doctor denies these facts, then ask them to look it up in the Physician's Desk Reference (PDR) that they are supposed to have on their desk. If they refuse to look it up, or if they deny the printed reality that is right in front of them, then I suggest that you get out of their office as soon as possible and never, ever go back, because...

**YOUR DOCTOR IS A LIAR!**



Please note the slight differences between the molecule of a bile acid above and the schematic representation of CHOLESTEROL shown below. They are identical except for the shaded areas.



CHOLESTEROL is soluble in fat, but the amino acid taurine is attracted to water, so this combined molecule (bile acid) has the ability to emulsify fats and water. Again, the “prevailing wisdom” is wrong. “Everyone knows” that oil and water don’t mix, but bile acids enable oil and water to do exactly that.

After bile acids are manufactured in the liver, they are stored and concentrated in the gall bladder. Whenever a fatty meal is consumed, the gall bladder contracts and squirts some bile into the small intestine in order to help the body (which is mostly water) digest and absorb the essential fatty acids, sterols and fat soluble vitamins that were in the recently consumed meal.

The latin root word “entero” refers to the intestine (interior) and the word “hepatic” refers to the liver. The body conserves CHOLESTEROL by setting up what is known as the entero-hepatic circulation. The entero-hepatic circulation transports bile acids from the gall bladder into the small intestine to assist with digestion. The bile acids are then reabsorbed on purpose and returned to the liver. This is not a mistake. This is done on purpose. Far too much effort has already gone into either obtaining or manufacturing the bile acids in the first place. CHOLESTEROL is far too valuable to just throw away in the feces in the form of bile.

***“The bile acids... are confined to an entero-hepatic circulation. From this circuit, little bile acid is lost, little appears in the peripheral blood or in the feces.”***

*Principles of Biochemistry  
(Textbook - 1959)*

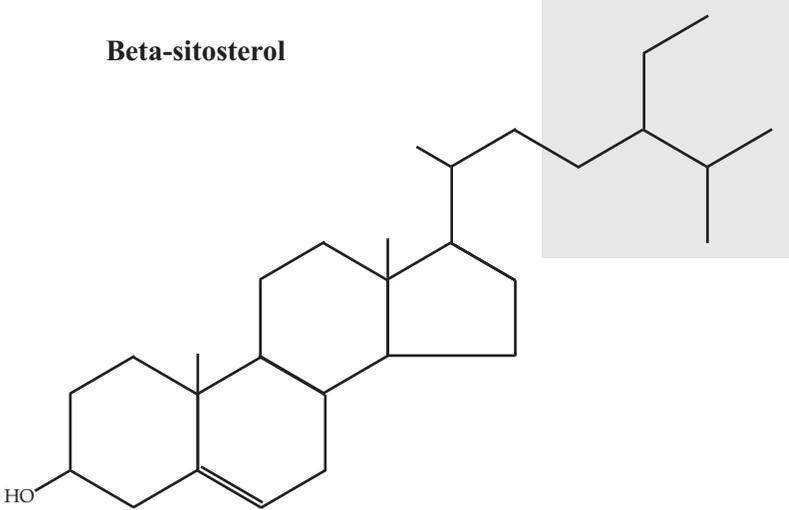
Here is a simple analogy. What if every time you stayed in a hotel you convinced the bellhop to come home with you in order to carry things around for you on a permanent basis? The hotel trained them. The hotel gave them a nice uniform. The hotel expects the bellhop to help you carry your bags up to your room, and then the hotel expects the bellhop to return to the lobby to help the next guest. When CHOLESTEROL appears in its starring role as the bellhop in the form of bile acids, it is expected to wait in the lobby

of your gall bladder for guests (essential fatty acids, sterols and fat soluble vitamins) to arrive in the next meal. When they do arrive, CHOLESTEROL (starring as the bellhop named bile) is expected to greet them politely, take their hand and prepare them for passage through the semi-permeable membrane of the small intestine into the lymphatic system. The (CHOLESTEROL containing) bile acids are then returned to the liver and the gall bladder via the portal vein just like the bellhops are expected to return to their post in the hotel lobby. Eating extraordinarily large amounts of fiber or taking laxatives has the effect of dragging the bellhops out of the hotel of your body and into the toilet with your feces. This is NOT what your body had planned. Now your body has to combine a completely new molecule of CHOLESTEROL with an additional molecule of the amino acid taurine in order to recreate the bile acid that was lost in the feces due to the overconsumption of fiber.

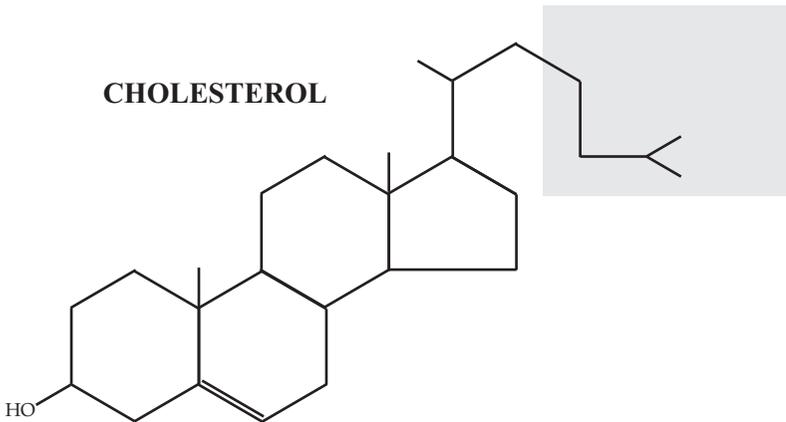
Please understand that “cholesterol” lowering statin drugs inhibit the production of CHOLESTEROL, from which bile acids are made. Thus, by definition, statin drugs also inhibit the production of these vital compounds (bile acids) and inhibit all of their beneficial actions.

Maybe that is why Lipitor and other statin drugs are known to cause numerous side effects, including **abdominal pain, black stools, constipation, diarrhea, difficulty swallowing, fatigue, fever, gas, headache, indigestion, vomiting, weight gain and weight loss!** If your doctor denies these facts, then ask them to look it up in the Physician’s Desk Reference (PDR) that they are supposed to have on their desk. If they refuse to look it up, or if they deny the printed reality that is right in front of them, then I suggest that you get out of their office as soon as possible and never, ever go back, because...

**YOUR DOCTOR IS A LIAR!**

**Beta-sitosterol**

Please note the slight differences between the molecule of Beta-sitosterol above and the schematic representation of CHOLESTEROL shown below. They are identical except for the shaded areas.

**CHOLESTEROL**

Beta-sitosterol is a sterol that is found in numerous plants. It is found in olive oil and saw palmetto berries, among many others. Although it is different than CHOLESTEROL, it is also very

very similar. It is not known if the human body can manufacture CHOLESTEROL from beta-sitosterol, but due to the many healing properties of the foods that contain beta-sitosterol, the prospect of such conversion seems promising.

***“Some absorption of the plant sterol, beta-sitosterol, is indicated. Indeed, this sterol appears to compete with CHOLESTEROL for ‘absorption sites’ in the intestinal mucosa, and consequently, when administered for prolonged periods of time, beta sitosterol may effect a reduction in plasma CHOLESTEROL values.”***

*Principles of Biochemistry  
(Textbook - 1959)*

Currently, (as of 2005) there are numerous nutritional supplements available in the marketplace that contain beta-sitosterol. Many basic foods (such as olive oil) contain beta-sitosterol. One can certainly purchase extra virgin olive oil anywhere in the world. I find it immensely interesting and actually quite entertaining that the consumption of a nutrient which is found in the most basic of foods and is as nearly identical to CHOLESTEROL as anything else in the world, is being sold as a therapy that has been shown to LOWER levels of “cholesterol” in the blood. Please understand the implications of this. Eating more plant based beta-sitosterol satisfies your body’s need for a CHOLESTEROL-like substance. This has been known for more than 50 years! This information has been published in medical textbooks! Your liver’s response to added plant based sterols (and animal based sterols as well!) is to stop manufacturing additional CHOLESTEROL because the cells of your body have been adequately supplied via the diet. Once the cellular need for a CHOLESTEROL-like substance has been satisfied with beta-sitosterol, blood levels of CHOLESTEROL drop!

The deceitful and criminal irony of this fact cannot and should not slip past you. Nearly fifty years ago, biochemistry textbooks pointed out the facts as they were known at that time. In textbooks that were printed before I was born in 1960, it was known and accepted that beta-sitosterol competed with CHOLESTEROL for absorption into the body. It was also known that supplemental beta-sitosterol added to the diet resulted in reduced blood “cholesterol” test results. This is not new information.

### **THIS IS A FIFTY YEAR OLD FRAUD!**

Doctors have known for more than fifty years that “cholesterol” levels can be lowered by something as simple as the consumption of foods that contain beta-sitosterol. They have kept this a secret from the American public. Instead of telling you the truth, they have told you that you should eat less CHOLESTEROL in order to lower your “cholesterol” readings, yet their own textbooks point out the clear fact that high “cholesterol” test results respond quite well to the ADDITION of plant based sterols into the diet.

### **SUMMARY**

Take a minute to take another look over all of the various hormones that have been detailed in this chapter. It should be clear to anyone, even with no knowledge of chemistry or biology that all of these compounds are related. They all come from the same family. They all come from CHOLESTEROL. They are all vital for life. You need these hormones to live and if you have a deficiency in any of them, then...

**YOUR BODY WILL MANUFACTURE MORE  
CHOLESTEROL IN ORDER TO MEET  
THE NEEDS OF THE BODY!**

I realize that this has been a tough chapter. Congratulations to you if you have persevered and read this book to this point. I know that there is a lot of technical information, but I included all of this information because I feel that it is very important to realize that there is a huge amount of knowledge about CHOLESTEROL that your doctor has never discussed with you. There is no need for you to memorize all of the information that was in this chapter. The important thing to remember is that CHOLESTEROL, and the hormones that are made from CHOLESTEROL, have immense importance to human life.

### **YOU NEED CHOLESTEROL!**

Maybe now you can see why your doctor finds it easier to lie to you and prescribe a pharmaceutical drug in order to lower your “cholesterol” rather than take the time to truly explain to you exactly what CHOLESTEROL is and does. First of all, they don’t know all of this information. If you have read this book straight through to this point, I guarantee you that you already know more about CHOLESTEROL than your doctor ever will, and your information will have been based upon textbook facts, not marketing hype from the pharmaceutical industry.

There is no way in the world that your doctor is ever going to dedicate the time and effort that it takes to learn this information. In their arrogant minds, they believe that they already know everything that there is to know, so why should they review something that they think that they already know? (I personally know former pharmaceutical sales reps who quit their jobs because they were uncomfortable with the responsibility of having to teach the doctors to whom they were selling drugs!) Un-learning wrongly learned information is one of the most difficult things in the world to do. Your doctor is never going to take the time and make the effort to try to explain all of this information to you.

The reason is simple. There is no insurance code that corresponds to “Explaining the truth about CHOLESTEROL to a patient”. If your doctor can’t get paid for doing something to you, then they simply are not going to do it. They will either tell you that it does not exist, that it does not work or that it is not “scientifically proven”!

*“‘Cholesterol’ lowering, without correcting underlying vitamin deficiency should be considered medical malpractice!”*

*Dr. Matthias Rath, M.D.*

*Author of “Why Animals Don’t Get Heart Attacks... But People Do!”*

Knowing what you now know, please ask yourself this question: How could any humane person recommend and prescribe any CHOLESTEROL lowering drugs? Only an inhuman, devious, demented, greedy, foolish and sick person could ever recommend that you consume a pharmaceutical drug that inhibits your body’s ability to manufacture all of the hormones described in this chapter! The hormones described in this chapter are vital for life. They are necessary. They must be produced. This information is taught in medical textbooks. It can be found in any medical dictionary. Every doctor is supposed to know all of this. So what does your doctor do in their actual practice? Your doctor skillfully and deviously verbally coerces you into consuming poisonous chemicals that inhibit your body’s ability to maintain its own life by telling you that it is “healthy” for you to lower your “cholesterol” by using pharmaceutical drugs! This goes far beyond lies.

**THIS IS FRAUD!**  
**THIS IS ASSAULT AND BATTERY!**  
**THIS OFTEN RESULTS IN MURDER!**

Once any reasonably sane individual realizes that CHOLESTEROL is the building block which every cell in your body uses to manufacture numerous hormones that are absolutely necessary for life, it becomes obvious that the mere concept of “cholesterol” reduction is an absurd, life threatening prospect. If your doctor recommends that you consume carcinogenic pharmaceutical drugs in a misguided attempt to limit your body’s ability to manufacture numerous natural hormones that enable your body to communicate within itself then...

**YOUR DOCTOR IS A LIAR!**

If your doctor says that they can manage all these hormones better than your body can, then...

**YOUR DOCTOR IS A LIAR!**

If your doctor says that it is safe to replace any one of these many hormones with an artificial, carcinogenic, pharmaceutical version, then...

**YOUR DOCTOR IS A LIAR!**

If your doctor says that you have to use the pharmaceutical drug that they are pushing because the natural version of many of these hormones is not available, then...

**YOUR DOCTOR IS A LIAR!**

If your doctor says that limiting your body’s production of CHOLESTEROL by using pharmaceutical drugs is safe, then...

**YOUR DOCTOR IS A LIAR!**

If your doctor says that it is bad for your liver to be sending CHOLESTEROL to every cell in your body so that every cell in your body can use this CHOLESTEROL to then manufacture countless hormones on an as needed, molecule by molecule basis, then...

**YOUR DOCTOR IS A LIAR!**

If your doctor says that a simple blood “cholesterol” test can accurately determine the moment to moment needs of the many trillions of cells in your body, then you should tell your doctor to go straight to hell, because...

**YOUR DOCTOR IS A LIAR!**

**Chapter 10**

**Pick Your Poison  
(Actually, Don't!)**

**IT'S A JOKE...**

Did you hear about the latest wonder drug?  
It's so powerful that you have to be in perfect  
health in order to take it!

• • •

My brother is a brilliant medical researcher.  
He just invented a cure for which there is no  
known illness!

• • •

DOCTOR: Did that medicine I gave your uncle  
straighten him out?

PATIENT: It sure did. They buried him  
yesterday!

• • •

It's easy to tell if a man is healthy or not. See  
which he takes two or more of at one time, pills  
or stairs!

The next time you get an opportunity to speak with your doctor, take the time to ask them any or all of the following questions...

**Q. Doctor, are the “cholesterol” lowering drugs safe?**

**Q. Will I live longer or be healthier if I manage my “cholesterol” with pharmaceutical drugs?**

A. The correct answer to both questions is an emphatic NO!!

***You are a victim of marketing that has been disguised as “science”.***

For two decades, the American public has been bombarded with an endless stream of statements, advertisements, and public service announcements regarding “cholesterol” and drugs that simply are not true. The “science” clearly shows that “statin” drugs will not improve your overall health. If you have read this book up to this point, you now know how and why the vast majority of the population has been deceived, but still people allow themselves to be taken in by the drug companies’ savvy marketing pitches.

***“Sixty-six percent of patients prescribed statins at the Cleveland Clinic had less reduction in ‘bad LDL cholesterol’ than the product’s labeling would have predicted. Nearly one in five had no reduction in ‘bad cholesterol’.”***

*Katharine Greider  
Author of “The Big Fix”*

If you learn how to read between the lies when you listen to the drug companies’ advertising and promotional efforts, it becomes quite obvious that their drugs are of absolutely no benefit. But don’t take my word for it. Please read the information on the next page, which is taken from the Physician’s Desk Reference. Despite what the ads say, statin drugs do not make you healthier!

***“If the decision is made to use drugs, the patient should be instructed that this does NOT reduce the importance of adhering to diet.”***

Tricor (page 523 )

***“The effect of Lescol or Lescol XL induced changes in lipoprotein levels, including reduction of serum cholesterol, on cardiovascular mortality has NOT been determined.”***

Lescol (page 2274)

***“Furthermore, the independent effect of raising HDL or lowering triglycerides on the risk of coronary and cardiovascular morbidity and mortality has NOT been determined.”***

Lescol (page 2274)

***“The effects of Mevacor on lipoprotein(a), fibrinogen and certain other independent biochemical risk markers for coronary disease are UNknown.”***

Mevacor (page 2025)

***“The effect of combined therapy with niacin and lovastatin on cardiovascular morbidity and mortality has NOT been determined.”***

Advicor (page 1793)

***“The effect of Lipitor on cardiovascular morbidity and mortality has NOT been determined.”***

Lipitor (page 2543)

***“...fatalities have occurred.”***

Zocor (page 2116)

*2004 Physician's Desk Reference*

But still the marketing continues. Why?

I asked my mother why she thought that her doctor was more likely to recommend that she take a drug rather than recommend other, safer and more effective healing methods. Her answer was immediate, simple and certain: “Money!”

Selling drugs is a very profitable business. It’s all about the money. You all know that, but somehow you still fall for the advertising.

*“The drug business is the most profitable in the country and has been at or near the top of the list for decades. The big drug companies have managed to develop drugs and to sell them at higher profits than are enjoyed by the biggest oil companies, entertainment companies, automakers and commercial banks. Families USA found that in 2000 and 2001, eight of the nine companies selling the most drugs to American seniors spent more than twice as much on marketing and administration as on research and development. Spending on consumer ads surged from a scant \$266 million in 1994 to \$2.6 billion in 2001. The drug industry’s main promotional tool is the old-fashioned salesperson who spends his or her days calling on physician customers. An American doctor is lucky if he can go to the job without running into some kind of industry promotion.”*

*Katharine Greider  
Author of “The Big Fix”*

*“Drug reps don’t get paid if doctors are prescribing the correct medication, they get paid if doctors are prescribing their medication.”*

*Bob Goodman, M.D.  
Founder of “www.nofreelunch.com”*

But certainly our government and its regulatory agencies are working hard to protect us! Aren't they? Please realize that there are more registered lobbyists for the drug industry in Washington D.C. than there are members of Congress. Drug companies spend more money to influence politicians than any other industry. Drug companies spend more money to influence Congress than insurance companies, telephone companies, electric companies, commercial banks, oil and gas producers, automakers and even more than tobacco companies. From 1999-2000, in their attempts to influence legislation, the drug industry gave \$20 million in campaign contributions and spent another \$177 million to hire lobbyists from 134 firms, including twenty-one former members of Congress. The result is that their efforts are amply rewarded. The average American taxpayer is now forced to contribute a portion of their hard earned wages in the form of taxes in order to pay for drugs whether they use them or not!

But certainly, the federal government is looking out for our best interest and protecting us. Isn't it? The FDA regulates the drug companies and ensures that the drugs on the market are safe. Doesn't it?

*“Of fifty-three FDA reviewers who responded to a Public Citizen survey in late 1998 (172 were contacted), nineteen identified a total of twenty-seven newly approved drugs they had worked on that, in their opinion, should not have been approved.”*

*Katharine Greider  
Author of “The Big Fix”*

On August 8, 2001 the FDA announced that Bayer Pharmaceutical Division would voluntarily withdraw their “cholesterol” lowering drug Baycol (cerivastatin) from the marketplace. Baycol was

initially approved by the FDA in 1997. From the time of its approval to the time of its withdrawal from the marketplace (approximately four years) the FDA received documented reports of 31 deaths in America alone due to severe rhabdo-myo-lysis caused by the drug Baycol. It is unknown how many additional, undocumented deaths occurred world-wide.

Baycol is a “statin” drug. Like all other statin drugs, it is designed to interfere with the chemical processes by which the human body produces CHOLESTEROL. In a complicated series of chemical transformations, the human body produces a chemical that is known as 3-**H**ydroxy-3**M**ethyl**G**lutaryl-**C**oenzyme**A** which, after many more transformations, can be converted into CHOLESTEROL. Statin drugs block the action of the enzyme HMG-CoA reductase, so they are referred to as HMG-CoA reductase INHIBITORS. In common, everyday English, they prevent your body from making CHOLESTEROL and numerous other natural compounds.

BUT... As we saw in previous chapters, one of the most vital functions of CHOLESTEROL is as a constituent of cellular membranes. CHOLESTEROL is made by every cell of the body and it is incorporated into their cellular membranes as a way of stiffening and strengthening those membranes. CHOLESTEROL is a waxy, waterproof substance that cells use to protect their interiors from the external environment. Keep this fact in mind as you read on, because an awareness of the inhibition of this necessary function by statin drugs will make it easier to understand why Baycol proved to be so DEADLY.

***“One of the first duties of the physician is  
to educate the masses not to take medicine.”***

*William Osler*

The root word rhabdo means raging, viscious or rabid. Myo means muscle. Lysis means to break down. Rhabdo-myo-lysis means the viscious, raging breakdown of muscle. Rhabdo-myo-lysis is a condition that results in muscle cell breakdown and release of the contents of the muscle cells into the bloodstream. This cellular debris can cause systemic inflammation and pain, it can overload the lymph, liver, kidney, immune and other bodily systems. Symptoms include muscle pain, weakness, tenderness, malaise, fever, dark urine, nausea and vomiting. The pain may be generalized throughout the body or it may involve specific groups of muscles. Most frequently the specifically involved muscle groups are the calves and lower back. However, some patients report no symptoms while the disease silently progresses. In severe cases, the patients develop renal (kidney) failure and other organ failures which can be fatal.

CHOLESTEROL is used by every cell in the body to stiffen its membrane walls. Since Baycol, and all other statin type drugs are designed to reduce the production of CHOLESTEROL, it comes as absolutely no surprise that the affected cells would have great difficulty maintaining their strength. One of the most viscious side effects of statin drugs is that they destroy cells by preventing them from maintaining healthy membranes. Basically, all types of cells, (including muscle and liver cells) simply burst and their internal components explode into the bloodstream.

At the time of the withdrawal of Baycol from the marketplace the official FDA statement included the following... “There are five other statins available in the U.S., lovastatin (Mevacor), pravastatin (Pravachol), simvastatin (Zocor), fluvastatin (Lescol) and atorvastatin (Lipitor). While **all statins have been associated with very rare reports of rhabdo-myo-lysis**, causes of fatal rhabdo-myo-lysis in association with the use of Baycol have been reported significantly **more frequently** than for other approved statins.”

*“But besides real diseases we are subject to many that are only imaginary, for which the physicians have invented imaginary cures; these have their several names, and so have the drugs.”*

*Jonathon Swift*

The FDA’s statement implies that more deaths have been reported in relation to the use of other statin drugs, but not enough deaths to warrant any action on their part. In fact, the 31 deaths reported due to Baycol in four years were not enough to warrant official FDA action. The drug company (Bayer) “voluntarily” removed the drug from the marketplace. Since the removal of Baycol from the marketplace, the use of statins has dramatically increased. The question remains:

**How many people have to die before the FDA will ban a profitable, but clearly deadly drug?**

*“The annual market for cardiovascular prescription drugs in the United States alone surpasses 100 billion dollars. However, these drugs - including beta-blockers, ACE inhibitors, calcium blockers, ‘cholesterol’ lowering drugs and many others - merely cover symptoms. They do not target the cellular root cause of the disease. This is neither a surprise nor a coincidence. It is a simple fact that the pharmaceutical industry is an investment industry; its marketplace is the diseases in your body, and the future of this industry depends on the continuation of these diseases. Prevention, root cause cures and, above all, the eradication of diseases threaten the giant financial interests behind this industry.”*

*Dr. Matthias Rath, M.D.*

*Author of “Why Animals Don’t Get Heart Attacks... But People Do!”*

In 2004, the “National Cholesterol Education Program” (NCEP) recommended that an aggressive and increased use of statin medications be implemented to treat high “cholesterol”. Of the nine members on the panel for the NCEP, six were affiliated with companies that produce statin drugs. Hmm.

You may find the remainder of this chapter to be boring and redundant, but you should find it infuriating. I have compiled and summarized over ninety full pages from the 2004 Physician’s Desk Reference (PDR) into this chapter for your convenience. On the following pages are numerous quotes that are taken directly from the PDR. This information is not buried in some unknown scientific journal. This information is not hidden on some obscure website. The information on the following pages is found in a well known book that is supposed to be sitting on your doctor’s desk so that they may REFER to it. That’s why it is called the Physician’s Desk Reference.

If your doctor would simply refer to the PDR that is supposed to be on their desk, they would find that the list of side effects attributed to “cholesterol” lowering drugs are staggering! Even more staggering is how effective the marketing techniques of the medical and pharmaceutical industries are at hiding the dangers and promoting the fake benefit of lowering “cholesterol” levels. Please make note of the fact that none of these drugs ever claim that they will help you live longer. They only claim to change the “cholesterol” warning light that is flashing on your body’s dashboard. If you take the time (as I have already done for you) to look through the fine print of the inserts that come with these poisonous drugs, you will find that they clearly indicate that...

***THE DRUG COMPANIES THEMSELVES AND THE PHYSICIAN’S DESK REFERENCE CLEARLY STATE THAT THESE DRUGS DO NOT PREVENT HEART ATTACKS OR HEART DISEASE!***

### **LIPITOR (atorvastatin)**

In 2001, Lipitor was the most prescribed drug in America. patients filled 57,989,000 prescriptions at a cost of \$5,223,784,000. This is in spite of the fact that **Lipitor does NOT prevent heart disease!!!**

The following direct quotes come from the 2004 edition of the Physicians' Desk Reference (PDR).

**“The effect of Lipitor on cardiovascular morbidity and mortality has not been determined.”**

**“The independent effect of raising HDL or lowering triglycerides on the risk of coronary and cardiovascular morbidity and mortality has not been determined.”**

“HMG-CoA reductase inhibitors interfere with CHOLESTEROL synthesis and theoretically might blunt adrenal and/or gonadal steroid production.”

“The effects of HMG-CoA reductase inhibitors on male fertility have not been studied.”

“Safety in pregnant women has not been established.”

“Since HMG-CoA reductase inhibitors decrease CHOLESTEROL synthesis and possibly the synthesis of other biologically active substances derived from CHOLESTEROL, they may cause fetal harm when administered to pregnant women.”

“The effects, if any, on the pituitary-gonadal axis in premenopausal women are unknown.”

“Before instituting therapy with atorvastatin [Lipitor], an attempt should be made to control hypercholesterolemia with appropriate

diet, exercise and weight reduction in obese patients and to treat other underlying medical problems.”

On the minimum dosage studied (10mg),

- 10.3% of the patients reported infections;
- 5.4% reported headaches;
- 4.2% reported accidental injuries;
- 3.9% reported rashes;
- 3.2% reported muscle pain;
- 2.8% reported abdominal pain;
- 2.8% reported back pain;
- 2.8% reported sinusitis;
- 2.7% reported diarrhea;
- 2.5% reported sore throat;
- 2.3% reported dyspepsia;
- 2.2% reported flu symptoms;
- 2.2% reported asthenia (weakness);
- 2.0% reported joint pain.

“Adverse events associated with Lipitor therapy reported since market introduction that are not listed above, regardless of causality assessment, include the following: anaphylaxis, angioneurotic edema, Stevens-Johnson syndrome, toxic epidermal necrolysis and rhabdomyolysis.”

“Patients should be advised to report promptly unexplained muscle pain, tenderness, or weakness, particularly if accompanied by malaise or fever... Therapy should be discontinued if... myopathy [muscle pain] is diagnosed or suspected.”

“It is recommended that liver function tests be performed prior to and at 12 weeks following both the initiation of therapy and any elevation of dose and semi annually thereafter.”

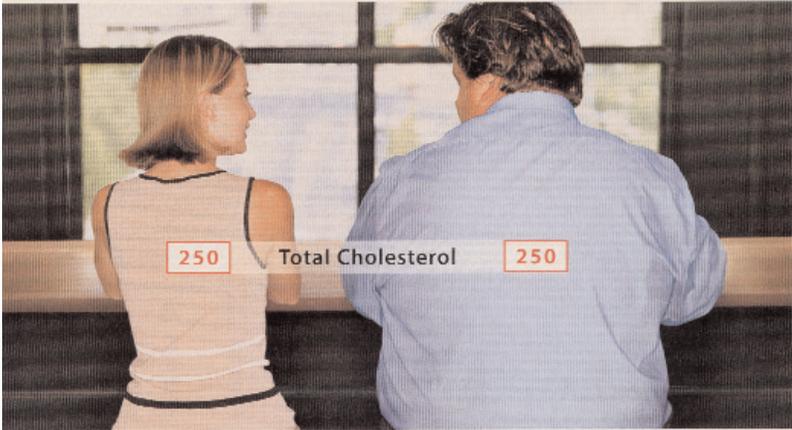
The reported adverse side effects of Lipitor include...

Abnormal dreams	Epididymitis	Rectal hemorrhage
Abnormal ejaculation	Epistaxis	Rhinitis
Abnormal Liver	Eructation	Palpitation
Test Results	Esophagitis	Pancreatitis
Acne	Eye hemorrhage	Paresthesia
Albuminuria	Face edema	Parosmia
Alopecia	Facial paralysis	Peripheral
Amblyopia	Fever	neuropathy
<b>AMNESIA</b>	Fibrocystic breast	Petechia
<b>(see next chapter)</b>	Gastritis	Phlebitis
Anemia	Gastroenteritis	Pneumonia
Angina pectoris	Glaucoma	Postural
Anorexia	Glossitis	hypotension
Arrhythmia	Gout	Pruritis
Arthritis	Gum hemorrhage	Refraction disorder
Asthma	Hematuria	Seborrhea
Biliary pain	Hepatitis	Skin ulcer
Breast Enlargement	Hyperglycemia	Somnolence
Bronchitis	Hyperkinesia	Stomach ulcer
Bursitis	Hypertension	Stomatitis
Chest pain	Hypertonia	Syncope
Cheilitis	Hypesthesia	Sweating
Cholestatic jaundice	Hypoglycemia	Taste loss
Colitis	Impotence	Taste perversion
Contact dermatitis	Incoordination	Tendinous
Creatine	Increased appetite	contracture
phosphokinase	Insomnia	Tenesmus
(increased)	Kidney calculus	Tenosynovitis
Cystitis	Leg cramps	Thrombocytopenia
Deafness	Libido (decreased)	Tinnitus
Depression	Lymphadenopathy	Torticollis
Dizziness	Malaise	Ulcerative stomatitis
Dry eyes	Melena	Urinary incontinence
Dry mouth	Metrorrhagia	Urinary
Dry skin	Migraine	(increased frequency)
Duodenal ulcer	Mouth ulceration	Urinary retention
Dysphagia	Myasthenia	Urinary tract infection
Dyspnea	Myositis	Urinary urgency
Dysuria	Nausea	Urticaria
Ecchymosis	Neck rigidity	Uterine hemorrhage
Eczema	Nephritis	Vaginal hemorrhage
Edema	Nocturia	Vasodilation
Emotional lability	Peripheral edema	Vomiting
Enteritis	Photosensitivity	Weight gain

Do you see how your doctor's evil system works? First they get you to focus on a "risk factor" that is not actually the CAUSE. Then they encourage you to take a poisonous drug that they admit does not improve your chances of living longer (mortality). Once they get you to fall for their recommendation of taking a poisonous drug, they have to "monitor" your condition. Isn't this a clue that the drug is dangerous? They have locked you into regular office visits and regular laboratory testing (Cha-CHING \$\$\$\$). Your doctor has locked in yet another steady customer. Did you skip over the list of side effects on the previous pages? Do you really want to take a poisonous drug that is KNOWN to cause any and all of the above problems just so that you can lower the number of the "cholesterol" warning light that is going off in your body? The PDR clearly states that... "The effect of Lipitor on cardiovascular morbidity and mortality has **NOT** been determined" and "Furthermore, the independent effect of raising HDL or lowering triglycerides on the risk of coronary and cardiovascular morbidity and mortality has **NOT** been determined." So what the hell is the point of taking Lipitor? Can there be any reason other than the obvious fact that your doctor is working as a drug pusher because they want to make more money by giving you a whole host of adverse side effects that require more office visits and more testing?

There is no other reason! Lipitor does not make anyone healthier. Lipitor may very well prevent your body from producing CHOLESTEROL, but it does absolutely nothing whatsoever to address the reasons why your body needed to make that CHOLESTEROL in the first place. The list of side effects on the previous pages is long and impressive, but I bet that you pretty much glossed right over them. Many of the words are in Latin based "DoctorTalk" and may not mean much to you unless you are already suffering from the specific symptoms of that ailment. Please read the personal stories in the next chapter to get a true idea of the horrors that are caused by this dangerous drug!

High cholesterol comes in all shapes and sizes.



Here's a tip. You can be active, thin, young or old. The truth is that high cholesterol may have as much to do with your family genes as food. So, even a strict diet may not be enough to lower it. The good news is that adding LIPITOR can help. It can lower your total cholesterol 39% to 45%\* And it can also lower your bad cholesterol 39% to 60%\* (\*The average effect depends on the dose.) More than 18 million Americans have talked to their doctor about LIPITOR. Maybe you should too. Learn more. Find out if the #1 prescribed cholesterol medicine is right for you. Call us at 1-888-LIPITOR. Find us on the web at [www.lipitor.com](http://www.lipitor.com).

**Important information:**

LIPITOR® (atorvastatin calcium) is a prescription drug used with diet to lower cholesterol. LIPITOR is not for everyone, including those with liver disease or possible liver problems, women who are nursing, pregnant, or may become pregnant. LIPITOR has not been shown to prevent heart disease or heart attacks.



If you take LIPITOR, tell your doctor about any unusual muscle pain or weakness. This could be a sign of serious side effects. It is important to tell your doctor about any medications you are currently taking to avoid possible serious drug interactions. Your doctor may do simple blood tests to monitor liver function before and during drug treatment. The most commonly reported side effects are gas, constipation, stomach pain and indigestion. They are usually mild and tend to go away.

*Please see additional important information on next page.*



Lipitor has not been shown to prevent heart disease or heart attacks! So what is the point of taking it?????????

Pictures speak louder than words. The previous page presented you with a copy of an advertisement for Lipitor that has appeared in many national magazines. It clearly states that **Lipitor does NOT reduce the risk of heart disease or heart attacks.** It also clearly states that Lipitor does lower “cholesterol” levels. Even the most rudimentary logic forces you to realize that if something lowers “cholesterol” but doesn’t reduce the risk of having a heart attack or dying from heart disease, then lowering “cholesterol” does not reduce your risk of having a heart attack or dying from heart disease.

But isn’t that exactly the opposite of what every doctor and every “official” government spokesman and every member of the media has been telling us for decades?

**Please ask yourself a few questions...**

Does the propaganda and all of the brainwashing still work on you even though I have clearly highlighted the fact (admitted to by the drug company) that taking Lipitor does NOT lower your risk of heart diseases?

Do you still think that it is a good idea to lower your “cholesterol”?

Do you still think it is a good idea for your family and friends to be concerned with lowering their “cholesterol”?

Would you still consider taking Lipitor or any other drug?

Do you still trust your doctor?

Are you still doubting the crystal clear fact that...

**YOUR DOCTOR IS A LIAR!**

**LESCOL (fluvastatin sodium)**

**“The effect of Lescol or Lescol XL induced changes in lipoprotein levels, including reduction of serum “cholesterol”, on cardiovascular mortality has NOT BEEN DETERMINED.”**

**“The independent effect of raising HDL or lowering triglycerides on the risk of coronary and cardiovascular morbidity and mortality has NOT been determined.”**

“Before instituting therapy with Lescol or Lescol XL, an attempt should be made to control hypercholesterolemia with appropriate diet, exercise, and weight reduction in obese patients, and to treat other underlying medical problems.”

“Fluvastatin... is eliminated primarily via the biliary route. Therefore, the potential exists for drug accumulation in patients with hepatic [liver] insufficiency.”

“No consistent effect on lipoprotein(a) was observed.”

“Neither Lescol nor Lescol XL have been studied in conditions where the major abnormality is... hyperlipoproteinemia Types I, III, IV or V.

“The empirical formula of fluvastatin sodium is  $C_{24}H_{25}FNO_4 \cdot Na$ .”

The “F” in the equation above stands for fluoride which is one of the most potent toxins known to man. Sodium fluoride is used as rat poison.

“Since HMG-CoA reductase inhibitors decrease CHOLESTEROL synthesis and possibly the synthesis of other biologically active substances derived from CHOLESTEROL, they may cause fetal

harm when administered to pregnant women. Fluvastatin sodium should be administered to women of childbearing age only when such patients are highly unlikely to conceive and have been informed of the potential hazards.”

“Abnormalities of liver function have been associated with HMG-CoA reductase inhibitors and other lipid lowering agents. Approximately 1.1% of patients treated with Lescol capsules in worldwide trials developed dose-related, persistent elevations of transaminase levels to **more than 3 times the upper limit of normal.**”

“It is recommended that liver function tests be performed before the initiation of therapy and at 12 weeks following initiation of treatment or elevation of dose. Should an increase in AST or ALT of three times the upper limit of normal or greater persist (found in two consecutive occasions) withdrawal of fluvastatin sodium therapy is recommended.”

“Rhabdomyolysis with renal dysfunction secondary to myoglobinuria has been reported with fluvastatin and with other drugs in this class.”

“Myopathy, defined as muscle aching or muscle weakness in conjunction with increases in creatine phosphokinase (CPK) values to **greater than 10 times the upper limit of normal**, has been reported.”

“Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. Fluvastatin sodium therapy should be discontinued if markedly elevated CPK levels occur or myopathy is diagnosed or suspected.”

“HMG-CoA reductase inhibitors interfere with CHOLESTEROL synthesis and lower circulating ‘cholesterol’ levels and, as such, might theoretically blunt adrenal or gonadal steroid hormone production.”

On the minimum dosage studied (10mg),

- 8.9% of the patients reported headache;
- 7.9% reported dyspepsia;
- 5.1% reported influenza-like symptoms;
- 5.1% reported accidental trauma;
- 5.0% reported myalgia (muscle pain);
- 4.9% reported abdominal pain;
- 4.9% reported diarrhea;
- 3.2% reported nausea;
- 2.7% reported insomnia;
- 2.7% reported fatigue;
- 2.6% reported sinusitis;
- 2.6% reported flatulence;
- 2.3% reported allergy;
- 2.1% reported arthritis.

The 2004 edition of the Physician’s Desk Reference did not list the side effects of Lescol. Instead, it said...

“The following effects have been reported with drugs in this class. Not all of the effects listed below have necessarily been associated with fluvastatin sodium therapy.”

The side effects that were listed for “drugs in this class” are shown on the next page.

***“Medicine is a collection of prescriptions the results of which, taken collectively, are more fatal than useful to mankind.”***

*Napoleon Bonaparte*

The potential side effects of Lescol:

Alopecia	Erectile dysfunction	Paresthesia
Alteration of taste	Erythema multiforme	Peripheral neuropathy
Anaphylaxis	ESR increase	Peripheral nerve palsy
Angioedema	Facial paresis	Photosensitivity
Anorexia	Fatty change in liver	Polymyalgia rheumatica
Anxiety	Fever	Positive ANA
Arthralgia	Flushing	Progression of cataracts
Arthritis	Fulminant hepatic necrosis	Pruritis
Asthenia	Gynecomastia	Purpura
Changes to hair/nails	Hemolytic anemia	Psychic disturbances
Chills	Hepatitis	Rhabdomyolysis
Cholestatic jaundice	Hepatoma	Skin discoloration
Chronic active hepatitis	Insomnia	Skin nodules
Cirrhosis	Leukopenia	Skin dryness
Depression	Loss of libido	Stevens-Johnson syndrome
Dizziness	Lupus erythematosus-like syndrome	Thrombocytopenia
Dryness of mucous membranes	Malaise	Thyroid function abnormalities
Dysfunction of certain cranial nerves	<b>Memory loss (see next chapter)</b>	Toxic epidermal necrosis
Dyspnea	Muscle cramps	Tremor
Elevated blood bilirubin	Myalgia	Urticaria
Elevated blood alkaline phosphatase	Myopathy	Vertigo
Elevated blood (GTP) (glutamyl transpeptidase)	Ophthalmoplegia	Vasculitis
Eosinophilia	Pancreatitis	Vomiting

Additionally, Lescol may contain the following ingredients...

Red iron oxide, black iron oxide, yellow iron oxide, sodium lauryl sulfate, talc, benzyl alcohol, butylparaben, methylparaben, propylparaben, povidone and polyethylene glycol 8000.

**ZOCOR (simvastatin)****“Since the goal of treatment is to lower LDL...”**

[author’s note] Please note that the “goal of treatment” is not to improve the health of your heart. The “goal of treatment” is not to improve your overall health. The “goal of treatment” with ZOCOR is to turn off the “cholesterol” warning light while ignoring its underlying cause and while ignoring any of the body’s needs that may be indicated by elevated “cholesterol” levels.

“Prior to initiating therapy with simvastatin, secondary causes for hypercholesterolemia (e.g. hypothyroidism, nephrotic syndrome, dysproteinemias, obstructive liver disease, other drug therapy, alcoholism) should be excluded.” [Did your doctor do this?]

“In many hypertriglyceridemic patients, LDL may be low or normal despite elevated total ‘cholesterol’. In such cases, ZOCOR is **NOT** indicated.”

“The effects of ZOCOR on lipoprotein(a), fibrinogen and certain other independent biochemical risk markers for [coronary heart disease] CHD are unknown.”

“The effects, if any, on the pituitary-gonadal axis in pre-menopausal women are unknown.”

*“The independent effect of raising HDL or lowering triglycerides on the risk of coronary and cardiovascular morbidity and mortality has not been determined. Total plasma triglyceride has not consistently been shown to be an independent risk factor for [coronary heart disease] CHD.”*

*The Physician’s Desk Reference*

“CHOLESTEROL and other products of the CHOLESTEROL biosynthesis pathway are essential components for fetal development, including synthesis of steroids and cell membranes. Because of the ability of inhibitors of HMG-CoA reductase such as ZOCOR to decrease the synthesis of CHOLESTEROL and possibly other products of the CHOLESTEROL biosynthesis pathway, ZOCOR is contraindicated during pregnancy and in nursing mothers.”

“Simvastatin, like other inhibitors of HMG-CoA reductase, occasionally cause myopathy manifested as muscle pain, tenderness and weakness with creatine kinase (CK) above ten times the upper limit of normal. Myopathy sometimes takes the form of rhabdomyolysis with or without acute renal failure secondary to myoglobinuria, and rare **fatalities have occurred**. The risk of myopathy is increased by high levels of HMG-CoA reductase inhibitory action in plasma.”

“The risk of myopathy/rhabdomyolysis is increased by concomitant use of simvastatin with the following: Cyclosporin, erythromycin, clarithromycin, HIV protease inhibitors, or large quantities of grapefruit juice.”

“In an ongoing clinical trial, myopathy has been reported in 6% of patients receiving simvastatin 80mg and amiodarone.”

*“There is a serious problem in the failure of the FDA to be more cautious in approving drugs that their own physicians say are too dangerous.”*

*Dr. Sidney Wolfe  
Public Citizens Health Research Group  
November 5, 2004*

“The use of simvastatin should not exceed 20mg daily in patients receiving concomitant medication with amiodarone or verapamil.”

“Simvastatin therapy should be discontinued immediately if myopathy is diagnosed or suspected.”

“Persistent increases to more than three times the upper limit of normal in serum transaminases have occurred in approximately 1% of patients who received simvastatin in clinical studies.”

The 2004 Physician's Desk Reference listed exactly the same adverse side effects for simvastatin as they listed for Lescol. I will not repeat them here. Please refer to the list on the previous pages. However, there were a few additional tidbits of information that were specific to ZOCOR.

“In a 72 week carcinogenicity study, mice were administered daily doses of simvastatin... which resulted in mean plasma drug levels approximately 1, 4, and 8 times higher than the mean human plasma drug level, respectively after an 80 mg oral dose. Liver carcinomas were significantly increased in high-dose females and mid and high dose males with a maximum incidence of 90% in males. The incidence of adenomas of the liver was significantly increased in mid and high dose females. Drug treatment also significantly increased the incidence of lung adenomas in mid and high dose males and females.”

***“We don't always understand the full magnitude  
of drug risks prior to approval.”***

*Dr. Steven Galson  
Acting Director of the FDA's  
Center for Drug Evaluation and Research  
November 5, 2004*

**MEVACOR (lovastatin)**

“The effects of MEVACOR on lipoprotein(a), fibrinogen and certain other independent biochemical risk markers for coronary heart disease are unknown.”

“Animal studies demonstrated that lovastatin crosses the blood-brain and placental barriers.”

“MEVACOR is indicated as an adjunct to diet for the reduction of elevated total ‘cholesterol’ and LDL levels in patients with primary hypercholesterolemia Type IIa and Type IIb when the response to diet... and to other nonpharmacological measures alone has been inadequate.”

“MEVACOR... has **NOT** been studied in hyperlipoproteinemia Type I, Type III, Type IV or Type V.”

The 2004 Physical’s Desk Reference listed exactly the same adverse side effects for lovastatin as they listed for Lescol. I will not repeat them here. Please refer to the list on the previous pages. However, there was at least one additional tidbit of information that was specific to MEVACOR...

“Drug related testicular atrophy, decreased spermatogenesis, spermatocytic degeneration and giant cell formation was seen in dogs starting at 20mg/kg/day. Similar findings were seen in another drug in this class.”

*“I firmly believe that if the whole materia medica could be sunk to the bottom of the sea, it would be all the better for mankind, and all the worse for the fishes.”*

*Oliver Wendell Holmes*

**PRAVACHOL (pravastatin)**

The 2004 Physical's Desk Reference listed exactly the same adverse side effects for pravastatin as they listed for Lescol. I will not repeat them here. Please refer to the list on the previous pages. However, there was at least one additional tidbit of information that was specific to PRAVACHOL.

Skillfully buried in a chart from the Long-term Intervention with Pravastatin in Ischemic Disease (LIPID) study was the fact that the people who were given PRAVACHOL were 87.5% times more likely to DIE from stroke due to brain hemorrhage than the people who were given placebos!

**CRESTOR (Rosuvastatin Calcium)**

Yet another "statin" drug, CRESTOR inhibits CHOLESTEROL production in the same basic way as the other "statin" drugs.

In clinical studies, the following adverse reactions were noted...

- 9.0% of the patients reported pharyngitis;
- 5.5% reported headache;
- 3.4% reported diarrhea;
- 3.4% reported dyspepsia;
- 3.4% reported nausea;
- 2.8% reported myalgia;
- 2.7% reported asthenia (weakness);
- 2.6% reported back pain;
- 2.3% reported flu;
- 2.3% reported urinary tract infection;
- 2.2% reported rhinitis;
- 2.2% reported sinusitis;

During the clinical studies, 3.7% of the participants dropped out due to the severity of the adverse effects.

Under the category of laboratory abnormalities, the warning information regarding CRESTOR states that...

“Proteinuria and microscopic hematuria were observed.”

This means that the participants lost protein and blood in their urine.

“Other abnormal laboratory values reported were elevated creatinine phosphokinase, transaminases, hyperglycemia, glutamyl transpepsidase, alkaline phosphatase, bilirubin and thyroid function abnormalities.” Other adverse events reported were...

Abdominal pain	Flatulence	Pancreatitis
Accidental injury	Gastritis	Paresthesia
Anemia	Gastroenteritis	Pathological
Angina pectoris	Hepatitis	fracture
Angioedema	Hypersensitivity	Pelvic pain
Anxiety	Hypertension	Periodontal abscess
Arrhythmia	Hypertonia	Peripheral edema
Arthralgia	Increased cough	Photosensitivity
Arthritis	Infection	Pneumonia
Asthma	Insomnia	Pruritis
Bronchitis	Kidney failure	Rash
Chest pain	Leukopenia	RHABDOMYOLYSIS
Constipation	Myasthenia	Syncope
Depression	Myopathy	Thrombocytopenia
Diabetes mellitus	Myositis	Urticaria
Dizziness	Neck pain	Vasodilation
Dyspnea	Neuralgia	Vertigo
Echymosis	Pain	Vomiting
Face edema	Palpitation	Vesicubullous rash

Please take a look at the advertisement for Crestor on the next page. Now, I ask you, why would a drug company put such wording in their advertisement, which is designed to entice you into purchasing their drug? The only reasonable answer is that these statements are true. These drugs do NOT reduce your risk of heart attack or heart disease. As we saw in the section on Zocor, the “goal of the treatment” is to lower your “cholesterol”. The drug companies know that lowering your “cholesterol” does NOT improve your health. They know that lowering your “cholesterol” does NOT prevent heart attacks and heart disease. It says so quite clearly in their ad. But, they also know that you mistakenly believe that lowering your “cholesterol” DOES prevent heart attacks and heart disease, and they are quite willing to allow you to live in your own fantasy world. They know that you are going to look at their latest advertisement for “*The Emperor’s New Pill*” and, just like in the children’s story, you are not going to see the obvious truth that is right in front of your eyes. The Crestor advertisement clearly states that Crestor will lower your “cholesterol” levels by 46% and it ALSO says that this will NOT prevent heart attacks or heart disease! Don’t you see it? The proof is right in front of you!

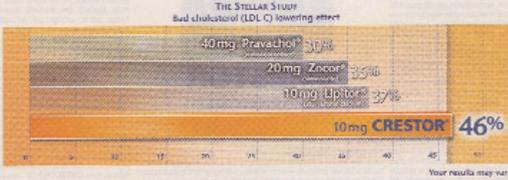
**EVEN THOUGH DRUGS DO LOWER  
“CHOLESTEROL” LEVELS,  
DRUGS DO NOT PREVENT HEART DISEASE.**

**LOWERING “CHOLESTEROL” DOES  
NOT PREVENT HEART DISEASE  
BECAUSE “CHOLESTEROL”  
DOES NOT CAUSE HEART DISEASE!**

**HOW MUCH MORE PROOF DO YOU NEED!**

**YOUR DOCTOR IS A LIAR!!**

**Cholesterol high?  
 Trouble getting it low?  
 Perhaps your answer  
 is right here, below.**



In the STELLAR study, the usual starting dose of CRESTOR was more effective at lowering bad cholesterol than the most common doses of the other leading medications.<sup>1</sup> This study was a major medical trial comparing cholesterol medications taken with healthy diet.

**Now you're getting somewhere.™**



Visit [CRESTOR.COM](http://CRESTOR.COM) or call 877-5-CRESTOR for a **FREE 15-DAY TRIAL** of CRESTOR 10mg!

**Important information:** CRESTOR is prescribed along with diet for lowering cholesterol and is not for everyone, including people with liver disease, and women who are nursing, pregnant, or may become pregnant. Tell your doctor promptly if you experience unexplained muscle pain or weakness, as they may be a sign of serious side effects. Be sure to tell your doctor about other medications you are taking. Simple blood tests are needed to check for liver problems before and 12 weeks after start of therapy or change of dose, and periodically thereafter. Side effects **occur infrequently and include muscle aches, constipation, weakness, abdominal pain, and nausea.** They are usually mild and tend to go away. **CRESTOR has not been shown to prevent heart disease or heart attacks.** See adjacent page for additional important information.

<sup>1</sup>Source: Most commonly prescribed statins based on IMS (August 2003-July 2004).

CRESTOR is a registered trademark of AstraZeneca group of companies. ©2004 AstraZeneca Pharmaceuticals LP. All rights reserved. 223295 09/04  
 Pravachol is a registered trademark of Abbott Laboratories. Zocor is a registered trademark of Merck & Co., Inc. Lipitor is a registered trademark of Pfizer Inc.



**CRESTOR has NOT been shown to prevent heart disease or heart attacks! So what is the point of taking it?**

*“Astra-Zeneca’s tactics in marketing its ‘cholesterol’ lowering drug, rosuvastatin [Crestor], raises disturbing questions about how new drugs enter clinical practice and what measures exist to protect patients from inadequately investigated medicines.”*

*Dr. Richard Horton, Editor of “Lancet”  
Lancet, October 25, 2003, Volume 362, page 1341*

*“In March 2004, Public Citizen’s Health Research group petitioned the FDA to ban Crestor because of seven cases of life-threatening acute muscle breakdown known as rhabdomyolysis. In addition, nine patients suffered serious kidney damage or kidney failure while using Crestor. In November 2004, Dr. David Graham of the FDA told a Congressional Committee that he considered Crestor unsafe. If your doctor writes a prescription or offers you samples of Crestor, decline. And if you are feeling bold, ask your doctor why he or she is suggesting the least-known, most-powerful statin, which has already been linked to multiple toxicities. Who needs Crestor? Hardly anyone.”*

*Jay S. Cohen, M.D.  
Author of “The Magnesium Solution for High Blood Pressure”*

*“It becomes clearer by the day that this drug [Crestor] is uniquely toxic without offering any unique benefit, and that it must be removed from the market.”*

*Dr. Sidney Wolfe  
Public Citizen’s Health Research Group*

*“The more you see a product advertised,  
the more of a ripoff it is.”*

*Paul Hawken*

**The effect of “statin” drugs  
on the body’s natural production of  
CoEnzyme Q<sub>10</sub>**

The drug companies that manufacture the drugs that are detailed in this chapter know that in addition to blocking the production of CHOLESTEROL, all of these drugs also block the body’s ability to produce a compound called Coenzyme Q<sub>10</sub>. (Please see the chart on the first page of the chapter entitled “CHOLESTEROL Becomes...”). Studies have shown that “statin” drugs block the production of Coenzyme Q<sub>10</sub> and reduce its levels by 29%. Coenzyme Q<sub>10</sub> is necessary for the production of energy in every cell in the body and studies have shown that “statin” drugs reduce the amount of energy (ATP) that is available to the heart tissue by nearly 50%!

Since 1990, the pharmaceutical giant Merck has held a patent (#4,933,165) for the use of Coenzyme Q<sub>10</sub> in conjunction with “statin” drugs. They have known for more than a decade that administering Coenzyme Q<sub>10</sub> along with these drugs minimizes the damage and reduces the side effects of statin drugs, especially problems with low energy, fatigue and muscle soreness. Merck has also held a patent (#4,929,437) that would have enabled Coenzyme Q<sub>10</sub> to be administered along with “statin” drugs in order to reduce the incidence of liver damage but, in both cases Merck has not exercised these patents. Instead...

**THEY HAVE CHOSEN TO HIDE  
THESE FACTS FROM THE PUBLIC!**

(Where is Erin Brockovich when you need her?)

*“Americans now spend a staggering \$200 billion a year on prescription drugs. The prices drug companies charge have little relationship to the costs of making the drugs and could be cut dramatically without coming anywhere close to threatening research and development. Contrary to its public relations, the [pharmaceutical] industry discovers few genuinely innovative drugs, spends less than half as much on R&D as on marketing and administration, and consistently has profit margins far above those of most other Fortune 500 industries. The argument that it needs to charge ever-higher prices to cover its research costs is simply not true. In 2004, Pfizer, the largest drug company, had a profit margin of nearly 22% of sales (which were \$53 billion). The same year, it spent 32% of sales on marketing and administration and only 15% on R&D. Altogether, the nine U.S. drug companies listed in the Fortune 500 had a median profit margin of 16% of sales in 2004, compared to just over 5% for all the industries listed. In 2002, the combined profits for the ten drug companies in the Fortune 500 were more than the profits for all the other 490 businesses put together. When I say this is a profitable industry, I mean really profitable. Charles A. Heimbold, Jr., the former chairman and CEO of Bristol-Myers Squibb made \$74,890,918 in 2001, not counting his \$76,095,611 worth of unexercised stock options. The chairman of Wyeth made \$40,521,011, exclusive of his \$40,629,459 in stock options. It is difficult to conceive of how awash in money big pharma is. Over the past two decades [the pharmaceutical industry] has moved very far from its original high purpose of discovering and producing useful new drugs. Now primarily a marketing machine to sell drugs of dubious benefit, this industry uses its wealth and power to co-opt every institution that might stand in its way, including the U.S. Congress, the FDA, academic medical centers, and the medical profession itself. This is an industry that is in*

*some ways like the Wizard of Oz - full of bluster but now being exposed as something far different than its image. The United States can no longer afford the pharmaceutical industry in its present form. In 2001, drug companies gave doctors nearly \$11 billion worth of 'free samples' and paid over 60% of the costs of continuing medical education, and that fraction has increased since then. The same year, drug companies sent some 88,000 sales representatives around to hand out the free samples plus lots of personal gifts and to talk up company products. There is no way to exaggerate how much a part of some doctors' daily lives drug reps have become. A typical doctor is visited by several every week and doctors in high prescribing specialties may be visited by a dozen in one day. In my view, we have become an overmedicated society. Doctors have been taught only too well by the pharmaceutical industry, and what they have been taught is to reach for the prescription pad. Patients have also been well taught by the pharmaceutical industry's advertising. They have been taught that if they don't leave the doctor's office with a prescription, the doctor is not doing a good job. The result is that too many people end up taking drugs when there may be better ways to deal with their problems. Drug companies have the largest lobby in Washington, and they give copiously to political campaigns. Legislators are now so beholden to the pharmaceutical industry that it will be exceedingly difficult to break its lock on them. We saw a sad demonstration of that fact with the 2003 Medicare 'reform' bill, which was made to order by and for Big Pharma. Your representatives will stand up to the industry only if you demand that they do. The fact is that this industry is taking us for a ride, and there will be no real reform without an aroused and determined public to make it happen.*

*Marcia Angell, M.D.*

*Author of "The Truth About the Drug Companies"*

**In spite of all the lies that the  
medical and pharmaceutical industries have told  
about the drugs listed in this chapter,  
there is actually a very simple way to get to the truth.**

**I have a personal challenge to any and all medical  
doctors who have the arrogance to deny the truth.**

I will personally consume ten times the recommended  
amount of CHOLESTEROL in the form of hard boiled  
chicken eggs every day...

If they will consume ten times the maximum dose of  
LIPITOR, LESCOL, ZOCOR,  
MEVACOR, PRAVACHOL or CRESTOR  
every day!

**Last person alive wins.**



**Chapter 11**

**Horror Stories**

**IT'S A JOKE...**

PATIENT: Doctor, why do surgeons wear masks during an operation?

DOCTOR: That way, when something goes wrong, we can't be identified.

• • •

The medical profession is the holiest profession that there is. Once I was sick and I had to go to an ear, nose and throat specialist. My wife goes regularly to a gynecologist and a urologist and she wants me to go to a proctologist for a checkup. What is it with doctors and holes? There's a different doctor for every hole and if they can't figure out your problem, they call in a surgeon to make a new hole!

• • •

People that have these so-called "near death" experiences, they always seem to say the same thing: "I remember seeing this really bright white light." Of course you did stupid! It was the paramedic shining a flashlight in your eyes to see if you were still alive!

The previous chapter contained a lot of “dry” factual and statistical information. Please note that the pharmaceutical industry and your doctor are masters at manipulating that information in order to paint a very rosy picture regarding the safety and effectiveness of “statin” drugs. However, the reality in human terms is quite different. As you read through the real life stories in this chapter, please note how often the people had to argue with their doctors who stubbornly denied the clear reality that these individuals were suffering from side effects of the drugs that their ignorant doctors had prescribed.

Statistics can easily be manipulated, but they can just as easily be misunderstood. When a pharmaceutical company honestly and clearly states that their drug causes side effects in approximately 2% or 7% or 9% or whatever% of people, most people forget to multiply that percentage times the number of people taking the drug in order to determine the actual number of people who may be suffering from those symptoms. For example, the PDR states that 10.3% of the people who took Lipitor in the clinical trials suffered from infections. More than ten million people currently take Lipitor. Ten percent of ten million is one million people who may be suffering from infection due to the Lipitor that they ingest every day. Do you think that they suspect that their “cold” or “flu” was not really a naturally occurring problem, but that it was actually a side effect of their prescription drug?

All of these numbers are so huge and the ramifications are so immense, that most doctors choose to stick their heads in the sand and simply deny the reality that all of the people in this chapter will be describing. It is beneficial for doctors to do this, because then they get to continually treat their “statin” consuming patients for an endless list of ailments that are nothing more than side effects of a “properly prescribed” medication. “Properly prescribed” my ass! “Statin” drugs are poisons! Read the following story from one doctor who found out the hard way that drugs are dangerous...

## **Transient Global Amnesia A Side Effect of “Statin” Treatment**

written by:

Duane “Doc” Graeline, M.D.  
Former NASA Astronaut  
USAF Flight Surgeon  
Space Medicine Research Scientist  
Family Doctor  
Former “Statin” Drug User

Author of  
“Lipitor, Thief of Memory”

“Try to imagine the complete inability to formulate new memory. This condition is known as transient global amnesia, now known to be associated with “statin” drug use for lowering ‘cholesterol’. My first encounter occurred six weeks after my annual astronaut physical at Johnson Space Center. Despite regular exercise, weight maintenance and proper diet, my total “serum cholesterol” had risen to 250 and the recommendation of the flight surgeons there was to start Lipitor, 10mg daily. My wife noticed me walking aimlessly about the yard after my return from my usual walk. I did not know who she was and would not enter our house. Our family doctor referred me immediately to a neurologist, and finally, in the office of the neurologist, my senses returned to normal. Following a negative MRI the following day, the diagnosis of transient global amnesia was made. I discontinued Lipitor because I suspected it was the cause.

At my next NASA physical I was assured that statin drugs do not do this. Reluctantly, I started again with 5mg, daily, one-half my previous dose. Six weeks later I descended again into the black pit of amnesia, this time for an extraordinary 12 hours. In addition to the mainly anterograde amnesia which characterized my first attack, this time I had a retrograde element all the way back to my high school days. Gone was my medical school straining, USAF flight surgeon career, my marriage and four children and even my selection as scientist astronaut. Again the same doctors made the same diagnosis, transient global amnesia. Again, I stopped Lipitor on my own, knowing it was the cause, but I was the only one convinced.

Several months later I got in contact with the statin drug study at UCSD's College of Medicine. There, Dr. Beatrice Golomb reported she had several cases just like mine. A few days later, thanks to the radio program *People's Pharmacy*, thousands of case reports of memory dysfunction started flooding in from patients across the country, all with the same common thread, associated with statin drug use. And the amnesia is just the tip of the iceberg of the true incidence of memory impairment associated with Lipitor, Mevacor and Zocor. For every case of amnesia, thousands of cases of extreme forgetfulness, incapacitating confusion and profound disorientation have been and are being reported. Neither patients nor doctors are aware of this side effect.

For years patients have been interpreting deterioration of memory shortly after starting statin medications as simply

coincidental presenility or the earliest harbingers of Alzheimers, never making the association that these symptoms might be a side effect of a medication their physicians have prescribed. Our memory is what makes us what we are. To be deprived of memory, however transitory, is comparable to one's never having existed for that time period - to suddenly disappear from life as we know it. Memory is the essence of what we are. And to be deprived of memory can place one in harm's way. Their very lives or the lives of others may be at risk because of that transitory period of lapse.

When a senior citizen goes on a two-day "walkabout" or, much worse, drives his car across three states in a whirlwind of wanderlust with absolutely no recollection when finally apprehended, rarely is the association made between his actions and his medications. Lack of physician and patient awareness of possible relationships between cognitive side effects and the use of statin drugs almost guarantees that no instances of accident and statin drug use will be reported.

When I was in my first year of medical school, transient global amnesia was described in my texts as a condition so rare that few physicians ever saw even one case. I was to practice medicine for nearly 50 years without encountering it. Now, in this past year I have encountered a veritable flood of reports from all walks of life and across a wide spectrum of ages, all associated with statin drug use. The sheer numbers may impress you even though your medical advisors still discount them.

## Case 1

A husband noted for his sharp mind and ability for almost total recall got out of bed wondering what day of the week it was. His surprised wife quickly ascertained he did not even know what month it was. She reported he nearly drove her crazy asking this same question over and over again despite her repeated reassurance as to time and date. He knew nothing of their stocks and other money matters and could not understand how his wife could know all these things and he could not. Emergency room workup was negative. Condition cleared completely after eight hours. Neurologist diagnosed transient global amnesia, cause unknown but Zocor was suspected as it had been started six weeks earlier. The patient discontinued this drug and remained well.

## Case #2

A university professor who always remembered everything lost an entire day during his first encounter with memory loss while on Lipitor. Weeks later during his second, he was unable to remember his social security number, telephone or bankcard numbers and could not even remember his birthdate. Suspecting Alzheimer's disease, he had himself screened by a neurologist with negative findings. Only after his family doctor fortuitously substituted Pravachol (because of his complaints of co-existing muscle pain) did the amnesia episodes clear completely.

### Case #3

A young loadmaster in the United States Air Force who, by the way, is responsible for the proper loading of our military's huge cargo planes, was given a waiver for flight status for the use of Lipitor for "cholesterol" control. He soon began to experience multiple episodes of what he termed "short term memory loss". He stopped taking Lipitor immediately after learning of the possibility of such side effects from the Internet and his symptoms slowly regressed. He was very concerned that they persisted for several weeks after stopping the drug.

### Case #4

A man parked by the side of the road on a dark night was interrogated by a state trooper and found to be lost, not having the slightest recall for traveling to this unusual site far off the beaten track and many miles away from his home. The trooper naturally suspected alcoholism but the man recently had started Lipitor. His attempts to offer this drug as a possible cause for his confusion fell on deaf ears but when several more similar episodes occurred the patient self diagnosed cognitive side effects of Lipitor and stopped the drug. The episodes slowly ceased. Despite his inability to convince his doctor he remains forever certain that his confusion and amnesia were Lipitor related.

## Case #5

A former CEO of a company, known as a thoroughly competent, high achieving, typically type A personality, had been on Lipitor for nearly three years before being struck down by severe myositis and memory defects. He reported a bizarre episode of Transient Global Amnesia three months after discontinuation of the drug. His serum enzymes at that time, though improved, still were moderately elevated. His muscle pain was improving. He remarked to his wife that because their swimming pool, neglected by his recent near incapacitation with muscle pain, was green with algae he had to get some pool chlorine and other supplies. Imagine his surprise when after making a purchase of several gallons of chlorine and returning to his car, he found in the trunk a similar supply of chlorine already purchased.

Distraught, he called his wife who determined from the sales slip that he had made the chlorine purchase the day before at a completely different store. He had absolutely no recall for having done this but there was no doubt that he had done it, for his daughter had seen him while engaged in the purchase. She had been somewhat concerned because she had waved from her car as they always did and he had not responded. He did not acknowledge her presence in her very distinctive car. Always they had greeted each other with hand waiving in a warm friendly fashion. In her judgement there was no possibility that he had not seen her. He simply had not been able to recognize her or the car despite their close proximity. She passed it off as just one of those things until her mother

called the next day and they compared notes. The husband and father could function sufficiently to drive to a store and make a credit card purchase, yet he was a completely different man who seemed to have regressed in memory so that he no longer knew his adult daughter.

Once having identified this ‘flashback’ sort of reaction the family began a more serious review of the father’s memory problems of the past while still on Lipitor and discovered many more unreported, strange episodes. One time, he abruptly realized he inexplicably was on a freeway, headed away from home in the wrong direction from anything he intended to do. On another occasion he called his wife on his cell phone to ask why he was in the Home Depot parking lot. He had planned to run some errands but none involved Home Depot. Woodworking materials were cut repeatedly and remained unused as he cut them out again and again. His wife feels that since the cessation of Lipitor he seems to be improving in that his episodes are less frequent, but of course they are better reported in that the entire family is looking for these events and monitoring him closely. His pattern of amnesia episodes illustrates a very important fact about documenting such events - there has to be an observer for accurate reporting. The patient has no recall, especially for the more mild events. Only if considerable time has passed or the patient winds up in an unusual location, is he prompted to consider that something unusual has occurred. In the absence of an observer any patient history is apt to be very misleading. In most of these cases it is the patient or family members who make the diagnosis, not the prescribing doctor, so complete has been their brainwashing.”

People are beginning to wake up from their drug induced stupors. Patients are beginning to question their doctors. Even the news media is aware of the dramatic shift that is beginning to occur...

*“There is a quiet backlash brewing against statins... A number of critics believe drug companies have vastly understated side effects caused by statins - particularly muscle pains and memory problems. As a result, when patients complain of muscle aches and fuzzy thinking, many doctors don’t even consider that a statin might be the culprit.”*

*The Wall Street Journal  
January 26, 2004*

It truly boggles my mind as to how patients tend to listen to their doctor rather than listen to the signals that their own bodies are sending to them. The side effects of pharmaceutical drugs are quite common and are actually well documented, but yet people ask their doctor for their opinion rather than read what the drug companies have to say about the dangers of their own products. As you read through these stories, please note that many of the individuals found the strength to stop taking their medications from the stories of other people just like them. Quite often, their doctors put enormous pressure upon them to continue their medications or to switch to new medications despite their patients’ pleas for help. If you have a similar story to tell, please share it with the world. Your story may provide the support that helps another suffering human being to find the strength to take control of their own health. It is vitally important that this information be made available for other people who may be suffering from side effects of prescription medication. If you have a story to tell, please send it to the author of this book at...

**[info@yourdoctorisaliar.com](mailto:info@yourdoctorisaliar.com)**

I am a thirty six year old male. Only been taking Lipitor for one month. Stopped taking it one week ago after feeling strange side effects. Shoulder pain, tingling fingers, heart racing at night, left arm pain. Feel clumsy when I normally have excellent hand eye coordination. Tendons feel funny in arm when clenching stuff. Still feeling some side effects but not as bad now. Before I kept waking up from sleep with pain in left shoulder and tingling in left hand, but now not so bad.

Any alternatives? I would appreciate it. Doctors do not seem to know what they are talking about. Said that the Lipitor would not be causing my problems. I just got told to stretch and it would go away as I do not exercise enough. What a load of crap! Can't they stop going by their scientific approach to everything and look at the big picture?

Sun, 24 Jul 2005 by Guest, #12105

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I had a heart attack in April 04 during a squash match. My business had been on the slide for about two years and two days earlier it had ceased trading. It was the two years of stress dealing with this situation that was the cause of the attack. There was a 90% blockage of the main right artery and a stent was inserted to open it up. Straight away the doctors prescribed a cocktail of drugs including Lipitor. After a three months I was only taking the Lipitor. At the same time I was determined to get back to full fitness. I am 56 years old and very fit from the squash and I also used to race a bike at a high level 20 years ago, so I started to train in earnest with a view to race again in 2005. It was frustrating as I seemed to fatigue easily. I naturally put this down to the after effects of the heart attack. Anyway I persevered with the training and got fitter. At the same time a pain started to develop in my upper left arm and my neck became very sore and stiff. I ended up

going to see osteopaths and physio therapists for treatment, but nothing worked. On a spur of the moment decision I decided to stop the Lipitor and rely on my diet to reduce my “cholesterol”. Out training with the guys I was getting back to my old self and was at the front on training spins and leaving them behind on the climbs. About four weeks later I was still suffering from the neck pains. Then I got my check up at the doctors. They told me that my “cholesterol” was elevated from the last readings and that I should definitely be taking the Lipitor 40mg a day. I told him about the symptoms which he said were nothing to do with Lipitor. Like a brainless idiot I took him at his word and started to take the 40mg a day. That was in February this year. There was no immediate change in my fitness levels. I raced a few events and did quite well but nothing like the standard I had been used to. Other muscle problems started to appear. My right foot on the pedal was now at a funny angle. My libido was now non-existent. At night in bed I was getting palpitations and my heart rate rhythm was very irregular with the heart stopping for about two-three seconds about six times a minute. My performances on the bike were getting steadily worse. In May I raced a 25 mile time trial and barely finished the distance totally exhausted. It was then that I researched Lipitor on the internet. I am very very angry to think that the medical profession can prescribe a drug with these side effects. Of course I stopped taking Lipitor immediately. That was 41 days ago. My heart rhythm is now normal, the palpitations stopped and libido back to normal, the soreness and stiffness in my neck almost gone. When riding my bike the foot on the pedal is now OK. My bike training is still suffering as my recovery is not very good though so it is unlikely that I will race again this year. I am taking CoQ10 120mg, L-Carnitine 500mg, Lysine 1000mg, Vitamin C 2000mg, plus Vitamin B supplements daily. Please please do not take Lipitor as it is poison. It will probably take me anything up to six months to fully recover.

Sun, 17 Jul 2005 by Guest, #11951

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I am a 47 year old man. A year and a few months ago I was put on 10mg a day of Lipitor. After about a month my feet began to hurt and burn, then my legs felt weak. Now my hands feel strange, (weak, and kind of crampy). I drop things, my hand writing is terrible, I have a hard time typing etc. My ankles, knees, hips, back, elbows, wrists, and knuckles ache. The pain and burn, tingling, and numbness in my feet is constant. I have had problems with memory loss and loss of concentration. I have days that I am so weak it is hard to go up stairs, roll over in bed or just get out of a chair. I feel like I am over 100 years old at times. I feel like I have been poisoned! About 2 months ago I asked my doctor if it could be the Lipitor and he said "No, I doubt it, quit taking it for a week and see if you feel better" and ordered a blood test, which came back normal. I quit for 2 weeks with no change and started taking it again. I don't think he understood how bad I was feeling and was not much help! I am feeling much worse and changed my doctor. I have had an MRI to check for MS, which came back normal and now have an appointment with a neurologist. I have just found this website and I am on my third day of no Lipitor. The last two months I have been afraid that I am dying of some horrible disease! I hope this is my problem and I start feeling better soon!!!! If Lipitor is the cause of my problems, it has taken a year of my life away from me!!

Fri, 15 Jul 2005 by Guest, #11908

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I'm a 44 year old male. I was on Lipitor for four years and recently started having severe cramps in my thighs and calf muscles, severe diarrhea, severe fatigue and bloody urine. I asked my doctor if it was the Lipitor, and he said it wasn't. Probably a

virus he said because the liver tests came back okay even though I had some jaundice.

Like a fool, I continued with the prescription and the cramps got worse in my legs and feet. I ended up stopping the Lipitor on my own in February 2005, nearly a year later, as the symptoms had not gone away, and I developed muscle twitches and tremors. My doctor then sent me for more blood work that showed my muscle enzyme levels were over 350% above my normal range, and a subsequent EMG/NC&VT showed the muscles had been weakend on my left side! He then had me discontinue the Lipitor and all statins indefinitely.

As it turns out I am not the only one in my family with adverse reactions to statin drugs. My cousin and his father, both on my dad's side have the same total "cholesterol" level I have at 268, and both are statin sensitive. My grandmother (same side) and her sister had very high "cholesterol" and both died from congestive heart failure at 87 and 92 respectively.

I went from a fairly active person to someone who became really old fast. I now have to push myself out of a chair like my 93 year old uncle did.

I am no longer taking any statin drugs and will control my "cholesterol" through diet and exercise. If I live to 92 like my great aunt did with no problems until she became that age, I should be so lucky.

John

Fri, 01 Jul 2005 by Guest, #11676

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Been taking statins for several years and have put up with the muscle aches and general feeling of unwellness for some time now. Took myself off Lipitor 20mg dose this week after having investigated side effects. Why does it take years of people suffering through these side effects, poisoning their body for someone to come up with a better, less toxic drug. My mother has been on statins much longer than I and has all of the classic symptoms: hair loss, tinnitus, weakness, muscle pains, loss of balance, pains in her head so sharp she says it's like someone's sticking a knife into her. Unfortunately, she comes from a different generation that doesn't dare go against her doctor's advice and will probably suffer these side effects to her grave. Looking now for an alternate, with my family history of cardiac problems, thought I was doing something good for myself by taking Lipitor. Started taking garlic pills but would welcome any safe alternatives.

Tue, 28 Jun 2005 by sue, #11629

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After taking Lipitor for over 6 years and it was controlling my "cholesterol". I was taking 60mg Lipitor. I began to get a terrible burning in my toes creeping up into legs, stomach, breasts, arms and hands, face, tongue, mainly at night in the wee hours of the morning. Insomnia. Burning urine, faeces. rash in groin area, yeast infections. I came off of Lipitor after having these side effect for a year and a half as the doctors refused to believe that the Lipitor was causing my symptoms. Side effects disappeared when I came off, not totally but gradually going. Put back onto 20mg Lipitor after many tests showed that my "cholesterol" was very high again and research team suggested I be on 80mg Lipitor. Specialist however, on my insistance, weaned me back onto Lipitor by giving me 20mg, which brought my "cholesterol" back to normal, ( Note that the same results were achieved by a much lower dose), proving that I was being overdosed. After being on just 20mg Lipitor, the

burning returned but the specialist said that it was keeping the “cholesterol” controlled, so he would suggest a drug that people with Parkinson’s Disease take, to make me sleep and not feel the burning. I took myself off of Lipitor altogether. The burning was disappearing again. I don’t have Parkinson’s, so why should I take a drug to mask my side effects. At present I am taking 250mg niacin and 10mg Pravacol and the burning has returned. I feel as if these statin drugs are going to KILL me. I have to get another appointment with my doctor, but at this point I am scared of the medical profession as they do not seem to know what to do and I am at high risk. I want to mention that I had rheumatic fever as a child and cannot take large doses of any medications. Nobody will listen to me. My overall “cholesterol” is 7.5 JU Ontario Canada

Mon, 20 Jun 2005 by Guest, #11494

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I recently started Lipitor, and within two weeks had a major depressive episode. I have not had any such emotional outburst for years. My sister asked me what was different, and the only answer was Lipitor. I will not live like this. I will gladly drop dead from a heart attack before living in misery forever.

Mon, 20 Jun 2005 by Guest, #11489

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I have been taking Lipitor 40mg for over 10 years after a triple bypass. I experienced no noticeable side effects until about 5 years ago my feet were burning, stabbing nerve pains sharp enough to draw a sharp breath, unable to sleep properly. My doctor did not suspect Lipitor so I had to find the source of the problem by a process of elimination. This deteriorated further in the past year, with numbness and severe muscle cramps in feet and hands. I

stopped taking the Lipitor recently and the pains and discomfort have all but disappeared.

Sat, 18 Jun 2005 by Guest, #11467

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Hair loss, which didn't occur to me until I read the postings - my hair is everywhere in the house but on my head! Muscle pain, weakness, and atrophy, itchy skin and eyes, joint pain (from muscle weakness?!) is excruciating - after months on physical therapy was pronounced a failure and referred to a pain specialist and another surgeon. Could not raise my arms without terrible pain, hurt to drive my car. Nausea, dark urine, alternate constipation and diarrhea, dizziness. I don't know whether to be excited or terrified after finding this site and reading the postings. At first reading, the only symptom I have NOT had while on Lipitor is the numbness and tingling in legs and feet. I've been concerned I have some terrible, undiagnosed and terminal disease. Have had surgery on one shoulder and am awaiting surgery on the other, plus a re-do of a scoped knee which is now unbearably painful. Also have had multiple steroid injections at different sites, and am scheduled for another next week - this time in my lower back. Was put on Paxil for pain, but have weaned myself off that. Was diagnosed with spinal stenosis and fibromyalgia. Wouldn't take the meds for the fibromyalgia because of the side effect mentioned in the literature - HAIR LOSS! I was already losing my hair! Finally found a surgeon who told me to GET OFF THE LIPITOR! Problem is, I had also been on Bextra at least four years, I think, for long term mild lower back pain, and knee pain, so am wondering if arthritis could have set in and been masked by the Bextra, which I came off of at the same surgeon's insistence. One week later it was taken off the market. Am now off all anti-inflammatory drugs while awaiting my latest steroid injection, and yes, I do fear the side effects of THAT! My pain is back to the "rocking and swaying"

stage, and I'm awake in the middle of the night researching Lipitor! Does it ever stop??

Thu, 16 Jun 2005 by Guest, #11377

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After I started 10 mg Lipitor, I started having graphic nightmares. Also, muscle soreness and fatigue.

Tue, 07 Jun 2005 by Guest, #11111

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Very weak, sick at stomach and very dark urine.

Sun, 05 Jun 2005 by Guest, #11065

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I have been taking 10mg of Lipitor for several years now. I was on Zocor before that and had aching muscles in my thighs and couldn't even walk around the park like I used to. Doctor took me off that although I don't think he was convinced that it was the problem. One year ago I was in therapy for pain in my shoulder which the doctor said was the muscle that goes into the rotator cuff. About a month ago, my right calf started hurting when I walked and it felt as though the muscle was tight. When I got up to answer the phone in the middle of the night it felt like it popped or tore or something. I iced it, elevated it, etc., and when it didn't get much better (I was walking stiff-legged not to contract the muscle), I went to the doctor. They sent me for a doppler just to make sure it wasn't a blood clot, which it wasn't. I am on Coumadin for occasional atrial fibrillation and they did find a hematoma (bruising), probably caused by an injury while on Coumadin.

Anyway, the doctor gave me some muscle relaxers and this helped for a couple of days. Then, last week the leg started hurting again and I started to have the same pain in my left leg. Now I have pain in both calves and it is painful to walk or contract the calf muscles. I also feel a tiredness or achiness in my top, front thighs and my arms.

After my experience with Zocor I decided to look on the web for anything about Lipitor and muscle pains. I was shocked by all the posts and information I found that makes me believe the problems I have been having are from the Lipitor. I didn't even think about the problem with my shoulder until I read these sites and put two and two together (especially since I didn't do anything to injure it). I have now missed two doses and I have an appointment at the docs in a week. I am hoping by that time I will feel some improvement in my legs.

My brother is on 20mg Lipitor and he experiences light headedness, swollen lips, tongue and genitals. My other brother takes 80mg and his wife has complained of his moodiness and I wonder now if that has something to do with it. This drug is not for everyone.

Mon, 30 May 2005 by Guest, #10979

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Have been taking Lipitor for six days. After the second day I began having depression spells that caused me to cry all the time (even when driving down the road) and have two fights with a family member almost to the point of disowning them. The only change in my life at this time is the Lipitor. I am a 62 year old female who is normally not bothered by stress or depression on a daily basis.

Sat, 28 May 2005 by Guest, #10962

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Started Lipitor a week ago due to my bad LDL of 308 (oops). Within three days my legs, feet, and face (especially on my right side) began to swell so bad around my ankles and feet, I could barely walk. Called the doctor. He told me to drink Gatorade - but not to excess. Is he kidding?? This is the same guy that said I didn't have a thyroid problem last week either, but my endo diagnosed me as hypothyroid. I may be playing Russian Roulette, but I'm stopping the Lipitor (or any other "cholesterol" drug for that matter). I smoke, eat junk food, and don't exercise anymore, but after even this tiny scare, I'm changing my ways. Will probably have to take something for the thyroid for awhile, but it can't be as bad as this crap. I know... more Gatorade.

Sat, 14 May 2005 by Guest, #10717

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I had been taking Lipitor for about 20 months; (80mg for 12 months and 40mg for 8 months). After receiving the first month of Lipitor I was diagnosed with narcolepsy. Within a year I had cataplexic episodes and sleep paralysis along with acute joint pain. Within ten days after stopping the drug almost all those side effects are completely gone. Anyone else?

Sun, 24 Apr 2005 by Guest, #10546

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I started Lipitor last fall, Since then I've had repeated tendonitis in my elbows, stiffness in shoulders and legs. The first couple months were off and on but since January it has been continuing on a regular basis. Some days I can hardly lift my mug to drink. I've

taken anti-inflammatories (both prescription and OTC) for months. More recently I've been plagued with aching in all limbs and joint areas and greater fatigue. It sounds familiar to many of these entries. After reading these entries, I believe it's time for me to stop this medication and feel better.

Sat, 16 Apr 2005 by Guest, #10450

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I have been on Lipitor for four months now. I am 43 years old. The last two weeks, my legs feel like they have weights on them. My knees ache and it's hard to walk and not feel my knees creak. I went to my doctor and took some blood tests. The doctor is 99% sure the Lipitor is giving me these side affects. Sometimes it could give you side affects right away and sometimes it takes some time to develop them. I am off it now for three days and we will see how that works...

Fri, 15 Apr 2005 by Guest, #10445

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I have been on Lipitor for almost two years, started having knee joint pain, was pooped all the time but added that up to my being 53 years old with a bad back. Then I got a very pronounced erratic tinnitus in my right ear, but the doctors could find no reason for it. Live with it they said, it is age. Okay. But now every time I try to add a new pill into my body, the Lipitor fights it. I get a terrible burning in my chest, that works down into my both arms but it is not my heart. I get sick to my tummy and just feel terrible. It happens with any or all pills I try to take. So now off the Lipitor for six weeks while my doctor checks things out. But you know my knee is better, I can take pills again and my anxiety is better. I am not going to take Lipitor again. I knew there was something wrong.

Why won't doctors listen? Who knows our own bodies better? Thank you for this site, it has shown me so much.

Tue, 12 Apr 2005 by Guest, #10413

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I have been taking Lipitor for four years. About two years ago most of these side effects started. Muscle cramps in legs, muscle pain and weakness, fatigue, stiff neck, hip joint pain and knee joint pain and stiffness. Been off for three days and will never take it again.

Mon, 11 Apr 2005 by scribnerbliss, #10388

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I have been on Lipitor for four years and my doctor has put me on 40mg. I have been experiencing dizziness, hearing loss and extreme muscle pain and angina-like symptoms. This is very scary. I am going to try to find an alternative.

Sat, 26 Mar 2005 by donna, #10234

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I have been on 40mg Lipitor for about two years. I am 44 years old and about nine months ago, my right ear went deaf. No dizziness... no vertigo... it just went. Went to an ear specialist, hearing test showed I have lost hearing in my right ear with no bone or ear drum damage. MRI showed no tumors or abscesses. Family doctor then took me off of Lipitor about two weeks ago. Have detected no change. Any suggestions for trying to get my hearing back in my right ear??

Thu, 17 Mar 2005 by Guest, #10088

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I am a young 30-something, active, organic-healthy female with unfortunately high (genetic) “cholesterol” levels (250ish). I have no other health issues and I have never been on any long-term medication. One month ago I was put on my first drug: Lipitor. I was thrilled the first week. I had no side effects. As a matter-of-fact, I told my mother it was like taking nothing. Into week two, suddenly, I couldn’t lift my arm to put on mascara without it cramping up. My legs began to throb when I used my muscles or lifted my children. It was so incredibly bad by week three, I stopped taking the drug and a whole week has had to pass before the symptoms disappeared. I blindly followed my doctors recommendation and am frightened to take the next round of drugs to “test” on my body. I think I better do more research on other alternatives, as neither degenerated muscles, nor heart attacks/strokes appeal to me.

Wed, 9 Mar 2005 by Guest, #9966

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Have been on Lipitor for 3 1/2 weeks. First I noticed lower back pain. Also depression. Today dizziness, headache and seemed I couldn’t catch my breath. I called my doctor and he said to get off of it for a few days and see if there is an improvement. But after reading all these comments, I will never get back on them. Glad we have this site. Never associated my back pain or the depression with Lipitor.

Mon, 14 Feb 2005 by kathryn1949, #9439

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My doctor put me on 40mg Lipitor about 4.5 months ago. My "cholesterol" at that time was about 220. The Lipitor has reduced my "cholesterol" to about 105 but not without serious side effects that I began noticing about one month ago. I am a diabetic, but sugars are well controlled. The first thing I began to notice is that my thighs felt cold all the time, sometimes even burning, but only when I sit down. If I put heat on them, it goes away. Another thing, I was getting these migraine headaches that affect my vision, causing blind spots. I've had them before but never with the frequency of the way they are occurring now. The last two big things are absentmindedness and extreme fatigue....whew. Well, I stopped taking Lipitor today and I feel better already. Diminished fatigue, for sure.

Sun, 13 Feb 2005 by freemarketer, #9425

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In response to those who praise the virtues of Lipitor, I will tell you that I was on 10 mg/per day regimen for the past six and a half years. I first noticed bizarre weakening of my legs last summer but because I am 78, I at first attributed this to old age, but because the onset was so rapid and unexpected, I discounted what was happening at being due to my age. Then on December 6, I was awaked by pain in my lower left leg so severe that I was literally crying. I could only hobble to my doctor the following day and he, by way of response to my question about Lipitor, suggested I stop taking it. He also gave me a prescription (thank God) for Vicadin without which I do not believe I could have survived until today. I am still unable to walk more than a quarter mile or remain on my feet for more than a half hour or so. In looking back now, I began having sleep problems about four years ago, sleep apnea being suggested. However, my sleep doctor also said that I had RLS (restless leg syndrome) for which he prescribed chlonazapam. I have had recurring problems these past few years with my legs

cramping up when I would drive any distance. When I recently informed my cardiologist of these experiences, he pretty much brushed me off by saying that while 2-3% of Lipitor users experience problems, on the whole it is a beneficial drug. In other words, they know that some folks are going to experience problems, but that's just too bad. What happened to the medical adage, "Above all, do no harm"?

Fri, 11 Feb 2005 by skeezix7, #9397

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Since taking Lipitor I completely lost my balance. I couldn't walk through the house without bumping into the walls and I couldn't walk down the sidewalk without shoving my husband to one side. My skin is shriveling up and is so dry it cracks. After one week of being off Lipitor my balance is back to normal, I suppose the other symptoms will take longer to get back to normal. At first I was on a strict diet that I never varied from and still my "cholesterol" did not go down. The doctor said what I had was inherited "cholesterol" and would have to take medication for it. So, what do I take?

Jean

Sun, 6 Feb 2005 by Guest, #9280

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Within two months of taking 10mg of Lipitor, I developed eye flicker. It happens with both eyes. Looking at the sky in late evening the sky flickers about ten cycles/second. The same thing happens when looking at a lighted porch at night. The condition seems permanent even after not taking the drug for a year. My eye doctor nor any other medical professional knows of this problem. It is not in the PDR.

Sun, 6 Feb 2005 by Guest, #9267

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OK... I'm not an expert, but I have been experiencing severe back pain on my left side for about a month now. I also happen to be a thirty year old male who has been taking Lipitor 10mg for the past year. Before taking Lipitor I did some looking around and saw some interesting information that caused me to be cautious, but I just put two and two together last night. Is it possible that the Lipitor is contributing to the back pain? I've seen a chiropractor... no relief. I've seen the doctor and I am on lots of pain medications. (Flexiril, Hydromorphone, and Ibuprofen) with no real relief. X-ray shows nothing, MRI is being scheduled. Does anyone have any advice? My gut says that the doctor will think I'm crazy for drawing the conclusion that this statin could be the cause of my pain. I'm way too young to be living like I'm in my 90's. My activities have been limited and no one seems to have an answer!!!

Sat, 5 Feb 2005 by bpisani, #9253

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Started Lipitor 40mg in April 2004, am 52 years of age, female. October 2004, woke up with head pressure on left side, ear pressure left side only, neck and shoulder pain. Also spasms on one side of head. This got worse. Had CT scan, chest x-rays, sinus x-rays, saw a neurologist and no one could find a problem. In December 2004 I had to go on antibiotics for a mild infection and had to discontinue the Lipitor for 10 days. I noticed during this time, my neck and shoulder improving and had pressure less pronounced, but still unable to sleep on left side. I am frustrated and am happy by nature, but been getting depressed over this. Resumed the Lipitor in January 2005 and although my signs were not

completely gone, I got bad again, and returned to another doctor. On February 22, 2005, I am scheduled for a carotid doppler test. I came across this board last night. And didn't take my Lipitor, today, I don't have the head pressure, and I am hoping my ear pressure with noise will leave. I can't sleep on my left side yet due to the head pressure and I am hoping by me discontinuing Lipitor that I will one day be able to lay on my left side again. I sure hope that this solves my "mysterious" ailment. Either way, I shall NEVER take a Lipitor pill again.

Wed, 2 Feb 2005 by asimgoldkarat14, #9194

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I have been taking Atorvastatin for five months, prescribed by the hospital after I was hospitalized for three days following a minor stroke. I was prescribed 20mg which I took for about three and a half months. I felt dizzy a bit and believed this was side affects from my stroke. My "cholesterol" was considered quite high. I decided to cut down the dose to 10mg as I hate taking drugs of any kind and a friend of mine who has low thyroid like me (we are both on thyroxine) told me that she had been told that one should not take statins with an underactive thyroid. This is why I reduced the dose. Having found this website I am begining to realize that the shoulder and neck pain that has developed over the last months and also an increase in the dryness to my eyes and a swollen finger joint - could all possibly be due to Atorvastatin. I have now stopped taking the drug -- my shoulders are just beginning to feel easier now, I await relief from my swollen painful finger -- will let you know results.

Tue, 1 Feb 2005 by Guest, #9185

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I agree with the person below. Low thyroid function causes elevated “cholesterol”. It’s no secret and has been a proven fact for years, yet according to the American Association of Endocrinologists, this fact is overlooked by physicians everyday. And here is more! The people who suffer adverse side effects from statins like Lipitor appear to be the ones with an underlying metabolic problem, which was the cause for the high “cholesterol” in the first place. Thyroid disorders are one of those problems. It’s easy to check. A simple blood test is all. And it is easy to treat. One simple pill a day replaces the missing thyroid hormone. Your metabolism speeds up and your body burns off the excess “cholesterol”. The statin drug companies will hate me for sharing this. It is estimated that there are millions of Americans with undiagnosed hypothyroidism.

Fri, 28 Jan 2005 by bobby, #9100

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Update on Post #8579. I have been off Lipitor seven weeks and my symptoms have greatly improved. Saw the doctor yesterday and he said it looks like it was the Lipitor causing my problems. However, discovered my thyroid results warranted medication for the first time. He said thyroid could cause some of the same type symptoms and probably any remaining symptoms would now clear. The thyroid problem could also cause an elevated “cholesterol”. We will re-check me after I have been on the thyroid medication for eight weeks to see what my “cholesterol” level is at that time.

Thu, 27 Jan 2005 by bsingleb, #9067

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I am 65 years old and started taking Lipitor (10mg) in November of 2003. Within days I strained my back doing something that

should not have had this kind of impact. It took months to recover which was unusual for me. I should note that my lower back has given me problems in the past but this one was the worst and took the longest to heal. I also had the knee pain that many others have reported but that subsided within a few months. In August of 2004 I had the worst lower back muscle spasms of my life and actually ended up in hospital for two days as I could not move without my back going into spasms. Muscle relaxants and anti-inflammatories solved the spasms in a few days. Since then I have not been able to get back to full strength in spite of physical therapy and religiously following an exercise regimen. It seems that if I do anything to put any strain on my back, it cannot handle it. I am/have been, very active all my life and still play tennis and golf regularly although I now question whether my back can stand up to golf. I assume that Lipitor is the main culprit here as my back has not responded to the exercise program. I see many other similar cases on this web site but would be interested if anyone has had this same experience.

Wed, 26 Jan 2005 by gilchrist, #9031

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I started taking Lipitor at the advice of my physician even though I had just lowered my high "cholesterol" to normal levels by diet alone. Go figure. He said that new studies show that people with diabetes should take it because they have an increased chance of having a heart attack. I have diabetes but it is controlled by diet. So I reluctantly started taking it. I took 10mg. At first, within a week I developed a fever I could not explain. Although my doctor said that Lipitor doesn't cause fevers, the warning on the package of the prescription said to stop taking it and consult your doctor if you develop a fever after taking. Mine was getting up to 102 degrees for about four or five days. I quit taking Lipitor and my fevers stopped. He accused me of "non-compliance" and told me

to start taking them at bedtime instead of daytime. I thought I'd try again. No fevers, but I developed a severe neck pain on the left side that felt like a tight band or chord from under my chin, where the glands are, and it progressively over a few days moved down to my underarm. It would start every morning as soon as I awoke. It felt like any small movement really strained my muscles on that side of my neck. Then around the same time, I developed a pain in my knee. I thought I was just uncomfortable from our van and not having enough room, but I never had the pain before taking Lipitor. I also at the time developed an excruciating and debilitating pain in my right arm. It got so severe that I could not even lift a piece of paper without it hurting. I'd feel a sensation of burning as well as muscle weakness and pain whenever I moved it just slightly. I didn't even imagine it was all from Lipitor. My salvation was that I had forgotten to take it for about three nights in a row and to my surprise, I stopped experiencing the pain I was having with my neck, my knee and my arm! Then I decided to see if I could find out if there were any dangers to taking Lipitor before I started taking it again, and I found this site and read all the testimonials. I am convinced now that Lipitor was causing my fevers, my pain and is a very dangerous drug. I WILL NOT take it ever again. Thanks to this site, we are all warned. Thank you, thank you, thank you all for sharing your stories. And thanks to the creators of this site for giving so many people the answers that will literally save lives and change us all for the better.

Wed, 19 Jan 2005 by Guest, #8919

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I'm a 78-year old man, in very good shape for my age, was given Lovastatin three months ago. I began to have severe foot, calf and whole-leg cramps, left wrist and back pain. I had not had these problems before. I cut the medicine in half for a couple of weeks, then stopped it entirely a month ago. These symptoms have

improved greatly but I still have some of them and I'm afraid there has been permanent damage. Has anyone else had these symptoms?

Ray Mac.

Tue, 18 Jan 2005 by Guest, #8892

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Have been taking statins for ten plus years with side effects of dizziness, flu-like symptoms and fatigue and attributed all to aging. Started Lipitor three plus years ago and symptoms got worse, now including knee pain, stiffness, loss of balance, difficulty walking and slurred speech. Have seen numerous doctors who act as though I'm just an hysterical female. They are right. These symptoms are enough to scare anyone. Have stopped Lipitor for two months and knee pain and most of stiffness is gone but not other symptoms. I'm 70 years old and have been active despite side effects until last three years. Now find it difficult to walk and have fallen too many times. No more statins for me but feel they have done irreparable damage.

Sat, 8 Jan 2005 by dstevens, #8723

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I'm 62. I started using Lipitor April, 2004. About a month ago it felt like I was losing my ability to walk and climb stairs. Left leg was worse than right. Muscle and joint pain in lower back, arms and legs. Even my toes and fingers ached! Sounds strange, but the skin on my thighs became loose and flabby. My fingernails became very dry and brittle. It even was uncomfortable for me to sit for any length of time unless my feet were up. I saw a Lipitor ad on TV last week that warned of unusual weakness. I searched the internet for more info, found the NIH site, and I stopped the Lipitor on

December 20. I started doing some leg exercises and feel improvement. I'll notify my doctor of my decision to stop at my next checkup in early January.

Thu, 30 Dec 2004 by kathleen, #8591

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I am a 63 year old female who has taken Lipitor for three years. Since I have arthritis in my right knee, I dismissed symptoms starting last summer in my thumb. I had pain and gripping problems, very difficult to lift anything. By first of October my left knee became involved. Had minor popping in my ankle and left knee until I turned over in bed one night and felt big pop in my knee. Knee was sore and within about two weeks stiffness started in both knees - so stiff after sitting that I have to stand for a few minutes before walking. The stiffness in my knees became painful and then my left hip developed sharp pain and some discomfort in my back. Walked very slowly and stiffly, difficult to get out of car, put on pantyhose, step in and out of shower, or lie on left side. Started taking more ibuprofen and Aleve, using a tens unit, and applying heat to both knees. Had some improvement but on December 9, noticed my left leg was quite swollen from knee down to ankle. Called doctor who said to quit taking Lipitor to see if that was problem. Will be three weeks this Friday since I quit taking Lipitor and I am experiencing a lot less stiffness in my knees, less pain in my hip, but my left leg is still somewhat swollen. I will see my doctor January 26 and get his verdict.

Wed, 29 Dec 2004 by bsingleb, #8579

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I thought this would be interesting for everyone to read. I went to my dentist the other day for my checkup and he commented

“I see you’re no longer taking the Lipitor”. I was quite surprised and wondered how he knew since I did stop taking it four months ago because it left me in crippling muscle pain in my back and legs. He said he could tell by looking at my gums - that they look much healthier now. I never had any gum problems my entire life even while taking Lipitor so I was surprised at this observation. It just goes to show you how dangerous this drug is, that if it can be seen in the gums this drug must affect the entire body whether you have symptoms there or not and who knows what it’s silently doing to you. The dentist commented that everyone that takes this drug seems to get muscle pains and many are left crippled long after they discontinue the drug and he wonders why doctors so blindly keep prescribing this drug and why they keep advertising it on TV like it’s candy.

Thu, 23 Dec 2004 by Guest, #8523

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Another side effect as well as muscle pain, difficulty walking etc... is dry skin. I had such a dry itchy skin underneath my feet that the skin was lifting up. Two months after stopping Lipitor my skin is back to normal. Much less pain in the legs etc. This drug should be taken off the market!!

Thu, 23 Dec 2004 by Guest, #8522

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I see I am not alone. I took Lipitor for two years. Leg pain was becoming unbearable. Having always been in the best of health, the only thing I could attribute it to was the Lipitor. Doctor agreed to take me off of it. After a week the leg pain subsided and I began to feel normal. At my annual physical my doctor prescribed Zetia. For five months I couldn’t bring myself to take the drug. Finally I

decided to give it a try. What a mistake. After fifty days of taking it, I had unexplained pain in my teeth, then tiredness, and now the pain in my right leg is so bad I can't walk, sit and worst of all sleeping is all but impossible. My doctor claims that this particular drug is no worse than taking a sugar pill and produces no side effects. I stopped the drug more than a week ago and little has improved. Now I wonder if I'll every get back to normal. I have decided to not return to my doctor. I eat as healthy as I can, I'm not over weight and it is increasingly apparent that the entire medical profession is prescribing these drugs (all of my friends are on one or the other, Lipitor/Zocor) without the least bit of concern for those of us that can't tolerate them. So finding a different doctor is a waste of my time! I agree with others here, take charge of your own heath. Your doctor's advice may be the worst advice you can get.

Thu, 23 Dec 2004 by hotr37, #8521

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I took Lipitor for six weeks. After five days I was catapulted into a terrible depression. I reported it to the doctor who convinced me to continue with the Lipitor although I decreased the dosage from 20mg to 10mg. After five weeks I developed severe leg muscle pain. Four days later I discontinued the drug. Five months later I am still disabled. I feel like I have no muscle control in my left leg and foot and have severe knee pain. I also feel like my knee joint is collapsing. My doctor refuses to believe that this is due to Lipitor and has diagnosed me with fibromyalgia. Any hope that this is going to get better?

Wed, 22 Dec 2004 by calamityjg, #8515

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I have been taking Lipitor for the past ten years or so. I never thought that taking this medication would or could create so many side effects until I started to read this site. I always thought, during the past several years, that my muscle pains, headaches and other unusual illnesses were related to something I did (by lifting heavy boxes, turning too abruptly a certain way, etc.). In the past couple of years, back pains and bowel pains have increased to the point that it's getting hard to stand for long periods at a time. I find myself using any kind of heat to try and relieve the pain. Also, someone on this site mentioned about not being able to sleep, well I have been having problems sleeping and my doctor prescribed a sleeping pill....hmmmmm! I wonder. After reading a lot of these postings, I am thinking of getting off this medication and see what will happen after a few days.

Blown Away  
Canada

Tue, 14 Dec 2004 by quenouille, #8404

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Someone I know was on Lipitor for a year taking 10mg a day. He is 40 years old. Prior to taking Lipitor he was in excellent health with no medical problems. After two months on Lipitor he started experiencing severe back, neck and leg pain and pain in the head which he described as head fog. He reported this to his doctor who couldn't find anything wrong with him and his doctor, not making any association with it being caused by the Lipitor, referred him to a specialist. The specialist couldn't find anything wrong with him and he started going from specialist to specialist for nine months for a total of six different doctors. None of them could find anything wrong with him and none of them ever made the association with Lipitor even though they all knew he was taking it. From my own experience on Lipitor and all the problems it caused

me, I immediately made the association and told him to stop the Lipitor. He was very skeptical about my advice since I have no medical training whatsoever and six experts along with his own doctor whom he highly trusts never said a word about Lipitor being the possible cause. Anyway he followed my advice and to his amazement the head fog immediately cleared up and his back, neck, and leg pain is nowhere near what it was. His doctor said it was impossible for Lipitor to be the cause as it has a proven safety record and he never heard of such problems being caused by Lipitor and told him he probably never had any problems to begin with is the reason why he got relief and that he should just learn to relax. This just goes to show you that only you are responsible for your own health and you better do your own research before blindly following professional advice as you will be the one to suffer the consequences while the doctors just look the other way denying everything as I found out for myself the hard way.

Sun, 5 Dec 2004 by Guest, #8261

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My brother was on Lipitor for a few years. He ended up wearing a brace in each leg and using a walker. He could not lift the left leg. He has been off Lipitor now for two months. He no longer wears the braces and he is now able to lift the left leg a little. He has changed his diet to include walnuts, almonds, tea, spinach, chick peas, olive oil, lentils, soup etc. He just had blood tests done and his cholesterol is now NORMAL. No one needs this statin drug. This is a KILLER drug!!!

Wed, 1 Dec 2004 by Guest, #8168

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I also strongly recommend what the post below says about good

disability insurance. It's too late now for me to have taken such excellent advice. I WAS a perfectly healthy 49 year old until I was on this poison called Lipitor for three months. Now I got all kinds of back and neck problems and getting out of bed can be very difficult at times. Three months of Lipitor has aged me forty years. I now feel like I'm ninety. I can't believe the ignorance of the medical profession to actually prescribe this drug after there's been so many reported problems with it and all the other statins. I only wish I did my research before taking this drug instead of relying on the so called expert advice of the doctor then I would not have been in the position I am today and would have been perfectly healthy instead. You have been warned.

Mon, 29 Nov 2004 by Guest, #8147

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For those who choose to take Lipitor, I strongly recommend good disability insurance before taking this drug or any other "cholesterol" lowering medication.

Mon, 29 Nov 2004 by bobby, #8137

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Oh man. I am so glad I found this site. I started taking Lipitor a year ago. About ten weeks ago I woke up with a back pain so bad I couldn't walk. My right side hurt from the bottom of my ribs all the way down to my leg. I first went to a chiropractic doctor. He adjusted my back, but my side and hip still hurt, so I went to my doctor who said it's not the Lipitor. I had a sonogram and a CT scan. Nothing showed. I quit the Lipitor three days ago. The chiropractic doctor has put me on a liver and gall bladder flush. I wonder if anyone else has the hip, side and back pain. I wonder if I'll ever be able to walk or stand without pain. It hurts so bad to

lay down for more than a few hours, turning in bed is a real job. I'm 51 and a grandmother of thirteen.

Sat, 20 Nov 2004 by msiodine, #8008

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Bad bad drug. Been on Lipitor for only four days at 20mg. Now I can hardly walk. How can they even sell this damn drug? I think it's a money making machine As of today I will stop this dangerous drug and go on a diet and exercise.

Sat, 20 Nov 2004 by tiborjr, #8002

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Can't think straight; mumble my words; difficulty solving problems; leg and back pains; no energy - my doctor can't work out why. I've been on 20mg Lipitor daily now for three years. Not any more. Other minor things since going onto it - wobble when I walk, lose balance, dry eyes, not interested in sex. Did I say minor? After Lipitor guess what their next best seller is? Viagra. Funny that.

Thu, 18 Nov 2004 by Guest, #7964

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Started taking Lipitor two months ago now I constantly have a high pitched sound in my head (tinnitus). My hair seems to be thinning.

Tue, 16 Nov 2004 by Guest, #7928

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Feel like I've been hit by a truck. Been taking Lipitor for about three months but like others only taking every other day. Will stop taking the med immediately and see if there is a difference.

Tue, 9 Nov 2004 by mamarecal, #7822

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Last May I began taking Lipitor at the advice of my cardiologist. He quickly had me ramp up to 40mg. By late July I was getting leg cramps, dizziness and nausea. In September, I found this website and decided to stop the Lipitor. Two weeks later the cramps and the dizziness were 80% gone. Four weeks later I'm 100% free of the cramps and the dizziness. Some nausea remains but is minor. I told my cardiologist what I had done. He did not argue with me but suggested that, when I'm free of all symptoms, I start again with 10mg. I don't think so. Diet, supplements and exercise are the answers from here on. If you're on Lipitor and are having problems, it might be wise to find a different remedy for your cholesterol problem.

Thu, 28 Oct 2004 by captainken, #7667

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I read about a study where it was found that taking Lipitor every other day was just as effective as taking it every day. So figuring maybe the side-effects were from the dosage just being too high, I decided last week to give it another try and to be even more conservative and just take it twice a week. I took 10mg on Monday and another 10 mg on Thursday and now my upper back and neck pain is back again! That's it for me. NO MORE LIPITOR! This drug is just too dangerous!!! The doctors are really out of touch with the reality of the situation. I reported it to my doctor and he says I'm imagining things and it's all in my head and says Lipitor

is so safe it should be in the drinking water supply and demanded that I just keep taking it. I think it's time to find a new doctor. This drug will make you feel old very quickly.

Sun, 24 Oct 2004 by Guest, #7605

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I was placed on Lipitor in September 2003. I'm 52 years old and 185 lbs. Within a couple of months I slowly developed muscle aches all over my body but mostly in my legs. By Christmas it came to the point of waking me up at night with terrible leg pains and strange tingling and burning in my left toes. If something pressed against my leg at night, the spot was really sore in the morning. I called my doctor in January 2004 and told him my problems. He said to stop taking the Lipitor ASAP. So I decided to take time off from drugs. Some of the pain began to subside, but I was still feeling lingering aches and tingling after effects all through the spring. My doctor insisted I go on a non-statin "Zetia". I started taking it late June and was on 10mg a day. In about three weeks I was having clicking in my bones as I walked. My left knee became so stiff and sore I could hardly walk across my driveway. I really thought I had torn something this time. But then my right knee started showing the same symptoms. Always considered in good health, this was another warning sign. By September 6th I stopped the Zetia. My knee has slowly come back to use again. But I am left with random small muscle aches, tingling, small pinpoints of pain all over. It comes in waves but mostly late afternoon when I get run down. I am not sure if this is still left over effects from the Lipitor or Zetia. I stopped having my couple of glasses of wine at dinner each night to see if that would help. It did reduce some of the effects by about 40-50% but not completely. The last several days I have begun running and working out. To date this has made the most improvement so far.

Sat, 16 Oct 2004 by Guest, #7491

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I've been on Lipitor at 20mg for several years. Because of arterio diseases, my doctor upped me to 40mg. Within a week I began to have a series of near seizure-like episodes wherein my right leg collapsed. This lasted only seconds then, within a minute, a second such seizure. I had four such incidents then it stopped for ten days, then the same thing again. Additionally, I have had the right hand go rather spastic on two occasions. There was no paralysis involved. Because I had cardioangioplasty and a stent inserted at the beginning of August, I thought it might be an after effect. This was discounted by my cardiologist. In early July, my left carotid artery totally occluded. My vascular surgeon was puzzled as to why this happened because a year ago testing showed only 25% stenosis, but doesn't see any relationship to what may be neuro problems. Today I took an EEG prior to seeing my neuro doctor tomorrow. Only because I overheard a man and his wife talking at the hospital yesterday, did the magic words come out about his having the exact same symptoms as I have encountered. I'd never said a word about my experiences until I heard him. His cardiologist had taken him off Lipitor. Additionally, he noted a reddening of my skin low on my forehead and recently I've had difficulty with pustules breakout on my head. This gentleman had the same trouble. All interesting. I've been at the Internet all day.

Wed, 22 Sep 2004 by lejacl, #7166

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I think I've taken my last Lipitor. It did help my "cholesterol", but after reading this site, I'm scared and off to the natural foods store for remedies. Have been on 10mg Lipitor for over 1 1/2 years. I've experienced some of the "usual" side effects - arthritic type pain in

gas, but chalked it up to getting older (I'm 54) and not exercising as much as I should. But it's the bruising that's really been a problem. If my arm touches the inside of the kitchen cabinet while reaching for a dish, I have a bruise on my arm. A slightly harder bump and my skin is torn and I'm bleeding. My clotting times and liver enzymes are normal and my doctor has no clue what's causing this. I never associated it with the Lipitor until I saw a neighbor with the same red bruises up and down her arms, and she said "Oh, it's from my statin drug." Then I realized that I never experienced this problem until about the time I started on Lipitor.

Mon, 30 Aug 2004 by marshalynn, #6978

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My husband was on Lipitor for about eight months. In that time his personality was drastically altered. A very kind, loving, wonderful husband and father turned into a monster. He began having temper tantrums, was moody and suspicious, suffered muscle pain, and had short term memory loss. He was no fun to be with. My daughter broke my heart when she tearfully pleaded "I want my father back." We have you all to thank for getting him back! He would not listen to any suggestion his medication might be affecting his personality. So I printed out 25 pages from this web site and just left them on the kitchen counter. Once he started reading, he could not stop. He recognized himself and immediately cut all his pills in half, weaned himself off Lipitor and now we are trying diet and exercise. The husband and father we cherish is back!

Fri, 20 Aug 2004 by Guest, #6908

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Thanks to my wonderful husband I have stopped taking Lipitor cold turkey! I have been in excruciating pain for the past couple of

months. Had no idea what was wrong with me. I went to my doctor several times complaining about sleepless nights, blamed it on menopause. Then swelling in my feet. Well, now I am at the point of feeling like a cripple. I can't get out of a chair without severe pain, can barely walk down the hallway to the bedroom, don't even ask me how I do on stairs. It doesn't stop! Even when I am off my legs and laying in bed it kills me. My muscles in both legs feel like they are on fire all the time, but if you touch my legs you can't feel the heat. I can't sleep at all when I go to bed, I'm awake about every two hours. If I take a pill to sleep I can get about five hours straight sleep, if I'm lucky. My husband's boss told him to have me stop taking the Lipitor. Well I did two days ago. Oh, did I mention the knife stabbing pains in my kidneys? Well, so far, after two days the kidney pains have eased up. Now I hope the leg pain will go away. My husband's boss said it took about three months for his to go away ...here's hoping! I've been on Lipitor for 2-3 years now. Not anymore.

Mon, 9 Aug 2004 by eweemyewok, #6862

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Have been on Lipitor for about 1-1/2 years at the 10mg level. I started having cramps in my calves, stabbing pain about left hip, numbness in left toes, weak left leg muscle and was starting to get weak in my arms. Went off Lipitor about 10 days ago and hip pain has just about gone. Leg muscle is about 50% better but now numbness in toes has turned into a tingling feeling. My question is how long does it take to overcome these side effects? Going to try more exercise and 2,000mg of vitamin C to keep "cholesterol" level low.

Mon, 12 Jul 2004 by Guest, #6477

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My cardiologist prescribed Lipitor four years ago. It did lower my “cholesterol” 30 points but I noticed some of the classic Lipitor side effects. Intermittant dizziness, headaches and memory loss that could have been due to high blood pressure, blood pressure medications, internal chemical imbalance, anxiety, etc. No conclusion. After six months or so I started having muscle spasms and then loss of strength. After about year I couldn’t raise my arms level or sleep in a bed. Anti-inflammatories and analgesics helped but not enough. After several months of sleeping in a high backed chair, I was desperate. My research found the cause could have been the statin Lipitor, so I went off of them. The symptoms were relieved and within two weeks they were mostly gone, except for weakened muscles which have never fully recovered. So far that’s classified as anecdotal. After a few weeks of relief, I went back on Lipitor as a test. The symptoms returned immediately. When I stopped, they were relieved again. Now that’s close to proof. Doc prescribed another statin, Pravachol. It worked and I thought we might have the answer. Several months later I developed tight muscles in my neck which I did not relate to the statins. It was a totally different muscle group. After a month or two of barely controllable headaches and neck muscle pain, I tried going off the Pravochol. Relief! Another on/off test gave me all the proof I needed. I wrote my two doctors and told them I was off statins - permanently. After the government issued the new overly aggressive guidelines of “cholesterol under 100”, they wanted me to try low dose Crestor every other day. After a while I started getting similar symptoms and stopped statins forever. What is most worrisome about all of this is the way the medical community is not recognizing the seriousness of the statin problem. When I challenged my cardiologist to report it to the FDA, he refused. “It’s not clinically proven.” Otherwise he’s a good doctor, although I’ve had to lecture him on the trade off between living longer at any cost and the quality of that life. I turned 70 two months ago and

lead an active life.

Mon, 12 Jul 2004 by Guest, #6476

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It's been two months since getting rid of Lipitor "overnight" and I could NOT be happier for doing so. I was only on it for four months and feel that quitting it cold turkey was the best thing I could do. I am practically pain free, except for the pre-existing arthritis stuff that was beginning to bother me before my heart attack six months ago. All of the horrible joint pain, muscle cramps, anxiety, cramps, and (the worst of all) "random" shooting pains throughout my body have ALL disappeared! I see that the airwaves are FULL of ads now for Crestor. Looks like Lipitor has had enough undercurrent of bad press to warrant the giant "Pharmcos" try to sell us on that one again. They do well by them... they spent 720 billion on ad campaigns and the reports show that 1 in 8 actually DO "ask the doctor about it". In my own humble opinion... I don't CARE if these drugs work fast or not. With the side effects and mayhem they're causing ....it's ridiculous to say the least! There are better ways of handling "cholesterol".

Mon, 12 Jul 2004 by Guest, #6466

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I have been put on five different drugs for my "cholesterol". I react within a week of taking these. I wake at night with my hand cramped and lose the power of my hand temporarily, then my feet go ice cold, then I get great sharp pains in feet, aches in neck and back. I stopped the statins right away and the doctor insisted that I try another. Now I have said NO MORE. This has been over a period of three years. I am shocked at the sudden and quick problems of the drugs. I have stiff joints and swollen fingers since

the last trial. Any “cholesterol” lowering drug affects me. I keep telling them I can not use statins and they say this is a new drug it will be different. Nothing is different. I asked the doctor why they do not try the natural route first?? He said “patients do not like the side effects!!!!”

DO NOT TAKE THESE DRUGS..... TAKE CONTROL OF YOUR HEALTH... DIET EXERCISE AND TAKE NATURAL PRODUCTS

WE ARE NOT EXPERIMENTIAL OBJECTS FOR THE PHARMACEUTICAL COMPANIES...

THEY DO NOT HAVE OUR HEALTH AT HEART. IT IS ALL ABOUT PROFITS AND MORE AND MORE MONEY!

Fri, 9 Jul 2004 by nulagh, #6436

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After being on Lipitor for almost a year, I could barely walk from my car into my office. My legs were incredibly weak. It was like all the muscles had atrophied. I was 50 at the time, but felt like I was 80. About 1 1/2 years later, my legs are still weak, but better. (Then I was given the antibiotic Levaquin, and my knees almost stopped working after 4 days on that medication.) I would not recommend Lipitor and certainly not Levaquin, alone or in combination with each other, especially if you have experienced muscle pain or weakness with Lipitor!

Wed, 7 Jul 2004 by Guest, #6407

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I was taking Lipitor for one year. I began to fall and I couldn't get

up. I was hospitalized and a neurological workup indicated that I had fibromyolysis caused by Lipitor. I stopped taking Lipitor. I was given a walker and sent for physical therapy. After many sessions of being treated as if I was a stroke victim I was released because I wasn't making any progress. I spent three to four months in the walker and six months with a cane. I was very active prior to this, but it took a year to be able to walk without assistance. Three years later I am about 85% recovered. I lift weights and walk about three miles a day. I am thrilled, since I could not even lift my legs initially. I still have weakness in my left leg and balance problems. I want to get the word out. I have been interviewed on local television twice. I would like to go national.

Mon, 5 Jul 2004 by Guest, #6389

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38 year old male. Been taking Lipitor for about two years now for high "cholesterol", otherwise healthy. Experiencing occasional cramping/muscle spasms in left forearm that sometimes cause my hand to form a fist. Slight tremor in both hands. Also experiencing lower back ache (again left side mostly) that is most apparent when getting out of bed in the morning. Blurry vision. Tests performed last year by a neurologist for the arm/hand cramping came back negative. This site is truly a valuable resource, as I am stopping Lipitor TODAY. Will follow up in a few months (or sooner if symptoms change).

Fri, 25 Jun 2004 by Guest, #6281

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Phew! What a relief to find this board. Started on Lipitor a couple of months ago to reduce "cholesterol", I asked the doc if he knew of any side effects before I took it and he said that no one he knew

on it had complained about any and he had a lot of patients on it. Well Doc, I must be your first because from feeling great in a matter of weeks I have calf muscle pain, flu like symptoms and a headache now for two weeks with pain like a migraine at times. My toes are always cold and tingly and I feel unwell all the time and very tired. As my mum used to say, if the medication your taking makes you feel worse, then stop taking it because the body is trying to tell you something. I would rather die early from high "cholesterol" than put up with this, so I will be stopping forthwith and maybe someone had better let the makers of this drug know what it is doing to people. I live in Australia by the way.

Fri, 11 Jun 2004 by Guest, #6072

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I was put on 20mg of Lipitor. In no time, I found that my knees hurt me all the time. It got bad enough that it was painful for me to try to get up stairs. My M.D. cut my dosage in half and my knees quit hurting. I have heard so many horror stories about Lipitor... even death because it affected the heart muscles. I'm considering using Vitamin C therapy in replacement of Lipitor. I'm amazed that the drug company hasn't been required to list some of the side effects that I've heard.

Sun, 6 Jun 2004 by Guest, #5972

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I have been taking Lipitor for approximately six months. Initially on a 10mg dose, then on a 20mg dose for the last three months. My doctor has now suggested a 40mg for the next six months as my "cholesterol" levels haven't come down enough. However, in the last four weeks, I have been experiencing fairly bad joint pains in my fingers and an arthritic like deformity to the pinkie finger on my

right hand. I have seen a hand surgeon about this and he diagnosed osteoarthritis (an unusual, but not unheard of condition for someone my age - 42). Is it possible that this has been caused by using Lipitor? I have never had problems like this before and I am very alarmed at the rapidity of its onset.

Mon, 17 May 2004 by Guest, #5671

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I have been on Lipitor for several years. I am almost 60 years of age, It is easy at my age to put "changes" in your physical being down to "old" age. Could some or all of these changes be symptoms of Lipitor damage? Gradually I seem to be losing the ability to walk. My legs feel as if they are encased in cement. Getting up from bed or a chair, I stumble around until my muscles seem to get moving. Sometimes I seem to get vibrating spasms in my legs. My whole body has become stiff. I walk from side to side with my arms bent like a wooden soldier. I have lost my elasticity of movement. My wife looking at me walking has wondered what is wrong with me. Stepping up onto a step ladder one step at a time, I feel like my legs are too weak to handle my body weight. I thought it was due to my increased weight. I had not considered that it was a breakdown of muscle caused by Lipitor. I continue to go to the gym and do not think that my eating habits have changed but I seem to be putting on more weight. I had a bit of arthritis in my knees before Lipitor but it did not stop me from running for miles. Now I find if I walk on the treadmill for a mile or two that I am stiff and sore all day. I live with joint pain, muscle ache and a weakness in my legs that makes getting up a real struggle. I put this down to having put on weight but maybe I am putting on weight because of Lipitor and that is causing the problem. I now seem to have a perpetual nasal infection which I have been putting down to the smog. My skin is so dry, at times, it hurts but I was putting it down to the dryness of central heating in winter. I too have floaters

in my eyes but have been told they are common at my age whether I was on Lipitor or not. Sometimes my vision is so blurry I have great difficulty reading. I am also taking Cozaar, Allopurinol and Gen-Doxazosin. I am looking at this web site because I am worried. I will now see my doctor.

Sun, 16 May 2004 by Guest, #5666

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I am going on a “mentally young” 54 year old female, but I feel like I’m over 80 and hurt so bad I thought I should be dead, just that someone forgot to throw the dirt on my grave. I have been physically going downhill for the past four years with a variety of ailments. Recently my best friend turned me on to this web site and I could not believe what I read. I’m astounded that when my symptoms first started my doctor of over 20 years didn’t take me off right away. I made an appointment for a second opinion. I definitely plan on quitting, but I want to be monitored. Besides going through hair loss, my worst two symptoms are that my back was hurting me so bad that I was desperate enough to go to a chiropractor. I took the X-ray to the bone doctor and he claimed I have scoliosis, and the second claims that it is arthritis. My spine does have a distinct S curve to it. I’ve been going to physical therapy for stretching exercises which I will probably have to continue for the rest of my life just to try to keep the muscles around my spine as strong as I possible can. The other major effect is that my feet are going through something weird. It feels as if I have silicone injection in my foot just before the toes on both feet. Like walking on small water balloons. Then of course my hip is killing me. When I try to sleep, it feels like there’s a railroad spike in it. I just pray that when I do quit, these effects will disappear. But after reading some of the other people’s messages, I’m afraid that after four years, I’m screwed. Trust me though. If there is ever a class action lawsuit I would be more than happy to jump on the

bandwagon. I'm in pain no matter if I stand, sit or sleep. An after thought occurred to me. This is embarrassing but my bladder habits have also changed. I haven't had a full night sleep in years. I find myself getting up at least two to three times in the middle of the night just to go to the bathroom. Has anyone else had that problem? Does anyone also know if there is something else one can do to lower "cholesterol" level beside this hell?

Mon, 10 May 2004 by Guest, #5576

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I was prescribed Lipitor and took it for four days and got the usual leg pains and disorientation that many of you talk about. From that point on my life has descended into hell. I had a month of daily migraines (which I had not previously suffered from). I have severe pain in my shoulders, arms, chest and back and sometimes feel as though my skin is on fire. I am 55 and feel 85 to 90. I can no longer pick things up that weigh more than five pounds, cannot walk more than a couple of blocks (it feels as though my rib cage does not expand) and can only drive about a mile before the dizziness and muscle spasms start. The depression and tears at what feels like a never ending condition is sometimes more than I can bear. It is now eleven months since I am off Lipitor and I have yet to see any improvement. I don't know what is worse the pain or the complacency of the medical community and their disbelief of our suffering. At least this site tells me that I am not nuts but I am sorry that so many of us are suffering.

Tue, 4 May 2004 by Guest, #5508

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I am a 49 year old physically fit female who began taking Lipitor around two years ago. I began having leg pain/cramps and went off

of them for two weeks or so. I have to admit I felt much better. I went back on them for fear of having heart problems with high "cholesterol". Two weeks ago I started having severe pain in my left leg/hip area running all the way down like muscle strains. I can literally push on the muscle and it is so sore like someone has beat me. I can't lay on my left side anymore when sleeping. I think I am going to go off of it again and if the pain subsides, find other ways to lower the "cholesterol". I am worried that this has caused some type of muscle degeneration. I am also experiencing numbness in my right hand more than ever. I am scared...

Mon, 3 May 2004 by Guest, #5479

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Extreme swallowing/choking problem and extreme fatigue. I've been taking Lipitor since it came out and have been on 20 mg per day all this time. One time several years ago when I had a cough my throat completely locked up and I couldn't breathe for what seemed forever...VERY SCARY! It was never diagnosed. I recently had my Lipitor raised to 40mg and immediately my swallowing ability degraded. I had every test in the world and nothing was found. I just got off the drug a few days ago and hope to improve. Also I have experienced EXTREME FATIGUE! If anyone has experienced similar symptoms please send me an email.

Tue, 27 Apr 2004 by Guest, #5411

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I started with Lipitor around 1998 or 1999. Initially it was 10mg and now it is 40mg. For the last year or so I have had constant lower back pain. I thought perhaps that it was a gym injury but it never heals. Also, I sometimes have aching joints and general

tiredness, along with tingling in the extremities and occasional toe cramps. One thing that I have not seen anyone else mention is tinnitus. One morning, about two years ago, I woke up and was wondering what that noise was. Unfortunately, it is in my left ear. Anyway, since there has been no family history of heart trouble and, other than high "cholesterol" levels, my health at age 54 is excellent. I have decided to stop the Lipitor. Hopefully, after a few months my body will recover and start to feel "normal" again.

Mon, 12 Apr 2004 by Guest, #5174

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I have had severe pain in my right hip-joint area and difficulty sleeping on that side for several weeks now, and it is increasing in intensity. I have experienced the "fog" that many have discussed as well, leg and foot cramps are all too familiar as well as the dizziness periodically! I had noticed increased stiffness upon arising in the morning but attributed that to possible arthritis, hmmm, now makes me wonder. I also thought the increased hair loss (nothing creating baldness) that I found inconvenient, I feel like a shedding dog, was from aging! After reading so many comments about Lipitor, I am wondering if there is a link with this medication. I do have one symptom I would like to inquire with others about...I had a bout with Hemoptysis (bleeding lungs) and recently nose bleeds, for no apparent reason other than minor activity. Also I have a feeling of being "anxious" for no reason and it is not a normal feeling for me to experience even during duress circumstances. Are others experiencing similar reactions that may be related to taking Lipitor?

Wed, 31 Mar 2004 by Guest, #5012

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I am a 32 year old man who has been on Lipitor for over four years. I recently went up to 40mg and I think it was a big mistake. Like many others, when I was on 20mg I had some slight muscle cramps, insomnia and back pain, but it was nothing compared to what happened when I went to 40mg. My body now feels like a train wreck. I have a strange tingling sensation in my feet, as well as muscle cramps in my legs. This worries me because my feet and sometimes my hands are always cold. It feels like almost my feet are asleep all the time. My legs have a strange cramping/pulsating feeling. I have a chest pain and stomach cramps as well. Plus I have that wonderful dizzy feeling that many of you have also complained about. I have stopped taking Lipitor for a week now, but the symptoms remain. I am worried because I just want to feel normal again. Can anyone who stopped taking Lipitor tell me if these types of problems have gone away, and if so, how long it took. On a side note, the chest pain I think is caused by gas. I have taken a gas inhibitor which has seemed to help with the tightness in the chest. I do tend to burp a lot though. I hope that this might help for people who have had this side effect as well. I am father and a husband who has no personal grudge against Lipitor or my doctor. I have never posted to a board before and am not trying to sue anybody. I just want to feel normal again. My wife thinks I am a little bit crazy, and doesn't understand how funky and bad I feel now. She thinks that just stopping will make me better. I hope she is right. When someone goes through this, it just wears on your mentally as well as physically. I am off to see the doctor and I hope that he will be able to help or tell me what to expect long term. If I find any solutions, I will be sure to share. Thank you for listening to my story.

Sun, 28 Mar 2004 by mpalmer7, #4978

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I started on 10mg of Lipitor a week ago. I have excellent

cholesterol” levels (total = 184; HDL = 77; LDL = 91), but because I am a diabetic (I have been for 35 years), my physician suggested that I begin taking the drug. I feel like I am hooked up to a Diazepam IV!!! I am totally zoned out and have very little energy...and I don't really care if I get any of my work done or not (not good!) The other thing that is driving me crazy is that I am cold all the time. As I am typing this, it is 70 in the room and I have on a turtle neck sweater, two sweat shirts (one with a hood that is up), a pair of lined jeans, two pairs of socks, and down slippers... and I am STILL cold. Has anyone experienced this side effect? I don't think that this drug is for me...

Sat, 20 Mar 2004 by Guest, #4857

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Lipitor - poison in disguise? I have been taking 10mg of Lipitor daily for the past three months - but not anymore. It is an insidious drug with side effects that crept up on me and left me in an emotionally turbulent state. Blinding headaches, nausea, vertigo, disorientation, memory loss, extremely dry eyes, pain and stiffness in my neck and calf muscles, abdominal pain and flatulence, and a urinary tract infection. The local general practitioner (not the one who initially prescribed the Lipitor) described my symptoms as “too vague to diagnose”. It was this site that proved my turning point. It was great to relate to so many similar case histories. I am usually fit and healthy woman in my fifties who is keen to stop anyone else going through what I have recently experienced.

Mon, 15 Mar 2004 by Guest, #4796

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I am a 45 year old male in excellent health. Exercised daily and went on 10mg of Lipitor five months ago because diet and exercise

were not lowering my "cholesterol" sufficiently. The Lipitor lowered my "cholesterol" by 30% but I developed a sudden 90% blockage in the left coronary artery which came close to causing sudden death syndrome. I had an emergency stent put in yesterday and I'm wondering if the Lipitor caused my blockage to occur by loosening the plaque and allowing it to pool and cause the blockage. The docs said my other arteries had 10% or less blockage. Seems to me that Lipitor came close to killing me. Any others develop blockage shortly after starting Lipitor?

Sun, 7 Mar 2004 by Guest, #4651

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I had two stents put in March, 2000. Arterial blockage 90%. Took Lipitor for two months. Felt worse than before heart attack. Discontinued Lipitor February, 2004. Still no improvements. Muscle pain, weakness, spasms, buzzing in right leg. Can't hold arms or head up in vertical position for two minutes without extreme pain and weakness. Sitting or standing for ten minutes is not possible due to back pain. Have to keep moving until exhausted and then sleep. Use good diet and all the exercise I can tolerate. I do NOT take any pain meds except aspirin or Tylenol. This is crazy. I walked home from the hospital after the stents and went downhill after taking Lipitor. Any advice will be appreciated. Thank You

Mon, 16 Feb 2004 by Guest, #4545

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I am 57 year old female. Five years ago my doctor put me on Lipitor. From that time I had a burning sensation in my right foot below the big toe on the ball. I was also getting cramps in my calf muscles. It took me a year and a half to realize that it could be due

to Lipitor. So I stopped and started back twice to see what happens. Everytime I stopped the burning sensation stopped but that spot continued to be sore. Then I stopped it for good. But, unfortunately Lipitor has done some permanant damage to my foot as I still live with swelling and pain. Doctor still will not accept that it is due to Lipitor, but I know for sure that is the culprit. They need to do more studies on these statin drugs before they make the patients guinea pigs!!

Sun, 15 Feb 2004 by br, #4527

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I am a 52 year old man. I had another heart attack January 27, 2004. Went to the hospital. The doctor put me on Lipitor. My hair was always dark brown. Now it's thinning out and turning grayer. I ache all over like I have the flu. I stay dizzy, tired, short winded. I coughed up blood for four days after I got home from the hospital. I don't want to be around nobody. The least little thing pisses me off. I'm hurting more on my lower right side. I can't sleep. I just stay tired. Today is 2-13-04. I have never felt this bad before. The doctor prescribed me Lipitor 80mg with 5 refills. I feel worse now than before I went to the hospital. The doctor needs to check into the symptoms of the medicine. I have dull headaches and my eyes get blurry. I am not taking Lipitor no more.

Fri, 13 Feb 2004 by parker7101, #4515

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I am 28 year old female with diabetes. My doc put me on Lipitor as a preventive for my heart, as well as I do have slightly high "cholesterol". Within a week of starting the medication I developed body aches like the worst flu you could imagine. The pain then became intense in my right arm, but the triage nurse at my doctor's

told me it was the flu and would last a few days, but I couldn't handle it and went to the ER, where they said it must be a virus (fever of 102) and sent me home. The majority of the aches went away, but my right arm remained a throbbing pain. I then developed a bronchial virus, and the pain let up for a few weeks, then all over, joints and muscles. Somedays I would cry all day- no narcotics seem to help enough to make it worth taking them. Finally, a month after starting the Lipitor, my doctor took me off, "in case" it was that. Well, the first 2 days were better, then all the weakness, fatigue, and aches came back. I could barely climb a set of stairs, I'd be out of breath and my muscles would cramp like I'd run five miles. I could no longer sleep at night, two to three hours max. Finally was admitted to the hospital where a zillion tests were done and nothing found to give a diagnosis, though mitochondrial myopathy was mentioned, as well as mitochondrial encephalitis. I can barely handle a day of a few errands, and have been out of work for months. Sometimes I think my brain is fried, cuz I can't remember the simplest things, or I forget where I am or where I'm going. Thank God I have wonderful friends to support me, and Jesus Christ to lead me through. I pray that it goes away soon, as the neurologist says it may, otherwise I think I'll have to be put on disability. I've also put on about thirty pounds due to the exhaustion I guess, so much for those Pilates!

Fri, 13 Feb 2004 by allie214, #4508

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I am (was) a healthy, very active 53 year old female who began taking Lipitor on November 24th. After a week, I began to experience muscle spasms in my legs and contacted my doctor. She attributed it to panic. I had my husband take me to the emergency room because I was frightened that I had MS, ALS or some other "S". All tests came back negative. I started experiencing pain in my biceps, calves and eye. I was constantly

fatigued. My husband was talking with a friend who was having similar side effects who eventually stopped taking Lipitor. I happened to speak with a well respected orthopedic surgeon who suggested that I go off Lipitor. I went to a neuro who said spasms were benign. I have all sorts of tests (MRI, MRA, CAT scan, cardio tests and numerous blood tests) all negative (CPK slightly high soon after I stopped medications). I am off Lipitor for over a month and began taking CoQ-10 (by the way Canadians patients are told to take this with Lipitor). I am still having spasms in my calves but energy seems to be back. I am documenting everything I have been through in case of a class action suit and I suggest you all do the same. If my symptoms are permanent my life is greatly impacted. I am so angry at my doctors for not knowing all the side effects of this drug.

Tue, 27 Jan 2004 by rsweeney, #4296

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I have had a macular hole and have been told by someone else who had the same that it was a side effect of Lipitor. Had surgery and survived the two-week face down position, but sight has not yet returned. It is some better, but still very poor after two months. Also had some tingling weak feelings in my hands, neck, back of the head, and shoulders. From the minute I stopped taking Lipitor, these symptoms completely disappeared.

Tue, 13 Jan 2004 by gale40, #4129

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I am so glad I decided to check out side effects for Lipitor. I was on Lipitor for the past five years at the 10mg dose. I could not tell of any side effects. But recently, my work performance was going down, I was always a top performer. I could not remember things

that happened they made reference to at work. I also saw mistakes, and did not correct them and wondered why things did not work right. Also I have experienced loss of short term memory, my face is swelled up and I was already losing hair, but now I think the Lipitor may be responsible for the majority of the loss. My stomach is always churning and making noises.

Thu, 11 Dec 2003 by Guest, #3855

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I was put on Lipitor because of a one time spike in my triglycerides. It was only 10mg for three weeks. Within a week my ankles were stiff and my feet heavy. I had cramps/pain in the legs. Within a couple of weeks, I had pain in all my joints and muscles, especially my legs. It has now been a year, and I've have been told that if I don't stop the process, I may not make it. All of my muscles have atrophied to the point that I can hardly walk. My spine is no longer being supported by my muscles, so I have three torn disks. No one will address that problem because the muscles are not strong enough to undergo even the most minor procedure. In addition, my hips have separated as though I had been in an accident. The only accident was taking Lipitor. I am desperate to find some help. Time is running out. I am already on CoQ10 and fish oil. If anyone can point me in the right direction, it would greatly be appreciated. I have been to California with no help. Please, please, please. I will do whatever necessary to stop this horrific illness. It is beyond my imagination how they can get away with passing these drugs out like candy. Help!

Sun, 16 Nov 2003 by Guest, #3777

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My Doctor put me on Lipitor 20mg for a preventive maintenance.

I took it for about a month and my muscles and joints hurt so bad I could hardly get out of bed come morning. I also came up with a urinary tract infection. The doctor took me off the Lipitor for two weeks and gave me medications for the infection. Two weeks later infection was gone most of my pain was gone except for my knee pain. He wanted me to try the Lipitor 20mg again saying that the infection might have been the problem. I did four days and four Lipitor 20mg tablets and I am in real pain and I have a urinary tract infection again. He has taken me off the Lipitor and the infection has cleared up, But my knees are still so painful. There are times I don't think I will be able to stand up. Will my knees ever get back to normal? P.S. My doctor says the infection is not due to Lipitor but can't explain why I get it while I am taking the Lipitor.

Sat, 25 Oct 2003 by faye, #3690

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My husband began taking Lipitor about six months ago and and has experienced a dramatic change in his temperament. It is even scary to me. We have been married a long time and I can notice it. He doesn't. It seems to affect him like I believe what the kids call "speed". Our life together has suffered because of this. I have heard of other people that these drugs have affected. Please help me. I'm at my wits end. As I have said, he cannot see the drastic change and insists I want him to die with high "cholesterol". Please do not e-mail me back as it would cause a big uproar. If you could just find some more research on this subject, I would be eternally grateful. I will read it on this web site. Thank you.

Sat, 20 Sep 2003 by Guest, #3521

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I'm 48 and have been taking Lipitor for about two years. I can't

remember phone numbers to dial them. I have to write everything down the instant I hear it or I will forget it. Old neighborhoods I haven't been in for awhile (six months or more) don't look familiar at all. I started playing guitar four years ago. I find that after practicing a ten to twenty note riff, fifty times in an hour's time, I will not remember how to play it the next time I pick up a guitar. I can't remember words to finish sentences or names of familiar people, places and things. I lose my train of thought and focus constantly. Any new exercise (i.e. normal extended walking, biking) ends up in excruciating muscle pain. I also noticed I have been getting depressed and agitated. After I noticed that my hair was getting really thin I went to my doctor thinking I might have a problem with my thyroid. He did some blood work and said he couldn't find anything wrong so I thought I was just getting old. Can't hurt to quit taking the Lipitor for a month to see what happens.

Mon, 4 Aug 2003 by Guest, #3175

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After taking 10 mg/day dose for one year, my physician increased the dosage to 20mg/day. Over the next year, I began to lose short term memory. This eventually became so acute, that I could not even remember a phone number long enough to dial it. A minor calf muscle strain became chronic, and never diminished, as though the region was under constant tension. This was during a three month period of relative inactivity, with the hopes of the cramp/strain healing. A third "side-effect", was the gradual despondency that was subtle enough to avoid detection, till one day I realized I had all the symptoms of mild depression. As a white 50 year old male, with five siblings, none of whom have had histories of the aforementioned complaints (side-effects), I found the cure (Lipitor) was worse than the disease!

Mon, 28 Apr 2003 by Guest, #2032

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If you have a story which you would like to share, please contact the author via email to **info@yourdoctorisaliar.com**.

*“Medical science acknowledges that despite scores of studies and years of experience with a drug, when an individual takes a new drug for the first time, it is an experiment of its own, and the outcome cannot be foreseen. It is a notoriously known fact that drug company studies often fail to identify many common side effects. Side effects that occur in one of every 1,000 patients are often not identified in drug studies. When 20 million people are taking the drug, it means that approximately 20,000 people are sustaining the side effects. Why are doctors so resistant to admitting that statins might have some adverse qualities? My belief is that some doctors over-identify with their medications and lapse into psychological denial when patients report side effects. The integrity of the entire system depends on doctors listening to their patients. The average doctor listens to patients for only twenty-three seconds before interrupting them. All drugs have unintended effects. Even the most beneficial drug can cause harm in some people. This is basic medical science. Sixty to seventy-five percent of people started on statins stop taking them. The average patient lasts only eight months on statins. Why? Side effects. These side effects may be considered minor by doctors, but abdominal discomfort, muscle or joint pain, or memory impairment are not minor to you. Moreover, in rare cases, statins have caused death from acute muscle degeneration or liver toxicity. There have also been thousands of reports of serious cognitive and psychiatric problems that do not always appear when statins are discontinued. And now we are hearing about nerve injuries, sometimes severe and permanent, with long-term statin use. All of this will worsen as doctors push stronger statins indiscriminately. There are no guarantees with any drug. Just because a drug is safe for most people does not mean that it will be safe for you. And although you may take a drug for years, problems can still develop unexpectedly.”*

Jay S. Cohen, M.D.

*Author of “The Magnesium Solution for High Blood Pressure”*

***“Any drug, no matter how trivial its therapeutic actions, has the potential to do harm.”***

*Goodman and Gilman’s  
Pharmacological Basis of Therapeutics*

***“The practical size of pre-marketing clinical trials means that we cannot learn everything about the safety of a drug before we approve it. Therefore, a degree of uncertainty always exists about the risk of drugs.”***

*The U.S. FDA  
2002 Report to the Nation*

***“The sad truth is that, even after all the clinical development that occurs with every drug and even after drugs have been approved for a time, we only have a crude idea of what they do in people.”***

*Dr. Janet Woodcock, Director  
The FDA’s Center for Drug Evaluation and Research*

***“What irks me, is it’s important to know all sides of the equation, and nobody’s paying attention to the toxic side of the equation.”***

*Dr. Paul Phillips, M.D.  
(Cardiologist)*

***“An unexplained disturbing event must be taken as the equivalent of a yellow traffic light: as a signal to proceed with caution and be prepared to stop. If the patient thinks the drug has caused the problem, it very often has. Patients should be routinely asked for their opinion.”***

*Dr. Andrew Herxheimer  
The Cochrane Center (Britain)*

**Chapter 12**

**A New Theory  
For The Causation  
of Heart Disease  
in Human Beings**

### IT'S A JOKE...

At an out of town medical convention which both were attending, a male doctor introduced himself to a female doctor. He asked her to dinner and they went to a very nice restaurant. Before, and after dinner, she made it a point to visit the ladies room in order to wash her hands. The dinner was wonderful, so she invited him back to her hotel room. When they got there, she again went to the bathroom to wash her hands. They made love and afterwards, she washed her hands again. The male doctor finally said, "I wonder. Are you a surgeon?"

"Why yes," she replied. "How did you know?"

"Well, you sure do wash your hands a lot."

"True. Let me guess also. I bet that you are an anesthesiologist."

"You're right. How did you know?"

"I didn't feel a thing!"

I do hereby present, for all in the world to hear, a new and highly plausible theory regarding the root CAUSE of cardiovascular diseases that disproportionately affect those people who live in “civilized” Western cultures.

**CARDIOVASCULAR DISEASE IS CAUSED BY:**

**THE (SAD) STANDARD AMERICAN DDIET**

**WHICH CONTAINS...**

**TOO MUCH...**  
**PROCESSED OIL,**  
**and**  
**SUGAR,**

**and**

**NOT ENOUGH ...**  
**VITAMIN C,**  
**CHOLESTEROL,**  
**PROTEIN,**  
**(especially collagen & elastin)**  
**and**  
**COPPER**  
**(and other minerals).**

The evidence in the scientific literature for a CAUSAL link between heart disease and the over consumption of PROCESSED OILS and SUGAR and the underconsumption of VITAMIN C, CHOLESTEROL, PROTEIN (collagen & elastin) and COPPER is already very very substantial.

I believe that it is time for some self-answering, rhetorical questions.

**Q. How much PROCESSED OIL does the average American consume?**

- A. WAY TOO MUCH! The point is simple. You don't even realize that you are eating these toxic foods! You think that you are "eating healthy" by avoiding the fats and oils that Mother Nature has provided in the foods that human beings have consumed for thousands, even millions of years. You think that you are "eating healthy" by replacing Mother Nature's foods with man-made, processed, concentrated fats such as margarine, refined vegetable oil and even fake fats that are actually made from sugar. You may have heard of trans fatty acids and the health problems that they cause in all who consume them, but you have absolutely no idea how much of these destructive compounds you consume every day. Your refrigerator is full of these toxic compounds. So is your pantry. And so is practically every food that you purchase at your favorite restaurant, not to mention your favorite fast food restaurant! On a pound for pound basis, no civilization in the history of the earth has ever consumed dangerous artificial chemicals in nearly the amount that Americans consume every day in the form of trans fatty acids from partially hydrogenated vegetable oil. And your children consume more than you! The scope of this health disaster is enormous. Like the iceberg that struck the Titanic, this health catastrophe is barely recognized by the average person, and the vast majority of its total impact is hidden below the surface. Of this there is absolutely no doubt in my mind: Processed oils have poisoned three generations of Americans into their early graves! Please read the next chapter so that you can begin to learn more about this amazing health disaster. These toxic compounds are in every cell of your body. You **MUST** stop adding in more before it is too late!

- Q. How much SUGAR does the average American consume?**
- A. WAY TOO MUCH! To the tune of nearly 150 pounds per year! Instead of eating 150 pounds of non-nutritious SUGAR, what if people consumed 150 pounds of nutrients that were necessary for life? The chapter after the next one will go into very specific evidence that **sugar, and processed foods that contain mostly sugar are the most accurate “risk factor” for heart disease, and they are actually one of the major CAUSES of heart disease itself!**
- Q. How much VITAMIN C does the average American consume?**
- A. NOWHERE NEAR ENOUGH!! The average American consumes just 50 mg per day. This “average” is barely enough to prevent outright scurvy, but not nearly enough to maintain collagen connective tissue throughout the body. Please realize that the overall average includes the consumption of Vitamin C by people like the author who consumes vastly larger quantities than the rest of the population which certainly skews the overall average, so the true average is far less than one might think.
- Q. How much CHOLESTEROL does the average American consume?**
- A. NOWHERE NEAR ENOUGH!! The average American consumes approximately 500 mg per day in a feeble attempt to maintain a whole body supply of approximately 150,000 mg. Why don't you consume more? Because your

doctor told you not to? The simple fact that the human body produces large amounts of CHOLESTEROL and then converts it into so many compounds that are all vital for life should be enough, in and of itself, to put an end to the lunacy of the fallacious health benefits that the medical and pharmaceutical industries have claimed for their drugs that lower “cholesterol”.

**The fact that the body has the genetic programming to perform chemical magic by manufacturing a complex compound such as CHOLESTEROL implies that it is doing so for a reason!**

Just for a few minutes, take a different perspective. Just because the human body is able to manufacture CHOLESTEROL from excess fats, carbohydrates, protein and alcohol does not mean that it should be forced to struggle to do so. As you have seen in previous chapters, CHOLESTEROL is absolutely necessary for human life. Why not accept this fact and ease the burden on the body by providing the pre-made CHOLESTEROL directly in the diet?

Would you expect the skilled bricklayer that you hired to pave your driveway to also manufacture the paving blocks that they are installing while you were waiting to pull into your garage?

Would you expect the carpenters that you hired to board up your windows to cut down the trees and manufacture the plywood that they are using to protect your house while the hurricane is about to hit?

Would you expect the chef at your favorite restaurant to go out and actually catch the fish and grow the broccoli that you ordered while you were eating your appetizers and waiting for dinner?

Would you expect the AAA driver to dig a well and refine some crude oil into gasoline while your car is stuck on the side of the road in the middle of nowhere?

So why is it so hard for doctors to realize, accept and admit that the body needs CHOLESTEROL. It is abundantly clear that the body makes it. It is abundantly clear that the body needs it! Why not provide more of it in the diet in its naturally occurring and ready made form?

**Q. How much PROTEIN, especially collagen & elastin, does the average American consume?**

A. NOWHERE NEAR ENOUGH!! The average American obtains less than 12% of their caloric intake in the form of protein. Despite the efforts of the proponents of The Atkins Diet, The Paleo Diet, The Zone Diet, The Protein Power Diet, The South Beach Diet and countless others, Americans are still addicted to sugar. Most nutritional textbooks clearly state that carbohydrates are NOT ESSENTIAL for human survival because the body can manufacture most sugars on an as needed basis from other compounds. Those same textbooks also clearly state that the building blocks of protein, known as amino acids, ARE ESSENTIAL FOR LIFE. Our Paleolithic ancestors were hunter-gatherers who consumed 30+% of their calories in the form of protein and they did not suffer from the diseases that plague modern, civilized humans, such as heart disease, cancer, arthritis, and diabetes. The government tells you to make these essential proteins be

only 15% of your diet. The government also tells you to make the NON-essential carbohydrates 55% (or more) of your diet. Are you unable to see the obvious? How can it make sense to consume more of something that is not necessary for survival while you are consuming less of something that is essential?

**Q. How much *COPPER* does the average American consume?**

- A. I challenge you to name one food that supplies large amounts of copper in YOUR diet! For decades, scientists have known that copper is a nutrient that is necessary for life, and is especially vital for the health of the cardiovascular system and yet, practically no one has any idea of which foods they should eat in order to get adequate levels of copper in their diet.

Just a few of the symptoms that are known to be caused by a deficiency of copper include...

- Cardiovascular disease
- Elevated “cholesterol” levels
- Aortic aneurism (burst blood vessels)
- Cerebral aneurism (hemorrhagic stroke)
- Irregular heart rhythms
- Increased blood pressure
- Thrombosis
- Iron-deficiency anemia  
(copper is needed for iron absorption and usage)
- Hemorrhoids
- Increased uric acid levels
- Reduced thyroid function
- Skeletal defects
- Impaired glucose tolerance

- Poor nerve conductivity
- Reproductive failure
- Defects in pigmentation and structure of hair
- Weakened immunity including:
  - Reduced cellular immune response
  - Reduced white blood cell activity
  - Reduced thymus hormone production

I will ask you again: How many foods do you eat on a regular basis that provide YOUR body with adequate levels of copper? How much copper have you eaten today?

Every human being is different. A nutritional deficiency will manifest differently in different people, precisely because they are different. A copper deficiency will manifest itself as immune disfunction in one person, as bone loss in another person and as a hemorrhaging cerebral artery that leads to a stroke and paralysis in yet another person. The pathetic little minds of most medical doctors are unable to link these seemingly different manifestations to a single CAUSE, simply because they do not think in terms of eliminating CAUSES. They only think in terms of treating symptoms. Obviously the symptoms that result after a hemorrhagic stroke are different than the symptoms of bone degradation or immune disfunction, but the underlying CAUSE can be one and the same thing.

Your body does not need nearly as much PROCESSED OIL and SUGAR as you have been feeding it. I suggest that you cut back on your consumption of these processed poisons.

Your body needs far more VITAMIN C, PROTEIN (COLLAGEN and ELASTIN) and COPPER than your diet has been providing. I suggest that you eat a lot more foods that contain these nutrients and see what happens. There is no harm in eating foods that

contain these nutrients. There is great harm that can come to you if you do not. Ignorance of basic nutritional needs strikes nearly half of our population dead in the form of heart disease.

**I would like to ask you a simple question. If doctors are so smart, if they are right and their recommendations are correct, then why do more than 750,000 people still die from cardiovascular disease each and every year?**

Doctors do not want you to know how to properly feed your body to maintain your health because, if you did, they would be out of work. If I am right, and all you have to do to limit your risk and improve your health is to make a few dietary changes, then the next time you see your cardiologist may very well be as you drive past the unemployment line and see them going inside to apply for benefits because their services are no longer needed.

Eat the food you need to maintain your cardiovascular system and enjoy the good health and longevity that comes with the proper knowledge and the proper action. It's wise, it's inexpensive and it's easy, but it's up to you.

I suggest that you read the remaining chapters of this book and as many of the books listed in the last chapter as you possibly can.

I suggest that you learn more about the dangers of drugs, processed oils and concentrated sugars. The truth will shock you.

I suggest that you ignore your doctor's lies because...

**YOUR DOCTOR IS A LIAR!**

**Chapter 13**

**Deep Fried Death**

### IT'S A JOKE...

Three doctors died in an automobile accident and are met by St. Peter at the Pearly Gates. St. Peter asks all three doctors to describe the good deeds that they did while on earth.

The first doctor replied, "I worked in Africa helping to feed and care for starving villagers."

St. Peter replied, "We certainly have a room for you here in heaven. You may pass through the Pearly Gates."

The second doctor said, "I worked for a non-profit children's hospital in the slums of the inner city."

St. Peter replied, "We certainly have a room for you here in heaven. You may pass through the Pearly Gates."

The third doctor proclaimed proudly, "I was the CEO of the world's largest HMO."

St. Peter replied, "We certainly have a room for you here in heaven. You may pass through the Pearly Gates. BUT, there will be a \$50 co-payment, \$5,000 deductible and you can only stay for a week!"

To me, the following is obviously, absolutely absurd.

But yet, **YOU** do this every day!

## **Recipe for a heart attack...**

Start with some kind of food that naturally has a lot of oil in it such as peanuts, soybeans, corn, rapeseed (canola), sunflower, safflower, cottonseed, coconut, palm, etc.

### **Step #1:**

Get someone to mash or grind the original food for you.

### **Step #2:**

Have them cook the original food long enough to break down its cellular structure. This may take at least a couple of hours and temperatures in excess of 250°F.

### **Step #3:**

With a screw-like auger press, have them place the raw material under incredibly high pressure in order to squeeze out as much oil as possible from the raw material. The pressure within the machinery itself generates temperatures that can rise up to 185° - 200°F.

### **Step #4:**

Make sure that they expose the raw material to air in order to increase the rate of oxidation. Remember that oxidation occurs approximately 100 times as rapidly at these elevated temperatures as it occurs at room temperature.

**Step #5:**

To get any remaining oil out of the raw material, have them mix it with a gasoline-like substance (hexane or heptane) that acts as a solvent to dissolve more oil away from the remaining raw material at temperatures ranging from 130° - 150°F.

**Step #6:**

Have them heat this oil to temperatures above 300°F in order to evaporate most, but not necessarily all of the solvent (heptane or hexane). Have them do this very carefully, since these chemicals are quite explosive.

**Step #7:**

Remove as many of the remaining nutrients as possible. They can use phosphoric acid to remove nearly all of the phospholipids (lecithin), protein, polysaccharides, calcium, magnesium, iron, copper and other nutrients.

**Step #8:**

Have them remove as many of the free fatty acids as possible. Do this by mixing the oil with an extremely corrosive alkaline material such as caustic soda (NaOH, sodium hydroxide, which is the main active ingredient in Drano) and then have them agitate the mixture until the free fatty acids form “soaps” with the sodium hydroxide so that they can be “cleaned” away.

**Step #9:**

Have them use acid-treated activated clays to bleach out any remaining pigments (chlorophyll and beta-carotene). This takes about 15 to 30 minutes at temperatures of 230°F. Remember that this “bleaching” process creates large amounts of toxic peroxide compounds.

**Step #10:**

Have them also remove any aromatic properties of the oil. They can do this de-odorization by distilling the oil under high pressure and temperatures of 460° - 520°F for thirty to sixty minutes. This helps to remove aromatic compounds that gave the original oil its natural smell and flavor. Be sure that they also remove as much vitamin E as possible. At these temperatures, numerous toxins are formed when fatty acids are cross-linked to each other to produce polymers that are similar to plastics and vulcanized rubber.

**Step #11:**

Have them add methyl silicone to the processed oil so that it is less likely to become “foamy”.

**Step #12:**

To ensure a long shelf-life, have them add synthetic preservatives to the oil, such as butylated hydroxytoluene (BHT), butylated hydroxyanisole (BHA), propyl gallate (PG), tertiary butyl hydroquinone (TBHQ) and others.

At this point, if you wish, you can eat this tasteless, odorless and nutrient depleted “food product” that is the end result of the twelve steps detailed above. If you dare!

Are you saying to yourself...

“No way! That sounds gross! And deadly! Why would I ever want to eat that?”

This obviously depleted, dead and toxic “product” is none other than refined vegetable oil. Corn oil. Canola oil. Soybean oil. Cottonseed oil. Even olive oil! Most likely, you have a bottle of

these poisons in your kitchen. Most definitely, you have products in your home that contain these ungodly artificial substances. I can't even begin to count the number of people who have PROUDLY told me that "They eat healthy!" but yet they have a kitchen full of products that are laced with toxic, refined vegetable oils.

Have you fallen victim to the marketing hype? Do you avoid naturally occurring fats and oils and consume these so-called "heart healthy" processed vegetable oils instead? Do you use processed oils because you foolishly believe the medical "authorities" who have proclaimed that these artificial "products" are "healthier" for you than the oils that are found naturally in fresh, whole, unprocessed and unroasted seeds and nuts? Do you use margarine and shortening because "they" said that you should use these artificial foods instead of butter?

Sucker!

Have you fooled yourself into believing that you "eat healthy" because you shop at a "natural foods" store? Do you only purchase oil that has been "cold-pressed"? Please realize that there is no legal definition of the term "cold-pressed"! The term "cold-pressed" only means that the manufacturer didn't add any heat during the "pressing" of the oil. Manufacturers can abuse natural oils by performing all of the above steps of the "refining" process and still label their product as "cold-pressed" simply because there is no law that prevents them from doing so.

If you prefer an even more deadly, greater heart attack producing "product", you may continue with one more step...

**Step #13:**

Have someone place the oil under pressure and add in hydrogen gas at temperatures that range from 250° - 410°F along with some type of metal (usually nickel, but they may also use “Raney’s Nickel” which is 50% nickel and 50% aluminum). Have them do this for six to eight hours. Make sure that some of the nickel and aluminum remain in the oil.

You now have the “dream product”! An unspoilable product with a shelf life of practically forever. This nightmare product has a plastic, spreadable consistency that helps to “improve” the texture and “mouth feel” of literally thousands of manufactured products.

What is this “nightmare” product?

**Hydrogenated or Partially Hydrogenated oil!**

Judging from both food data and turn-of-the-century cookbooks, the American diet in 1900 was a rich one—with at least 35 to 40 percent of calories coming from fats, mostly dairy fats in the form of butter, cream, whole raw milk, and eggs. Salad dressing recipes usually called for egg yolks or cream; only occasionally for olive oil. Lard or tallow served for frying; rich dishes like head cheese and scrapple contributed additional saturated fats during an era when cancer and heart disease were rare. Today, everyone “knows” that vegetable oils are “healthier” than animal fats, but the only reason that everyone “knows” this is simply because the advertising and marketing forces in America have claimed this to be true. ***It isn’t true!*** The research shows exactly the opposite to be true. Is this hard to believe? Please re-read the steps that are involved in refining vegetable oils. Please use your common sense. How can anything that has been put through the thirteen steps listed above be good for you? The increase in the consumption of processed vegetable oils, whether we consume “vegetable oil”,

“partially hydrogenated vegetable oil”, completely “hydrogenated vegetable oil”, shortening or margarine, directly parallels the increase in heart disease rates in the 1900s.

*“I began my practice as a cardiologist in 1921 and I never saw a Myocardial Infarction patient until 1928. Back in the MI free days before 1920, the fats were butter and lard and I think that we would all benefit from the kind of diet that we had at a time when no one had ever heard the words corn oil.”*

*Dr. Dudley White*

Prior to 1900, heart attacks were virtually unknown. They did occur, but very, very rarely. The technology by which liquid vegetable oils could be hardened to make margarine was first discovered by a French chemist named Sabatier. Subsequently, the British chemist Norman developed the first application of hydrogenation to food oils and took out a patent. In 1909, Procter & Gamble acquired the U.S. rights to the British patent that made liquid oils solid at room temperature. The process was used on cottonseed oil and lard, not to improve their nutritional value, but to give them better physical properties. The result is a fat that has a spreadable, “plastic” consistency that is also less likely to melt in warmer weather. Prior to the process of refrigeration (which is so very common today), this was seen as quite a convenience. Crisco vegetable shortening, which was, and still is, marketed as a cheap replacement for butter, went on sale in 1911. It, and other artificial shortenings, have been shortening the lives of millions of Americans ever since!

After the second world war, “improvements” made it possible to plasticize highly unsaturated oils from corn and soybeans. New catalysts allowed processors to “selectively hydrogenate” the kinds of fatty acids found in soy and canola oils. Called “partial

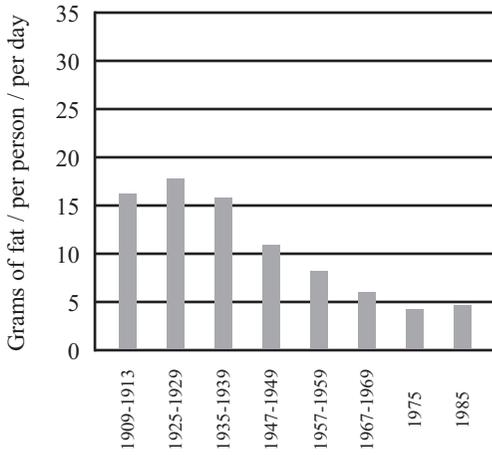
hydrogenation”, the new method spurred a tremendous rise in soybean production, from virtually nothing in 1900 to 70 million tons in 1970, surpassing even corn production. Today soybean oil dominates the market and is used in almost eighty percent of all hydrogenated oils. The particular mix of fatty acids in soybean oil results in shortening that contains about 40% trans fatty acids. Canola oil (Canadian Oil), which is processed from a hybrid form of rape seed, is another commonly hydrogenated oil. After hydrogenation, canola oil can contain as much as 50% trans fatty acids.

*“My pet name for canola oil is ‘can-ugly’ oil. Since canola oil is a completely contrived substance, I thought it should have a ridiculous name. The modern methods for processing canola oil are what make it ugly. The canola oil found on supermarket shelves has been refined, heated, and damaged beyond repair. Be aware of the dangers of using canola oil. I have to be as vocal as I can in encouraging people to avoid eating this damaging product. Even some of the most sophisticated health writers still report about this product as if it were healthful, while nothing could be further from the truth.”*

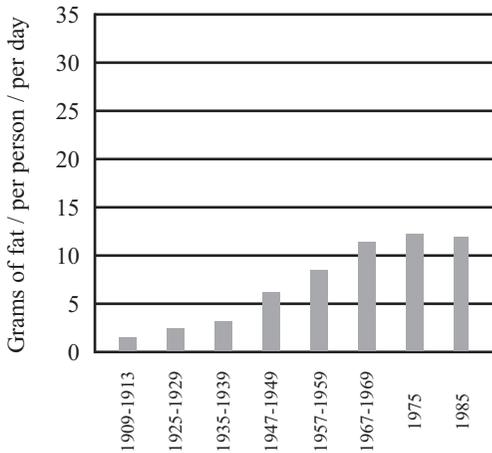
*Fred Pescatore, M.D.  
Author of “The Hamptons Diet”*

During the 20th century, as heart disease rates were increasing, the consumption of butter dramatically DECREASED. During the same period, the consumption of margarine, shortening and vegetable oil dramatically INCREASED. Please take a look at the charts on the next few pages that clearly show this information.

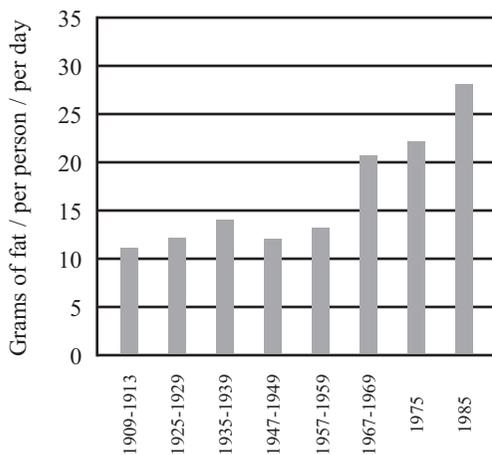
### Butter



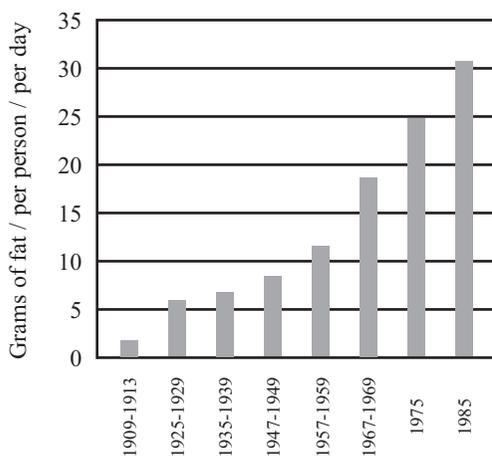
### Margarine



### Shortening



### Vegetable Oil



So why does the AHA tell you to eat margarine and vegetable oils instead of butter and animal foods? Why do foods such as non-dairy creamers and artificial egg substitutes even exist? And why hasn't your doctor told you that scientists have determined that more than 60% of the deposits found in blocked coronary arteries are actually the types of fatty acids that are found in refined vegetable oils, not the saturated fats found in animal foods? Why? Because...

### **YOUR DOCTOR IS A LIAR!**

The American public has been lied to. For decades we have been told to avoid naturally occurring oils found in seeds, nuts, meat, eggs and dairy products, especially butter. We have been told to eat man-made, artificially manufactured oils and hydrogenated margarine and shortening. Did you forget the thirteen steps that were listed above? Here's a quick review...

*“Oil bearing materials are ground, steam cooked then mixed with a solvent (of a petroleum base) which dissolves out the oils, leaving a dry residue. It is quick and cheap. But... most commonly used solvents are light petroleum fractions, naphtha, pentane, heptane, hexane and octane types. Often, a synthetic trichlorethylene (found in gasoline) is used. Furthermore, it is suspected that some of the chemical solvent remains in the oil and this is objectionable for natural health. This may help retard rancidity of the oil, but it makes it an unhealthy, chemicalized, adulterated product that is to be shunned by the seeker of natural health.”*

*Carlson Wade  
Author of “Fats, Oils and Cholesterol”*

Do you think that you might be able to get away with eating “just a little”? Think again!! Approximately 25%-37% of the trans fatty acids in the American diet are consumed in the form of shortening and margarine. The remainder of these harmful fats are lurking in processed “foods”. Food manufacturers add these nightmare artificial fats and oils to everything under the sun...

Bread	Nacho Chips
Cake	Non-dairy Creamer
Cereals	Pancakes
Chocolate	Pasta Sauce
Cookies	Peanut Butter
Crackers	Potato Chips
Donuts	Popcorn
Energy Bars	Pretzels
Hot Dogs	Protein Drinks
Ice Cream	Roasted Nuts
Imitation Cheese	Salad Dressing
Imitation Eggs	Sour Cream
Instant Rice	Soy Products
Ketchup	Tortillas
Mayonaise	Toaster Pastries
Muffins	Waffles

And restaurants (fast-food and sit down) use it to deep-fry anything and everything.

French Fries/Hash Browns	Fried Chicken
Fried Apple Pie	Fried Jalepenos
Fried Clams	Fried Mozzarella
Fried Eggs	Fried Shrimp
Fried Fish	Fried Zucchini

**Refined vegetable oils are currently added into enough products that they have become the #1 artificial substance in the entire American Diet. YOUR DIET!!**

**Put this book down. Go into your kitchen. Pick up a package of manufactured “food”. Look at the list of ingredients. The odds are extremely good that some form of processed vegetable oil is listed as one of the main ingredients.**

**Do you still think that you “eat healthy”?**

*“When you eat foods containing hydrogenated and partially hydrogenated fats they disrupt normal fatty acid metabolism in your body. These are oils that have usually been synthetically manipulated and interfere drastically with your health and should be avoided. They use up enzymes that normally would be utilized by the good oils, and prevent your body from creating quality cell membranes and nerve sheaths. A recent clinical study in Canada demonstrated that the metabolism of good oils into substances needed by the body was completely blocked when the people in the study were given hydrogenated or partially hydrogenated oils. This means that the margarine you have been eating instead of butter is probably doing you more harm than good. Therefore, read the labels on everything that you buy. You may be surprised to see just how many of the foods you eat contain hydrogenated or partially hydrogenated oils or fats. Any time you see hydrogenated or partially hydrogenated oils or fats, put that food back on the shelf and do not buy it.”*

*James L. Wilson, N.D., D.C., Ph.D.  
Author of “Adrenal Fatigue”*

Did anyone notice this insanity? In fact, Dr. Ancel Keys originally claimed that partially hydrogenated vegetable oils with their trans fatty acids were the culprits in heart disease. In a 1956 paper, Keys suggested that the increasing use of hydrogenated vegetable oils might be the underlying cause of the cardiovascular disease epidemic. The edible oils industry was very swift in their

squelching of that information; they shifted the emphasis to saturated fat and started the phony attack on animal fats from meat, dairy products and tropical oils such as coconut and palm oil.

*“Exclude trans fatty acids. This is a primary dictate of ‘The Hamptons Diet’. These man-made molecules, produced during the hydrogenation of vegetable oil, are the most dangerous fats in our diet. The largest offender in this category is margarine. Studies show that people who consume large amounts of trans fatty acids in their diet will more than double their heart disease risk. You should avoid trans fatty acids at all costs, but that’s harder than you think, considering that they’re found in more than 42,000 foods in the United States alone. Given the standard American diet, it’s likely that trans fat intake hovers around 40 grams per day, with fast-food and junk-food eaters ingesting much more. So, go immediately to your cupboard and look at every canned, bagged or boxed food, then throw away anything that has the words partially hydrogenated or vegetable shortening listed in the ingredients.”*

*Fred Pescatore, M.D.  
Author of “The Hamptons Diet”*

Most of the trans fatty acids in modern hydrogenated fats are new to the human physiology and by the early 1970’s a number of researchers had expressed concern about their presence in the American diet, noting that their increasing use had paralleled the increase in both heart disease and cancer. The solution was one that could be easily presented to the public: Eat natural, traditional fats; avoid newfangled foods made from processed vegetable oils; use butter, not margarine. But medical research, food manufacturing practices and public consciousness due to media advertising and corporate marketing went in a totally different direction. They attacked traditional, whole foods like meat, eggs and butter, and promoted dramatic increases in the consumption of processed

vegetable oils as well as numerous manufactured products that were laced with hydrogenated and partially hydrogenated oils.

Your doctor (who is a liar) may attempt to confuse you by mentioning studies that “seem” to show that blood “cholesterol” levels can be lowered by eating more polyunsaturated oils. On the surface this is true. At a deeper level, this is a scam. The physiological explanation for this is that when excess polyunsaturated oils are built into the cell membranes, they cause these membranes to become more liquid and less solid. In a word, they make your cell membranes more “limp”. The cells of the body are then forced to take more CHOLESTEROL from the blood in order to add it to their membranes to maintain the level of “stiffness” that is necessary for normal functioning. Stated simply, there is **NO** proof that lowering blood “cholesterol” levels in this manner actually improves the health of your cardiovascular system. A vast amount of research shows that increasing the levels of polyunsaturated fatty acids in the diet does exactly the opposite.

***“Whenever you see these words on a food label ingredient list - ‘hydrogenated’ or ‘partially hydrogenated’ vegetable oil - especially as the first ingredient, it’s a cause for alarm. It’s another term for trans-fatty acids. However, some labels say ‘no trans’ even though hydrogenated oil is listed as an ingredient. How is this possible? Because government regulations let companies list anything less than .5 grams of fat, including trans fat, as zero. Cutting out as little as 4 grams a day of trans fats could reduce your heart disease risk by half.”***

*Jack Challem, Burton Berkson, M.D., and Melissa Diane Smith  
Authors of “Syndrome X”*

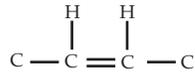
It is important to know that historically no human beings have ever had such a high intake of polyunsaturates in their diets as we do today. This is really a phenomenon of the past one hundred years,

and the evidence against the excess intake of polyunsaturates is mounting. Prior to 1900, people didn't really have the ability to extract oil from vegetables such as corn, or from many seeds as they do today. They got their essential fatty acids from many of these plants when they were included in the whole foods they were eating. People ate the intact leaf, root, nut, grain or seed along with all their antioxidants in the whole, unprocessed natural food. This was the manner in which all oils, animal and vegetable, have always been consumed. Seeds, nuts, legumes, greens and yes, even animal products, contain the essential fatty acids that are needed for survival. In their natural, whole food forms, they also contain the proper amounts of vitamins, minerals, enzymes and other co-factors that are necessary to digest, absorb and utilize the fats that they contain. Our food manufacturing industry does not seem to appreciate the intricate balance that nature provides. Despite their advertising, processed oil manufacturers don't seem to realize that...

***"It's not nice to fool Mother Nature!"***

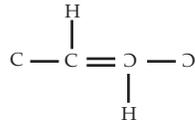
*Margarine advertisement from the 1970s*

Trying to fool Mother Nature seems to be what American food manufacturers believe their full time job should be. One of their grandest mistakes occurs in the processing of vegetable oils that results in the formation of trans fatty acids. Mother Nature produces numerous unsaturated fatty acids that are found in a form that chemists refer to as the "cis" form. This means that wherever there is a double bond between carbon atoms in a fatty acid, the hydrogen atoms that are attached to the molecule are together on the same side.



### Normal Fatty Acid With a Double Bond

The manufacturing steps that are used to process vegetable oils (Steps #1 to #12 and #13 above) cause their fatty acids to “twist” into their trans form. This means that wherever there is a double bond between carbon atoms in a trans fatty acid, the fatty acid becomes twisted so that the hydrogen atoms are located on opposite sides of the double bond.



### Abnormal Trans Fatty Acid With a Twisted Double Bond

Does this “twisting” of fatty acid molecules matter?

You bet it matters!

Trans fatty acids are sufficiently similar to natural fats that the human body readily incorporates them into the membrane of every cell in your body. YOU have quadrillions+ of these molecules imbedded into every brain cell, nerve cell, heart cell and every artery cell! Once they are consumed, their altered chemical structure creates havoc with thousands of necessary chemical reactions - everything from energy production to the conduction of electrical impulses that control the beating of your heart!

*“Most baked goods and fried fast foods still are made with partially hydrogenated fat and are high in trans fatty acids. For example, a person eating one doughnut for breakfast (2.2 grams) and a large order of fries (6.8 grams) for lunch would ingest ten grams of trans fatty acids or five percent of all calories of an 1,800 calorie diet. It is unlikely that this situation will change without strong federal guidelines. Thus, simple labeling changes alone will not be sufficient. The combined results of metabolic and epidemiologic studies strongly support an adverse effect of trans fat risk on coronary heart disease. The relation between trans fatty acid intake and risk of coronary disease has now been reported from three large studies (The Health Professionals Follow-up Study, The Alpha-Tocopherol Beta-Carotene Study and the Nurses Health Study.) In a case-control study in the Boston area, we found a strong and significant positive association between trans fat intake and risk of acute myocardial infarction. This association was entirely explained by trans intake from hydrogenated vegetable oil. Thus, there appears to be no likely alternative to the hypothesis that high trans intake increases the risk of coronary heart disease. Furthermore, two independent methods of estimation indicate that the adverse effect of trans fat is stronger than that of saturated fat. By our most conservative estimate, replacement of partially hydrogenated fat in the U.S. diet with natural unhydrogenated vegetable oils would prevent approximately 30,000 premature coronary deaths each year, and epidemiologic evidence suggests this number is closer to 100,000 premature deaths annually. Because partially hydrogenated fats can be eliminated from the food supply by changes in processing that do not require major efforts in education and behavioral modification, these changes would be an extremely efficient and rapid method for substantially reducing rates of coronary disease.”*

*Alberto Ascherio, Meir J. Stampfer and Walter C. Willett  
Authors of “Trans Fatty Acids and Coronary Heart Disease”  
Harvard School of Public Health;  
Brigham and Women’s Hospital*

Typical french fried potatoes contain around 40% trans fatty acids, and many popular cookies and crackers contain from 30 to 50% trans fatty acids. Donuts and other baked goods range between 35-40% trans fatty acids. Do you eat any of these dangerous trans fatty acid containing foods? Do you know exactly which foods contain trans fatty acids and how much they contain? Does the government know about this? Are our health authorities concerned about this issue? Shouldn't there be some kind of law?

***“Whenever you see these words on a food label ingredient list - ‘hydrogenated’ or ‘partially hydrogenated’ vegetable oil - especially as the first ingredient, it’s a cause for alarm.”***

*Jean Carper  
Author of “The Miracle Heart”*

All the way back in 1994, the Center for Science in the Public Interest petitioned the FDA to require that Nutrition Facts labels disclose the amount of trans fatty acids in manufactured food products. In 1999, the Food and Drug Administration proposed to require trans fat labeling, but delayed finalizing a regulation, in part, to consider a report from the National Academy of Science's Institute of Medicine. An expert panel at the Institute of Medicine issued a detailed review of research into trans fatty acids and concluded...

***“It is recommended that trans fatty acid consumption be as low as possible.”***

*National Academy of Science's Institute of Medicine*

So what did our official, government health “authorities” do?

*“On July 9, 2003, FDA issued a regulation requiring manufacturers to list trans fatty acids, or trans fats, on the Nutrition Facts panel of foods and some dietary supplements. With this rule, consumers have more information to make healthier food choices that could lower their consumption of trans fat as part of a heart-healthy diet. Scientific reports have confirmed the relationship between trans fats and an increased risk of coronary heart disease. Food manufacturers have until January 1, 2006, to list trans fat on the nutrition label. FDA estimates that by three years after that date, trans fat labeling will have prevented from 800 to 1,200 cases of coronary heart disease and 250 to 500 deaths each year.”*

*www.FDA.gov*

Sounds good, right? Sounds like your government cares about your health, right? Wrong! Please read between the lines. The FDA admits that a mere “labeling” change can save 250-500 lives per year. Scientists at the Harvard School of Public Health say that ***eliminating*** trans fatty acids could save 100,000 lives per year! Could our government have been more forceful in safeguarding our health? Merely requiring a labeling change as an official response to such an enormous health catastrophe is absolutely pathetic. The quotation on the following page is the recommendation that was made by the Danish Nutrition Council. It is very similar to the recommendation that was made by the National Institutes of Health. In response to this information, the Dutch government acted quickly and clearly. What did they do?

**THE DUTCH OFFICIALS BANNED  
THE USE OF TRANS FATTY ACIDS!!**

Why doesn't the FDA have the guts to do what Dutch officials did?

*“The strongest epidemiological evidence relating levels of trans fatty acids in the diet to the risk of heart disease comes from three major prospective studies covering about 150,000 subjects monitored for 6-14 years: The Health Professionals Follow-up Study, USA 1996, the Alpha-Tocopherol Beta-Carotene Cancer Prevention Study, Finland 1997, and the Nurses’ Health Study, USA 1997 and from the Zutphen Elderly Study, Holland 2001. These four studies all find a positive association between the intake of trans fatty acids and the risk of heart disease. The studies indicate that, gram for gram, the intake of trans fatty acids as compared with saturated fatty acids, is associated with an approximately 10-fold higher risk increment for the development of heart disease. Levels of trans fatty acids in industrially hydrogenated fats may account for up to 60% of the fatty acid content. There is a possibility that a high trans fatty acid intake results in the incorporation of these fatty acids in heart muscle cells and the conduction system and that this lowers the threshold for cardiac arrhythmias, which may be life-threatening in connection with acute myocardial infarction in the heart. It was found that levels of trans linoleic acids were associated with a markedly increased risk of sudden cardiac death. The mechanism behind this finding can theoretically be related to changes in the fatty acid composition of muscle cell membranes. This effects the function of the ion channels, which are important for the formation and propagation of the electrical impulses in the cells. It has also turned out that industrial produced trans fatty acids reduce endothelial function in the vascular wall. Endothelial dysfunctions are probably the first stage in the development of cardiac arteriosclerosis. The Danish Nutrition Council recommends that the use of industrially produced trans fatty acids in foodstuffs be ceased as soon as possible.”*

*Steen Stender and Jorn Dyerberg  
Authors of “The Influence of Trans Fatty Acids on Health”  
The Danish Nutrition Council*

**MARK MY WORDS!**

**The production, promotion and consumption of refined vegetable oils, margarine, hydrogenated and partially hydrogenated vegetable oils will soon be recognized as...**

**THE LARGEST MISTAKE IN THE HISTORY OF HEALTH!**

*“The process of hydrogenation is extremely damaging to oils and poses the most dangerous health risks. Structural damage to oil is created by hydrogenation. Trans fatty acids have recently been proven to be one of the key health risks associated with heart disease. Hydrogenated fats serve no function in the body. In fact, they interfere with the metabolism of essential fatty acids, normal growth and development, the immune system and anti-inflammatory responses. The corporate food industry takes advantage of the fact that food tastes better with fat and ‘hides’ large quantities of unhealthy hydrogenated fats in many processed foods. Avoid all hydrogenated fats!”*

*Encyclopedia of Natural Healing*

*“Trans-fatty acids promote insulin resistance and a variety of health problems in the body because they are shaped differently than the polyunsaturated fatty acids from which they are made. Essentially, they act like misfits. Trans-fatty acids interfere with the enzyme delta-6-desaturase, needed by the body to manufacture docosahexaenoic acid (DHA), a principle omega-3 fat. Trans-fatty acids also inhibit the body’s production of a very important omega-6 fat, called gamma-linolenic acid (GLA). What’s even worse is that diets with a lot of trans-fatty acids double the risk of heart disease.”*

*Jack Challem, Burton Berkson, M.D., and Melissa Diane Smith  
Authors of “Syndrome X”*

*“Some adverse effects of consuming trans fatty acids are the following:*

- *Lowers the amount of cream in milk from lactating females in all species studied, including humans, thus lowering the overall quality available to the infant;*
- *Causes a dose response decrease in visual acuity in infants who are fed human milk with increasing levels of trans fatty acids, which extends to 14 months of age;*
- *Correlates to low birth weight in human infants.*
- *Increases blood insulin levels in humans in response to glucose load, increasing risk for diabetes;*
- *Affects immune response by lowering efficiency of B cell response and increasing proliferation of T cells;*
- *Decreases levels of testosterone in male animals, increases level of abnormal sperm, and interferes with gestation in females;*
- *Decreases the response of the red blood cell to insulin, thus having a potentially undesirable effect in diabetes;*
- *Inhibits the function of membrane-related enzymes such as delta-6 desaturase;*
- *Causes adverse alterations in the activities of the important enzyme system that metabolizes chemical carcinogens and drugs;*
- *Causes alterations in physiological properties of biological membranes including measurements of membrane transport and membrane fluidity;*
- *Causes alterations in adipose cell size, cell number, lipid class, and fatty acid composition;*
- *Adversely interacts with conversion of plant omega-3 fatty acids to elongated omega-3 tissue fatty acids;*
- *Escalates adverse effects of essential fatty acid deficiency;*
- *Precipitates childhood asthma.”*

*Mary G. Enig, Ph. D.  
Author of “Know Your Fats”*

*“Nearly every article about fats and oils in the diet begins with a faulty premise. That faulty premise is that CHOLESTEROL and the saturated fats are the culprits for the myriad of chronic ailments that afflict modern populations. CHOLESTEROL is perhaps the most misunderstood and wrongly maligned biological molecule in existence. This premise was basically invented in the late 1950s for the purpose of protecting the margarine and shortening industry from the challenges that were newly emerging from some of the scientific critics of hydrogenation who saw this as the cause of the epidemic of heart attacks. The resulting information that was generated has virtually removed the safe and important natural fats from the diets of many people and has replaced these desirable fats with various partially hydrogenated fats and oils. Thus, we have ended up with a situation where the fats that have been used for centuries are out, and the fabricated fats that should be out are in. The supposed benefits of ‘heart healthy’ polyunsaturated spreads and monounsaturated oils will not stand the test of time. The industries benefitting from this modern agenda will continue to propagandize the public and the professionals in order to keep their multibillion dollar markets. As a result of being misled, we have a consuming public terrified of natural fats and oils -- a public, which, by its avoidance of these natural fats and oils, and consumption of fabricated, man-manipulated fats and oil replacements such as the trans fats and the unstable polyunsaturates, is becoming increasingly obese and ill. The claim that saturated fat leads to heart disease is simply false. Eventually, the idea became dogma as it was repeated year after year. Discarding deeply ingrained misinformation and replacing it with factual information is difficult for anyone. For the consumer who today has been the recipient of nearly three decades of fats and oil propaganda that is both false and misleading, the task is doubly difficult.”*

Mary G. Enig, Ph.D.  
Author of “Know Your Fats”

*“Membranes in humans are composed mostly of oils, with some protein and carbohydrate. The oils are continually renewed and replaced. Their composition is affected by the kinds of oils in the diet. Thus, the very basic and crucial actions of cells to the proper functioning of the organism depends to a great extent on the oils we consume every day. Cells must be flexible and be able to change readily in response to signals, such as hormones and triggers of inflammation, or to the pressure of growth from adjacent cells. The oils allow for the proper flexibility or fluidity of the cell membranes and present the proper targets to chemical messengers that coordinate critical body functions. When partially hydrogenated vegetable oils find their way into our diet, like other oils, they are easily incorporated into our cell membranes. Unlike the essential oils in our diet, they stay much longer and change the flexibility of our membranes. The membranes become stiff and lose their ability to signal and respond appropriately to the demands of life. This has the same effect as fine grains of sand dropped into the workings of the most complex Swiss watch: The watch will fail to keep perfect time, then eventually break down completely.”*

*Jeffrey M. Aron, M.D.  
University of California, San Francisco*

The first time that you eat trans fatty acids, you don't get sick. Poisoning with trans fatty acids is cumulative over time and depends upon your level of intake and your personal metabolism. The damage is subtle, but it adds up over time, and you pay for it in ways that you don't realize. Fatigue, stiffness, soreness, poor sleep, allergies, frequent colds, asthma, heart attacks!... the list is endless. The good news is that as soon as you stop eating foods that contain trans fatty acids and increase your intake of natural fats and oils, your body will gradually replace the trans fatty acids in your cellular membranes with the natural and more appropriate fatty acids that you consume.

The Institute of Medicine at the National Academy of Sciences reported on July 10, 2002 that Americans are eating foods that were contaminated with dangerous levels of an ingredient for which *there is absolutely no safe level for human consumption*. In regards to trans fatty acids from partially hydrogenated oils, the report stated that the threshold of safety rests at an **“upper intake level of zero”** ! Yet, nearly 50% of all products found in grocery stores across the country are laced with poisonous trans fatty acids. The FDA itself has reported that trans fatty acids are found in more than 50% of all breakfast cereals, 70% of all cake mixes, 75% of all snacks and chips, 80% of frozen breakfast foods and 95% of all cookies. Trans fatty acids are found in nearly all donuts, french fries and microwave popcorn. They are even found in such supposed “health foods” as whole wheat bread, granola, and bran muffins. Trans fatty acids are in your Caesar salad dressing as well as the croutons on top of the salad. They are in your Japanese tempura as well as your chicken nuggets. They are in your hash browns and most of the pastries that you get from your favorite coffee shop. You are exposed to trans fatty acids hundreds of times each day, and you have consumed these poisonous compounds thousands upon thousands of times in your life.

Your doctor is way behind the curve regarding the dangers of trans fatty acids. Government agencies such as the FDA and the Department of Agriculture are more concerned with business interests than they are with your health, so don't expect them to provide you with any reasonable advice or help. You are on your own! The FDA itself has estimated that by removing all the trans fatty acids from margarine and only 3% of baked goods, the United States could eliminate 17,000 heart attacks and more than 5,000 deaths every year. Why stop there??? How many lives could be improved and saved if the FDA admitted what they already know:

**Trans Fatty Acids are poisonous and they need to be BANNED!**

*“Trans fats interfere with important, normal functions by inhibiting enzymes which are necessary for the body’s normal metabolism of fats, and they keep doing it for a long time. When you eat normal fats, the body metabolizes half of them in 18 days. When you eat trans fats, the body requires 51 days to metabolize half of them. This means that half of the trans fats you eat today will still be inhibiting essential enzyme systems in your body 51 days from now. Few family doctors, internists, or cardiologists are aware of the mass of recent research evidence indicating trans fats as increasing their patients’ risk of heart disease, much less the other adverse effects of consuming these poisonous substances. In fact, most doctors still recommend margarine instead of butter for patients trying to prevent or improve heart disease. The fact is that trans fats increase cardiac risk factors twice as much as saturated fat in the diet! Still, many patients blindly follow their misinformed doctors’ advice and are unwittingly consuming foods thinking they will decrease their risk for heart disease when these foods will actually significantly worsen their cardiac risk factors, not to mention the other problems they cause. Read labels as if your life depended on it, which it does! We must stop the insanity of slowly poisoning ourselves and our society. The ingestion of hydrogenated and partially hydrogenated fats and oils contribute to the common aches and pains of daily life as well as slow degenerative processes and life ending illnesses. Many people put up with or medicate daily nagging symptoms which they wrongly assume are normal. There are no such thing as normal headaches, normal backaches, normal arthritis, normal menstrual cramps, etc. These symptoms can be changed and the quality of life improved by simply avoiding hydrogenated and partially hydrogenated fats and oils. Due to the prolonged life of trans fatty acids, you must be both diligent with avoiding them and patient for the changes to take place. Within a few weeks or a couple of months, however, the results are usually noticeable and often quite gratifying.*

*Dr. Gary Farr*

*Author of “The Danger of Hydrogenated or  
Partially Hydrogenated Fats and Oils”*

So why haven't you heard very much about this issue?

When the United States Surgeon general's office set out in 1988 to write the definitive report on the dangers of dietary fat, the task seemed like it would be straightforward. They thought that all they would have to do is gather the existing science together, review it and publish it. The planned report was initiated with a pre-conceived notion of what the conclusions should be. Unfortunately, the science that was needed to back up those already formed conclusions could not be found. Finally, in June 1999, eleven years after the project began, the Surgeon General's Office quietly circulated a letter explaining that the project would be terminated. There was no public announcement. There was no press release. Why? The reality of the "science" proved to be unavoidable. The types of dietary fat that are most damaging to human health are exactly the same types of fat that all of the official health "experts" have been recommending for decades: polyunsaturated oils and their evil step-children, trans fatty acids that are found in partially hydrogenated oils used in margarine and shortening! Saturated fats and CHOLESTEROL found in animal products do NOT cause heart disease! Heart disease is caused by the fats and oils that the medical profession has been telling us to eat instead of the natural fats and oils that are found in red meat, butter and eggs! The Surgeon General's Office decided to NOT make an honest report of their findings because to do so would have embarrassed the medical profession and would have upset thousands of very wealthy corporate food processors. An honest report of the scientific facts would have incriminated the entire medical profession and all of the organizations that support it. An honest report would have explained that they have been giving us extremely bad advice for decades. A true and honest reporting of the scientific facts would have revealed the truth that...

**YOUR DOCTOR IS A LIAR!**

*“I can’t help but think about so many in the general public who are not scientifically trained and who have been brain-washed by the countless illegal commercials that promise that using margarine will protect them from heart disease. These people don’t even read the newspaper accounts such as the report from Harvard that margarine actually is associated with increased heart disease and heart disease death. ”*

*Richard Passwater*

**I have just a few words for you.**

**The only fats and oils that you should ever consume are those that are found in their natural state. RAW seeds and nuts that have not been roasted or dry roasted are wonderful sources of healthy oils. Organic butter, extra virgin coconut oil and unrefined macadamia nut oils are the only heat stable oils currently available in the marketplace. Don’t ever heat any other oil. Never, never, never eat margarine, shortening, hydrogenated or partially hydrogenated oils of any kind. Never, never, never eat any processed food that contains any of these toxic oils and fats. Never, never, never eat any salad dressing, veggie dip, condiment, sandwich spread, non-dairy creamer, sauce or anything else unless you know exactly what kind of oil was used.**

**It’s your heart. It’s your life. You decide.**

***“Trans fats are bad fats.  
The less trans fats you and I eat, the healthier we will be.”***

*Tommy G. Thompson  
Secretary of Health and Human Services  
July 9, 2003*

**Friends  
don't let friends  
eat  
refined  
vegetable oils!**



**Chapter 14**

**Evil, Evil, Evil, Evil White Food**

### IT'S A JOKE...

Fortunately, my doctor does not believe in unnecessary surgery. He won't operate unless he absolutely needs the money.

• • •

An 88 year old paraplegic veteran who had lost both arms in World War II and an 78 year old woman were close friends in an old folks home. The highlight of their week occurred every Friday night when she would help him masturbate in her room. This ritual had been going on for 18 months until one Friday evening the man didn't show up. Alarmed, the woman stopped by his room the next morning to see if he was all right. "Where were you last night?" she asked.

Embarrassed, but truthful, the old man said, "I was with another woman last night."

"Who?"

"Gladys, in room 217."

"Gladys? My God, she's over a hundred years old! What does she have that I don't have?" she exclaimed.

"Parkinson's disease!"

## **DEADLY PROCESSED WHITE RICE**

Apparently, as a society, we have collectively forgotten that the introduction of processed rice into the diets of Eastern Asian countries in the late 1800s clearly resulted in widespread plagues of beriberi, a disease that is caused by a deficiency of thiamin (vitamin B<sub>1</sub>).

The Japanese ideogram for peace is a mouth with a grain of whole rice in it. In the Orient, for countless centuries, grains such as rice were harvested, beaten against a hard surface to remove the inedible outer hull and then left alone. The whole grains were eaten, not just the starchy inner core, and they were chewed between the teeth, not ground between stones in a flour mill. This process worked well, until Western “civilization” decided to “improve” it.

During the flowering of the Industrial Age in the 1800s, a patent was issued for a German invention called the Engelberg machine. This machine went well beyond the hand threshing of rice that had served the people of the Orient so well for centuries. Each grain of rice could now be mechanically stripped of its intermediate and inner shells. Little was left but the pure white carbohydrate core. The ubiquitous, low class, brown rice that had been the staple of the Asian peasant could now be polished up and turned into a sweet confection that was more acceptable to the higher, elegant taste of the European and American aristocracy. White food for white people!

Immediately after the whole grain of any grass (wheat, rice, barley, oats, rye, etc) is cracked, cut, smashed, ground or rolled, it begins to lose some of its nutritional value. Exposure to the atmosphere causes oxidation that immediately lowers the antioxidant benefits of the food. Further processing strips the fiber, essential fatty acids and mineral rich outer hull. Bleaching and countless other processes add numerous toxic chemical compounds and result in a

concentrated starch based flour that in no way maintains the balance and nutritious value of the original whole grain. Once a whole grain is processed in any way, it will not sprout because it is no longer alive. Its life force is gone. It is dead, and it is this property of death that it will pass along to whomever consumes it. To refer to white rice that has been stripped, bleached, polished, toxified and killed by the name rice is analogous to claiming that your bony skeleton is you.

*“Traditional Oriental medicine has always insisted that the mind and the body are not two. What we call diseases and illnesses are merely symptoms that the entire body is out of kilter. To make a man whole again, he has only to eat whole food.”*

*William Dufty  
Author of “Sugar Blues”*

Nevertheless, due to marvelous marketing and promotion that preyed upon the human tendency to obey the sweet taste buds on our tongues, white rice was a big hit. Soon it was accepted in every “modern” society in Asia, but wherever it appeared, it brought with it a deadly new disease: **Beriberi!** The name, beriberi, comes from the Senegalese word for weakness. Beriberi involves paralysis and numbness, starting from the legs and leading to cardiac and respiratory disorders and eventually, to death. In the late 1800’s, in the Dutch East Indies, soldiers, sailors, prisoners, mine workers, plantation workers and people admitted to hospitals for minor ailments were dying of the disease by the thousands. People who had been in seemingly good health sometimes died suddenly, in terrible distress, suffering from the inability to breathe.

In 1886, a young Dutch physician, Christiaan Eijkman noticed

that chickens were also dying of a disease that seemed similar to beriberi in humans but, all of a sudden, the chickens stopped dying and their normal good health returned! Eijkman discovered that the person in charge of feeding the chickens had changed their feed from polished white rice back to their normal rations of unpolished brown rice. The chickens began eating polished white rice on June 17 and started showing signs of the disease only one month later, on July 10. The feeding of polished white rice stopped on November 27 and the symptoms of the disease immediately subsided. It was confirmed by later experiments that a diet of polished white rice causes death in chickens in less than a month! A study of prisoners in 101 prisons throughout the Dutch East Indies found that the incidence of beriberi among prisoners who were fed polished white rice was 300 times greater than among those who received whole, unpolished brown rice. Subsequent studies found that thiamin, vitamin B<sub>1</sub>, is found in the outer husk, the “brown” portion of the brown rice, but not in the white, inner kernal.

Don't be fooled by spices and coloring agents that may be added to polished, white rice in order to disguise its empty nutritional value. Processed rice is deadly to human beings because all of its necessary nutrients have been stripped away. Coloring and flavoring cannot put these nutrients back. Knowing what we now know, it is absolutely ignorant for anyone to ever eat processed, polished, stripped, bleached, deadly white rice! Do you eat white rice? Why?

### **DEADLY PROCESSED CORN**

The intense consumption of processed corn products in the Southern United States in the early 1900s resulted in a widespread plague of pellagra which is now known to be caused by a deficiency of niacin (Vitamin B<sub>3</sub>).

In 1914, pellagra had reached epidemic proportions in the American South. The main symptom, a flaming red rash, was unmistakable. Joe Goldberger, from New York City's Lower East Side, observed that many of the people suffering from pellagra consumed large amounts of processed corn (corn meal, corn bread, grits, etc.). Goldberger obtained federal government funding and ran a simple nutritional experiment. Goldberger isolated eleven adult male inmates on a Mississippi prison for six months. The men were promised freedom at the end of the experiment, which began in April of 1915, in return for simply eating a diet of refined corn, refined flour, refined sugar cane syrup and refined sugar. The convicts were fed all that they could eat of white bread, corn pone, hominy grits, sweet potatoes, salted pork, cane syrup, cabbage and coffee. Breakfast was biscuits, cornmeal mush, polished rice, cane syrup, coffee and sugar. Lunch included cornbread, collard greens, sweet potatoes, cane syrup and hominy grits. Supper was grits, biscuits, mush, gravy, cane syrup, sugar and coffee. The convicts originally thought that they had made a great deal, but within a few weeks, they were all complaining of backaches, stomachaches, and dizziness, which are all early symptoms of pellagra. After five months, the men were weak and haggard. Soon after that they developed the classic fire red rash that is associated with pellagra. Goldberger had proven that pellagra was caused by consuming a diet of processed and refined corn, grains and sugar.

Goldberger published his findings, but did he receive a Nobel prize for his efforts? Did he receive a medal? Heck no! The bulk of the medical establishment hit him like a ton of bricks. They continued to insist that pellagra must be caused by some form of infectious agent, some kind of "germ". Goldberger sought to convince his skeptics, so he injected himself with blood from pellagra victims. He swallowed intestinal discharge (?) from pellagra victims. He scraped dry powdered skin off of the rashes of pellagra sufferers and he ate it, but he did not get pellagra! Still, the "official"

government and medical “authorities” doubted Goldberger’s findings. Goldberger referred to his detractors as...

***“Blind, selfish, jealous, prejudiced asses!”***

*Joe Goldberger*

The process of refining grains removes the bran and the germ of the grain and leaves only the starchy portion that is known as the endosperm. In this process,

- 86% of the manganese is removed
- 85% of the magnesium is removed
- 78% of the zinc is removed
- 77% of the potassium is removed
- 76% of the iron is removed
- 68% of the copper is removed
- 60% of the calcium is removed
- 40% of the chromium is removed

Dr. Thomas L. Cleave performed studies of primitive cultures that had been “civilized” and exposed to the “modern” diet of refined grains and refined sugars. He found that, IN EVERY CASE, the incidence of heart disease, high blood pressure, diabetes, gall bladder disease and colitis dramatically increased about 20 years after the cultures began to adopt a “modern”, processed diet. They also developed widespread tooth decay, infertility, miscarriages, difficult labor, birth defects, changes in the shapes of their heads, faces and dental arches, increased susceptibility to infection and other chronic diseases. The first serving of processed food does not create a raging deficiency disease. It takes time. The connection is definite, but the time lag prevents people from intellectually making the connection. How long have you been eating these toxic foods?

It took decades for the “official” government and medical “authorities” to recognize this problem and do something about it. However, instead of banning the processing of grains, they chose to pass the feeble and inadequate Enrichment Act of 1942. This law, while recognizing the obvious fact that processed grains are deficient in nutrients that are necessary for human life, only mandated the re-addition of five nutrients to the processed grains (vitamins B<sub>1</sub>, B<sub>2</sub>, B<sub>3</sub>, folic acid and iron). So-called “enriched” grains are far from enriched. They are grossly depleted of all nutrients!

*“Eating a lot of white-flour products that don’t provide many of these nutrients, therefore, can lead to subtle, preclinical nutrient deficiencies over time. The more refined grain and sugary foods we eat, the less we eat nutritious foods that provide the nutrients missing from refined grains and the more likely we are to develop suboptimal intakes or outright nutrient deficiencies that prevent our bodies from functioning at their best.”*

*Melissa Diane Smith  
Author of “Going Against the Grain”*

In centuries past, only the wealthy could afford “processed” food and only the wealthy suffered from the degenerative diseases of obesity, heart disease, adult-onset diabetes, arthritis and cancer. The poorer classes were unable to afford processed “white” grains and were subsequently spared the diseases that these foods cause. With the onset of the Industrial Revolution, white rice, white flour and white sugar became available to the masses, and soon after, the masses also began to be plagued by the degenerative diseases from which they still ignorantly suffer. Now, this dietary poison affects absolutely everyone in our society. Processed food is absolutely everywhere and the diseases that these food cause are rampant in our society..

## DEADLY PROCESSED WHITE CANE SUGAR

The unbelievable consumption of processed “sugar” by the American public directly corresponds with the increase in the rate of heart disease throughout the 20th century. From the year 1900 to the year 2000, consumption of most foods remained relatively constant. Meat, dairy, fruit, vegetables, legumes, seeds and nuts were all consumed at approximately equal amounts at the beginning and the end of the 20th century. The one change that jumps off the page is the consumption of processed “sugar”. In 1900, the average American consumed only a few pounds of this concentrated poison. By the year 2000, the rate of consumption had increased to an astonishing 150 pounds per person! That is one half of a pound of “sugar” per day. *That is absolutely ridiculous!*

*“I do much disapprove of things preserved or very much seasoned with sugar. I judge the invention of it and its immoderate use to have very much contributed to the vast increase of scurvy in this last age.”*

*Dr. Thomas Willis*

From a health perspective, the late 1800s and the early 1900s were a very interesting period of time. It was an era when just about anything was available. Heroin, morphine and cocaine were advertised on the front pages of newspapers and magazines as a cure for everything from syphilis to bad breath and were sold over the counter in drugstores and shops. Patent medicines based on addictive drugs were a billion dollar mail-order business. “Rectified” whiskey was for sale in the country store and in the saloon. Slaughterhouses and the meats that came from them were absolutely frightening as Upton Sinclair exposed in *The Jungle*. Foods were adulterated with vast quantities of additives such as boric acid, borax, salicylic acid, salicylates, benzoic acid, benzoates, sulfur dioxide, sulfites, formaldehyde, copper sulfate,

saltpeper and more. Nevertheless, in the early 1900's, heart disease was practically non-existent!

In a textbook on heart disease, Dr. Paul Dudley White, M.D., (President Dwight David Eisenhower's personal physician during his two heart attacks) stated that when he went to medical school in 1911, he had never heard of such a thing as a heart attack. By 1943, it was already responsible for more than 50% of all deaths in America.

*“Sugar is an unnaturally concentrated chemical that has been robbed of its Vitamin C and numerous other necessary nutrients in the refining process. The replacement of natural fruit in its whole natural food form with processed sweeteners forms the basic cause of disease. What is left consists of pure, refined carbohydrates. The body cannot utilize this refined starch and carbohydrate unless the depleted proteins, vitamins and minerals are present. Nature supplies these elements in each plant in quantities sufficient to metabolize the carbohydrate in that particular plant. There is no excess for other added carbohydrates. Incomplete carbohydrate metabolism results in the formation of ‘toxic metabolites’ such as pyruvic acid and abnormal sugars containing 5 carbon atoms. Pyruvic acid accumulates in the brain and nervous system and the abnormal sugars in the red blood cells. These toxic metabolites interfere with the respiration of the cells. They cannot get sufficient oxygen to survive and function normally. In time, some of the cells die. This interferes with the function of a part of the body and is the beginning of degenerative disease. With over 50 percent of our diet today composed of these refined carbohydrates [refined sugar, white flour, polished rice, pasta and most breakfast cereals], does it require a million dollars for research to find out why this generation is developing more and more degenerative diseases?”*

*Dr. William Coda Martin*

In 1924, Dr. Seale Harris, a professor of medicine at the University of Alabama began to notice symptoms similar to insulin shock in many people. These people were found to have high levels of insulin in their blood. They suffered from hyper-insulin-emia. Up until that time, patients with hyper-insulin-emia (high levels of insulin in the blood) were known to also suffer from coronary thrombosis and a wide variety of other ailments. Many diabetics that use insulin to control their blood sugar levels are eventually afflicted with hardening of the arteries (atherosclerosis), heart attacks and strokes. The remedy that Dr. Harris proposed for the problems that are caused by hyper-insulin-emia was not a glamorous new miracle drug. The cure for hyper-insulin-emia that Dr. Harris suggested was so simple that no one - not even medical practitioners - would be able to profit from it. He suggested that his patients completely give up refined sugar, candy and soft drinks. It was his belief that processed sugar had caused their symptoms (atherosclerosis, heart attacks and strokes). The only thing that a doctor should do for patients with hyper-insulin-emia was to teach them why they had the problem and also teach them how to eat properly in order to avoid it. Treatment for hyper-insulin-emia was, and still is, a do-it-yourself operation.

*“In the heating and recrystallization of the natural sugar cane, something is altered which leaves the refined product a dangerous foodstuff.”*

*Dr. Frederick Banting,  
Nobel Prize winner*

In 1929, Dr. Frederick Banting, Nobel Prize winner for his discovery of insulin tried to tell everyone that insulin was not a cure for diabetes, but was merely a temporary stopgap measure. He knew then that the surest way to improve one's health was to

limit the consumption of the “dangerous foodstuff” known as “sugar”.

Nyoiti Sakurazawa pleaded with Western nutritionists to make the distinction in the quality of the food which was categorized as carbohydrate. He begged them to make a distinction between whole unrefined grains (such as brown rice) as opposed to potato starch, white bread, processed grains and white table sugar. Unfortunately, he enjoyed very limited success.

***“Standard medical therapies treat the symptoms of excess insulin - elevated ‘cholesterol’, triglycerides, blood sugar, blood pressure and obesity - instead of treating the excess insulin itself. Unfortunately, the standard treatment of the symptoms may even raise the insulin levels and worsen the underlying problem.”***

*Michael R. Eades, M.D. and Mary Dan Eades, M.D.  
Authors of “Protein Power”*

## **GLUCOSE, FRUCTOSE AND SUCROSE**

Please understand that there are many kinds of “sugar”. If you have read all of this book up to this point, you now know that there is no such thing as “estrogen”. You now need to realize that there is also no such thing as “sugar”! That’s right, there is no such thing as “sugar”! Okay, one more time, in bold, capital letters...

### **THERE IS NO SUCH THING AS “SUGAR”!!!**

“Sugar” is a word that refers to an entire category of chemical compounds. There are many, many members of this category. Let me name a few...

Mono-saccharides (Simple sugars)

Fructose  
Fucose  
Galactose  
Glucose  
Hexose  
Mannose  
Ribose  
Xylose

Di-saccharides (compound sugars)

Lactose (glucose + galactose)  
Maltose (glucose + glucose)  
Sucrose (glucose + fructose)

Poly-saccharides (complex sugars)

Cellulose  
Chitin (chitosan)  
Glycogen  
Hyaluronic acid  
Pectin  
Starch

And there are many, many, many more. In this chapter, I will concentrate on the most basic of sugars found in the typical American diet: glucose, fructose and the combination of these two, sucrose. The federal government recommends that everyone should eat 300 grams of carbohydrates per day, which works out to be 245 POUNDS of carbohydrates per person, per year! Many people eat more than this! The average American consumes more than 150 pounds of simple sugars each and every year. Please allow me to state, in very simple terms,

**THIS IS THE PROBLEM!!!!!!**

*“Mankind never evolved to eat a diet high in starches or sugars. Grain products and concentrated sugars were essentially absent from human nutrition until the invention of agriculture which was only 10,000 years ago. One of the few reasonably reliable facts about the obesity epidemic is that it started around the early 1980s. The ongoing epidemic of obesity in America is not, as we are constantly told, due simply to a collective lack of will power and a failure of exercise. Rather, it occurred because the public health authorities told us to eat precisely those foods that would make us fat, and we did. What happens when we eat carbohydrates, in particular sugar and starches like potatoes and rice, or anything made from flour, like a slice of white bread? These are known in the jargon as high glycemic index carbohydrates, which means they are absorbed quickly into the blood. As a result, they cause a spike of blood sugar and a surge of insulin within minutes. The resulting rush of insulin stores the blood sugar away and a few hours later your blood sugar is lower than it was before you ate. Your body effectively thinks it has run out of fuel, but the insulin is still high enough to prevent you from burning your own fat. The result is hunger and a craving for more carbohydrates. It’s another vicious circle, and another situation ripe for obesity. Insulin regulates fat metabolism. We cannot store body fat without it. Think of insulin as a switch. When it’s on, in the few hours after eating, you burn carbohydrates for energy and store excess calories as fat. When it’s off, after the insulin has been depleted, you burn fat as fuel. So when insulin levels are low, you will burn your own fat, but not when they’re high. What’s forgotten in the current controversy is that the low-fat dogma itself is only about 25 years old. Until the late 1970s, the accepted wisdom was that fat and protein protected against overeating by making you sated, and that carbohydrates made you fat.”*

Gary Taubes

Author of “What If It’s All Been a Big Fat Lie?”

**Has your medical doctor ever offered to check the level of insulin in your blood?** The technology has existed for more than 50 years. I am not talking about checking blood glucose levels. That is different. Has your doctor ever offered to check the level of **insulin** in your blood? Nearly 100 years ago, Dr. Seale Harris recognized that an elevated level of insulin in the blood was the surest sign of impending cardiovascular disease. Why? Because excess insulin in the blood (hyper-insulin-emia) is...

- a direct CAUSE of elevated “cholesterol” levels
- a direct CAUSE of elevated triglyceride levels!
- a direct CAUSE of elevated blood pressure!
- a direct CAUSE of increased storage of fat in fat cells which obviously leads to obesity!

Today, there are numerous books written about the problems that are caused by hyper-insulin-emia, but nowadays the problem is referred to as Syndrome X. The reason that your medical doctor does not bother to test and record the level of insulin in your blood (which is the primary marker for Syndrome X) is that this simple test would unravel their entire money-making scheme. If medical doctors actually started to treat the dietary CAUSE of high “cholesterol”, high triglycerides, high blood pressure and obesity (all caused by too much sugar in the diet), then they wouldn’t be able to sell you drugs that claim to do the same. They wouldn’t be able to instruct you to come back for monthly checkups in order to see if the drugs were damaging your liver or other internal organs. They wouldn’t be able to recommend bypass surgery, or angioplasties, or ultrafast computed tomography scans.

Instead of simply informing you of the dramatic dangerous effects that “sugar” has upon your cardiovascular system as I have quickly done in this chapter, the American Medical Association, the American Heart Association, the Federal Government’s Official Food Pyramid and your trusted medical doctor all criminally tell

you to INCREASE your intake of carbohydrates to 55% of your total dietary calories! This insane diet is even recommended to diabetics!

Dr. Michael R. Eades, M.D., and Dr. Mary Dan Eades, M.D., the authors of the book *Protein Power*, treat their patients differently than your doctor treats you. When they observe elevated “cholesterol”, elevated triglyceride levels, elevated blood glucose, elevated blood pressure, or obesity in their patients, they recommend that their patients take a blood test to determine the level of insulin that they have in their blood. Typically, the average American will have insulin levels somewhere above 25 milliUnits/milliliter. Insulin levels are often much higher than that.

*The Eades believe that a healthy insulin level is  
10 mU/ml or less.*

There is no drug to lower insulin levels. Just as Dr. Seale Harris knew nearly a century ago, the CAUSE is the overconsumption of carbohydrates in all forms, especially processed “sugars”. Since the CAUSE is known, it is also known that no drug can be the solution. The only ethical, logical and effective treatment is the removal of the CAUSE. The only solution is a diet that eliminates “sugars” and restricts carbohydrates from other sources.

**Has your medical doctor ever recommended that you check the level of glycated hemoglobin in your bloodstream?** Glycated hemoglobin is simply a measurement of red blood cells that have been damaged by glycation which, in common English, means that your red blood cells have too much “sugar” stuck to the hemoglobin on their surfaces. Damaged, “sugar-coated” blood cells are unable to function properly. They are unable to transport oxygen from the lungs to the tissues throughout the body. Glycated hemoglobin must be removed from the bloodstream by the spleen

and destroyed. “Sugar” causes this type of damage in even the healthiest of human beings. Scientists are able to measure “glycated hemoglobin” in the bloodstream in order to determine the relative level of damage that sugar may be causing in a person’s body, but doctors rarely recommend this test. This is because no drugs are available to treat this problem because the solution is simple: STOP EATING SUGAR! This dietary issue must be addressed in order to maintain healthy red blood cells as well as overall good health.

*“Under normal conditions, receptors in the liver remove LDL from the bloodstream and signal the liver to reduce its manufacture of LDL when serum levels rise even slightly. Glucose may bind to the surface of the LDL particle and also to liver LDL receptors, so that the LDL cannot be recognized by its receptors. In people with high blood sugars, many LDL particles become glycosylated and are therefore not cleared by the liver. This glycosylation is reversible if blood sugar drops. After about 24 hours, however, a rearrangement of electron bonds occurs in glycosylated proteins so that glucose can’t release even if blood sugar drops. This irreversible glycosylation is called glycation and the affected protein molecules are said to be ‘glycated’. They are also referred to as ‘AGES’ or Advanced Glycosylation End products. These ‘AGES’ accumulate in the blood, where they can become incorporated into the walls of arteries, forming fatty deposits called atherotic plaques. The proteins in the walls of arteries can also become glycosylated/glycated, rendering them sticky. Other proteins in the blood then stick to the arterial walls, causing further buildup of plaque.”*

*Richard K. Bernstein, M.D.  
Author of “Diabetes Solution”*

Just for a moment, imagine yourself as a red blood cell. Imagine trying to flow through the watery fluids in the bloodstream. Imagine having to bend yourself nearly in half to squeeze through

the narrow capillaries that flow through all the tissues in the body. Now imagine yourself trying to perform that same task covered in “sugar”. Imagine yourself trying to squeeze through a capillary completely covered in honey, or maple syrup or molasses or high fructose corn syrup, or mashed potatoes, or sticky sushi rice, or chocolate chip cookie dough! Excess “sugar”, in any form, is simply sticky.

*“A fifteen-year study of 7,038 French policemen in Paris reported that ‘The earliest marker of a higher risk of coronary heart disease mortality is an elevation of serum insulin level.’ A study of middle-aged non-diabetic women at the University of Pittsburgh showed an increasing risk of heart disease as serum insulin levels increased. My personal experience with diabetic patients is very simple. When we reduce dietary carbohydrate, blood sugars improved dramatically. After about two months of improved blood sugars, we repeat our studies of lipid profiles and thrombotic risk factors. In the great majority of cases, I see normalization or improvement. If your physician finds all of this hard to believe, he or she might benefit from reading the seventy articles and abstracts on the subject contained in the proceedings of the fifteenth International Diabetes Foundation Satellite Symposium on ‘Diabetes and Macrovascular Complications, Diabetes 45, Supplement 3, July 1996.”*

*Richard K. Bernstein, M.D.  
Author of “Diabetes Solution”*

When “sugar” enters your bloodstream in quantities that are dangerous to the health of your blood and cardiovascular system, the body has no choice but to do something. First, large amounts of insulin are secreted. Under the influence of insulin, the excess “sugar” is quickly and effectively converted into triglycerides and CHOLESTEROL. After this conversion takes place, these substances will appear in your blood test, and the syrupy nature of

your blood will show up as elevated blood pressure. These test results may very well be misinterpreted and/or misrepresented by your medical doctor and an attempt may very well be made to convince you to treat these symptoms with pharmaceutical drugs.

If the overconsumption of sugar continues, weight gain leading to obesity is a common consequence. Your medical doctor may very well attempt to convince you to treat your obesity with drugs or surgery. If your body so chooses, it may decide to flush out some of the excess “sugar” via the urine. This is one of the classic symptoms of diabetes. Your medical doctor may attempt to get you to treat these symptoms with medication or via injections of insulin, rather than by addressing the simple dietary reality. Please see through your doctor’s inappropriate recommendations. Please see through their facade. Please ignore their lies.

*“I am confident that Western medicine will one day admit what has been known in the Orient for years: sugar is, without question, the number one murderer in the history of humanity - much more lethal than opium or radioactive fallout - especially those people who eat rice as their principle food. Sugar is the greatest evil that modern industrial civilization has visited upon countries of Far East and Africa. Foolish people who give or sell candy to babies will one day discover, to their horror, that they have much to answer for.”*

*Nyoiti Sakurazawa*

Nutritional science tells us that ALL carbohydrates are eventually broken down by the body into their constituent parts. In short, all carbohydrate ultimately becomes simple “sugars”. Processed “sugar” just gets to the same end point faster than complex carbs do. ALL carbohydrates stimulate the secretion of insulin by the pancreas. Many people are familiar with the “glycemic index”, but the “glycemic index” only reflects the *speed* at which the

“sugar” onslaught occurs. A more important measure of the problem is a simple measurement of the overall carbohydrate load that you are placing upon your body. Just count carbs! You don’t necessarily have to go as low as the early stages of the Atkins diet recommends, but you do need to be aware of your overall carbohydrate intake. ALL carbohydrates stimulate the release of insulin. Some just do it faster than others. It’s the total that really counts.

**Has your doctor ever recommended that you undergo an oral “Glucose Tolerance Test”? They should!** The procedure for a typical oral glucose tolerance test is as follows...

The patient does not eat for a period of time (usually 12 hours) and then drinks a liquid solution that contains 75 grams of pure glucose. This is simply “sugar” water. If you look on the charts at the end of the chapter, you will see that it is equivalent to eating a Hostess Apple Pie and washing it down with an 8 ounce glass of Welch’s grape juice. This used to be considered as a lot of “sugar”, but it is actually less than most people normally consume. Blood is drawn numerous times over a two hour (or longer) period in order to determine how high the glucose levels in the bloodstream rise and how quickly (or slowly) they fall back to normal. In an ideal world, insulin levels would also be checked during this procedure.

The purpose of this test is to clearly determine how a specific person actually responds to “sugar”. Does your body make enough insulin to handle the onslaught of “sugar”? Is that insulin effective in removing the “sugar” from the bloodstream in a reasonable period of time? Is the starting level of insulin high to begin with? Does the insulin level remain too high long after the glucose has been reduced to a more normal level? All of these questions can be addressed by a glucose tolerance test. These questions cannot be addressed by the typical one-time, static blood glucose test. What matters is not just the level of “sugar” in your blood. What really

matters is the way that your system responds when “sugar” is introduced into the body.

*“Nobody, but nobody, should ever be allowed to begin what is called psychiatric treatment anyplace, anywhere unless and until they have had a glucose tolerance test to discover if they can handle sugar.”*

*William Dufty  
Author of Sugar Blues*

**Do you realize why your doctor has not checked your insulin, your glycated hemoglobin or recommended that you undergo a glucose tolerance test?** The reasons they are likely to give is that your insurance doesn't cover it or they don't think that it matters. The real reason is that they know that if you learn about these things then you might realize that the real problem with your health is not “cholesterol”. If you were to realize the severity of your “sugar” problem through these tests, your doctor fears that you would be truly motivated to change some of your negative habits. If you were to stop eating so much “sugar”, you would begin to have far fewer ailments, and this means far fewer office visits. Your doctor has no pharmaceutical drugs to pick from in order to attempt to lower your insulin levels. The only way to do this is through proper dietary changes, but **YOUR DOCTOR AND THE AMERICAN MEDICAL ASSOCIATION, THE AMERICAN HEART ASSOCIATION AND THE FEDERAL GOVERNMENT ARE ALL TELLING YOU TO EAT MORE CARBOHYDRATES!!!**

Clearly, the main dietary culprit to which you are succumbing, and to which you have been victimized your entire life, is “sugar” in all its forms and in all its disguises. And the main proponents of a high carbohydrate diet are the very people who stand to profit when their dietary recommendations make you more ill!

**AVOID EVIL, EVIL, EVIL, EVIL WHITE FOOD!****Avoid white rice!****Avoid white flour!****Avoid white sugar!****Avoid processed corn and corn sweeteners!****Avoid all of their variations...**

Brown sugar, confectioners' sugar, dextrose, granulated sugar, invert sugar, maltose, molasses, raw sugar, sucrose, table sugar, turbinado sugar, white sugar and the millions of manufactured products that contain these types of sugar.

Soda, fruit juices, ice cream, milkshakes, frozen yogurt, hard candy, candy bars, taffy, marshmallows, soy milk, almond milk, condensed milk, energy drinks, energy bars, sports drinks, smoothies, coffee drinks, bottled teas.

High fructose corn syrup, corn syrup, corn starch, corn sweeteners, modified cornstarch, grits, cornbread.

Bagels, English muffins, muffins, biscuits, cake, cookies, bread, pasta (spaghetti, macaroni, ziti, linguini, lasagna, ravioli) crackers, noodles, breakfast cereal, breakfast bars, pancakes, waffles, toast, french toast, sandwich bread, hamburger buns, hot dog buns, croissants, scones, danish, brownies, fudge, tortillas, croutons, cinnamon buns, soba noodles, breadsticks, biscotti.

Sushi, rice cakes, rice noodles, Minute Rice, Rice-a-Roni, rice milk.

Even meat, nuts, vegetables, seeds, beans, dried fruits and just about every other processed and prepackaged food that you can name now comes buried in "sugar" in some form.

*“According to statistics released by the U.S. Department of Agriculture, added sugar consumption hit an all time high in 1999 (the last year for which statistics were available), at a whopping 158 pounds per American per year, an increase of 30% over 1983. The key word here is ‘added’. This doesn’t account for starches and sugars naturally present in food. This increase not coincidentally corresponds with the timing of recommendations to eat less fat. It was 1984 when the National Institutes of Health (NIH) began advising everyone within shouting distance to cut fat intake. It also corresponds quite neatly with the creation of a multi-billion dollar industry in low fat and non fat foods, many of which are extremely high in sugar. For more than ten years, the government had planned to issue a report once and for all damning fat as the demon some scientists were sure it was. The problem was researchers couldn’t ‘reverse engineer’ the actual data to make the science fit the assumption. It is, therefore, a myth that Americans are overweight due to excessive fat consumption. Americans are fat largely because of sugar, starches and other high-carbohydrate foods. Unfortunately, the program to indict fat was left to die a quiet death, and not so much as a press release was issued to say, ‘We were wrong’. And so many of us still don’t know the truth.*

*They were wrong!”*

*Dr. Richard K. Bernstein, M.D.  
Author of “Diabetes Solution”*

The following pages list a number of things that people incorrectly refer to as food. It is all “sugar” and it is all basically poison! It is okay if you want to eat 150 pounds of poison each and every year.

It is also stupid!

**“Sugar” by any other name is still poison!**

Brown sugar: refined white sugar crystals to which molasses syrup has been added.

Confectioner’s sugar: Finely powdered sucrose that is 99.9% pure.

Corn sweeteners: Corn syrup and other sugars that are derived from corn.

Corn syrup: A syrup produced by the action of enzymes on corn starch which contains mostly glucose.

Dextrose: an old name used for glucose.

Granulated sugar: crystalline sucrose that is 99.9% pure.

High fructose corn syrup: a syrup made from corn which is approximately 55% fructose and 45% glucose. Usually used in processed foods and beverages.

Invert sugar: a mixture of glucose and fructose that results from the enzymatic breakdown of sucrose. Often used as a food additive to help prevent shrinkage.

Molasses: a thick brown syrup that is produced during the refining of sugar. The iron found in molasses comes from the machinery used in the refining process.

Raw sugar: the first crop of crystals harvested during sugar processing. Truly raw sugar contains a variety of filth such as dirt, plant matter, insects, etc. Raw sugar sold in the United States has actually gone through over half of the steps of the refining process.

Sucrose: a mixture of 50% glucose and 50% fructose.

Turbinado sugar: sugar that is produced using the same refining process as white sugar but without the bleaching and anti-caking treatments. The sandy color comes from traces of molasses.

White sugar: pure sucrose produced by dissolving, concentrating and recrystallizing raw sugar. (Table sugar)

<u>Pseudo Food</u>	<u>Serving Size</u>	<u>“Sugar”</u>
It’s Delish Dried Cranberries	5 ounces	100,000
mg		
It’s Delish American Jelly Beans	5 ounces	69,000
It’s Delish Ginger Slices	3 ounces	66,000
Entemann’s Chocolate Chip Cookies	6 cookies	48,000
Haagen Dazs Orange Sorbet	1 cup	48,000
Dr. Brown’s Black Cherry Soda	355 ml	45,000
Haagen Dazs Strawberry Ice Cream	1 cup	44,000
Nabisco Fig Newtons	6 cookies	42,000
Welch’s Grape Juice	8 ounces	40,000
Armor Bologna Fun Lunch Kit	1 box	39,000
Hostess Apple Pie	1 pie	36,000
Yoplait Strawberry Yogurt	8 ounces	36,000
Ocean Spray Cranberry Juice Cocktail	8 ounces	33,000
Aunt Jemima Syrup	1/4 cup	32,000
Hansens Soy Smoothie Peach Passion	8 ounces	32,000
Hostess Twinkies	2 cakes	32,000
Starbucks Caramel Frappuccino	9.5 ounces	31,000
A & W Root Beer	8 ounces	30,000
Heartland Granola (Raisin)	1 cup	30,000
Mountain Dew	8 ounces	30,000
Quaker 100% Natural Oats & Honey	1 cup	30,000
Fanta Orange	8 ounces	29,000
Hawaiian Punch Fruit Juicy Red	8 ounces	29,000
Coca Cola Classic	8 ounces	27,000
Knudsen Pineapple Coconut Juice	8 ounces	27,000
Minute Maid Lemonade	8 ounces	27,000
Naked Juice Superfood Green Machine	8 ounces	27,000
Pepsi	8 ounces	27,000
Red Bull	8 ounces	27,000
Dr. Pepper	8 ounces	26,000
Jello Cheesecake Mix	1/6 package	26,000
Nabisco Oreo Cookies	6 cookies	26,000
Odwalla Green Superfood	8 ounces	26,000
Pepperidge Farms Mint Brussels	6 cookies	26,000
7 Up	8 ounces	26,000
Smucker’s Red Raspberry Preserves	2 Tbsp	26,000
Sprite	8 ounces	26,000
TreeTop Apple Juice	8 ounces	26,000
Welch’s Grape Jelly	2 Tbsp	26,000
Canada Dry Ginger Ale	8 ounces	24,000
Minute Maid Orange Juice	8 ounces	24,000
Soy Dream Chocolate	8 ounces	24,000
Betty Crocker Angel Food	1/12 package	23,000
DelMonte Sliced Peaches (heavy syrup)	1/2 cup	23,000
Hostess HoHo	2 cakes	23,000

<u>Pseudo Food</u>	<u>Serving Size</u>	<u>“Sugar”</u>
Nabisco Chips Ahoy Cookies	6 cookies	22,000
mg		
Dole Pineapple Slices (heavy syrup)	2 slices	21,000
Ghirardelli Double Chocolate Brownie	2” brownie	21,000
Clif Bar Chocolate Almond Fudge	1 bar	20,000
Jello Pudding Chocolate	1/6 package	19,000
Kelloggs’ Pop Tarts Frosted Chocolate	1 piece	19,000
Kraft Marshmallows	4 pieces	19,000
Post Raisin Bran	1 cup	19,000
Betty Crocker Dark Chocolate Brownie	1/20 package	18,000
Manischewitz Borscht	1 cup	18,000
Nestle Hot Cocoa	1 packet	18,000
Powerbar Chocolate	1 bar	18,000
Dove Chocolate Ice Cream Topping	2 Tbsp	17,000
Popsickle	1	17,000
Kelloggs’ Apple Jacks	1 cup	16,000
Kelloggs’ Frosted Flakes	1 cup	16,000
Kraft Pudding Vanilla/Chocolate	100 grams	16,000
Post Fruity Pebbles	1 cup	16,000
Quaker Cap’n Crunch	1 cup	16,000
Quaker Instant Oatmeal	1 packet	16,000
TreeTop Applesauce	113 grams	16,000
Blue Diamond Almond Breeze	8 ounces	15,000
Kelloggs’ Fruit Loops	1 cup	15,000
Campbell’s Classic Tomato Soup	1 cup	14,000
Gatorade	8 ounces	14,000
General Mills Cocoa Puffs	1 cup	14,000
Nabisco Animal Crackers	1 box	14,000
General Mills Lucky Charms	1 cup	13,000
General Mills Trix	1 cup	13,000
Kelloggs’ Nutrigrain Cereal Bar	1 bar	13,000
Nature valley Chewy Trail Mix Bar	1 bar	13,000
Prego Pasta Sauce	1/2 cup	13,000
Van De Kamp’s Cinnamon Donut	1 donut	13,000
Balance Bar Rocky Road	1 bar	12,000
Luna Bar Nuts Over Chocolate	1 bar	12,000
Rice Dream Enriched Vanilla	8 ounces	12,000
Van Camp’s Baked Beans	1/2 cup	12,000
Snapple Iced Tea with Lemon	8 ounces	11,500
Kelloggs’ Fruit Twistables	1 piece	11,000
La Choy Sweet & Sour Sauce	2 Tbsp	11,000
Campbell’s Spaghetti O’s	1 cup	10,000
Kelloggs’ Frosted Mini Wheats	5 biscuits	10,000
Heinz Ketchup	2 Tbsp	8,000
Chef Boyardee Spaghetti & Meatballs	1 cup	8,000
Kraft Macaroni & Cheese	1 cup	7,000

**Chapter 15**

**Vitamin C,  
Scurvy  
and  
Heart Disease**

### IT'S A JOKE...

A politician died and met St. Peter in front of the Pearly Gates. St. Peter asked him quite a lot of questions before allowing him to proceed past the gates. As he went through, he asked St. Peter to do him a favor. "I've always wondered if the human race will ever pass a law providing meaningful reform of the health care system. Could you ask God if that is ever going to happen?"

St. Peter replied. "Certainly. I'll get right back to you with His answer."

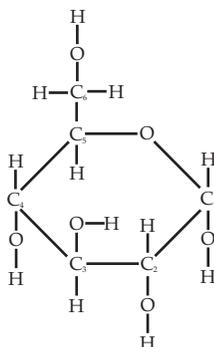
Moments later, St. Peter returned and shared God's answer to the politician's question, "God said that yes, meaningful health care legislation will be passed, but not in His lifetime!"

• • •

PATIENT: Doctor, will my operation be dangerous?

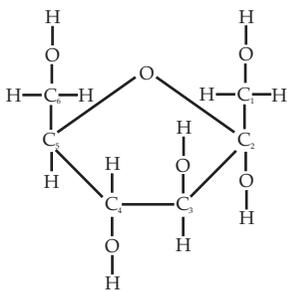
DOCTOR: Oh no. You can't afford a dangerous operation with your health insurance plan!

Glucose is a simple sugar. It is also the main sugar that circulates in human blood. Glucose is commonly referred to as blood sugar. Its chemical formula is  $C_6H_{12}O_6$ .

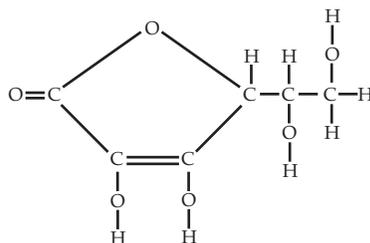


**GLUCOSE**

Fructose is also a simple sugar. Fructose is commonly referred to as fruit sugar. Its chemical formula is also  $C_6H_{12}O_6$ , but its shape is different than glucose. Vitamin C has the formula  $C_6H_8O_6$  and has a shape that is very similar to fructose.



**FRUCTOSE**



**VITAMIN C**

All animals (with the exception of primates, guinea pigs and fruit bats) are able to chemically convert glucose into vitamin C, but human beings are not able to do this conversion.

This leads us to three very simple questions...

### **QUESTION #1:**

**What if even a small portion of the glucose, fructose, and/or sucrose that you consume could be converted by your body into their chemical near twin, Vitamin C?**

### **QUESTION #2:**

**Could it be possible that your constant craving for sweet foods is actually a disguised craving for the building blocks of Vitamin C, but since your body is no longer able to convert “sugar” into Vitamin C, the craving never stops?**

### **QUESTION #3:**

**Why are you comfortable eating, on average, 150 POUNDS of “sugar” each and every year, but are afraid to consume more than the government’s paltry recommendation of 60mg of Vitamin C? Do you really think that it is healthy to eat 3000 times more “sugar” than you do Vitamin C each and every day?**

If your body was able to convert only 10% of the “sugar” that the average American consumes into Vitamin C, this would provide your body with 18 grams of Vitamin C per day. Interestingly enough, this is the amount that Linus Pauling, Nobel Laureate and champion of the benefits of Vitamin C consumed each and every day, for the last 40 years of his life. Why do Americans think that the consumption of 18 paltry grams of Vitamin C per day is

frightening, but the consumption of 50 grams of sugar in one 16 ounce soda is not? Why do Americans think that consuming 300-500 grams of various carbohydrates on a daily basis is safe, but consuming 18 grams of Vitamin C isn't? Why do your government officials warn you about the "dangers" of consuming too much Vitamin C, but yet they allow food manufacturers to pump "sugar" into our food by the metric ton?

Don't try to find a reasonable answer. There is none. The food industry in America is insane, corrupt, misguided and deadly.

In the 1750's, James Lind, a surgeon's mate on H.M.S. Salisbury, undertook one of the earliest recorded controlled experiments in human nutrition. While at sea, Lind treated a total of twelve sailors who were suffering from scurvy. He divided them into six groups of two each. Each group received the same basic sea rations plus a different additional ingredient...

- 1) cider
- 2) vinegar
- 3) a dilute sulfuric acid mixture
- 4) ordinary seawater
- 5) a paste of garlic, mustard seed, horseradish, balsam of Peru and gum myrrh
- 6) two oranges and a lemon

One of the pair of citrus eating sailors was fit for duty in six days. The other was soon well enough to nurse the others. James Lind's discovery was duly reported to the British admiralty. Their response: For forty years they continued to punish sailors who were suffering from scurvy by flogging them. James Lind went on to become the private physician to King George III and passed away in 1794. The next year, when he was no longer around to say "I told you so", a Royal decree finally added a dose of citrus juice to every seaman's daily rations.

In the summer of 1933, an intrepid American dentist ventured into the outermost reaches of the Yukon Territory in the Canadian Rockies. Dr. Weston Price found Indian tribes whose health and teeth were uncorrupted by contact with the culture and commerce of the white invaders. In the winter, temperatures in the Yukon go as far as 70° below zero. Obviously, lemons are not grown there. Most of the Western sources of vitamin C are nonexistent. The Indians were living almost entirely by hunting wild animals. Dr. Price wondered why the Indians weren't plagued with scurvy. He questioned an old Indian through an interpreter:

“How do your people escape scurvy?”

“That is a white man's disease,” was the Indian's reply.

“Isn't it possible for an Indian to get scurvy?” was the next question.

“It is possible,” said the Indian. “But the Indians know how to prevent scurvy. The white man does not.”

“Why don't you tell the white man how to prevent it?”

“The white man knows too much to ask the Indian anything.”

“Would you tell me if I asked?”

The Indian said he was willing but would first have to consult with the tribal chief. When he returned, he said his chief was willing to share the secret with the visitor because he was a friend of the Indian who had advised them not to eat the flour and sugar sold in the white man's store.

The Indian then described in detail the way the hunters kill a moose, then open up the carcass at the back, just above the kidneys. Here are found what the Indian described as two small

balls of fat: the adrenal glands. These two small balls of fat were cut into as many pieces as there were people in the family. Each would eat his appointed share. The walls of the moose's second stomach were also eaten. Primitive people who had studied the eating habits of wild animals learned the importance of eating the internal organs of animals and often tossed the muscle meat and filet mignon to the dogs. Modern civilized man, eating for pleasure and not for survival, does the reverse. Relatively large amounts of Vitamin C are stored in the adrenal glands of most animals. The Indians in the Yukon were able to obtain ascorbic acid (Vitamin C) from the adrenal glands of the moose and the grizzly bear for centuries.

*“Ascorbic acid, an effective reducing agent, maintains prolyl hydroxylase in an active form, probably by keeping its iron atom in the reduced ferrous state. Collagen synthesized in the absence of ascorbic acid is insufficiently hydroxylated and, hence, has a lower melting temperature. The abnormal collagen cannot properly form fibers and, thus, causes the skin lesions and blood vessel fragility that are so prominent in scurvy.”*

*Lubert Stryer  
Author of “Biochemistry”*

Vitamin C contributes in many different ways to the prevention of cardiovascular disease. It is an important antioxidant, and it serves as a co-factor for many biochemical reactions in the body's cells. The most important function of Vitamin C in preventing heart attacks and strokes is its ability to increase the production of collagen, elastin and other reinforcement molecules in the body. The human body manufactures protein by stringing together amino acids into chains. In collagen, every time that a molecule of the amino acid proline is added to the chain, an atom of oxygen must be added to the chain after the proline. The enzyme that accomplishes this (prolyl-hydroxylase) requires iron to be present

in sufficient quantity and in a specific form. Vitamin C is required to maintain iron in the specific form that is needed.

Optimum intake of Vitamin C leads to the optimum production and function of collagen molecules. A stable blood vessel wall does not allow atherosclerotic deposits to develop. Collagen that is found in the arterial walls acts to contain the blood that is being pumped under pressure through the arteries in much the same manner that a girdle or belt acts to hold in your distended abdomen after an all-you-can-eat gourmet feast. While normal blood pressure in the arm is 120 over 80, the pressure applied by the force of the pumping heart onto the inside surfaces of the aorta and coronary arteries is immense. The connective tissue (collagen) that encircles these arteries is the only thing that keeps them from bursting. Increased production of collagen means increased stability for our arteries, veins and capillaries.

The overwhelming majority of plants and animals make large amounts of ascorbic acid. Humans, high order primates, the guinea pig and the fruit bat are unable to synthesize Vitamin C. These species must obtain adequate levels of Vitamin C from their diet or they will die of scurvy. The few species that fail to synthesize ascorbic acid all suffer from heart disease, a disease that is not found in other animals. Mammals synthesize it in an amount averaging 5,400mg (when adjusted for body weight), which is nearly 100 times the U.S. Recommended Daily Allowance (RDA).

In one study, more than 30% of a group of healthy, middle-class males were found to be Vitamin C depleted. In another study, Dr. James Enstrom at the University of California at Los Angeles investigated the vitamin intake of more than 11,000 Americans over a period of 10 years. **He found that people who consumed at least 300mg per day of Vitamin C through their diet or in the form of nutritional supplements, compared to the 50 mg that is typically consumed by the average American, could reduce their**

**heart disease risk up to 50% in men and up to 40% in women. The same study showed that a higher intake of Vitamin C was associated with an increased life expectancy of up to six years! No claim for “cholesterol” reduction even comes close to this reality!**

*“Vitamin C is essential for the building of collagen, the most abundant protein built into our bodies and the major component of connective tissue. This connective tissue has structural and supportive functions which are indispensable to heart tissues, to blood vessels, in fact, to all tissues. Collagen cannot be built without Vitamin C. No heart or blood vessel or other organ could possibly perform its functions without collagen. No heart or blood vessel can be maintained in healthy condition without Vitamin C.”*

*Roger J. Williams  
Author of “Nutrition Against Disease”*

One of the first symptoms of scurvy is bleeding gums. If you have deficiencies that lead to chronic arterial degradation, it is theoretically likely that you may also be prone to suffer from bleeding gums. Dentists routinely and ridiculously give antibiotics as a preventative because it is well known that bacteria that are normally resident in the mouth are often found in lesions of the coronary arteries. If dental work that causes bleeding of the gums can give mouth bacteria access to the circulation, the most likely place for them to get trapped would be similarly damaged coronary arteries. Just as “cholesterol” has been wrongly accused by being caught at the built up plaque found at the scene of the crime, bacteria that normally reside in the mouth are also wrongly accused. They too are a RESULT of the problem. They merely leak into the bloodstream through weak capillaries in the mouth

and end up in the heart completely by accident. This is just another example of doctors looking at the EFFECT and misinterpreting it as the CAUSE.

**Has your doctor ever recommended that you check your body's Vitamin C status by taking a blood test that measures the amount of VITAMIN C that is actually inside of your white blood cells?**

Does this sound strange to you? It shouldn't. As you learned in previous chapters, blood serum levels do not adequately reflect the levels of nutrients that are actually in the body tissues. It is always difficult and dangerous to take a biopsy of actual tissue, so the easiest way to analyze nutrient levels in body tissues is to measure the white blood cells that circulate in the bloodstream. White blood cells have the amazing ability to leave the bloodstream, cross tissue boundaries, do their work and then re-enter the bloodstream. Although white blood cells are not technically the same as body tissue, they are living cells and, as such, they have the same nutrient levels available to them for their use as do other body tissues and thus, they VERY accurately reflect what is actually going on in the body (much more so than blood serum levels). Even if this is new to you, it should be very, very old news to your doctor. This information was printed in biochemistry textbooks before I was born in 1960. If this comes as news to your doctor, maybe you should find a doctor who stays a little more up to date!

*“The concentration of ascorbic acid in the white blood cells may more closely reflect the concentration of ascorbic acid in tissues than does the amount in the plasma.”*

*Principles of Biochemistry  
Textbook, 1959*

White blood cells are constantly at the front line of problems within your body. Wherever a problem may develop, white blood cells leave the bloodstream and migrate to the area in question in order to do their work. If the problem happens to be an invading pathogen (bacteria, parasite, etc.), white blood cells (natural killer cells) have the ability to simply gobble up the invaders in an amoeba-like fashion, after which they then internally digest and destroy the harmful entity. If the danger is physically larger than the white blood cell, they use different tactics. White blood cells have the ability to produce incredibly caustic chemical compounds (such as hydrogen peroxide) which they use to damage, destroy or at least inhibit large invaders. Think about what happens when you get a splinter. Soon after it punctures your skin, the surrounding area is red, and often painful. Soon after that a white substance that we all know as pus starts to accumulate around the splinter. Much of this pus is white blood cells doing everything that they can to blast away and eat away at an invader that, compared to a white blood cell, is the size of a skyscraper!

Put yourself in the position of one of your white blood cells. If you were faced with an opponent that was incredibly larger than yourself, what would you do? You can't eat the whole splinter yourself, so you recruit a couple million of your fellow white blood cells to help you. Additionally, you are going to find it extremely difficult to stay in the thick of things on the splinter battlefield while you and all of your fellow white blood cells are busy secreting caustic compounds such as hydrogen peroxide into the area. You need something to protect yourself from the poisonous hydrogen peroxide that you are secreting in an attempt to degrade the splinter. The splinter doesn't fight back. It's just stuck there. But in order to continue attacking it, you have to be able to protect yourself from your own actions. Numerous studies have clearly shown that the activity of white blood cells is dramatically reduced when their internal levels of Vitamin C are reduced. The activity of white blood cells is maximized when they are provided with

optimal levels of protective, anti-oxidant chemical compounds such as Vitamin C.

Vitamin C can directly neutralize dangerous compounds such as hydrogen peroxide but it can also regenerate the anti-oxidizing potential of other protective nutrients such as vitamin E. Typically, vitamin E is incorporated into the cellular membrane of every cell in the body in order to protect the cellular membrane from oxidation. With all this harsh white blood cell activity going on around the cell, it is not practical for the cell to remove any damaged vitamin E from its outer membrane in order to replace it with another, fresh and active molecule of vitamin E. And there should be no need to do so, provided that Vitamin C levels are optimal. If the stationary, fat soluble, membrane-bound vitamin E is oxidized as a result of white blood cell activity in the area, then water soluble Vitamin C can be directed to the damaged area and restore the anti-oxidant potential of the membrane-bound vitamin E. This dramatically reduces cellular damage. This dramatically reduces inflammation. This dramatically shortens the time needed to heal from any problem. Optimal Vitamin C levels are critical for all immunity.

So how do you guarantee that your white blood cells and all the rest of your body's tissues have optimal levels of Vitamin C?

It's easy. I call it...

### **THE GAS STATION VITAMIN C ROUTINE.**

Think about your car or truck or SUV or motorcycle. Specifically, think about your vehicle's gas tank. Exactly how much gas is in your vehicle's gas tank RIGHT NOW? You don't know do you? At least, not exactly. And you do not need to know exactly. You know that your gas tank is not totally empty, because when you last

left your car, it was running until you shut it off, so there must still be a little bit of gas in the tank. Think about what you would do if the gas gauge on your dashboard was malfunctioning. Well, you certainly wouldn't want to run out of gas completely so every so often, probably more often than you need to, just to be sure, you would simply pull into a gas station and fill 'er up.

I am old enough to remember full service gas stations. One of the reasons that gas stations had attendants was due to the fact that the gas pumps were not sophisticated enough to automatically shut off once the tank was just about full. If you worked with an old style gas pump enough, as gas station attendants did, you would get a "feel" for when the tank was pretty close to being full. This "feel" would enable you to stop the gas pump just before all the gas came spraying out all over you. It was actually very important to keep the old gas pumps out of the hands of unskilled people, because there really was a serious risk involved with pumping gas. Once the technology advanced to the point where the pumps were designed to consistently and dependably shut off automatically without causing a spill, the days of the gas station pump attendant were numbered.

So how does this relate to your consumption of Vitamin C?

YOU are your own Vitamin C pump attendant. You do not know how much Vitamin C is currently in your tank. Your doctor has a test that would give you this information, but they aren't going to help you use it and you wouldn't want to pay for it anyway. In effect, your Vitamin C dashboard warning light is completely missing. What would you do if your gas tank warning light was completely missing? Do the same thing with Vitamin C. Every couple of days, as often as you think you need to, fill 'er up! Eat a lot of foods that contain large amounts of Vitamin C. Take a lot (and I mean a lot!) of Vitamin C. Since, at this point, you are an unskilled Vitamin C pump attendant, you won't yet have a "feel"

for when enough is enough. You also won't quite realize it when you've pumped in too much Vitamin C. That's okay, because too much Vitamin C is nowhere near as dangerous as too much gasoline. Eating too much Vitamin C is known as taking Vitamin C to bowel tolerance. What this means is that when you take too much Vitamin C, the worst thing that can happen is that you poop in your pants. If you consume large amounts of Vitamin C, your body will absorb as much as it possibly can. If you consume too much, your digestive system will stop absorbing it and make you go to the bathroom. Sometimes quite quickly, so be careful. Be careful, but don't be afraid.

If you were hired to be a gasoline pump attendant trainee, what would your trainer tell you to do? Would they tell you to pump it at full blast and take your chances? (If they didn't like you they would!) No. They would tell you to watch the gauge on the pump that shows how much gas has already been pumped. They would tell you to listen to the sound of the gas splashing into the tank. They would tell you that it changes in tone as the tank fills up. They would tell you to listen for the whistle of the air rushing out of the tank faster as the last part of the neck of the tank fills up. But most assuredly, they would tell you to go slowly at first. So will I.

At first, eat a LOT of food that contains high levels of Vitamin C. I have provided a list at the end of this chapter. Then, one day, in addition to the food, take one 500 mg Vitamin C supplement. Wait a couple of days (at your discretion) and then take two 500 mg Vitamin C supplements in addition to the food (don't use the chewable kind because they are too filled with sugar). Ideally, you should divide the doses throughout the day. Don't take them all at once. Wait a few days and then take three, then four, then five, then six. Keep increasing the dose from day to day. If you still haven't experienced diarrhea, you need to realize something. You just took a total of  $1+2+3+4+5+6=21$  supplements that contained 500 mg of Vitamin C in each dose. That is 10.5g of Vitamin C.

You do not need to have your medical doctor take a blood test to tell you what your body has just told you quite clearly. Your body just absorbed 10.5g of Vitamin C. Your tank was EXTREMELY EMPTY! Your white blood cells and all the rest of your body's tissues were extremely deficient in Vitamin C and they are still not completely filled up!

Continue to take more Vitamin C each day until you get a mild case of diarrhea. Just like the old fashioned gasoline pumps, when you try to put too much Vitamin C into your tank, your digestive system will reject it and flush out any excess. After you have taken enough Vitamin C to cause a mild case of diarrhea, you will know that your tank is full and you will have a rough idea of how much Vitamin C your body can hold. Diarrhea is a signal that your body employs to tell you when enough is enough. Vitamin C is actually a great solution for constipation! The amount of Vitamin C that your body needs will vary from day to day, but just like the now extinct gas station attendant, you will soon learn to put in just the right amount.

It is incredibly irresponsible for your doctor or for the government to set standards for the levels of nutrients that every person needs to consume on a daily basis. The RDA is utterly ridiculous! First of all, most people completely misunderstand what RDA means in the first place. The RDA (Recommended Daily Amount) or the RDI (Recommended Daily Intake) is the barest minimum that you must EXCEED every day in order avoid death due to a deficiency disease such as scurvy. Numerous studies have clearly shown that the "average" American consumes less than the minimum of every measurable nutrient. The minimum RDA is nowhere near the OPTIMAL amount for vital health. Do you need to consume the same amount of nutrients as a 350 pound football player? As a 98 pound ballerina? Do you need to eat the same amount of nutrients the day before you are going to run in a marathon as the day that you do run? How much Vitamin C do you need when you have the

flu? The concept of recommended daily amounts is stupid! The amount of nutrients that are needed by individual people vary dramatically from person to person and from day to day. What works for you will most likely not work for your best friend and vice-versa. The right amount of Vitamin C for YOU is the amount that fills up YOUR tank on THIS day, but doesn't quite cause your tank to overflow in the form of diarrhea. Almost, but not quite. There is no such thing as an average American. Everyone is unique. Maybe your genetically inherited constitutional makeup requires you to have more vitamin C than your neighbor. Maybe it requires you to have less. Maybe the level of emotional, mental or physical stress in your life is under control and you can function perfectly well with lower levels than someone else. Maybe your emotional, mental and physical stress levels are through the roof and you need to consume far higher amounts of Vitamin C than other people. No government mandate can ever figure this out for you. You have to determine your needs for yourself!

This concept of individual uniqueness and variability is the cornerstone of health. Whenever you hear some "authority" figure report that this food is good for you or that food is bad for you, please realize that they do not have the foggiest idea of who you are! They do not know you! You are not the "average" person in their study. You do not eat the same food that the people in their study ate. You do not work in the same job and you do not have the same boss that they have. You come home to a unique life with a unique spouse and a unique family every night. Every time you hear one of these so called "scientific" studies touting the benefits of this, that or the other drug, therapy, food, supplement, etc., please realize that they are talking about information that is merely statistical in nature. Their report means very little when you compare it to the massive readout of data that your own personal body produces each and every second of your life. Please don't listen to the media. Please don't listen to things that have been

“scientifically proven” to work a couple of percentage points better than placebo. Please learn to listen to your body. Your body never lies. Your doctor always does!

Since the human body does not have an empty Vitamin C warning light on its dashboard, the best way that you can answer the question of “How much Vitamin C do you have in your body right now?” is to be able to say...

“I honestly don’t know, but I do know that I completely filled it up yesterday! I consumed so much Vitamin C yesterday that I almost pooped in my pants!”

**Do you realize why your doctor has not checked the level of Vitamin C in your white blood cells?**

It is certainly not because this white blood cell test is some kind of new technology that they have never heard of! This is fifty year old textbook info. Did they not study when they were in school? Could it possibly be that they do not want you to know of the vitally important role that Vitamin C plays in immunity as well as in cardiovascular health? Maybe your doctor hasn’t recommended that you undergo this white blood cell test because they want to hear your story about taking too much Vitamin C and almost pooping in your pants!

Seriously, it is just too easy for your medical doctor to toe the line and only do all of the “standard” stuff. Your doctor is all too happy to check your total “cholesterol” and “calculate” your LDL, declare that you have high levels, write a prescription, schedule a follow up visit to check on the damage to your liver and then shuttle you out of the office so that they can start recommending more billable procedures for their next victim (patient)!

Medical doctors typically only recommend tests that they know your insurance company will pay them to run. They do not base their recommendations upon your need. They mainly base their actions upon profitability. What truly matters is your ability to pay them or the likelihood that your insurance company will pay them. Believe it or not, your health needs are not your doctor's primary concern, nor is your health their secondary concern, nor are you their third concern. Your doctor is more worried about their business, their time, their malpractice insurance, and a whole host of other concerns. If your needs were the primary consideration on your doctor's mind, how much time do you think they would gladly spend with you in order to answer all of the questions that are on your mind but you never bother to ask because you know that they do not have the desire to give you the time that is needed in order to answer them for you? Concern for you, the patient, stopped being a primary concern of doctors about the same time that doctors stopped making housecalls and started making you wait weeks for an appointment so that you can go to their office and wait and wait and wait and wait some more. For most of us, that was long before we were born!

Medical doctors typically only run tests that measure things that can be influenced by prescription drugs. That way, they don't have to get into actually using their brain in order to help you identify the actual CAUSE of your problem. When your test results come back from the lab, all the doctor has to do in order to get paid is write a prescription. Then they get to schedule a whole series of ongoing follow-up visits so that they can closely "monitor" the damage that the drug (that they prescribed) is doing to your liver and other vital organs. That way, they don't have to get into trying to convince you to change your diet or adjust your lifestyle or work on your stress levels or, God forbid, help you to address any part of your emotional, family, work or social life! All they have to do is send you to a pharmacy with a little slip of paper. They don't have to bill you by the hour for an in-depth conversation. They don't have

to try to explain to your insurance company why it took them four hours to help you learn about “cholesterol” and “sugar” and nutrition and diet and stress, yada, yada, yada. That way, their office staff gets to enter a simple code number onto their insurance compensation form, and your doctor gets your money!

As you learned in the previous chapter, there is no drug that can safely lower insulin levels (without killing your pancreas), so your doctor has no incentive to recommend that you take a blood test to determine your insulin levels. Likewise, there is no drug that can address deficient levels of Vitamin C in your white blood cells. **Put yourself in your doctor’s lab coat for a minute.** If your doctor does run this test for you, they know ahead of time that they won’t be paid by your insurance company. They also know that you are going to complain about the cost if they ask you to pay for it. Regardless of the results of the test, the simple act of recommending that you take it in the first place opens up the Pandora’s box regarding the importance of nutrition in maintaining human health. Whether the test results show that your white blood cells do need more Vitamin C or not, either way, a century of denial of the value of nutrition by the entire medical profession begins to come crumbling down around them in their own office!

Your medical doctor cannot admit that your body might need more nutrients. You eat a “balanced” diet, right? A balanced diet provides all the nutrition that human beings need, right? Your medical doctor has absolutely no intention of openly admitting that a nutrient as simple, as safe, as inexpensive and as readily available as Vitamin C could be so important. To admit such a fact would immediately incriminate them for not having told you that very fact the first time that you walked into their office. One of the questions on their initial patient questionnaire could easily be...

“How much Vitamin C do you consume on a daily basis?”

That same questionnaire could easily come with a standard issue set of minimum dietary recommendations for you to follow, subject to change based on your individual needs. BUT they are not going to go against the almighty American Medical Association's recommendations that you don't need any more than the minimum amounts that are recommended by the government! They didn't stick their neck out when you first walked into their office, so they are most certainly not going to put themselves into the vulnerable position of recommending a test that might shed light on the fact that maybe you do need a lot more Vitamin C than they have led you to believe.

Remember, you have put on your doctor's lab coat for a few minutes to see things from their perspective. You've still got medical school loans to repay. Maybe you have a big mortgage, a boat payment and college tuition to pay for your three children to go to Harvard, Yale and Princeton. Maybe you are thinking about applying for a research position at the local university. Would you rock the boat? Would you want to pay your staff for the hours that they are going to have to spend attempting to justify your testing recommendations? Would you want to have your practice examined by someone in an official capacity who has the ability to recommend that your license be revoked? Would you want your fellow doctors to hear that you, of all people, are recommending vitamins to your patients? Would you want to hear your former friends whispering "quack" under their breath in the country club locker room?

It's easy to see why doctors don't do the very best that they can. It's easy to see why even the mere existence of fifty year old, textbook information is routinely denied and ignored. Make no mistake. The medical world is a business. The medical system is set up in a manner that drives doctors to treat symptoms, not CAUSES. Treating symptoms can go on forever. In the business of medicine, people who only treat symptoms become some of the very best

repeat customers. Business is bad when patients like you get well. Business drops off when you learn how to maintain your health on your own. The medical system is not a health building business. By definition, the medical system is a business of “managing” disease. The more disease you have, the better their business is!

*“Part of the problem is that nowhere in the world can one earn an advanced degree denoting expertise in health promotion and disease prevention... The objectives of true health care could best be served by replacing the current malady-management system with a system in which doctors are paid to keep people healthy and fined when sickness occurs. The fine could then be used by the patient to pay for treatment.”*

*Rob Faigin*

*Author of “Natural Hormone Enhancement”*

Your doctor has no intention of recommending that you go over their head. They have no intention of telling you that you should take responsibility for your own health. They have no intention of recommending that you consume nutrients that you can purchase with or without their permission (prescription). They know that you can go into any health food store in the country and buy a whole bunch of VITAMIN C without their permission. They also know that you can afford to do so very easily. Why would they tell you to do that? What is in it for them? They know that they are not trained and they also know that they are not qualified to speak to you about nutrition and diet. Once you get interested in maintaining your own health, they know that they have begun to lose you as a steady paying customer. It is a far, far, far better business decision for them to completely ignore the existence of and deny the validity of tests that even come close to opening up the proverbial can of worms known as nutrition. It is a far, far, far better business decision for them to follow AMA guidelines. That’s why they write you a prescription for a poisonous pharmaceutical

drug to treat the symptoms of diseases that are CAUSED by dietary imbalances rather than educate you in regards to the nutritional needs of your body. Doctors don't learn about nutrition in medical school because teaching you to stay healthy by eating properly would ultimately cut into their profits! That's why...

### **YOUR DOCTOR IS A @#&\$%\*?#ING LIAR!!!**

Now, I'm not saying that your doctor thinks this way consciously. I am saying that they are a product of the medical system. The government offices that grant licenses get all of their advice from the professional medical associations. The professional medical associations get their advice from scientific research done at public and private universities. Researchers at public and private universities get their biggest research money from pharmaceutical companies. Pharmaceutical companies get most of their money from insurance companies who get most of their money from your employers and now, due to prescription drug "reform", they also will be getting even more money from the people who pay federal income taxes.

Your doctor lies to you because you want them to. You support your doctor's lies whenever you purposefully cast a political vote for politicians because they support medical entitlement programs. You support your doctor's lies whenever you pay the copayment for your share of the cost of your "visit" to a medical doctor. You support your doctor's lies whenever your feet don't move you to leave their office when you know that they are not helping you to identify the CAUSE of your problem. You support your doctor's lies whenever you go to the pharmacy and buy the drugs that they recommend for the temporary relief of your SYMPTOMS when you know fully well that those drugs are not going to do anything to help you in the long run, except give you a long list of side effects. And you support your doctor's lies with your feet and your money and your silence when you go back for follow up visits

again and again and again and again and again and again and again  
and again and again and again and again and again and again.

Don't even try to bullshit me. I'm on to you. I have seen it far too many times... the glassy, dazed, scared, drugged out look in the eyes of the "patients" of medical doctors. If you go to a medical doctor, you KNOW that you are looking for drugs. You KNOW that you want drugs in the vain attempt that you may be able to forget about your problems for a while. I have news for you: Your problems are still going to be there when the drugs wear off, and they are probably going to be even worse. You don't want to make serious changes in your life. You don't want to give up your bad habits. You want drugs! That's why you go to the only type of person who is licensed to prescribe them. You take those drugs, knowing full well that there is a long list of side effects that they most assuredly will cause. You wash those drugs down with a spoonful of the most ubiquitous drug that there is and you even sing a Mary Poppins song about it! ("A spoonful of sugar helps the medicine go down!")

You do all of this, and yet you are afraid to consume a modest amount of Vitamin C in the form of food or nutritional supplement.

Wow!

*The following are excerpts from the book...*

***Why Animals Don't Get Heart Attacks...  
But People Do!***

***by Matthias Rath, M.D.***

*"While cardiovascular disease has become one of the largest epidemics ever to haunt mankind, these very same heart attacks are essentially unknown in the animal world."*

*"Here is the main reason why animals don't get heart attacks: With few exceptions [primates, guinea pigs], animals produce vitamin C in their bodies. The daily amounts of vitamin C produced by animals vary between 1,000mg and 20,000mg, compared to human body weight."*

*"In humans, who are unable to produce vitamin C, dietary vitamin deficiency of this nutrient weakens the blood vessel walls. Cardiovascular disease is an early form of scurvy. Clinical studies document that the optimum intake of vitamins and other essential nutrients halts and reverses coronary heart disease naturally."*

*"We human beings cannot produce a single molecule of vitamin C ourselves. Our ancestors lost this ability generations ago when an enzyme that was needed to convert sugar molecules (glucose) into vitamin C became defunct. Our ancestors, for thousands of generations, relied primarily on plant nutrition, such as cereals, fruits and others, that provided the daily minimum of vitamins for them. The nutritional habits and dietary intake of vitamins by humans have changed considerably in this century. Today, most people do not receive sufficient amounts of vitamins in their diets. Still worse, food processing, long-term storage and overcooking destroy most vitamins in food."*

*“The primary cause of coronary heart disease and other forms of atherosclerotic disease is a chronic deficiency of vitamins and other essential nutrients in millions of vascular cell walls. This leads to the instability of the vascular walls, lesions and cracks, atherosclerotic deposits and eventually, heart attacks or strokes. Since the primary cause of cardiovascular disease is a deficiency of essential nutrients in the vascular wall, the daily optimum intake of these essential nutrients is the primary measure to prevent atherosclerosis and help repair artery wall damage. Optimum intake of vitamin C leads to the optimum production and function of collagen molecules. A stable blood vessel wall does not allow atherosclerotic deposits to develop. The optimum availability of vitamin C in their bodies is the main reason why animals don't get heart attacks.”*

*“The main cause of atherosclerotic deposits is the biological weakness of the artery walls caused by chronic vitamin deficiency. The atherosclerotic deposits are the consequence of this chronic weakness; they develop as a compensatory stabilizing cast of nature to strengthen weakened blood vessel walls.”*

*“The single most important difference between the metabolism of human beings and most other living species is the dramatic difference in the body pool of vitamin C. The body reservoir of vitamin C in people is, on average, 10-100 times lower than the vitamin C levels in animals.”*

*“Vitamin C optimizes the production of collagen and other reinforcement molecules, thereby stabilizing the walls of the arteries and preventing atherosclerotic deposits, heart attacks and strokes. We human beings cannot manufacture a single molecule of vitamin C in our bodies and, in addition, almost everyone gets too few vitamins from the diet. The inevitable consequence of this is a weakening of the artery walls, which triggers artery wall deposits (atherosclerosis). **Thus, chronic vitamin deficiency - not high 'cholesterol' - is the main cause of the cardiovascular disease epidemic.**”*

***“Don’t smoke:*** Cigarette smoke accelerates the biological rusting of your blood vessels.”

***“Stabilize the artery wall through optimum collagen production:*** The collagen molecules in our bodies are proteins composed of amino acids. Collagen molecules differ from all other proteins in the body. We already know that vitamin C stimulates the production of collagen in the cells of the artery wall. An optimum supply of lysine, proline and vitamin C is a decisive factor in the optimum regeneration of the connective tissue in the artery walls and, therefore, the natural healing of cardiovascular disease.”

***“Decrease of the smooth muscle cell tumor in the artery wall:*** With an optimum supply of essential nutrients, the smooth muscle cells of the artery wall produce sufficient amounts of functional collagen, thereby guaranteeing optimum stability of the wall.”

***“Relax your blood vessel walls:*** Spasms of the blood vessel walls are the cause of high blood pressure. Dietary supplementation of magnesium and vitamin C relaxes the blood vessel walls and normalizes high blood pressure.”

***“Can already existing coronary deposits be reversed in a natural way? The answer is yes. Atherosclerotic deposits develop over many years or decades, and it takes several months to control this aggressive disease and start the healing process. It is important to understand that this is a natural process, and the complications that frequently accompany angioplasty and other mechanical procedures do not occur.”***

***“In individual patients, we documented the natural reversal and complete disappearance of early coronary artery deposits approximately within one year”***

<u>Food</u>	<u>Serving Size</u>	<u>Vitamin C</u>
Peppers, red, sweet, cooked	1	226 mg
Papaya, raw	1	188
Peppers, green, hot chile, raw	1 pepper	109
Broccoli, boiled	1 cup	101
Strawberries, raw	1 cup	98
Brussels sprouts, boiled	1 cup	97
Pepper, green, sweet, raw	1	96
Grapefruit juice, fresh	1 cup	94
Cranberry juice cocktail	8 oz	90
Kohlrabi, boiled	1 cup	89
Broccoli, raw	1 cup	79
Grapefruit	1	78
Peas, boiled	1 cup	77
Kiwi	1	71
Orange	1	70
Vegetable juice cocktail	1 cup	67
Cantaloupe	1 cup	59
Mango	1	57
Cauliflower, boiled	1 cup	56
Pineapple	1 cup	56
Tangerine (Mandqarin orange) juice	1 cup	55
Kale, boiled	1 cup	53
Collard greens, boiled	1 cup	45
Tomato juice	1 cup	45
Bok choi (Chinese cabbage), boiled	1 cup	44
Orange juice	1 orange	43
Red cabbage, raw	1 cup	40
Turnip greens, boiled	1 cup	39
Coleslaw	1 cup	39
Chestnuts, roasted	1 cup	37
Beet greens, boiled	1 cup	36
Mustard greens, boiled	1 cup	35
Sauerkraut, canned	1 cup	35
Plantain	1 medium	33
Rutabaga, boiled	1 cup	32
Lemon (without peel)	1	31
Honeydew melon	1 cup	31
Soybeans, green, boiled	1 cup	31
Blackberries, raw	1 cup	30
Cabbage, boiled	1 cup	30
Sweet potato with skin, baked	1	29
Okra, boiled	1 cup	26
Tangerine (Mandarin Orange)	1	26
Lima beans, boiled	1 cup	22

<u>Food</u>	<u>Serving Size</u>	<u>Vitamin C</u>
Savoy cabbage, boiled	1 cup	22 mg
Lemon juice	1 lemon	22
Iceberg lettuce	1 head	21
Parsnip, boiled	1 cup	20
Carrot juice	1 cup	20
Turkey giblets, cooked	1 cup	20
Squash, baked	1 cup	19
Starfruit	1	19
Dandelion greens, boiled	1 cup	19
Chinese cabbage, boiled	1 cup	19
Onions	1 cup	19
Scallions	1 cup	19
Clam, canned	3 ounces	19
Chicken giblets, cooked	1 cup	18
Turnips, boiled	1 cup	18
Spinach, boiled	1 cup	18
Grapes	1 cup	17
Sweet corn, canned	1 cup	17
Asparagus, boiled	4 spears	15
Mung beans	1 cup	14
Blueberries	1 cup	14
Romaine lettuce	1 cup	13
Parsley	10 sprigs	13
Watermelon	1 cup	12
Green beans	1 cup	12
Yellow beans	1 cup	12
Creamed corn, canned	1 cup	12
Apricot	3 medium	11
Pumpkin, boiled	1 cup	11
Lime juice	1 lime	11
Prune juice, canned	1 cup	11
Asian pear	1	10
Banana	1	10
Celery, boiled	1 cup	9
Cucumber, peeled	1	9
Apple	1 medium	8
Rhubarb, boiled	1 cup	8
Carrot	1 medium	7
Nectarine	1	7
Pear	1	7
Peach	1	6
Cherries	10	5

**Vitamin C is easily damaged during food preparation.**

**Chapter 16**

**Collagen  
&  
Elastin**

### IT'S A JOKE...

Nurse: Mr. Stephens, you haven't taken your medication again today!

Mr. Stephens: I know. I've found that I prefer the symptoms of my original disease to the side effects of the drugs!

• • •

A doctor was doing his rounds when, to his horror, he saw one of his patients lying in bed, half dead. "Nurse! Did you give this man two tablets every eight hours as I prescribed?"

"No doctor," the dyslexic nurse replied. "I gave him eight tablets every two hours. I'm sorry!"

The doctor moved on to the next patient who was nearly comatose. "Nurse! Did you give this patient one spoonful of medication every six hours as I prescribed?"

"No doctor, I gave him six spoonfuls of medicine every hour on the hour. My mistake!"

Finally, the doctor moved on to the third patient who was writhing in extreme agony. "Nurse! Did you prick this man's boil as I instructed?"

"Oops!"

## **PROTEIN**

The word “protein”, which was coined in the 1800s, comes from the Greek word “proteios”, meaning “of primary importance”. Proteins were the first substances found to be vital for the formation of living tissue. Excluding water, about 75% of our body mass is made up of protein. There are literally millions of different proteins. All proteins are constructed from individual building blocks known as amino acids. Just as an infinite number of houses can be constructed from just a few different styles of brick, an infinite number of proteins can be constructed from just a few different amino acids. The human body makes use of at least 30 amino acids, twenty are used for 95% of all proteins, and 8-10 must be obtained from food because the body is unable to manufacture them from other nutrients. I repeat... certain amino acids must be obtained from food because the body is unable to manufacture them from other nutrients.

The proteins that are manufactured by the body perform many different functions which can be divided into two basic categories: functional protein (enzymes) and structural protein (connective tissue).

Today, the average American consumes less than 12% of their daily caloric intake in the form of protein. Our Paleolithic ancestors, the hunter gatherers of just 10,000 years ago, consumed more than 30% of their daily caloric intake in the form of protein. They were far, far more active than we are today. Archeological records also show that they suffered very little, if at all, from the ailments that afflict modern, “civilized” human beings, such as heart disease, cancer, arthritis, diabetes and obesity.

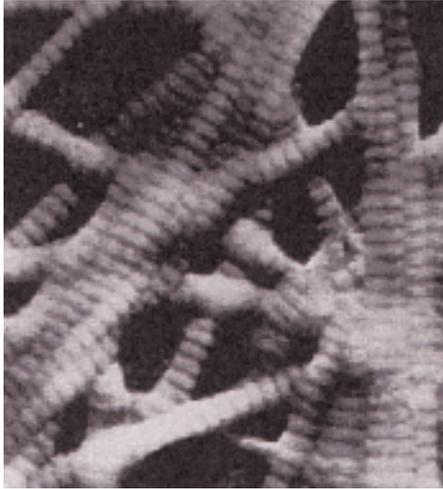
A dietary deficit of protein can cause fatigue, premature aging, erratic blood sugar levels, dull hair, weak nails and a whole host of other symptoms. When the diet is deficient in protein, the body is

forced to break down existing tissue and to stop production of relatively non-essential proteins in order to conserve resources. The body's reserves of protein are found in muscle, bone and connective tissue, so dietary deficiencies of protein lead to a decrease of the lean body mass that is found in muscle, bone and connective tissue. Hair and nails are made primarily from protein, so these body parts are often the first to show the signs of deficiency. Dry, lackluster, brittle and falling hair or split, cracking, ridged or otherwise deformed fingernails and toenails are also an early warning. The point to remember is this: Absolutely every function that is performed by every cell of your body is made possible by enzymes and a host of cofactors (co-enzymes) that work with those enzymes. Without enzymes, life itself would be impossible. Since nearly all enzymes are made from protein, life itself is absolutely not possible without protein! That's why protein is called protein. The word itself means that it is the primary necessity of life. So how much of the "primary necessity of life" do you eat on a regular basis?

## **COLLAGEN**

Collagen is a long, fibrous structural connective tissue that provides form, rigidity and strength to tendons, ligaments, lungs, arteries and nearly all other bodily tissues. Collagen serves as a scaffolding or matrix that holds the entire body together. Collagen is a protein that is only made in human and animal tissues. Collagen is not found in plants. It is the connective tissue that holds each person together. Collagen comprises about 30% of all bodily protein. It is also found in bone, even tooth enamel and many other tissues that provide structural support or mechanical function in the body. Collagen is the main reinforcing protein that surrounds the arteries. Collagen type IV forms the basal lamina of epithelial tissue such as that found in arteries. The basal lamina is often called the basement membrane. Collagen fibers knit the body

tissues together by forming scar tissue whenever there is damage due to accident or surgery. Collagen is made up of amino acids that coil into a triple helix structure, much like the braids that many people wear in their hair. This triple helix structure is incredibly strong. It is stronger than a strand of steel of comparable thickness.



**Microscopic view of Collagen**

The three strands that make up a braided collagen fiber must twist and twist around each other. The amino acids glycine and proline make up approximately 50% of every collagen molecule. Proline is a unique amino acid in that it is three-dimensionally kinked or bent, which is the perfect quality for braiding. Glycine is the smallest amino acid. It is thus able to fit more tightly into the braided triple-helix collagen molecule than any other amino acid possibly could. Hydroxy-proline is created during the construction of collagen fibers after a regular proline molecule has been incorporated into the collagen structure. Hydroxy-proline helps to hold the three strands together. Prolyl-4-hydroxylase is the enzyme that is necessary to convert proline into hydroxy-proline.

***“It is fascinating to me that physicians have had cadaver dissection in medical school. Connective tissue is everywhere when you open up and dissect a cadaver, but the information about its importance in clinical practice is completely lost.”***

*Ronald B. Keys, Ph.D.*

The three individual strands of the collagen triple helix are bound to each other by covalent bonds. As any animal ages, this cross-linking tends to increase. The process of tanning leather increases this cross-linking even more, making the animal skin permanently stronger and tougher.

When collagen is heated in water, the strands of the triple helix unwind and separate. These random coils float in the water. As these strands cool, they attempt to reattach themselves, but are only able to do so haphazardly. The pockets that form between the strands of protein trap the water that was used to dissolve the collagen. The result is gelatin. The collagen protein strands in gelatin can absorb up to 10 times their weight in water. Gelatin is made by boiling collagen for a long time until it dissolves into the water. At cooler temperatures, the gelatin congeals into a very gummy substance. You will see this in roasting pans that have cooled after cooking a whole chicken or turkey for the holidays. Obviously, this is the main ingredient in Jell-O.

According to the Gelatin Manufactures Institute of America, the most commonly used source materials for the collagen from which gelatin is made are pork skin, cattle bones and cattle hide. The raw materials are soaked in an acidic and/or an alkaline solution and washed several times. Then the materials are boiled several times to extract the gelatin. The gelatin is filtered, concentrated, chilled and dried. Once it is dried, the gelatin is ground into a brittle, transparent, colorless, tasteless and odorless powder.

Gelatin has a multitude of uses. The obvious is dessert, But gelatin finds its way into confections such as marshmallows, gummy candies, as a thickener for ice cream, and sour cream. Gelatin is used to make capsules for nutritional supplements. Gelatin was even used as a substitute for blood plasma during World War II. Gelatin is used in preparing the silver halide emulsions used in photographic paper and recently, gelatin has even found use as an ingredient in paintballs!

An interesting fact about gelatin. When gelatin is hooked up to the instrument used to measure human brainwaves (electroencephalograph or EEG), the gelatin demonstrates electrical activity that is virtually identical to the brain waves of a healthy adult human!

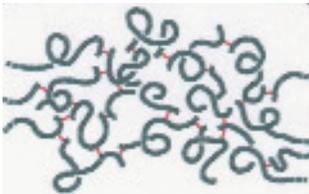
## **ELASTIN**

Elastin is a structural protein that provides flexibility to various body tissues such as the lungs, skin, bladder, stomach, vagina, uterus and arteries. Any tissue that needs to be able to stretch and then recoil back to its original shape most likely contains an ample supply of elastin.

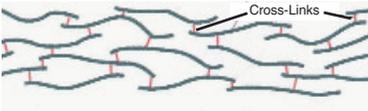
A good way to think of elastin is to visualize countless rubber bands that are tied together at a great number of places. When the rubber bands are pulled, they are flexible enough to stretch in response to the pressure, but as soon as the pressure is released, they immediately recoil to their original position. The large number of cross linkages within the elastin matrix makes elastin a very stable protein that greatly resists both physical, chemical and enzymatic degradation.

Loss of elastic recoil in bodily tissues is viewed as a sign that the tissue is not as healthy as it should be. Elastin consists of polypeptide chains that are randomly “kinked” and connected by

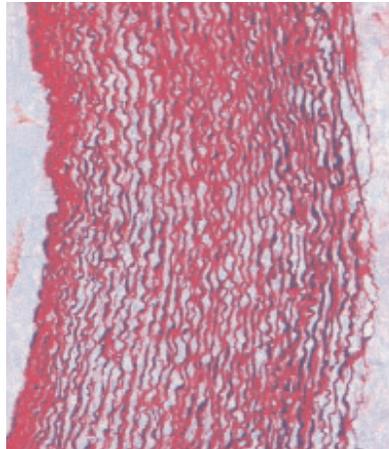
covalently bonded cross links. When placed under tension, elastin has the ability to stretch an additional 40% in length from its resting length before breaking. In contrast, collagen (although stronger than elastin), will only stretch 1-2% in length, regardless of the tension that is placed upon it. The chemical environment in which elastin is located alters its flexibility. It has been said that elastin behaves like the ideal rubber when bathed in DMSO (Di-Methyl-Sulf-Oxide). Elastin has an affinity for calcium ions. Studies have shown that during periods of inactivity, the elastin fibers tend to calcify, harden and become more brittle.



**Conceptual View of Elastin  
That is “Relaxed”**



**Conceptual View of Elastin  
That Has Been “Stretched”**



**Microscopic View of Elastin**

The process by which cells manufacture elastin is quite complex. Individual fibers known as tropo-elastin are manufactured within various types of cells. Depending upon their anatomical location, this includes chondroblasts, myofibroblasts, mesothelial and *smooth muscle cells* such as those found in the arteries. Different animal species manufacture different variations of tropo-elastin and different tissues within the human body produce different forms as well, but all of the different forms of tropo-elastin are made from

amino acids, which are the building blocks of all protein. The most common forms of tropo-elastin in humans are made from the following sequences of amino acids:

- Valine - Proline - Glycine - Valine - Glycine
- Alanine - Proline - Glycine - Valine - Glycine - Valine
- Valine - Proline - Glycine - Glycine
- Valine - Proline - Glycine - Phenylalanine - Glycine - Valine - Glycine - Alanine - Glycine

After the tropo-elastin is secreted by these cells into the extracellular space, a specific binding protein chaffeurs the tropo-elastin into the elastin matrix, while protecting it from degradation along the way. The building block of elastin (tropo-elastin) is easily degraded and must be protected until it is attached to the elastin matrix. The binding protein also acts as a sort of scaffold in order to position the tropo-elastin properly within the elastin matrix. The completed elastin matrix is not digested (hydrolized) by the human digestive enzymes trypsin, chymotrypsin or pepsin, but it is broken down by plant based proteolytic (protein digesting) enzymes such as bromelain, ficin and papain.

*“Acute, sustained hypertension induces elastin protein expression and subsequent increase in arterial wall thickness.”*

*Travis Maak  
Department of Surgery, Stanford University*

Elastin requires the formation of lysine-derived cross links. Once the tropo-elastin has been secreted into the extracellular matrix it undergoes modifications that cause it to cross-link to other

tropo-elastin fibers and form a matrix that is insoluble and nearly indestructable. These cross links form spontaneously after the enzyme lysyl oxidase prepares specific sections of the newly secreted, individual tropo-elastin fibers. The areas of cross linking typically contain stretches of the amino acid lysine separated by either two or three molecules of the amino acid alanine. ***The enzyme that prepares these areas for linkage, lysyl oxidase, ceases to function properly when the extracellular environment is deficient in either Vitamin C or copper.***

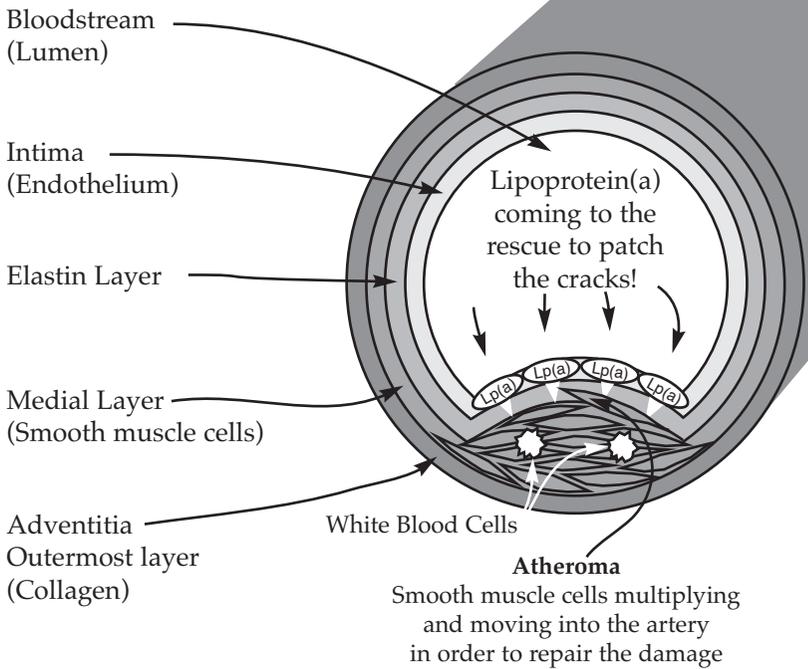
***“The degradation of elastin fibers... is accompanied by repair processes that are insufficient and fail to prevent the progression of disease. Our central hypothesis is that elastin can be regenerated... thereby restoring, at least in part, the pre-existing elastin fiber organization and its mechanical properties. Such repair might prevent mechanical forces from causing failure.”***

*Phillip J. Stone*

*National Institute of Biomedical Imaging and Bioengineering*

The ability to initiate a repair process after injury is an inherent property of all tissues. Damaged elastin fibers, like other tissues, undergo repair. All repair processes, however, are influenced by the nutritional status of the person. The raw materials, the enzymes and the vitamin and mineral co-factors must all be present in optimal amounts. If the destructive process is mild, so that the elastin fibers lose their integrity, but are not ruptured, then they can be restored by repair processes. Newly manufactured tropo-elastin fibers made by smooth muscle cells in the arteries are incorporated into the damaged elastin. As long as repair can keep up with degradation, disease does not result.

All of this scientific background is presented here to give you an understanding of what really happens in damaged coronary



arteries that can lead to heart attacks. The graphic representation of an artery that appears on this page is the same graphic that was presented in a previous chapter. It is presented here again for convenience. What really happens in cardiovascular disease is that, when the intima (inner lining) of the coronary artery is damaged due to physical stresses caused by the beating heart, and the underlying elastin layer begins to degrade, the smooth muscle cells that surround the elastic layer go through a process known as dedifferentiation and they begin to migrate into the elastin layer.

These smooth muscle cells form what is known as an atheroma. This is merely a growth, a benign, non-cancerous, *necessary* growth, just as a scab or a temporarily raised scar is a growth that is necessary to heal an external wound on the skin. The only

difference is that this scab, this growth, is on the inside of your coronary artery. This growth **MUST** occur if there is damage to the inner lining of the artery. This growth is how the body repairs this damage! Your short sighted medical doctor sees this growth as a disease. They fail to recognize it as a marvelous part of the body's repair processes. Why does your doctor strive to prevent or do battle with your body's own attempts to repair itself? Why does your medical doctor ignore the many CAUSES that necessitate this repair process in the first place? By now, you ought to know the answer. Because..

### **YOUR DOCTOR IS A LIAR!**

Whenever elastin fibers are placed under great tension, the surrounding muscle fibers shift into repair and maintenance mode in order to replenish, repair and restructure the elastin layer.

One of the most basic realities that your medical doctor is ignoring, is that much research has already been done in order to determine the nutrients that are needed in the diet in order to facilitate the repair processes that maintain healthy levels of collagen and elastin. Maybe that is because they don't know very much about nutrition.

*“The medical establishment, focusing on pathology and chemical treatment by drugs, has long equated diet with what's put on hospital trays. Even today, when five of America's major health problems - heart, liver, cancer, diabetes and cerebrovascular diseases - have been proved to be related to diet, just 23% of American medical schools require a course in nutrition and many offer none.”*

*Betty Fussell*

*“The extracellular matrix protein elastin acts as a regulator of vascular smooth muscle proliferation and migration, a finding that could have implications for the therapy of vascular proliferative diseases. Various vascular proliferative diseases, including atherosclerosis and coronary restenosis, are characterized by dedifferentiation, abnormal proliferation and migration of vascular smooth muscle cells... the extracellular matrix protein elastin, which is secreted by vascular smooth [muscle] cells, inhibited cell proliferation”*

*S.K. Karnik*

As you saw in the previous chapter, Vitamin C is vital for the optimal performance of these repair functions. In the next chapter, you will see that copper is also vital to the optimal performance of these repair functions. In this chapter, you need simply to realize that collagen and elastin are very, very, very unique proteins. All proteins are made from various combinations of amino acids. The combinations of amino acids that are found in collagen and elastin are incredibly unique. Do you know what they are?

Well, if you don't know what the amino acid content of collagen and elastin are, (and there is no reason why you would, because your doctor most certainly does not know either!) then it is a safe bet that you haven't been able to make sure that you are getting adequate amounts in your diet. How can you eat a proper diet to maintain your body's collagen and elastin if you have absolutely no idea what you should eat in order to get the necessary nutrients?

All protein is NOT created equal! To begin with, the average American diet is woefully deficient in protein. But even people who consume massive amounts of protein don't have a clue as to the details of the amino acid content of the protein that they consume. Please realize that even if you consume vast quantities

of protein, the mixture of amino acids that you are getting from that protein may not be aligned with the mix of amino acids that your body actually needs. Everyone's needs are different and everyone needs to consume a unique diet in order to meet those needs. Every individual person's needs change on a day-to-day, and even on a minute-by-minute basis. No one can tell you what you should eat on a regular basis because there is no such thing as a regular basis. Every day is different. The information in the tables at the end of this chapter provides you with a database from which you can start to make better decisions regarding the foods that you choose to eat. A brief summary: Eat gelatin!

The most unique aspect of collagen and elastin, and their edible cousin, gelatin, are their unusual chemical make-up. As you will see in the charts on the following pages, no other protein rich food even comes close to providing as much of the specific amino acids glycine, proline and hydroxy-proline as collagen, gelatin and elastin do. The amino acids glycine, proline and hydroxy-proline account for nearly 50% of the structural components of human collagen and elastin.

The foods listed in the charts at the end of this chapter are the best sources of glycine and proline, regardless of the percentages shown in these charts, simply because these foods contain much larger amounts of protein compared to the amount of protein found in other foods. Please also note that vegetables, fruit, grains, legumes, and certainly all processed foods contain exceedingly small amounts of glycine and proline. Sugar contains absolutely none!

For over 100 years, collagen and elastin have been looked down upon as lowly, incomplete proteins because they do not contain the amino acid tryptophan. Tryptophan is not necessary for the production of collagen or elastin. The main ingredients found in collagen (and gelatin, which is the edible form of collagen) and

elastin are glycine and proline. Most medical, nutritional and scientific “authorities” downplay the importance of these amino acids because they believe that the body can manufacture them in adequate amounts from other nutrients.

Collagen is the scaffold that holds the entire body together, and elastin is the flexible protein that provides flexibility and resilience, especially in the cardiovascular system, yet vegans and certain types of vegetarians consume absolutely zero collagen and elastin! In fact, many vegetarians go out of their way to specifically avoid the consumption of gelatin. I have personally witnessed vegetarians refusing to swallow a nutritional supplement because its ingredients were contained within a gelatin capsule. Even hardy, carnivorous meat eaters tend to avoid the “tough cuts” of meat, the sinew and the gristle that contain the most collagen and elastin fibers. The “authority” figures in the health industry have been telling everyone to avoid animal products for years.

So why is Jell-O brand gelatin one of the basic food groups served to every hospital patient in America? Because the glycine and proline found in gelatin are necessary for the healing of surgical wounds! Medical and governmental “officials” have classified glycine and proline as “non-essential” amino acids simply because they can be manufactured by the body, but just because they CAN be manufactured by the body does not mean that they WILL be made in optimal amounts. Their “official” information is true, but their overall perspective is inadequate and misdirected. Don’t listen to what doctors say, look at what they do and ask yourself: Why is gelatin the most well-known hospital food?

Why should human beings force their body to manufacture some of the most basic building blocks from scratch when these nutrients are readily available in an extremely inexpensive food such as gelatin? Because some “authority” figure says that it

is not necessary? Because some “authority” figure says that glycine and proline are not essential amino acids for human beings, even though 50% of all human beings die due to heart disease which is essentially caused by weakened and damaged collagen and elastin fibers? From what foods do **YOU** get adequate amounts of the amino acids glycine and proline in **YOUR** diet?

The lack of logic is unforgivable! The term “non-essential” is a misnomer. A better term to use would be “synthesizable.” The amino acids glycine and proline are just as vital to human metabolism as the so-called “essential” amino acids. In fact, one could argue that they are so important that the body has developed a method to manufacture them precisely BECAUSE they are so important. Make it easy for your body to do its job. Have some natural, additive free gelatin. It’s inexpensive and it’s easy to eat!

When the body attempts to manufacture a protein, it is directly analogous to what you do when you attempt to complete a jigsaw puzzle. If even one piece of the puzzle is missing, it is impossible to complete the puzzle properly and totally. Likewise, when the body attempts to produce a protein, it must have all of the ingredients necessary to complete the puzzle, or the protein will not be made properly. If anything is missing, that ingredient is referred to as a “rate-limiting” ingredient. Any piece of the puzzle can be missing, so any of the many building blocks that go into making protein, if missing, can become a “rate-limiting” nutrient. In the production of collagen and elastin, both Vitamin C and copper (as you will soon see) can be deficient, and thus limit the rate of production of these important proteins. But since glycine and proline comprise at least 50% of the raw materials that end up in collagen and elastin, doesn’t it make sense to provide all that the body needs, and then some?

It is abundantly clear that the body needs collagen. More than 30% of all the protein in the body is collagen. It is also

abundantly clear that millions of people are suffering from a multitude of collagen deficiency diseases (arthritis, osteoporosis, cardiovascular disease, etc.). Why not provide the building blocks of this collagen in the diet of the average American in ready made form the way that they do for hospital patients? (Well, maybe with plain Knox brand gelatin, without all the artificial colors, sweeteners and preservatives that are found in Jell-O.

*“It is very difficult and inefficient for the body’s metabolic machinery to store excess protein calories as fat. The surplus almost always comes from extra fats or carbohydrates - and these are the foods that most frequently make you fat. It is impossible to overeat pure protein. In fact, you couldn’t gain weight just on lean, low-fat protein if your life depended on it.”*

*Loren Cordain, Ph.D.  
Author of “The Paleo Diet”*

It is also abundantly clear that the human body needs elastin. Elastin is the flexible, stretchy tissue that enables our lungs, stomach, bladder, a woman’s uterus and everyone’s arteries to stretch to accommodate the influx of the breath, food, urine, a baby and blood, and then recoil to their original shapes.

Please be clear. I am not talking about consuming collagen or gelatin or elastin so that the body can use the individual fibers that are found in these substances. I am talking about consuming the specific basic proteins that contain the raw ingredients that are needed by the body to make collagen and elastin in the ratios that the body needs. The digestive system will do its normal function. The body will absorb what is needed and the cells of the body will be better able to build the collagen and elastin that are needed because more of the required raw materials will be readily available.

***“Some people have been told that high-protein diets damage the kidneys. They don’t. Scientists at the Royal Veterinary and Agricultural Institute in Copenhagen effectively put this myth to rest. Dr. Anne Astrup and colleagues put sixty-five overweight people on a high-protein diet for six months and found that their kidneys easily adapted to increased protein levels. Furthermore, kidney function remained perfect at the end of the experiment.”***

*Loren Cordain, Ph.D.  
Author of “The Paleo Diet”*

A couple of generations ago, when moms would make chicken or turkey, they would use the whole bird. After the bird was roasted or boiled, we would eat the legs, the wings, the breasts and the thighs of course, but then we would also eat the skin and gnaw on the bones until very little was left. Whatever we didn’t eat went into the soup pot, got boiled for hours, along with some additional ingredients in order to make soup. In short, it all got eaten.

Now, that wise practice is considered gross. No one eats organ meats. No one eats liver and gizzards and giblets. No one eats the skin. No one gnaws on the bones. No one eats the sinew and tendons. No one grabs the leg and the thigh, pulls them apart and eats the crunchy knee joint between them. No one eats the white chewy cartilage at the ends of all the ribs on the breast.

If you are going to watch anything on television, please watch the animal shows to see how animals in the wild eat properly. In the animal world, after the prey has been caught and killed, the alpha male eats the adrenal glands, the heart, the liver and other internal organs while these organs are still functioning. The alpha male doesn’t even bother eating the muscle flesh of the recently killed animal. That is left for the weaker animals in the pack or even for the vultures and other scavengers that may happen to come by.

Humans have “civilized” their eating habits in the past few generations to eliminate exactly the most nutritious portions of whole foods. We scrape the peels off of fruit. We throw away the green sections of root vegetables like beets and carrots. We quite effectively strip the nutritious bran off of all the grains that we consume, and we remove almost all of the collagen and elastin from the animal tissue that we do eat. As a species, we are behaving with great stupidity.

***“Protein needs to be a centerpiece of your diet. Your focus should be on eating small amounts of high quality protein throughout the day, preferably at every meal and snack.”***

*Jack Challem, Burton Berkson, M.D., Melissa Diane Smith  
Authors of “Syndrome X”*

The current human diet is unbelievably deficient in the building blocks of collagen and elastin. When is the last time you ate a really tough, piece of meat? No, you want it to be tender and falling apart. Why do you then wonder why your body is falling apart? Yes, your body can struggle through endless biochemical pathways to make collagen and elastin fibers from broccoli, tortillas, potatoes, bread and whatever else you eat, but why do you choose to make it struggle? Is it any surprise that as a society, half of all Americans die from a disease that is fundamentally caused by collagen and elastin degradation, yet we refuse to consume the basic raw materials that are needed by the body to manufacture new, strong and much needed connective tissue?

When many people think about eating protein, they envision professional athletes and massive body-builders pigging out at their training tables. Please realize that your body uses protein for much more than just muscles. Bones are mostly protein. Insulin is a protein. Human growth hormone is a protein. Your thyroid

hormones are made from protein. Antibodies that are manufactured by your immune system are proteins. Your hair, skin, nails and even teeth are mostly protein. Many of the neurotransmitters that enable you to think, breathe and move are made from protein. The digestive enzymes that enable you to receive nourishment from food are proteins.

*“The Nurses’ Health Study is the only large prospective study to have examined the link between dietary protein and cardiovascular disease. Over the course of fourteen years, we asked more than eighty thousand initially healthy women about what they eat. The group of women who ate the most protein, about a quarter of daily calories, were 25% less likely to have had a heart attack or to have died of heart disease than the women who ate the least protein, about 15% of calories.”*

*Walter C. Willett, M.D.  
Harvard School of Public Health  
Author of “Eat, Drink, and Be Healthy”*

So why does your doctor and your federal government tell you to limit your consumption of protein to 15% of your diet? Because...

## **YOUR DOCTOR IS A LIAR!**

Please do not forget this simple fact...

## **PROTEIN IS THE PRIMARY NECESSITY OF LIFE.**

## **EAT MORE PROTEIN!**

My simple suggestion...

Add a packet of plain Knox gelatin  
to your daily cup of hot green tea. It’s easy!

**Amino acid breakdown of different proteins (%).**

<u>Amino Acid</u>	<u>collagen</u>	<u>gelatin</u>	<u>elastin</u>	<u>egg</u> (whole)	<u>whey</u>	<u>casein</u> (milk)
<b><u>Glycine + Proline</u></b>	<b><u>49.4%</u></b>	<b><u>54.5%</u></b>	<b><u>37-44%</u></b>	<b><u>7.4%</u></b>	<b><u>8.8%</u></b>	<b><u>12.8%</u></b>
<b>Glycine</b>	<b>22.7</b>	<b>32.4</b>	<b>27-30</b>	<b>3.6</b>	<b>2.2</b>	<b>2.1</b>
<b>Proline</b>	<b>13.7</b>	<b>13.5</b>	<b>10-14</b>	<b>3.8</b>	<b>6.6</b>	<b>10.7</b>
<b>Hydroxy-Proline</b>	<b>13.0</b>	<b>8.6</b>	<b>11-12</b>	-	-	-
Glutamic Acid	9.3	7.1	7-8	13.6	16.9	21.6
Alanine	8.3	11.4	9.5-10.5	6.6	5.2	2.9
Arginine	7.7	5.1	9-10	5.6	2.5	3.7
Aspartic Acid	5.5	4.5	5-6	9.0	10.9	6.6
Lysine	4.0	3.4	4-6	6.2	8.8	3.8
Serine	3.1	3.7	3-4	7.3	5.4	5.6
Leucine	2.8	2.5	3.5-4.2	8.5	9.5	9.0
Valine	2.3	2.2	2.5-3.2	7.0	6.0	6.6
Phenylalanine	1.9	1.3	1.5-2.7	6.0	2.3	5.1
Threonine	1.8	1.8	1.5-2	4.4	6.9	4.3
Isoleucine	1.4	1.1	1.3-2	6.0	6.0	5.1
Methionine	0.7	0.6	0.5-1.5	3.6	1.9	2.7
Histidine	0.7	0.5	0.5-1	2.2	2.0	3.0
Hydroxylysine	0.6	-	-	-	-	-
Tyrosine	0.4	0.3	0.2-0.5	2.7	2.7	5.6
Cysteine	0.1	-	-	2.5	2.2	0.3
Tryptophan	-	-	-	1.4	2.2	1.3

**Amino acid breakdown of different proteins (%).**

<u>Amino Acid</u>	<u>beef</u>	<u>ham</u>	<u>chicken</u>	<u>turkey</u>	<u>cod</u>	<u>salmon</u>
<b><u>Glycine + Proline</u></b>	<b><u>12.6%</u></b>	<b><u>9.7%</u></b>	<b><u>11.7%</u></b>	<b><u>10.5%</u></b>	<b><u>8.6%</u></b>	<b><u>8.6%</u></b>
<b>Glycine</b>	<b>7.5</b>	<b>5.3</b>	<b>6.7</b>	<b>5.9</b>	<b>4.9</b>	<b>4.9</b>
<b>Proline</b>	<b>5.1</b>	<b>4.4</b>	<b>5.0</b>	<b>4.6</b>	<b>3.7</b>	<b>3.7</b>
<b>Hydroxy-Proline</b>	-	-	-	-	-	-
Glutamic Acid	16.0	16.8	15.4	15.7	15.5	15.5
Alanine	6.6	6.0	6.1	6.3	6.3	6.3
Arginine	6.8	6.6	6.6	7.0	6.2	6.2
Aspartic Acid	9.2	9.8	9.3	9.4	10.5	10.5
Lysine	8.5	8.8	8.7	8.9	9.6	9.6
Serine	3.9	4.2	3.7	4.4	4.2	4.2
Leucine	8.1	8.0	7.7	7.7	8.4	8.4
Valine	4.9	4.4	5.1	5.1	5.4	5.4
Phenylalanine	3.8	4.4	4.1	3.9	4.0	4.0
Threonine	4.2	4.5	4.4	4.3	4.6	4.6
Isoleucine	4.3	4.5	5.3	5.0	4.8	4.8
Methionine	2.4	2.7	2.8	2.8	3.1	3.1
Histidine	3.2	3.6	3.1	3.0	3.1	3.1
Hydroxylysine	-	-	-	-	-	-
Tyrosine	3.2	3.3	3.4	3.8	3.5	3.5
Cysteine	1.0	1.5	1.4	1.1	1.1	1.1
Tryptophan	1.3	1.2	1.2	1.1	1.1	1.1

**Amino acid breakdown of different proteins (%).**

<u>Amino Acid</u>	<u>tuna</u>	<u>shrimp</u>	<u>oyster</u>	<u>crab</u>	<u>soy</u>	<u>natto</u>	<u>peanut</u>
<b><u>Glycine + Proline</u></b>	<b>8.6%</b>	<b>9.3%</b>	<b>11.2%</b>	<b>9.2%</b>	<b>9.2%</b>	<b>10.0%</b>	<b>10.5%</b>
<b>Glycine</b>	<b>4.9</b>	<b>6.0</b>	<b>6.8</b>	<b>5.9</b>	<b>4.1</b>	<b>3.2</b>	<b>6.2</b>
<b>Proline</b>	<b>3.7</b>	<b>3.3</b>	<b>4.4</b>	<b>3.3</b>	<b>5.1</b>	<b>6.8</b>	<b>4.3</b>
<b>Hydroxy-Proline</b>	-	-	-	-	-	-	-
Glutamic Acid	15.6	17.1	14.7	16.9	19.0	18.4	21.1
Alanine	6.3	5.7	6.6	5.7	4.2	4.5	3.9
Arginine	6.2	8.7	7.8	8.6	7.5	5.1	12.0
Aspartic Acid	10.6	10.3	10.4	10.2	11.5	10.8	12.0
Lysine	9.6	8.7	8.1	8.6	6.2	6.4	3.5
Serine	4.2	3.9	4.8	3.9	5.2	6.3	5.0
Leucine	8.4	7.9	7.6	7.8	8.1	8.3	6.7
Valine	5.4	4.7	4.7	4.7	5.0	5.7	4.1
Phenylalanine	4.0	4.2	3.9	4.2	5.2	5.3	5.1
Threonine	4.6	4.0	4.7	4.1	3.8	4.5	2.6
Isoleucine	4.8	4.8	4.7	4.7	4.8	5.2	3.5
Methionine	3.1	2.8	2.4	2.8	1.3	1.1	0.9
Histidine	3.1	2.0	2.1	2.0	2.6	2.8	2.6
Hydroxylysine	-	-	-	-	-	-	-
Tyrosine	3.5	3.3	3.5	3.4	3.8	3.1	4.3
Cysteine	1.1	1.1	1.4	1.8	1.3	1.2	1.1
Tryptophan	1.1	1.4	1.2	1.4	1.3	1.3	1.1

### Amino acid breakdown of different proteins (%).

<u>Amino Acid</u>	<u>almond</u>	<u>pumpkin seeds</u>	<u>sunflower seeds</u>	<u>walnuts</u>
<b><u>Glycine + Proline</u></b>	<b><u>10.7%</u></b>	<b><u>10.0%</u></b>	<b><u>10.5%</u></b>	<b><u>9.0%</u></b>
<b>Glycine</b>	<b>5.3</b>	<b>6.4</b>	<b>5.8</b>	<b>5.2</b>
<b>Proline</b>	<b>5.4</b>	<b>3.6</b>	<b>4.7</b>	<b>3.8</b>
<b>Hydroxy-Proline</b>	-	-	-	-
Glutamic Acid	25.5	15.3	22.3	19.5
Alanine	4.0	4.1	4.5	4.2
Arginine	10.7	14.2	9.6	14.6
Aspartic Acid	10.1	8.8	9.7	10.2
Lysine	2.9	6.5	3.8	2.7
Serine	3.9	4.1	4.3	5.4
Leucine	6.7	7.4	6.6	6.9
Valine	4.4	7.0	5.3	5.0
Phenylalanine	4.8	4.3	4.7	4.4
Threonine	3.2	3.2	3.7	3.1
Isoleucine	3.7	4.5	4.6	3.9
Methionine	1.0	2.0	2.0	1.9
Histidine	2.4	2.4	2.5	2.5
Hydroxylysine	-	-	-	-
Tyrosine	3.0	3.6	2.7	3.0
Cysteine	1.5	1.1	1.8	2.4
Tryptophan	1.5	1.5	1.4	1.3

**Chapter 17**

**Copper**

### IT'S A JOKE...

A ninety-two year old man went to the doctor because his left knee was bothering him. The doctor said, "What do you expect? You're knee is over ninety years old."

The old man responded, "True. But my right knee is just as old, and it doesn't hurt!"

• • •

I was having heart palpitations so I went to a cardiologist. The nurse said that the first visit would cost \$350, but that would include a urine test, a blood test, an EKG and a rectal examination.

I said, "Hell, this doctor must be good if he can figure out what is wrong with my heart by *looking up my ass!*"

• • •

Why did Dr. Kevorkian cross the road?  
To help his patient cross over to the other side!

• • •

Nineteen percent of doctors say that they'd be able to give their patients a lethal injection. But they also went on to say that the patient would have to be really, really behind on their payments!

Copper has been known to be an essential mineral for many decades. It is present in all of the body's tissues. The total amount stored in the body is between 75-100mg, less than that contained in one copper penny. Deficiencies are common due to soil depletion and the resultant low levels in most commercially grown foods. Food selection also plays a huge part in deficiency states. Manufactured food packaging laws require neither the measurement nor the disclosure of copper levels in food, so consumers have absolutely no way to choose foods wisely. The official United States Department of Agriculture list of foods that are good sources of copper can be found at the end of this chapter. Be cautious though, because these values are statistical in nature. It is impossible for any consumer to accurately know how much copper is in the food that they are actually eating. Levels of copper in soil vary throughout the world, so it is impossible to know if the plant food that you are eating was grown in an area of high or low copper content and it is also impossible to know if the animal food that you are eating was nourished with food that contained adequate levels of copper.

Copper deficiency may result in any of the following ailments...

- Cardiovascular disease
  - Elevated "cholesterol" levels
  - Aortic aneurism (burst blood vessels)
  - Cerebral aneurism (hemorrhagic stroke)
  - Irregular heart rhythms
  - Increased blood pressure
  - Thrombosis
  - Iron-deficiency anemia  
(copper is needed for iron absorption and usage)
  - Hemorrhoids
  - Reduced red blood cell function
  - Shortened red blood cell lifespan
- Increased uric acid levels

- Reduced thyroid function
- Skeletal defects
- Impaired glucose tolerance
- Poor nerve conductivity
- Reproductive failure
- Defects in pigmentation and structure of hair
- Weakened immunity including:
  - Reduced cellular immune response
  - Reduced white blood cell activity
  - Reduced thymus hormone production

Copper has been found to be beneficial in some cases of anemia, fatigue, vitiligo, allergies and stomach ulcers.

About 30% of copper intake is thought to be absorbed. Copper is transferred across the wall of the digestive tract by albumin and is carried to the liver. In the liver, copper is incorporated into a protein called ceruloplasmin. About 90% of all the copper in the blood is bound up in this protein. The highest concentrations are in the liver and in the brain.

Infants that are fed formula made from cow's milk can easily become deficient in copper. This is because cow's milk can contain relatively high levels of molybdenum which tends to form insoluble chemical complexes with copper. Once the copper is bound in this manner, it cannot be used and must be excreted. Women can be at risk for copper deficiency after pregnancy because children are born with large stores of copper at birth, copper that was provided at the expense of the copper that had been stored in the mother's liver.

The primary function of copper is to serve as a constituent of and as a catalyst for various enzymes throughout the body. All of the enzymes in which copper plays a part have one unique activity in common: They are all involved in chemical reactions that consume

oxygen or oxygen free radicals. Some of the enzymes that contain copper are superoxide dismutase, cytochrome C oxidase, lysyl oxidase, catalase, dopamine hydroxylase, uricase, tryptophan dioxygenase, lecithinase, histaminase, ferroxidase II and others.

Copper is a catalyst necessary to the formation of hemoglobin. Copper that is found in the red blood cells is bound to erythrocuprein. The reduced red blood cell function and the shortened life span of red blood cells that are a result of copper deficiency can influence energy levels and cause weakness and labored breathing due to decreased oxygen delivery to the tissues.

Copper is needed in many of the reactions related to respiration and to the release of energy. Copper is a part of the enzyme cytochrome C oxidase, which is a part of the electron transport chain, one of the processes by which the cells release energy from food.

Copper is found in superoxide dismutase, which has anti-inflammatory and anti-oxidant properties. This enzyme helps to protect your cells from damage due to free radicals.

Copper is a part of the enzyme histaminase, which is involved in the metabolism of histamine, which helps to regulate the body's response to allergens.

Copper is found in ferroxidase II. This enzyme participates in converting an unusable form of iron (ferrous iron) into a form that is more readily used by the body (ferric iron).

Copper is essential to the functioning of lecithinase and thus influences the production of phospholipids, which are vital components of the myelin sheath which protects nerve and brain cells.

The use of copper bracelets by arthritic sufferers has a long history due to the body's ability to absorb small amounts of any substance through the skin. Copper can also be obtained from copper cookware and from water that has traveled through copper pipes.

The World Health Organization states that copper is non-toxic.

Copper deficiency is often found in tandem with iron deficiency anemia. Other symptoms include fatigue, paleness, skin sores, edema, slowed growth, hair loss, anorexia, diarrhea and dermatitis.

Copper aids in the conversion of the amino acid tyrosine into the pigment melanin which gives hair and skin their colors.

Copper is needed to convert thyroid hormone (triiodothyronine or T<sub>3</sub>) into its more active form (Thyroxine or T<sub>4</sub>). Many people suffering from hyperthyroidism have found that copper supplementation has reduced their symptoms, often within hours!

Elevated levels of the "estrogens" tends to increase the absorption of copper, so women with adequate levels of the "estrogens" tend to be protected from heart attacks more than men.

Copper is ***THE*** mineral that actually holds crystals of calcium onto the collagen matrix that makes up bone. Without copper, bone cannot hold on to calcium. Anyone who is diagnosed with osteoporosis must realize that all the supplemental calcium in the world will not rebuild bone unless there is also adequate levels of copper available to hold that calcium in place!

And most importantly, copper is necessary for the production of collagen fibers throughout the body. This activity occurs through the copper-requiring enzyme lysyl oxidase. Lysyl oxidase is involved in the production and in the maintenance and repair of

collagen connective tissue throughout the body. Skin, bones, arteries, in fact, every last nook and cranny of the body is connected by collagen fibers. Copper is a cofactor for the enzyme and is a determinant of its activity in connective tissue. Lysyl oxidase changes certain lysine molecules in collagen strands by adding oxygen in order to form hydroxy-lysine. This makes these sites better able to be crosslinked to other activated areas of other collagen molecules. Lysyl oxidase ceases to function properly in copper deficiency states. Studies clearly show that the synthesis of collagen and elastin can be controlled by controlling the availability of copper.

Zinc and copper have a see-saw relationship in the body. They compete with each other for absorption in the gastrointestinal tract. Copper deficiency can occur due to the overconsumption of zinc in the form of supplements, or through the consumption of tap water that flows through zinc-coated, galvanized iron piping.

It is my personal belief that the introduction of indoor plumbing (with predominantly zinc-coated galvanized iron piping) greatly contributed to the increase in heart disease in the early 1900s and still exerts a negative influence today. Prior to 1900, most people did not have indoor plumbing. Early indoor plumbing utilized iron pipes that were coated with zinc (galvanized). Since both iron and zinc compete for absorption with copper, it is my contention that many people in the early 1900s suffered from severe copper deficiency due to their consumption of tap water laden with iron and zinc residues from the plumbing that supplied water into their homes.

While modern plumbing standards have led most people to replace these zinc-coated iron pipes with copper or plastic pipes, many buildings are still supplied with water that runs through galvanized plumbing. I personally renovated a house in 2005 that had 100% zinc-coated iron water supply pipes.

The problem of mineral imbalances, however, goes much deeper than what kind of plumbing you have in your house. I have found that fewer than one out of a thousand people appreciate the need for balance in their intake of minerals, especially the metallic minerals such as copper, iron and zinc. Many people regularly consume nutritional supplements that contain relatively large amounts of iron or zinc (as supplements to treat anemia or in the form of lozenges to help prevent colds and sore throats) without appreciating the long terms imbalancing effects that these supplements can cause. Millions of people take enormous amounts of calcium without considering the detrimental effect that this has upon the levels of all the other minerals in their system. If you are going to take any mineral supplement, unless you *really* know exactly what you are doing, it is usually best to take a full-spectrum, multi-mineral supplement that provides all of the known minerals in a ratio that is appropriate for your needs.

To summarize, sufficient dietary copper is absolutely, definitely and undeniably necessary for health. In fact, it is necessary for life. How much copper do YOU consume on a daily basis?

So, has your medical doctor every spoken to you about the importance of copper in regards to the health of your heart? Yeah, I didn't think so!

All of the information in this chapter is available in any nutrition textbook. It is available in your local library. It is available on the internet. I suggest that you ask your medical doctor to explain the importance of copper in regards to cardiovascular health and observe their answer closely. The lies that you will hear are just another way for you to determine that...

**YOUR DOCTOR IS A LIAR!**

**CAUTION:**

Approximately one out of every 30,000 individuals are born with a genetic defect that inhibits their body's ability to excrete copper. This is known as Wilson's Disease. If you have Wilson's Disease, then please realize that you have, in some respects, a blessing, in that you most likely do not have to worry about the cardiovascular weaknesses that are caused by copper deficiencies because your body most likely has copper levels that are too high. People with Wilson's Disease usually must do everything possible to reduce their copper intake and should enjoy the copper rich foods listed on the next few pages with appropriate caution.

<u>Food</u>	<u>Serving Size</u>	<u>Amount of Copper</u>
Beef liver	3 ounces	3.80 mg
Oysters, raw	6 medium	3.74
Oyster, breaded & fried	3 ounces	3.65
Lobster, cooked	3 ounces	1.65
Shiitake mushrooms	1 cup	1.30
Semi-sweet chocolate candies	1 cup	1.18
Alaska King Crab	3 ounces	1.00
Barley, pearled, raw	1 cup	0.84
Chestnuts, roasted	1 cup	0.76
Soybeans, whole, boiled	1 cup	0.70
Baked beans, canned	1 cup	0.64
Cashews	1 ounce	0.63
Buckwheat whole groat flour	1 cup	0.62
Potatoes, baked with skin	1	0.62
Baking chocolate	1 square	0.62
Sunflower seeds	1/4 cup	0.59
Clam	3 ounces	0.59
Chickpeas (garbanzo beans)	1 cup	0.58
Turkey giblets	1 cup	0.57
Navy beans, boiled	1 cup	0.54
Dates, dry	1 cup	0.51
Duck, cooked, meat only	1/2 duck	0.51
Brazil nuts	6-8 nuts	0.50
Lentils, boiled	1 cup	0.50
Hazlenuts (filberts)	1 ounce	0.49
Vegetable juice cocktail	1 cup	0.48
Prunes, stewed	1 cup	0.48
Black-eyed peas, boiled	1 cup	0.46
Wheat flour, whole grain	1 cup	0.46
Walnuts	1 ounce (14 halves)	0.45
Raisins	1 cup	0.45
Lima beans, boiled	1 cup	0.44
Pinto beans, boiled	1 cup	0.44
Kidney beans, boiled	1 cup	0.43
Couscous, dry	1 cup	0.43
Blackstrap molasses	1 Tbsp	0.41
Pumpkin seeds	1 ounce (142 seeds)	0.39
Artichoke, boiled	1 cup	0.39
Spinach, boiled	1 cup	0.39
Oat bran, raw	1 cup	0.39
Pistachios	1 ounce (47 nuts)	0.38
Chicken giblets	1 cup	0.37
Peanuts	1 ounce	0.37
Turnip greens, boiled	1 cup	0.36
Beet greens, boiled	1 cup	0.36

<u>Food</u>	<u>Serving Size</u>	<u>Amount of Copper</u>
Black beans, boiled	1 cup	0.36 mg
Split peas, boiled	1 cup	0.36
Sweet potato	1 cup	0.35
Pecans	1 ounce (20 halves)	0.34
Almonds	1 ounce (24 nuts)	0.32
Asparagus, boiled	1 cup	0.31
Miso	1 cup	0.30
Coconut meat	1 cup	0.29
Pine nuts (pignolia)	1 ounce	0.29
Red raspberries, frozen	1 cup	0.26
Pumpkin, canned	1 cup	0.26
Pineapple, canned in syrup	1 cup	0.26
Grapefruit juice concentrate	6 ounce can	0.24
Sesame butter (tahini)	1 Tbsp	0.24
Shrimp, breaded	3 ounces	0.23
Mango	1	0.23
Sauerkraut	1 cup	0.23
Pineapple juice	1 cup	0.23
Green peas, boiled	1 cup	0.22
Hamburger, double patty	1 fast food	0.22
Kolhrabi, boiled	1 cup	0.22
Parsnips, boiled	1 cup	0.22
Carrots, boiled	1 cup	0.21
Cocoa, dry unsweetened	1 Tbsp	0.21
Kale	1 cup	0.20
Blackberries, raw	1 cup	0.20
Apricots, canned in syrup	1 cup	0.20
Rice, wild, boiled	1 cup	0.20
Smoked salmon	3 ounces	0.20
Rice, long grain brown, cooked	1 cup	0.20
Squash, cooked	1 cup	0.20
Tofu	1/4 block	0.19
Peanuts	1 ounce (28 peanuts)	0.19
Oat bran muffin	1	0.19
Pear	1	0.19
Apricot nectar	1 cup	0.18
Okra, cooked	1 cup	0.18
Prune juice	1 cup	0.17
Milk chocolate with almonds	1 bar (1.45 ounce)	0.17
Swordfish	3 ounces	0.17
Cherries, red tart sour	1 cup	0.17
Mung beans, sprouted	1 cup	0.17
Pineapple, fresh	1 cup	0.17
Milk chocolate	1 bar (1.45 ounce)	0.17
Grapefruit, sections	1 cup	0.17



**Chapter 18**

**So, What Should I Do?**

### IT'S A JOKE...

A man walks into an ear, nose and throat doctor's office with a cucumber up his nose, a carrot in his left ear and a banana in his right ear. He says to the doctor, "Doc, I don't feel well. What's wrong with me?"

After careful examination, the doctor replies, "You're not eating properly!"

• • •

Eating at a seafood restaurant, a man starts choking on a fish bone. His face grew redder and redder as he struggled to breathe while the other patrons only watched, not knowing what to do. Finally, a man rushed over and said "I'm a doctor, let me at him."

The doctor performed the Heimlich maneuver and the bone shot out of the man's mouth.

"Thank you, thank you" said the man. "I owe you my life. How can I repay you?"

The doctor replied, "I'll settle for half of what you would have paid me five minutes ago when you were choking!"

The information that enables a human being to be healthy is actually quite simple to understand. This chapter contains my personal observations about what is good for human health. It is not only about food. Health involves the entire person. Full, complete health involves nutrition, emotion, environment, posture, love, friendship, community, life purpose and much much more. I am not perfect, but I do my best to follow the guidelines explained in this chapter. It works for me, and it works for others. It will work for you also, but you have to try.

### **FIRST AND FOREMOST**

Stop taking drugs. Completely. No illegal drugs. No legal drugs. No prescription drugs. No over the counter, non-prescription drugs. No aspirin. No drugs of any kind. PERIOD. Clean out your medicine cabinet and throw them all away. I hate to admit it, but Nancy Reagan was right: “Just say NO!” Drugs are poison!

Somehow, some way, the medical and pharmaceutical industries have managed to convince you to swallow poison (drugs) in the pursuit of health. Absolutely nothing could be more absurd.

### **STOP TAKING DRUGS!**

*“I’m a big believer in, if man makes it, don’t eat it - cakes, pies, ice cream, fries, soda pop, that’s what’s killing people. Would you get your dog up in the morning and give him a cup of coffee, a cigarette and a doughnut? You’ve got to eat more natural foods in their natural state... Your canned stuff, fried stuff, most of your vegetables are picked green, then stored. I eat fish seven days a week. You’ve got to have some protein, whether it’s a steak or a lamb chop or chicken or turkey.”*

*Jack LaLanne*

**DIET**

Stop eating refined vegetable oils. No canola oil. No soybean oil. No corn oil. No cottonseed oil. Stop eating processed foods that contain these processed oils. Read labels! Stop eating margarine. Stop eating anything and everything that contains shortening, hydrogenated or partially hydrogenated oils. These processed, man-made, artificial toxic oils and fats are literally poisons! NO MORE trans fatty acids! You do need one-third of your calories from healthy, extra virgin, unrefined oils, but if the oil you use does not say unrefined or extra virgin, then it is a health disaster! Consume natural, real foods (seeds, nuts, fish, meats, eggs) that do naturally contain oils and fats. Do use butter, extra virgin coconut oil and unrefined macadamia nut oil for cooking purposes, but never, ever overheat any oil.

Stop eating sugar. Completely. No candy. No table sugar. No soda. No maple syrup. No high fructose corn syrup. No concentrated fruit juice or fruit juice cocktail. No “energy” bars.

Don't eat anything that contains artificial sweeteners. Saccharin is a known carcinogen. Aspartame (NutraSweet) has generated more adverse reaction complaints to the FDA than any other substance in history. When aspartame is metabolized by the body, it is broken down into wood alcohol (methyl alcohol) and formaldehyde! Mmmmm. Yummy! The latest poison to be promoted as a sugar replacement is sucralose (Splenda). Sucralose is literally a molecule of glucose (sugar) that has three atoms of chlorine attached to it. Avoid these artificial compounds like the plague! Learn to appreciate flavors other than sweet. You also have taste buds for sour, salty, bitter and spicy on your tongue. Why don't you put them to work?

Don't eat anything that contains artificial colors. Many artificial colors are made from petrochemicals or coal derivatives.

*“Is our 20th century lifestyle so bad that we are literally killing ourselves? Perhaps. There is our (SAD) Standard American Diet . Less than 25% of us get the recommended 5 servings of fruits and vegetables a day that protect against heart disease. Even worse, 25% of the ‘vegetables’ we do eat in America are french fries! Low fiber is a big problem, despite all the media attention. The typical American eats less than 1/3 of the daily fiber recommended for cardiovascular health! There’s our sedentary lifestyle. Lack of exercise makes us a wide open target for heart disease. Regular moderate exercise cuts the risk for heart attack and stroke almost in half. New statistics from the National Institute of Health show an astounding 58% of adult Americans get no exercise at all! Americans are ‘stressed out’. Chronic stress is a part of the American lifestyle. Most Americans feel overwhelmed. Financial or work related stress is common. A recent survey finds over 25% of baby boomers (at the peak of their careers and earning power) still feel out of control in their lives. Chronic stress causes coronary arteries to constrict and blood pressure to soar. It’s is no wonder our hearts are about to explode!”*

*Linda Page, N.D.  
Author of “Healthy Healing”*

Eat ORGANIC. Eat only ORGANIC. (Unless you like pesticides!)

Eat FREE RANGE and WILD HARVESTED meats.

Drink only purified water.

I’m sure that I have lost most of you already.

Stop eating processed wheat. Completely. No bread, no bagels, no muffins, no toast, no buns, no croissants, no scones, no brownies, no cookies, no cake, no crumpets, no brioche, no crackers, no french toast, no pancakes, no pie, no noodles, no pasta in any form, no spaghetti, no macaroni, no ziti, no lasagna, no ravioli, no linguini, no pizza, no biscotti, no croutons, no dinner

rolls, no breakfast cereal. No breakfast bars. NO PROCESSED WHEAT OF ANY KIND.

Stop eating white rice and stop eating white rice that has been dressed up to look like it isn't white rice.

Stop eating processed corn products.

**I am positive that I have lost 99.99% of everyone at this point.**

The way in which you cook your food matters a lot!

Stop eating anything that has been fried. No potato chips. No corn chips. No french fries. No fried chicken. No fried green tomatoes. No deep fried mozzarella sticks. No fried zucchini. No fried fish. No fried onion rings. No popcorn popped in oil.

Don't eat anything that has been subjected to cooking temperatures that exceed the boiling point of water. No grilling. No barbeque. No roasting. No baking. Never, never, never microwave any food. Never, ever use aluminum cookware. Aluminum has been implicated in numerous ailments, including cancer and Alzheimers. Never ever use teflon cookware. Toxic chemicals used in the production of teflon have been shown to cause cancer in humans. Have you ever had a teflon frying pan that had degraded to the point where much of the teflon had fallen off? Where do you think that the teflon went? It went into your belly or your family's belly! Ideally, make use of glass or copper cookware.

Go to your kitchen. Empty out the fridge. Empty out the pantry. Empty out all of the cupboards. Look at the ingredient list on each package. Please remember that Mother Nature only makes one food at a time. If the package lists more than one ingredient, then throw it away. It is not food. It is a manufactured product that does not exist in nature. It was not designed by Mother Nature to

nourish your body. It was designed by man in order to earn a profit by appealing to your taste buds.

What does that leave you may ask?

It leaves only about 100,000 ways to prepare dozens of cuts of meat from dozens of types of free-range animals. It leaves thousands of types of organically grown whole vegetables, roots, fruits, seeds, nuts, WHOLE, UNPROCESSED grains, herbs and spices.

Eat some foods that contain the building blocks of COLLAGEN and ELASTIN. In other words, eat some protein. Eat some plain, unsweetened, naturally flavored gelatin. Make a gelatin dessert. Put it in your soup. Put it in your stew. Put it in your coffee or tea.

Eat some foods that contain CHOLESTEROL.

Eat some foods that contain VITAMIN C. Eat a lot of foods that contain Vitamin C. Take a lot of Vitamin C supplements. Do the VITAMIN C Fill 'er Up Routine as often as possible.

Eat some foods that contain COPPER. Take a copper supplement every day. Never take a mineral supplement (especially one containing iron or zinc) unless it also contains copper.

EAT BREAKFAST. Make breakfast the largest, most important meal of the day. Teach yourself and your family to gather together every morning at the gas station of your breakfast table in order to fuel up for the day ahead. NEVER, NEVER, NEVER leave your house in the morning running on empty. Would you ever head out on a long trip in your car without first stopping to fill up your gas tank? Don't leave home in the morning without a good, balanced meal in your belly.

There is an old saying that says people should...

**EAT BREAKFAST LIKE A KING  
EAT LUNCH LIKE A PRINCE  
EAT DINNER LIKE A PAUPER**

Our civilization's social structure seems to revolve around eating and drinking at night. This is stupid. Do you fill up your car's gas tank before you put it in the garage for the night? No. So why do you fill up your body's fuel tank before you go to sleep? Oriental medical practice clearly dictates that the stomach system is most active and has the most energy from 7-9 in the morning and it also says that the stomach system is least active and least energized from 7-9 at night. It makes absolutely no sense whatsoever to skip breakfast and run on empty all day long. It makes absolutely no sense whatsoever to eat a huge dinner just before you are planning upon going to sleep. Learn to put fuel into your body just before you are going to engage in some form of activity that will use that fuel.

Only eat when the sun is up. Never eat after the sun has set.

Follow a rotation diet. This means that you should NOT eat the same food day after day after day. Get a variety of foods. Too much of even a good thing is no longer a good thing. If you eat a specific food today, put it on the bottom of your list of things to eat in the future. Look at the lists that I have provided and select from the thousands of foods that are available in this world. Eat something different. Then put that food on the bottom of your list of foods to eat. Go eat something new.

It is impossible to correct a problem by continuing the habit that created the problem in the first place. It is impossible to correct a nutritional deficiency if you insist upon continuing to eat only the same deficient foods that created the deficiency in the first place.

*“There are no new truths, but only truths that have not been recognized by those who have perceived them without noticing. A truth is something that everybody can be shown to know and to have known, as people say, all along.”*

*Mary McCarthy*

If your body only receives the same foods over and over and over, then eventually a nutritional imbalance will set in. It may take months or it may take years, but it will happen. Avoiding this is simple. Start by eating as many different, real, whole, natural, organic and free-range foods as possible. Make sure that your body gets the widest possible variety of nutrients and make sure that it doesn't get too much of any one thing.

Take a multi-vitamin supplement.

Take a multi-mineral supplement.

Take a multi-oil supplement.

Every day.

And finally, dramatically decrease the volume and increase the nutritional quality of everything that you eat. Numerous studies in animals and humans clearly show that longevity and quality of life drastically improve when you restrict calories by at least one-third.

**I know that by now I have lost EVERYONE.**

That's okay. I honestly do not care if you don't follow my lead. Just because I haven't had to visit any kind of doctor for 25 years doesn't mean that you have to listen to me. Just because I don't catch "colds" and I don't suffer from any kind of pain doesn't mean that you have to be free of these ailments. I have chosen to be

healthy for the remainder of my natural life by understanding my body and by cooperating with Mother Nature. You should certainly feel free to ignore my suggestions. We live in a country that guarantees you the right to go to the doctor as often as you wish and gives you the opportunity to take all the drugs, have all the surgeries and suffer from all the diseases that you create by all of your bad habits. Just remember though, that it is by your own choice that you ignore these suggestions. It is merely a matter of time before the imbalance and the monotony in your diet will manifest itself as some form of disease in your body. With freedom comes responsibility, so please, blame yourself for the diseases that will inevitably result from your bad choices.

## EMOTIONS

Explore the world of flower essences and the concept of the mind body connection. Read books that have been written by Edward Bach (*Heal Thyself*), Louise Hay (*You Can Heal Yourself*), Karol Truman (*Feelings Buried Alive Never Die*), Ken Dychwald (*BodyMind*) and others. Rent the movie *What The Bleep do We Know?* Realize that your feelings and emotions are clearly reflected in the condition of your physical body.

Pursue your life's dream. THIS IS PRIMARY! In order to be healthy, you must first be emotionally happy. In order to be happy, you must see, at least, the opportunity to pursue the purpose of your life here on earth. In order to pursue your life's purpose and obtain happiness from that pursuit, you must first know what it is that you are pursuing! Take a minute to look at your own problems from a healthier perspective. Whatever is happening in your life is not all that bad. Give a dollar to the next struggling person that you pass on the street just because you can. Realize that absolutely all of your emotional and/or physical issues pale in comparison to the struggles that others are enduring. Good or bad, this too shall pass.

## ENVIRONMENT

Get an air purifier for you bedroom, your bathroom, your kitchen, your living area, your car and your workplace. As bad as our outdoor air is, indoor air pollution is a far, far greater danger.

Check your house for electromagnetic fields. Don't live anywhere near high voltage transmission lines. Limit your use of electrical and electronic equipment. Unplug every piece of equipment when it is not in use. Don't sleep anywhere near an electrical device, even if it is on the other side of one of your bedroom walls in another room. The electromagnetic field easily passes through walls.

Look through your bathroom, kitchen, pantry, garage, basement, attic and all other storage areas. If you find ANYTHING, and I mean EVERYTHING, that you would not feed to your child, then it should be thrown away. If you find body care products that are not safe enough for your child to eat, then you should throw them away. Throw away your fluoride toothpaste. There is a warning right on the tube that it is poisonous. Teeth contain a miniscule amount of calcium fluoride. The sodium fluoride in toothpaste is also used as rat poison. It is sheer insanity to use fluoride toothpaste. If you find cleaning compounds that are not safe enough for your child to eat, then you should throw them away. If you find laundry cleaners that are not safe enough for your child to eat, then you should throw them away. Paints. Petroleum products. Auto products. If they are not safe enough to eat, then they are toxic. If these products are in your home and you use them, then you are absorbing them into your body, so you might as well be eating them. **THROW THEM ALL AWAY!**

While you are going through all of your stuff, get a couple dozen boxes and start filling them up with the things that you haven't used (or even seen) for years. Have a yard sale. Donate them to

charity. Throw stuff away. Clean out all the old, stale stuff that is clogging up your life. Don't live in a home that has wall-to-wall artificial carpeting. Brand new carpeting gases off all kinds of toxic, poisonous chemicals, and old carpeting is a breeding ground for fungus, mites and countless other negative influences on your health. Natural wood, ceramic tile or stone floors with washable area rugs are much better options.

## **MENTAL**

Observe your own thoughts. For that matter, start having your own thoughts. Stop blindly accepting the thoughts that are spoon fed to you by others in the media, government, education, medical and religious establishment.

Throw away your television. Throw away your radio. Throw away most of the music that you have collected over the years and only keep the music that provides positive messages. Stop reading commercial media such as newspapers, magazines, etc. Go to your local library and read some of the classics.

Put down the PlayStation and your X-Box! Disconnect the TiVo! Take the batteries out of the remotes! Call the satellite company and tell them to take back their dish! Play catch with your kids instead watching someone else playing sports. Go see a live theatrical performance.

Go for a walk to clear your mind. Strike up a conversation with a human being. Learn the names of your neighbors. Get a massage. Relax. Take a breath. Go to a yoga class. Go to many. Rub your dog's belly. Play with your child. Make love with your spouse. Smile. Go soak in a jacuzzi, or rest in a sauna or at least take a hot bath. Go to sleep soon after the sun sets. Wake up when it rises.

## **LEARN**

Learn how to tell a joke and tell many. Learn a new language, or at least a few words. Learn how to play a new musical instrument. Learn a new dance. Learn a new route to work. Go to a different restaurant and order something different so that your tastebuds can learn a new taste. Go to a florist and teach your nose how to smell a new smell. Travel to somewhere on this earth that you have never been and explore. Walk into a different church and ask someone to help you learn about their religion.

Take the time to obtain and actually read the books on the recommended reading list at the end of this book, especially those marked by an asterisk. They will help you immensely in developing a natural, real outlook towards health, an outlook that addresses CAUSES, not symptoms.

## **POSTURAL**

Stand up straight. Look in the mirror. From either side, your ear, your shoulder, your hip, your knee and your ankles should all fall along a vertical line. Is your head screwed on straight? Or does it tip to one side? Has the stress of working on the computer, at a desk or behind the wheel of a car caused your head to begin to fall forward? Are you twisted or torqued in any direction? If you are out of alignment, then you are expending an enormous amount of energy fighting gravity every minute of every day.

Look closely at yourself. Get someone else to take a picture of you if all of you doesn't fit in your mirror. Work on tightening up the muscles that are too loose and work on relaxing the muscles that are too tight. You don't need any equipment. All you need is balance.

## PHILOSOPHICAL

The most important thing that you can do to improve your health is to realize that your health is your responsibility. You have to understand and accept that it is your responsibility to know your own body better than anyone else.

In the 1800's, I.P. Semmelweis discovered that the cause of child-bed fever was the failure of doctors to take the simple precaution of thoroughly washing their hands before going from the autopsy table to the delivery room. For fifty years, doctors simply refused to accept the radical notion that their own dirty hands could be the vehicle that spread disease and suffering. Semmelweis was hounded as a charlatan and a quack and forced into an insane asylum where he died in 1865. The point of the story is that you should stop looking to your doctor for answers. Medical doctors do NOT heal. Quite to the contrary and by definition, medical doctors CAUSE diseases on purpose. Doctors slow the process of healing by treating symptoms with poisonous drugs which inhibit your own body's response to the true CAUSE of your problem. Unfortunately, doctors do not seem to remember the teachings of the so-called father of medicine, Hippocrates, who said: "First and foremost, do no harm."

**If you truly want to be healthy, then you should never, never, never, never voluntarily employ the services of a medical doctor! Period! No exceptions!**

*"A new scientific truth does not triumph by convincing its opponents and making them see the light, but rather, because its opponents eventually die and a new generation grows up that is familiar with it."*

*Max Planck*

Medical doctors do not know anything at all about how to help you maintain or restore good health. In this regard, absolutely all medical doctors are liars! I know that this sounds harsh, but I stand by my statement. Medical doctors, by definition, by tradition and by law, are only allowed to and only know how to prescribe poisonous drugs in a vain attempt to cause new symptoms in order to divert your body's attention away from the main problem. Absolutely everything that they do only addresses the symptoms, the effects of your situation. They never deal with CAUSES. Absolutely nothing that they do is natural. Absolutely nothing that they do builds and strengthens health. The practice of medicine does not heal! NOT EVER. **In fact, medical doctors murder more than 100,000 people each and every year in America with their properly prescribed prescription drugs!** In the humble opinion of this author, I believe that if you ever go to see a medical doctor then you are either an ignorant fool or you have been hypnotised by a very convincing, smooth-talking drug pusher, or both.

*“Since the days of revelation, the same four corrupting errors have been made over and over and over again: Submission to faulty and unworthy authority; Submission to what it was customary to believe; Submission to the prejudices of the mob; and worst of all: Concealment of ignorance by a false show of unheld knowledge, for no better reason than pride.”*

*Roger Bacon*

If you truly wish to be healthy then you need to start looking at your life. You need to start looking for CAUSES! Take a good hard look at all of your options. Look for possible CAUSES of your health concern and eliminate or alter those CAUSES. Look at every possible avenue (physical, emotional, chemical, environmental, postural, electromagnetical, societal and more) and

do a little something in each category. It is not too late for you to begin to learn about your body. It is not too late to stop thinking about “risk factors” and start thinking about CAUSES. It is time for you to stop thinking about drugs and start learning about food and nutrition.

Find a QUALIFIED nutritionist, acupuncturist, chiropractor, herbalist, homeopathic or naturopathic health practitioner to guide you, to teach you and to be there for you to lean on until you get the hang of caring for yourself.

### **IT IS NEVER TOO SOON TO LEARN THE TRUTH!**

*“Those who manipulate data do not appreciate that understanding the nature of things cannot be permanently distorted - the true explanations cannot be permanently ignored. Inexorably, truth is revealed and deception is exposed... In due time truth will come out.”*

*George Mann*

*(Former professor of medicine at Vanderbilt University)*

Whatever your health problem may be, it has a CAUSE. If you continue in all of your habits, then the results of those habits will continue to manifest. If you change your habits, your results will change, as will your health and your life.

What doctors call symptoms are merely the EFFECTS of the CAUSES that you have created by all of your CHOICES.

Everything has a CAUSE.

Stop treating symptoms.

**Change the CAUSES!**

**Create a new life for yourself.**

**CHOOSE DIFFERENTLY!**

**The poisonous drugs that are recommended by pharmaceutical companies clearly do not address the CAUSE of heart disease! Heart disease is not caused by a deficiency of statin drugs in our diet!**

**CHOLESTEROL DOES NOT CAUSE HEART DISEASE, AND LOWERING YOUR “CHOLESTEROL” LEVELS BY TAKING DRUGS DOES NOT ADDRESS THE CAUSE OF HEART DISEASE!**

**The diets that are recommended by the American Medical Association, by the American Heart Association, by the United States Department of Agriculture and by your doctor are not designed to address the CAUSES of heart disease. These diets are improperly designed to either “manage your risk factors” or to placate food manufacturing companies. This is both stupid and criminal! Their diet recommendations are deadly! It is stupid to attempt to consume a diet that is designed to “manage your risk factors” while ignoring the CAUSE of your problem!**

**It is my assertion that heart disease is primarily CAUSED by many of the things that are unique and different about our modern life. Please ask yourself: What do you do differently than people did two hundred years ago before heart disease was so widespread? Two hundred years ago, people did not eat refined vegetable oils. They did not eat hydrogenated and partially hydrogenated vegetable oils. Human beings did not eat 150 pounds of processed sugar every year!**

**People ate food that was 100% organic! Think about it. There were no chemical pesticides. Absolutely everything, animal and vegetable, was grown completely organically! What a wild, New Age concept! They ate meat. They ate butter. They did not consume artificial flavors, artificial colors and artificial sweeteners. They did not consume artificially created, un-natural pharmaceutical drugs.**

**THE way to avoid heart attacks is simple. Avoid the poisonous, non-nutritious chemicals that man has introduced since 1900.**

**Don't ask your medical doctor for a pharmaceutical or surgical solution because, they make their money by selling you the very types of artificial chemicals that cause health problems!**

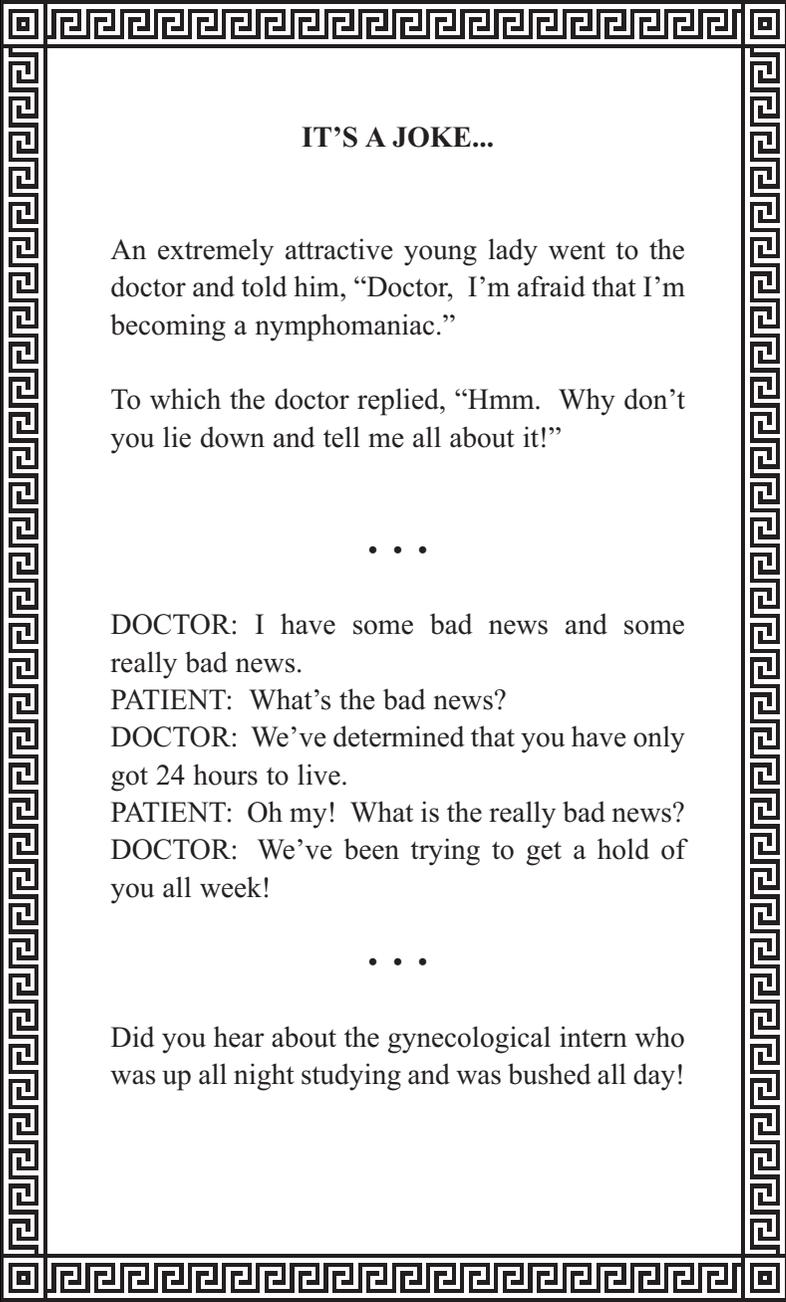
**If you have read this far, you certainly must know by now...**

**YOUR  
DOCTOR  
IS  
A  
LIAR!**



**Chapter 19**

**Recommended Reading**



### IT'S A JOKE...

An extremely attractive young lady went to the doctor and told him, "Doctor, I'm afraid that I'm becoming a nymphomaniac."

To which the doctor replied, "Hmm. Why don't you lie down and tell me all about it!"

• • •

DOCTOR: I have some bad news and some really bad news.

PATIENT: What's the bad news?

DOCTOR: We've determined that you have only got 24 hours to live.

PATIENT: Oh my! What is the really bad news?

DOCTOR: We've been trying to get a hold of you all week!

• • •

Did you hear about the gynecological intern who was up all night studying and was bushed all day!

I have personally read thousands of books. I have found the following books to be of specific value in helping me to understand the basics of human health. I commend the authors of these books for the wonderful contributions that they have made, and I strongly urge you to read these books as soon as possible. (Especially the books followed by a “\*\*\*\*\*”).

***Heal Thyself* \*\*\*\*\***

by Edward Bach  
ISBN 0-85207-301-1

***Sugar Blues* \*\*\*\*\***

by William Dufty  
ISBN 0-446-34312-9

***Why Animals Don't Get Heart Attacks... But People Do!* \*\*\*\*\***

by Matthias Rath  
ISBN 0-9679546-8-1

***The Cholesterol Myths* \*\*\*\*\***

by Uffe Ravnskov  
ISBN 0-9670897-0-0

***Protein Power* \*\*\*\*\***

by Michael R. Eades & Mary Dan Eades  
ISBN 0-553-57475-2

***The Cholesterol Conspiracy* \*\*\*\*\***

by Russell L. Smith  
ISBN 0-87527-476-5

***Heart Frauds* \*\*\*\*\***

by Charles T. McGee  
ISBN 0-941599-56-6

***Lipitor, Thief of Memory* \*\*\*\*\***

by Duane Graveline

ISBN 0-7414-1881-9

***The Cholesterol Controversy* \*\*\*\*\***

by Edward R. Pinckney, M.D., and Cathey Pinckney

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and that is an idea whose time has come.”*

*Victor Hugo*