

The Great Cholesterol Scam

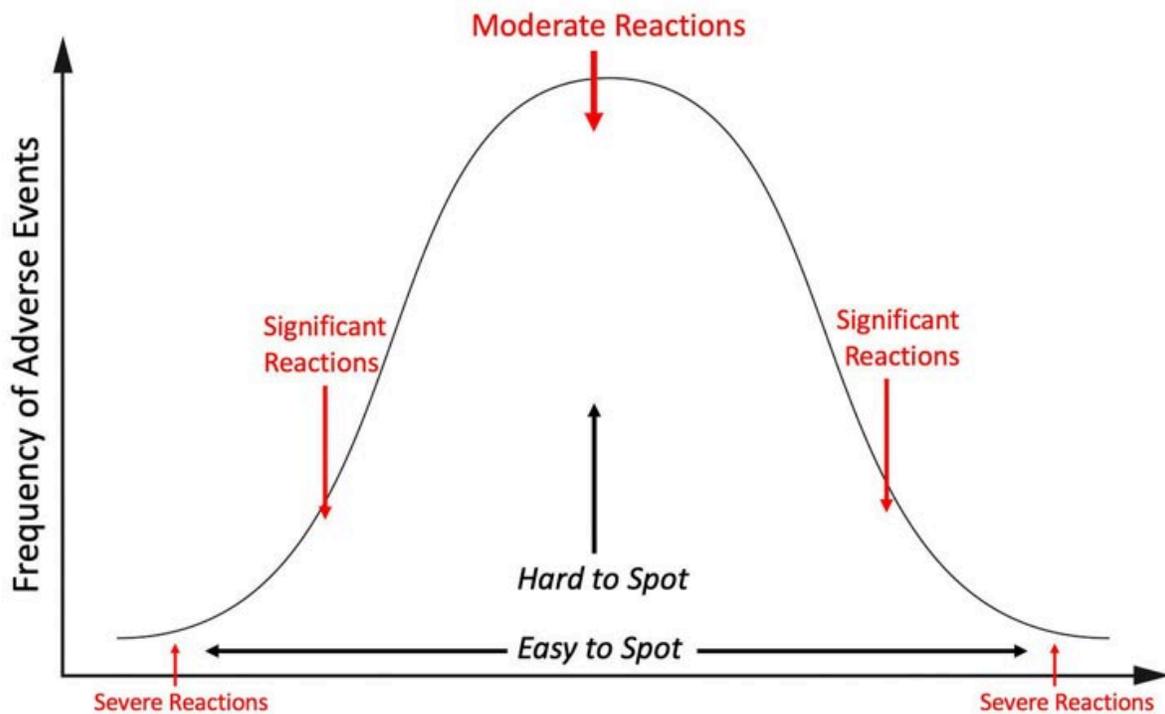
BRIEF SYNOPSIS OF THE ARTICLE

- › The primary approach to treating heart disease is to prescribe costly cholesterol-lowering statins (to the point over a trillion dollars have now been spent on them). Unfortunately, these highly toxic drugs have minuscule benefits (e.g., at best taking them for years extends your life by a few days)
- › Statins are also one of the most frequent causes of pharmaceutical injuries (e.g., they are notorious for causing muscle, nerve, or liver damage and significant cognitive impairment). This is because statins work by blocking the body's production of various essential nutrients
- › Many of these failures can be explained by the fact there is very little evidence cholesterol actually causes heart disease. Rather, heart disease results from (cholesterol containing) atherosclerotic blood clots accumulating at the sites of past injuries to the blood vessels
- › In this article, we will review the dangers of statins, the actual causes of heart disease, and how this knowledge can be integrated to develop a healthy approach to cardiovascular health

Medicine depends upon recurring sales to large markets. In turn, as comedian Jimmy Dore shows, the War against Cholesterol and the relentless promotion of statins is one of the most harmful things the medical industry has done to America:

The Statin Damage Crisis

Less severe reactions to a toxin are much more common than severe ones. Because of this, if you see a cluster of severe reactions, it indicates that far more, less severe reactions are occurring as well.



Likewise, if you see a large number of less severe reactions to a pharmaceutical, you can predict far more severe injuries are lurking in the background. In turn, available data shows **statins injure roughly 1 in 5 recipients**, most frequently with:

- Muscle damage (e.g., muscle pain and inflammation)
- Fatigue (especially with exertion and exercise)
- Diabetes (particularly in women)
- Liver dysfunction and failure

Likewise, even more severe injuries can also occur far too frequently such as:

- Psychiatric and neurologic issues such as depression, confusion, aggression, and memory loss
- ALS-like conditions and other central motor disorders (e.g., Parkinson's disease and cerebellar ataxia)

Note: A more detailed list of statin side effects can be found [here](#).

Sadly, effective marketing has made the medical profession remarkably resistant to acknowledging these frequent side effects of statins.

Statin Neurotoxicity

"Many statin victims say that abruptly, almost in the blink of an eye, they have become old people." — Duane Graveline MD⁴²

Dr. Graveline awoke to this issue after being started on a statin and then developing global amnesia (which is really scary) which disappeared once he stopped the statin.⁴³

"When I suggested, on the basis of my 23 years as a family doctor, that perhaps my new medicine was the cause of my amnesia, the neurologist replied, almost scoffingly, that 'Statins do not do that.' He and many other physicians and pharmacists were adamant that this does not occur."

Eventually, he was persuaded to try again.

"The year passed uneventfully and soon it was time for my next astronaut physical. NASA doctors joined the chorus I had come to expect from physicians and pharmacists during the preceding year, that statin drugs did not do this and at their bidding I reluctantly restarted Lipitor at one-half the previous dose.

Six weeks later I again descended into the black pit of amnesia, this time for twelve hours and with a retrograde loss of memory back to my high school days."

Later he discovered:

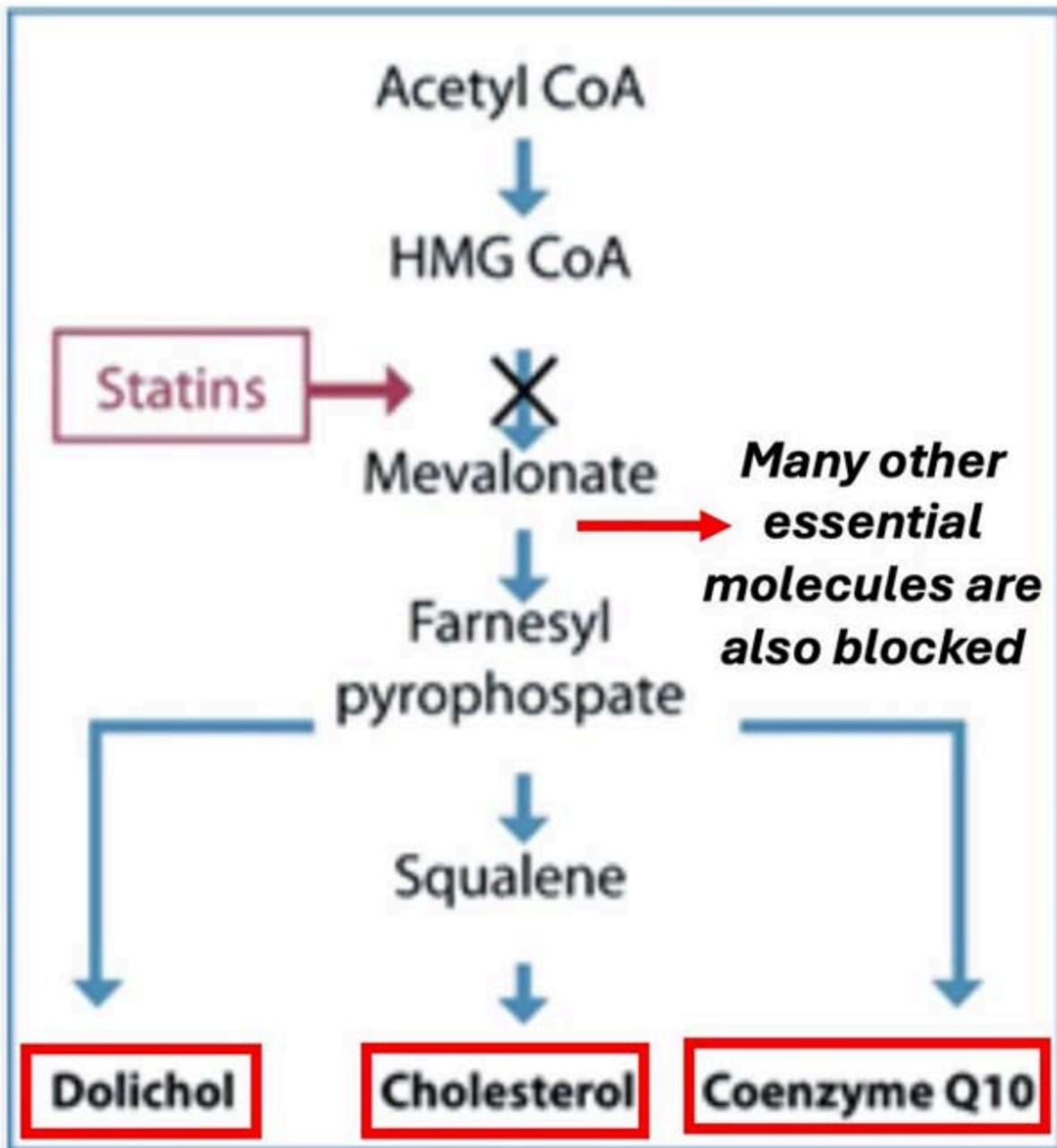
"Perhaps stockholder loyalty explains why Pfizer management knew over a decade ago, during the first human use trial of Lipitor, of the cognitive impact to come when Lipitor was released to the public. Of their 2,503 patients tested with Lipitor, seven experienced transient global amnesia attacks and four others experienced other forms of severe memory disturbances, for a total of 11 cases out of 2,503 test patients.

This is a ratio of 4.4 cases of severe cognitive loss to result from every 1000 patients that took the drug. Not one word of warning of this was transmitted to the thousands of physicians who soon would be dispensing the drug."

Because of this and other debilitating long-term complications (e.g., previously an extremely fit individual, he developed chronic exhaustion), Graveline became an expert on statin injuries and, in 2014, wrote "The Statin Damage Crisis," a book which explains why these drugs are so dangerous.

Why Statins Are Harmful

Statins work by inhibiting an easy to target enzyme that is necessary for the production of cholesterol. Unfortunately, blocking that enzyme disrupts a variety of other vital physiologic processes. Let's review what that enzyme does:



Since each of these enzymes is essential for the body, many problems can ensue.

Note: Some of the other affected biomolecules include nuclear factor-kappa B, tau proteins, and selenoproteins.

Cholesterol

Cholesterol has a few different essential functions in the body. These include:

- It is the precursor to many different hormones.

- The brain's synapses (which, amongst other things, form memories) require cholesterol to function. Since cholesterol is too big to enter the brain, glial cells (support cells of the nervous system) synthesize it within the brain. Statins, unfortunately, inhibit glial cell production of cholesterol.
- Cognition is highly dependent upon cholesterol. For example, one study found that minor cognitive impairment could be detected in 100% of statin users if sufficiently sensitive testing was done (again illustrating how minor injuries are more common than severe ones). Likewise, a variety of more severe adverse effects on cognition are also observed:

"A patient's rapid descent into dementia after a statin is started is much too often written off by their doctor as senile brain changes or beginning Alzheimer's when the real culprit is their statin."

Note: One of the sadder side effects we have frequently observed from the COVID-19 vaccines **has been a rapid cognitive decline in the elderly** (who cannot often advocate for themselves). When this happens, like statin brain damage, it is always assumed to be due to "their age" and ignored.

Numerous studies have also found a significant association between low or lowered cholesterol levels and violence. Likewise, statin dementia is often characterized by aggression.

Finally, one of the most concerning side effects of statins is their tendency to cause ALS (a truly horrible rare disease – curiously **also seen in association with the COVID-19 vaccines**). This correlation is further supported by many reports of statin ALS improving once the statin is stopped.

CoQ10

CoQ10 is an essential nutrient that both the mitochondria (which power the human body) and the stability of our cell walls depend upon. CoQ10 deficiency caused by statins is generally considered the most common cause of their side effects. This is

really sad because those side effects could have been prevented if CoQ10 had been given with the statin. Unfortunately, this is unlikely ever to happen, as doing so would be equivalent to an admission statins could cause harm.

Note: *This analogous to the odds of a severe childhood vaccine injury being proportional to how many are taken at the same time (which I believe is due to a critical threshold being passed that initiates observable microstrokes throughout the body). Yet, anytime someone proposes spacing vaccines to reduce this risk, they are vehemently attacked (as it is tantamount to an admission vaccines are not 100% safe).*

Some of the common energy-related side effects of statin CoQ10 deficiency include:

Mitochondrial damage	Lack of energy	Chronic fatigue syndrome
Congestive heart failure and fluid retention	Shortness of breath	Gout

Some of the side effects of statin CoQ10 deficiency weakening cell wall integrity include:

- Pancreatitis
- Rhabdomyolysis (rapid breakdown of skeletal muscle tissue)
- Tendon and ligament inflammation and rupture
- Hepatitis

Note: *Remarkably, Dr. Graveline shared that once statins began frequently causing liver damage, this was "addressed" by the enzyme threshold needed to diagnose liver damage being significantly raised.*

Two of the most common consequences of statins CoQ10 depletion are myopathy (muscle pain, tiredness, weakness, and cramps) and peripheral neuropathy (numbness, tingling, or burning sensations, particularly in hands and feet).

Although myopathy is the most commonly reported side effect of statin usage, much of it (e.g., myositis) goes undetected. This is because the symptoms are often not accompanied by blood work showing muscle enzyme elevations and can only be detected by biopsies (which are rarely done relative to blood work).

One of the sadder things about statins is how aggressively they are pushed on diabetics (under the logic that since diabetics have an increased risk of heart disease, it is critical they take a statin to prevent them from having a heart attack). To highlight the absurdity of this, statins are well known to significantly increase your risk of diabetes (multiple studies have found this), which I suspect is again due to them impairing mitochondrial function.

Similarly, peripheral neuropathy is a condition diabetics are well known to be at a high risk of. In one study, it was found that the risk of neuropathy (e.g., burning pain with tingling or numbness of the extremities) was increased by 14 to 26 times (depending on the type) for long-term users of statins. Likewise, other nerve issues, such as neurodegeneration, can be caused by statins.

***Note:** In addition to preventing adverse effects from statins, CoQ10 is also one of the more helpful supplements for preventing heart disease.*

Nuclear Factor-Kappa B

The small cardiovascular benefit from statins may come not from lowering cholesterol but from their anti-inflammatory properties, as they inhibit NF-kB, a key immune system component involved in inflammation (which causes heart disease). Statins also lower C-reactive protein, another inflammatory marker. However, by suppressing the immune system, they may reduce protection against infections and increase cancer risk.

For example, a Japanese study found that 13.3% of lymphoid cancer patients had been on statins, compared to only 7.3% of non-cancer patients. In the PROSPER trial (a major statin study), while statins slightly reduced heart attack deaths, they were linked to a significant rise in cancer deaths, effectively neutralizing the cardiovascular benefit.

Including nonfatal cancers, the difference between the control and statin groups grew each year.

In addition to this, arguing that some of the benefit of statins "preventing heart attacks" is due to them causing a fatal cancer before you have time to have a natural heart attack, this situation is somewhat analogous to what was seen with the COVID vaccines (which also cause cancer).

There, the "benefit" of the COVID vaccines preventing COVID was outweighed by them causing serious conditions such as heart attacks and strokes, but if one only focused on them preventing COVID (which many did), the vaccines could be portrayed as life-saving, even though they overall did the opposite.

Note: *Many issues also arise from the other biomolecules statins alter the production of (e.g., tau protein, selenoproteins, or the dolichols).*

Medical Mythologies

To sell a blockbuster drug, it's often necessary to cement a cultural mythology behind it. For example, the antidepressant industry spent years convincing the public depression was due to a "chemical imbalance" (when in reality – **raising serotonin causes suicidality**), and as a result, despite the chemical imbalance theory having been disproven, over 13% of Americans take **these dangerous, unnecessary and highly addictive drugs** (a figure that sadly continues to rapidly rise).

One of the cleverest campaigns I've seen within the medical industry is the widespread belief that heart disease is due to fat clogging the arteries much like they do for a drain pipe.



This marketing slogan in turn is remarkably persuasive as it is easy to understand (e.g., people without a medical background will feel confident repeating it to others), easy to visualize, and highly likely to elicit an immediate sense of disgust. But is it actually true?

The Clot Thickens

Malcolm Kendrick has extensively explored cholesterol, including a major mystery in cardiology – the fact that there is no common thread between the well-known risk factors for heart disease. For example, to calculate the risk of heart disease, England uses a calculator that combines the adjustable risks for heart disease (e.g., age) with the conditions most strongly associated with causing heart disease.

Age	Sex	Ethnicity
Smoking	Diabetes	High BMI

Postcode	Angina, or heart attack in first degree relative under the age of 60	Atrial fibrillation
Raised blood pressure	History of migraines	Chronic kidney disease
Rheumatoid arthritis	Severe mental illness	Systemic lupus erythematosus (SLE)
Variation in two blood pressure readings	On atypical antipsychotic medication	Using steroid tablets
Total cholesterol/HDL ratio	Diagnosis of erectile dysfunction	

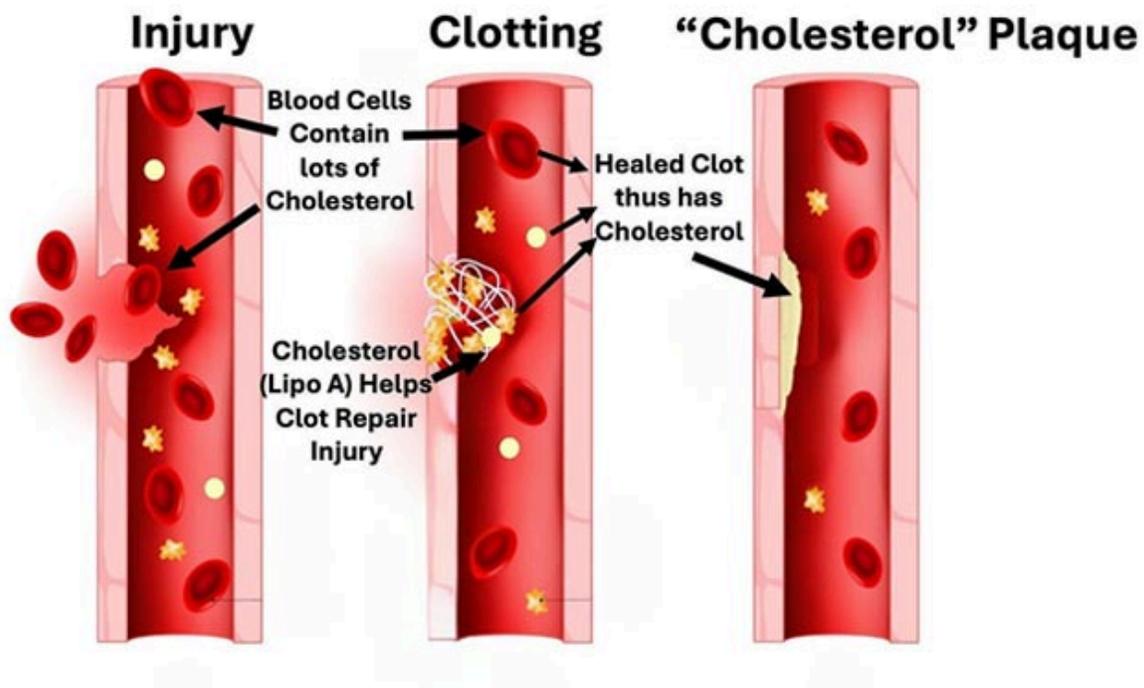
Likewise, in a 2017 study, the records of 378,256 English patients were analyzed by an AI system to determine what characteristics put them at the highest risk for a cardiovascular incident in the next 10 years. From that, they found that the ten greatest risk factors⁵⁹ (in order) were:

1. Chronic obstructive pulmonary disease
2. Oral corticosteroid prescribed
3. Age
4. Severe mental illness
5. Ethnicity South Asian
6. Immunosuppressant prescribed
7. Socio-economic status quintile 3
8. Socio-economic status quintile 4
9. Chronic kidney disease
10. Socio-economic status quintile 2

From this list, Malcolm Kendrick concluded that the common thread was that many of these (e.g., lupus or cortisol) are associated with damage to the blood vessels and impaired microcirculation (a consequence of damaged blood vessels).

Presently, we believe cholesterol somehow gets into a blood vessel and then damages it, leaving an atherosclerotic plaque. Kendrick in turn argued that a competing model (that the medical profession largely buried) provides a much better explanation of the actual causes of heart disease. It is as follows:

1. Blood vessels get damaged.
2. The body repairs those damage with clots.
3. As clots heal, they are pulled inside the blood vessel wall, and a new layer of endothelium (blood vessel lining) grows over them.
4. As this occurs multiple times in the same area, the damage (plaques) under the blood vessel becomes more abnormal.



Some of the key points of evidence he uses to support this argument are:

Most of the risk factors for heart disease overlap with things that would be expected to damage the blood vessel lining (endothelium).

Plaques tend to form at arterial branch (junction) points, which are the parts of the artery that are subjected to the greatest shear stress.

When you examine the components of a plaque, they are found to contain the same debris found in blood clots.

There is no established mechanism for how cholesterol from the bloodstream can get under the endothelium (even though the existing model depends upon that somehow happening). However, red blood cells (which play a key role in forming clots) contain a large amount of cholesterol (50% of the total amount in the bloodstream), and hence will bring it into the clot as it forms.

Plaques contain cholesterol crystals. These crystals can only form from free cholesterol, something contained within red blood cells, but not the "bad" cholesterol that circulates in the bloodstream (contained within lipoproteins). Likewise, much of the cholesterol found in atherosclerotic plaques is free cholesterol.

The remnants found in arterial plaques are not cholesterol lipoproteins but lipoprotein A, which the body uses to repair arterial damage. This is supported by the fact elevated blood lipoprotein A levels are associated with increased lipoprotein remnants in plaques, and its specific marker is concentrated in atherosclerotic plaques.

While lipoprotein A helps repair arteries, it also makes clots more resistant to breakdown, increasing the likelihood they'll become plaques. This may explain why higher lipoprotein A levels are associated with a threefold higher risk of heart attack or stroke.

In short, a good case can be made that our entire heart disease model is based on a variety of correlations that were erroneously assumed to demonstrate causation. Sadly,

while the "correlation is not causation" mantra is frequently used to dismiss anything which challenges the orthodoxy, you will frequently find overtly false correlations that support the medical industry's bottom line being treated as unquestionable dogmas.

For example, vaccines are credited with eliminating the infectious diseases that plagued humanity, but it is seldom mentioned that some of the deadliest diseases (e.g., scarlet fever) that had no vaccine also disappeared or that the diseases vaccines are credited with eliminating **were already disappearing** when the vaccines were introduced (in many cases having already almost completely disappeared) and that it is very likely they would have been eliminated regardless of if a vaccine appeared.

Conversely, many of the activists at the time felt the primary cause of these diseases was poor public sanitation (as it caused infectious diseases to rapidly spread through the population), so many hard battles were fought to attain it, and many (myself included) believe the vaccination industry essentially stole the credit for what those activists accomplished by getting us public sanitation.

Conclusion

The key points of Kendrick's model are as follows:

- Most cardiovascular disease is a result of the blood vessel lining becoming damaged (due to the atherosclerotic lesions) and losing the ability to perform the normal functions (e.g., nitric oxide secretion) that allow it to protect the circulation.
- Inflammation and periods of prolonged and severe stress (e.g., from mental illness, cigarettes, or extreme social oppression) frequently damage the endothelium and hence contribute to heart disease.
- Heart attacks are due to blood clots (which frequently are a result of damaged endothelium) interrupting a critical blood supply to the heart.

Many of these points are in complete agreement with the conventional cardiovascular disease paradigm. However, rather than focus on cholesterol, Kendrick advises focusing on the actual causes are endothelial damage (e.g., stress) and finding ways to regain

their function (e.g., by increasing nitric oxide synthesis) and provides a rational approach to heart disease.

Sadly, over the years many brilliant pioneers in cardiology have come up with effective ways to both prevent and treat heart disease, but sadly all of their paradigm shifting work has been ignored by the medical profession.

Rather, because of how much money there is in "treating" cholesterol, no amount of evidence has been able to shake the statin dogma within medicine.

In fact we are now seeing a doubling down on it as the existing statins go off-patent and a variety of costly (and dangerous) cholesterol lowering medications are entering the market which works blocking the ability of cells to stop absorbing cholesterol from the bloodstream (either through custom antibodies which do this temporarily or gene therapies that do so for a prolonged period).

Fortunately, COVID-19's brazenness shattered the public's trust in the pharmaceutical industry, and now many are beginning to actively consider how they've been harmed by its unscrupulous products. It is thus my hope that we can begin having an open discussion on the dangers of statins – far too many people I know have been harmed by them.