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CHOLESTEROL AND STATINS

“Dear Readers,

I recently came across a press article that said Statins, these anti-cholesterol drugs, are controversial.

It's true they are. But that should absolutely not be the case. Because when we carefully examine the studies on their subject, it appears that there is nothing controversial about them at all.

Research shows that statins are simply:

- Prescribed too often
- Regularly hazardous (resulting in falls, loss of memory and confusion, increased risk of cataracts, liver damage, type 2 diabetes)
- Often ineffective
- Unnecessary to reduce heart risk.

There is no controversy about this, there are only facts: Nearly 7 million French people are on Statins because they have high cholesterol.

1 - And yet, most independent physicians feel that these drugs are totally useless in primary prevention, if you haven't had a heart attack.

2 In February 2013, even the High Authority of Health called it an “abuse of statins in primary prevention”.

The theory that cholesterol clogs the arteries and causes heart attacks is now totally discredited:

- Cholesterol does not play any role in the formation of plaques of atheroma, which are only scars generated by mechanical lesions on the inner wall of the

arteries, due to the waves of blood pressure. They contain inflammatory cells, especially macrophages that contain a lot of fat and cholesterol, as it serves as a carrier. But it plays no direct or indirect role in the formation of plaques.

The presence of cholesterol in the plaques misled doctors 50 years ago. And the drug industry has exploited this loophole to exploit a huge market worth more than forty billion dollars a year.

- However, **it is very dangerous to artificially lower your cholesterol levels.**

It must be said and repeated, cholesterol is a vital component of cell membranes, to which it ensures structure and robustness. By this rigidity, cholesterol also allows the activity of proteins, between carriers and receptors... These are “anchored” on cholesterol, and will allow circulation from the outside inside the cells, but it also helps the cells to communicate with each other. It is a lipid naturally present in our body, where it plays an absolutely essential role in many processes:

- It is the precursor to all steroid hormones, cortisone and sex hormones, as well as vitamin D.
- It is also the carrier of lipids, circulating fatty acids.
- It is eliminated as bile salts, which play an important role in the intestinal absorption of dietary fats.

- It should be noted that cholesterol is synthesized primarily by the liver and that its levels are completely independent of dietary cholesterol. Moreover, **cholesterol-lowering diets have no effect on blood cholesterol**, as do diets rich in plant sterols, despite what the food industry is trying to make believe, for example with drugs like Danacol.

- Thus, lowering cholesterol can impair the ability of most cell membrane functions, whether it is the transport of nutrients or communication between organs. For example, for the neurotransmitter receptors in the brain that allow us to be attentive, to memorize.

Well, memory capacity is declining, and that's exactly what we're seeing in a lot of patients on statins.

- Disaster on the libido of men I mentioned earlier the role of cholesterol as a precursor to sex hormones. Dr. David Perlmutter, an internationally renowned American neurologist, in his book *These Carbohydrates That Threaten the Brain*, highlights the disastrous consequences of TOO-LOW cholesterol levels on men's sex lives.

“The sexual act is deeply linked to emotions, impulses and fantasies. But NO MATTER WHAT YOU SAY, it's also inexorably linked to hormones and the chemical composition of blood.”

- Impotence is due to abnormally low cholesterol. Because it is testosterone that triggers desire is that this hormone is a derivative of cholesterol». People on statins are twice as likely to have lower-than-normal testosterone levels.

- What is even more annoying is that a lower testosterone level showed in a 2010 English study of 930 men a link with increased risk of mortality.

The comedy of the Statin-mania

So, to summarize, you understand that “having cholesterol” is absolutely not the sign of a predicted heart attack. It is even the opposite that is true: I remind you of the results of a 2016 study in the *British Medical Journal*, which showed 10,000 patients who underwent a dietary change with the goal of “lowering their cholesterol” twice as many heart attacks as others. And the lower their cholesterol, the higher their mortality. **Each 0.3 percentage point decrease in total cholesterol increased the risk of dying by 22%.**

And despite these elements, the «statin-mania», to use the expression of Dr. Vincent Reliquet, founder of the AIMSIB (International Association for Scientific, Independent and Benevolent Medicine), is still not finished. An incredible situation, since despite a new notice of uselessness issued by the HAS (High Authority of Health) and an alert from the magazine *Prescrire* which highlights the dangerous risk of handicapped muscle aches, drastic increase in the risk of diabetes and myopathy, kidney dysfunction, degenerative diseases of the eyes, these medicines remain available and

reimbursed by the French Social Security as being the absolute essentials to reduce cardiovascular risk.

As for the latest generation of the pharmaceutical industry, anti-CETP, launched with a fanfare to turn the «bad» cholesterol into «good»: They were singled out in 2018 after the observation that these products increased mortality and the appearance of cancers by at least 60%, and also increased the frequency of heart attacks and strokes.

True effective cardiovascular prevention has been clearly identified for years thanks to the famous “Lyon study” by Dr. Michel de Lorgeril, assisted by Dr. Serge Renaud and dietitian Patricia Salen: The study was intended in the early 1990s to test the effectiveness of a conventional anti-cholesterol diet against a revolutionary model for the time: the Mediterranean diet.

Here is what happened, as Dr. Vincent Reliquet says:

The study was to last 5 years. After 27 months, the differences in survival were so clear that the research team asked other epidemiologists to try to find an anomaly in their methodology, but nothing was blamed on them.”

In 1999, the final official results were published in the Lancet #25:

After four years of follow-up, patients on the Mediterranean diet had reduced their risk of new cardiovascular complications by 50-70%.

And yet, even today, the Mediterranean diet is consistently cited with condescension as “possible adjunctive treatment” to lower cardiovascular risk, while it is the absolute essential for European populations.

“The absolute essentials”, we are, it seems to me, far enough away!

You will find in the notes a complete article on the Mediterranean diet, but I want to recall here the main characteristics for those who would discover it:

- Abundance and variety of whole grain products, fruits and vegetables, garlic, onion, spices and aromatics
- Use of olive oil and rapeseed oil as a fatty substance

- Daily consumption of legumes, nuts and seeds;
- Daily consumption of yogurt and sheep cheese (but NOT milk)
- Moderate daily consumption of red wine (12 cl/day)
- Heavy consumption of fish (several times a week)
- Limited consumption of sugary foods but daily use of honey as a sweetener
- Very limited consumption of red meat (a few times a month)
- Reasonable daily calorie intake (1800 to 2500 calories per day based on physical activity).

Risk of side effects: zero

Big Pharma benefits: zero

Which may explain why things are moving so slowly.

Now, if you have cardiovascular problems in your family, regular monitoring under medical supervision is obviously preferable, with, among other things: examination of lipid abnormalities, determination of C-reactive protein (indicator of inflammation), determination of coenzyme Q10 (an antioxidant that improves heart function and regulates blood pressure), overall oxidative stress assessment, fatty acid globular balance sheet that may indicate omega-3, increased inflammation, and cardiovascular risk, etc.

Now to conclude, I would like to share with you this reflection of Dr. Madeuf, author of the last century's "best seller" "La Santé Pour Tous ou, la Médecine Naturelle et Normale".

He wrote the following:

"It's time to go back to the simple and natural normal medicine, the one that made the normal generations simple and natural, the one that made the robust generations and the long old ones healthy."

It is high time to use the simple therapeutics of the past, renewed, purified, enlightened by the modern discoveries of science. This would certainly be the most powerful regenerator of humanity.

It seems to me that his common-sense thinking is particularly suited to our topic of the day, isn't it? “

Health!

Gabriel Combris