

The background of the entire page is a dark field filled with numerous red blood cells, depicted as semi-transparent, reddish-orange spheres with darker centers, giving them a three-dimensional appearance. They are scattered across the frame, with some appearing larger and more prominent than others.

# The Greatest Scam In Medical History

## Statin Drugs to Prevent Heart Disease and Strokes?

Drug companies continue to perpetuate  
this myth for one reason...GREED!

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## THE GREATEST SCAM IN MEDICAL HISTORY

### Statin Drugs to Prevent Heart Disease and Strokes?

*Drug companies continue to perpetuate this myth for one reason...GREED!*

The annual revenue for two statin drugs is 34 billion dollars

The makers of these two drugs provide false scientific evidence, lies, and misleading propaganda to keep these drugs on the market

90% or more of Americans will not benefit from statin drugs. Statin drugs have considerable side effects, mostly unreported according to a major Stanford study, and the benefits have been widely overstated so one needs to proceed with caution. Yet doctors seem to be advocating that they are so safe that we should add statin drugs to our water supply. And, doctors are prescribing statins for populations in which they have not been adequately tested (women and children), and in which they have shown little, real consistent benefits especially in women, the elderly, and men with no other risk factors. The Framingham Heart Study found a small category of men who might benefit from taking statin drugs. Middle aged men between the age of 40 and 59 who previously had a heart attack or were documented with cardiovascular disease may benefit from statin drugs. So if cholesterol levels are important only for the relatively few men who had a heart attack before the age of 48, why are the rest of us worried about high fat and cholesterol levels?

NHI, the National Institutes of Health, funded more than a half dozen studies that were published between 1980 and 1984 hoping to provide evidence that a low fat diet would prolong lives. The first four of these trials compared heart disease rates and diets in four locations: Honolulu, Puerto Rico, Chicago and the most famous of all, the Framingham Study conducted in Framingham, MA. Not one of these trials shows the slightest evidence that men who ate low fat diets lived any longer or had fewer heart attacks than those who ate high fat diets.

More on the Framingham Heart Study. As it turned out, the group of Framingham residents who developed heart disease and the group of Framingham residents who did not, had similar ranges of cholesterol levels. In fact, the average cholesterol level of the heart disease group was only 11% higher than the group without heart disease. Cardiovascular disease was commonly found in people with cholesterol levels as low as 150 mg/dl. Low cholesterol, according to the Framingham Study, was hardly a guarantee of a healthy heart.

Thirty years of data from the Framingham Heart Study found that once men passed the age of 47, it did not make any difference whether their cholesterol was low or high. After age 48, the men lived just as long or longer than those who had low cholesterol.

In 1992, forty-four years after the Framingham Study began, study director William Castelli, M.D. wrote an editorial to the *Archives of Internal Medicine*. “In the Framingham Study, the more saturated fat one ate, the more cholesterol one ate, the more calories one ate, the lower the person’s serum cholesterol...we found that people who ate the most cholesterol, ate the most saturated fat, ate the most calories, weighed the least, and were the most physically active”.

The sixth trial of NIH funded trials, known as the Lipid Research Clinics Coronary Primary Prevention Trial (LRC-CPPT) was initiated in 1973. It’s worth mentioning the following comments by Dr. George Mann M.D., Associate Professor of Bio-Chemistry at Vanderbilt University College of Medicine and a participating researcher in the Framingham Heart Study was one of the doubters of the benefit of the low cholesterol. The diet-heart idea is the “greatest scam” in the history of medicine, he said. “Researchers have held repeated press conferences bragging about cataclysmic breakthroughs which the study directors’ claim shows that lowering cholesterol lowers the frequency of coronary disease. They have manipulated the data to reach the wrong conclusions.” Dr. Mann also declared that NIH managers “used Madison Avenue hype to sell this failed trial in the same way that the media people would sell an underarm deodorant.”



### Here is the Amla I suggest

Amla 1,000 mg (*Emblica officinalis*) Fruit Extract (25:1)  
Standardized to contain  $\geq$  35% polyphenol content.

*A key part of achieving the best possible cholesterol levels is diet. But not just any diet. I follow a low carb, sugar free keto diet, with plenty of protein (1 gram per pound of body weight) and lots and lots of healthy fats, olive oil (2-3 tablespoons per day), butter, whole cream, coconut oil, lard, and bacon drippings. I believe a diet like this can prevent and reverse a multitude of diseases, including cholesterol and triglyceride issues. In fact, I recently heard from a gentleman in my health food store who was dealing with what 2 doctors' thought were life threatening cholesterol numbers and were adamant that this gentleman would immediately start on a statin drug. The gentleman refused and wished only to do something with diet and natural supplements. He was told that diet has nothing to do with controlling cholesterol and triglycerides, but the gentleman shared the following, "For the past 3 1/2 months I cut out sugar and carbs completely. It wasn't fun, but I stuck to it. Had a blood test last week and the numbers were astounding. I cut my bad cholesterol in half, doubled my good cholesterol, and drove my dangerous triglycerides down from 693 to 138!"*

*For more information on diet to manage your own cholesterol levels, visit [terrytalksnutrition.com](http://terrytalksnutrition.com), where I've outlined the best foods to eat and avoid to support optimal health.*

### 2 other great resources for diet:

- [www.ketogenic-diet-resource.com](http://www.ketogenic-diet-resource.com)
- [www.dietdoctor.com](http://www.dietdoctor.com)

In an open human clinical trial, 40 healthy volunteers took two tablets of phospholipid-bound omega-3 fatty acids per day without any modifications to diet or exercise habits. (I would recommend altering those, too.) After 60 days, the participants saw their **triglyceride levels drop by 16 percent**, their total cholesterol decrease by 10 percent, and their **HDL levels**—the “good cholesterol”—**increase by 13 percent!**

### Here is the Omega-3 I suggest

Omega-3 Phospholipid 292 mg Peptide Complex Containing Phospholipids, Omega-3 [DHA (docosahexaenoic acid) and EPA (eicosapentaenoic acid)] and bioactive peptides extracted from Atlantic Salmon (*Salmo salar*), in a balanced ratio as found in salmon; not chemically altered or artificially spiked with DHA/EPA.

### Amla

In addition to a phospholipid-bound omega-3 from salmon, an excellent botanical for boosting levels of HDL cholesterol levels is an herb called “amla” or “Indian gooseberry.” Amla is excellent for getting your cholesterol levels into balance.

A recent clinical study showed that participants taking amla increased high-density lipoprotein (HDL) by 14 percent and decreased low-density lipoprotein (LDL) cholesterol by 21 percent. Their total serum cholesterol was reduced by 17 percent and triglyceride levels dropped by 24 percent within three months.

Another clinical study demonstrated that amla reduced the atherogenic index (AIP), a measure of the ratio of triglycerides to HDL, by an incredible 39 percent in 12 weeks. This is significant, because high AIP measures are a sign of higher risk for coronary heart disease and is a marker of atherosclerosis. This study also saw slight reductions in fasting blood sugar levels and showed that amla did not reduce levels of CoQ10—unlike statin dru Diet is KEY to achieving your goals!



Michel de Lorgeril, M.D., a French cardiologist and researcher at the prestigious National Center for Scientific Research, the largest public organization for scientific research in France, has authored dozens of papers in peer-reviewed journals. He was the lead researcher for the Lyon Diet Heart Study. The following quotation comes from a paper he presented. “We can summarize...in one sentence: Cholesterol is harmless”.

Dr. John Yudkin, M.D., pointed out that there was a better and truer relationship between sugar consumption and heart disease. “There is a sizeable minority-of which I am one-that believes coronary disease is not largely due to fat in the diet.” Three decades later, Dr. George Mann arrived at the same conclusion and assembled a distinguished group of scientists and doctors to study the evidence that fat and cholesterol cause heart disease, a concept he later called “the greatest health scam of the century”.

**Sugar is a far greater danger to your heart than fat ever was or will be.** Most medical experts have tried and convicted the wrong culprit. Fat was innocent all the time. **It’s sugar that’s the true culprit of heart disease, diabetes, obesity, and many cancers.**

Patty Siri-Tarino, PhD, and Ronald Krauss, M.D., of the Children’s Hospital Oakland Research Institute, together with Frank B. Hu, M.D., PhD of Harvard, decided to do a meta-analysis—a study of studies known as a, Study of the Direct Effect of Saturated Fat on Health. The researchers were interested not only in the effect saturated fat had on cholesterol, but they wanted to know the effect saturated fat had on heart disease. Twenty-one studies qualified for inclusion in their meta-analysis. The twenty-one studies included 347,747 subjects who were followed between five and 23 years. Over this period, 11,006 of the subjects developed coronary heart disease (CHD) or stroke. Interested in finding out the result of their studies? Here is the result: How much saturated fat people ate predicted absolutely nothing about their risk of cardiovascular disease. The researchers’ comments: “Intake of saturated fat was not associated with an increased risk of coronary

heart disease (CHD) or stroke nor was it associated with an increased risk of cardiovascular disease (CVD).” The folks consuming the highest amount of saturated fat were statistically identical to those consuming the least amount when it came to probability of CHD, stroke or CVD. Saturated fat did absolutely nothing in terms of probability. It did not increase or decrease risk in any meaningful way.

A new study came out in the fall of 2011 published in the *Netherlands Journal of Medicine* titled, “Saturated Fat, Carbohydrates and Cardiovascular Disease.” Like the study mentioned above, its purpose was to examine the current scientific data on the effects of saturated fat looking at all the controversies as well as the potential mechanisms for the role of saturated fat in cardiovascular disease. The summary of the study based on the researchers’ comments: “The dietary intake of saturated fatty acids is associated with a modest increase in serum total cholesterol but not associated with cardiovascular disease.”

The study titled, “Dietary Fats, Carbohydrates and the Progression of Coronary Atherosclerosis in Post-Menopausal Women”, was conducted by the distinguished researcher Dariush Mozaffarian and his associates from Harvard Medical School. Dr. Mozaffarian set out to investigate how fats-saturated, polyunsaturated and monounsaturated-influenced the progression of heart disease in post-menopausal women who ate a relatively low fat diet. The result of the study is summarized in his comments: “Greater saturated fat intake is associated with less progression of coronary atherosclerosis, whereas, carbohydrate intake is associated with greater progression.” The authors concluded, “women with higher saturated fat intakes had less progression of coronary atherosclerosis.” Results of the study also confirmed that greater saturated fat intake was also associated with higher HDL (good cholesterol) levels, lower triglycerides and an improved total-cholesterol-to-HDL ratio. Saturated fat was hardly the dietary demon that some experts make it out to be.



Before you decide that a statin drug is of benefit for your health, I would suggest reading this book to see the real truth behind the propaganda of the pharmaceutical industry. Also keep in mind that many situations are unique so consult with your physician and discuss whether or not statin drugs are for you.

## Nutrients for Healthy Cholesterol Balance

If you've decided that you're going to skip the statins but want to boost HDL cholesterol and keep your overall cholesterol levels in balance, I have two excellent nutrient recommendations.

### Omega-3 Fatty Acids

Omega-3s are healthy, polyunsaturated fats, also called "essential fatty acids." They are called "essential" because you need to get them from dietary sources—your body doesn't synthesize them on its own. Two of the most beneficial omega-3 fatty acids found in fish are DHA (docosahexaenoic acid) and EPA (eicosapentaenoic acid).

Supplementation with omega-3s can be complicated. Fish oil, recommended at dosages of many tablespoons or capsules per day, has become a common sight on grocery store shelves. With fish oil, there are a lot of variables, not the least of which is the quality of the oil itself and how well it is actually absorbed and used by the body. Krill oil promises convenience (one capsule per day) and phospholipids (an added plus), but is heavily processed and not sustainable.

This is why I prefer the phospholipid-bound form of omega-3s from the heads of salmon. Unlike fish or krill oils, this type of omega-3 isn't produced using heat or harsh solvents. It is simply and gently extracted, using enzymes and water immediately following the catch. This low-intensity process is what retains the salmon's naturally occurring phospholipids and peptides, short chains of amino acids with many beneficial properties. And this supplemental form is incredibly convenient, too; for most health maintenance, you can do great with just one or two per day.

lowering cholesterol in 28% of the people taking it, **but not a single life was saved.** The statin drug neither significantly reduced "all-cause" mortality, meaning death from any reason whatsoever, nor reduced fatal or non-fatal coronary heart disease in patients who took the drug.

**Who Needs Statin Drugs?** Statin drugs should never be prescribed for anyone over 59. Studies prove that the elderly live better and longer with high cholesterol. The vast majority of women and children should never be prescribed statin drugs. Statin drugs should only be prescribed to middle aged men who previously had a heart attack or documented cardiovascular disease. Taking statin drugs as a preventative is absolutely worthless.

Statin drugs absolutely work in lowering cholesterol. But too many studies have proven they have no effect in saving lives. Statin drugs do not prevent heart disease or strokes but they do present major side effects such as arthritis, neuropathy, muscle pain, muscle wasting, loss of memory, suicidal tendencies, depression and an increased risk of breast cancer by 1500%. Cholesterol is required for nerve and brain function as well as for the production of stress and sex hormones. I sometimes believe that Alzheimer's disease and breast cancer has increased because of the use of statin drugs to lower cholesterol. The brain is only two percent of the body weight but requires 25% of the cholesterol production of the body. We are arbitrarily lowering the cholesterol in our bodies for absolutely no proven reason. Statin drugs absolutely do not work to save lives. More harm is done by statin drugs than the benefits touted by the pharmaceutical companies. But for 34 billion dollars, you might say anything to keep the revenue stream. Don't take my word for what's best for you. But read the volume of studies and information that proves that statin drugs are a scam and high cholesterol is a myth as found in the highly acclaimed book, ***The Great Cholesterol Myth* by Jonny Bowden, PhD and cardiologist Stephen Sinatra, M.D.**

To order ***The Great Cholesterol Myth*** go to:  
[Amazon.com/The-Great-Cholesterol-Myth-Disease/dp/1592335217](https://www.amazon.com/The-Great-Cholesterol-Myth-Disease/dp/1592335217)



Some nutritional experts worried deeply about the wholesale unqualified recommendations to reduce saturated fat at all costs, because invariably, people will replace it with carbohydrates of which the large percentage is refined and processed which will almost guarantee that HDL will be lowered and triglycerides increased. This is a damaging combination if you're trying to avoid heart disease. The Nurses' Health Study found that refined carbohydrates and their high glycemic load were independently shown to be associated with an increased risk for coronary heart disease. Also proven by a study published in the *American Journal of Clinical Nutrition*, it was found that replacing saturated fats with high-glycemic index carbs was associated with a 33% increase in heart attack risk. The heart actually requires saturated fats for good health. Saturated fat does a number of good things in the body. Its wholesale replacement by the worst kind of carbohydrates is turning out to be a cure worse than the disease.

A recent Dutch study added to the list of accumulating research showed that when you substitute high-glycemic carbohydrates for saturated fat, you actually increase cardiovascular risk.

The vegetable oils that we have been told to use instead of animal fats are actually turning out to be as bad as or worse than the original saturated fats (such as lard) that they replaced, just as margarine turned out to be far worse than butter. Distinguished biochemist, Bill Lands, had this to say about heart disease and saturated fat: "Advice to replace saturated fat with unsaturated fat stimulated my early experiments in lipid research. It made me ask by what mechanisms could saturated fats be bad and unsaturated fats, "good"...fifty years later I still cannot cite a definite mechanism or mediator by which saturated fat is shown to kill people...the current advice to the public needs to identify logical, causal mechanisms and mediators so we can focus logically on what food choices to avoid."

## THE STATIN SCAM

**Stephanie Seneff spent years researching the side effects of statin drugs. Here is what she had to say. "Statin drugs are toxic. I liken them to arsenic which will slowly poison you over time."**

Edward Pinckney M.D., an editor of four medical journals and former co-editor of the *Journal of the American Medical Association* along with Russell Smith, published the summary of their work in a book called, *The Cholesterol Conspiracy*. Here's what they had to say. "Drugs were used to lower cholesterol levels in twelve trials. Eight of these trials were both randomized and blinded. Of the eight that met this standard, total deaths in six trials were the same or greater in the treatment group than in the control group. For the remaining four trials, "either non-randomized or unblinded", there were no differences between the treatment group and the control group." A summary of the above found that in the vast majority of the studies reviewed, there were no differences in the number of deaths between the group that had lowered its cholesterol and the group that didn't. In fact, in a few cases, more people died in the group that lowered its cholesterol.

John Abramson, M.D., a professor of medicine at Harvard Medical School and the author of *Overdosed America*, recently summed up the problem perfectly in the medical journal, *The Lancet*: "You can lower cholesterol with a drug yet provide no health benefits whatsoever. And dying with corrected cholesterol is not a successful outcome."

Speaking at a 2008 luncheon discussion put on by the project A.L.S.—a non-profit dedicated to raising money for brain research and the understanding of Lou Gehrig's disease—the Vice Chairman of Medicine at New York Presbyterian Hospital, Orli Eising M.D., had this to say regarding the number one selling statin drug in the world, Lipitor: "This drug makes women stupid."

A 2002 study published in the *Journal of Cardiac Failure* showed that low cholesterol was actually associated with a marked increase in mortality and heart failure cases. And the Italian Longitudinal Study on

Aging, published in the *Journal of the American Geriatric Society*, found that those with cholesterol levels lower than 189 were far more likely to die than those with the highest cholesterol levels. The researchers conclude: “Subjects with low total cholesterol levels are at the highest risk of dying even when many related factors have been taken into account.” Adding that... “Physicians may want to regard very low levels of cholesterol as potential warning signs of a cult disease or as signals of rapidly declining health.”

Researchers from the Department of Medicine at Tufts Medical Center and Tufts University School of Medicine examined 23 statin trials looking for any connection between cholesterol levels and cancer. They concluded that: “The risk of cancer is significantly associated with lower achieved LDL-cholesterol levels.” Adding that, “the cardiovascular benefits of low achieved levels of LDL-cholesterol may impart the offset by an increased risk of cancer.” Further, a meta-review of five statin trials found that an increased risk of diabetes was associated with high dose statin therapy.

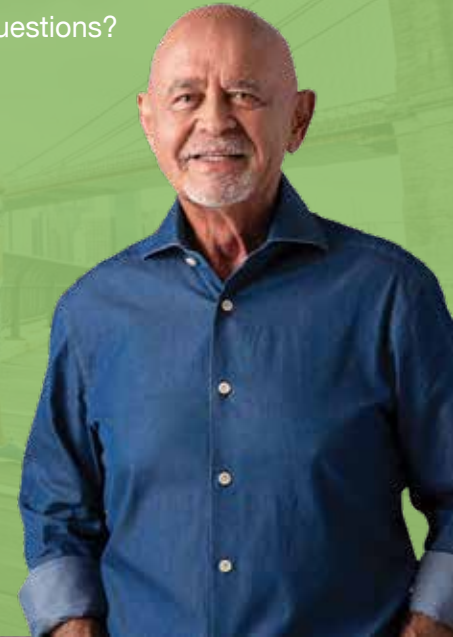
In a ground breaking study by Beatrice Golgomb, M.D., PhD, she wanted to find out exactly how doctors routinely handled patient reports of statin side effects. What she found was disturbing.

A comfortable majority of doctors dismissed the complaints. Patients in the study described symptoms of muscle pain, tightness, cramping or weakness to a total of 138 doctors. 62% dismissed the possibility that the symptoms were related to the statin drugs. Patients presented symptoms of nerve damage known as neuropathies to 49 physicians. 65% dismissed the possibility that the symptoms were statin related. And they presented symptoms of impaired thinking or memory to 56 doctors, a whopping 71% of whom dismissed any possibility of a relationship to the meds.

In a study where death rates from heart attacks were examined, there was no difference between the group treated with the drug and the group treated with lifestyle changes. The statin drug was successful in

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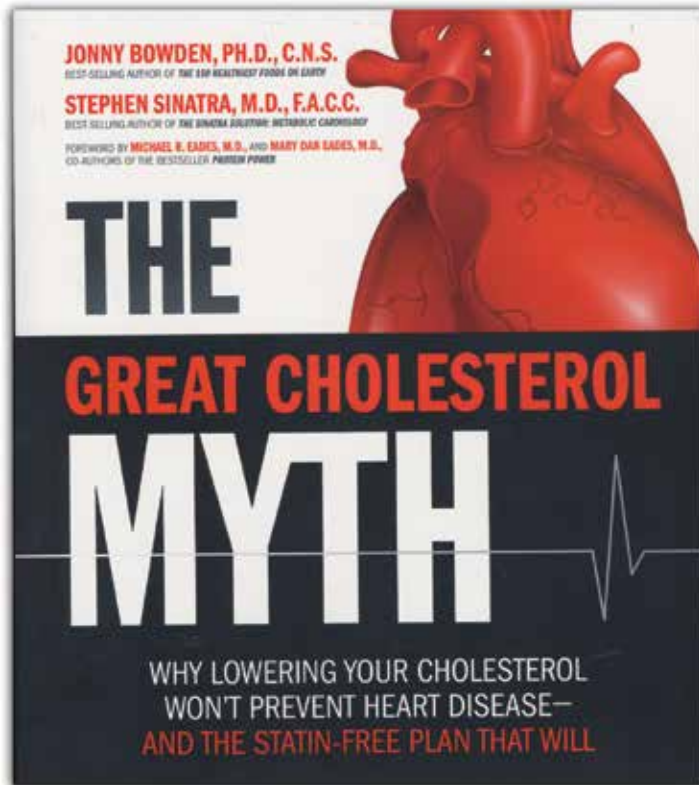
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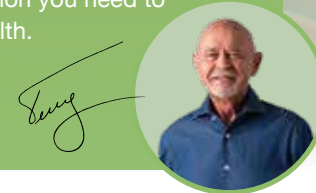


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