Heart surgeon speaks out on what really causes heart disease

Dr. Dwight Lundell
PreventDisease
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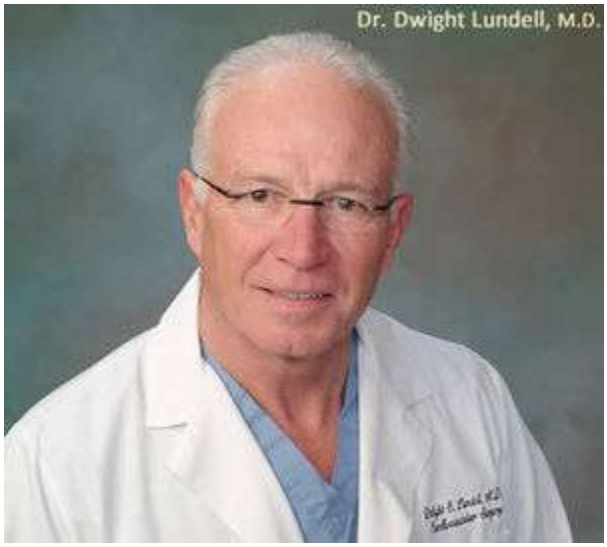

We physicians with all our training, knowledge and authority often acquire a rather large ego that tends to make it difficult to admit we are wrong. So, here it is. I freely admit to being wrong. As a heart surgeon with 25 years experience, having performed over 5,000 open-heart surgeries, today is my day to right the wrong with medical and scientific fact.

I trained for many years with other prominent physicians labeled "opinion makers." Bombarded with scientific literature, continually attending education seminars, we opinion makers insisted heart disease resulted from the simple fact of elevated blood cholesterol.

The only accepted therapy was prescribing medications to lower cholesterol and a diet that severely restricted fat intake. The latter of course we insisted would lower cholesterol and heart disease. Deviations from these recommendations were considered heresy and could quite possibly result in malpractice.

It Is Not Working!

These recommendations are no longer scientifically or morally defensible. The discovery a few years ago that inflammation in the artery wall is the real cause of heart disease is slowly leading to a paradigm shift in how heart disease and other chronic ailments will be treated.

The long-established dietary recommendations have created epidemics of obesity and diabetes, the consequences of which dwarf any historical plague in terms of mortality, human suffering and dire economic consequences.

Despite the fact that 25% of the population takes expensive statin medications and despite the fact we have reduced the fat content of our diets, more Americans will die this year of heart disease than ever before.

Statistics from the American Heart Association show that 75 million Americans currently suffer from heart disease, 20 million have diabetes and 57 million have pre-diabetes. These disorders are affecting younger and younger people in greater numbers every year.

Simply stated, without inflammation being present in the body, there is no way that cholesterol would accumulate in the wall of the blood vessel and cause heart disease and strokes. Without inflammation, cholesterol would move freely throughout the body as nature intended. It is inflammation that causes cholesterol to become trapped.

Inflammation is not complicated -- it is quite simply your body's natural defence to a foreign invader such as a bacteria, toxin or virus. The cycle of inflammation is perfect in how it protects your body from these bacterial and viral invaders. However, if we chronically expose the body to injury by toxins or foods the human body was never designed to process,a condition occurs called chronic inflammation. Chronic inflammation is just as harmful as acute inflammation is beneficial.

What thoughtful person would willfully expose himself repeatedly to foods or other substances that are known to cause injury to the body? Well, smokers perhaps, but at least they made that choice willfully.

The rest of us have simply followed the recommended mainstream diet that is low in fat and high in polyunsaturated fats and carbohydrates, not knowing we were causing repeated injury to our blood vessels. This repeated injury creates chronic inflammation leading to heart disease, stroke, diabetes and obesity.

Let me repeat that: The injury and inflammation in our blood vessels is caused by the low fat diet recommended for years by mainstream medicine.

What are the biggest culprits of chronic inflammation? Quite simply, they are the overload of simple, highly processed carbohydrates (sugar, flour and all the products made from them) and the excess consumption of omega-6 vegetable oils like soybean, corn and sunflower that are found in many processed foods.

Take a moment to visualize rubbing a stiff brush repeatedly over soft skin until it becomes quite red and nearly bleeding. you kept this up several times a day, every day for five years. If you could tolerate this painful brushing, you would have a bleeding, swollen infected area that became worse with each repeated injury. This is a good way to visualize the inflammatory process that could be going on in your body right now.

Regardless of where the inflammatory process occurs, externally or internally, it is the same. I have peered inside thousands upon thousands of arteries. A diseased artery looks as if someone took a brush and scrubbed repeatedly against its wall. Several times a day, every day, the foods we eat create small injuries compounding into more injuries, causing the body to respond continuously and appropriately with inflammation.

While we savor the tantalizing taste of a sweet roll, our bodies respond alarmingly as if a foreign invader arrived declaring war. Foods loaded with sugars and simple carbohydrates, or processed with omega-6 oils for long shelf life have been the mainstay of the American diet for six decades. These foods have been slowly poisoning everyone.

How does eating a simple sweet roll create a cascade of inflammation to make you sick?

Imagine spilling syrup on your keyboard and you have a visual of what occurs inside the cell. When we consume simple carbohydrates such as sugar, blood sugar rises rapidly. In response, your pancreas secretes insulin whose primary purpose is to drive sugar into each cell where it is stored for energy. If the cell is full and does not need glucose, it is rejected to avoid extra sugar gumming up the works.

When your full cells reject the extra glucose, blood sugar rises producing more insulin and the glucose converts to stored fat.

What does all this have to do with inflammation? Blood sugar is controlled in a very narrow

range. Extra sugar molecules attach to a variety of proteins that in turn injure the blood vessel wall. This repeated injury to the blood vessel wall sets off inflammation. When you spike your blood sugar level several times a day, every day, it is exactly like taking sandpaper to the inside of your delicate blood vessels.

While you may not be able to see it, rest assured it is there. I saw it in over 5,000 surgical patients spanning 25 years who all shared one common denominator -- inflammation in their arteries.

Let's get back to the sweet roll. That innocent looking goody not only contains sugars, it is baked in one of many omega-6 oils such as soybean. Chips and fries are soaked in soybean oil; processed foods are manufactured with omega-6 oils for longer shelf life. While omega-6's are essential -they are part of every cell membrane controlling what goes in and out of the cell -- they must be in the correct balance with omega-3's.

If the balance shifts by consuming excessive omega-6, the cell membrane produces chemicals called cytokines that directly cause inflammation.

Today's mainstream American diet has produced an extreme imbalance of these two fats. The ratio of imbalance ranges from 15:1 to as high as 30:1 in favor of omega-6. That's a tremendous amount of cytokines causing inflammation. In today's food environment, a 3:1 ratio would be optimal and healthy.

To make matters worse, the excess weight you are carrying from eating these foods creates overloaded fat cells that pour out large quantities of pro-inflammatory chemicals that add to the injury caused by having high blood sugar. The process that began with a sweet roll turns into a vicious cycle over time that creates heart disease, high blood pressure, diabetes and finally, Alzheimer's disease, as the inflammatory process continues unabated.

There is no escaping the fact that the more we consume prepared and processed foods, the more we trip the inflammation switch little by little each day. The human body cannot process, nor was it designed to consume, foods packed with sugars and soaked in omega-6 oils.

There is but one answer to quieting inflammation, and that is returning to foods closer to their natural state. To build muscle, eat more protein. Choose carbohydrates that are very complex such as colorful fruits and vegetables. Cut down on or eliminate inflammation-causing omega-6 fats like corn and soybean oil and the processed foods that are made

from them.

One tablespoon of corn oil contains 7,280 mg of omega-6; soybean contains 6,940 mg. Instead, use olive oil or butter from grass-fed beef.

Animal fats contain less than 20% omega-6 and are much less likely to cause inflammation than the supposedly healthy oils labelled polyunsaturated. Forget the "science" that has been drummed into your head for decades. The science that saturated fat alone causes heart disease is non-existent. The science that saturated fat raises blood cholesterol is also very weak. Since we now know that cholesterol is not the cause of heart disease, the concern about saturated fat is even more absurd today.

The cholesterol theory led to the no-fat, low-fat recommendations that in turn created the very foods now causing an epidemic of inflammation. Mainstream medicine made a terrible mistake when it advised people to avoid saturated fat in favor of foods high in omega-6 fats. We now have an epidemic of arterial inflammation leading to heart disease and other silent killers.

What you can do is choose whole foods your grandmother served and not those your mom turned to as grocery store aisles filled with manufactured foods. By eliminating inflammatory foods and adding essential nutrients from fresh unprocessed food, you will reverse years of damage in your arteries and throughout your body from consuming the typical American diet.

TEST FOR INFLAMMATION

Could something as simple as a quick and easy blood test save your life?

Absolutely.

It is called a C-reactive protein test, and it measures the degree of HIDDEN inflammation in your body.

Finding out whether or not you are suffering from hidden inflammation is critical, because almost every modern disease is caused or affected by it.

Heart Surgeon Speaks Out ... Dr. Dwight Lundell is a renowned cardiovascular and thoracic surgeon who has performed over 5,000 heart surgeries. He is also the author of "The Great Cholesterol Lie" in which be debunks the notion that cholesterol is the main cause of heart disease. Dr. Lundell recently said, "The discovery a few years ago that inflammation in the artery wall is the real cause of heart disease is slowly leading to a paradigm shift in how heart disease and other chronic ailments will be treated. Simply stated, without inflammation being present in the body, there is no way that cholesterol would accumulate in the wall of the blood vessel and cause heart disease and strokes. Without inflammation, cholesterol would move freely throughout the body as nature intended. It is inflammation that causes cholesterol to become trapped."

Both Shaklee Vitalizer and Vivix (and Pain Relief Complex which contains Boswellia) have been shown to reduce or stop chronic inflammation in the body. Taking these supplements while avoiding processed foods and further thwarting any unwanted cholesterol build-up with Cholesterol Reduction Complex, will help keep your circulatory system in top notch condition."

Medical Doctor speaks out against the risk of Statin Drugs: Duane Graveline, M.D., MPH, (former USAF Flight Surgeon, former NASA Astronaut, Retired Family Doctor) reports: "I am a physician, who has personal experience of several untoward effects of statin drugs.

* First is that of my wife who experienced a severe case of polymyalgia rheumatica as a consequence of taking Pravachol.
* Second is my own case of an episode of cardiac arrhythmia lasting a month and unquestionably related to Lipitor.
* I have a feeling that many other episodes of an untoward nature are occurring and not being reported by my colleagues.
* I also have been personally aware in my practice of more than a few instances of definite muscle cramps and/or muscle weakness as a consequence of statin drugs."

Shaklee's Cholesterol Reduction Complex, containing 2,000 mg of plant sterols and stenols, is an excellent option with absolutely no side effects, in the battle against heart disease.

There is a good book out called Lipitor- Thief of Memory. It is written by Duane Graveline, M.D. he is an M.D. and a former astronaut, and an aerospace medical research scientist. This man has the credentials. He has written a book about his experience with taking Lipitor, because he was an astronaut and his cholesterol was elevated the NASA doctors prescribed him Lipitor. He is a medical doctor, he wants to do what is best and so he took it. But then he had

amnesia, standing in his front yard and didn't know where he was.
It is called transient amnesia. My father experienced it a couple of times as well after being put on lipitor.

That's how I got interested in it.

He describes the method of action of Lipitor, it blocks an enzyme that keeps our body from producing cholesterol. That sounds good in theory but our brain is mostly cholesterol and when the enzyme is blocked for the glial cells in the brain to make cholesterol, we can have problems. There are probably more people suffering with dementia related to lipitor than we realize. If someone is 50 a doctor is going to probably tell someone a little memory loss is normal and won't connect it to the medication. If you are 70 I don't feel there is any way most doctors would connect lipitor to memory loss. They think you are aging and that is just the way you are aging.

WE know about the muscle aches that can come with lipitor use and that is a very good reason to stop the medication. Doctors know to warn the patients of that side effect. A prudent doctor prescribing lipitor will have the patient's liver enzymes checked every 6 months to make sure their liver isn't dying from the medication.

WE know we can reverse high cholesterol with other lifestyle measures. Increase fiber to absorb cholesterol, that doesn't block the production of good cholesterol in your brain. Increase intake of vegetables so you are getting more plant sterols and stanols. But the easiest way to get those is to take Shaklee's Cholesterol Reduction Complex. Then exercise. A person has to decide what good health is worth.

http://www.spacedoc.com/lipitor_thief_of_memory.html

WELL-KNOWN SIDE EFFECTS: LIVER AND MUSCLE

The side effects that your doctor will be most familiar with are:

1. Liver: Changes in liver function occur in a small fraction of people; your doctor will probably monitor blood tests to check that your liver continues to function well. If the liver function becomes too abnormal, your doctor will stop the drug. The liver is expected to return to normal function.
2. Muscle: Muscle symptoms are common with statin drugs. "Myopathy," involving actual damage to muscle tissue, can be very serious. For this reason, if you develop new muscle pain, weakness, or tenderness on the drugs you should inform your doctor immediately. Very rarely, if myopathy occurs and the drugs are not stopped, a very dangerous condition, called "rhabdomyolysis", can occur that can sometimes be fatal. Myopathy and rhabdomyolysis are more common if people are on other cholesterol lowering drugs, particularly niacin or

gemfibrozil (or other "fibrates"), as well as a statin. Certain other classes of drugs in combination with statins can also increase the risk of problems.

Things You Should Know
If you develop muscle symptoms it is very important that you let your doctor know immediately; your doctor will probably draw a blood test called a "CK" (creatine kinase) test that assesses whether muscle damage is present. CK is a muscle enzyme, and the test is also done during suspected heart attacks, to test for damage to the heart muscle. It is important to be aware that normal levels of "CK" do not exclude a relation to statins.

If you get an infection and are put on antibiotics or antifungal agents, make sure the prescribing doctor knows you are on statins, because several antibiotics and antifungal drugs can interact with the statin drugs to cause problems. In fact, it is a good idea with each new drug you are started on to be sure the doctor is familiar with the rest of your drug list. Also, if you become seriously ill or are scheduled for surgery, you should talk to your doctor about stopping your statin drug until you are better, or well on the road to recovery.

You should be aware that grapefruit juice affects metabolism of most statins (but not pravastatin) and can markedly increase blood levels, so grapefruit juice may be best avoided while you are on statins. This is not true for other citrus juices.

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<https://www.statineffects.com/info/adverse_effects.htm>
(UNIVERSITY OF CALIFORNIA SAN DIEGO)

LESSER-KNOWN SIDE EFFECTS

Memory, Thinking and Concentration

Some people report changes in memory, attention, or concentration on statins. They may have trouble finding the right word; may forget tasks they started to do; and may have trouble following conversations. Some people describe "holes in their memory." Some people worry that they are developing Alzheimer's. Of course, since people on statin drugs are often older, and may be experiencing age-related loss of memory, it makes it difficult to know whether the drugs are responsible. Many people report improvement in memory and thinking when they stop the drug; or improvement if they go on a lower dose. These findings suggest that the drug is responsible.

As of now there are two randomized controlled trials that have looked at thinking on these drugs. One was published in May 2000 in the journal called American Journal of Medicine. Dr. Matthew Muldoon, at the University of Pittsburgh, showed that statin drugs on average reduces "cognition," that is to say, people who were on a statin drug did worse on tests of thinking and memory ability, even though they started out the same as those

**who were put
on a placebo pill. These effects were "significant" statistically. On average the effects were considered to be small, but of course some people have no alteration, while others have bigger losses in memory and thinking. A second study by Dr. Muldoon shared similar findings. However, in another statin trial, no effect was seen on cognitive function. That study, in
persons over 70, was not expressly designed to assess the effect of statins on thinking, but it did assess cognitive function.**

Depression and Irritability

**Some people report changes in mood on statins. These include loss of interest in activities and loss of interest in social involvement. Some people report frank depression, but it is not known if these effects are more common in people on statins than in people who are not. However, some people reliably become down when on the drugs, and better when off, so that for these people there appears to be a relationship. It is possible that some people may also get a boost to their mood with low cholesterol, although this is less commonly reported. In some cases violence, psychosis, and suicide have been reported. We have published a small case series
describing several instances of severe irritability arising on statins, resolving when statins were stopped, and returning when statin use was resumed.**

Pain

Although muscle pain is a well-recognized side effect of these drugs (and one that should be reported, so tests can be done), other pain effects have been reported by many people on statins, but have not been studied extensively include headaches, joint pains, and abdominal pain.

Peripheral Neuropathy

Studies have confirmed that peripheral neuropathy (tingling and numbness or burning pain) may occur with statins.

Other Side Effects

Sleep problems, sexual function problems, fatigue, dizziness and a sense of detachment are also reported with these drugs. Additionally, people have mentioned experiencing swelling, shortness of breath, vision changes, changes in temperature regulation, weight change, hunger, breast enlargement, blood sugar changes, dry skin, rashes, blood pressure changes, nausea, upset stomach, bleeding, and ringing in ears or other noises.

DID YOU KNOW? There were more deaths caused by drug use than there were motor vehicle fatalities in 2009. The death tolL from drugs has doubled in the past decade, with one life lost every 14 minutes. (Center for Disease Control:
http://health.foxnews.mobi/quickPage.html?page=31737

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STATINS AND CoQ10

Although symptoms usually resolve on stopping the drug, for a proportion of those who have contacted us, muscle symptoms – pain or weakness – or peripheral neuropathy may persist when the drugs are discontinued. There is published scientific evidence that statins lower coQ10 levels in a dose-dependent fashion; that low levels of coQ10 relate to muscle and brain pathology; and that restoration of coQ10 may lead to diminution of symptoms in those with muscle or cognitive problems. We have received a number of anecdotal reports from statin users who developed muscle problems who report benefit from adequate doses (which vary from person to person) of coenzyme Q10 supplements, which are available over the counter. There is also one small controlled study that reported benefit of coQ10 to statin muscle symptoms. There are also controlled studies showing benefit of coenzyme Q10 supplementation in persons who have low levels of this biochemical not necessarily related to statin use. Coenzyme Q10 should be in gelcaps, in an oil or vitamin-E base to be absorbed.

WHAT TO DO IF YOU THINK YOU ARE HAVING AN ADVERSE EFFECT

1. If you have muscle pain or weakness, or brown urine (or change in color of urine), call your doctor immediately; you will probably need to get a "CK" test.
2. For any symptom that is bothersome to you, call your doctor and and schedule an appointment to discuss the symptom.
3. If you think the effect may be caused by the drug, ask your doctor about doing a test in which you stop the drug, or reduce the dose; see if the effect improves. If you and your doctor deem it is safe to do so, you might see if the symptoms return or worsen upon resuming the drug (sometimes a different statin drug or a lower dose, or a non-statin drug are all that are needed). If the doctor is unwilling to reduce the dose, and you are willing to try to increase the dose, you might increase the dose and see if the symptoms get worse. If the symptoms are severe, it is best to avoid this. If your doctor is very skeptical that the effect could result from the drug, and you are willing, you can do an "n-of-1" trial in which, on the doctor's order the pharmacy gives you placebo or drug, for at least two months, and neither you nor your doctor are told which. If you can say when the

problem gets worse or better, this may help persuade your doctor. Know that it is your health and it is always your choice whether to take a drug. If your physician does not take your concerns and preferences into account, consider looking for a different physician.

4. If the symptoms seem related to the drug (especially if the above testing suggests a connection) you and your doctor will need to work together to decide whether the need for the drug exceeds the problems and effects on quality of life that the drug produces. The final choice is yours.
5. Please contact us and let us know about your side effects; the more we know, the more we can help others.
6. Some doctors are not familiar with the evidence that statin drugs or cholesterol drugs can cause problems with memory, pain, irritability, or sleep. You may need to educate them, and we are happy to help.