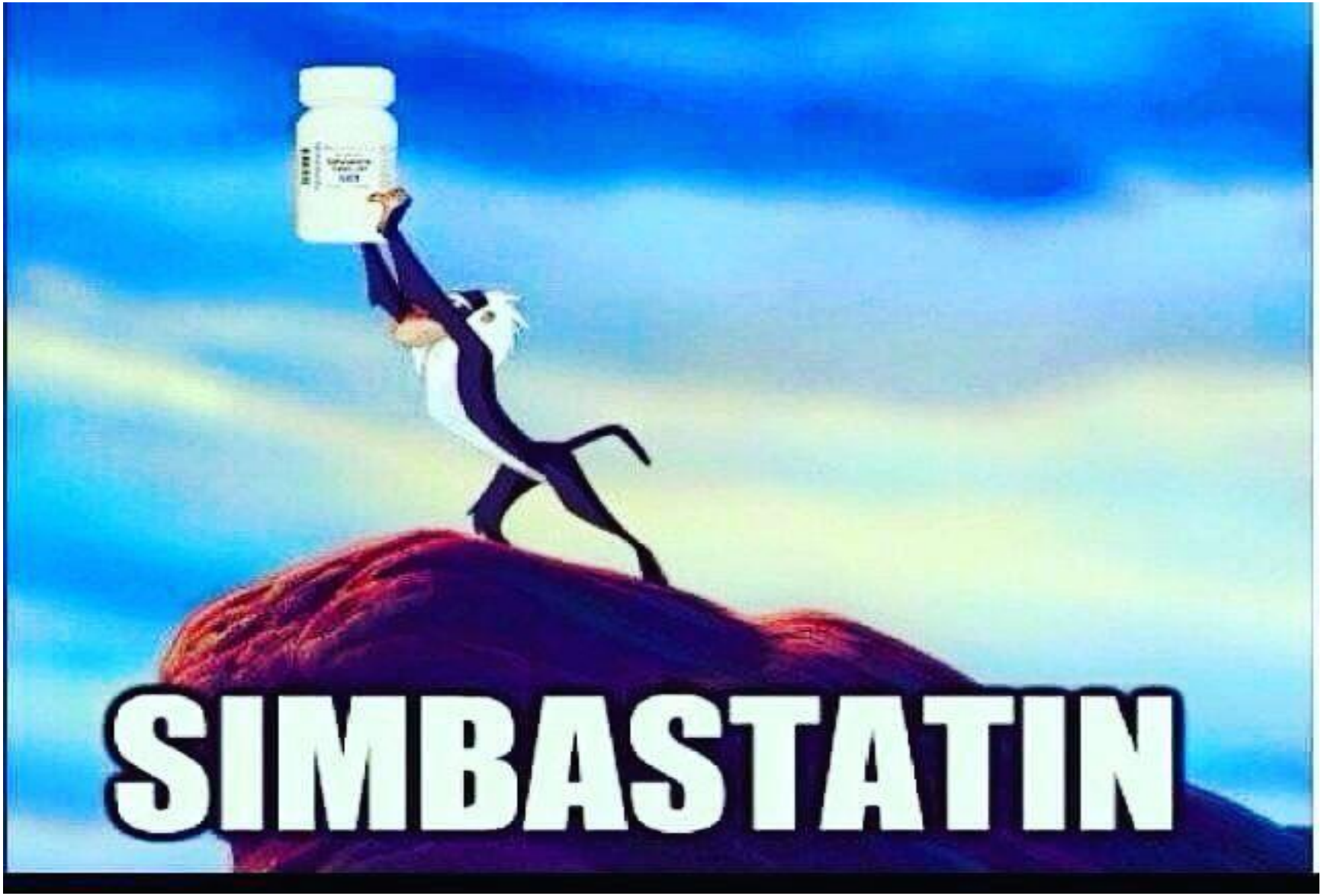

SIMBASTATIN

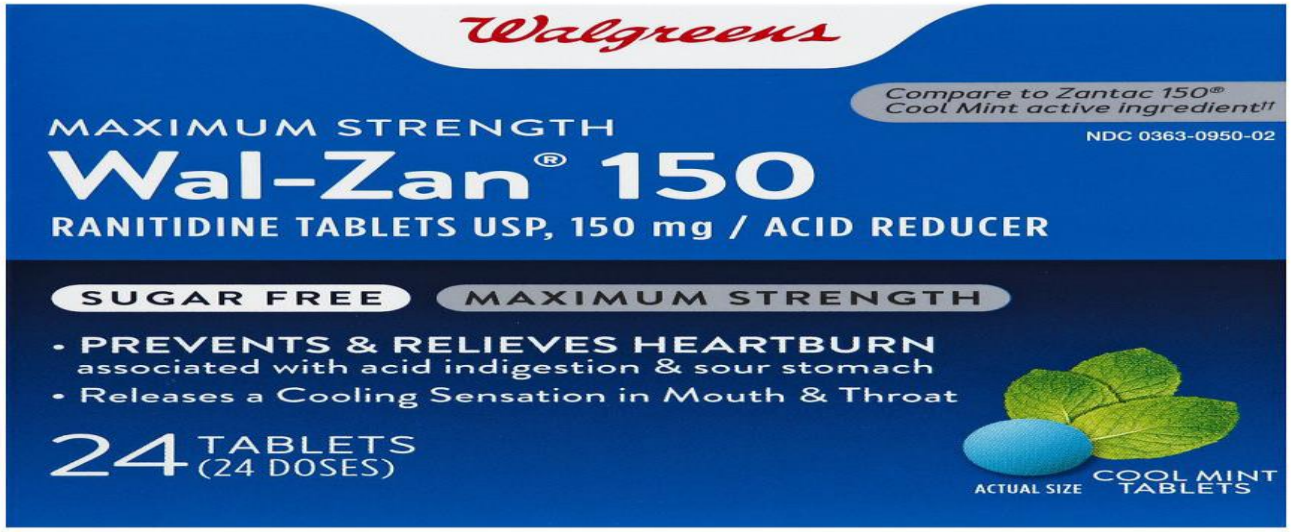
NEED FOR HUMILITY IN MEDICINE

- Acknowledge limitation of present day knowledge
- Understand the life process before claiming disease ‘cure’

Balancing Humility and Confidence

- "The practice of medicine requires a careful mix of humility and confidence. Finding this balance is very tricky, as humility can become halting indecision and confidence can become reckless arrogance." - Peter Lipson


before meal · during meal · after meal
Tagamet HB 200
Cimetidine Tablets 200 mg/Acid Reducer
JUST ONE TABLET
RELIEVES and PREVENTS
Heartburn and Acid Indigestion
30
TABLETS
(30 DOSES)


Walgreens
Compare to Zantac 150®
Cool Mint active ingredient††
NDC 0363-0950-02
MAXIMUM STRENGTH
Wal-Zan® 150
RANITIDINE TABLETS USP, 150 mg / ACID REDUCER
SUGAR FREE
MAXIMUM STRENGTH
• PREVENTS & RELIEVES HEARTBURN
associated with acid indigestion & sour stomach
• Releases a Cooling Sensation in Mouth & Throat
24 TABLETS
(24 DOSES)
ACTUAL SIZE
COOL MINT
TABLETS

- Doctors, health systems and drug companies want **a simple answer with a simple solution.**

- They all have their own reasons, but the goal is the same.

- Don’t confuse patients. Keep the **narrative one of good and bad** and have a simple solution (‘good’ vs ‘bad cholesterol’).

- High cholesterol? Here's a pill. High blood pressure? Here's two pills. High blood sugar? Here's two pills and an injection.

- This is what many doctors routinely do **without ever addressing** why the cholesterol, blood pressure or blood sugar is abnormal in the first place.

‘UNCOMFORTABLE’ QUESTIONS

- Why are other risk factors **‘forgotten’?**
- Why the changing guidelines?
- Interpretation of statistical data
- Dismissal of adverse effects

- It took more than 80,000 hours of training for me to become a cardiologist. How much of that time was spent on nutrition? **Zero!**

- Treatment guidelines, representing the standard of care, only pay lip service to nutrition. For example, the American Heart Association's latest cholesterol management guideline is 120 pages long. How much of that is devoted to diet? **One paragraph!**

Brain activity 'key in stress link to heart disease'

Statins 'don't work well for one in two people’

Modifiable Lifestyle Risk Factors

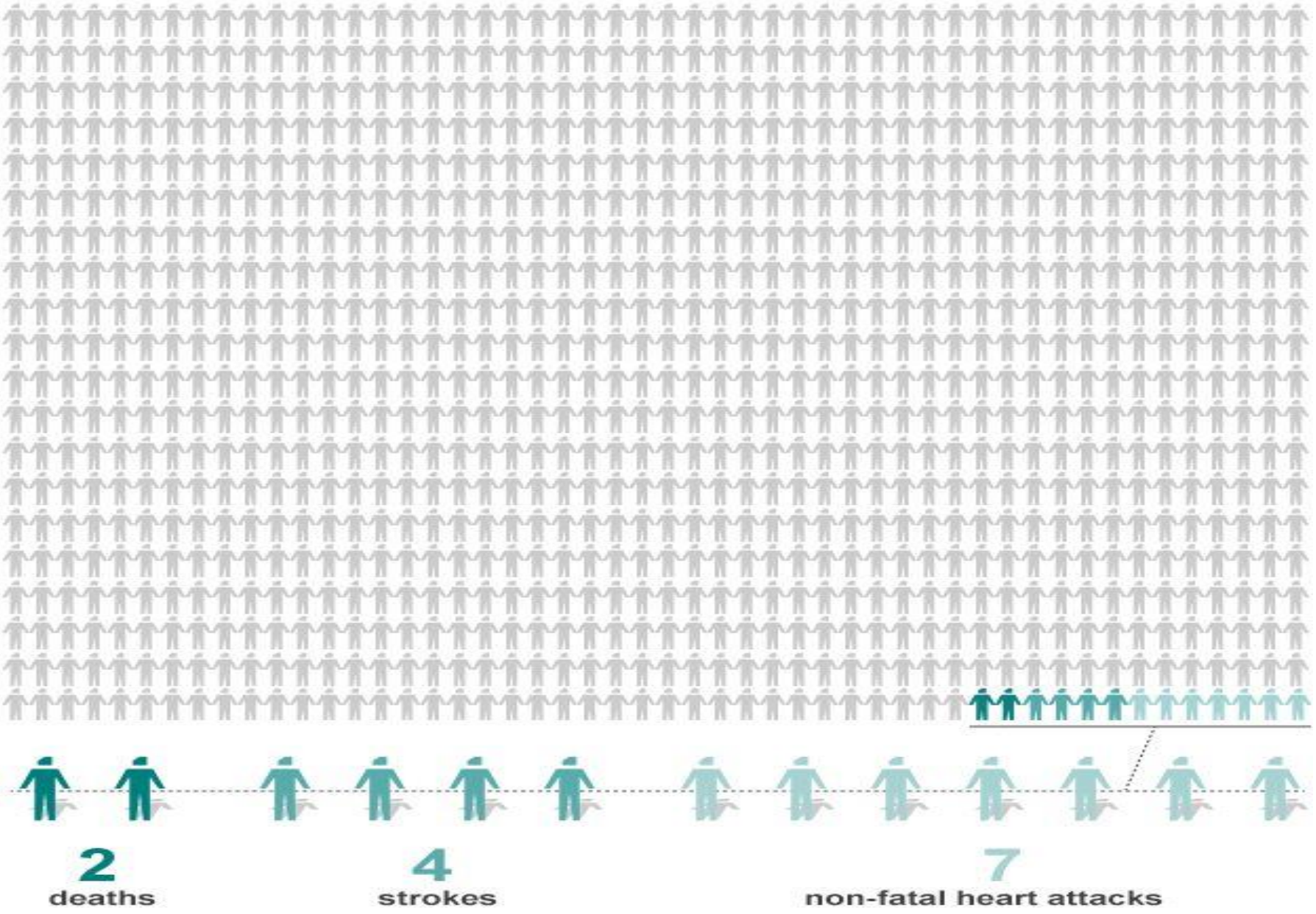
- Smoking
- **High cholesterol**
- High blood pressure
- Diabetes
- Being overweight or obese
- Not exercising
- Poor stress and anger management

In addition, physicians know only the **prescription model**. They are taught that the only truly valid proof of efficacy is a clinical trial and that everything else is conjecture.

That's why pharma rules, even though the literature is full of data about the health benefits of various foods. **Food does not have "dosing data."**

Effectiveness of statins

1,000 people taking **statins** for three years prevents



Lifestyle changes are essential for reducing your risk of heart disease, **whether you take a statin or not.**

To reduce your risk:

- **Quit smoking** and avoid secondhand smoke.
- Eat a **healthy diet** that's low in saturated fat, trans fat, refined carbohydrates and salt, and rich in fruits, vegetables, fish and whole grains.
- Be physically **active**, sit less and exercise regularly.
- Maintain a healthy waistline: less than 40 inches in men and less than 35 inches in women.

Cholesterol guidelines

Not everyone with a heart condition needs to use a statin. Guidelines from the U.S. Preventive Services Task Force, American College of Cardiology and American Heart Association outline four main groups of **people who may be helped by statins:**

People without cardiovascular disease who have risk factors for the disease and a higher 10-year risk of a heart attack. This group includes people who have diabetes, high cholesterol, high blood pressure, or who smoke and whose 10-year risk of a heart attack is 7.5 percent or higher.

People who already have cardiovascular disease related to hardening of the arteries (atherosclerosis). This group includes people who have had heart attacks, strokes caused by blockages in a blood vessel, ministrokes (transient ischemic attacks), peripheral artery disease, or prior surgery to open or replace coronary arteries.

People who have very high LDL (bad) cholesterol. This group includes adults who have LDL cholesterol levels of 190 mg/dL (4.9 mmol/L) or higher.

People who have diabetes. This group includes adults who have diabetes and an LDL between 70 and 189 mg/dL (1.8 and 4.9 mmol/L), especially if they have evidence of vascular disease or other risk factors for heart disease such as high blood pressure, smoking or being older than age 40.

The U.S. Preventive Services Task Force recommends starting low- to moderate-dose statins in adults ages 40 to 75 who have one or more risk factors for cardiovascular disease (CVD) and at least a 1 in 10 chance of having a CVD event in the next 10 years.

The recommendation raised important questions about the **'right' risk threshold** at which to start statin therapy for primary prevention, particularly because many older adults exceed this threshold on the **basis of age alone."**

Rarely, S**tatins can cause more-serious side effects** such as:

Increased blood sugar or type 2 diabetes. It's possible that your blood sugar (blood glucose) level may slightly increase when you take a statin, which can lead to type 2 diabetes. This is especially likely if your blood sugar is already high. However, the benefit of taking a statin may potentially outweigh the risk. Studies show that those with diabetes who take statins have much lower risks of heart attacks.

Muscle cell damage. Very rarely, high-dose statin use can cause muscle cells to break down (rhabdomyolysis) and release a protein called myoglobin into the bloodstream. This can lead to severe muscle pain and kidney damage.

Liver damage. Occasionally, statin use causes an increase in liver enzymes. If the increase is mild, you can continue to take the drug. Low to moderate doses of statins do not appear to severely raise liver enzyme levels. Contact your doctor immediately if you have unusual fatigue or weakness, loss of appetite, pain in your upper abdomen, dark-colored urine, or yellowing of your skin or eyes.

Cognitive problems. Some people have reported memory loss and confusion after using statins. However, the U.S. Preventive Services Task Force has not found any evidence to prove that statins actually cause cognitive problems.

Although the risks are rare, **very low levels of LDL cholesterol** may be associated with an increased risk of:

- Cancer
- Hemorrhagic stroke
- Depression
- Anxiety
- Preterm birth and low birth weight if your cholesterol is low while you're pregnant

Also, pregnant and breast-feeding women, or those intending to become pregnant, should not take statins.
It is generally recommended that people taking statins should not combine them with the following medications:

- Protease inhibitors (AIDS treatment)
- Erythromycin
- Itraconazole
- Clarithromycin
- Diltiazem
- Verapamil
- Fibrate drugs (that also lower LDL levels)

People who are taking statins should avoid grapefruits and grapefruit juice due to the potentially dangerous effects of an interaction.

When thinking about whether you should take statins for high cholesterol, ask yourself these questions:

- Do I have **other risk factors** for cardiovascular disease?
- Am I willing and able to make **lifestyle changes** to improve my health?
- Am I concerned about taking a pill every day, perhaps for the **rest of my life**?
- Am I concerned about statins' **side effects** or interactions with other drugs?

The Prescription!

1. Eat heart-healthy foods

A few changes in your diet can reduce cholesterol and improve your heart health:

Reduce saturated fats. Saturated fats, found primarily in red meat and full-fat dairy products, raise your total cholesterol. Decreasing your consumption of saturated fats can reduce your low-density lipoprotein (LDL) cholesterol — the "bad" cholesterol.

Eliminate trans fats. Trans fats, sometimes listed on food labels as "partially hydrogenated vegetable oil," are often used in margarines and store-bought cookies, crackers and cakes. Trans fats raise overall cholesterol levels. The Food and Drug Administration has banned the use of partially hydrogenated vegetable oils by Jan. 1, 2021.

Eat foods rich in omega-3 fatty acids. Omega-3 fatty acids don't affect LDL cholesterol. But they have other heart-healthy benefits, including reducing blood pressure. Foods with omega-3 fatty acids include salmon, mackerel, herring, walnuts and flaxseeds.

Increase soluble fiber. Soluble fiber can reduce the absorption of cholesterol into your bloodstream. Soluble fiber is found in such foods as oatmeal, kidney beans, Brussels sprouts, apples and pears.

Add whey protein. Whey protein, which is found in dairy products, may account for many of the health benefits attributed to dairy. Studies have shown that whey protein given as a supplement lowers both LDL cholesterol and total cholesterol as well as blood pressure.

2. Exercise on most days of the week and increase your physical activity

Exercise can improve cholesterol. Moderate physical activity can help raise high-density lipoprotein (HDL) cholesterol, the "good" cholesterol. With your doctor's OK, work up to at least 30 minutes of exercise five times a week or vigorous aerobic activity for 20 minutes three times a week.

3. Quit smoking

Quitting smoking improves your HDL cholesterol level. The benefits occur quickly:

Within 20 minutes of quitting, your blood pressure and heart rate recover from the cigarette-induced spike

Within three months of quitting, your blood circulation and lung function begin to improve

Within a year of quitting, your risk of heart disease is half that of a smoker

4. **Lose weight**

5. **Drink alcohol only in moderation**


BIG PHARMA
HERE'S YOUR OPIOIDS! SEE YOU NEXT WEEK AND NEXT WEEK AND NEXT WEEK AND NEXT WEEK AND NEXT WEEK AND NEXT WEEK AND NEXT WEEK AND
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CAGLECARTOONS.COM

POINTS TO PONDER

- Life process is a **symphony** & not just a series of numbers to achieve

- Life decisions should be made by patients with doctors in the background & big pharma totally out of the picture.

ESTABLISHED EFFICACY EVIDENCE

- For secondary prevention
- Familial hypercholesterolaemia


Lipitor
10 mg


Mike Keefe THE DENVER POST 11-7-10
NINE OUT OF TEN DOCTORS ON OUR PAYROLL RECOMMEND THIS PRODUCT!
Rx
PHARMACEUTICAL INDUSTRY


THE
PHARMACEUTICAL
INDUSTRY DOES NOT
CREATE CURES,
THEY
CREATE
CUSTOMERS
FitLife.tv