

There is light in the tunnel ahead

by Uffe Ravnskov, MD, PhD

A few months ago two well-known US scientists Rodney Hayward and Harlan Krumholz published an open letter entitled [Three reasons to abandon low-density lipoprotein targets](#) in the medical journal *Circulation: Cardiovascular Quality and Outcome*. In this paper they criticized the updated clinical guidelines to be published this year by the *Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults*. They showed that there is no scientific support for the idea to treat to a certain LDL value: “The dogma that treating to target is based on clinical trial evidence belies the fact that no clinical trial has yet tested this strategy”. ...not all drugs that improve lipid profiles reduce patient risk”.

Another argument was that “clinical trials demonstrate that the relative effects of statin therapy are not substantially related to a patient’s pretreatment LDL”

Or said in another way: High LDL-cholesterol is not a risk factor for cardiovascular disease. But this conclusion would of course have been too provocative to be published in a journal owned by the *American Heart Association*.

You can also listen to [his message on Youtube](#)

Since then Krumholz has gone further. In a recent issue of the same journal he has published a new paper entitled [A Note to My Younger Colleagues...Be Brave](#). By that he means that if they have discovered something, grounded in science that goes counter to common belief, they should not avoid to speak truth to power.

This is not too easy. Let me cite Krumholz:

”Unfortunately, our profession does not often reward those who question dogma. In fact, there are many episodes throughout the history of medicine and science in which truth was resisted and dogmatic beliefs, however poorly supported by evidence, were imposed by those in a position to do so. If we are to accelerate innovation in medicine, eliminate wasteful practices, and improve the depth and effectiveness of how we care for patients, then there must be room to question traditional approaches and to introduce new and better ways of prevention, diagnosis, and treatment. We are now at that critical juncture.”

There are a few who dare. Listen for example to this radio show where the host Alex Jones talks with Dr. [Russel Blaylock](#), a retired neurosurgeon and author, about the dangers of statin drugs and how they are causing serious brain disorders and increasing the incidence of dementia.

And here is a short video, where [Beatrice Golomb](#) is interviewed on *ABC News* about memory loss and cognitive side effects from taking Lipitor and other statins. After a few minutes ABC News’ medical editor Tim Johnson try to calm the viewers by telling them that ”only” two per cent of the users experience memory loss. As in the US alone at least 30 million people are on statin treatment, it means that more than half a million suffer from memory loss. Hopefully there aren’t too many pilots or bus or train drivers among them.

Listen also to [this audio](#) where our member Zoe Harcombe, author of [The Obesity Epidemic](#) is interviewed on *BBC* by Steve Wright.

[On Youtube](#) Malcolm Kendrick MD, author of [The Great Cholesterol Con](#) and another member of THINCS, reveals the disturbing results from a large study performed by WHO, one

among numerous studies that contradict the cholesterol hypothesis and which have been ignored by the proponents of the cholesterol campaign.

Mary Vernon , former president of the *American Society of Bariatric Physicians* (doctors specializing in treating obese patients), is another courageous researcher. She has published several papers about the miraculous results from treating diabetic patients with a low-carb, high-fat diet. In [this interview](#) by Swedish doctor Andreas Eenfeldt she tells about her experiences. Andreas himself has been one of the leading proponents of the lowcarb diet in Sweden. His blog is the most visited health blog in Sweden and is available also [in English](#).

Here is a new book about an old issue: [*How Statin Drugs Really Lower Cholesterol and Kill You One Cell at a Time*](#) by James and Hannah Yoseph. I have now read it and although I have studied this issue for more than 20 years, I found much new and shaky information about the criminal way the statins have been introduced. Even the Nobel Prize winners Goldstein and Brown, those who discovered why cholesterol was very high in familial hypercholesterolemia, seem to have participated in this scandalous process.

A British film producer Justin Smith and his co-workers are just now preparing a critical movie about the cholesterol campaign entitled *\$29 Billion Reasons to Lie About Cholesterol*. The film will be finished by August this year and is planned to have the first screening in August in London. [A short trailer](#), recently renewed, is available. It is also possible to preorder a copy of the DVD. Several cholesterol critics have been interviewed, among them are John Abramson MD, author of [Overdosed America](#), Professor [Paul Rosch](#), President of *The American Institute of Stress* and a member of THINCS, [Malcolm Kendrick](#), MD, [Peter Langsjoen](#),

MD, world expert on Q10 and also a member of THINCS, and myself.

I wonder if the increasing number of critical researchers (there are many more) have made the drug industry desperate. Recently *The Cholesterol Treatment Trialists' (CTT) Collaborators*, most of whom are paid by several drug companies, published [an analysis in *The Lancet*](#). According to the authors their analysis provides strong evidence that the reduction in vascular risk with statins is at least as great in low-risk patients as in high-risk patients.

[They have](#) analysed the data from almost 175,000 participants in 27 statin trials. According to their analysis, statin therapy caused a consistent reduction in the relative risk for major vascular events even for healthy low-risk people. Therefore, they wrote, the study suggests that current guidelines might need to be reconsidered, meaning, according to a commentary in the same issue, that all people above fifty should take statins.

I am sure that the crucial question for most people is not whether they can avoid a non-fatal heart attack by lowering their cholesterol, but whether they can prolong their life, and whether they can do it without risk of getting serious adverse effects from the treatment. From table 3 in the *Lancet* paper it is possible to calculate that the chance to be alive after five years for people without vascular disease and whose 5-year risk of a major vascular event is lower than 10% is the same, whether they are on statin treatment or not and whether they have a vascular disease or not.

There is a benefit for people whose risk lies between 10% and 20%, but it is trivial at most. According to the table their chance of being alive after five years without treatment is 89.9%. If they take a statin every day they can increase their chance to 90.7%.

Do this small benefit really exceed any known hazards of statin therapy, as the authors wrote? I doubt. As I mentioned in [a previous newsletter](#) more than four per cent run a risk of moderate or serious adverse effects from the muscles, liver, kidneys or eyes. As I explained in my letter, these numbers were even underestimated, and the authors had not examined the frequency of diabetes, impotency or cerebral symptoms either.

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This letter has been sent to you because you have previously shown interest in the many contradictions of the diet-cholesterol-heart hypothesis and/or the work of our group THINCS, The International Network of Cholesterol Skeptics (www.thincs.org). If you do not wish to be on the mailing list, please contact me and I shall delete your name