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DR. JAMES H. WINER
Director

THE SCOOP ON CHOLESTEROL

Did you know that cholesterol is a necessary nutrient, and that you could not survive without it? You brain is largely made of cholesterol. Your hormones are made from cholesterol. The cell walls of the billions of cells that make up your body tissues are made of cholesterol. Cholesterol is only found in animals. So if you were a strict vegan vegetarian, your liver could make the cholesterol you need. The current arbitrary 200 cholesterol threshold was not derived scientifically. It is rumored that it was decided upon over a cardgame by doctors with financial ties to the drug companies, in order to increase sales! There are serious doubts even in the medical community as to the relationship of cholesterol to stroke and heart attacks. In the popular magazine Esquire, June, 2001, they state"the funny thing about cholesterol is that most people with serious heart disease don't have high levels of it and never did! This article also talks about the risks of cholesterol medications, as does one in SMART MONEY, November, 2003. PLEASE KEEP IN MIND WE ARE NOT TELLING YOU TO GET OFF OR STOP ANY MEDICATIONS.

Cholesterol medication users appparently do NOT have a lower risk of heart attack or stroke, nor do they have an increase in longevity or lower risk of dying from a heart attack. Some feel that the epidemic of Alzheimer's disease(mental decline and memory loss) that is now affecting even people in their 50s may be related to cholesterol medication. Other possible side-effects include: muscle pain, weakness, and damage(rhabdomyolosis), liver damage, CONGESTIVE HEART FAILURE, decreased immunity with resultant increased risk of infections and cancer, severe fatigue or tiredness, and even DEATH! Some of these side-effects of the so-called "statin" drugs can be traced to the suppression of production of the vital energy-producing molecule ubiquinone, also known as CoEnzyme Q10(CoQ10). In England, it is a requirement that ALL statin cholesterol drugs contain CoQ10 to offset, at least in part, this vital loss. Here in the United States, statin drugs do not contain CoQ, and since many doctors are unaware of this consequence, they do not prescribe or recommend additional CoQ10 supplementation. Such statin drugs as Crestor, Lipitor, Vytorin, Mevachor, Pravachol, Zocor,etc can cause this serious side-effect. Patients taking statin drugs should take, in our opinion, at least 100-200mg of CoQ10 DAILY.

Of course there are natural approaches for regulating blood fat, especially keeping in mind that cholesterol IS a necessary nutrient. If you eat the foods your body was designed to handle, including a lot of fresh fruits, vegetables, and whole grains, and avoid synthetic, hydrogenated fats found in margarine, Crisco, deep-fried foods, commercial peanut butters and baked goods, you may be able to achieve excellent lipid balance. Keep in mind this does not necessarily mean a cholesterol under 200. As fats you can use olive oil, coconut oil, and butter. There are numerous nutritional products, such as lecithin, toxin-free fish oil, garlic, plant sterols, policosonols, and others that can help you improve your blood fat balance. In the January 2008 AARP magazine "The Miracle Diet" is proposed, which will "protect your heart and prevent a slew of diseases". It is essentially a largely vegetarian diet, with some fish, plenty of fruits, vegetables, healthy fats, nuts, and whole grains...exactly what Dr Winer has been teaching for over three decades! Back in 1977, the U.S.Senate Select Committee on Nutrition and Human Health found that most of our leading causes of death were related to our diet, and suggested the very same improvements. A graph based on data from the National Cancer Institute, available at the Pain Release Clinic, shows this relationship as well.

CHOLESTEROL DRUG VYTORIN

Pittsburgh Post-Gazette

ONE OF AMERICA'S GREAT NEWSPAPERS

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Popular drug doesn't unclog arteries

By Rob Stein
The Washington Post

WASHINGTON — A popular cholesterol-lowering drug failed to help slow the build-up of artery-clogging plaque in a long-awaited study, the companies that market the medication said yesterday, raising questions about whether its use should be limited.

The drug, Vytorin (a combination of Zetia and Zocor), also did not reduce the thickness of plaque lining artery walls, a significant disappointment for the manufacturers.

"Obviously, we would have preferred a more favorable result," said Skip Irvine, a spokesman for Merck/Schering-Plough Pharmaceuticals, a joint venture between the two companies that markets both Zetia and Vytorin.

Other experts said the findings mark a major blow for the medications.

"This is stunning," said Dr. Steven Nissen, a Cleveland Clinic cardiologist who was not involved in the research. "I do not believe it should be used as a first-line therapy. It should only be

SEE DRUGS, PAGE A-5

Popular drug doesn't unclog arteries

DRUG, FROM PAGE A-1

used as a last resort. That's a stunning reversal for what was previously one of the fastest-growing cholesterol-lowering medications being used."

The companies disputed Dr. Nissen's conclusions, saying the study showed once again that Zetia was highly effective at lowering cholesterol levels. The companies are sponsoring another large study aimed at evaluating the drug's ability to prevent heart attacks and strokes. "We expect that study to be completed sometime in 2011," Mr. Irvine said.

Zetia was approved in 2002, and Vytorin was approved in 2004. Both quickly became popular. Doctors wrote about 18 million prescriptions for Vytorin and about 14 million for Zetia in 2006, making them among the most commonly prescribed cholesterol-lowering drugs, and their popularity has continued to grow, according to IMS Health, a health care information company.

Previous studies have shown Zetia and Vytorin are effective at lowering cholesterol, but other medications that do this have been shown to have additional benefits, such as slowing the build-up of plaque or sometimes even shrinking it, as well as reducing the risk of heart attacks and strokes and lowering mortality rates.

The new company-sponsored study was the first attempt to demonstrate Vytorin's ability to slow the progression of heart disease. It involved 720 patients in Europe suffering from a genetic condition that causes very high cholesterol levels. About half the patients received Vytorin, and the other half received Zocor alone.

After two years, ultrasound measurements of plaque build-up in neck arteries found no significant difference between the two groups, and even indicated that those receiving Vytorin may have experienced slightly more build-up.

"It failed to slow build-up of plaques," Dr. Nissen said. "If anything, the trends were going in the wrong direction — the patients getting Zetia actually had a little faster plaque build-up compared to those who got generic Zocor."

There were no signs that patients taking Vytorin were any more likely to suffer side effects or heart problems, but Dr. Nissen and others said the study suggests that putting patients on the medications denies them the additional benefits of competing drugs such as Zocor, Lipitor and Crestor.

"Whenever you use an ineffective treatment, it means you are denying them effective treatments," Dr. Nissen said.

The companies have come under criticism from cardiologists and members of Congress for failing to release the findings sooner.

VYTORIN IS A COMBINATION OF ZOCOR AND ZETIA. CHOLESTEROL APPARENTLY NOT THE FACTOR CLOGGING ARTERIES!
DR DEAN ORNISH, MD VEGETARIAN DIET SHOWN TO UNCLOG ARTERIES...

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WEDNESDAY, JULY 16, 2008

An edition of PITTSBURGH TRIBUNE-REVIEW
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LETTERS

Overdrugged

I am appalled at the relentless marketing to new target populations of the obscene concept that drugs, not lifestyle, will prevent disease.

The United States is only 5 percent of the world's human population, yet it consumes 70 percent of the world's medications — and yet is only 37th among nations in longevity.

The Trib is the tool of Big Pharma for placing on the front page the recommendation by Dr. Stephen Daniels — who has worked as a consultant for both Abbott and Merck — that some children as young as 8 be given cholesterol-fighting drugs to ward off heart problems ("Cholesterol drugs to be advised for children," Associated Press, July 7 and PghTrib.com) while almost *never* giving any coverage to safe, natural approaches for health.

Recent studies show that cholesterol drugs do not prevent clogging of arteries.

Recent studies show that cholesterol drugs do *not* prevent clogging of arteries and that many heart attack victims had *low* cholesterol.

Cholesterol *is* a necessary nutrient, responsible for normal male and female hormone production, brain function and cell-wall manufacture.

Developing children will be at serious risk if they are induced, unnecessarily, to take drugs that will inhibit their normal development, potentially damage their livers and muscles, decrease their immunity and rob their bodies of vital energy through the blockage of coenzyme Q production.

Dr. Dean Ornish has shown that preventing as well as reversing the clogging of arteries is mainly a matter of steering away from a top-heavy meat and chicken diet and avoiding junk foods and hydrogenated trans fats.

The dual epidemics of obesity and decreased life expectancy plaguing the younger generation are the result of poor diet and lack of exercise, not a drug deficiency.

James H. Winer
South Side

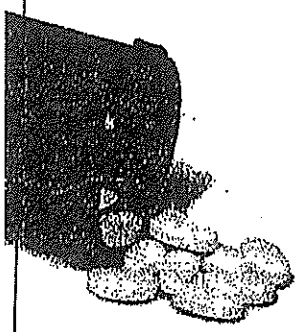
The writer is a doctor of chiropractic and a radio talk-show host (drjameswiner.com).

Side effects of LIPITOR INCLUDE: (ALSO other STATIN cholesterol drugs do the same)

1. Alzheimers (memory loss)
2. MUSCLE PAIN/damage
3. Congestive Heart Failure
4. Low energy
5. Liver damage
6. CANCER
7. depressed immunity
8. Loss of CoQ
9. Diabetes

The Lipitor Dilemma

There's little doubt that the world's bestselling prescription medicine saves lives. But as more and more patients link the cholesterol pill to memory loss and crippling muscle pain, some doctors are starting to ask: Is America overdosing on Pfizer's wonder drug?



BY ELEANOR LAISE

THERE'S AN AWKWARD SILENCE WHEN YOU ASK Mike Hope his age. He doesn't change the subject, or stammer, or make a silly joke about how he stopped counting at 21. He simply doesn't remember. Ten seconds pass. Then 20. Finally, an answer comes to him. "I'm 56," he says. Close, but not quite. "I will be 56 this year." Later, if you happen to ask him about the book he's reading, you'll hit another roadblock. He can't recall the title, the author or the plot.

The burly, broad-shouldered former high school quarterback has become accustomed to these uncomfortable moments. Once the owner of a successful ophthalmologic supply company, he now has trouble completing a sentence. "You would grasp a word, and it's like on a marquee in front of you," he says one afternoon in his suburban Los Angeles home. "But you can't get the word out. And nothing you can do will get the word out, nor can you leave the word just sitting there. It freezes you." The condition, called aphasia, kept him from making sales calls. He'd also forget to fill orders and bill clients. Mike and his wife, Sharon, first borrowed money to support the struggling company, then abandoned it altogether. To stay afloat, Sharon cleaned out half of her retirement account and Mike, declared legally disabled, went on Social Security 10 years early.

As his speech and memory faded, his world, bit by bit, became smaller. The neighborhood where he has lived for 26 years is unfamiliar. He has forgotten his family's trip to the Kennedy Space Center, his daughter's wedding plans and the location of his favorite Mexican restaurant. He avoids the supermarket because it was recently reorganized and he can't master the new floor plan. He also dodges his buddies in the neighborhood, guys who were once fixtures around his house. "When you're afraid to speak up, or when you do and it doesn't come across, that's a pretty ugly feeling," Hope says.

Then there's the physical pain. For the past five years, Hope has been at war with his muscles. They form knots in his shoulders, keep him awake till dawn and cramp so severely that Sharon has to straighten his arms each afternoon.

Though Hope tries to laugh off his memory problem as "the village idiot syndrome," he knows it has tormented his family. Sharon, a software engineer, spends her morning commute on her cell phone, calling neuropsychologists, clinical researchers, anyone who will listen. She keeps records of all the doctor appointments—52 last year alone—the brain scans and the MRIs. The doctors don't detect dementia or Alzheimer's or anything else. So

PHOTOGRAPH BY DON KINSELLA

IMPORTANT FACTS

LIPITOR atorvastatin calcium tablets (LIP-ih-tore)

LOWERING YOUR HIGH CHOLESTEROL

High cholesterol is more than just a number, it's a risk factor that should not be ignored. If your doctor said you have high cholesterol, you may be at an increased risk for heart attack. But the good news is, you can take steps to lower your cholesterol.

With the help of your doctor and a cholesterol-lowering medicine like LIPITOR, along with diet and exercise, you could be on your way to lowering your cholesterol.

Ready to start eating right and exercising more? Talk to your doctor and visit the American Heart Association at www.americanheart.org.

WHO IS LIPITOR FOR?

Who can take LIPITOR:

- People who cannot lower their cholesterol enough with diet and exercise
- Adults and children over 10

Who should NOT take LIPITOR:

- Women who are pregnant, may be pregnant, or may become pregnant. LIPITOR may harm your unborn baby. If you become pregnant, stop LIPITOR and call your doctor right away.
- Women who are breast-feeding. LIPITOR can pass into your breast milk and may harm your baby.
- People with liver problems
- People allergic to anything in LIPITOR

BEFORE YOU START LIPITOR

Tell your doctor:

- About all medications you take, including prescriptions, over-the-counter medications, vitamins, and herbal supplements
- If you have muscle aches or weakness
- If you drink more than 2 alcoholic drinks a day
- If you have diabetes or kidney problems
- If you have a thyroid problem

ABOUT LIPITOR

LIPITOR is a prescription medicine. Along with diet and exercise, it lowers "bad" cholesterol in your blood. It can also raise "good" cholesterol (HDL-C).

LIPITOR can lower the risk of heart attack or stroke in patients who have risk factors for heart disease such as:

- age, smoking, high blood pressure, low HDL-C, heart disease in the family, *or*
- diabetes with risk factor such as eye problems, kidney problems, smoking, or high blood pressure

POSSIBLE SIDE EFFECTS OF LIPITOR

Serious side effects in a small number of people:

- Muscle problems that can lead to kidney problems, including kidney failure. Your chance for muscle problems is higher if you take certain other medicines with LIPITOR.
- Liver problems. Your doctor may do blood tests to check your liver before you start LIPITOR and while you are taking it.

Symptoms of muscle or liver problems include:

- Unexplained muscle weakness or pain, especially if you have a fever or feel very tired
- Nausea, vomiting, or stomach pain
- Brown or dark-colored urine
- Feeling more tired than usual
- Your skin and the whites of your eyes turn yellow

If you have these symptoms, call your doctor right away.

The most common side effects of LIPITOR are:

- Headache
- Constipation
- Diarrhea, gas
- Upset stomach and stomach pain
- Rash
- Muscle and joint pain

Side effects are usually mild and may go away by themselves. Fewer than 3 people out of 100 stopped taking LIPITOR because of side effects.

HOW TO TAKE LIPITOR

Do:

- Take LIPITOR as prescribed by your doctor.
- Try to eat heart-healthy foods while you take LIPITOR.
- Take LIPITOR at any time of day, with or without food.
- If you miss a dose, take it as soon as you remember. But if it has been more than 12 hours since your missed dose, wait. Take the next dose at your regular time.

Don't:

- Do not change or stop your dose before talking to your doctor.
- Do not start new medicines before talking to your doctor.
- Do not give your LIPITOR to other people. It may harm them even if your problems are the same.
- Do not break the tablet.

NEED MORE INFORMATION?

- Ask your doctor or health care provider.
- Talk to your pharmacist.
- Go to www.lipitor.com or call 1-888-LIPITOR.

Uninsured? Need help paying for Pfizer medicines? Pfizer has programs that can help. Call 1-866-706-2400 or visit www.PfizerHelpfulAnswers.com.

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CLOPIDOGREL

PREGNANCY WARNING

There was no evidence of toxicity in animal studies. Use during pregnancy only for clear medical reasons. Tell your doctor if you are pregnant or thinking of becoming pregnant before you take this drug.

BREAST-FEEDING WARNING

Clopidogrel is excreted in animal milk. It is likely that this drug, like many others, is also excreted in human milk. Because of the potential for serious adverse effects in nursing infants, you should not take this drug while nursing.

Because the retail cost of clopidogrel is at least 100 times greater than the cost of aspirin and is no better than aspirin in preventing a second heart attack or stroke, its use should be limited to those who cannot take aspirin. The long-term use of clopidogrel in the management of patients with acute coronary syndromes is unclear. Long-term clopidogrel may be no better than aspirin.

CLOPIDOGREL AND THROMBOTIC THROMBOCYTOPENIC PURPURA (TTP)

TTP is a life-threatening adverse effect that is characterized by a breakdown of red blood cells, low levels of cells that help stop bleeding (platelets), fever, mental changes, and kidney problems.

Clopidogrel is approved by the FDA to reduce the risk of a new heart attack or stroke in patients with a history of a recent heart attack or stroke. The drug has also been approved by the FDA for a condition known as acute coronary syndrome in patients who may be treated medically or with a stent (a metal device placed in a coronary vessel to keep it open) or bypass surgery to reduce the rate of heart attack, stroke, and cardiovascular death. Acute coronary syndrome consists of unstable chest pain (angina) and changes in the electrocardiogram (EKG or ECG) that suggest a heart attack.

A single clinical trial was the basis for the FDA approving clopidogrel for preventing a second heart attack or stroke. In this trial, clopidogrel was directly compared to aspirin.[145] The difference between clopidogrel and aspirin was very small but statistically significant, favoring clopidogrel. A critique of the trial concluded by saying that the result "leaves open questions about whether such a difference is clinically meaningful, or in fact, reproducible."[146]

The trial mentioned above failed to show that clopidogrel was superior to aspirin in preventing a second heart attack or stroke. The fact that clopidogrel is no better than aspirin has not stopped its manufacturer from advertising it as a better drug. This resulted in the FDA warning Bristol-Myers Squibb/Sanofi in April 2001 about its false and misleading promotion of clopidogrel as being superior to aspirin.[147]

In a study examining the management of acute coronary syndromes, clopidogrel was found to be marginally better than aspirin by only 2.1 percent. However, there were statistically significantly more patients with major bleeding episodes (defined as needing a transfusion of at least two units of blood) in those taking clopidogrel. In this study, 1% more patients taking clopidogrel had a major bleeding episode compared to the aspirin-treated patients, but there was no statistical difference between those taking clopidogrel or aspirin in regard to episodes of life-threatening bleeding.[148]

A further analysis of the trial mentioned above found that in patients with acute coronary syndrome taking aspirin, adding clopidogrel was beneficial, compared to placebo, in reducing major cardiovascular events.[149] However, it has been noted that beyond 30 days there was no significant advantage to treatment with clopidogrel over placebo in regard to cardiovascular death or nonfatal heart attack. The long-term role of clopidogrel remains unclear.[150]

Ticlopidine (TICLID; see p. 158), a close chemical relative of clopidogrel, has been linked to a life-threatening blood disorder called throm-

Fourth study in a row shows cholesterol drugs cause diabetes

TUESDAY, JANUARY 10, 2012 USA TODAY

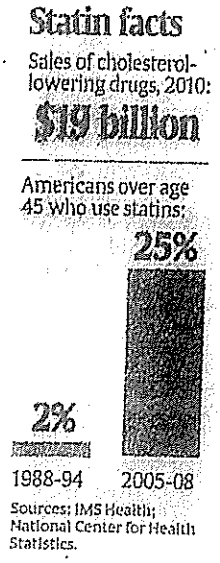
Heart drugs tied to diabetes

Statins raise risk of developing disease

By Liz Szabo
USA TODAY

One in four Americans older than 45 face a higher risk of diabetes because they take cholesterol-lowering statins, the nation's most-prescribed drug, a new analysis suggests. It's the fourth major publication in two years to find that link.

Experts advise patients to not stop taking their medications without talking to a doctor, because statins' proven power to prevent heart attacks and strokes outweighs any potential increase in diabetes risk. Patients also should ask their doctors to monitor them more closely for signs of type 2 diabetes, a chronic condition that affects the way the body uses sugar, which can damage blood vessels and increase the risk of heart disease.



Even so, the results — a nearly 50% increase in diabetes among longtime statin users — should throw cold water on the idea of prescribing the drugs to healthy people, which some have recommended as a way to prevent disease, says JoAnn Manson, co-author of the study in Monday's *Archives of Internal Medicine*. Manson, a professor of medicine at Harvard Medical School, is a principal investigator in the long-running Women's Health Initiative, which included about 153,000 postmenopausal women. She says about 6.4% of those who didn't use statins developed diabetes during eight to nine years of follow-up. That rate rose to 9.9% among statin users. Other studies have linked statins and diabetes in men as well.

"I don't think there's any debate remaining, particularly in the higher doses, about whether statins slightly increase the risk of developing diabetes," says cardiologist Steven Nissen of the Cleveland Clinic, who wasn't involved in the new study. Yet Nissen notes that statins, which sharply reduce the risk of heart attacks and death in people with heart disease, are "among the best drugs we've got."

Although statins have been used since 1987, this kind of side effect can take time to become apparent, says Robert Eckel, former president of the American Heart Association. Manson says the link to diabetes may appear more clearly in the Women's Health Initiative because the study was so large and the women were followed for such a long time. Doctors write 255 million prescriptions for cholesterol-lowering drugs each year, according to IMS Health, which monitors the pharmaceutical industry.

An increased risk of diabetes among statin users was first seen in 2008 in a trial of the drug Crestor, says Vivian Fonseca, the American Diabetes Association's president for medicine and science. A 2011 analysis in the *Journal of the American Medical Association* and a 2010 analysis in *The Lancet* also found higher risk of diabetes among statin users.

Fonseca says other important drugs, such as the diuretics used to treat high blood pressure, also are known to increase the risk of diabetes.

"Every medication has risks and benefits, but you don't want people to have heart attacks because they are so worried about getting diabetes," Fonseca says.

For example, Eckel says, a 62-year-old woman who had a heart attack six months ago is still better off on a statin, even if she has diabetes in her family or impaired blood sugar levels.

Scientists don't know why statins appear to increase the risk of diabetes. Manson says understanding the connection could help develop new statins that don't increase diabetes risk.

Nearly 26 million Americans — or 8.3% of the population — have diabetes, the American Diabetes Association says. Experts have said the nation's obesity epidemic is the primary driver in the prevalence of diabetes.

Another nail in the coffin for statin drugs - New research finds statins increase artery calcification

by Tony Isaacs

(NaturalNews) In yet another blow to the claimed benefits of statin drugs, newly published research has found that statin drug use leads to accelerated coronary artery and aortic artery calcification, both of which greatly contribute to cardiovascular disease and mortality. The new study comes on top of findings that led the FDA to mandate adding "diabetes risk" to the warning label of statin drugs.

Statin drugs cause problems they are marketed to solve

The latest discovery makes it clear that statin drugs not only carry a significant risk of developing type 2 diabetes, they also accelerate the cardiovascular complications associated with diabetes. This has to be particularly disconcerting to the pharmaceutical companies since they have been marketing statins to reduce cardiovascular morbidity and mortality, not accelerate it.

According to Dr. Arthur Agatston, cardiologist and author of the *South Beach* diet books, coronary calcium is the best predictor of who will have a heart attack and who will not. A recent study published in the *Journal of the American Medical Association* found that coronary calcium was six times more accurate in predicting an impending heart attack than the risk factor of a family history of coronary heart disease.

In the new research, just published in the journal *Diabetes Care*, researchers looked at patients with type 2 diabetes and advanced atherosclerosis and found that coronary artery calcification "was significantly higher in more frequent statin users than in less frequent users." Further, the researchers looked at a subgroup of participants who were not initially receiving statins and found that "progression of both CAC [coronary artery calcification] and AAC [aortic artery calcification] was significantly increased in frequent statin users."

The initial premise used to market statin drugs was that they lowered cholesterol and cholesterol led to clogged arteries and heart attacks. That premise has been roundly discredited and the fact is that there has never been a single study which has proven that increased cholesterol levels cause heart attacks or other coronary problems.

Increasingly, it is being demonstrated that inflammation is the real culprit in arterial plaque. As *NaturalNews* recently reported, regardless of the amount of cholesterol in the blood, inflammation will result in the depositing of cholesterol to repair arteries damaged by inflammation.

See: http://www.naturalnews.com/035514_cholesterol_myths_heart_doctor.html

One of the worst effects of statin drugs is to lower the natural production of Coenzyme Q10 (CoQ10), a compound which is absolutely vital to optimal health and is particularly important for muscle health. The heart just happens to be the largest muscle in the body.

Overall, statin drugs have been linked to more than 300 side-effects, including weakening of the heart muscle. The results of this latest negative study on statin drugs may prove to ultimately be a final nail in the coffin of these dangerous drugs - though given the billions of dollars in profits the drugs rake in, we can expect to see the pharmaceutical industry fight tooth and nail to keep the drugs on the market.

Is It Dangerous to Stop Statins?

by Dr. David Williams
Filed Under: Heart Health, Cholesterol
Last Reviewed 10/02/2014

As most of you already know, I regularly recommend that people avoid taking cholesterol-lowering statins, due to the numerous negative statin side effects and the ineffectiveness of statin drugs in reducing the risk of death from heart attack and stroke.

Consequently, I'm often asked by those wishing to heed my advice whether it is dangerous to stop taking statin drugs if they are currently on them.

Typically, any time a patient decides to cease taking a drug on his or her own, we hear outcries from physicians that these people are putting their lives in danger.

That's the standard knee-jerk reaction. But what are the real risks when it comes to stopping statins?

Weighing the Statin Risks

First, most statin users have never had a heart attack or stroke. Their doctors prescribed these drugs to prevent such an occurrence. Yet, research shows that statins neither prevent these problems nor save lives, so based on that, discontinuing the use of these drugs wouldn't make any difference.

Second, it's prudent to look at individuals taking statins who actually do have a prior history of heart attack or stroke.

Again, looking at a compilation of the research and combining all the unrealistic, best-case data available, you could say if 1,000 individuals with a history of heart attack or stroke were given statins for five years, it might save 12 from death, 26 from a repeat heart attack, and eight from a stroke.

So, after 1,000 people took the drug for five years, a total of 46 might be helped.

On the downside, research shows that 100 individuals would develop and be harmed by muscle destruction. Additionally, 200 to 300 would develop type 2 diabetes.

And there are more than 300 other known side effects directly associated with statin use. (*Lancet 05;366(9493):1267–1278*) (*N Engl J Med 08;359(21):2195–2207*) (*Arch Intern Med 06;166(21):2307–2313*)

In a nutshell, stopping statins is quite unlikely to trigger a heart attack, stroke, or premature death in anyone. (emphasis mine)