

5 Great Reasons Why You Should Not Take Statins

By Dr. Mercola

Statin cholesterol-lowering drugs are widely touted as the best way to lower your cholesterol and thereby prevent a heart attack. They're recommended to people who have "high cholesterol," those who have heart disease, and even for some healthy people as a form of preventive medicine.

Statins are among the most widely prescribed drugs on the market, with more than 1 in 4 Americans over 45 taking them. This already inflated number is set to increase significantly due to draft recommendations issued earlier this year by the U.S. Preventive Services Task Force (USPSTF).

This federal advisory board recommended statin treatment for people between the ages of 40 and 75 with a 10 percent or greater risk of heart problems in the next 10 years (based on the 2013 AHA-ACC online calculator) — even if they have *not* had a previous heart attack or stroke.

Needless to say, if you're a U.S. adult aged 40 or beyond, there's a good chance your doctor may bring up statins at your next visit, so you need to do your homework to determine if these drugs are truly right for you — and there's a good chance they're *not*.

5 Reasons Why You Should Not Take Statins

1. They Don't Work

Statin drugs *work* to lower cholesterol, and as your levels fall, you may assume that is proof that you're getting healthier and lowering your risk of heart disease and heart attack. But that would be far from the truth.

There is far more that goes into your risk of heart disease than your cholesterol levels. Further, there is evidence showing that statins may actually make your heart health *worse* and only appear effective due to statistical deception.

One report published in the Expert Review of Clinical Pharmacology concluded that statin advocates used a statistical tool called relative risk reduction (RRR) to amplify statins' trivial beneficial effects.

If you look at absolute risk, statin drugs benefit just 1 percent of the population. This means that out of 100 people treated with the drugs, one person will have one less heart attack. This doesn't sound so impressive, so statin supporters use a different statistic called relative risk.

Just by making this statistical sleight of hand, statins suddenly become beneficial for 30 to 50 percent of the population. As STATS at George Mason University explained, "An important feature of relative risk is that it tells you nothing about the actual risk."

2. Statins Reduce CoQ10

Statins deplete your body of coenzyme Q10 (CoQ10), which accounts for many of their devastating results. Although it was proposed to add a black box warning to statins stating this, the U.S. Food and Drug Administration (FDA) decided against it in 2014.

CoQ10 is used for energy production by every cell in your body, and is therefore vital for good health, high energy levels, longevity, and general quality of life. CoQ10's reduced form, ubiquinol, is a critical component of cellular respiration and production of adenosine triphosphate (ATP).

ATP is a coenzyme used as an energy carrier in every cell of your body. When you consider that your heart is the most energy-demanding organ in your body, you can surmise how potentially devastating it can be to deplete your body's main source of cellular energy.

So while one of statins' claims to fame is warding off heart disease, you're actually *increasing* your risk when you deplete your body of CoQ10. The depletion of CoQ10 caused by the drug is why statins can increase your risk of acute heart failure.

So if you're taking a statin drug, you **MUST** take Coenzyme Q10 as a supplement. If you're over 40, I would *strongly* recommend taking ubiquinol instead of CoQ10, as it's far more effectively absorbed by your body.

In every study conducted so far, ubiquinol has been shown to be far more bioavailable than the non-reduced form (CoQ10). Dr. Steven Sinatra, cardiologist and founder of the New England Heart Center, recommends taking at least 100 milligrams (mg), but preferably 200 mg of high-quality CoQ10 or ubiquinol daily.

One study in the European Journal of Pharmacology showed that ubiquinol effectively rescued cells from the damage caused by the statin drug simvastatin, thereby protecting muscle cells from myopathies.

The other part most people don't realize is that CoQ10 and ubiquinol are lipid-soluble materials biosynthesized in your blood. The carrier is the blood lipid *cholesterol*.

The ubiquinol actually keeps your LDL (often referred to as the "bad" cholesterol) reduced, as it's an exceptionally potent antioxidant.

Reduced LDL cholesterol isn't bad cholesterol at all. Only the oxidized version will cause a problem. So by reducing CoQ10 production in your body, you're also removing the mechanism that keeps your LDL cholesterol from doing harm in your body.

3. **Statins Reduce Vitamin K2**

A new finding was published in March 2015, and it is not yet widely known. Research published in Expert Review of Clinical Pharmacology revealed that, in contrast to the current belief that cholesterol reduction with statins decreases atherosclerosis, the drugs may instead actually *stimulate* atherosclerosis and heart failure.

There were several physiological mechanisms discussed in the study that show how statin drugs may make your heart health worse, one being that they inhibit the synthesis of vitamin K2. Vitamin K2 protects your arteries from calcification. Without it, plaque levels worsen.

Vitamin K2's biological role is to help *move calcium* into the proper areas in your body, such as your bones and teeth. It also plays a role in *removing* calcium from areas where it shouldn't be, such as in your arteries and soft tissues.

According to a 2009 Dutch study, vitamin K2 is associated with reduced vascular calcification even at small dietary intakes.

Statin drugs inhibit the function of vitamin K2 in your body, which means taking them may put you at risk of vitamin K2 deficiency, a condition known to contribute to a number of chronic diseases, including:

Osteoporosis	Heart disease	Heart attack and stroke
Inappropriate calcification, from heel spurs to kidney stones	Brain disease	Cancer

4. **Statins Reduce Ketone Production**

Statins lower cholesterol by inhibiting the enzyme in your liver that produces cholesterol (HMG coenzyme A reductase). Unfortunately this is the same enzyme that produces not only CoQ10 but also ketones, which are crucial nutrients to feed your mitochondria.

Ketones are vitally important biological signaling molecules. There are three ketone bodies, acetoacetate, beta hydroxybutyrate, and acetone.

They're produced in your liver (they're byproducts of the breakdown of fatty acids) and production increases during fasting. As noted in the journal Trends in Endocrinology & Metabolism: "*Ketone bodies are emerging as crucial regulators of metabolic health and*

longevity, via their ability to regulate HDAC [histone deacetylases] activity and thereby epigenetic gene regulation.”

Ketone bodies appear to inhibit HDAC function, which is implicated in the regulation of aging. Further, researchers noted “ketone bodies may link environmental cues such as diet to the regulation of aging.”

5. **Increased Risk of Serious Diseases**

Because statins deplete your body of CoQ10, inhibit synthesis of vitamin K2, and reduce the production of ketone bodies, they increase your risk of other serious diseases. This includes:

Cancer

Research has shown that long-term statin use (10 years or longer) more than doubles women's risk of two major types of breast cancer: invasive ductal carcinoma and invasive lobular carcinoma. According to Dr. Sinatra, statins block the squalene pathway (squalene is the precursor to cholesterol), which he believes is essential in preventing breast cancer.

In addition, the use of any statin drug, in any amount, was associated with a significantly increased risk for prostate cancer in a separate study, and there was an increasing risk that came along with an increasing cumulative dose.

According to a letter to the editor published in the Journal of Clinical Oncology:¹²
“Several cholesterol-lowering drugs, including statins, have been found to be carcinogenic in rodents in doses that produce blood concentrations of the drugs similar to those attained in treating patients.

In accordance, breast cancer occurred in 12 of 286 women in the treatment group of the CARE (Cholesterol and Recurrent Events) trial, but only in one of 290 in the placebo group ... In the PROSPER (Prospective Study of Pravastatin in the Elderly at Risk) trial, cancer occurred in 245 of 2,891 patients in the treatment group, but only in 199 of 2,913 in the placebo group ... In the SEAS (Simvastatin and Ezetimibe in Aortic Stenosis) trial, cancer occurred in 39 of 944 patients in the treatment group, but only in 23 of 929 in the placebo group ... In the two first simvastatin trials, nonmelanoma skin cancer was seen more often as well, and with statistical significance if the results are calculated together ... The latter finding may explain the current so-called epidemic of nonmelanoma skin cancer.”

Diabetes

Statins have also been shown to increase your risk of diabetes via a number of different mechanisms. The most important one is that they increase insulin resistance, which can be extremely harmful to your health. Secondly, statins increase your diabetes risk by raising your blood sugar. Statins work by preventing your liver from making cholesterol.

As a result, your liver returns the sugar to your bloodstream, which raises your blood sugar levels. These drugs also rob your body of certain valuable nutrients, which can also impact your blood sugar levels. Two nutrients in particular, vitamin D and CoQ10, are both needed to maintain ideal blood glucose levels. A 2011 meta-analysis confirmed the higher the dosage of statin drugs being taken, the greater the diabetes risk.

The "number needed to harm" for intensive-dose statin therapy was 498 for new-onset diabetes — that's the number of people who need to take the drug in order for one person to develop diabetes. In even simpler terms, 1 out of every 498 people who are on a high-dose statin regimen will develop diabetes.

The following scientific reviews also reached the conclusion that statin use is associated with increased incidence of new-onset diabetes:

- A 2010 meta-analysis of 13 statin trials, consisting of 91,140 participants, found that statin therapy was associated with a 9 percent increased risk for incident diabetes. Here, the

number needed to harm was 255 over four years, meaning for every 255 people on the drug, one developed diabetes as a result of the drug in that period of time.

- In a 2009 study, statin use was associated with a rise of fasting plasma glucose in patients with and without diabetes, independently of other factors such as age, and use of aspirin, β -blockers, or angiotensin-converting enzyme inhibitors.

The study included data from more than 345,400 patients over a period of two years. On average, statins increased fasting plasma glucose in non-diabetic statin users by 7 mg/dL, and in diabetics, statins increased glucose levels by 39 mg/dL.

Neurodegenerative Diseases

Cholesterol is also essential for your brain, which contains about 25 percent of the cholesterol in your body. It is critical for synapse formation, i.e. the connections between your neurons, which allow you to think, learn new things, and form memories. So perhaps it's not surprising that memory loss is widely reported in association with statin use.

Further, remember that statins reduce ketone production. Ketone bodies are used as fuel by your brain, and they have also demonstrated the capacity to protect against neuronal disease, seizures, and age-related brain diseases, such as Alzheimer's, Huntington's, and Parkinson's. Researchers from Penn State College of Medicine even found statins were associated with an increased Parkinson's risk.

High total cholesterol and LDL were also associated with a *lower* risk of Parkinson's disease. The study concluded, "Statin use may be associated with a higher PD [Parkinson's disease] risk, whereas higher total cholesterol may be associated with lower risk."

Musculoskeletal Disorders

Statin users are more likely to suffer from musculoskeletal conditions, injuries and pain than non-users. Myalgia, muscle weakness, muscle cramps, rhabdomyolysis, autoimmune muscle disease, and tendinous diseases have all been reported in association with statin use. One reason for this may be statins' interference with selenium-containing proteins. Selenoproteins such as glutathione peroxidase are crucial for preventing oxidative damage in your muscle tissue. As reported by Wellness Resources: "*Blocking the selenoprotein enzyme glutathione peroxidase is akin to pouring gasoline on the fire of inflammation and free radicals, which damages muscle tissue. In fact, the scientists described this blocking of the selenoproteins reminiscent of selenium deficiency induced heart failure, known as Keshan's disease first identified in the 1930s.*"

Further, according to a study published in JAMA Internal Medicine: "... [S]tatin use is associated with an increased likelihood of diagnoses of musculoskeletal conditions, arthropathies, and injuries ... Several factors may explain the musculoskeletal AEs [adverse events] of statin therapy, including the inhibitory effect on coenzyme Q10 synthesis, selenoprotein synthesis, and the mitochondrial respiratory chain.

In addition, in vitro studies indicated that statins may affect apoptosis genes; misregulation of apoptosis is associated with myopathy. Pathologic studies also have shown that statin use may be associated with myopathy in the presence of normal creatine kinase levels, even in the absence of symptoms.

Statin-associated necrotizing autoimmune myopathy was noted to persist or progress despite cessation of statin therapy."

Cataracts

An objective review of PubMed, EMBASE, and Cochrane review databases found that for every 10,000 people taking a statin, there were 307 extra patients with cataracts. This was supported by a separate JAMA study, which further revealed that the risk of cataracts is increased among statin users compared with non-users. Cataract is a clouding of your eye lens and is a main cause of low vision among the elderly.

If You Take Statins, Be Sure You Also Take Vitamin K2 and CoQ10

If you decide to take a statin, a vitamin K2 supplement is highly recommended. MK-7 is the form you'll want to look for in supplements; it's extracted from the Japanese fermented soy product called natto. Professor Cees Vermeer, one of the world's top vitamin K2 researchers, recommends between 45 mcg and 185 mcg daily for adults.

You must use caution on the higher doses if you take anticoagulants, but if you are generally healthy and not on these types of medications, I suggest 150 mcg daily. You'll also need to make sure you take CoQ10 or ubiquinol (the reduced form) with it. One study evaluated the benefits of CoQ10 and selenium supplementation for patients with statin-associated myopathy. Compared to those given a placebo, the treatment group experienced significantly less pain, decreased muscle weakness and cramps, and less fatigue.

How to Protect Your Heart Health

Are you looking for a non-drug way to boost your heart health? Here are some of my top recommendations:

- Reduce, with the plan of eliminating, grains and sugars in your diet. It is vitally important to eliminate gluten-containing grains and sugars, especially fructose.
- Consume a good portion of your food raw.
- Make sure you are getting plenty of high-quality, animal-based omega-3 fats, such as krill oil. Research suggests that as little as 500 mg of krill per day may improve your total cholesterol and triglycerides and will likely increase your HDL cholesterol.
- Replace harmful vegetable oils and synthetic trans fats with healthy fats, such as olive oil, butter and coconut oil (remember olive oil should be used cold only; use coconut oil for cooking and baking).
- Include fermented foods in your daily diet. These will not only optimize your intestinal microflora, which will boost your overall immunity, but will also introduce beneficial bacteria into your mouth. Poor oral health is another powerful indicator of increased heart disease risk.
- Optimize your vitamin D levels, ideally through appropriate sun exposure as this will allow your body to also create vitamin D sulfate — another factor that may play a crucial role in preventing the formation of arterial plaque.
- Exercise regularly. Make sure you incorporate high-intensity interval exercises, which also optimize your human growth hormone (HGH) production.
- Stop smoking and drinking alcohol excessively.
- Be sure to get plenty of high-quality, restorative sleep.
- Practice regular stress-management techniques.