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Mini Review

Speaking the Truth about Cardiac Drugs and Diets - The Important Need for us to Obtain Objective Scientific Measurement -

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KEYWORDS

FMTVDM; Big pharma; Statins; Inflammation; Diets; LowCarb diets

INTRODUCTION

The use of HMG Co-A reductase inhibitors, colloquially known as statins, represent one of the most prescribed class of medications in history, exceeding 200 million prescriptions per year in the U.S. alone [1]. The confounding variable of adult onset diabetes (T2D) has added hundreds of millions of additional prescriptions to what are already prescribed [1] in a battle surrounding the inflammatory diseases plaguing modern civilization - diabetes, coronary artery disease and obesity [2]. Coupled with more than 10 million diagnostic studies done per year looking for heart disease [3], and the misrepresentation of how those drugs work [4], and you have a milieu for over prescription fueled by Big Pharma.

In addition to what is published about these drugs, are the unpublished studies one is only privy to as a reviewer for medical journals and conference presentations. Being such a reviewer, the first author has had the opportunity to see information, which most physicians remain unaware of. This information would undoubtedly modify the prescribing practice of many medical colleagues.

One of the staunchest critics of statin use is Dr. Aseem Malhotra. While Dr. Malhotra and the first author may disagree on which diets work best to address these inflammatory diseases - something we still need to address [5] particularly in light of the most recently retrospective study now being discussed [6] - we do agree on the need for more transparency over how these drugs are prescribed, their actual benefit versus side-effect profiles, and whether they truly provide the promised benefit to survival and quality of life. The only way to do this is to conduct a study quantifying changes in CAD following treatment [7].

The over prescription of drugs, either through misrepresentations made to the FDA or overzealous marketing to physicians needs to be addressed. This over prescription has burdened the health care

system without demonstrating the benefit promised. If these drugs truly provide enhanced length and quality of life for those taking them, then there should be no problem with increased transparency and discussion of their benefits and risks.

We would also point out that such studies do not exist for dietary outcomes absent the semi-quantitative studies we have discussed previously [5] and there are absolutely no dietary studies, which have been done for LowCarb diets showing improvement or stabilization of CAD. The people of Oz may have been happy to listen to the man behind the curtain - but we do not live in Oz and such discussions and transparency are long overdue.

ACKNOWLEDGMENT

FMTVDM issued to first author.

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