



Muscle problems (myopathies) are the most common side effect of statins (cholesterol-lowering drugs). Statins also increase the risk of diabetes. Coenzyme Q10, a vitamin-like substance, can prevent these side effects in many cases. Therefore, if you must take statins, it makes sense to take coenzyme Q10 as well.

Cholesterol-lowering statins significantly increase the risk of cataracts, muscle weakness, liver dysfunction and kidney failure, according to a study by the British Medical Journal.

On the other hand, the study confirms that this group of active substances reduces the risk of heart disease and oesophageal cancer, although other alleged positive effects have not yet been proven.

Researchers from the University of Nottingham in the UK examined data from more than two million patients, aged between 30 and 84, who had been treated at 38 different general practitioners and who were prescribed the cholesterol-lowering drug. More than 70 percent received simvastatin (Zoroc), 22.3 percent took atorvastatin (Lipitor), 3.6 percent pravastatin (Pravachol, Selektine), 1.9 percent rosuvastatin (Crestor) and 1.4 percent fluvastatin (Canef, Lescol, Lochol, Vastin).

The scientists confirmed previous data suggesting that statins increase patients' risk of developing cataracts, liver dysfunction, kidney failure, and a form of muscle weakness known as myopathy. Out of 10,000 women treated, they found, 23 would develop acute kidney failure, 39 would develop myopathy, 74 would develop liver dysfunction and 309 would develop cataracts. The risk of myopathies is higher in men; with regards to the other complications listed, their risk is the same as that of women. In other words, out of 434 patients who are treated with statins over a period of five years, one will be affected by acute kidney failure. In the case of liver dysfunction, the ratio would be 136: 1 and in cataracts 33: 1. In women the ratio for myopathies is 259:1, in men 91:1.

The risk of being affected by all the diseases mentioned is highest in the first year of use but is always there. The risk of liver and kidney problems increases proportionally with the dose of the drug taken.

All statins carry the risk of the complications mentioned. An exception is fluvastatin, which increases the risk of liver dysfunction compared to the other statins. Men who took fluvastatin were twice as likely to develop liver dysfunction as those who did not take statins; the risk in women even increased two and a half times.

The researchers found that the risk of cataracts had returned to normal one year after stopping use. For liver problems and kidney problems, this would take one to three years. The researchers could not confirm a connection between the use of statins and the risk of developing dementia, Parkinson's disease, rheumatoid arthritis or venous thromboembolism or suffering from bone fractures due to osteoporosis. **However, memory and concentration disorders are known when taking statins.**

About the desired effect of statins, the researchers were able to demonstrate that they reduce the risk of heart disease. Out of 10,000 treated patients, 271 cases could be prevented. Or to put it another way: In 33 treated men and 37 treated women, who each had a considerable risk of heart disease, the treatment prevented one case of the disease.

Proponents of statins claim that this group of drugs also reduce the risk of cancer. However, the scientists did not find any reliable evidence for this. The study "largely confirmed other studies, according to which no clear connection between statins and cancer risks could be demonstrated," it says in the study. Only in the case of oesophageal cancer was there a slight reduction in the risk of the disease; Out of

10,000 treated women at elevated risk, the cancer could be prevented in eight cases i.e., for women this ratio was 1,266:1, for men it was 1,082:1.

The study is unlikely to do much to lower the sales figures for these box office hits. However, the scientists are calling for patients to be monitored more closely to record the side effects more precisely. The results of the study, they write, "could help move to lower doses in people at substantial risk of harm." David Gutierrez Natural News.

In addition to a low-fat diet and physical activity, you can have a positive influence on your cholesterol levels: 2-3 salmon oil capsules (omega-3 fatty acids) daily increase the "good" HDL cholesterol but have no lowering effect on the "bad" - LDL cholesterol. The LDL cholesterol can be lowered very well with isoflavones (1-2 red clover isoflavone capsules) - these also ensure hormonal balance in women and protect against breast cancer.

If the patient's blood lipid levels do not improve after three to six months of diet and nutritional supplements, medication can be used in parallel with nutritional therapy.

However, not every patient responds equally well to a change in diet. The extent of the lowering of cholesterol in the blood, which can be achieved through a consistent change in diet to a low-fat diet, varies from person to person and is on average between 15 and 25%. The maximum cholesterol reduction is seen after a few months on a low-fat diet.

For most patients, the measures taken to change their diet mean drastic changes. Intensive nutritional advice from nutritionists and / or the doctor is usually necessary to achieve a permanent change in eating habits.

If the cholesterol level is too high, excess weight should be reduced and normal weight should be aimed for. In addition, the lipid-lowering diet is the most important therapeutic measure.