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## *Cholesterol blockers cause liver damage, kidney failure and cataracts*

**Cholesterol lowering statins significantly increase the risk of developing cataracts, muscle weakness, liver dysfunction and kidney failure, according to a study published in the *British Medical Journal*. On the other hand, the study confirms that this group of active substances reduces the risk of heart disease and esophageal cancer, but other claimed positive effects have not yet been demonstrated.**

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 in 38 different general medical practices and who were prescribed the cholesterol-lowering drug. More than 70 percent received simvastatin (Zoroc), 22.3 percent re-



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ceived atorvastatin (lipitor), 3.6 percent pravastatin (Pravachol, selectins), 1.9 percent rosuvastatin (Crestor) and 1.4 percent Fluvastatin (Canef, Lescol, Lochol, Vastin).

The scientists confirmed previous data that suggested that statins increase patients' risk of developing cataracts, liver dysfunction, kidney failure and a form of muscle weakness known as myopathy. Of the 10,000 women treated, they found, 23 people would develop acute renal failure, 39 would develop myopathy, 74 would develop liver dysfunction and 309 would develop cat-

aracts. Men are at higher risk of myopathy, and in relation to the other subsequent diseases listed, their risk is similar to that of women.

In other words, out of 434 patients treated with statins over a five-year period, one will be affected by acute renal failure. In the case of hepatic impairment, the ratio would be 136:1 and in the case of cataracts 33:1. For 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 ingestion, but in principle always exists. The risk of liver and kidney problems increases proportionally with the dose taken of the drug.

All statins carry the risk of these subsequent diseases. An exception is fluvastatin, which increases the risk of hepatic impairment com-

pared to other statins. Men who took fluvastatin were twice as likely to develop hepatic impairment as those who did not receive statins; the risk in women even increased by two and a half times.

The researchers found that the risk of cataracts had dropped back to normal levels a year after stopping ingestion. For hepatic impairment and kidney problems, this took one to three years. The researchers could not confirm a link between taking statins and the risk of developing dementia, Parkinson's disease, rheumatic arthritis or venous thromboembolism, or suffering from bone fractures due to osteoporosis.

With regard to the desired effect of statins, the researchers were able to demonstrate that they actually reduce the risk of heart disease. In 10,000 patients treated, 271 cases were prevented. In other words, 33 men treated and 37 women treated, each at high risk of heart disease, avoided the disease.

Proponents of statins claim that this group of active substances also reduces the risk of cancer. However, the scientists found no reliable

evidence for this. The study "confirmed for the most part other studies that did not show a clear link between statins and cancer risks" the study said.

Only in the case of esophageal cancer could a small reduction in the risk of disease be found; in 10,000 women treated at high risk, the cancer could be prevented in eight cases, the ratio was 1,266:1, in men 1,082:1.

The study is unlikely to do much to reduce the sales of these box office hits. However, the scientists call for patients to be more closely monitored in order to more accurately record the side effects. The results of the study, they write, "could help to reduce the dosage in people at high risk of harm."

David Gutierrez  
*NaturalNews*

*In addition to low-fat diet and physical activity, you can influence your cholesterol levels favorably: 2-3 salmon oil capsules (EPA omega-3 fatty acids) daily increase the "good" HDL cholesterol, but have no lowering effect on the "bad" LDL cholesterol. However, LDL cholesterol can be very well lowered with isofla-*

*vones (3 red clover isoflavone capsules) – these also provide 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 dietary supplementation, medications can be used in parallel with nutritional therapy.*

*However, not every patient responds equally well to a change in diet. The reduction in cholesterol in the blood, which can be achieved by a consistent dietary change to a low-fat diet, varies greatly from one individual to another, averaging between 15 and 25%. The maximum cholesterol reduction is evident after a few months of low-fat diets. For most patients, dietary changes mean drastic changes. Intensive dietary advice by nutritionists and/or the doctor is usually necessary to achieve a permanent change in dietary habits.*

*If cholesterol levels are too high, excessive obesity should be reduced and normal weight should be sought. In addition, the lipid-lowering diet is the most important therapy.*