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Subject: Why Should You Listen to Those... that keep dishing out a "health" system that fosters premature mortality, especi...
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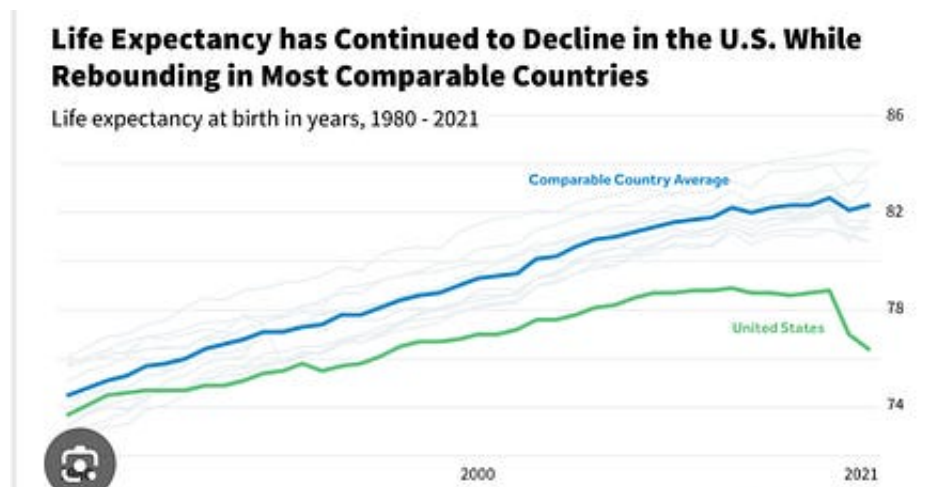


Why Should You Listen to Those... that keep dishing out a "health" system that fosters premature mortality, especially in elders?

DEVAKI BERKSON
DEC 22 • PAID



READ IN APP 



Our U.S. health system ranked **dead last on life expectancies** between different countries and health care expenditure per capita.

Despite spending far more on health care than any other nation on this earth. We are not doing as well as others who spend less money on health care, on earth.

Life expectancy in the U.S. had gone down in the last three years, by three years.

The White House's explanation of Global Warming is not the answer.

U.S. citizens consume 55% of world's consumption of medication, yet we make-up only 5% of world's population.

Atorvastatin (Lipitor) is a statin to lower cholesterol. It is the most commonly prescribed medication in the U.S.

Statin's do not prevent most cases of heart disease.

Statins have been linked to increased risks of diabetes, Alzheimer's disease plus other dementias, and joint pain (severe joint pain is no small thing as you age).

The first Women's Health Initiative (WHI 1) had one of the best studies tracking older women, on Medicare (65 years and older) and cholesterol levels.

Women with the highest level of "bad cholesterol" had **less heart attacks and stroke** and lived the **longest highest** quality of lives.

This study showed that older women lived longer, if they had higher levels of cholesterol.

Japanese research replicated this study, in both gender elders, tracking 70 year olds for a decade. Their data demonstrated that the lower the

year olds for a decade. Their data demonstrated that the lower the cholesterol, the greater the all cause premature mortality. The higher the cholesterol, the lower the rate of premature mortality.

- You lived longer, when older, if you had higher levels of cholesterol.
- You died earlier, when older, if you had very low levels of cholesterol.

A multi-nation collaborative study identified 19 cohort studies including 30 cohorts with a total of 68 094 elderly people, where all-cause mortality was recorded in 28 cohorts and CV mortality in 9 cohorts.

This in-depth literature search showed these same outcomes: inverse association between all-cause mortality and LDL-C was seen in 16 cohorts (in 14 with statistical significance) representing 92% of the number of participants.

Heart disease mortality was highest in the lowest cholesterol levels with statistical significance; in seven cohorts.

This was published in the British Medical Journal in 2016.

These authors concluded:

High LDL-C is “inversely” associated with mortality in most people over 60 years. In older persons.

This finding is *inconsistent with the cholesterol hypothesis* (ie, that cholesterol, particularly LDL-C, is inherently atherogenic).

Since elderly people with high LDL-C live **as long or longer** than those with low LDL-C, our analysis provides reason to **question the validity** of the cholesterol hypothesis.

Moreover, our study provides the rationale for a re-evaluation of guidelines recommending pharmacological reduction of LDL-C in the elderly as a component of cardiovascular disease prevention strategies.

| elderly as a component of cardiovascular disease prevention strategies.

This again showed that for those over 60 years of age, more cholesterol means a longer, healthier life.

Who were the authors that said this? (Note that this list includes Harvard Med School as did the WHI 1 study above. Just saying.)

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Be wary of what your best intentioned doc prescribes or says to you.

These days, most providers are mainly educated by their associations and schools and do not do deep data dives themselves, or subscribe to Substacks like these.

As much as they intend to try to make you safer, they often make you less safe.

Knowledge is power. If known. If lived.

It sadly seems more and more to me that **standard of care** has become a way to distribute meds and a way to sue those that are not on board with these meds.

Dr. B.

References:

Inspired by Dr. Paul Marik Exposes the "Biggest Hoax" in Medicine Outside Covid in Substacks

<https://www.healthsystemtracker.org/chart-collection/u-s-life-expectancy-compare-countries/> Source: KFF analysis of [OECD](#) and [U.K. Office for](#)

Health Improvement and Disparities

Serum total cholesterol concentration and 10-year mortality in an 85-year-old population. Clin Interv Aging. 2014 Feb 13;9:293-300

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