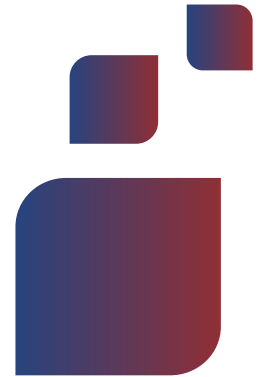


Your Health



Osler Quote of the Month:

“Medicine is learned by the bedside and not in the classroom. Let not your conceptions of disease come from words heard in the lecture room or read from the book. See, and then reason and compare and control. But see first.”

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Your Health

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Listen To Dr. Lazris on a Documentary about Health Care.

Click *THIS LINK* to watch it!

Health Myth of the Month

Saturated Fat and Meat

In the last newsletter we talked about how important fat is to our bodies, especially as we age, and that high saturated fat consumption reduces dementia risk. Many vegetable fats are clearly healthy, including certain oils (olive, avocado), fatty fruits, fish, nuts and seeds, but seed oils (corn, canola) and margarine, both forms of ultra processed vegetable fats, are not. Similarly some animals are healthy, some aren't, even though both have saturated fat. An article in our IN THE NEWS section condemns saturated fat, but as with similar studies, they conflate the good and bad animal fats to reach what is likely a deceptive conclusion.

The primary problem with studies and declarations desecrating saturated fat, including the one in this edition, is that they lump all saturated fats together. Some animal fats are likely toxic, and some may not be. As many studies show, and which is [explained in this recent article](#), certain animal fats may in fact be health promoting. I will list these studies in an accompanying blog about fat, which tackles the new cholesterol guidelines and makes a case for high fat diets.

Fried meats, processed meats (like deli), and meat from abused animals are inflammatory and dangerous. Abused animals are the animals we eat most frequently: steer/Cows kept in small pens, fed pesticide-laden processed pellets, shot up with antibiotics and hormones. Chickens also in tight cages fed and shot up similarly are abused. The meat, milk, and eggs from these animals are tainted and inflammatory. But to state that all meat is bad, and then by inference all saturated fat is bad, is specious. BAD meat, eggs, and milk are dangerous. But that doesn't mean that saturated fat is bad.

Studies of pasture-raised eggs and chickens, organic grass-fed beef, and wild fish have shown health promoting properties, including anti-inflammatory power and high levels of omega-3 fatty acids that feed our gut bacteria. Yes, the chicken and beef and their products have saturated fat, but fat seems not to be the problem. What injures us is the commercialization of meat and the method of preparation. It's time we promote healthy fat in all its forms and condemn the true culprits.

News from PPC:

Our new nurse practitioners

We want to introduce you to our two newest nurse practitioners, [Ye Rae Cho](#) and [Grace So](#). Both have profiles on our website, which can be found by clicking their names. They will be involved primarily with patients who live in long-term care facilities, as well as helping out in the office.

Ye Rae and Grace share our commitment to compassionate, science-based geriatric care. They bring both a nursing and medical perspective to caring for elders, and see all patients as whole people not as a series of organs and measurements. You will enjoy meeting them!

Long Term Care Corner

Advanced Directives

All residents of assisted living facilities and nursing homes are required to complete a MOLST form which is an advanced directive template recognized by the State of Maryland. What is the difference between a MOLST and a living will, what is a power of attorney, and what is the best approach to completing them?

The MOLST form has two pages, and only the first is critical. It tells EMS what you would want done if your heart stops or you can't breathe. Do you want them pounding on your chest with CPR, do you want a tube placed to connect you to a breathing machine? These are important questions to consider, because unless you stipulate NO to these interventions the default is to do them. And it's important too to have the first page of MOLST always with you, and to hang it in your room/apartment/house on the refrigerator or back of the front door.

The second page of MOLST, and living will, explain what you would want if you could not make your own decisions and if you have a serious illness requiring interventions. It's important to think about this but primarily to name a medical power of attorney and make sure they know what you want; they make the ultimate decision, even if guided by your forms.

Medication Factoids

Niacin and Zetia for Cholesterol

The new cholesterol guidelines contend that pushing down cholesterol levels to extremely low values will prevent disease and prolong life. But decades of experience and studies contest that supposition. Doctors have used many medicines to dramatically lower cholesterol and few prevent disease or prolong life. Niacin, for instance, has been touted as an effective cholesterol medicine, nimbly lowering levels, but studies demonstrate that it leads to more disease and higher death rates. Zetia, sold at the tune of \$2 billion a year and pushed by doctors as a way to drive down cholesterol, has never been shown to prevent heart attacks or extend life, only to fix numbers. The newest iterations of monoclonal drugs to lower cholesterol, drugs like Repatha that cost \$10,000 a year, also lower cholesterol but have yet to be shown to decrease death rates from heart disease. Statins do reduce death and heart attacks in high-risk people under age 80, by about 1 death prevented out of 100 people who take it for 5 years. But that benefit is true regardless of cholesterol levels.

These drugs show us that it's not cholesterol that is important, and lowering cholesterol is not a path to good health. Statins lower vascular inflammation and that's how they work, not by lowering cholesterol, and we can achieve the same results with an anti-inflammatory diet whether that diet lowers our cholesterol or not.

Testing Corner

Lp(a) and other cholesterol tests

The need to find a magic test to delineate the risk of heart attacks has led to many false promises and bogus claims. In fact, the very fact that cardiologists and drug-industry researchers seek to find a tag that we can measure is acknowledgement that cholesterol itself, and even LDL, does not correlate with heart disease or death, and that lowering it will not promote health. And so we have been told that the LDL/HDL ratio is predictive, and then a specific heart inflammatory marker called card-CRP, and then the calcium score. But other than the latter in certain groups of people, none of these is prognostic.

Now we hear that a component of LDL called Lp(a) will be the new holy grail. If that is high then cholesterol will stick, cause plaque, and promote conditions for a heart attack. But we have no good, randomized data showing this, only a few drug-company observational studies. The drug companies want to find markers that will prompt people to take their drugs to lower cholesterol, regardless of whether the drugs promote meaningful health outcomes. Lp(a) is not studied enough to make any claims about it, although it will likely be like other measurements when applied to all people: nonpredictive. An anti-inflammatory diet stops cholesterol from sticking to blood vessels, but that effect can't be measured. Which tells us that our healthy habits are more important than lab tests.

Nutrition Corner

Our Sugar Addiction

We are naturally addicted to one of the most toxic substances we can put in our bodies: sugar. Such addiction derives from two factors. First, sugar (and many white carbohydrates that turn into sugar, like white rice and white flour) is a quick energy source, and thus due to an evolutionary history of scarcity our bodies crave sugar as means of survival, even brief survival. Second, we do need sugar for our bodies and brains to function; it is our primary fuel.

But too much sugar is explosive; it inflames us and triggers debilitating diseases. How do we stop our cravings? It's important to realize that eating sugar only instigates a need to eat more sugar, and thus the first step is to set a strict limit on how much sugar you can eat in a day. Also, serotonin muffles sugar addiction, and sources of serotonin include exercise, high-fiber diets, and sun exposure without sunscreen. When we simply need sugar, have a little, and then follow it with water. Sometimes even a little salt will blunt our sense of needing sugar. But most importantly, don't keep it in the house!

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In the News

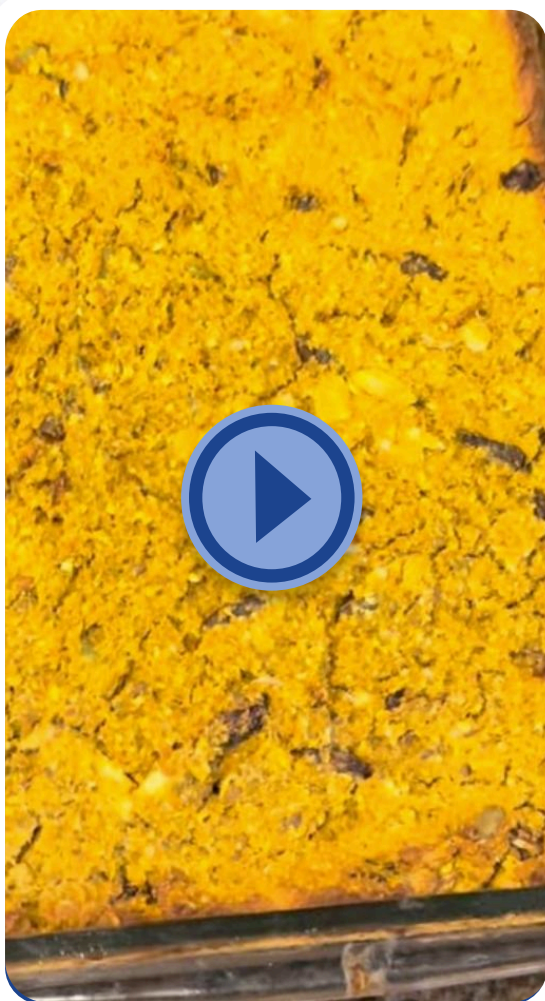
- 🔗 [A new study showed](#) that about 1% of people per year on GLP-1 medicines experience clinically significant tendon rupture and more may suffer bone damage. We already know that these medicines are muscle-destructive. Although many academic doctors in the media suggest that these "nuisances" must be balanced against their cardiovascular benefits, it must be remembered that no randomized trial shows any benefit; the drugs are too new to know if they are valuable. Also, in addition to the plethora of major and minor injuries reported from these drugs, including [lethal pancreatitis](#) and even death, [the FDA has warned the makers of Ozempic/Wegovy](#) for failing to report significant numbers of serious injuries from these drugs.
- 🔗 [An older study](#) shows that in people over 75 conservative treatment for severe kidney disease is no worse than dialysis for survival. As nephrologists are putting more people on dialysis with even minor kidney issues, it is important to realize that doing nothing is often the best approach.
- 🔗 Is coffee harmful or helpful? In a past newsletter we showed that morning coffee has significant medical benefits. [A new study](#) shows that 1-2 cups a day of coffee will reduce dementia risk. [Another new study](#) shows that cannabis usage too may improve cognitive function, and we know that meditation and stress reduction similarly improves the brain. A recent study posted in the last newsletter show that a high fat diet also prevents dementia and exercise significantly reduces dementia risk by 50%. It seems dementia is a disease of inflammation, and lifestyle rather than medicalization is the key to prevention and eradication.
- 🔗 A [prospective cohort study](#) showed that diets that reduce bad carbohydrates (white flour/rice, sugar) and increase fiber and other good carbohydrates, as well as good fats, lower the risk of heart disease. However, the study unfairly condemned "bad" fats found in animals by conflating potentially healthy animals (grass-fed beef, pasture raised eggs) with inflammatory animals (commercial raised animals injected with hormones/antibiotics and given pesticide processed food). We know that good fats and carbs are crucial, but it's still unclear the benefits/risks of healthy animal fats.
- 🔗 While statins lower cholesterol and help high-risk younger people in short-term studies, we know they have copious side effects, and we don't know their long-term effects. [A new study](#) suggests that long term statins increase the risk of heart disease by damaging blood vessel walls.

Recipes of the Month

Today we have two recipes to share. Click the video link and then the pdf of the recipe to learn more.

Pumpkin Oat Bars

Wellness Drink



Download



Download

All Recipes Will Be On Our Website. Check Out Our Nutrition Videos, Nutrition Information, And Join Our Nutrition Program That Is Filled With Tasty Perks!

The Last Word

The 2026 Cholesterol Guidelines

The American Heart Association (AHA) and American College of Cardiology (ACC) have drafted an extensive new set of guidelines regarding cholesterol. Most news outlets and TV doctors believe these guidelines are necessary, scientific, and lifesaving. The authors of the guidelines are prominent medical scientists at major universities, the data used to script the guidelines are prolific, and the conclusions seem to make sense: we must be more aggressive in measuring and treating cholesterol, starting as young as 10 years old and continuing until death. But, as we will see, the findings are fallacious, self-serving, and ultimately dangerous. More details are in this month's blog.

Like the new blood pressure guidelines scripted also by the AHA and ACC, these guidelines focus on aggressive treatment of a measurement (LDL cholesterol) regardless of age and clinical circumstance, while minimizing side effects and promoting heavy doses of medicines to achieve dramatically low levels. Both sets of guidelines present no new information but rather recycle old, often debunked drug-company sponsored observational studies that we know are not accurate or predictive. The number is everything in these guidelines, not the person behind the number. We must lower blood pressure below 120 and LDL cholesterol below 70. As I often tell my patients, someone lying on the ground unable to stand, think, or function would be considered a success in these guidelines because if they are followed as written that is exactly the result they will achieve.

Here are some flaws of this newest set of guidelines:

The bottom line is that these guidelines lack any scientific merit, are written by doctors and organizations heavily tied to the pharmaceutical industry, are designed to sell more drugs, and if carried out could cause tremendous harm. Wellness is the key to health, not number fixing. And wellness is not measurable.