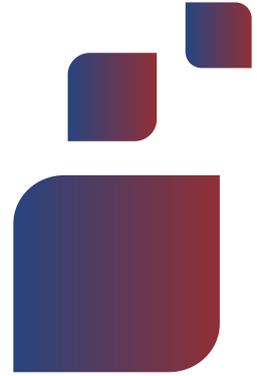


Your Health



Osler Quote of the Month:

“The patient who takes medicine must recover twice, once from the disease and once from the medicine.”

Table of Contents

Your Health

01. Health Gem of the Month:	.....	01
01. What's new at PPC	.....	01
02. Long Term Care Corner :	.....	02
02. Medication Factoids:	.....	02
02. Testing Corner:	.....	02
03. Nutrition Corner :	.....	03
04. In the News:	.....	04
05. Recipes of the Month:	.....	05
06. The Last Word:	.....	06

Health Gem of the Month:

What's the deal with Cholesterol?

In this issue we will highlight cholesterol, that pesky number everyone wants to see. Here we will talk about why cholesterol is important and maybe why it isn't important at all

What's the LDL? HDL? Which one is the bad cholesterol, and which is the good one? I don't eat eggs or meat, but what else should I do to get the number down? Shouldn't I be on medicine? These are common questions. Here are some caveats:

- ✂ What a new study demonstrates ([see our blog](#)), and what we have known for decades, **is that cholesterol is a meaningless measurement most of the time.** Just as many people with low cholesterol get strokes and heart attacks as those with high cholesterol, and the breakdown of your cholesterol—LDL, HDL, ratios, and other details—have no bearing on how well you will do.
- ✂ When we get older, we need higher cholesterol, especially for our brains. In fact, **the higher your cholesterol, the longer you are likely to live when you are over 70 years old.**
- ✂ Treating cholesterol has been shown to not always be helpful. Statin cholesterol medicines are helpful for younger people who have had a heart attack or stroke, or who are at high risk, but they don't work by lowering cholesterol, and they work just as well in people with low cholesterol as high cholesterol.
- ✂ **In people over 80, statins are ineffective,** and at all ages (especially as you age) statins have serious side effects, as noted in the medicine factoid section of this issue. Measuring and treating cholesterol in elders always causes more harm than good.

Why do so many doctors subscribe to the cholesterol myth, why do they measure cholesterol and insist on treating it even in elders? [Watch our video to learn more.](#) But at PPC, we believe in data driven care that is individualized to each of our patients, and for us, cholesterol is the last thing you should think about.

What's new at PPC

This month we want to highlight our new nutrition program. You can learn about the program [on our website](#), and [through this brochure](#). We believe that nutrition is the most important ingredient of good health as you age. So many myths flutter around about what constitutes a healthy diet, what is good for you and what should be avoided, and how to reach your nutritional goals. Is low fat important? What about low carbs? How about the keto diet? What should my weight be? What foods are good for me and what should I avoid? All that will be covered in our program. The highlights of the program are:

- ✂ Monthly lectures to be conducted by Dr. Lazris on zoom that cover multiple topics and that are interactive.
- ✂ Recipes and cooking classes in our newsletter and website
- ✂ A relationship with local farms and restaurants through which we will give away coupons, classes, and food.
- ✂ Collaboration with some of our assisted living and retirement communities to help assure that healthy foods are available.

If you, your family members, or even your friends want to join, email Erica at evoso@ppcmd.com. It's free, it's fun, and it's the true bridge to good health.

Long Term Care Corner

How to avoid falls

Falls are the most worrisome injuries that occur in residents of nursing homes and assisted living facilities. People who fall can break bones, traumatize their heads, and lose the ability to walk. Falls can be lethal and are the most significant cause of disability, loss of independence, and trauma.

When doctors focus on fixing people's "numbers" they are often inadvertently increasing fall risk. As we show in our last word section, the proliferation of medicines (polypharmacy) is the number one cause of falls in the elderly, and typically those "necessary and lifesaving" medicines your doctor prescribes contribute to weakness, loss of strength, and falls.

The best ways to avert falls are to exercise, avoid getting up too fast or making fast turns, using an assistive device if your balance is impaired, assuring you have no clutter on your floor, and getting help when you need it. Physical therapy is very helpful, as is medicine reduction. Talk with us how to best keep you upright and out of danger!

Medication Factoids

Statins

As we are focusing on cholesterol in this issue, it is important to discuss the pros and cons of statin cholesterol medicines such as Lipitor. Statins can help people who are at high risk of stroke and heart disease despite their cholesterol levels, but the benefit is not huge. After about 5 years, these drugs will cut the risk of adverse events by about 4%. They concomitantly can cause pain, weakness, fatigue, and falls. High dose statins have negligible benefit over standard dosing in preventing important clinical outcomes while they dramatically increase side effects and harm.

In elders, statins simply don't work and are likely to trigger side effects, something I reviewed in an [article for the AFP Journal](#) and in a [recent podcast](#). High dose statins in the elderly cause massive muscle destruction, increase falls, and can lead to immobility. Tragically, more than half of all statins prescribed by doctors are to people over the age of 80. These medicines fix numbers but hurt people.



Testing Corner

Should I get tests to assure my heart is ok?

In our last newsletter, we discussed how EKGs can't tell you if you are at risk for heart attacks and frankly dangerous in people without symptoms. Then what works?

As upsetting as it is to most people who seek simple answers, there are no good tests to assess your cardiac risk. Stress tests which cardiologists perform to the tune of hundreds of billions of dollars a year are no better than EKGs in ascertaining your heart health, and like EKGs they lead to more harm than good, as I discuss in an [AFP journal article I wrote](#). Cardiac catheterizations are even worse as a large number of people who get those tests have serious adverse reactions. Cardiac calcium scores are a wonderful and inexpensive tool to determine if you have plaque in your blood vessels—the most important predictor of heart disease—but have a high false positive rate in the elderly.

So, how do we know? Well, we don't. But if you are overall healthy, if you don't have unexplained chest pain or shortness of breath, if you eat well and don't have a strong family history of heart disease, you are probably ok. A good history can tell us more than any test. In fact, talking with you—which is cheap and has no adverse reactions—is the best way for us to know what your risk may be.

In the News

Have we told you that measuring and treating cholesterol doesn't help you? [Here's the newest study showing](#) us what we should already know but which most doctors don't. Read our recent website blog to learn more.

Remember in the last newsletter we discussed how lowering blood pressure too drastically can be dangerous? [A new study](#) shows that in people with strokes it's best not to lower blood pressure too much. We have known this for decades, but it's nice to see it again!

Want to lose weight? Our nutrition program can help! And [a new study](#) shows that people who eat in conjunction with their circadian rhythm are more likely to lose weight. That's not too hard to do!

Having menopausal symptoms? Well [in this study](#) it was found that a plant-based diet, which we discuss in our nutrition program, can reduce symptoms. Eating is a great way to solve a vexing problem!

A few in-the-news facts about COVID:

- ☞ Two ongoing studies, [Together](#) and [Recovery](#), have been looking at older, cheaper medicines to see if they help COVID. Well what do you know, they do! That's why at PPC we don't use the new fancy stuff, much of which has increased death and reinfection.
- ☞ Ivermectin is the elephant in the COVID room; doctors who use it are regularly threatened with having their medical license taken away, even though the drug is safe at worst, and even though newer drugs like Paxlovid are unsafe and ineffective. The [newest study](#) of this parasite drug shows no benefit, but wait, like most ivermectin studies, it's full of flaws. The study looked at a low-risk population with very few COVID deaths and didn't combine ivermectin with other common-sense treatments (which is how it works best, as earlier data showed), and thus it was found to have unimpressive results. Of the small cohort, 14.7% of people on Ivermectin had a bad outcome, and 16.3% of people with placebo did poorly. That's a small difference that the researchers dismiss, **but in fact despite the study's flaws it helped 2% of people avoid a bad outcome, while the Paxlovid studies largely touted as demonstrating efficacy reduced the incidence of bad outcomes by 0.3%**. When drug companies rule the roost and tell doctors what to do, this is what happens and why we lost so many to COVID.

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.

Overnight Oats

15 Vegetable Hummus



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

Polypharmacy

Today I wanted to end discussing polypharmacy. As the William Osler quote on the front page suggests, taking medicines to solve a problem typically leads to more problems. Most medicines provide marginal benefit, even if they fix some numerical measurement, and that benefit diminishes with age. Most medicines typically have significant side effects that doctors like to minimize or to refute altogether.

But even more concerning is how dangerous the accumulation of medicines can be to the body. Each medicine you take disrupts various bodily mechanisms, and as you add more and more medicines to the body, these problems exponentially accelerate.

Studies have shown that the accumulation of medicines tossed into our fragile bodies—including supplements and even immunizations—leads to an avalanche of harm, typically negating the beneficial effect of each of the medicines and accentuating their side effects. Chemical cures disrupt the body's natural defense systems, they increase inflammation, they directly attack many of our organs and bodily functions, and they cause us to feel worse and sicker. Yes, our numbers improve, but we become less well. That is the very story of America's drug-based medical culture.

Even taking as many as 5 pills/shots can trigger significant harm, and thus **polypharmacy is defined as taking more than 5 pills**. Polypharmacy has been shown to increase the side effects of each pill by as much as 50% while diminishing each drugs' efficacy. Polypharmacy is a leading cause of falls, confusion, fatigue, organ failure, and even death.

Then what are we to do when our cardiologist says we must take statins and blood thinners or we will surely die, and our kidney doctor demands we take three pills to lower our pressure below some magic threshold, and we need that bone density medicine, and that pill for memory, and let's not forget about our anti-depressant, and all those vitamins, and some antacids to keep our stomach from exploding from all those pills?

As Nancy Reagan (who I never quote!) told us many years ago, **Just Say No!** Recent studies indicate that polypharmacy is our new drug epidemic, far more toxic and damaging than even the opioid epidemic for our elders. The average elder takes 12-15 pills a day! Sometimes peer pressure drives polypharmacy or fear of what will happen if we stop something that specialists say is necessary. But the bottom line is that most drugs barely work, and their accumulation in our body is toxic.

Look, we can always find a reason to take a pill, or two, or twenty. But in the blue zones, where people live the longest, very few people take drugs at all. They eat well, exercise, and stay away from doctors. They don't care about their cholesterol, and they check their blood pressure and sugar when they think about it.

So yes, there are times when medicines and supplements are helpful, but rarely are they necessary. And when those medicines start to accumulate in your body, then even their "helpful" status diminishes, and they become more of a problem than a succor. So once your morning pills take longer to ingest than your breakfast, it's time to stop a few. Our bodies are temples, they are complex mechanisms that are very good at keeping us alive and healthy. Let's not screw that up with polypharmacy.