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Is Nerve Damage The Rule, Not the Exception With Cholesterol Meds?

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By Dr. Mercola

Spending on cholesterol-lowering drugs like statins increased by \$160 million in 2010, for a total spending of nearly \$19 billion in the U.S., the IMS Institute for Healthcare Informatics reported in their [Use of Medicines in the United States: Review of 2010](#).

In all, more than 255 million prescriptions were dispensed for these drugs in 2010, making them the most commonly prescribed type of medication in the United States.

Unfortunately, this excessive use is an artifact of a medical system that regards prescribing pills to lower cholesterol as a valid way to protect one's heart health -- even though the low "target" cholesterol levels have not been proven to be healthy ... and cholesterol is actually NOT the underlying culprit in heart disease.

Worse still, these drugs, which are clearly *not necessary* for the vast majority of people who take them, are *proven* to cause serious and significant side effects, including, as new research shows, definite nerve damage.

Are You Taking Drugs You Don't Need ... and Getting Nerve Damage as a Result?

It must be understood that any time you take a drug there is a risk of side effects.

Oftentimes, these risks are not fully understood, especially when multiple drugs enter the equation, and appear only *after* a drug has already been taken by millions of people.

Even once a drug has been FDA-approved, you are depending on a limited number of clinical trials to dictate a drug's safety ... but it's impossible to predict how a drug will react when introduced into your system, in a real-world setting.

Not to mention, the accuracy of medical research is dubious at best.

In many ways, any time you take a drug YOU are the guinea pig, and unforeseen side effects are the rule, rather than the exception. In terms of statin drugs, side effects are already clearly apparent; at GreenMedInfo.com you can see [304 conditions that may be associated with the use of these drugs](#), and this is likely only the tip of the iceberg. Among one of the more well-known risks is harm to your muscles and peripheral nervous system with long-term use. Indeed, new research on 42 patients confirmed that:

" ... long-term treatment with statins caused a clinically silent but still definite damage to peripheral nerves when the treatment lasts longer than 2 years."

If You Take Statins for Two Years or More, Nerve Damage Appears to be the Rule

What does it mean when you sustain damage to peripheral nerves? As reported by the [National Institute of Neurological Disorders and Stroke \(NINDS\)](#):

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Story at-a-glance

- » A new study found treatment with statin cholesterol-lowering drugs caused a clinically silent but still definite damage to peripheral nerves when taken for longer than 2 years
- » At least 88 other studies further link statin drugs to neurotoxicity (nerve damage), including 12 studies on statin-induced peripheral neuropathy
- » A separate study published in the Archives of Internal Medicine revealed statins increase the risk of diabetes for postmenopausal women by 48 percent, adding to an already established body of research on their diabetogenic properties
- » More than 255 million prescriptions were dispensed for cholesterol-lowering drugs in 2010, making them the most commonly prescribed type of medication in the United States; however, for the vast majority of people they are unnecessary, often causing more harm than good
- » Your body needs cholesterol, and using drugs to lower it as low as it will go is not usually beneficial for your health; you can *optimize* your cholesterol levels so they're working in the proper balance with your body using natural lifestyle modifications

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"Symptoms are related to the type of affected nerve and may be seen over a period of days, weeks, or years. Muscle weakness is the most common symptom of motor nerve damage. Other symptoms may include painful cramps and fasciculations (uncontrolled muscle twitching visible under the skin), muscle loss, bone degeneration, and changes in the skin, hair, and nails."

At GreenMedInfo.com you can see [88 studies on statin-induced neurotoxicity](#) (nerve damage), with [12 studies further statin drugs directly to neuropathy](#), including [chronic peripheral neuropathy](#). As explained by NINDS:

"Peripheral neuropathy describes damage to the peripheral nervous system, the vast communications network that transmits information from the brain and spinal cord (the central nervous system) to every other part of the body. Peripheral nerves also send sensory information back to the brain and spinal cord, such as a message that the feet are cold or a finger is burned. Damage to the peripheral nervous system interferes with these vital connections. Like static on a telephone line, peripheral neuropathy distorts and sometimes interrupts messages between the brain and the rest of the body.

Because every peripheral nerve has a highly specialized function in a specific part of the body, a wide array of symptoms can occur when nerves are damaged.

Some people may experience temporary numbness, tingling, and pricking sensations (paresthesia), sensitivity to touch, or muscle weakness. Others may suffer more extreme symptoms, including burning pain (especially at night), muscle wasting, paralysis, or organ or gland dysfunction. People may become unable to digest food easily, maintain safe levels of blood pressure, sweat normally, or experience normal sexual function. In the most extreme cases, breathing may become difficult or organ failure may occur.

Some forms of neuropathy involve damage to only one nerve and are called mononeuropathies. More often though, multiple nerves affecting all limbs are affected-called polyneuropathy."

One of the more disturbing implications of this finding is that since statins damage the peripheral nerves, it is also highly likely that they damage the central nervous system (which includes the brain), as well. [One study](#) published in the journal Pharmacology in 2009, found statin-induced cognitive impairment to be a common occurrence, with 90% reporting improvement after drug discontinuation. There are, in fact, at least [12 studies](#) linking memory problems with statin drug use in the biomedical literature, indicating just how widespread and serious a side effect statin-induced neurological damage really is.

Lower Your Cholesterol and Increase Your Diabetes Risk by Nearly 50%

As mentioned, neurological damage is only one potential risk of statins. They are also being increasingly associated with increased risk of developing diabetes.

Most recently, a study published in the [Archives of Internal Medicine](#) revealed statins increase the risk of diabetes for postmenopausal women by 48 percent! Statins appear to provoke diabetes through a few different mechanisms, the primary one being by increasing your insulin levels, which can be extremely harmful to your health. Chronically elevated insulin levels cause inflammation in your body, which is the hallmark of most chronic disease. In fact, elevated insulin levels lead to *heart disease*, which, ironically, prevention of is the primary reason for taking a statin drug in the first place!

As written on [GreenMedInfo](#):

"The profound irony here is that most of the morbidity and mortality associated with diabetes is due to cardiovascular complications. High blood sugar and its oxidation (glycation) contribute to damage to the blood vessels, particularly the arteries, resulting in endothelial dysfunction and associated neuropathies due to lack of blood flow to the nerves. Statin drugs, which are purported to reduce cardiovascular disease risk through lipid suppression, insofar as they contribute to insulin resistance, elevated blood sugar, and full-blown diabetes, are not only diabetogenic but cardiotoxic, as well."

A [separate meta-analysis](#) has also confirmed that statin drugs are indeed associated with increased risk of developing diabetes. The researchers evaluated five different clinical trials that together examined more than 32,000 people. They found that the higher the dosage of statin drugs being taken, the greater the diabetes risk. The "number needed to harm" for intensive-dose statin therapy was 498 for new-onset diabetes – that's the number of people who need to take the drug in order for one person to develop diabetes.

In even simpler terms, one out of every 498 people who are on a high-dose statin regimen will develop diabetes. (The lower the "number needed to harm," the greater the risk factor is. As a side note, the "number needed to treat" per year for intensive-dose

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statins was 155 for cardiovascular events. This means that 155 people have to take the drug in order to prevent *one* person from having a cardiovascular event.)

The following scientific reviews also reached the conclusion that statin use is associated with increased incidence of new-onset diabetes:

- A [2010 meta-analysis of 13 statin trials](#), consisting of 91,140 participants, found that statin therapy was associated with a 9 percent increased risk for incident diabetes. Here, the number needed to harm was 255 over four years, meaning for every 255 people on the drug, one developed diabetes as a result of the drug in that period of time.
- In a [2009 study](#), statin use was associated with a rise of fasting plasma glucose in patients with and without diabetes, independently of other factors such as age, and use of aspirin or angiotensin-converting enzyme inhibitors. The study included data from more than 345,400 patients over a period of two years. On average, statins increased fasting plasma glucose in non-diabetic statin users by 7 mg/dL, and in diabetics, statins increased glucose levels by 39 mg/dL.

Side Effects Often Don't Show Up Immediately ...

Oftentimes statins do not have any *immediate* side effects, and they are quite effective at lowering cholesterol levels by 50 points or more. This makes it *appear* as though they're benefiting your health, and health problems that develop later on are frequently misinterpreted as brand new, separate health problems.

Again, the vast majority of people do not need statin drugs, and if you are one of them, taking them is only going to expose you to serious, unnecessary risks!

If your physician is urging you to check your total cholesterol, please be aware that this test will tell you virtually nothing about your risk of heart disease, unless it is 330 or higher. HDL percentage is a far more potent indicator for heart disease risk. Here are the two ratios you should pay attention to:

1. HDL/Total Cholesterol Ratio: Should ideally be above 24 percent. If below 10 percent, you have a significantly elevated risk for heart disease.
2. Triglyceride/HDL Ratio: Should be below 2.

To understand why most people don't need a statin drug, you first need to realize that cholesterol is NOT the cause of heart disease. Your body **NEEDS** cholesterol – it is important in the production of cell membranes, hormones, vitamin D and bile acids that help you to digest fat. Cholesterol also helps your brain form memories and is vital to your neurological function. For more information about cholesterol, and why conventional advice to reduce your cholesterol to ridiculously low levels is foolhardy, please listen to this interview with Dr. Stephanie Seneff.

Urgent Information: If You Take Statins You Need CoQ10

It's extremely important to understand that taking a statin drug without also taking CoQ10 puts your health in serious jeopardy. Unfortunately, this describes the majority of people who take them in the United States.

CoQ10 is a cofactor (co-enzyme) that is essential for the creation of ATP molecules, primarily in your mitochondria, which you need for cellular energy production. Organs such as your heart have higher energy requirements, and therefore require more CoQ10 to function properly (cardiac muscle cells have up to 200 times more mitochondria, and hence 200 times higher CoQ10

requirements, than skeletal muscle). Statins *deplete your body of CoQ10*, which can have devastating results.

As your body gets more and more depleted of CoQ10, you may suffer from fatigue, muscle weakness and soreness, and eventually heart failure. Interestingly, heart failure, not heart attacks, is now the leading cause of death due to cardiovascular diseases. Coenzyme Q10 is also very important in the process of neutralizing free radicals. So when your CoQ10 is depleted, you enter a vicious cycle of increased free radicals, loss of cellular energy, and damaged mitochondrial DNA.

If you decide to take a CoQ10 supplement and are over the age of 40, it's important to choose the "reduced" version, called ubiquinol. The reduced form is electron-rich and therefore can donate electrons to quench free radicals, i.e. function as an antioxidant, and is much more absorbable, as nutrients must donate electrons in order to pass through membrane of cells. In other words, ubiquinol is a FAR more effective form – I personally take 200 mg a day since it has such far-ranging benefits, including compelling studies suggesting improvement in lifespan.

How to Optimize (Not Necessarily Lower) Your Cholesterol Without Drugs

Seventy-five percent of your cholesterol is produced by your liver, which is influenced by your insulin levels. Therefore, if you optimize your insulin level, you will automatically optimize your cholesterol! By modifying your diet and lifestyle in the following ways, you can safely modify your cholesterol without risking your health by taking statin drugs:

- Reduce, with the plan of eliminating, grains and sugars in your diet, replacing them with mostly whole, fresh vegetable carbs. Also try to consume a good portion of your food raw.
- The average American consumes 50% of their diet as carbs. Most would benefit by lowering their carb intake to 25% and replacing those carbs with high quality fats.
- Make sure you are getting enough high quality, animal-based omega 3 fats, such as krill oil.
- Other heart-healthy foods include olive oil, palm and coconut oil, organic raw dairy products and eggs, avocados, raw nuts and seeds, and organic grass-fed meats, as described in my nutrition plan.
- Exercise daily.
- Avoid smoking or drinking alcohol excessively.
- Be sure to get plenty of good, restorative sleep.

The goal of the tips above is not to necessarily *lower* your cholesterol as low as it can go; the goal is to *optimize* your levels so they're working in the proper balance with your body.

[+] Sources and References