

We agree - an Independent REVIEW & QUANTIFICATION of the true benefits and risks of Statins, PCSK9-inhibitors and Diets - including LowCarb-KETO and Vegan Diets – is long overdue!

Saturated fats and LDL-cholesterol are two of the major contributing factors responsible for Inflammation and Heart Disease, angina and subsequent myocardial infarction and death, as established by the first author beginning in the mid-1990s [1-4]. Anyone who suggests otherwise is either too unfamiliar with the “Inflammation and Heart Disease” and “Angina” Theories or simply does not understand them (<https://bjsm.bmj.com/content/51/15/1111.responses>) [5]. While it is important to recognize what negative side effects these drugs and diets might have on people; we cannot fully appreciate the risks and benefits until we understand what we are actually treating.

The mere measurement of lipids and markers of inflammation (CRP, IL-6, et cetera) through serum testing, correlate poorly with the extent and severity of coronary artery disease (CAD), and measurement of their change only moderately correlate with changes in CAD [6].

The reason for the differences between blood testing and measurement of CAD outcomes [6-8] should be obvious [1,3] and has been explained multiple times [6, 9-17]. Coronary artery disease is an inflammatory process involving the walls, and subsequent function, of the coronary arteries, and it is at this tissue level where the interaction of these inflammatory mediators results in CAD. Consequently, measurement of treatment – drugs or diet - purporting a beneficial reduction in CAD, cannot rely on serum blood testing to demonstrate such benefit.

It is also true there are potential risks associated with the use of lipid lowering and dietary regimens [17-22], and it is at the tissue level again, where the risk or harm of these drugs and diets are best understood. Problems including inter alia myalgias and CoQ10 deficiencies following statin medications represent concerns long recognized, but not addressed by BigPharma (<https://www.bmj.com/content/368/bmj.m579/r-r-0>) [23].

The controversy over the risk benefit ratio of these lipid lowering drugs and dietary regimens represents a problem, not only because of information not being released by BigPharma, but because of information not being released by BigFood and purported dietary pundits. If we are to address these concerns we must call for the independent review and measurement of the true risks and benefits associated with both lipid lowering drugs and popular dietary regimens – close is now longer good enough (<https://link.springer.com/article/10.1007/s00259-019-04668-y>)[24].

03 March 2020

Richard M Fleming
Physicist-Cardiologist
Matthew R Fleming, BS, NRP (FHHI-OI-Camelot); Tapan K. Chaudhuri, MD (Eastern Virginia Medical School) FHHI-OI-Camelot
Los Angeles, CA, USA

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FMTVDM is issued to first author. First author, authored the "Inflammation and Heart Disease" and "Angina" Theories. The authors have previously addressed issues with BigPharma, the need for transparency by BigPharma and the FDA/CDER.

Competing interests: FMTVDM is issued to first author. First author, authored the "Inflammation and Heart Disease" and "Angina" Theories. The authors have previously addressed issues with BigPharma, the need for transparency by BigPharma and the FDA/CDER.