

Andy Lazris: Hi, Alan, it's Sunday morning, and we're talking about Return to Healing, and, you know, there's this... we have a lot of topics we want to talk about, but we couldn't resist something that came out just a day or two ago. And it's, it kind of...

Andy Lazris: fits the model of everything that's wrong, with our medical society all at once. And, you know.

Andy Lazris: I have a lot of patients who have come to know my thinking process and how I come up with decision making and shared decision making, and a lot of them emailed me about this new report, which is the new cholesterol guidelines.

Andy Lazris: Scripted by two organizations you would think would be somewhat reputable.

Andy Lazris: The American Heart Association, American College of Cardiology, who dazzled us recently, Alan, with their blood pressure guidelines, which basically says, push everyone low enough so they faint. And that's how you know... that's how you know when we got the right blood pressure. When they're flat on their face, on the floor, then we're... we're good.

Andy Lazris: So they came up with these guidelines now, and, they, they...

Andy Lazris: You know, the thing that struck my son when he read them was that, we're now supposed to be measuring and treating cholesterol in 10-year-olds.

Andy Lazris: And all the way up to 100, you know, this is what we do now. So, yeah, it's quite a mess, but it's understandable. If you read our book, you would understand why this is happening.

Alan Roth: Exactly, and Andy, good morning, everyone. This is, you know, a perfect example of what's wrong with our healthcare system. Let me start, I'm a little worried, because Andy's son read these guidelines on his honeymoon, so at least his wife is a doc, too.

Alan Roth: I got a little scared when you did it, though.

Andy Lazris: When you get it.

Alan Roth: I was like, he's a clone!

Andy Lazris: When you hit something annoying, it happens whether you're in a honeymoon, in your bed, or in outer space, it hits you.

Alan Roth: You obviously have a clone there, though, so... Yeah, good. So, what gets me the most is... this is...

Alan Roth: the perfect example of where the medical-industrial complex has totally taken over medicine. And anyone, this is your first time with us, the medical-industrial complex is big pharma and big device makers and the health insurance industry.

Alan Roth: and hospital industry, and the colleges that represent both physicians, like the American College of Cardiology, and represent more the interests of patients, in this case, the American Heart Association.

Alan Roth: And what the world doesn't really realize, we think these are the most cherished, respected organizations, and they are, by most of the world.

Alan Roth: Because most of the world is not looking into the facts of how these studies are funded, okay?

Alan Roth: how the devices and the apps behind the studies are funded, all by the same thing, the medical-industrial complex. And what this is gonna do...

Alan Roth: What this change is gonna do, and I know Andy wants to talk about the details, is add probably trillions of dollars between more blood screening.

Alan Roth: more CT screening, more drugs, and many of these drugs are really expensive, you know? At least the statins are cheap now, so at least we could save that much. But many of these drugs now, anything second line, is not cheap, Andy.

Andy Lazris: Yeah, it's not cheap, and it's not proven to do much more than lower cholesterol, and that... and that's one of the... so if we look at statins, they have a special place.

Andy Lazris: In terms of having the ability in some people to lower inflammation within the coronary artery system. So if you're a younger person, and we wrote an article, Alan, on the fact that statins have no benefit in people who are older, and certainly once you cross 80, you have zero benefit, but even as you get older toward that.

Andy Lazris: And 50% of statins are given to people over 80, where we know they don't work, and they're also given to people with high cholesterol, but that's not where they have a benefit. And the biggest randomized study was in JAMA many years ago.

Andy Lazris: And it showed in people who are high risk of heart disease, or who have had heart disease.

Andy Lazris: You will lower your risk of having a severe heart attack by 1%

Andy Lazris: With 5 years of treatment, if you are in this high-risk group.

Andy Lazris: And that's regardless of your cholesterol. So, just understand that statins, when you're given... when they're given to people at high risk, do have this slight reduction in your risk, but not in people who have high cholesterol. And that is the biggest confounding part of this study.

Andy Lazris: There's these guidelines. There's no study. And if you look at the guidelines, they're based on garbage studies. They're what we call observational studies, which you take a bunch of people and compare them, but you don't talk about other variables.

Andy Lazris: We know from a lot of data that cholesterol is not a prognostic indicator for heart disease. People with low cholesterol and high cholesterol have about the same amount of heart attacks, strokes, etc. But what they've done

Andy Lazris: the American Heart Association, which is almost entirely funded by the pharmaceutical industry, its leadership is from the pharmaceutical industry. The American College of Cardiology, which not only takes big pharma funding, but its goal is not to help the patient. Its goal is to help cardiologists. That's why it's there. It's a trade association.

Andy Lazris: The doctors, as my son said, my doctors are a hoo-hoo of big pharma.

Andy Lazris: you know, I don't care if they're Blumenthal from... Blumenthal from Hopkins, who's the big guy. Oh, he's a... CNN says he's a leader in the industry. Yeah, he's a leader in doing studies for drug companies, which funds Hopkins. And CNN, by the way, its number one reception of advertising funding

Andy Lazris: are drug companies. So, this is the complex, Alan, right? You get these academic doctors whose whole lives are to do studies for drug companies. You have the drug companies, you have the drug company Front, which is the American Heart Association.

Andy Lazris: the doctor front, the American College of Cardiology, the media, like CNN, which loves this guidelines, all of which the drug companies are loving it, because now we're checking

cholesterol as a surrogate marker for coronary artery disease. At 9 years old. And 9 years old, we've lowered what is normal.

Andy Lazris: now you gotta be 70, an LDL of 70, which, by the way, I don't have anyone in my panel who has an LDL that low. Because you're not supposed to.

Alan Roth: So, this.

Andy Lazris: Right, it's dangerous. It's dangerous, and they're gonna hurt people with these guidelines, but they're gonna make a lot of money.

Alan Roth: So you brought up another good point. I mean, we could talk about this for a week and not finish it, but the other good point is the media.

Alan Roth: And, like, people don't understand. The media is equally bought into this, because the biggest funder of commercials now are the drug companies. And wait, you're gonna see an ad from the American Heart Association really soon. I'm surprised they didn't have the ad written already. Maybe it's already on TV, I don't watch much of it. But you're gonna see an ad from them, like, you gotta see your doctor, like, today.

Alan Roth: And you gotta get more blood tests that you've never had. You must get a calcium score, no matter what's wrong with you and what your other risk factors are. Like, so hurry up today, or you're gonna die, like, within a week. Like, if you don't get it within a week, you're dead. You're a dead man, or a dead woman.

Alan Roth: Women, they give an extra 5 years, I think, or something like that.

Andy Lazris: And then...

Alan Roth: Are they serious? Treat 9-year-olds? Like, you're gonna put a 9-year-old on a stat?

Andy Lazris: Yeah, this is where it becomes laughable, and the fact that they could look at this guideline and not laugh, and say, oh yeah, American public's gonna understand, we gotta get these 9-year-olds down to LDL of 70, or... you know, you think any data went behind this? This is an expert decision panel based on

Andy Lazris: garbage. That's all it is. And if you don't agree, you're not on the panel, by the way.

Alan Roth: It's... all the evidence is either expert opinions from these two organizations, or pharmaceutical-funded research. So, it's... it doesn't matter how you look at it. We know that, what is it, 50% of all research is proven wrong in 5 years or something, Andy? What is that?

Andy Lazris: It's higher, it's higher than that. It's like 85% are reversed. And, you know, that's in randomized trials. Observational trials are nearly 100% wrong, because they are designed... and just so you know, in an observational trial, real quick, we've talked about it.

Andy Lazris: That's like saying, we're gonna look at a thousand people, and we're gonna compare people who drive Subarus to people who drive Ford F-150s, and see which group has more heart attacks. Oh, wow, the Subaru group

Andy Lazris: has 50% less heart attacks, therefore driving a Subaru prevents you from getting a heart attack. That's an observational study, just so you know.

Alan Roth: I know that that's true, because you know everybody in a Ford is a cowboy eating meat all the time, like, oh, but it's okay to eat meat now, let's see how it goes.

Andy Lazris: Well, it depends what kind of meat. Depends what kind of meat.

Alan Roth: Yeah, what they're fed, right?

Andy Lazris: But...

Andy Lazris: It is a demographic difference. I mean, people who drive Subarus tend to be younger and athletic and all this kind of stuff.

Alan Roth: Come on, we all know who Bruce.

Andy Lazris: Whether it's true or not, we don't know, but that's... Same people who drive.

Alan Roth: praises.

Andy Lazris: Priuses are really, you know, God, they don't have any heart attacks, those guys. Yeah, what about the Tesla people? I don't even know. But the...

Alan Roth: No, they're having heart attacks now that their stock tumbled.

Andy Lazris: Yeah, that's true. I mean, the bottom line is, we're now treating a number, Alan. We're not treating inflammation of the heart. I have tons of people

Andy Lazris: who have really high cholesterol and have no coronary artery disease, and tons of people who have really low cholesterol and have tons of coronary artery disease, because they eat like junk. And it's the cardiologist, by the way, who put us on a low-fat diet so we could eat more sugar and have more heart disease.

Alan Roth: Absolutely.

Andy Lazris: And like you said, Alan, the statins are cheap. They're the only medicines in this class that have some efficacy in terms of lowering coronary risk. Again, having nothing to do with cholesterol at all, having to do with inflammation. But these new, unproven, expensive medicines, like Repatha and their others.

Andy Lazris: Those are, like, \$30,000 or \$40,000 a year. And by pushing the norm of what we expect your cholesterol to be, whether you're 7 or whether you're 107, we're now... what this guideline is doing is trying to get people to use these expensive drugs.

Andy Lazris: Well, the statins are great, but they didn't push the cholesterol low enough, so let's add some Repatha to that, too.

Andy Lazris: And then we'll start looking at your amyloid score, which will be the next guideline that comes out. So they just can't get enough of you being scared of your numbers, and that's what this is, a numbers game.

Alan Roth: Yeah, and it, you know, it brings me back to when I was a younger doc, and you'll remember this when the drug Zetia came out.

Andy Lazris: Oh, yeah.

Alan Roth: So for the folks here, Zedia is a combination of a statin.

Alan Roth: drug with a drug called Estamibe, and it's like an add-on drug in one pill that, you know, lowers, I think only the total, maybe, like, one point or something like that.

Alan Roth: they got this drug approved. Like, pharma pushed the drug approved, truly with no evidence of any benefit, okay? And then they got it approved to use alone.

Alan Roth: And I get new patients all the time coming in on this drug, and every time I see it, I laugh, because that drug truly has no evidence. You know, statins have some evidence, but this has no evidence that it does anything to make you live longer.

Andy Lazris: And by the way, Zedia, which is... we talk a lot about in the book, too, it's a poster child to me.

Andy Lazris: But...

Andy Lazris: non-thinking doctor. So, something about your cardiologist. Well, my cardiologist... yeah, but there's not a single study that shows it reduces coronary disease. And, Alan, \$5 billion of Zedia sales in this country a year.

Andy Lazris: People are still worried about that. And, you know, we just... we just crucified another one that, when we were younger, they used niacin.

Andy Lazris: Which does lower cholesterol, and now we said, oh yeah, it does lower the cholesterol, but it increases your death from coronary artery disease. So there's another example of a drug that lowers cholesterol, but increases death rate.

Andy Lazris: It's not about cholesterol. And by this guideline, making it about cholesterol, they're just exacerbating the problem of this numbers-focused medical system. And the numbers-focused medical system enables the medical-industrial complex to make more people feel like they're sick.

Andy Lazris: Because guess what percentage of Americans, including 9-year-olds.

Andy Lazris: are going to have LDL cholesterols below 70, probably 1%. So that means 99% of Americans now have a new sickness called high cholesterol that has to be treated with medicines, because the guidelines say, well, you could try diet first.

Andy Lazris: But it's not gonna work. Yeah, it's not gonna work, because diet only makes you healthier, it doesn't lower your numbers. That's the flaw of diet.

Alan Roth: At least they put in there, it's safe to take the women off during pregnancy, because, you know, we want the next generation of, you know, messed up kids from drugs.

Andy Lazris: And by the way, I think women out there, once you have that baby, you better, you know, first thing, put a statin in your mouth and in that...

Alan Roth: Labor Deck, exactly.

Andy Lazris: It should be coming out right into the fetus, too, because never too early to get those cholesterols down. Now that fetal blood test is also gonna include an LDL, so thank God we're gonna start early. Prevention, right now?

Alan Roth: Absolutely. Maybe we should talk a little bit about, you know, some of the testing stuff, which we haven't touched on yet. So let me ask you, do you use risk calculators at all?

Alan Roth: Really?

Andy Lazris: These calculators are designed by Observational drug company studies.

Alan Roth: designed to give you the result they want you to have, which is give more drugs, because, you know, the big one now is called Prevent. Every one of my residents is like this. This is, like, they can't present a patient in the office without assessing their risk. It's like, in every one of their charts.

Alan Roth: And they walk around, and they put these numbers in. How can the same guideline be the same

Alan Roth: app or a tool, whatever you want to call it, be accurate for someone that's 30 years old and someone that's 80 years old. Like, there's no changes between those few years.

Andy Lazris: Well, they're... they're not ageists like us, Alan. They don't... they believe a 9-year-old and a 109-year-old should be treated equally. Their bodies are the same, so... Yeah, these calculators are designed by drug companies. This is American Heart Association, again.

Andy Lazris: And they use some observational data. They have this for atrial fibrillation, for coronary disease.

Andy Lazris: Bone density, all of them are designed to make you feel like you're about to die.

Andy Lazris: That's the... oh, it looks like, you know, if we don't fix you right now, you're gonna die, on your way home, so we better get your LDL down today. But that's what they're... and they create this false.

Alan Roth: Not if you're in a Subaru, because they are safer.

Andy Lazris: Well, yeah, if you're in a Subaru or a Prius, yeah, you don't have to hurry, but you can't drive that fast anyway in the Prius, so that's okay. The whole point is to...

Andy Lazris: make this false link between cholesterol and death slash heart attacks. It's not a real link, it's never been proven. It's been invented, and now the... this is the problem with numbers. You invent a numerical disease.

Andy Lazris: then you can change the norms of that disease by just saying, oh, you gotta go lower, you gotta go lower, you got blood pressure lower, sugar lower, cholesterol lower, oh my god, more people are sick, we have an epidemic. And then we hit the epidemic, then CNN's got the epidemic, task force.

Andy Lazris: You know, running through and saying, we gotta get... more people gotta go to doctors. And, look, they're not gonna go to us, they're gonna go to cardiologists and get stress tests and echocardiograms and carotid screens just because... just to make sure.

Andy Lazris: So, yeah, it's turned into a, you know, a real mess, and I am guessing, Alan, and I could be wrong, that Americans are getting a little smarter.

Andy Lazris: about believing this, and I think a lot of them will see this 10-year-old thing, you know, you got... you should start screening at 10, and start realizing that these people are freaking crazy.

Alan Roth: I don't think the American Pediatric Society signed on to this, but the American Geriatric Society did.

Andy Lazris: They are the most drug company-sponsored society around, so yeah, of course they do.

Alan Roth: We're friends at the ADA, you know, our favorite American diet.

Andy Lazris: Diabetic Association, yeah, they're...

Alan Roth: They should probably say, why test? Just put everyone on a statin.

Andy Lazris: Well, the reason they want to test it is because they're concerned in the American Diabetic Association that the statin will only get your LDL down to 80 or so, so you need that Repatha to really push it, or Zetia to push it even lower.

Andy Lazris: So they just want... they're understanding that they don't want you just on a statin, they want you on the new stuff. The American Diabetes Association is quite...

Andy Lazris: the drug company front. It's amazing people still believe these organizations are legitimate.

Andy Lazris: That's like asking the National Rifle Association to come up with a policy about, you know, guns in schools, or something like that, you know, because they understand guns well. It's the same thing. They're supporting the people...

Alan Roth: I know that it doesn't kill people, so, you know.

Andy Lazris: Exactly. And I always said, you know, that you can easily have the, you know, the oil association, ExxonMobil, come up with our new environmental policy, but it's exactly the same thing as having the drug companies come up with new policies, and having these doctors

Andy Lazris: These real disturbing doctors, because they are high up in places like Hopkins and Harvard. They run the American Heart Association, American College of Cardiology. They have all these articles in the New England Journal, because they're doing the studies for the drug companies, and those are the ones that end up in those journals.

Andy Lazris: they end up on CNN, so everyone thinks they're smart and, objective and wise, and they're not. They are fronts for these companies, and it's really upsetting to see people have that kind of status. And how do they sleep at night, Alan? That's what I don't know.

Alan Roth: Hit.

Alan Roth: And they've heard, you know, and I feel bad for the cardiologists sometimes, especially the ones that are non-invasive cardiologists. So, a lot of the cardiologists I work with, you know, are office-based.

Alan Roth: good people want the best for their patients, and had a discussion about a year ago with one of them about... I said, well, what do you think the ideal LDL is? And they said, no such thing. You gotta get it as low as you can. The lower, the better. It's proven.

Alan Roth: the lower, the better. And I said, okay, can you share those articles with me? Because I have two, and I didn't know we were doing this, I don't have the articles in front of me. But there's two really good studies out there that actually show this bell-shaped curve about

Alan Roth: life expectancy and LDL.

Alan Roth: And realistically, when you get less than 70, and you get close to 50 on LDLs, there's several studies out there that your life is shortened. I mean, we need fats in our body for metabolism, and when your LDL gets less than 50, your life expectancy decreases.

Andy Lazris: And by the way, the LDL of 70 to 150, I mean, there's no... it's not even a bell shape, it's a scatogram in terms of risk. And there is a big article in the British Medical Journal, which is called the BMJ now.

Andy Lazris: I have it on my desk at work. It's about a year old, and it's, it's somewhere on our website, but it shows that there's no bell-shaped curve over age 60. The higher your cholesterol, the longer you live. And what was good about this study is they pulled out people who were ill with diseases that would lower cholesterol.

Andy Lazris: So, let's say you have cirrhosis of the liver, your cholesterol will go down, and your life expectancy, obviously, is lower. Cancer could do it, too. They pull those people out. So, just in the normal, healthy, or slash frail population, the higher your cholesterol, the longer you live. We have a new study that shows,

Andy Lazris: that if you're over... if you have dementia and you go on statins, you actually have more strokes, more heart attacks, worse memory. We know that these drugs cause muscle weakness, muscle destruction, fatigue...

Andy Lazris: Brain fog in older people. We know that. We wrote an article about it. Increased falls, all this stuff. But all that stuff's good for the medical-industrial complex. Let's get people sicker. We could push them to different specialists. They get, you know, they get more drugs for other things that we've now caused.

Andy Lazris: That's the problem, Alan, is it's a... it's a downstream effect. It's not just this, it's... it's gonna cause a medical mess.

Alan Roth: So, it's... it's a disaster. So, I had a patient in the office yesterday who called me on... as an emergency on Thursday night, can I please call him? It was, like, a fairly late call, and this is a guy I've been taking care of for close to 40 years. He's a very reasonable guy, a very nice guy. I said, wow, something must be really wrong with this guy.

Alan Roth: So I called him up, and I said, what happened? And he goes, you know, I went to my cardiologist for my routine annual stress test. Like, this is the same story we've told a million times.

Alan Roth: And it was abnormal, okay? So, at least they didn't send them for a cath right away, they sent them for a CT angiogram. That same day.

Alan Roth: So they sent him, right, and this is one of the prestigious Manhattan academics.

Alan Roth: So now he has the CT angiogram, and he's still there that day, going for the complete cardiac workup, and the guy goes, you need to have a cardiac cath now, you have 50% blockages in a couple of your vessels.

Alan Roth: So he goes, no, I gotta go do something tonight. How about tomorrow? So he pawned it off until tomorrow, and that's when he called me up, Thursday night, saying, I'm going for a cath tomorrow morning at 8 o'clock, and I said.

Alan Roth: Are you having any symptoms? And he goes, no, I feel fine. He just said I needed my routine stress test, and it was abnormal. I said, was it abnormal the last time? He goes, I don't know.

Alan Roth: So, I can't tell you what to do, but I could tell you that the evidence clearly, clearly shows that the treatment of, you know, cardiovascular disease in asymptomatic people should be lifestyle modification.

Alan Roth: I... and I, you know, I wasn't in the office then, and he wasn't even on a stat. Like, he wasn't on ASP, he was on nothing.

Andy Lazris: bank.

Alan Roth: Like, he was just on nothing, and he's gotta be cathed right away. They put the fear of God in these people.

Andy Lazris: That's what they do, and yeah, a guy like that might... he's one of those guys that might benefit from a statin, moderate dose, but regardless of his cholesterol, right, he has plaque. We know... we know he's plaque, or maybe he doesn't. These tests have strong false positives, too, but it starts with, oh, I'm just gonna get checked out.

Andy Lazris: You know, just to make sure I'm okay, I feel fine, and then you end up being told you're about to die, and that's our healthcare system in a nutshell. These cholesterol guidelines are just another way of pushing us to fear, for our health, even when we're doing great. And we will start fearing once we start getting the treatment, believe me.

Alan Roth: We've always said we don't have a healthcare system, we have a sick care system, but now we should really start talking about, we have a sick care system based on fear. It's like...

Andy Lazris: based on fear and based on being sick with diseases we invented. So that's our system. We don't even have real sickness anymore. So we want to treat fake sickness now, because that's where the money is.

Andy Lazris: Okay, Alan, so... so start worrying about your cholesterol now. I'm gonna go and take a home cholesterol test.

Andy Lazris: And I'll... and do a home cath, then just to make sure I'm okay, and then I'll be fine.

Alan Roth: Sounds good.

Andy Lazris: Okay, I'll see you next week.

Alan Roth: Again, perfect example of our sick care system. It's a mess, guys. If you haven't read our book, A Return to Healing, you really need to, because this is all we talk about in there.

Andy Lazris: And we got a lot of evidence that we... that we give you, if you ever want to talk to someone who believes in these guidelines.

Alan Roth: And only a few pages on how to fix it, because it's really not hard.

Andy Lazris: But the vet...

Alan Roth: Critical industrial complex just won't let it happen.

Andy Lazris: Nope, they want... they want you to feel worse, so there you go.

Alan Roth: Alright, have a good week.

Andy Lazris: Bye.

