

Andy Lazris: Good morning, Alan, and everybody else. This is Sunday morning. It's nice, so I'm sitting outside so I get some light, and we're talking about return to healing, which a patient recently told me, his patient's son's in medical school, and she finished the book, and she said, why isn't this required reading? And she said, my son

Andy Lazris: Doesn't even want to read it, because he doesn't want anything to get in the way of what he's been taught.

Andy Lazris: And she said, you'll read it, or I'm gonna stop paying for medical school. And it should be required reading. Absolutely.

Alan Roth: Absolutely!

Andy Lazris: people don't understand the way our system works, and there's an example of it. So, we've been... we're always interested in what other people are saying, and since the... we had... we talked about cholesterol guidelines not too long ago, and I've also said that because I did talk about cholesterol guidelines and ask questions.

Andy Lazris: among other things, the local cardiology group in my town reported me to the Board of Medicine, which, for those of you who don't know, means they want to take away my license, or at least...

Andy Lazris: have the Board of Medicine say I'm not allowed to talk about these things anymore. And I'm still waiting for a verdict on that, and may have to get a lawyer, but this is just because I put in articles that they didn't like. So, there's a lot of chatter on the internet, mostly from doctors.

Andy Lazris: Talking about this, and most of them are looking at, you know, selected studies.

Andy Lazris: that when I look... when I checked into some of the studies they were looking at, or observational studies, and what they do is they create these things called meta-analyses, where they put a bunch of junk studies together, and say, well, we have so many studies, how could it be wrong? But every study is a junk study

Andy Lazris: from the pharmaceutical company. So one study I found interesting, Alan, that they used, and I will say, there were 3 people

Andy Lazris: three podcasts I looked at where they were very critical of measuring and treating cholesterol, and all of them were blocked on my web browser. And also, when I went into AI, two different types of AI, and just asked them.

Andy Lazris: about studies that debunk the cholesterol myth, all three AI sources said, well, those... no, this is a proven fact, the cholesterol thing, and any study that doesn't support it is flawed. This is AI. Just so you know, AI is programmed

Andy Lazris: by people who... what they do is they use bots to just put the drug company studies in a billion times. So it looks like they are so important that they dismiss all the other studies. So...

Andy Lazris: Mark Hyman, who's a functional medicine doctor, his was blocked, but I found another way around it, and... I mean, he's very adamant. If anyone knows who Mark Hyman is, he's written a lot of bestsellers, he worked at the Cleveland Clinic. He, he believes in diet, exercise.

Andy Lazris: Stress reduction.

Andy Lazris: And he made it clear, LDL... look, we've never proven that cholesterol is that important. So, just two quick things, then I'll shut up. One is that there was a study, by the British Medical Journal called the BMJ now.

Andy Lazris: That was a huge, compilation of cohort studies. Cohort studies are studies that are followed over time.

Andy Lazris: And they used only randomized cohort studies, and all the studies but one, or maybe two. There were, like, 20 studies, 22 studies. So I think 20 out of 22 showed that over age 60,

Andy Lazris: The higher your LDL cholesterol is, the longer you live.

Andy Lazris: And the people in these podcasts just dismiss them. They say, well, when people get sick, their LDL goes down, so that will compound it. But not once did they show that these studies

Andy Lazris: show that. You know, in other words, when you have that many studies showing that there's this correlation between high LDL and longevity.

Andy Lazris: You can't just dismiss it that quickly. You should want to do another study, or say, we're gonna... we found that in these studies, there was a problem, which there wasn't, by the way. They...

Andy Lazris: They address this issue and say it was not an important issue. And whether or not you're going to believe the BMJ or everyone who attacks them, the fact is, that's something we need to question. Whether LDL might be important as you get older, our body makes cholesterol for a reason.

Andy Lazris: And, you know, when we make cholesterol, we feed our brain, and it's really important to that and other things. So, secondly, Alan, you and I wrote an article in the American Family Physician, peer-reviewed article, that actually was one of the few articles we wrote that got no pushback from not only the editors, but also from

Andy Lazris: anyone who read it, because we get... we get... we write articles, and people write in and say bad things about us, but that... we're used to it. No one did.

Alan Roth: We like it.

Andy Lazris: We like it. We actually do like it. It means people are reading it, which makes us happy. So, our article looked at every study that included people who were older in statin studies. And there were only two that included people over 80, and both of them showed no benefit of lowering LDL cholesterol.

Andy Lazris: We know lots of drugs that lower LDL cholesterol are, frankly, dangerous. Niacin lowers it and increases death rate. So, one of the things these podcasters pointed to was a study in Japan

Andy Lazris: of a medicine called... I can't pronounce the generic name. Help me, Alan. It's called Zedia.

Andy Lazris: What's, what's...

Alan Roth: Mr. Mibi.

Andy Lazris: Yeah, I can't... that's beyond my comprehension. So, thank God they came up with Zedia. Zedia's been shown not to do anything.

Alan Roth: stroke. It's usually...

Andy Lazris: lowers LDL cholesterol and does not reduce mortality. So this... a lot of these podcasters pointed to the study and says... and it does say, final proof, lowering cholesterol in elderly.

Andy Lazris: reduces major events substantially. So, of course, because I am who I am, I read through the study, and that's what they write. It's just in Japanese men who are 75 to 80, there were just a few hundred people.

Andy Lazris: It was randomized. It was published by the maker of Zedia. I mean, it was... that's who paid for it.

Andy Lazris: And it was done through these corporations, these institutions in Japan. So just Japanese men. And it showed all the things they wrote. Major reduction in cardiovascular risk. This will answer the question. This will resolve the issue. So I looked at it.

Andy Lazris: You look at the tables, you don't care what these people write. By the way, all these podcasters did not look at the tables, they just looked at what they wrote in the article. And this is what the drug company wants them to write, so they write it. That's another topic, Alan, but the tables, the facts, don't always equal what's actually written.

Alan Roth: Absolutely.

Andy Lazris: So, it wrote... there was a tiny reduction in non-fatal heart attacks. Now, we've wrote an article on that, too, that non-fatal heart attacks are often just high troponin levels, which are done in the hospital.

Andy Lazris: when you go in for a toe fungus. They'll do it on any older person. There was no reduction in fatal heart attacks, i.e. death. There was no reduction in stroke, but there was a reduction in revascularization. In other words, it was, like, a quarter percent.

Andy Lazris: Fewer people got bypass surgery or stents. Now, we know, too.

Andy Lazris: that that's... bypass surgery and stents don't save any lives, so people do them for reasons that are not important. They do them because they found a blockage in a healthy person, and they decide to fix it. That blockage was probably already bypassed by the body, or would never affect them anyway.

Andy Lazris: What was interesting is, in the group that took... and this was not mentioned in the study at all... the group that took Zediah.

Andy Lazris: Had a 1% higher

Andy Lazris: overall mortality than the group who didn't take Zedia. Something they didn't mention. When I went on AI and asked about it, they said, well, it wasn't statistically significant. And yet it was 1%. There was nothing else in there even close to a quarter percent.

Andy Lazris: Obviously, it's something that should have raised alarms, saying, why are more people dying on this drug?

Andy Lazris: And shouldn't we do another, longer, bigger study before we allow people to dig a drug

Andy Lazris: that kills potentially 1% of people who take it. Again, it... this drug... this study pointed more to the fact that maybe older people need LDL.

Andy Lazris: And it's just the fact that these doctors who are banging their fists on the table saying, we're killing millions of people a day, they don't care to look at data, they just want to scare people, and that's their goal.

Alan Roth: Let me give a couple of comments. Andy's clearly passing...

Andy Lazris: I'm passionate about that.

Alan Roth: Yes.

Alan Roth: He didn't bang his fist, he just waved them a little bit, so it's kind of similar. So, a couple of comments to a bunch of things Andy said. So, whenever you hear final proof, you know, okay, this article is wrong, you could just stop there, because we know in medicine, nothing is final. So that's one.

Alan Roth: AI folks,

Alan Roth: I play with AI a lot, also, when I'm researching things. You gotta be very careful, because again, you know, it's all skewed.

Alan Roth: humans are not really reviewing the results of this to see if they're accurate or not, and the AI studies clearly show that at least 30% of what they're saying in AI is wrong when it's

related to medical advice and medical care, so you gotta keep away from that as well, because it's rampant out there, and people are believing things, you know?

Alan Roth: The other thing is, you know, every study is designed to

Alan Roth: get you the result that these people want. And there's no studies out there that look to promote non-pharmacle management of anything. And the reason there's no studies for that is there's no money in it.

Alan Roth: And since the studies are all funded by the pharmaceutical companies, and the government's funded by the pharmaceutical companies, and the FDA, and CDC, and all these things, and research is funded by it.

Alan Roth: We know every study that's done is about an intervention that will make someone a lot of money, or a drug that's gonna make a company a lot of money.

Alan Roth: And we're not gonna study things that show, like, you know, an anti-inflammatory diet is a wonderful thing, and that, you know, all you need to do is eat healthy and exercise, and you'll live a long life. And, you know, the...

Alan Roth: It's the same with any preventive test, any cardiac test. You know, we could talk about every test out there that's, quote, proven, whether it's cardiac calcium scores. Me and Andy were just asked to write an article on breast calcium scores, which will come out soon.

Alan Roth: There's just so much propaganda out there, and when you look at a podcast and it has an advertisement in it from a drug company, it shows it even more that these people have bought in, they've drank the Kool-Aid, and they actually believe the propaganda they're selling, and think.

Alan Roth: There's no way but my way, because I'm right, as opposed to common sense medicine with common sense screening and common sense prevention. And we've just gone away from that.

Alan Roth: We've just, you know, we don't study, for example, population health studies that, you know, if you put everyone on a good diet, and an exercise program, and mindfulness for stress reduction, like, those are the three big ones that have been shown to affect life, and, you know, people to wear pop, you know, bicycle helmets and things like that, that's what's gonna make you live longer.

Alan Roth: not making your LDL down to 20 or 30, which is what these guys are doing now. It's absolutely insane. I could tell you, every patient that I see now that comes from an outside cardiologist, when I see them on the follow-up since the new studies have come out, the new cholesterol guidelines.

Alan Roth: Everyone has been added Zedia. Every single. It's just amazing. So, I talked to the cardiologist I work with, and I said, thank God I haven't seen you do it yet. He goes, well, I've been thinking about it. I was like, well... I was like, drop it. Drop it.

Alan Roth: I was like... and the other thing, and if folks don't understand, my final comment before I move it back to Andy...

Alan Roth: is that, you know, people don't realize when they read the studies, and the studies show an X number of reduction in plaque.

Alan Roth: or cardiovascular events, but then you see the overall mortality is increased. Folks, what that's telling you is if you take this drug, you're more likely to die from anything.

Alan Roth: So why would you take something that you're more likely to die?

Alan Roth: It's utterly insane!

Andy Lazris: And I guess the corollary to that is.

Andy Lazris: if these doctors on TV... and there was one where these two doctors wearing scrubs were sitting in the middle, they invited a guest doctor who's a cardiologist, who was also wearing scrubs. Now, just so you know.

Alan Roth: That means he came out of the cath lab.

Andy Lazris: It means, I think he'd put on scrubs so he looks like he's a cardiologist. You know, I think he probably walked to their house, was wearing regular clothes, and decided to put on scrubs so people would believe him more, because he's that arrogant. It's, you know, we could wear scrubs, Alan, in these things, but I wear a t-shirt.

Andy Lazris: I'm less arrogant. But the... the point is that this guy's bang... he was banging his fists, and he was so...

Andy Lazris: arrogant, like, he had this smile on his face, like, I am so right, and now everyone's gonna believe me because I'm a cardiologist. But yeah, I'm seeing patients whose LDLs are in the gutter, they're feeling like crap, honestly, from these drugs.

Andy Lazris: I had a guy, I may have mentioned it, I had a patient recently who made an appointment just to talk to me.

Andy Lazris: because he was going to the cardiologist the next day, his LDL, Alan, was 80.

Andy Lazris: And he said... the guy said, if it's not below 70, I'm going on new drugs, on top of the drugs I'm on.

Andy Lazris: And he said, what am I gonna do? And I said, yeah, yeah, because it was 71.

Andy Lazris: He would have put him on a new drug, because the guidelines say go below 70.

Alan Roth: Right.

Andy Lazris: Even though the.

Alan Roth: Very practical medicine. Very practical.

Andy Lazris: He was gonna... they were gonna add drugs that clearly have been shown either to increase death rate or to not affect death rate at all. And when... yeah, when... when non-fatal art attacks don't go down.

Andy Lazris: you're basically saying the heart attacks you're lowering are nothing, are piddly ones. Even... there were very few of those that were reduced. So what they do, also, a little trick, is called the composite value. So they'll take every little thing that improved a little. Less revascularization, i.e, fewer stents.

Andy Lazris: Slightly lower non-fatal heart attacks.

Alan Roth: She means fewer useless stents.

Andy Lazris: Yes, useless stents. So when they put them all together, instead of 0.2% and 0.2% and 0.2% reduction, now it's a 6.6% reduction.

Andy Lazris: And they say, this is dramatic. If we did this with all 100 million people who are over a certain age, think about how many lives we... and they blow it up like that. You know, the good news is, the reason these things are coming out, Alan, is because Americans

Andy Lazris: Are starting to say, what the hell?

Andy Lazris: This doesn't make sense. And when you say there are no studies of

Andy Lazris: of eating and all that, which there aren't. We do have population

Andy Lazris: Not studies, but what I call open eyes, where we can see the places in the world where they do eat well, and they do exercise, which could be walking a lot.

Alan Roth: And they don't take statins or STEMB.

Andy Lazris: They don't see doctors. They don't get their LDL checked. They're living 10 years longer than we're living, without dementia, without heart disease, and how these people on these podcasts, or even these cardiologists, don't see that. I always say, I have this thing called the apocalypse test. I tell my patients, if the apocalypse came and we couldn't make any pills anymore.

Andy Lazris: How would you do? And the people who are on these high-dose statins, they said, good news, you'd do better if you weren't on these medicines. There's a lot of drugs, by the way.

Alan Roth: So, a couple things in response to that, too. So, like Andy said about where people live. So, they have done many population health studies, this is one of my areas of interest, about longevity in general.

Alan Roth: And these studies, you know, the final proof, and obviously it's not the final proof, you know, estimate what percentage of our longevity is related to what.

Alan Roth: And we know for a fact

Alan Roth: Again, there might be certain percentages difference.

Alan Roth: that the healthcare system only affects about 20% of your health. It's about your genetics, it's about your diet, it's about your exercise, it's about the environment you live in, your social situation, social interactions, and that's what makes health, okay?

Andy Lazris: By the way, Alan, just to throw it in, that 20%, I think 18% is if you show up to an emergency room with a car accident.

Alan Roth: Well, that's in there. No, that's overall health.

Andy Lazris: Yes. Gunshot?

Alan Roth: wound, car accident, whatever, you know. And look, we're not idiots. We do know that if you're having a massive heart attack and you could revascularize someone, you could save their life.

Andy Lazris: That's a life-saving thing, that's why a heart attack gets a bad job.

Alan Roth: having a stroke that they could revascularize. It happened to a patient of mine about a month ago. The guy came in, could not move the whole right side of his body, could not speak, and literally half hour after the intervention, he was speaking, he was fine, the life was saved. I agree.

Alan Roth: Totally, totally with that. We haven't talked about... go back a minute to the side effects of the statins, and I know you see this in your patients, because we know it's worse in the elderly, about the fatigue, the brain fog, the body aches, you know, especially the muscle aches and stuff.

Andy Lazris: That's a weakness. False.

Alan Roth: And the pharmaceutical industry has totally said, we have the final proof that that's not true, okay?

Andy Lazris: Right.

Alan Roth: Well, I could tell you almost every day I see someone in my office that comes to me that was started on a statin by the cardiologist, and they're here today because everything hurts them.

Alan Roth: And I said, okay, I could check your blood, but let's not. Just stop the medicine for a week and let's see if it goes away.

Alan Roth: And it goes away. And the pharmaceutical companies will say, well, that's the placebo effect, because everybody reads online, you know, what's the number one cause of stopping statins, and it's muscle aches, and pain, and fatigue, and weakness.

Alan Roth: But they don't believe it, because they have the final proof from their own studies. And again, this is what is wrong with our entire healthcare system. We could talk about it from, you know, antihypertensives, you know.

Alan Roth: I laugh, you know, I teach the residents this, I say this to every resident at some time, I say, well, normal blood pressure when I was a resident, the systolic was 100 plus your age.

Alan Roth: So if you were 80, you know, 180 was okay. Now, if you don't get it under 110, make them fall and break their hip, you're a bad doctor, and those fallen, broken hips don't get accredited as bad medicine. They don't look at it that way. Oh, they were old, they fall, they broke their hip.

Alan Roth: It wasn't that they were walking around on 6 cardiac drugs and their blood pressure was 90 over 40.

Andy Lazris: No, you'll get in trouble if you don't lower their...

Andy Lazris: blood pressure to 90 over 40. If they fall and die from being 90 over 40, you're considered a thorough doctor. That's exactly right. I always say if we follow the cholesterol and blood pressure guidelines, everyone would be lying face front on the ground, and the cardiologist would say, good, that's a good doctor there.

Alan Roth: the orthopedist.

Andy Lazris: They are, they are perfect.

Alan Roth: Just think of how many more hips and femurs they'll fix, and, you know, wrists.

Andy Lazris: Oh, yeah, everything we do to hurt people through medicine actually helps the medical system, because it just makes people sicker.

Andy Lazris: And creates more, more work for other doctors, especially all these... we do have a rash of hip fractures, and falls that have not been there before, and it bleeds because half these people who fall are on blood thinners because they have atrial fibrillation. So, even though they're falling, again, the cardiacists told me, well.

Andy Lazris: In fact, when I got nailed by the board, one of the things they went after me was because I said Eliquis causes bleeding.

Andy Lazris: Now, any idiot knows that that's true, but not the cardiologist.

Alan Roth: actually proof!

Andy Lazris: That's proof. It's just a... the only question is how much bleeding is the only question, but these cardiologists don't even believe that. They don't believe there's any... these are magic pills that everyone took them.

Andy Lazris: They would live forever and not have a stroke. I just had a patient I'm taking care of who had a stroke with a Washman procedure, which is supposed to prevent strokes, and they said, what went wrong? I said, what went wrong is you listened to your cardiologist, who got a lot of money to put in this procedure.

Andy Lazris: And it doesn't work. It's never been proven. And by the way, I got in trouble for that, too, because a study came out this year.

Andy Lazris: It said, like, it was like 2 or 3% of people who get this Watchman procedure, which is supposed to replace blood thinners if you have fibrillation.

Andy Lazris: 2 or 3% died within 2 weeks of getting this procedure. When I read the verbiage in the study, which was a study done by industry, by the makers of the Watchman procedure, and academic doctors who get paid a lot of money to do these studies, but by the way, they don't get paid directly, just so you know.

Alan Roth: Yes.

Andy Lazris: gets paid, so it looks like they didn't receive any money. But anyway, the, you know, the idea of this study showing that people died, the cardiologist who went after me highlighted that, too. Even though I had just put in an article that wrote this, and these were facts.

Andy Lazris: These many people die. This was... this looked at total numbers of Medicare people who got the watchman, and...

Andy Lazris: you know, like, 2-3% died within 2 weeks. That's a fact, but they wrote misinformation. That's a... facts have become misinformation, and...

Alan Roth: That's right.

Andy Lazris: Unless you believe the LDL thing, you are a misinformer. But I don't... you know, I... look, Alan, I know statins can help some people. Absolutely.

Alan Roth: Absolutely.

Andy Lazris: great JAMA study that looked at high-risk people over 5 years, and 1%

Andy Lazris: avoided death. 1% in 5 years of younger people with heart disease. Heart disease meaning blocked arteries, 1%. Now, you could argue that we could have achieved the same results if we had put that money into a massive diet program.

Andy Lazris: And people have proven that, that if you go on a very...

Alan Roth: They don't want to prove that. It's not good for business.

Andy Lazris: But that was a long time ago. There were some...

Andy Lazris: there were some doctors who were doing this, I'm forgetting the name of the most famous one.

Andy Lazris: But, because I... because I'm old. But he showed... he actually literally put people on this pretty strict diet without any bad stuff in it, and over just a couple years, plaque regressed, and there was a lower heart attack risk.

Alan Roth: So there's multiple studies out there that, by far and away, the best diet, most of us can't do it, you know, is a plant-based diet for cardiovascular protection, maybe not for overall health. I would never do something like that, but if you look at the data, it's just...

Alan Roth: everything is so skewed to the fact of drug, drug, drug, drug, drug. And when we talk about, you know, a good, healthy diet, whatever people want to agree, you know, whether it's Mediterranean, or whatever, or a mixture of certain things.

Alan Roth: Diets and healthy eating are bad for the food industry, you know, so they're not gonna support this, because what kind of foods are we pushing? Chips and dips and, you know...

Alan Roth: Highly, highly, highly processed foods, you know, and they can't even give, you know, RFK Jr, you know, I'm not, you know, I'm definitely skewed on certain things, many of the things he does, but some of the things he says is true, like, we eat shit in this country.

Andy Lazris: Yeah, and he actually wanted to reduce pesticides and sugar in schools, and they blocked that.

Alan Roth: Imagine.

Andy Lazris: a no-brainer. That should have been 100% of Congress supported that.

Alan Roth: It's the enemy.

Andy Lazris: blocked it, too. No one wants that.

Alan Roth: If anyone doesn't believe sugar is your biggest enemy, you know...

Andy Lazris: Yeah, it's crazy, right? People don't believe that. They believe cholesterol is your biggest enemy, because that's what these people, these cardiologists banging their fists, want you.

Alan Roth: Even though it's in your body helping you, when you're healthy.

Andy Lazris: Your body makes cholesterol, your body does not make sugar. Just so you know. Your body's making cholesterol, and we've decided, well, the body's wrong, you know, we're just gonna shut down the cholesterol completely, and now we're heroes. Your body makes it, and your body makes more of it as you get older.

Andy Lazris: and stores more of it, more fat, when you get older, as I unfortunately know.

Andy Lazris: But it's for a reason. It helps longevity. I always love... I go to Iceland once in a while, and they're... the older guys have got these big bellies. Now, they're still walking 5 miles a day and eating incredibly well, but they live way longer than we live, because when you get older, the body wants some fat. It needs it.

Alan Roth: So, and especially when you're younger, so in my days...

Andy Lazris: Very young.

Alan Roth: In my days when I actually, you know, practiced newborn medicine and peds, I did a lot of it, and I used to fight with parents who'd want to put their kids, their babies, infants, on low-fat milk, and I'm like.

Alan Roth: Don't do that! Babies need fat to develop neurologic development. Like, their brains are relying on that fat to form. Don't deprive them of the most important thing now. It's almost like putting a kid on a statin that's, you know, 18 months old.

Andy Lazris: Which, by the way, the new guidelines do suggest... I don't know what their cut of, it's like 10 years old to check LDL and put people on statins. They... but here's the thing, what gives me a ray of hope, Alan, is you read the comments on these blogs, and people are thinking these people are nuts.

Alan Roth: They are!

Alan Roth: Zealots!

Andy Lazris: people's eyes are opening a little bit, and that's good. And they do realize that they should be eating better. All my patients realize that that's the key. So, I tell my patients who decide to pursue the route of good diet.

Andy Lazris: I said, this may not lower your LDL. And they say to me, well, then how do we know if it works? I say, because everywhere in the world where they eat this diet, they live a long time. So, and it doesn't matter what their ethnicity is, what their sex is.

Andy Lazris: they live a long time, and guess what? Those people, in those areas of the world, they also don't measure their LDL. So, you want to join that club? It's a good club to join, the non-LDL check-in club. Just eat well. We can't measure it, which drives people crazy in the medical field. Everything needs to be measurable. That's what our book's about, basically, is that we've reduced all disease to discrete measurements, and then expanded the definition of illness.

Andy Lazris: By just saying, oh, no, we have to get the LDL lower, lower, lower, or sugar, lower, lower, blood pressure, lower, lower, lower. No one's gonna argue that people with a very high blood pressure should be treated, or people with...

Andy Lazris: real diabetes should be treated, but they push it lower and lower and lower, and by the way, the best treatment for diabetes is a good diet. We could cure it with a good diet, but you don't ever see these doctors talk about that either. It's drugs, drugs, drugs, drugs, drugs, and a lot of the drugs used for even that are lethal.

Andy Lazris: They actually cause increased death rate, even as they're lowering the sugar. It's crazy!

Andy Lazris: So, yeah, we're... I was just interested to see, I know we've talked about cholesterol before, it's just interesting to see

Andy Lazris: How people are responding to.

Alan Roth: Yup.

Andy Lazris: And you got the doctors, the TV doctors, who are not blocked on my computer, who are screaming and yelling that this is all misinformation, the people who scream about it. And then you have everyone else who says, yeah, well.

Alan Roth: and...

Andy Lazris: We're not doing it.

Alan Roth: And this is another example of, you know, what happens when a new guideline comes out.

Alan Roth: Which everyone says is evidence-based, but again, let's tell you folks, the new guidelines are put out by a bunch of people who are on the payrolls of the pharmaceutical industry. Every guideline is, whether it's asthma, diabetes, hyperlipidemia.

Alan Roth: You're listening to the experts who are making millions of dollars in

Alan Roth: And I want to say kickbacks, it's not kickbacks, it's, educational fees, and research fees, and speaking fees, which don't go on the Sunshine Act, so you won't see it, because like Andy said, the money is funneled through the hospital systems, and the hospital systems are happy because they're bringing in money to pay their doctors.

Alan Roth: And it just propagates more and more and more drugs, more and more things we do to people, rather than for people, to help them live longer and better. So that's what it should be about. Turn to healing, read about it.

Andy Lazris: Read about it. And I think you'll... I honestly, and Alan and I will never say that we have the last word. We're always willing to hear other sides of the issue.

Andy Lazris: And we invite that, we love it. We love when people write about our articles, and we can address them. And look, there was a guy I wrote about one of our articles recently, and I wrote back to the editor, yeah, he's absolutely right. I totally agree with what he says. Because, you know, we're...

Andy Lazris: we're always open to look at... like, when I saw that Ziddia study, I'm like, oh, you know, I'm curious what that shows, because we found that there's no benefit in older people, and I said, yep, there's still... In fact, recently, niacin, which was pushed by the same.

Alan Roth: Oh my god.

Andy Lazris: brilliant doctors, because it lowers cholesterol really well, lowers LDL well. Recently, a study came and showed it definitely kills people, a lot of people. So now that everyone's saying, well, we shouldn't be on that. Well, in 10 years.

Andy Lazris: when Zeddy is, like, cheap... so cheap, no one... the doctors don't want you to use it anymore. They got more expensive drugs they want to use. They're gonna say, wow, look, we should have known before. There was a 1% death rate even in that early study. How come we didn't look at that? But now we can't use it anymore. Let's use these biologic agents that cost \$50,000 a year, because we haven't gotten far enough to show that they kill people yet. It takes time.

Andy Lazris: But yeah, we are always happy to hear things that dispute what we say.

Andy Lazris: And any scientist, anyone who believes in science, would say the same thing, instead of pounding their fist. That... you know who pounds their fist like that? A fascist dictator or a fanatic. That's who pounds their fist, and that's who these people are. They want you to listen to them, like these cardiologists who reported me to the board.

Andy Lazris: They say, well, this was our message, and you're giving studies that refute our message, so we're gonna

Andy Lazris: silence you, because we can't handle it. They don't have an ability to say, yeah, he gave you these studies, but we have these other studies, and they can't do that.

Andy Lazris: They just get angry and pound their fists, and it's really sad, Alan. But anyway...

Alan Roth: Bankway 3, let folks go.

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

Alan Roth: I'll see you next week, Andy. Have a good week, everybody.