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**Increase Your Risk of Heart Disease With Lipitor and Pravachol**

**By Barrett Niehus**

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Results of a new study comparing the effectiveness of Pfizer Inc.'s Lipitor with Pravachol, made by Bristol-Myers Squibb, was recently published in the New York Times. The study details the clinical observation that Lipitor was significantly more effective than Pravachol in lowering patient's LDL cholesterol levels. However, the study did not comment on the overall effect that Statin drugs have on patient health, or the research that indicates Statins may actually increase your risk of heart disease and heart attack.

Statin drugs have been proven effective in the reduction of LDL cholesterol in most patients. However, the bio-chemical reactions that the drugs use to decrease cholesterol also inhibit the production of an important nutrient that is essential for good heart health; specifically CoQ10.

Lipitor and Pravachol work by inhibiting the body's ability to make an enzyme called HMG-CoA. This enzyme is the precursor to two compounds, cholesterol and CoQ10. Because the intent of Statin drugs is to inhibit cholesterol production, this method of suppression is very effective in reducing cholesterol levels. However, by suppressing the manufacture of HMG-CoA, and subsequently CoQ10, the body actually becomes more susceptible to heart attack, angina, congestive heart failure, and many other pulmonary-related diseases.

CoQ10 is found in every cell in the body and is necessary for proper energy utilization, resistance to disease, and cardiac health. The compound is so necessary that its chemical name is actually ubiquinone, because of its ubiquitous presence in the body. By suppressing the mechanism that makes CoQ10, Statin drugs such as Lipitor and Pravachol put patients at significant risk of heart disease, as well as reduce overall resistance to cancer and other diseases.

CoQ10 is used by the heart and other muscles to facilitate contraction as blood is pumped through the body. If the body's source of CoQ10, is lowered, either through Statin drugs or environmental factors, the hearts ability to contract is greatly diminished. This subsequently results in significant cardiac

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complications; including angina, heart disease, cardiac arrhythmia and heart attack.

In addition to its contribution to proper heart function, CoQ10 is also a significant ant-oxidant. When our ability to product CoQ10 is reduced, our body's immunity to cancer, pollution and disease can be greatly diminished. This has been documented in a number of studies where CoQ10 levels have been measured in people with specific cancers, degenerative diseases, or HIV.

The relation between HMG-CoA, cholesterol, and CoQ10 has been well documented and is freely available. Subsequently, the solution to reduced CoQ10 levels has been made extremely simple. The solution is simply dietary supplementation with CoQ10 if you are taking a Statin drug. Much of the diminished CoQ10 supply can be made up through dietary supplementation. In fact, CoQ10 supplements can be purchased in the supplement section of your local health food store.

CoQ10 is essential to proper heart health and resistance to disease. Statin drugs such as Lipitor and

Pravachol inhibit the body's ability to product CoQ10. If not addressed, this can increase a patient's risk of heart disease and other cardiac conditions. However, supplementation of CoQ10 by the use of a dietary supplement can balance the effects of Statin drugs and ensure that the patient's risk of overall heart disease does not increase while his/her cholesterol levels decrease. If you are currently taking a Statin drug to reduce your cholesterol, talk to your doctor about supplementation with CoQ10 to ensure your continued good health.

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**Are You At Risk For Having High Cholesterol?**

**By News Canada**

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Take the cholesterol test to see if you have any risk factors

(NC)—High cholesterol is a common medical condition, affecting approximately eight million Canadians. Since high cholesterol cannot be felt, many people do not fully understand the effect it can have on their arteries and heart. High cholesterol is a contributing factor for the development of heart disease.

1. If any of these apply to you, talk to your doctor about having your cholesterol tested: You are a woman over the age of 50. You are a man over the age of 40. You have heart disease (angina, heart attack, coronary bypass, stroke, angioplasty). You have diabetes. You have family history of heart disease or cholesterol (mother, father, sister, brother or grandparent).

2. If you have two or more of the following: You are overweight. You are physically inactive. You are a smoker. You have high blood pressure.

If you checked off one from the first list and two or more in the second list, you should ask your physician to have your cholesterol tested. Realistically, people may have more than just one risk factor. For example, someone who is physically inactive may also have high cholesterol in addition to high blood pressure. The combination of two or more risk factors multiplies the chances of developing heart disease, the number one killer of Canadians.

High cholesterol is one of the major modifiable risk factors of heart disease. It is possible to reduce cholesterol to a safe level with lifestyle changes and sometimes medication. Most importantly, for those who have diabetes or heart disease, lowering your cholesterol to target levels is crucial because of the increased risk for a cardiovascular event like a heart attack.

Do not be discouraged if you have identified more than one risk factor. For more information on cholesterol and its link to heart disease, please visit [www.makingtheconnection.ca](http://www.makingtheconnection.ca) or call toll-free 1-877-4-LOW-LDL (1-877-456-9535).

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