Dynamic Chiropractic

HEALTH & WELLNESS / LIFESTYLE

Lipitor (Atorvastatin)

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These days, we are bombarded with advertisements for prescription drugs. Many of our patients are taking these drugs. According to Fortune magazine, total 2007 revenue for the pharmaceutical industry was more than half a trillion dollars and its profits were more than $79 billion. As chiropractors, we need to be informed about these prescription drugs so we can educate our patients about their effects, side effects and dangers, as well as suggest safer alternatives when appropriate. (Don't count on their medical doctor or pharmacist to fully inform them.)

Lipitor (atorvastatin) is marketed as a great way to lower cholesterol and thus reduce the risk of atherosclerosis and heart disease. Lipitor is manufactured by Pfizer. It is the world's largest-selling prescription drug and was the first drug to reach $10 billion in sales worldwide. It has earned close to $50 billion in revenue for Pfizer since 2000,[1] and for good reason: CVS Pharmacy in Bozeman, Mont., where I practice, charges $128.99 for a 30-day supply (40 mg tablets).

Lipitor is a statin. It works by blocking the enzyme required to make cholesterol.[2] About 20 percent of the cholesterol in the human body comes from the food we eat. The remaining 80 percent is made in the body. Dietary reduction of cholesterol only slightly reduces serum levels. When increased levels are detected in the bloodstream, your body inhibits 3-hydroxy-3methylglutaryl-coenzyme A (3HMG-CoA) reductase, which is needed to produce endogenous cholesterol.[3]

As much as 80 percent of cholesterol is converted to cholic acid and used in digestion and absorption of fats. It is also a precursor to the adrenocortical hormones and the sex hormones. Cholesterol is also an important component of cell membranes. Hypothyroidism increases serum cholesterol levels.[4] Apparently, your body makes cholesterol for a reason.

My *Physicians' Desk Reference* lists 60 adverse side effects from Lipitor, including abdominal pain, abnormal heartbeat, back pain, breast enlargement, chest pain, constipation, decreased sex drive, diarrhea, distorted facial muscles, fatigue, headache, increased muscle movement, joint pain, lack of coordination, leg cramps, muscle aching or weakness, tingling of extremities and unstable emotions.[5]

An article published on July 17, 2004, by the Associated Press reported, "The new guidelines issued the previous Monday by the American Heart Association and the federal government were aimed at preventing heart attacks. They were written by nine of the top cholesterol experts. At least six received consulting or speaking fees, research money or other support from the makers of the most widely used anti-cholesterol drugs." The article further reported that the new guidelines would increase the number of Americans encouraged to take anti-cholesterol drugs by about 7 million.

Dr. David G. Williams believes low thyroid is the cause of heart disease. (Remember that elevated cholesterol is a sign of hypothyroidism.) He hypothesizes that elevated homeocystine (known to be a risk factor for heart disease) cause vascular inflammation and is the real culprit. Homeocystine is broken down by B vitamins. Low thyroid inhibits the absorption of B vitamins, resulting in elevated

levels of homeocystine and inflammation of the blood vessels.[6]

Investigative reporter T.J. Moore, in "The Cholesterol Myth," examined the data from the famous Framingham Study, which promoted the rational for lowering cholesterol to prevent heart disease. Moore concluded that the research really indicates that cholesterol above 240 mg/dL is not desirable and is associated with a greater risk of heart attack in young and middle-aged men. However, this relationship between elevated cholesterol and heart attack cannot be found among premenopausal women or the elderly, who suffer from the majority of the deaths from heart attacks. He also concluded, based on the Framingham data, that a diet rich in saturated fat, cholesterol and calories does not necessarily lead to elevated cholesterol, although it may be unhealthy for other reasons.[7]

On June 7, 2008, the American Academy of Pediatrics Committee on Nutrition released new guidelines for managing cholesterol levels in children. They now advocate routine testing of cholesterol levels in children and the use of anti-cholesterol drugs for children as young as 8 years of age. The new guidelines would affect 15 million children. If only 10 percent of those children were prescribed Lipitor, it would generate approximately $2.5 billion in sales per year (beyond usual revenue); certainly a financial incentive. It has been reported by the Associated Press that at least two of the experts on the committee have lucrative financial ties to the pharmaceutical industry.

If you find that any of your patients have been advised to take anti-cholesterol drugs, a good alternative would be to first properly evaluate thyroid levels using T3 free, basal temperature and signs and symptoms,[8] and recommend a natural thyroid product if indicated. Check homeocystine levels and, if elevated, supplement with a mega B vitamin preparation. And suggest that the patient follow a sensible diet and get regular aerobic exercise. A recheck of cholesterol and homeocystine levels several months after correcting thyroid deficiencies and supplementing with B vitamins might very well indicate a reduction in total cholesterol and, more importantly, homeocystine levels.

Of course, don't just tell the patient to stop taking Lipitor (or any medication). Inform them of the potential dangers of medications and the existence of natural, safer options. This is also a great opportunity to work with the patient's primary care provider in the best interests of the patient.

References

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