

Silicon Valley Health Institute

Host of the Smart Life Forum

Next Meeting: Thursday, June 18, 2015

Main Presentation: Philip Miller, MD

“Real Issues in Heart Disease”

Secondary Presentation: Christine Green, MD

“Connection Between Chlamydia and Heart Disease”

Smart Life Forum

Presentation Location

Cubberley Community Center

Room H1

4000 Middlefield Road

Palo Alto, California

Directions on our website:

www.SVHI.com

For those who cannot attend,
you can view livestreaming at

<http://bit.ly/Zpld3o>

See our archived videos at

<http://tinyurl.com/smartlifeforum>



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Announcements & Upcoming Events

Upcoming Speakers:

JULY 2015

Raymond Francis, MSc
"The Great American Health Hoax"

AUGUST 2015

Len Saputo, MD, Bernd Friedlander,
DC, & Richard Kunin, MD
"How to Approach the Cancer Scare"

Upcoming Foundation for Mind Being Research Meeting (FMBR)

Friday, June 16, 2015 @ 7:30pm

Forbidden Psychology and

It's Eight Taboos

*A Jungian Conversation about Psyche, Soul,
and the New Physics*

By Dr. Kroth

Unity Community Church

Y.E.S. Hall

3391 Middlefield Rd, Palo Alto, CA

Please visit www.FMBR.org for more info.

If you have questions please email
susanrdowns@hotmail.com.

Thank you.

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Main Presentation Speaker: Philip Lee Miller, MD!



Dr. Philip Lee Miller, MD, Founder, Medical Director and CEO of California Age Management Institute, has been in medical practice for over 40 years.

He graduated from UC Berkeley in 1968 (Centennial) with a degree in Biochemistry, later graduated from the School of Medicine at UC San Diego in 1972 with an MD degree in the school's first charter) graduating class, and went on to pursue further training in Neurology at UC Davis. He has been ABEM Board Certified in Emergency and is now a Diplomat of the ABAAM Board.

Dr. Miller has become a leader and pioneer in AntiAging and Longevity Medicine with a past association with Dr. Julian Whitaker of the Whitaker Wellness Institute in Newport Beach, California.

He is currently a charter member of the American Academy for Anti-Aging Medicine and has passed the first-ever Board Exams in Anti-Aging Medicine in December 1997 and December 1998, qualifying him Board Qualified by the ABAAM Board (American Board on Anti-Aging Medicine).

He holds distinctive memberships in the American of Anti-Aging Medicine (A4M), the American College for the Advancement in Medicine (ACAM), (past) American Academy of Neurology (AAN), as well as the Santa Clara Valley Medical Society, and the California Medical Association (CMA). Dr. Miller has co-authored a major addition to the Anti-Aging Medicine literature *The LEF Revolution: The New Science of Growing Older without Aging* released on May 17, 2005. He has been a frequent contributor to Huffington Post in the past.

He is currently working on new directions in health information software systems and is the Chief Science Officer (CSO) of a new and emerging company -- TCM Holistics specializing in potent organic herbal formulations.

(End of Meet Philip Miller!)

Main Presentation: Philip Lee Miller, MD

“Statins: A Critical Appraisal”

There have been a number of well written books with articulate statistical analyses over the years questioning the results of statin therapy. What is true value and efficacy of statins (HMG-CoA reductase inhibitors) in treating and preventing heart disease? The statistics can be overwhelming. What is the real risk benefit ratio?

Lipid research actually started sometime in the early 1920's. It gained more momentum in the 1950's with John Gofman at the Lawrence Radiation Lab in Berkeley. Not much traction was obtained and so the field languished for another few decades. John Gofman turned his energies to examining and warning us of the dangers of low level radiation.

In the 1950's and 1960's the cholesterol theory was gaining more traction. Anyone over 50-60 remembers well the exhortation to eat less fat. No eggs. Skimmed milk. Substitute margarine for butter. It was much healthier. Cholesterol was bad. Turns out margarine is literally the bottom of the barrel stuff. Highly hydrogenated oils. Much less healthy. Personally, I never believed the cholesterol theory even in Medical School and was labeled a heretic. "Dummy, everyone believes the cholesterol story."

One of the most erudite and gentlemanly Professors at UCSD Medical School was Dr. Daniel Steinberg, a prominent lipid researcher. He wrote a wonderful book *The Cholesterol Wars* which is one of the best historical accounts of the lipid research over the past 80 years. He even admits "we almost lost the cholesterol debate if it had not been for the emergence of Statins."

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The Framingham Study was a large study begun about 45 years ago in a small town outside of Boston where a majority of the population has been studied annually. It is the best cross sectional study we have.

Interestingly, even the Framingham study proved that cholesterol is a bad predictor of heart disease. 50% of those who suffered heart attacks had totally "normal" cholesterol levels. By the way, the term "normal" is a moving target and subject to standards committee declarations. There is no "normal" cholesterol, only declared "acceptable levels." A GP, an internist or a cardiologist will have different and increasingly aggressive definitions of "normal."

The difference between association and causality is an ancient debate, still not well settled. Aristotle proposed four postulates for causality. David Hume, the great Scottish Enlightenment philosopher expounded about this in detail.

Cholesterol does not cause heart disease.

Meanwhile, the field advanced from total cholesterol to more and more sub-fractions searching for the holy grail Holy Grail -- reductio ad absurdum. We started measuring HDL and LDL and then VLDL. These are not cholesterol numbers as is so often believed. It is not "the bad cholesterol" or "the good cholesterol" but rather lipoprotein transporters. LDL carries cholesterol to the heart in response to inflammation or injury. HDL carries cholesterol away from the heart. Ergo, the HDL system is called the reverse transport system. Think of it as a vacuum cleaner for the heart. The Normal LDL system carries cholesterol to the heart in response to injury. It is a normal adaptive response.

But something goes awry. Cholesterol participates but does not initiate cardio vascular disease. Cardiovascular disease is an inflammatory process. There are many aspects or causes of inflammation.

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So we began measuring finer fractions. Lp(a) is a glycoprotein. Protein with sugar stuck on. It can be highly atherogenic (hardening of the arteries). It has never been popular. LpPLA2 is another inflammatory factor possibly more accurate than LDL. It measures the inflammatory response. CRP (c- reactive protein) is an inflammatory bio-marker. High elevations of CRP is very unhealthy.

Even Sydenham expostulated nearly 400 years ago:

"A man is as old as his arteries."

Thomas Sydenham, MD, English Physician, 1624-1689

So why are you being constantly harangued about need to treat elevated cholesterol levels with Statins? That is Liptor, Crestor, Zocor, or Mevacor as common examples.

Let's look at the data. This has been so confusing that even I have been overwhelmed with the results after years and years of study. But upon reflection it is quite simple. All clinical trial numbers use relative statistics. This is a common approach in clinical I trials -- to inflate (and conflate) the results. This is the pernicious effect of Big Pharma. You need "validating" data to make the case to the FDA, the physician and the patient.

Although this simple example always seems to fall flat, consider this. What is the percentage fat reduction from 4% whole milk to 2% skimmed milk? If I am an advertiser or researcher the answer is 50%! Sounds impressive and convincing -- and significant. But what is the absolute (real) reduction? It's 2%. Not very impressive.

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So consider these numbers from all the major cholesterol trials (a meta analysis) over the years that supports the assertion that Statin prevent heart disease:

	Major Coronary Events							Relative	Absolute
	Statins			Control					
	events	population		events	population				
WOSCOP	174	3302	5.27%	248	3293	7.53%	43%	2.26%	
ADFCAPS	57	3304	1.73%	95	3301	2.88%	67%	1.15%	
PROSPER	126	1585	7.95%	145	1654	8.77%	10%	0.82%	
ALLHAT	380	5170	7.35%	421	5185	8.12%	10%	0.77%	
ASCOT	163	5168	3.15%	249	5137	4.85%	54%	1.69%	
CAREDS	43	1428	3.01%	65	1410	4.61%	53%	1.60%	
MEGSA	23	3866	0.59%	43	3966	1.08%	82%	0.49%	
TOTAL	966	23823	4.05%	1266	23946	5.29%	30%	1.23%	

The 30% relative reduction is impressive and "statistically significant." But the absolute difference is nearly zero. No change. It's really that simple!

The difference between relative and absolute statistics changes the entire game.

What about the effect on cancer?

	Cancer							Relative	Absolute
	Statins			Control					
	events	population		events	population				
WOSCOP	44	3302	1.33%	49	3293	1.49%	12%	0.16%	
ADFCAPS	252	3304	7.63%	259	3301	7.85%	3%	0.22%	
ALLHAT	378	5170	7.31%	369	5185	7.12%	-3%	-0.19%	
CARDS	20	1428	1.40%	30	1410	2.13%	52%	0.73%	
MEGA	119	3866	3.08%	126	3966	3.18%	3%	0.10%	
JUPITER	333	8901	3.74%	372	8901	4.18%	12%	0.44%	
TOTAL	1146	25971	4.41%	1205	26056	4.62%	5%	0.21%	

Absolute change nearly nil again. And the effect on all cause mortality?

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All Cause Mortality								
	Statins			Control			Relative	Absolute
	events	population		events	population			
WOSCOPI	106	3302	3.21%	135	3293	4.10%	28%	0.89%
ADFCAPS	80	3304	2.42%	77	3301	2.33%	-4%	-0.09%
PROSPER	163	1585		174	1654			
ALLHAT	631	5170	12.21%	641	5185	12.36%	1%	0.16%
ASCOT	387	5168		449	5137			
CARDS	61	1428	4.27%	82	1410	5.82%	36%	1.54%
ASPEN	44	959		41	946			
MEGA	55	3866	1.42%	79	3966	1.99%	40%	0.57%
JUPITER	198	8901	2.22%	247	8901	2.77%	25%	0.55%
TOTAL	1725	33683	5.12%	1925	33793	5.70%	11%	0.58%

Same -- nearly no change by absolute statistical analysis.

Now, does this prove there is no place for statins? Not exactly. These are all population-based studies and statistics. They tell you nothing about any one particular individual. You. What are the other possible risk factors? What is the length of the study? Did the study have enough "power?"

What is the chance statins will actually benefit you? The precise answer is: we don't know. That is why there has been a profusion of ever more sophisticated tests over the years as mentioned above.

The essential benefit and mechanism of action of statins is poorly stated. They benefit you not by lowering LDL levels to 100, 80 or 60 (It gets more absurd each decade). Statins are anti-inflammatory. Remember, cardio vascular disease is an inflammatory process not a cholesterol problem.

So what are the risks? We began this discussion with risk benefit. So far we see the benefit is questionable and unknown.

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The risks are understated for reasons that are quite obvious. This includes liver dysfunction with SGOT, SGPT and GGT enzyme rises, muscle aches and pains (fibromyalgias), memory loss or cognitive impairment, declines in CoQ10 and more recently a statistically significant increase in diabetes.

A decline in CoQ10 can actually precipitate heart failure in borderline cases as Dr. Steven Sinatra has warned over the years. These "side effects" are always minimized. They are actually common and under reported. Anyone taking a statin is cautioned to take at least 100-400 mg of CoQ10. Anyone suffering any of these conditions does not experience these as "minor irritations."

Nothing in medicine is 100%. There are always side effects and consequence of any drug. That is why we examine risk-benefit. So far the risk-benefit ratio seems much higher than stated. And the end points are irrationally monitored. It is not by lowering LDL. It is inflammatory markers that should be followed. That would be CRP, fibrinogen, LpPLA2, MPO, ESR just to name the most common tests available from any major lab.

Finally a word about imaging. You can have "high statistical risk" profile without any disease. Imaging modalities such as super-fast CT scans (HeartScan) that measure coronary artery calcification burden by percentiles, and CIMT (carotid artery intimal media thickness ultrasound) are rapid approaches to identifying plaque development, the true harbinger of cardio vascular disease. 256 slice Cardiac CT Scans are a non-invasive substitute for angiography (visualization of the coronary arteries).

In the end, this is always a decision you make with your physician. What is the total picture? What are your perceived risks? What did the imaging studies confirm? What is your fear factor in not following conventional advice and pursuing nutritional alternatives?

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I continue to recommend high dose fish oils (not capsules); the high dose anti-oxidants Vitamin C, Vitamin E, and Alpha lipoic acid; Vitamin D3 and Vitamin K2; Ginkgo Biloba and Nattokinase (with professional guidance); low carbohydrate, high protein diet; moderate exercise (never stop moving); and loving caring relationships.

It was Dr. Dean Ornish who warned the greatest risk for cardio vascular disease is disconnectedness. Now it's up to you. Here are some references to bolster the case that Statins have questionable benefit.

(Continued on Next Page)

References

The Truth About Statins: Risks and Alternatives to Cholesterol-Lowering Drugs

Apr 24, 2012

by Barbara H. Roberts MD

The Dark Side of Statins: New Science That Shows How Drugs Like Lipitor May Do More Harm Than Good

Apr 9, 2014

by Mark Davis

The Great Cholesterol Myth: Why Lowering Your Cholesterol Won't Prevent Heart Disease- and the Statin-Free Plan...

Nov 1, 2012

by Jonny Bowden and Stephen Sinatra

Statin Drugs Side Effects and the Misguided War on Cholesterol

May 21, 2008

by Duane Graveline

The Cholesterol Wars: The Skeptics vs. the Preponderance of Evidence

Sep 24, 2007

by Daniel Steinberg

Lipitor: Thief of Memory, Statin Drugs and the Misguided War on Cholesterol

By Duane Graveline, MD

Jan 13, 2004

by Duane Graveline, MD

(End of Main Presentation)

Secondary Presentation Speaker: Christine Green, MD!



Dr. Green has practiced complimentary, integrative and othromolecular medicine since 1983. She is an expert in bio identical hormones and the treatment of tick borne diseases.

Dr. Green treated her first case of Lyme disease in 1989. Since then she has closely followed Lyme and chronic infectious disease via patient care, diagnosis, treatment, and ongoing research of Lyme Disease and other “TBD” (tick-borne diseases). Dr. Green has not only followed the research and scientific knowledge regarding these newly recognized bacterial diseases, but since 2004 has been an active member and a board member of ILADS, the International Lyme and Associated Disease Society. Since joining ILADS she has brought a new sense of awareness to the medical community where she contributes her time and expertise to patient research and patient advocacy. She currently serves as the Director of Education for ILADS.

(End of Meet Christine Green!)

Secondary Presentation: Christine Green, MD

“Chlamydia and Heart Disease”

Coronary heart disease has at least four hundred risk factors. With each risk factor, the coronary disease process takes the same path. Pathologically, atherosclerosis involves injury, inflammation, infiltration, degeneration, and thrombosis. Risk factors include inflammation, oxidative stress, heavy metals, lack of exercise, poor sleep, stress. Researchers have produced evidence that chlamydia can trigger an auto-immune response in some patients who become infected, leading to inflammation of the heart. Dr. Green will discuss the connection between chlamydia and heart disease.

(End of Secondary Presentation)

About Smart Life Forum

Smart Life Forum, Inc. is a 501(c)(3) California nonprofit corporation whose primary mission is to provide credible health education to the public with an emphasis on optimal wellness, anti-aging medicine, and longevity.

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