

## Medical Myopathy

*The world of overworked, uninformed physicians*

By Jon Benson

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I was pleasantly surprised—the nurse called my mother in to see her cardiologist within five minutes of her appointment. The waiting room was unusually quiet, benefits of an early morning schedule. The nurses are friendly, informative, and generally patient with my “I’m a nutritionist, so let me ask you a dozen questions” demeanor. The way I see it, we’re off to a good start.

Funny how things can change, isn’t it?

My mother was seeing a cardiologist for good reason. During a routine physical, her blood pressure, normally controlled through the use of L-Taurine and walking three miles every day (not bad at the age of 77!), shot up to 200/100. Her physician ordered a resting EKG, which seemed to show the possibility of a problem in the left portion of her heart. This problem can result from ischemia, or lack of oxygen to the heart.

In other words, *heart disease*.

Our family has a long line of people with high cholesterol levels, yet lengthy life spans. Our ‘standard’ level of cholesterol tends toward 300 with triglycerides to match. However, for some reason we Bensons live a pretty long life. (I believe this has to do with genetically low levels of LP(a), a known independent risk factor for heart disease.) The average age of death is in the 80s. My father passed away at 82, but not from heart failure or heart disease. So, even with this borderline EKG, I wasn’t too concerned. I knew that if the cardiologist knew what he or she was doing, a sophisticated battery of blood tests would reveal everything we’d need to know in order to treat and perhaps reverse any moderate occlusions. If there were major occlusions, my mother’s good condition would surely see her through the worst-case scenario—bypass surgery.

The cardiologist ordered a stress test. Nothing more.

Folks, I’m not a doctor, but I’m beginning to think I should become one. Ask *any qualified, well-informed cardiologist* and they’ll tell you that a stress test is **not** an accurate predictor of underlying heart disease. Better yet, ask Matthew Bayan, author of *Eat Fat, Be Healthy*. Matt was in superb condition, an avid runner consuming a low-fat “healthy” diet, with normal cholesterol levels. He underwent a full-blown echocardiogram and stress test—passing with flying colors. “You have the heart of a 20-year-old,” proclaimed his cardiologist.

That heart stopped less than six week later in the middle of the night.

Matt lost one-third of his heart. After an astounding *seventy-two* defibrillations, Matt was brought back to life, only to face horrific pain and even greater confusion. How could this have happened? *Surely this is rare, right?*

**Wrong.**

Here are the facts, and as Kevin Bacon said in *A Few Good Men*, “They are indisputable.”

Fact 1: Two-thirds of people with heart disease have *low cholesterol levels*. Also, over 50% of heart attack victims, living or dead, have low or normal cholesterol levels.

Fact 2: Heart disease begins *at birth* for those with the genes to carry it. There have been *infants* who showed blockage of their heart arteries upon autopsy. In fact, autopsies done on soldiers lost during the Korean War, whose average age was only 22, showed moderate to severe blockage *already formed* in over half the bodies examined.

Fact 3: Lowering your total cholesterol will not add one day to your lifespan unless you lower the *risk-causing factors that cholesterol is composed of*. Cholesterol itself is vital to life—without it, you would die. However, like oxygen, levels need to be controlled in the correct fashion.

Fact 4: Statin drugs like Lipator do little to help the situation. What they do best is dramatically increase the profits of drug manufacturers. While there is a time to use statin drugs, most physicians prescribe them haphazardly and often without any valid reason at all.

Fact 5: The standard blood panels ran today does not reveal *many of the known cardiovascular risk markers*. You have to ask for these tests *specifically*—even then, many doctors refuse to run them. My only guess as to why is sheer arrogance or blatant ignorance.

Fact 6: If anyone in your immediate family has had a heart attack or has been diagnosed with heart disease, you have a 400% greater chance of dying from it than those with no genetic predisposition.

Fact 7: Heart disease, treated properly, can be *prevented and even reversed*. Exercise and proper nutrition alone can do the trick in the majority of situations. In others, supplementation and drug therapy is required. *There's no need for 98% of heart disease victims to have died from the disease.*

You would think that a professional cardiologist, someone paid to do *nothing but examine the heart*, would be up on these facts. The sad truth is that one in five, at best, are even aware of them—less than that will actually *do something about it*.

Sadly, this was the case with my mother's cardiologist. A nice enough guy, he represented, almost comically, the sad state of "myopathy" that our medical muscle has undergone. The cause? Greed (too many patients), laziness (too much time on golf courses, perhaps, and too little reading research journals), The Legal Pushers (pharmaceutical companies that give away drugs like the Cubs give away pennants), and worst of all, *ego*. Most physicians simply can't stand for a layperson, no matter how well educated, to ask a question—let alone suggest a solution.

I'm writing this so the world can hear and do something about it. Most of all, take this message away from my words—*your health is in your own hands, not in the hands of physicians*. If you don't educate yourself, no one will. Perhaps you'll be fortunate and land one of the great physicians (there are plenty of them, don't get me wrong.) Perhaps.

Do you want to risk that?

## The Situation With My Mother

The cardiologist came into the smaller-than-usual examination room. My mother was quite calm (she's always calm under fire...sometimes I wonder where I came from.) He shook my hand and noticed the muscles in my arm, I suppose. As I remarked that my cardiologist was a part of his parent company, he asked incredulously, "Why on earth would *you* need a cardiologist? You look like you could lift a house!"

Flattery will get you nowhere when it comes to matters of health, at least with me.

I was tempted to lecture him on the fact that I suffered from heart disease symptoms for fifteen years, and that Jim Fixx (the world-class marathoner who dropped dead after a 4 mile jog in his late 40s) looked good, too. Looks can be very deceiving when it comes to heart disease. I expect the average guy or gal on the street to assume I'm the walking epitome of health—but *not a professional cardiologist*. He should know better. Welcome, red flag number one.

He informed us that my mother would be undergoing a stress test. He looked at the nurse's chart and saw that my mother's resting blood pressure that morning was 122/68. Excellent at any age, and obtained medication-free. (Her blood pressure before L-Taurine and exercise was about 170/95.) Bear in mind this is in a cardiologist's office prior to a stress test! Most people, including myself, would register a higher-than-normal blood pressure reading in this setting. This was never mentioned, even after my mother's blood pressure shot down to 112/42 when she reclined on the examination table! This is *hypotension*—yet **medication was prescribed for high blood pressure**.

Sheer stupidity—and red flag number two.

The stress test and echo/EKG were warranted. After all, she had a borderline abnormal EKG a week prior. I assumed we'd be drawing blood first. After all, how on earth does one rule out "possible cardiac ischemia" without looking at the appropriate blood markers? No—no blood tests today.

Surely you jest.

I jumped in and requested that she be tested for LDL subfractions to determine the *size of her LDL particles*. This is new, but not *that new*, in the field of cardiac testing. In fact, LDL size is becoming *the* hot ticket to understanding the genes that promote heart disease. This guy didn't even run a basic blood test! Not only that, but my mother's referring physician failed to advise her to fast before seeing her cardiologist, so I can only assume that neither of this dynamic duo considered known risk factors like triglyceride levels, insulin levels, blood sugar, LDL particle size, homocysteine, LP(a), CRP and fibrinogen important to check.

The red flags fly. Beware of bulls.

My mother passed her treadmill stress test after about 2 minutes of exertion to a maximum heart rate of 130. Even at 77, she's capable of more than this. The cardiologist then assured her not to worry—"It's not like you're going to have a heart attack, Mrs. Benson." I was expecting the "low-fat diet" line any minute. (A funny side note: the doctor asked me if my muscles were "genetic". I replied that I have average genes, but an above-average diet. He said, "You mean diet plays a part?" If it wasn't so sad, I would have laughed out loud.)

Go ahead—preach the benefits of a very low-fat diet and the wonders of the stress test to the Matt Bayans of the world, and the thousands of others who have stress tests performed and die of heart attacks every year. You'd think he'd know this. Why would a predominately self-educated health guy know more about this stuff than a professional cardiologist?

Fortunately I was able to talk the good doctor into running blood work the following day. He still refused to run fractional LDL tests. Why? “I normally never run those tests unless LDL is sky-high.” Hmmm...guess what? Your LDL could be *fifty* (normal is 100) and you could have small particle LDL syndrome, a fast track to heart disease. Ask former bodybuilding sensation Dave Draper. Dave’s total cholesterol has always been low, about 130 (normal being 200), yet Dave almost died at 48 from *congestive heart failure*. Dave’s smart enough to be on niacin therapy, the best solution to small particle LDL, despite his extremely low total LDL count. You see, his LDL ‘size’ is small, allowing the nasty little particles to seep through the endothelial lining of his vascular system. Plaque is attracted to these new formations like sappy scripts to Hugh Grant. However, with the niacin therapy, Dave is a healthy and happy camper.

So, where does this leave us? *Educate yourself.*

Email me if you want a complete list of tests to run, no matter what your level of condition is. You need to know this stuff. Minor changes, such as lowering homocysteine (easily accomplished with simple B vitamins), could save your life.

This is a call to physicians everywhere—*keep reading. Take less patients if you have to—your job is to heal and prevent illness!* Take your jobs seriously, yet without ego. Listen to your patients, especially those who have educated themselves. Remember, it doesn’t take a Ph.D. to research a subject thoroughly.

It’s serious, this medical myopathy. Let the patient beware.