



The Low-Down on Arterial Plaque

June 2008

An atheroma is an accumulation and swelling in artery walls that is made up of cells, or cell debris, that contain lipids, cholesterol and fatty acids, calcium and a variable amount of fibrous connective tissue. In the context of heart or artery matters, atheromata are commonly referred to as atheromatous plaques. It is an unhealthy condition, but is found in most humans.

The plaque usually begins to accumulate in some children younger than one year of age, and by the time we reach adulthood; every single human has accumulated a substantial amount of plaque in their arteries. If left unchecked, this continual buildup in the arteries will restrict the arterial vessels leading to the heart, and result in heart disease, the number one killer in America.

The drug companies have capitalized on this by developing cholesterol-lowering drugs known as statins that they claim will lower our levels of cholesterol which, they say, will decrease our chances of getting heart disease later in life.

As we have shown you in our January, 2008 Newsletter "Cholesterol-Lowering drugs called into question again", the claims that the drug companies have been making is simply not true. And rather than helping us to stay healthy, these drugs are making us sicker!^[1]

In addition to this sickening news, what the popular press and your doctor fail to tell you is that there is already concrete evidence proving that decreasing blood cholesterol through drugs, or by changing your eating habits has no clear correlation to decreasing your chances of getting heart disease! In fact, cholesterol levels in and of themselves are absolutely meaningless. In fact studies performed back in 1964 with a world-renowned heart surgeon on 1,700 patients with heart disease clearly show more heart-related disease with cholesterol between 1 and 250 than between 300 and 400 or higher; the opposite of what we are told! ^[2]

“Saturated fat and cholesterol in the diet are not the cause of coronary heart disease. That myth is the greatest ‘scientific’ deception of the century, and perhaps any century.”^[3]

Basic biochemistry books that the doctors themselves studied during their education clearly states the importance of cholesterol, a steroid produced naturally by the body-in

significant quantities—in many of the bodily functions; therefore, it makes absolutely no sense from a medical perspective to take drugs that artificially alter these levels.^[4]

Researchers as early as 1936, failed to find a correlation between cholesterol levels and atherosclerotic plaque.^[5]

This research was further supported in 1962, when the *American Heart Journal* published research from Dr. Marek and colleagues who searched for a correlation between cholesterol levels and atherosclerosis. Among 106 cases studied, the level of cholesterol did not affect atherosclerotic changes in plaque.^[6]

What your doctor, the drug companies and the misinformed media aren't telling you is that if there is not enough cholesterol in the cell membrane, the walls lose their rigidity and expand outward, due to the inner pressure of the cell, leading to cell damage, or destruction.^[7] Without plenty of cholesterol, you'd be wormlike because of lack of internal structure.

They also do not seem to want you to know that cholesterol is essential for the normal growth and repair of body tissue and that is also the material from which the body makes several important hormones – the adrenal hormones (involved in sugar metabolism, fluid balance, the maintenance of blood pressure, and the preparation of the body for stress) and the male and female sex hormones, testosterone and estrogen. In addition, cholesterol is essential for the normal growth and repair of body tissue, and much more.^[8]

In spite of all this evidence pointing to the importance of cholesterol for healthy bodily function, the drug companies continue to profit from heavy investment in marketing the "fear factor". Instead of going along with their multi-billion dollar ad campaigns, we should be asking the question, "Why on earth is the medical community still blindly attempting to control plaque levels by targeting cholesterol when the method fails time-after-time?" How many of you know people taking statins still getting heart attacks? Too many because the number needed to treat to see a positive result (published by the drug companies themselves) is 67 This means for every 67 people treated with a statin there is 1 success or a 98% FAILURE RATE. This is the best the pharmaceutical companies can do.

Many of you have been questioned by well-intentioned family members and friends when discussing my nutritional recommendation to eat plenty of natural fats and protein along with minimizing your carbohydrate intake – the opposite of what most "experts" say. As if that's not enough for the well-intentioned but woefully ignorant experts, I drive them over the edge with my recommendation of an unadulterated parent omega-6/-3 blend with more parent omega-6 than parent omega-3.

As you'd expect, these same naysayers have said that heart disease must be in my future. As my loyal supporters have come to realize over the years, my recommendations are based on solid, state-of-the-art science, not the latest fad or opinion. "Science – Not Opinion" is my motto.

Because of my work, which includes lecturing, traveling with little notice and even less sleep, and of course the commensurate stress, I also have not exercised in over six months. I keep both early and late hours, eat lots of SATURATED fat enjoying lots of cheese and eggs with virtually no fiber, add lots of salt, enjoy a big 16 oz. steak at least every other day, eat few fruits or vegetables (just 1-serving a day (if even that) vs. the “expert’s” recommendation of 5), and even drink alcohol – I consistently don’t follow the conventional wisdom on how to be heart healthy. The “experts” would wrongly conclude that I am a heart attack waiting to happen.

Recently, I had a 64-slice MDCT scan to measure the plaque in my arteries by a top Florida radiologist. I was visiting with this expert radiologist, Dr. Robert Kagan, because he contacted me after recently scanning one of his patients that had started following my protocol recommendations within the last year. Even though the patient was in his 60’s and a smoker, he amazingly had 22% less calcified plaque in his coronary artery walls than the scan from the previous year.

Dr. Kagan was amazed and astounded because plaque rarely decreases in anyone – never in a smoker. So I traveled to Fort Lauderdale to personally meet with this physician. Dr. Kagan kindly offered to scan me. This is a state-of-the-art machine. (NOTE: Yes, there is radiation in the scan (about 3 years worth of ambient, natural outdoor levels) but that is of little concern to me because, as you may recall, I go into great detail explaining why in “The Hidden Story of Cancer.”

Guess what? The scan couldn’t detect any hard plaque in my artery walls–the lowest possible coronary risk! That’s right–this is where you want a zero–not a 100.

As stated on the – I have “a perfect score of 0 – the lowest possible coronary risk.”

A plaque-free scan almost never happens because the average person develops 30% additional volume of plaque in the artery wall each year. (NOTE: If you have 10% plaque this year then just 8 years later you’ll have typically 75% hard plaque volume–a BIG PROBLEM and a big risk for heart attack.)

Please view the following pages to see the results for yourself and also, please pass the PEOs, the steak, the full-fat cheese, and hold the exercise! Oh, and don't forget the salt!

Based upon your results our Cardiology Advisory Panel recommend the Clinical Actions below:

Recommendations for all

- ☐ Diet low in fat and low to moderate carbohydrate intake
- ☐ Regular Exercise Program (a total of 30 minutes at least 3 times per week)
- ☐ Stop Smoking (Active AND Passive)
- ☐ Avoid Mental Stress

Recommendations for Zero Score

No action needed apart from a healthy lifestyle.

perfect score!
Zero plaque

Recommendations for Positive Score

Modifiable risk factors

- ☐ If obese- weight reduction program
- ☐ If hypertensive- adequate blood pressure control
- ☐ If diabetic- adequate blood sugar control
- ☐ If hypothyroid- adequate thyroid replacement

If Calcium Score is >400, or plaque is present in proximal vessel section or plaque is densely concentrated we recommend

- ☐ Stress testing
- ☐ Myocardial Scintigram (Thallium)

If the above is abnormal we recommend

- ☐ Conventional (Catheter-based) Coronary Angiogram
- ☐ CT Coronary Angiogram

Medications

- ☐ Aspirin 300mg once a day after food
- ☐ Enteric-coated aspirin (Cartia) 100mg daily

Antioxidants

- ☐ Vitamin C 500mg once a day
- ☐ Vitamin E 400IU once a day

B Complex Vitamins

- ☐ Folic Acid 5mg 3 times a day
- ☐ Vitamin B6 10mg once a day

Statins

If calcium score is positive give statins accordingly.

If plaque is proximal or dense- Give Statins even if Cholesterol normal

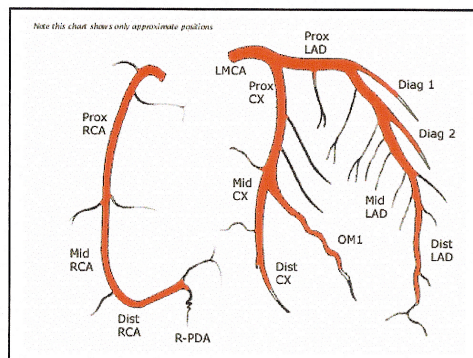
Repeat CT in ___ Years to measure any change in coronary plaque

The Body View scanning facility is intended as a coronary artery disease risk assessment testing facility only and is not considered a substitute for a physician's examination. All recommendations from our center are based solely upon information supplied by the conventional risk factor questionnaire and by the CT scan results. The patient's own physician is best able to make definitive therapeutic decisions.

Robert L Kagan M.D.

Impression - Normal
No evidence of any
coronary artery disease
Lowest possible coronary
risk.

This diagram demonstrates the **LOCATION** of calcified coronary plaque but does **not** necessarily indicate the presence of a significantly narrowed artery.



Key
 LMCA= left main
 LAD= left anterior descending
 CX= left circumflex
 RCA= right coronary artery

RESULTS

Calcium Plaque Burden

Artery	# Plaques	Plaque Burden	
		Volume (mm ³)	Calcium Score
Left Main	0	0	0
Left Anterior Descending	0	0	0
Left Circumflex	0	0	0
Right Coronary	0	0	0
Other			
Total	0	0	0

Your Calcium Score is 0

Interpretation of calcium score-

Total Score	Diagnosis	Clinical Interpretation
0	No identifiable atherosclerotic plaque. Very low cardio-vascular disease risk	A 'negative' examination. Greater than 95% chance for absence of coronary artery disease.
1 – 10	Minimal plaque burden.	'Significant' coronary artery disease very unlikely.
11 – 100	Mild plaque burden.	Likely mild or minimal coronary stenosis.
101 – 400	Moderate plaque burden.	Moderate non-obstructive coronary artery disease highly likely.
Over 400	Extensive plaque burden.	High likelihood of at least one 'significant' coronary stenosis (>50% diameter.)

Do others also get amazing results like these? YES!...

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May 29, 2008


Jonathan Collin, M.D.
Letter to the Editor
Townsend Letter
911 Tyler Street
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Dear Dr. Collin:

I read, with interest, the article entitled "Vytorin Failure Explained – A New View of LDL" by Brian Peskin BSEE with David Sims, M.D.

My mother and myself have been taking Professor Peskin's balanced Omega 3 and Omega 6 combination for almost 7 years. I had a 70% occlusion of my right carotid artery back in 2000, which required surgical intervention and 7 years later, on Professor Peskin's oils, there is no evidence of any plaque or occlusion. My mother had a 50% occlusion in both carotid arteries 7 or 8 years earlier and with Professor Peskin's balanced Omega 3 and Omega 6 combination, the occlusion is down to 15-20%. Both of us have elected not to use any statin drugs.

Sincerely,



Amid Habib, M.D., F.A.A.P., F.A.C.E

AH:jw

cc: Brian Peskin, BSEE ✓

If you have any questions or comments about this month's newsletter please e-mail the professor at: info@brianpeskin.com

DON'T MISS PROFESSOR PESKIN AT BOULDERFEST 2008!!



Omni Interlocken Resort, Broomfield, Colorado - July 18th, 2008 - 11:00 am - 11:50 am
The Benefits of Plant-Derived Fatty Acids in Lipid Control and Cancer Prevention: Brian Peskin, BSEE

DO YOU HAVE A GREAT LOW-CARB RECIPE YOU'D LIKE TO SHARE?

Submit your recipe to contact@pinnacle-press.com for consideration to be included in the NEW Cook it Cool cookbook (coming soon). If your recipe gets chosen for inclusion in Cook it Cook, you will receive a FREE copy of the book when it's released.

This Month's Low-Carb Recipe: **Skewered Pork & Scallions**

INGREDIENTS

- 1 boneless port loin roast, apx 2.5 lbs
- 10 cloves minced garlic
- 1/3 cup lime juice
- 3 Tbl soy sauce
- 3 Tbl coconut or peanut oil (organic is best)
- 2 Tbl brown sugar
- 1/4 tsp cayenne pepper
- 8 green onions cut into 2 inch pieces (as desired)

PREPARATION

1. Cut pork crossways into 1/2-inch thick chops. Set chops aside in glass dish. Cut remaining pork roast lengthwise into 2 pieces then cut each piece into 1/8-inch thick strips (like thick-cut bacon) and set aside with previously cut chops.
2. To prepare marinade: Combine all other ingredients except for the green onions, in a small bowl.
3. Pour marinade over pork and refrigerate for at least an hour (overnight is best).
4. Thread pork slices and green onions "weave style" onto skewers and grill over a medium heat for approximately 3 minutes per side. Grill until no longer pink in the center, but avoid overcooking. Serve immediately.

The leftover chops can be served in addition or used for a future meal.

Makes 5 servings.

Enjoy!

References

- [1] Brian Scott Peskin, "Cholesterol-Lowering drugs called into question again", <http://professornutrition.com/newsletters/01cholesterol08.pdf>.
- [2] Journal of American Medical Association: Vol. 189, No. 9, Aug. 31, 1964.
- [3] George V. Mann, M.D. (1991), Professor of Biochemistry and Medicine - Vanderbilt University.
- [4] Michael W. King, PhD / IU School of Medicine.
- [5] Lande, et al. "Human atherosclerosis in relation to the cholesterol content of blood serum.", Archives of Pathology. 22:301, 1936.
- [6] Marek, et al. "Atherosclerosis and levels of serum cholesterol in post mortem investigation.", American Heart Journal. 1962.
- [7] Textbook of Medical Physiology, pg. 872-873, Arthur C. Guyton, John E. Hall, W B Saunders Co., January 15, 1996, ISBN: 0721659446 & Elisabeth Schafer, Ph.D., Extension Nutrition Specialist Diane Nelson, Extension Communications Specialist Iowa State University & The Consumer's Good Chemical Guide by John Emsley (Science Writer in residence at Imperial College of Science, Technology and Medicine, London), ISBN 0-552-14435-5, Corgi 1996.
- [8] The Consumer's Good Chemical Guide by John Emsley (Science Writer in residence at Imperial College of Science, Technology and Medicine, London), ISBN 0-552-14435-5, Corgi 1996.