

Response to Dr. Gaby's Commentary of "Vytorin Failure Explained – A New View of LDL" in the October 2008 *Townsend Letter*

While I am an advocate of healthy skepticism, there are rules of logic, science and fair play that must be adhered to when challenging a new discovery. Dr. Gaby's main assertion throughout his review of my recent article in the *Townsend Letter* is to reiterate the purely emotional argument that he simply "doesn't like this." This is not only insufficient reason for decrying my findings; it is no reason at all. Dr. Gaby repeatedly argues against specific scientific points without producing the corresponding science or citing the metabolic pathways that support his position. Specifically, to state that something is causal requires a specific metabolic pathway. I understand how Dr. Gaby, like many other physicians, could be in disbelief at discovering the immense ineffectiveness of statins. How can American physicians still be prescribing the world's top-selling class of drugs when they are ineffective—so ineffective that their NNT of over 100 translates to a massive 99% failure rate, as reported by the drug companies themselves? Furthermore, Dr. Gaby might be dismayed that while I have not followed the traditional medical school path, my analysis is firmly rooted in science—a practice that most in the medical field have inexplicably abandoned. I am a strong advocate for complementary medicine, but while reviewing Dr. Gaby's arguments, it becomes painfully clear that "complementary medicine" is not always "correct medicine."

The peer-reviewed medical journal, *Journal of Physicians and Surgeons*, just published my seminal paper on this topic (September 2008), "The Failure of Vytorin and Statins to Improve Cardiovascular Health: Bad Cholesterol or Bad Theory?" (Visit: <http://www.jpands.org/jpands1303.htm>, page 82.)

First, Dr. Gaby never uses the terms that I always use to distinguish good oils from bad. The terms "unadulterated / organic" *must* be used to differentiate my recommendations from others, as this point is crucial to my discovery. Unprocessed PEOs (parent EFAs) are the key and if the patient doesn't have unadulterated PEOs in the right ratio, then the cholesterol structure is indeed defective. Dr. Gaby states my article isn't credible and gives the following reasons, each of which I will respond to:

1. Dr. Gaby states that I say that lowering elevated LDL decreases important arachadonic acid.

Comment: In my article I state, "This has resulted in the availability of much lower amounts of functional parent omega-6 (LA) for incorporation into cell membranes, and, as we have seen, subsequent conversion into arachidonic acid (which is a source of many crucial prostanoids and leukotrienes used in inflammatory, immune, and signaling functions)," and "Humans obtain the omega-6 derivative arachidonic acid (AA) either ready-made in food, such as in meat, or derived in the body from parent omega-6, if it is unadulterated."

I never stated or implied his stated "conclusions" in this area, and I want to make very clear that AA is the substrate for prostacyclin – the body's most potent anti-aggregatory and inhibitor of platelet adhesion. Indeed, physiologically, the more parent LA consumed, the lower the AA levels. His comments as to what I either wrote or implied are misleading at best and intended to obfuscate at worst.

2. Dr. Gaby states how effective statins are.

Comment: In declaring statins ineffective, I used conservative numbers compared to what some physicians stated in the medical journals, in which they declared NNTs well over 200—meaning over a 99.5% clinical failure rate. Dr. Gaby’s “method” that he uses to claim they are more effective than this is embarrassing to anyone with an understanding of statistics, and he should know better. I even provided a cartoon to emphasize this point, which apparently was lost on him. I explain “absolute” vs. “relative” probabilities and how physicians are misled by the pharmaceutical companies.

If he insists on saying that a 1% effectiveness is indeed a 36% effectiveness, there is nothing more I can say, except that I am thankful he is not an aeronautical, mechanical, or electrical engineer. If he was, then he would be defending as a good record 99 out of every 100 flights ending in horrible crashes, 99 out of every 100 buildings constructed falling down, and 99 out of every 100 computer chips manufactured having to be thrown away because they are defective.

3. Dr. Gaby states how useful fish oil is and says I use just one study to support my case against fish oil (on my website www.brianpeskin.com), and then he attempts to make a case for fish oil.

Comment: I maintain both in my written work as well as my lectures that “studies” are typically worthless and that is the primary reason why one study is often reversed by another study showing opposite outcomes. Experiments resulting in the same consistent outcome each time, as opposed to contradictory studies, are required. Unfortunately for Dr. Gaby, the science does not support his assertion for fish oil. Esterified plasma and phospholipid plasma levels have only small amounts of omega-3 parents or derivatives compared with the omega-6 series. Consequently, the fish oil argument does not make physiological or biochemical sense. There simply isn’t enough of it that can be used by the body’s 100 trillion cells. In fact, most parent omega-3 consumed is beta-oxidized (burned for energy) as opposed to incorporated into the cell or used biologically. A point in fact that can’t be overlooked is the Japanese have greater levels of both cancer and heart disease (per 100,000) than Americans; fish isn’t the answer for them and it isn’t the answer for us in the fight against CAD or cancer.

In fact, fish oil is even more dangerous than stated in my article; my book, *The Hidden Story of Cancer*, includes this update as do my papers on my website. I rely on experiments, like the Harvard Medical School experiment in 1995 directly comparing olive oil and fish oil, which concluded after 2 years that fish oil was worthless in preventing or reversing plaque. The critical difference is that in this example, the results are from an experiment where only one component was varied so a sharp, specific conclusion could be made. This is in stark contrast to studies or meta-studies (combining many studies) where no one knows how many other variables were changed at the same time. Words like “associated with,” “possibly,” “could,” and “may” are unacceptable when it comes to cause/effect relationships.

Furthermore, many other prominent medical researchers and physicians are also proclaiming the ineffectiveness of fish oil. In *The Hidden Story of Cancer* I give numerous references to the great harm fish oil does and how ineffective it is in preventing

and treating cancer or heart disease. A very significant 2008 paper titled “**Should patients with cardiovascular disease take fish oil?**” was published in January 2008 by the Canadian Medical Association (January 15, 2008; 178 (2). doi:10.1503/cmaj.071654). You need to know their conclusions. Prepare to be shocked:

- “What should clinicians do? **Because omega-3 fatty acids [fish oil] are not approved as pharmaceuticals in Canada, they cannot be prescribed.** Preparations of concentrated omega-3 fatty acids are available over the counter as health foods, and are quite widely used and recommended by some physicians. **Clearly, there is no evidence to support the use of omega-3 fatty acids [fish oil] in protection against ventricular arrhythmia in any patient population. One could be cautiously optimistic that patients may benefit from omega-3 fatty acids [fish oil] if they are taken preventatively or after a myocardial infarction,** but we feel that the **evidence is not sufficiently persuasive to recommend their routine use** as either a health food or a pharmaceutical.
- “The 3 randomized controlled trials evaluated by Jenkins and colleagues **failed to convincingly demonstrate** a beneficial effect of omega-3 fatty acids [fish oil] in preventing ventricular arrhythmia.
- “**There is weak evidence from other meta-analyses that omega-3 fatty acids [fish oil] prevent** ventricular arrhythmia and **cardiovascular mortality.**
- “**Health Canada currently *does not approve* omega-3 fatty acids [fish oil] for prevention of cardiovascular outcomes.**
- “**There is *insufficient evidence to recommend* the routine use of omega-3 fatty acids [fish oil].**” (Emphasis added.)

In *The Hidden Story of Cancer* I cite two separately published medical journal experiments where fish oil induced a higher resting blood sugar level and required greater insulin response to maintain the same resting blood sugar levels compared with no fish oil. Fish oil does a commendable job of putting its users on the path to diabetes. Fish oil is making America’s diabetes epidemic worse.

4. Dr. Gaby states how statins improve endothelial function.

Comment: I stressed how statins reduce ubiquitous, critical CoQ₁₀. In fact, the drug companies know this and now have combination drugs to solve this problem. If statins significantly helped endothelial function, then they would have a much lower NNT than 100. Remember, an NNT of 100 means that 100 patients on the protocol benefits 1 patient. (The other 99 see no benefit at all — a 99% failure rate.)

5. Dr. Gaby questions my recommendation of a PEO ratio of 1:1 – 2.5:1. He states that basing recommendations on amounts of tissue concentrations “doesn’t seem rational.”

Comment: Does he think that taking fish oil supplements which are tremendously high in omega-3 derivatives by a factor of ten (termed a pharmacological overload) is

“rational?” **Had he read my paper** “The Scientific Calculation of the Optimum Omega-6/3 Ratio,” he would understand the painstaking work I did to arrive at this supplement ratio. This paper can be downloaded from the medical report section at www.brianpeskin.com, third report listed. It is easy to cast doubt without doing the work, but one must work to get answers that actually solve problems. Again, physiology is the key and because most researchers in the medical field are strong biochemists (likely Dr. Gaby is in this category) without the requisite understanding of physiology, they miss the essence of my argument. PEOs need to be replaced on a daily basis, as they comprise the structural basis of each of your 100 trillion cells. Furthermore, they are essential and the body can’t make them. Half-lives are only a small part of the story. Physiologic tissue concentration and esterified plasma concentrations are fundamental in determining how much supplemental parent omega-6 and parent omega-3 need be taken on a regular basis.

6. Dr. Gaby states that even though there is a lack of saturated fat in plaque, he is undeterred in blaming these fats for leading to atherosclerosis.

Comment: Here, I am even more perplexed. In this case, we are talking about a material buildup of a substance both in thrombosis and plaque. For Dr. Gaby to state that the saturated fat can “initiate” a problem in the vessel wall, then completely disappear, yet be unable to cite any possible metabolic pathway backing up this statement is Saturated fat is non-reactive and burned for energy very quickly upon ingestion (physiology). It can’t be problematic. I am shocked Dr. Gaby has forgotten basic physiology. On the contrary, oxidized cholesterol is one of the most significant issues in atherosclerosis and it has absolutely nothing to do with saturated fat in the plasma or vessel wall. Remember that the vessel wall has a layer of intima which is 100% parent omega-6. Dr. Gerhard Spiteller, Ph.D., a colleague of mine, Chairholder of Biochemistry, Institute of Organic Chemistry at the University of Bayreuth, agrees with me. Professor Spiteller discovered urofuranic acids, has published over 100 scientific papers, and has this to say:¹

- “Consumption of **oxidized PUFA-cholesterol esters** seems to be *responsible for the initial damage to endothelia cells [innermost vessel lining]*.
- “It has been **recognized that consumption of butter** and other mammalian derived fats present, for example, in meat possess a strong atherogenic [heart disease causing] risk. **Butter contains large amounts of saturated fatty acids.** Therefore, it was *deduced [wrongly] that saturated fatty acids induce atherogenesis.*
- "...**The deduction that fats rich in saturated fatty acids is a risk factor in atherosclerosis is therefore in disagreement with experiments** demonstrating that the oxidation products of LDL are derived mainly from linoleic acid..." (emphasis added)

¹ Gerhard Spiteller, “Peroxy radicals: Inductors of neurodegenerative and other inflammatory diseases. Their origin and how they transform, cholesterol, phospholipids, plasmalogens, polyunsaturated fatty acids, sugars, and proteins into deleterious products,” *Free Radical Biology and Medicine*, Volume 41, Issue 3, August 2006, pages 362-387.

Unlike a stubborn child, an esteemed medical researcher *must* support his arguments with facts based in established medical science.

Regarding the clinical effectiveness of the Peskin Protocol, I suggest you see Dr. Kagan's Letter to the Editor (page 188 of the October 2008 (?) issue of *Townsend Letter*) and read about three other significant clinical reports of prevention/reversal of CAD with my protocol as stated in the article: **••View Brian's MDCT Scan Results (PDF)••**

I hope physicians will only be swayed enough by Gaby's critique to look further and truly understand the body of my work. If you do this, you and your patients will benefit from a most significant anti-heart disease/anti-cancer discovery. I believe an analogy would be helpful for you to understand my position. Prof. Robert Weinberg coined the term "oncogene" (cancer-causing gene). There was only one problem—there were never enough "mutations" to cause cancer and Weinberg was forced to publicly state that his theory had "lost its link to reality." The oncogene basis of cancer is flawed. Just as the genetic theory is wrong as the prime cause of cancer, the saturated fat theory is wrong as the prime cause of heart disease. The peer-reviewed medical journal, *Journal of Physicians and Surgeons*, just published my seminal paper on this topic (September 2008). The article presents more of the physiologic basis of this work than my article referenced in the *Townsend* paper, titled "The Failure of Vytorin and Statins to Improve Cardiovascular Health: Bad Cholesterol or Bad Theory?" (*Visit: <http://www.jpands.org/jpands1303.htm>, page 82.*). Thank you.