# Escaping the Broken Health System: A pathway to better health

DR GREGORY FRYER, MD



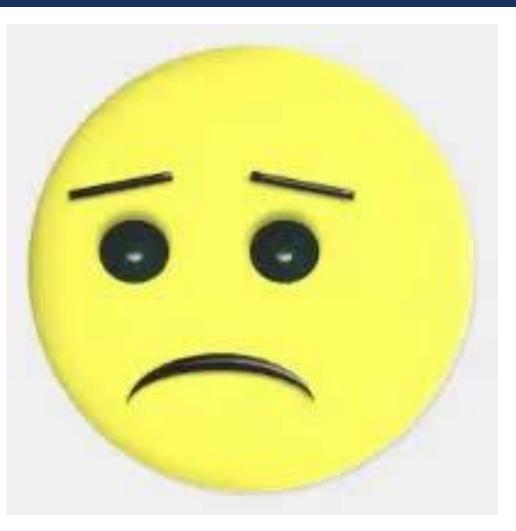
#### WHAT PEOPLE ARE SAYING





- I. Identify the parts of the broken health system
- 2. Reveal the underlying cause of most chronic disease
- 3. Show a systematic yet individualized process for people to take responsibility for their health and reverse disease

### IN GENERAL, ARE PEOPLE GETTING HEALTHIER OR SICKER?



//www.ncbi.nlm.nih.gov > books > NBK425844

### HEALTH DISPARITIES

The State of Health Disparities in the United States NIH National Library of Medicine Jan 11,2017

For racial and ethnic minorities in the United States, health disparities take on many forms, including higher rates of chronic disease and premature death compared to the rates among whites. It is important to note that this pattern is not universal. Some minority groups—most notably, Hispanic immigrants—have better health outcomes than whites (Lara et al., 2005). This "immigrant paradox" appears to diminish with time spent in the United States, however (Lara et al., 2005). For other indicators, disparities have shrunk, not because of improvements among minorities but because of declines in the health of majority groups.

### HEALTH DISPARITIES

The 20th century began with a life expectancy difference of 14 years between Black and white Americans. The gap decreased to four years recently thanks to improved access to health care and economic status. The COVID-19 pandemic has put a stop to the progress. The average life expectancy is down by a year for everyone. Nov 17, 2023

6 Examples of Health Disparities & Potential Solutions - Executive MHA

- usc.edu
- https://healthadministrationdegree.usc.edu > blog > exam...

We've all been lied to! It's all about \$\$\$! Transform Your Body, lind and Life!

**America's Health Crisis** 

#### You're Being Lied To



#### STRESS – THE UNDERLYING CAUSE

# **Physical**





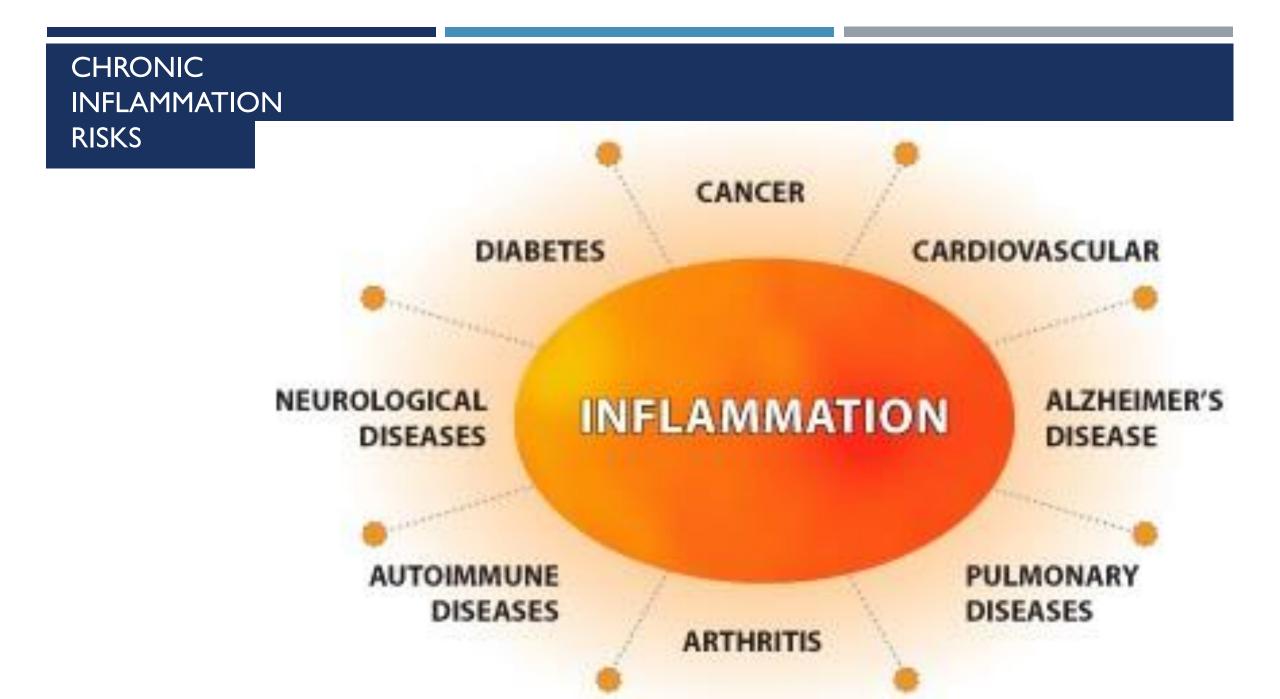
## Chemical





## **Emotional**





#### **OBESITY RISKS**



From: Clinical Problems Caused by Obesity Ioannis Kyrou, M.D., PhD, Harpal S Randeva, MD, PhD, FRCP, Constantine Tsigos, MD, PHD, Grigorios Kaltsas, MD, FRCP, and Martin O Weickert, MD, FRCP

### THE CURRENT MEDICAL HEALTH SYSTEM IS BROKEN

# Do you want to continue in a broken system and you get broken?

- $\checkmark$  Over 42% of deaths in US are due to heart disease
- $\checkmark$  Over 12% of US population is diagnosed with DM
- People with diabetes have 60% increased death risk



✓ Over 42% of American adults are obese, 31% overweight.

### THE CURRENT HEALTH SYSTEM IS BROKEN.

# Disease starts well before symptoms occur.

- ✓ Heart disease starts 20-40 years before diagnosis
- ✓ Cancer is growing 15-20 years before diagnosis.
- ✓ Alzheimer's is worsening 30-50 years before diagnosis



Over 95% of all chronic disease is preventable and reversable

# **America's Health Crisis**

**Unacceptable COSTS and Unacceptable Outcomes** 

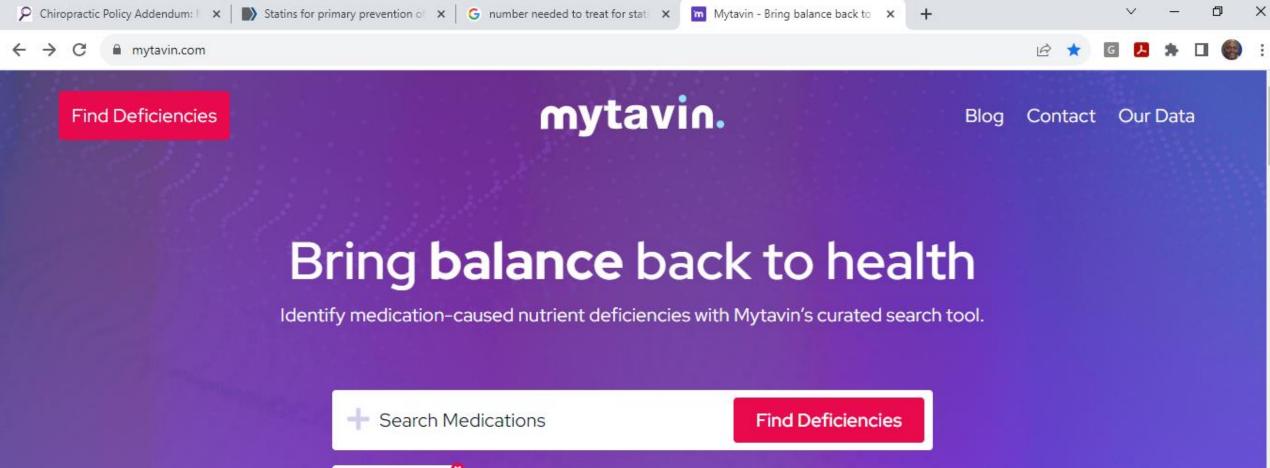
\$3.5 Trillion spent ANNUALLY on health care
90% is on Chronic Health Conditions
Double the amount of other developed nations
70% of all deaths cause by top 5 chronic diseases
US ranked 37 out of 40 in health outcomes

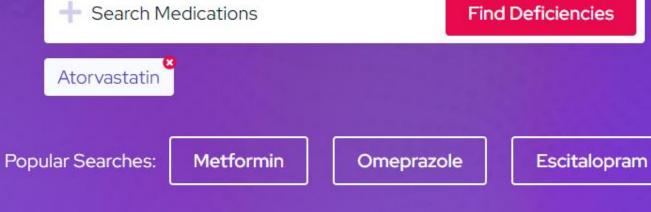
#### WHAT DISEASE IS THIS?

Severe Allergic Reactions (rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips or tongue); chest pain; dark urine; fever, chills, or persistent sore throat; flu like symptoms; nausea; muscle pain; tenderness or weakness; painful or frequent urination; pale stools; red, swollen, blistered, or peeling skin; severe stomach pain; diarrhea; swelling of the hands, ankles and feet; increasing blood sugar; yellowing of the eyes or skin.

#### HEALTH CRISIS EXPOSED

# Atorvastatin (Lipitor) (all statins)





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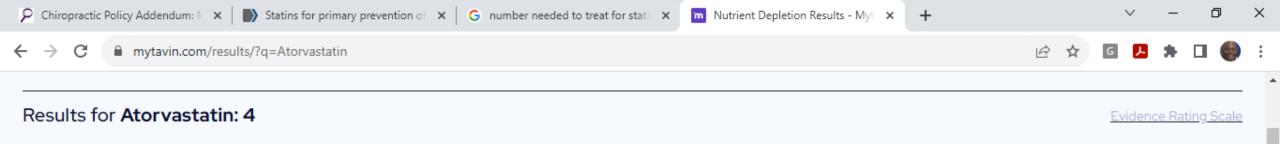
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#### Copper

Summary: Statin treatment was associated with a significant reduction in mean serum copper (9%). Read More

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#### CoQ10

Summary: The meta-analysis showed a significant reduction in plasma CoQ10 concentrations following treatment with statins. Read More



#### Selenium

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Summary: During the 9-year follow-up, similar plasma selenium declines were observed in all the sub-groups (p=0.33) despite plasma selenium levels being higher in fibrate users and lower in statin users (p=0.0004). The mechanisms underlying these data are not yet totally understood, but considering the risk of selenium deficiency in the elderly and its relationship with poor health status further clinical trial is needed to verify the proposed hypotheses. Read More



Summary: In addition to reducing serum total and low-density lipoprotein (LDL) cholesterol (p < 0.0001), statin treatment was associated with

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#### mytavin.com/results/?g=Atorvastatin

Α -7 studies



CoQ10

The meta-analysis showed a significant reduction in plasma CoQ10 concentrations following treatment with statins.

Α 2019

Regardless of its definition, statin intolerance is an important phenomenon, leading to a poorer control of the LDL cholesterol levels among high-risk Japanese patients. We need to understand the risk factors, as well as the potential nocebo effect, so that we can accurately discriminate the pseudo statin intolerance from true statin intolerance and reduce their LDL cholesterol more effectively using the golden standard drug. Alternatively, we could consider using other LDL-lowering therapies, such as ezetimibe, PCSK9 inhibitors and fibrates, or some agents that have been shown as add-on/alternative therapies to statins, such as certain nutraceuticals, or coenzyme Q107-9).



Several trials demonstrate coenzyme Q10 depletion subsequent to statin initiation.42,43 There is conjecture about this depletion as the cause of statin-associated adverse effects (e.g., myopathy) with exogenous coenzyme Q10 supplementation as a possible mediating treatment. This assertion is refuted by a more recent crossover trial44 that found no significant coenzyme Q10 drop after initiation of selected statins. Several doxorubicin (Adriamycin) trials, mostly in animal models, have noted a reduction in cardiac coenzyme Q10 depletion and cardiotoxicity associated with coadministration of coenzyme Q10. The clinical implications on disease state and adverse reaction profile with coenzyme Q10 supplementation in depleted states requires further evaluation.



Even brief exposure to atorvastatin causes a marked decrease in blood CoQ(10) concentration. Widespread inhibition of CoQ(10) synthesis could explain the most commonly reported adverse effects of statins, especially

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#### HEALTH CRISIS EXPOSED

# Atorvastatin (Lipitor) (all statins)

#### HEALTH CRISIS EXPOSED

#### Article

October 11, 1995

# Treatment of Hyperlipidemia in Women

Judith M. E. Walsh, MD, MPH; Deborah Grady, MD, MPH

Author Affiliations JAMA. 1995;274(14):1152-1158. doi:10.1001/jama.1995.03530140064034

#### FullText Abstract

 $\ensuremath{\textbf{Objective.}}$  —To assess the evidence that lipid lowering prevents coronary heart disease (CHD) events in women.

**Data Sources.** —English-language literature assessing the effects of cholesterol lowering with dietary and/or drug interventions as primary or secondary prevention on CHD events in women.

**Main Outcome Measures.** —Coronary heart disease and total mortality were the primary outcomes assessed. Angiographic regression of coronary atherosclerosis was a secondary outcome.

**Study Selection, Data Extraction, and Data Synthesis.** —All nine of the identified studies that met the criteria were included. Relative risks for CHD and total mortality were calculated from available data. Summary relative risks were calculated using meta-analytic techniques.

**Conclusions.** —There is no evidence from primary prevention trials that cholesterol lowering affects total mortality in healthy women, although the available data are limited. Limited evidence suggests that treatment of hypercholesterolemia in women with coronary disease may decrease CHD mortality. Future research should address the role of dietary and other nondrug treatment of hypercholesterolemia in women at high risk for CHD.(*JAMA*. 1995;274:1152-1158)

The Journal of the American Medical Association

reported in 1995 that there is *no* evidence linking high cholesterol levels in women with heart disease.

#### NUMBERS NEEDED TO TREAT WITH STATIN THERAPY

The NNT to prevent one major vascular event in those at the lowest levels of risk for which statins could be recommended

was 40 according to the 1994 and 1998 guidelines

Reference: Statins for primary prevention of cardiovascular disease – NCBI, National Institutes of Health (.gov)

https://www.ncbi.nlm.nih.gov > articles > PMC6532821

#### NUMBERS NEEDED TO TREAT WITH STATIN THERAPY

The NNT to prevent one major vascular event in those at the lowest levels of risk for which statins could be recommended

was 73 according to the 2004 and 2007 guidelines

Reference: Statins for primary prevention of cardiovascular disease – NCBI, National Institutes of Health (.gov)

https://www.ncbi.nlm.nih.gov > articles > PMC6532821

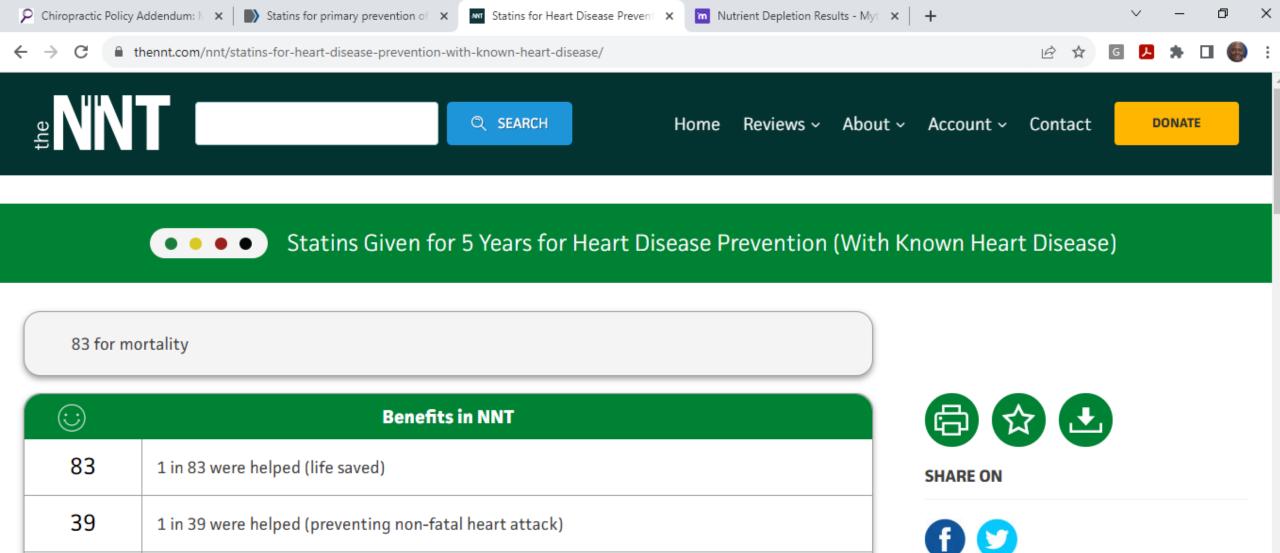
#### NUMBERS NEEDED TO TREAT WITH STATIN THERAPY

The NNT to prevent one major vascular event in those at the lowest levels of risk for which statins could be recommended

and 400 according to the 2012 and 2016 guidelines

Reference: Statins for primary prevention of cardiovascular disease – NCBI, National Institutes of Health (.gov)

https://www.ncbi.nlm.nih.gov > articles > PMC6532821



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**OTHER EBM RESOURCES** 

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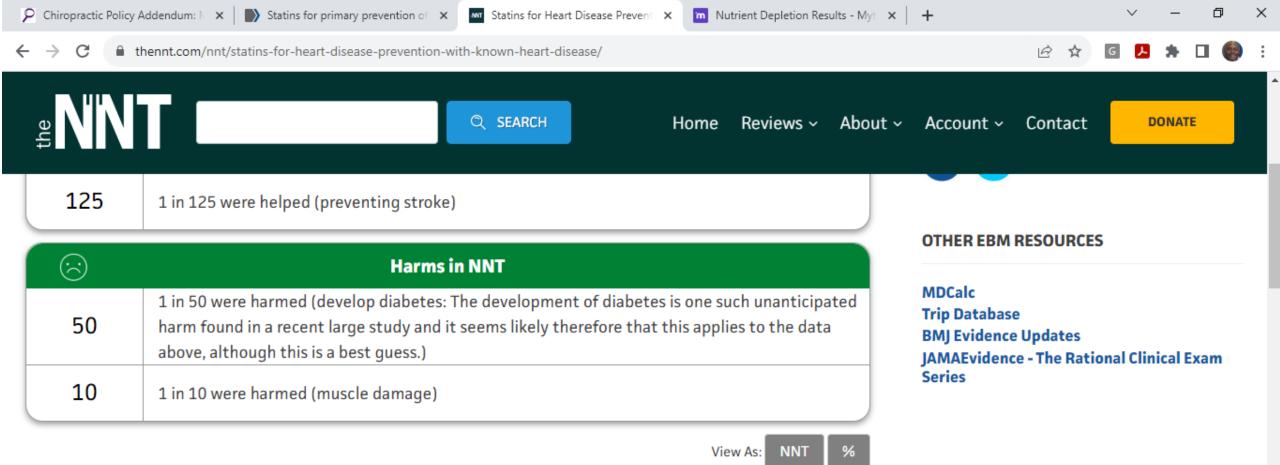
Harms in NNT

1 in 50 were harmed (develop diabetes: The development of diabetes is one such unanticipated

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#### Source

Thavendiranathan P. Primary prevention of cardiovascular disease with statin therapy. Arch Int Med. 2006; 166: 2307-13. CTT Collaborators. Efficacy and safety of cholesterol-lowering treatment: prospective meta-analysis of data from 90 056 participants in 14 randomised trials of statins. Lancet. 2005; 366: 1267-1278.

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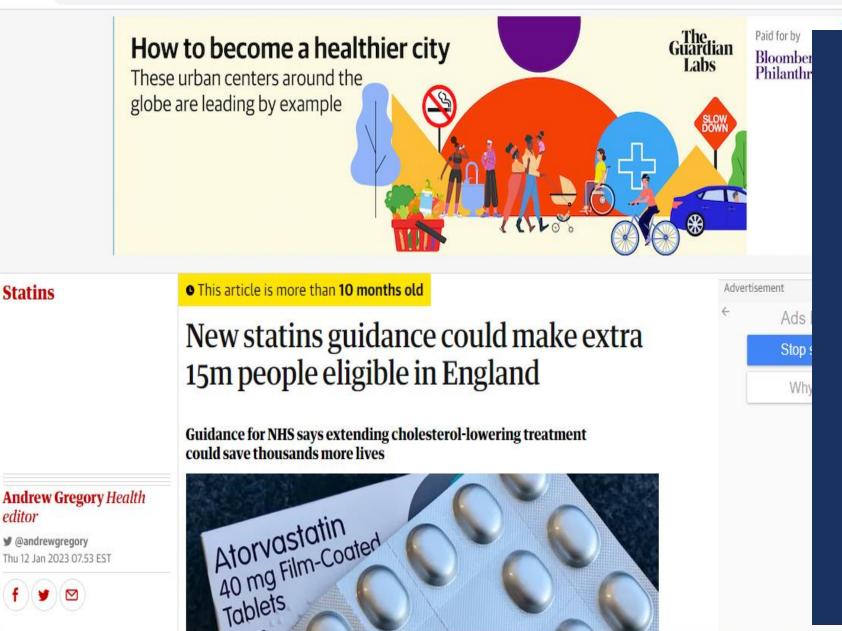
Ridker et al. Rosuvastatin to prevent vascular events in men and women with elevated c-reactive protein. NEJM. 2008; 359(21): 2195-2207.

http://www.ncbi.nlm.nih.gov/pubmed/20167359

#### theguardian.com/society/2023/jan/12/new-statins-guidelines-nice-nhs-england

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WHY IS THE **MEDICAL ESTABLISHMENT STILL PROMOTING STATINS?** 

12/5/2023

@andrewgregory

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editor

Statins



OFTHE 15M, I.5 M WILL GET MUSCLE DAMAGE, AND 300,000 WILL GET DM, TO PREVENT 384,615 NON-FATAL HEART ATTACKS

# SICK CARE MODEL

# Wrong or Lacking Information?

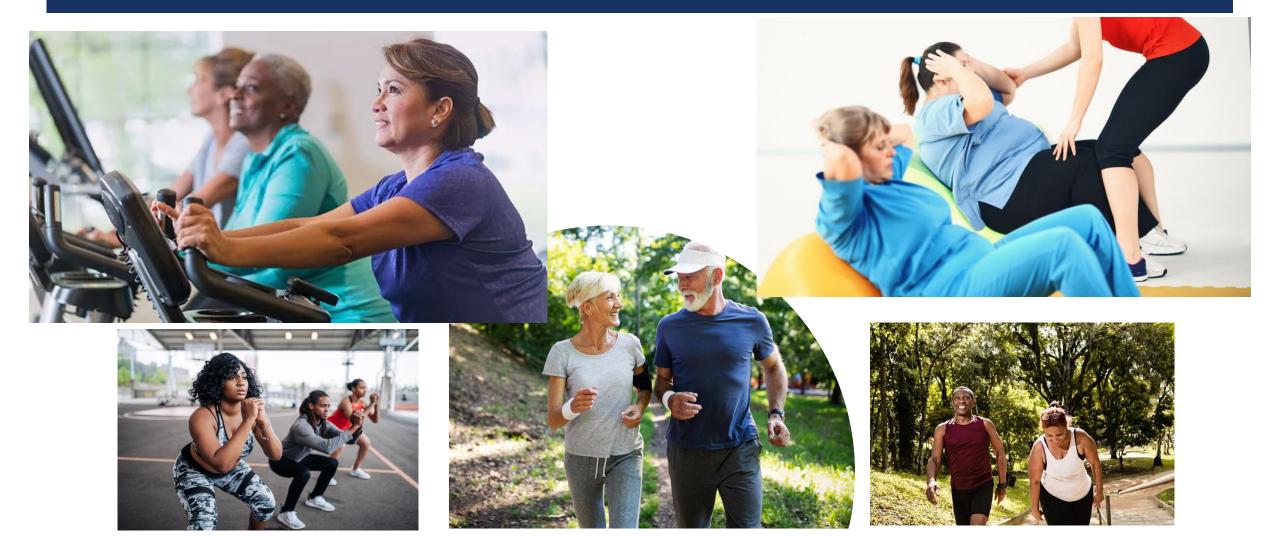
#### WHAT DOES THIS PLANT NEED?







#### FITNESS



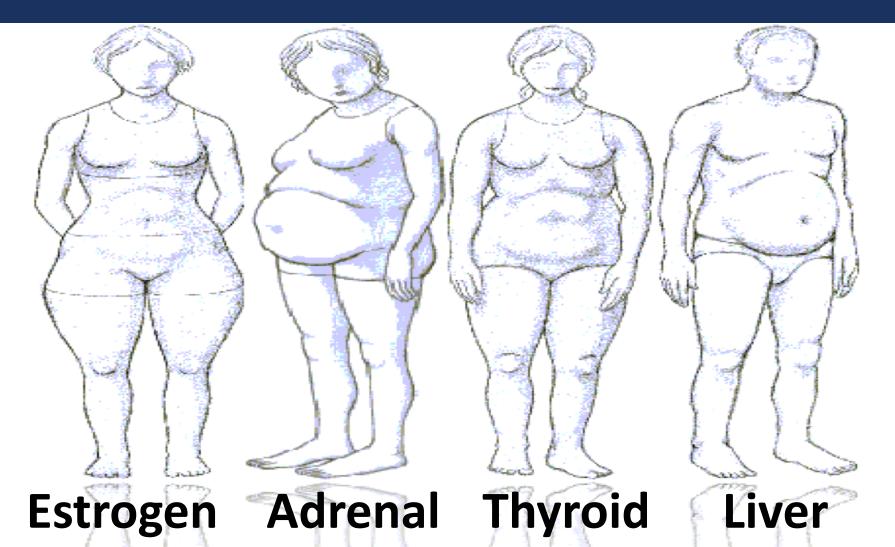
### NUTRITION (REAL FOOD)

That which is eaten to sustain life, provide energy, promote growth and repair of tissues.

- Macmillan Dictionary



#### HORMONES

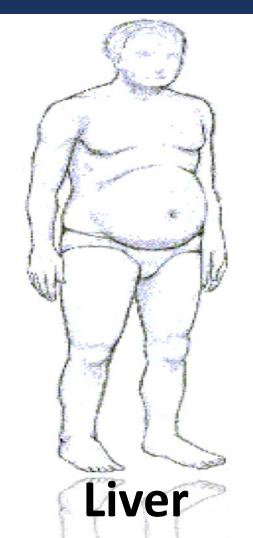


#### DETOXIFICATION

## **Chemical**











#### MENTORING

# Systematic guidance Putting it all together Developing a plan Helping reach your goals



## WHAT DO THESE PLANTS NEED?



### EVA'S STORY



94% of people fail when they don't follow a system



#### INFORMATION IS ONLY GOOD IF PROPERLY USED



Phil Masturzo / AP

### CALL TO 931-221-0902 ATTEND A FREE WELLNESS PRESENTATION WWW.MEDICALDIRECTCARE.COM



## **Feel Better**

## Have More Energy

## **Live Your Dreams**

#### WAKE UP AND STOP PROCRASTINATING!



### ARE YOU READY? CALL TO 931-221-0902 ATTEND A FREE WELLNESS PRESENTATION

