

LIVE WITH

Dr. Ray Strand

Author of *Death by Prescription*
and *Releasing Fat*

BY MIKE ADAMS

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The Health Ranger



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Interview with Dr. Ray Strand, author of *Death by Prescription and Releasing Fat*

Mike: This is Mike Adams with Truth Publishing welcoming Dr. Ray Strand. He is the author of *Death by Prescription* and is one of the most courageous doctors to speak out about the health effects of prescription drugs. Welcome, and thank you for joining us, Dr. Strand.

Dr. Strand: Well, thank you for having me here.

Mike: It's a pleasure to be tapping into some of your wisdom today. I, as well as many of our listeners, must be curious: You are an MD, and yet you speak out quite directly about the dangers of prescription drugs. How does that happen?

Dr. Strand: Well, I have been in the practice for 31 years of my medical career and I think all physicians appreciate the inherent risks all drugs present to their patient. We are always weighing the risk of medication, or the risk of adverse drug reactions, to the health benefits they can obtain. So what really got my attention was an article written in The Journal of American Medical Association back in 1998, in which they showed that properly prescribed medication, prescribed and taken properly, is the fourth-leading cause of death in the country. Then, when you add the improperly prescribed medications to this that are not taken properly, that is another 80,000 deaths, making it the third-leading cause of death. Yet, no one in this country is talking about it. We don't even keep statistics on it. Yet, all other researchers present the fact that over half of these deaths could be avoided if people just knew what to do. So I think that was the purpose and reason for writing the book. It's just to warn people that they don't need to take so much medication. If you really need to take medication, take it. But I have always had the philosophy: You should take medication as a last resort, not a first choice. Do not have blind faith in the FDA, the pharmaceutical industry, the doctor or the pharmacist. You need to take some personal responsibility to protect yourself and your loved ones from an adverse drug reaction.

Mike: That's an interesting term -- "blind faith in institutions." I think, across the board, people tend to trust and have faith in what the pharmacist and doctor tells them. They believe that the FDA is really looking out for their best interest. But it seems that a lot of your material indicates that that's not necessarily the case.

Dr. Strand: Well, right. There is a chain of events that occurs. You will find that you have to rely on the pharmaceutical industry to perform the studies. They are the one that are required to perform them. The FDA reviews those studies, looking for obvious health benefits or an effective medication and balances it against the risk the medication presents. Then you have to have a doctor who understands all of that and prescribes it properly. You have to have a pharmacist who is going to fill that prescription, and then the patient takes it and must take it properly. So this chain of events is always occurring. The problem that most people have is that they just trust the pharmaceutical industry, the FDA, the doctor and the pharmacist, and they just have that blind faith, which I try to point out in the book. As I go through the first part of the book, you can't read without starting to realize what the truth is. The truth is that, yes, they are doing their best job, but there is still an inherent risk for taking medication, and we have to be aware of that.

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Mike: So I would encourage readers to just check out the first 20 pages of *Death by Prescription*. I don't think they will ever look at their medicine cabinets the same way again.

Dr. Strand: That's true, you know. I always use one thing that really points out the fact, which is that, once the FDA approves the medication or a drug for use by the general public, they know less than half of the serious adverse drug reactions when that drug is released. It is just impossible to know them all. Well, they find out, and the next question should be, "How do they find out the others?" Well, it's owing to you, the public, or what I call in my book, "the great clinical trial." It is you who finds out.

But it is a voluntary reporting system. Less than one percent of these adverse drug reactions are really reported back to the FDA, because doctors and hospitals are not required to report them back. It is voluntary. Then, it is reported to a committee in the FDA that has no authority. Once enough of these red flags come in on a drug, then they'll send it back to the original committee that approved the drug in the first place. I do not feel that they have an unbiased representation when they look at this. That's why over 99 percent of the time all that happens is a change to the drug label or what we call a package insert. This usually goes unnoticed even if they send out a "dear doctor" letter warning doctors about these drugs, and that they better be careful here. There have been studies that show doctors don't pay much attention to that. So it's not a very good system.

Mike: Yes, and just to clarify -- because I think the force of what you just said is easy to miss if people aren't paying attention -- there is really no process in place, no mandatory process, to report dangerous, even fatal, side effects from these prescription drugs. Is that what you are saying?

Dr. Strand: That's what I am saying. I list a lot of the drugs in my book that have been taken off of the market. One of them, the first non-sedating antihistamine, called Seldane, did not come off of the market for 12 years, even though they started to realize that when you combine drugs like erythromycin with Seldane -- which will be a common combination because of allergies, colds and sore throat -- they had an unusual side effect called sudden death. It took 12 years to find this out and actually get it off of the market. So it's a very poor system, and we are seeing drugs being pulled. Baycol was another one pulled from the market because of multiple damages, kidney failure and death. It was taken off about two years ago. So you start to look at the process, and it's really not a very good one.

Mike: The timing of all this is quite interesting, because, since the time your book was published, the marketing and propaganda about prescription drugs has skyrocketed.

Dr. Strand: It was even before that. As a physician, I always was amazed when the pharmaceutical industry started advertising their products to the general public. My gut reaction was, "Why are they doing that?" Because people need a prescription to get the medication they are advertising.

Mike: Yes.

Dr. Strand: When I did the research for the book, it was really interesting to find out that various studies show that between 70 to 90 percent of the time when a patient comes in to the doctor and asks for a specific drug that he saw on a commercial or in an advertisement, he walks out with a prescription for that very drug. So the drug companies know that it is effective, and it doesn't really shine a great light on physicians and their prescribing habits.

Mike: Do you see this as well in your practice? Do you see patients coming in and asking, or even demanding, a drug they have seen on TV?

Dr. Strand: I mean that's what it is all about. They will actually make an appointment specifically for an advertised drug. Whether it's the purple pill, an allergy medication, Viagra -- or all of the impotency medications that are out there -- people come in and specifically ask for them. You see it all the time. It happens every day in our practices.

Mike: In the world of modern medicine and all of these pharmaceuticals, your voice is not exactly the majority voice from, say, organized medicine. Do you receive a lot of criticism for this? How does the industry treat you?

Dr. Strand: Well, I had a few arrows shot at me. That certainly happens. I have written a book on nutritional medicine, and I have just finished a book on the obesity-diabetes epidemic. What you are finding is that physicians have pretty much been pharmaceutically trained and were disease-oriented. So physicians find their comfort in writing prescriptions. They understand their drugs, at least most of them do, and that's what they are trained to do. We are looking for disease and the treatments that we know we can prescribe.

But what has happened is that the art of medicine has kind of gone out the wayside, because we do not spend time with patients. We don't teach them how they can best avoid high blood pressure medication, or cholesterol-lowering drugs, or diabetes medication, because number one; we don't have time, and number two; we don't believe the changes they can make will be effective. We want to rely on our medication, despite the fact that every time I go to a medical meeting, they are always talking about a first-step therapy. If someone comes in with high blood pressure, or elevated cholesterol, or they are starting to become diabetic, you should at least give these people a chance on healthy lifestyle changes so that they don't have to take the medication -- that's called first step therapy. But I am sorry to say that I think most physicians just give this recommendation lip service, while, in actuality, they write the prescription. That's what is happening. It is partly demand by the people and the patients, but it is also due to our training, and being inundated by the pharmaceutical reps that come into our office promoting their products.

Mike: I have heard a statistic that says the pharmaceutical companies spend an average of \$10,000 per year, per physician just marketing to the physicians in the United States.

Dr. Strand: Well that wouldn't surprise me because if I could line up pharmaceutical reps or the detail-people who come in my office, I could see as many as ten of them as compared to one of my patients. You have to limit them, but they're there, selling their wares. They know it's effective because they wouldn't spend the money if it didn't work. Free samples are another thing that they spend a lot of money on -- much more than people realize. So it's a concern. We are seeing this more and more, and there are problems that are coming up. I just feel that we have an over-medicated society because of all the pressure to use medications.

Mike: With this over-medication, do you think that there is any looming backlash or some kind of crisis that is going to occur?

Dr. Strand: Well, yes. We are already seeing it with the antibiotic use and abuse that has been going on. For years, since the advent of sulfa and penicillin, we have been able to come up with newer compounds and molecules to fight off infectious disease. But we are running out of these new products as we are starting to see more and more resistance to these antibiotics. It's a major concern for hospitals and doctors, and there was a tremendous effort placed in the 1990s through the American Academy of Pediatrics and various health organizations to make people aware of the overuse of antibiotics on viral

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colds. Through that ten-year period they were really excited to see that antibiotic use had dropped by one-third. But what was really interesting was that the office visits for those same problems dropped by one-third. So what really happened was that the people, the parents, became more aware of what was a virus and was not. The antibiotics don't help viruses, so they didn't just take their kids into the hospital or the office.

But when they finally did go into the office, the percentage of antibiotics prescribed by doctors never changed. So it really was owing to people becoming more aware, and that was an encouragement to me in writing the book, because we need to start educating the patient about the use of medication. They could become more proactive with their own health, and if they do take medication, they could take it more wisely and avoid these adverse drug reactions.

Mike: For those reading, we are talking to Dr. Ray Strand, author of *Death By Prescription*. His websites are raystrand.com and releasingfat.com. Do you have an email newsletter on that site that people can subscribe to?

Dr. Strand: Yes, I do. I have an email newsletter that comes out monthly, and it's about various subjects. People can go to releasingfat.com and sign up for my free newsletter. It's there, and it's available. I have raystrand.com, where they can see my nutritional recommendations, and that is more of a membership webpage. Plus, it has some basic information.

Mike: I just want to point out how remarkable it is that you have been classically trained as an MD through medical school and with all the experience of clinical practice, but you are able to maintain an open mind and really see the big picture here. That is not so common today. How does that happen, and what sets you apart?

Dr. Strand: Well, what happened was that my wife had suffered from a disease called fibromyalgia chronic fatigue, and we had lived with this for twenty-plus years. In the 80s and 90s, she just started to go downhill. Every year, she got worse and suffered more pain and more fatigue. In 1995, she came down with serious pneumonia, and we were able to get through that, but she was left with serious chronic fatigue; she really couldn't get out of bed for more than one to two hours a day. This went on month after month after month, and in spite of seeing four different specialists and being placed on nine different medications, she really did not improve. I didn't get much hope from the doctors.

Well, at that time, someone gave my wife some nutritional supplements -- which I strongly did not believe in at that time. I was a typical doctor, and I thought that it would just create expensive urine or be a waste of money. But I told my wife, "Honey, you could try anything," because we were just not helping. When that happens to your family, it really hits home, being a physician. I have to admit that, within weeks, she got better. Within months, she was off of all of her medications, and within about five or six months, she was better than she had been in nine or ten years. That got my interest and caught my attention, and that's when I started researching. So I have been researching nearly ten years now on this subject, and I am finding a wealth of information that I was never taught in medical school.

Mike: Can you offer some examples?

Dr. Strand: I mean, [there are] well-documented health benefits for taking supplements and health benefits that we know of from exercising and eating a healthy diet. If people would just do that, then they wouldn't have to see me that much. We are starting to see about six or seven types of causes of death in the country, outside of prescription medication, which are really closely tied to our lifestyle. People need

to know that heart disease, cancer, diabetes, osteoporosis, stroke -- I mean the list goes on and on -- are really closely related and can be prevented by a healthier lifestyle. So I have really changed my practice to be more involved in wellness and health -- a part of which is teaching people healthy lifestyles. That's where I have gone in the last ten years.

Mike: What a fascinating journey. I am curious, do you prescribe nutritional supplements to your patients, then?

Dr. Strand: I certainly do, and I believe that there is a strong health benefit. When my peers come up to me and ask, "Ray, why do you recommend vitamins to your patient?" I will look at them and say, "Well, have you ever recommended exercise to your patients?" They reply, "Well, of course I do." I ask, "Why do you do that?" They respond, "I think that my patients who exercise have a health benefit over those who don't." I ask, "Well, what do you base that on?" They answer, "I base that on the medical literature." I tell them, "You are treating a disease, then." They say, "No." I could say the same thing about the healthy diet -- eating your fruits and vegetables. There are health benefits from eating eight to twelve servings of fruits and vegetables each day. When you study the medical literature, you understand, without a doubt, that patients who take a complete balance of optimal levels of high-quality nutritional supplements have a health benefit over those who don't.

So I don't look at it as treating a disease. I look at it as a health benefit that improves their health. So we are just building up the body's natural immune system -- the natural repair system, or what is referred to as the antioxidant defense system. You start to understand that nutritional supplements can decrease what I call the free radical damage, or the dark side of oxygen -- we're basically rusting inside. You start to understand this more and more. You start to realize that drugs aren't going to be the answer for decreasing the risk of cancer, heart disease, Alzheimer's or dementia. But when we initiate these healthy lifestyles, we can actually reduce our risk and, in a lot of cases, eliminate that risk.

Mike: I think that most consumers who take the time to educate themselves about wellness and disease prevention would agree with everything you just said. But let me play devil's advocate for a second here. There is so much information in the popular press about how all you need is three balanced meals a day, and about how nutritional supplements are a waste of money. I mean, even the American Heart Association has now come out against vitamin E, and their stand against vitamins is legendary. How do you account for this great disparity between the medical literature and the popular line?

Dr. Strand: Well, first of all, the American Medical Association came out two years ago stating that multiple vitamins should be taken by everybody, which is a major change for them. The problem that you run into is that everybody looks at vitamin E, or calcium, or selenium, or something else as a drug, and that's how we do our research. So everybody looks at it as a drug, and that's the way the doctors look at it.

But what you really find out, is that vitamin E is really not a drug. It is just a nutrient that we should be getting from our food. Because of supplementation now, we can get it at levels you can't obtain from food. If you really study the medical literature, an overwhelming number of studies, even when they do a study on one nutrient at a time, show a significant health benefit. However, there are studies out there that show that if you use one nutrient by itself at higher level, it can actually cause oxidative stress or more free radical production. That is where the problem comes in when you see a negative study.

They have to understand synergy and the use of all these nutrients in a complete and balanced fashion, just like you do in your food. So there is a concept that I have presented in my book called cellular

nutrition. Cellular nutrition is providing all the nutrients to the cell at these optimal levels, which have been shown to provide a health benefit in our medical literature, and not at Recommended Dietary Allowance (RDA) levels. RDAs have absolutely nothing to do with chronic degenerative diseases such as cancer, Alzheimer's, dementia, macular degeneration and arthritis.

So when a doctor says that you can get everything from your food because you can obtain RDA levels, less than one percent of the population actually does it, even though it is theoretically possible. So, for example, you take the RDA of vitamin E now at 30 international units. Well, you don't even see a health benefit in the medical literature until you get over 100 international units. The health benefit seems to go up to 400 IUs to be the optimal level. There are even a few studies showing that maybe there is a health benefit above that, but at least most people who really studied the medical literature show that 400 IUs is an ideal amount or an optimal level. Well, I could go out and eat 400 IUs of vitamin E. I would only need to eat 27 pounds of butter or 5 pounds of wheat germ. I mean, it just goes on. You cannot do it.

We are so stuck on RDAs, because that's how we were trained in medical school. We don't understand that taking supplementation in a completely balanced form really has a true health benefit; that's the same kind of thing Kenneth Cooper ran into when he started to say that there is a health benefit of exercise. He talked for ten years about this, starting in the early 70s, to convince physicians that we should get our patients exercising and moving. They didn't believe it for a long time, but he finally convinced them. I think for healthy diet and supplementation, it's going to be the same. I am not a conspiracy theory expert, but I really believe that when people start to understand the health benefits of supplementation, people will be taking less pharmaceutical drugs. So there is a great debate out there because the pharmaceutical industry would like to get all of the vitamins off the show. It is an economic decision. They'd rather see people taking drugs.

Mike: I am one of the people who talks about that and, like you, I don't think it's a conspiracy. I think it's just corporate greed. I mean, they want to make more money.

Dr. Strand: Oh, yes! It's an economic decision. In my book, *Death by Prescription*, I have a chapter called "Deadly Partnership." A lot of people don't realize that in 1992 Congress passed a law called the "user-fee" law, which required pharmaceutical companies to actually pay a user fee so that the FDA could review their drugs. This was a quarter million dollars per new drug application. Well, that has grown so much by now that the pharmaceutical industry is actually contributing over half of the FDA's budget. So, instead of the FDA being an isolated group that really scrutinizes all of these drugs, they have actually formed a partnership. There is pressure on the FDA now not so much on, "How should this drug be approved?" The attitude has changed to, "How can we get this drug approved?"

We see this, and there is a great deal written in many studies. So it has really changed the atmosphere of drug approval, and I think it is going to come back to haunt us because it is a very poor system. I think that the pharmaceutical industry, being a very powerful, very wealthy industry, is really flexing its muscles in all of these avenues, such as alternative health and integrated medicine. They are all being attacked and put down by doctors. But the pharmaceutical industry needs to start paying attention, because there is so much literature now that supports the health benefits. They can't just keep ignoring it.

Mike: What kinds of reform or change would improve the FDA and make it more accountable to the public rather than the pharmaceutical industry?

Dr. Strand: First of all, I think the FDA should be funded by our federal government – completely. I mean, we are spending a lot of money elsewhere. I told you that this is the third-leading cause of death

in this country. I think we should follow in Europe's footsteps, especially England. They *require* doctors to report all adverse drug reactions that are suspected within the first three years after the drug is released; in other words, it's not volunteered -- you have to do it. That would improve quicker transmission of information, and not give the FDA and the pharmaceutical industry an out.

You will see drugs like Rezulin that came out as a diabetes drug, and the typical pattern is when a drug is starting to run into trouble, first of all, it is not the drug that causes the problem. It has to be that the patient develops liver disease or something like that. Then, more and more deaths are reported and, finally, the pharmaceutical company has to admit, "Yes, our drug can cause liver disease (for this example), but it only happens one in one hundred thousand times." I have heard that in my office so many different times with different drugs. Eventually, there are so many cases coming in and so many people dying that they finally have to pull the drug off the market. Then you hear the whole truth. In this case, it actually ended up that one in eight hundred people who took the drug, Rezulin, either died of liver failure or had to have a liver transplant. That's a pretty high number, and that drug was in the market for about two and a half years before it was pulled off. It caused thousands of deaths.

So I think that we need to have a more aggressive reporting system. I think that physicians need to be aware because the warning system we are using now does not seem to work; people are not listening to it. I think it's all up in the air for discussion. In the meantime, the reader, the patients and parents have to be protecting themselves, their children and their elderly parents, because those are the people who are taking most of the drugs. People need to become proactive, know what these adverse drug reactions are, know the dangerous combinations or, at least, research the medication that they, their children or their elderly parents are taking.

Mike: I am glad that you brought up Rezulin, by the way. It's a good example of the disparity between the FDA and pharmaceutical regulatory bodies in other countries. This was a drug that was pulled from the shelves very quickly in Europe, yet it was pulled quite slowly in the United States.

Dr. Strand: That's really true. Rezulin was never actually taken off the market. What happened was that two other drugs came out and the FDA kind of let the company just take their drug back because they had better options on the market. It was never theoretically ever withdrawn, and that's scary. When you start to research this and you read my book, *Death By Prescription*, you start to gain a respect for these drugs. It's not only old people who are dying from these adverse drug reactions, it's also young people. There have been a lot of fluoroquinolone antibiotics -- two or three of those have been removed from the market. Just looking at over-the-counter medications, nonsteroidal anti-inflammatories -- that's your Aleves and Motrins of the world -- result in 100,000 admissions each year because of upper GI bleeds and over 16,000 deaths. When they interviewed these people, less than a third or 40 percent of these people didn't even know that it can upset their stomach or cause GI bleeds. So it's really something that we do a very poor job of, and it's like we can't see anything bad about drugs. We therefore don't even listen. Hospitals tend to hide them, because they don't want people knowing that drugs they are receiving in the hospital can cause problems. But it's something we have got to get over if we're going to protect the people out there who are taking all these medications.

Mike: One of the latest drugs to earn a lot of popularity and receive a lot of advertising funds are the statin class of drugs. It seems they are being marketed as miracle drugs to treat practically everything. I have even heard physicians say, "I am taking them every day for the rest of my life -- whether I need it or not."

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Dr. Strand: Well, I never saw this report, but I read in The New York Times that they actually said we should be putting it in the water.

Mike: Yes, I saw that as well.

Dr. Strand: Here is a very classic thing: They just lowered the recommended level of LDL cholesterol, or the bad cholesterol, to be below 70 in high-risk people. Well, I have not seen less than 4 or 5 percent of my patients have LDL cholesterol below 70. In other words, almost everybody would then be on statin drugs. This is a real shot in the arm of the pharmaceutical industry, because they have got a government agency -- about nine leading people in this industry -- making these recommendations. Well, then you find out that at least seven of these nine physicians who were major key people on the studies and recommending these changes were receiving money and, for some of them, pretty good stipends from the pharmaceutical industry.

Mike: A big surprise, right?

Dr. Strand: Yeah, a big surprise. So that is how it is being done, and they keep lowering it. All that means is that more and more people have to be on medication. But, you see, heart disease is not a disease of cholesterol. Over half of the people who have heart attacks actually have normal cholesterol levels. Heart disease is an inflammatory disease of the artery. LDL cholesterol is not even bad. It only becomes bad when it becomes oxidized or modified by an excess of free radicals. So you start to look at all the causes of inflammation which are caused by an excess of free radicals caused by diabetes, hypertension, cigarette smoking, fatty meals, high-sugar meals, high-glycemic meals -- these will cause your arteries to go into spasm because of the inflammation four to six hours after a meal. You start to look at homocysteine, and LDL cholesterol is a factor that's oxidized. You put them all together, and almost all of those causes of inflammation can either be significantly reduced or eliminated by the healthy lifestyles that I have recommended on my web pages. So what the physicians and the medical community are going to do is to come up with ways to reverse the inflammation after it has already begun, whereas in preventative medicine, wellness and health, it's going to be, "How do we avoid the inflammation in the first place?" That's going to be the big war that you are going to see in the next 10 years.

Mike: And that's raging right now.

Dr. Strand: Oh, yes.

Mike: I want to come back to statin drugs, because I'm reminded of a full-page advertisement that I saw for a brand-name statin drug, which essentially said that healthy lifestyle changes aren't enough. You can follow the right diet, you can exercise, but it's not enough. You need statin drugs. I found that message quite shocking.

Dr. Strand: They have always been very good about saying that you should use statin drugs only after a trial of healthy lifestyles. That's kind of been the standard approach, but that doesn't surprise me at all. I feel this is where we are going. The sad thing is that statin drugs are not that safe. I mean, I can't tell you how many patients I've had to take off of those drugs because of muscle aching, muscle weakness, or because their liver enzymes went up. What happens is that you struggle with this, and you are taking statin drugs for the rest of your life. The other thing is that a lot of people do not realize the fact that statin drugs -- while they do block the production of cholesterol -- also block the production of a very important nutrient called Coenzyme Q10.

There are some studies appearing in the medical literature hinting to the fact that once you have been on these drugs for over eight years, you significantly are increasing your risk of cancer. CoQ10 is a very important nutrient for our immune system, and it protects our bodies from cancer and illnesses. So I find that this is a really sad situation, because it's the promotion of drugs. I strongly believe that the new recommendations are not right, that this is not the way we should be going. Yes, LDL cholesterol and oxidized LDL are a problem, but it is only one in about a dozen problems you have to address when a patient who is either at high risk for heart disease or has had a heart attack comes in. We are not paying attention to the fact that it is inflammation that we have to be working with; not cholesterol.

Mike: Interesting. So once again, we're back to the grand experiment: Americans as guinea pigs. Ten years down the line, we might see astonishingly negative side effects from statin drug use, right?

Dr. Strand: Well, I think so, too. I think we are seeing them already. But you know what? See, we don't keep statistics. We don't see adverse drug reactions appear on death certificates. We just don't do it. It was the studies that had to actually come up with [the statistics]. I think that's why physicians don't even believe the statistics that I am telling. In my book, *Death by Prescription*, I give a tremendous bibliography.

It documents everything that I say, and it's there. All they have to do is go and look at it themselves. But we need to pride ourselves, as physicians, to become more active in looking at third-party information. We don't need all these new drugs. If someone comes out with a blood pressure medication, the next time you turn around, we've got ten on the market. Or these new ARB blood pressure medications -- I think there's six or seven of them out there. We've got 15 nonsteroidal anti-inflammatories, and there's not really much advantage of one over the other. I call them "me too" drugs; they all just come out. So we need to go with the "tried and true" ones, because once a drug's been out over five years, we know most of the adverse drug reactions. Doctors are familiar with them, they cost less and they're just as effective. Occasionally, they'll come up with a new molecule or a new compound that is a revolutionary new drug. But that doesn't happen very often. Probably less than one percent of the time.

Mike: What's your take on the situation with drugs from Canada? The FDA insists that they're unsafe, yet some states are trying to allow their citizens to purchase drugs from across the border.

Dr. Strand: Well, it's the same drugs as we're getting here in the United States -- unless someone is being fraudulent and substituting some scam, which is totally illegal. I've had my patients go to Mexico and Canada and pick them up. I look at them, and it's the same drugs that they're getting here. The same pharmaceutical companies are making it. It's only that they can get more money from the United States than from anywhere else. How much this medication costs is really a sad situation for those people who have to take it. Generics are part of the answer, and using older drugs are part of the answer. But there has to be some kind of economic pressure put on the pharmaceutical industry to get these drugs down to a reasonable and affordable price. The prices are increasing at 17 percent per year, and they're shooting up costs. Yes, drugs cost a lot of money to develop; these companies spend over \$500 million each time they want to get a new drug approved on average. They've got to recover their costs. But, again, a lot of these drugs have no advantage over what's already on the market. I quote [in my book] that, back in 1960, we had something like 800 drugs on the market. Today, we've got 8,000 to 10,000. It's out of control. We've got to realize that not every new drug around the corner is really needed.

Live with Dr. Ray Strand

Mike: I have one last question for you, Dr. Strand. You mentioned that you're writing a book on obesity and diabetes. Would you like to give a few hints of what people might find in that and when it might be available?

Dr. Strand: What we're finding is that the problem is insulin resistance. Here, again, the recommendation started thirty years ago. Because the problem was fat and cholesterol, we went to a high-carb, low-fat diet, thinking this was the healthiest diet in the world. Not only has heart disease not come down, it's going up. What we're finding is that those recommendations by the medical community have created our obesity and diabetes epidemic. The CDC came out last year and said that a child born after the year 2000 will run over a 30 percent risk of developing diabetes at some time in their lifetime. If they happen to be black or Hispanic, it's going to be nearly 50 percent. It's all because of processed foods, high-glycemic foods and fast foods that this is happening.

People have to understand that there are good carbohydrates out there, and we need them, because they contain our antioxidants, minerals and vitamins. We need our fruits and our vegetables. They aren't the bad culprits -- it's the processed carbs. Not all fat is bad. We're learning that there is good fat. Taking omega-3 fats, mono-saturated fats and vegetable fats in their healthy state will actually lower LDL cholesterol. They lower total cholesterol and raise your good HDL. For proteins, it's the same thing. There is good protein out there, and there is bad protein. So my book pretty much focuses on eating a healthy diet that does not spike your blood sugar, and it talks about exercise. It is just modest exercise that gets your body moving. It's also about, of course, taking what I called "cellular nutrition" which, as I explained earlier, is just a good, complete and balanced nutritional supplement that's high in quality.

Mike: It seems that the implied message in all of this -- if you'll allow me to paraphrase -- is that obesity and diabetes are almost universally preventable.

Mike: Correct. A lot of people don't understand that when you spike your blood sugar, you over-stimulate insulin release, because the body has to control blood sugar. Insulin drives the blood sugar into the cell to either be utilized or stored as fat. The blood sugar drops dramatically. In at least a majority of the population, it drops below normal. So it gets into the low-blood-sugar range. Our bodies have to get it back up, so in order to try to raise that blood sugar back to normal, it stimulates the release of several hormones: cortisol, which is a stress hormone; adrenaline, the fight-or-flight hormone; glucagons and growth hormone. But you are left with an uncontrollable hunger.

Many people talk about craving and emotional eating. It's something that has happened because of this vicious cycle, and we usually crave another high-glycemic or sugary meal. So we keep doing this, and we tend to eat 80 percent more calories than we normally would if we learned to eat in such way that you don't spike your blood sugar. When people just understand this, they feel good. They can eat; it's not a low-calorie diet. They just eat what they want, and they learn to eat the right kinds of food. You start to exercise, and you improve insulin sensitivity. Pretty soon you start to release fat. Your body won't hold onto fat, and that's why I called it "releasing fats." People can actually get a copy of the book at releasingfat.com, which is available now.

Mike: For those reading, you can also check out raystrand.com. Dr. Strand, I want to thank you so much for sharing your time and your wisdom with us today.

Dr. Strand: I am glad to have been here. I hope people have learned that they are the key in protecting not only their own health, but also in protecting against any adverse drug reactions. They have to realize that this is the role they have got to play.

Mike: I absolutely agree, and I want to encourage people to be interested in taking responsibility for their health and changing their health outcome. They need to start by educating themselves, and one of the best ways they can do that is by reading *Death By Prescription*, learning about nutrition and getting information from doctors like Dr. Ray Strand, who are well informed and willing to branch outside the confines of traditional organized medicine. Thank you for your time today.

Dr. Strand: Well, thank you very much.

About the Author



The Health Ranger (Mike Adams) is a holistic nutritionist with over 5,000 hours of study on nutrition, wellness, food toxicology and the true causes of disease and health. He is the author of *The 7 Laws of Nutrition*, *Grocery Warning*, *Health Seduction*, and many other books available at <http://www.TruthPublishing.com>.

Adams is also the creator of the popular *Honest Food Guide*, a free downloadable nutritional guide found at <http://www.HonestFoodGuide.org>. In addition, more than 1,500 free articles on health, nutrition and wellness have been authored by Adams and are available at <http://www.NewsTarget.com>.

Adams uses no prescription drugs whatsoever and relies exclusively on natural health, whole foods, superfoods, nutritional supplements and exercise to achieve optimum health. To prove the value of nutrition and physical exercise in enhancing health, Adams publishes detailed statistics on his own blood chemistry (with full lab results) at <http://www.NewsTarget.com/AdamsHealthStats.html>.

Other books by the Health Ranger

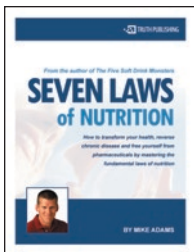


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