

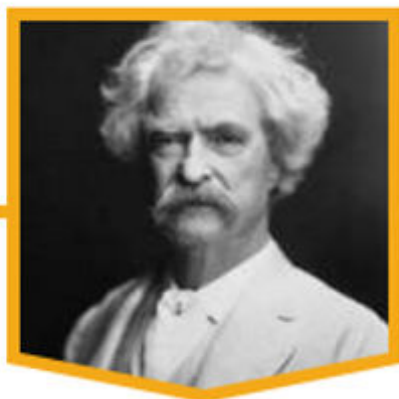
POISON INC. Processed Food and Prescription Drugs Will Kill You

Paul Marik MD, FCCM, FCCP



The background features a central illustration of a man in a white lab coat, looking thoughtful. To his left is a stack of books labeled 'Unbiased Educational Activities' with a sign that says 'Research Integrity' and a group of people on top. To his right is a stack of money with a sign that says 'Investments' and a trophy labeled 'AWARD' on top. The name 'K. Bucher' is visible on the sleeve of the lab coat.

CONFLICT OF INTEREST



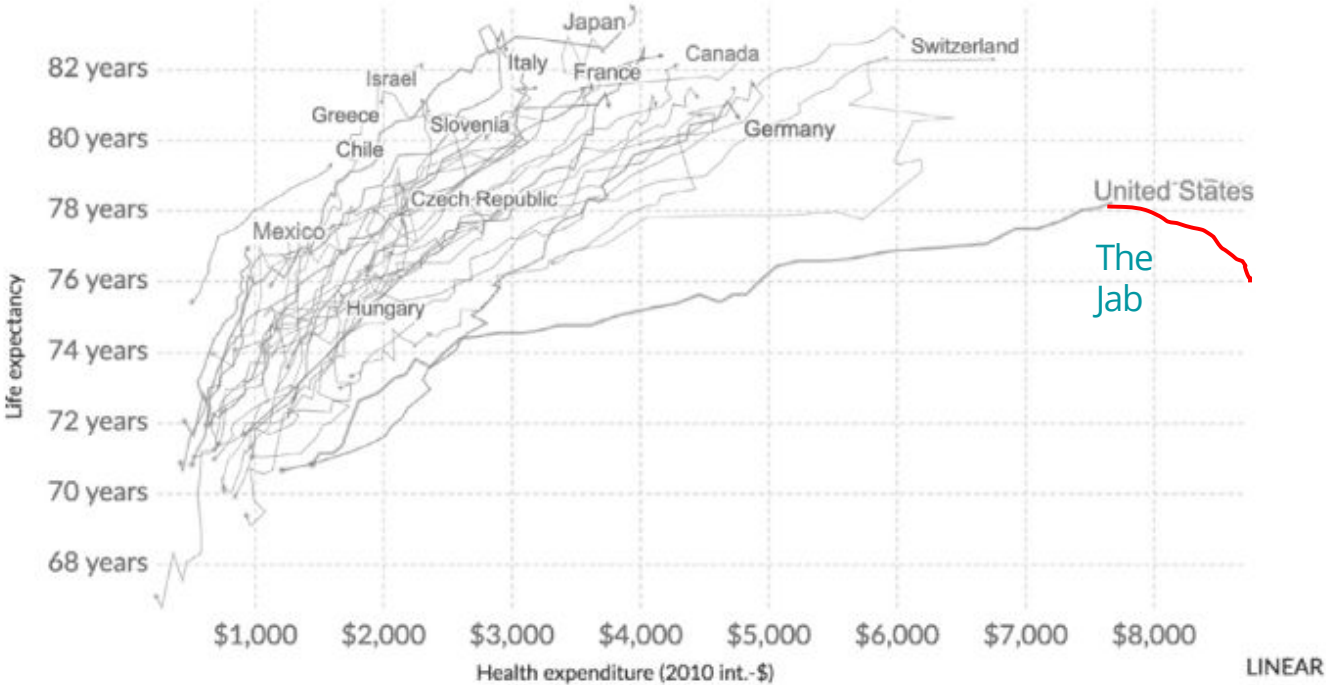
“Education is mainly
what we have
unlearned.”

- Mark Twain

ANNUAL PER CAPITA HEALTH CARE EXPENDITURE AND LIFE EXPECTANCY

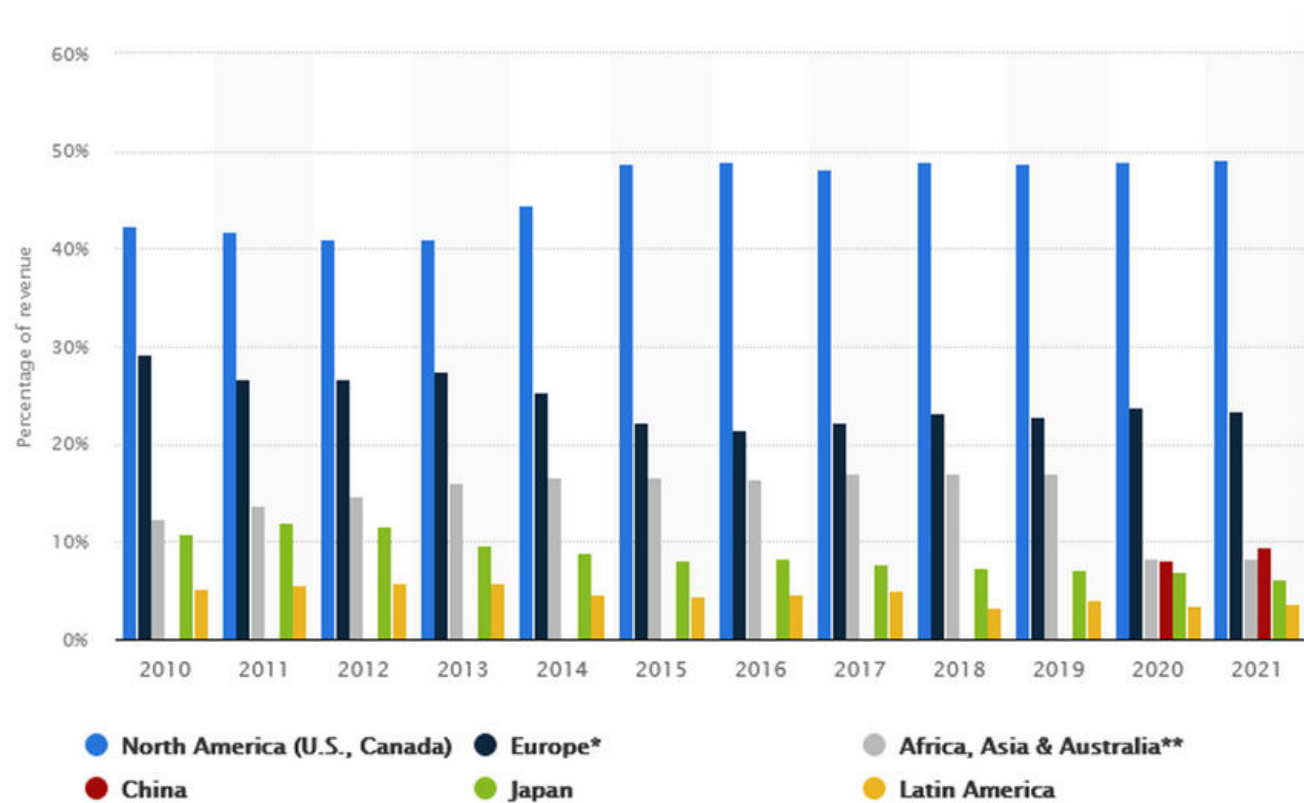
(1970-2015... 2021)

Health financing is reported as the annual per capita health expenditure and is adjusted for inflation and price level differences between countries (measured in 2010 international dollars).



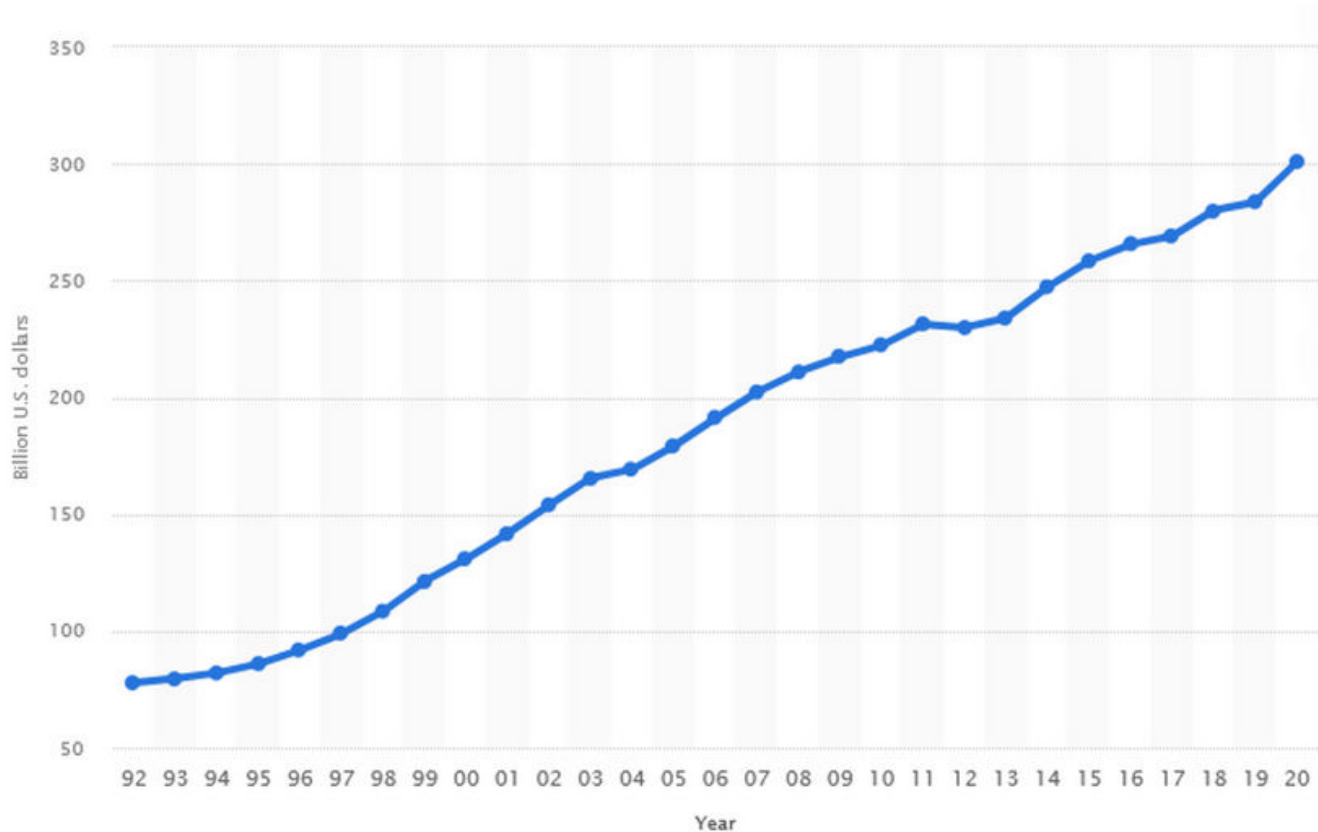
DISTRIBUTION OF GLOBAL PHARMACEUTICAL MARKET REVENUE

FROM 2010 TO 2021, BY REGION



PHARMACY AND DRUG STORE SALES IN THE U.S. FROM 1992 TO 2020

IN BILLION U.S. DOLLARS



MAJOR MEDICAL PRESCRIPTIONS

- Treat symptoms and not the disease
 - SSRIs are ineffective for treatment of depression, anxiety, obsessive-compulsive disorders, premenstrual anxiety, etc.
 - STATINS (in general) do not improve health care outcomes
 - Medications for Type 2 diabetes do not cure diabetes
 - Medications for hypertension do not cure hypertension
 - PPI don't cure reflux esophagitis
- All DRUGS have significant side effects
- Many elderly patients take in excess of 12 prescription medications



BMJ Open Adverse drug reactions, multimorbidity and polypharmacy: a prospective analysis of 1 month of medical admissions



Results There were 218 identified patient admissions with an ADR giving a prevalence of 18.4%. The majority of these (90.4%) were ADRs that directly resulted in or contributed to admission.

BMJ Open 2022;12:e055551

Selective Publication of Antidepressant Trials and Its Influence on Apparent Efficacy

Erick H. Turner, M.D., Annette M. Matthews, M.D., Eftihia Linardatos, B.S.,
Robert A. Tell, L.C.S.W., and Robert Rosenthal, Ph.D.

Among 74 FDA-registered studies, 31%, accounting for 3449 study participants, were not published. A total of 37 studies viewed by the FDA as having positive results were published; 1 study viewed as positive was not published. Studies viewed by the FDA as having negative results were, with 3 exceptions, either not published (22 studies) or published in a way that, in our opinion, conveyed a positive outcome (11 studies). According to the published literature, it appeared that 94% of the trials conducted were positive. By contrast, the FDA analysis showed that 51% were positive.

NEJM 1008;358:252

FLUOXETINE NOT APPROVED BY GERMAN MEDICINES COUNCIL

JANUARY 29, 1985

RE: FLUOXETINE REGISTRATION

WE INOFFICIALLY RECEIVED OUR CONFIRMATION THAT FLUOXETINE WAS DISCUSSED BY THE COMMISSION A AT THE BGA ON JANUARY 21ST. TWO MAJOR CONCERNS SEEM TO BE THE REASON THAT THE REGISTRATION WAS NOT ACCEPTED.

- EFFICACY QUESTIONED, THIS MAY BE DUE TO THE EXPERIENCES IN STUDY DESIGN AND CLASSIFICATIONS USED IN UNITED STATES VS. GERMANY.
- SUICIDAL RISK

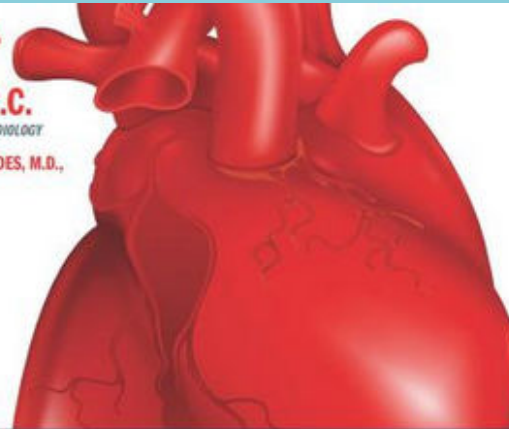
JONNY BOWDEN, PH.D., C.N.S.

BEST-SELLING AUTHOR OF *THE 150 HEALTHIEST FOODS ON EARTH*

STEPHEN SINATRA, M.D., F.A.C.C.

BEST-SELLING AUTHOR OF *THE SINATRA SOLUTION: METABOLIC CARDIOLOGY*

FOREWORD BY **MICHAEL R. EADES, M.D.**, AND **MARY DAN EADES, M.D.**,
CO-AUTHORS OF THE BESTSELLER *PROTEIN POWER*



THE

GREAT CHOLESTEROL

MYTH



WHY LOWERING YOUR CHOLESTEROL
WON'T PREVENT HEART DISEASE—
AND THE STATIN-FREE PLAN THAT WILL

Copyrighted Material

FLCCC
ALLIANCE

Statins and All-Cause Mortality in High-Risk Primary Prevention

*A Meta-analysis of 11 Randomized Controlled Trials
Involving 65 229 Participants*

Conclusion: This literature-based meta-analysis **did not find evidence for the benefit of statin therapy** on all-cause mortality in a high-risk primary prevention set-up.

Arch Intern Med 2010;17:1024

Cholesterol paradox: a correlate does not a surrogate make

Robert DuBroff

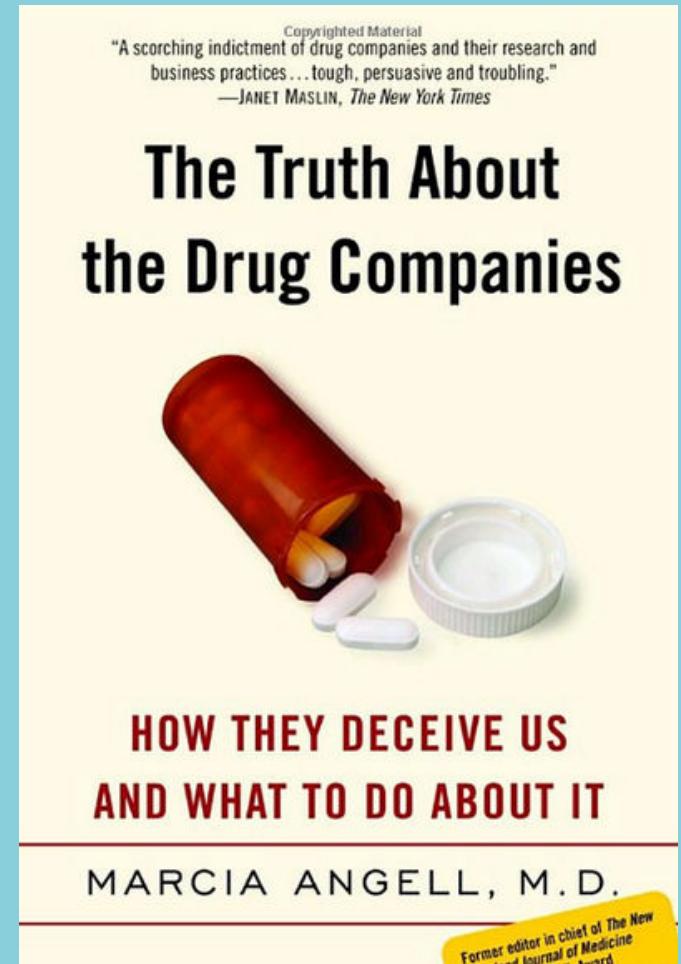
Table 1 Examples of cholesterol lowering randomised controlled trials that reported no mortality benefit

Study	Patient population size and characteristics	Intervention	Mean duration	Cholesterol reduction	CVD event reduction
A to Z	4497 ACS	Simvastatin 0–20 mg/day or simvastatin 40–80 mg/day	6–24 months	19% LDL	No (HR 0.89, 95% CI 0.76 to 1.04)
ACCELERATE	12 092 high risk	Evacetrapib 130 mg/day	30 months	37% LDL	No (HR 1.01, 95% CI 0.91–1.12)
AIM-HIGH	3414 CVD, low HDL, on simvastatin ezetimibe	Niacin ER 1.5–2.0 g/day	3 years	16% LDL	No (HR 1.02, 95% CI 0.87 to 1.21)
ALERT	2102 s/p renal transplantation	Fluvastatin 40 mg/day	5.1 years	32% LDL	No (RR 0.83, 95% CI 0.64 to 1.06)
ALLHAT-LLT	10 355 >55 years, HBP, moderate hypercholesterolaemia	Pravastatin 40 mg/day	4.8 years	28% LDL	No (RR 0.91, 95% CI 0.79 to 1.04)
ASCOT-LLA	10 305 HBP, low-average cholesterol	Atorvastatin 10 mg/day	3.3 years	29% LDL	Yes (HR 0.64, 95% CI 0.50 to 0.83)
ASPEN	2410 T2DM	Atorvastatin 10 mg/day	4 years	29% LDL	No (HR 0.9, 95% CI 0.73 to 1.12)
AURORA	2776 haemodialysis	Rosuvastatin 10 mg/day	3.8 years	43% LDL	No (HR 0.96, 95% CI 0.84 to 1.11)
CARDS	2838 T2DM	Atorvastatin 10 mg/day	3.9 years	40% LDL	Yes (RinR 37%, 95% CI 17% to 52%)
CARE	4149 s/p MI, average cholesterol	Pravastatin 40 mg/day	5 years	28% LDL	Yes (RinR 24%, 95% CI 9% to 36%)
CDP	8341 men s/p MI	Dextrothyroxine 6 mg/day	3 years	11% TC	No (excess mortality, premature trial termination)
CDP	8341 men s/p MI	Clofibrate 1.8 gm/day	5 years	6% TC	No (Z=1.99)
CDP	8341 men s/p MI	Niacin 3 gm/day	5 years	11% TC	No (Z=-1.49)
CDP	8341 men s/p MI	Oestrogen 2.5 mg/day	56 months	NR	No (excess DVT, PE and cancer, premature trial termination)
CDP	8341 men s/p MI	Oestrogen 5.0 mg/day	18 months	NR	No (excess non-fatal MI, premature trial termination)
CORONA	5011 >60 years, ischaemic systolic HF	Rosuvastatin 10 mg/day	33 months	45% LDL	No (HR 0.92, 95% CI 0.83 to 1.02)
ENHANCE	720 FH on simvastatin	Ezetimibe 10 mg/day	2 years	16% LDL	No (trend towards excess CVD events)
FIELD	9795 T2DM	Fenofibrate 200 mg/day	6 years	12% LDL	No (HR 0.89, 95% CI 0.75 to 1.05)
GISSI-HF	4574 Chronic HF (40% ischaemic)	Rosuvastatin 10 mg/day	3.9 years	27–32% LDL	No (HR 1.02, 99% CI 0.92 to 1.13)
GISSI-P	4271 Recent MI	Pravastatin 10–40 mg/day	2 years	15% LDL	No (HR 0.90, 95% CI 0.71 to 1.15)
HERS	2763 women with CVD, intact uterus	CEE 0.625 mg+MPA 2.5 mg/day	4.1 years	11% LDL	No (HR 0.99, 95% CI 0.80–1.11, excess morbidity, premature trial termination)
HOPE-3	12 705 HBP, intermediate risk	Rosuvastatin 10 mg/day	5.6 years	26% LDL	Yes (HR 0.76, 95% CI 0.64 to 0.91)
Howard 2006	48 835 postmenopausal women	Low-fat diet	8.1 years	7% LDL	No (HR 0.97, 95% CI 0.90 to 1.06)
HPS2-THRIVE	25 673 vascular disease on statins	Niacin ER 2 gm/d+lanopiprant 40 mg/day	3.9 years	16% LDL	No (RR 0.96, 95% CI 0.90 to 1.03)
IDEAL	8888 s/p MI	Atorvastatin 80 mg/day or simvastatin 20 mg/day	4.8 years	20% LDL	No (HR 0.89, 95% CI 0.78 to 1.01)
IMPROVE-IT	18 144 s/p ACS on simvastatin 40 mg/d	Ezetimibe 10 mg/day	6 years	24% LDL	Yes (HR 0.94, 95% CI 0.89 to 0.99)
JUPITER	17 800 LDL <130 mg/dL, hsCRP >2 mg/L	Rosuvastatin 20 mg/day	1.9 years	49% LDL	Yes (HR 0.56, 95% CI 0.46 to 0.69)
MEGA	7932 hypercholesterolaemia	Pravastatin 10–20 mg/day	5.3 years	15% LDL	Yes (HR 0.67, 95% CI 0.49 to 0.91)
Minnesota Coronary Experiment	9423 nursing home and mental hospital residents	PUFA or SFA diet	41–56 months	12.8% TC	No (excess mortality HR 1.22, 95% CI 1.14 to 1.32; excess CVD RR 1.9, 95% CI 1.01 to 3.72)
LIPS	1677 s/p first PCI	Fluvastatin 80 mg/day	3.9 years	27% LDL	Yes (HR 0.78, 95% CI 0.64 to 0.95)
LRC-CPPT	3806 men, hypercholesterolaemia	Cholestyramine	7.4 years	13% LDL	Yes (RinR 19% p<0.05)
Post-CABG	1351 s/p CABG	Lovastatin 2.5–40 mg + cholestyramine/day	4.3 years	24–25% LDL	No
PREVEND-IT	864 microalbuminuria	Pravastatin 40 mg/day	3.8 years	21% LDL	No (HR 0.87, 95% CI 0.49 to 1.57)
PROSPER	5804 elderly at risk of vascular disease	Pravastatin 40 mg/day	3.2 years	34% LDL	Yes (HR 0.85, 95% CI 0.74 to 0.97)
PROVE-IT	4162 ACS, TC <240 mg/dL	Pravastatin 40 mg/day or atorvastatin 80 mg/day	24 months	35% LDL	Yes (RinR 16%, 95% CI 5% to 26%)
SEAS	1873 mild-moderate aortic stenosis	Simvastatin 40 mg+ezetimibe 10 mg/day	4.4 years	50% LDL	No (HR 0.96, 95% CI 0.83 to 1.12)
SHARP	9270 CKD	Simvastatin 20 mg/day+ezetimibe 10 mg/day	4.9 years	31% LDL	Yes (RR 0.83, 95% CI 0.74 to 0.94)

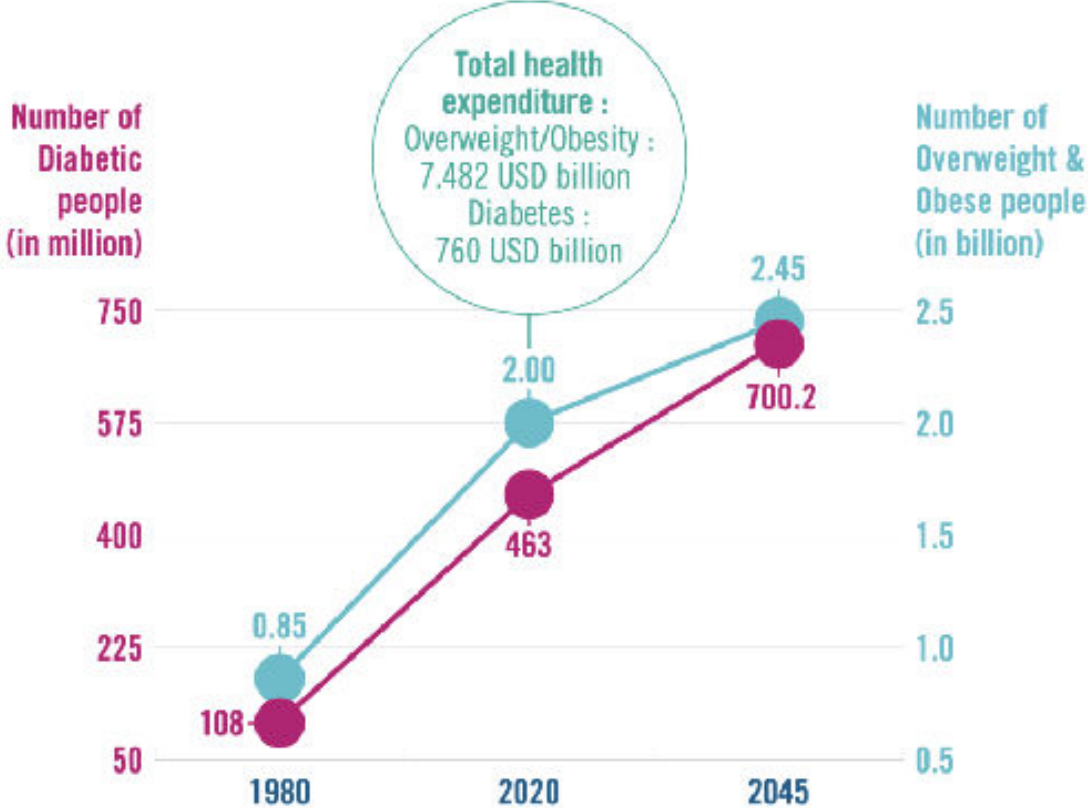
Continued

“It is **simply no longer possible to believe** much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of *The New England Journal of Medicine*.”

- *Dr. Marcia Angell*



WORLDWIDE PREVALENCE OF DMT2 AND OBESITY



TWO BIG *LIES!* ABOUT TYPE 2 DIABETES

- Jason Fung, MD

- Type two diabetes is a chronic progressive disease that can't be cured
- Lowering glucose (with medications) is the primary goal

Americans spend

10%



OF THEIR DISPOSABLE INCOME ON
fast food.

Processed foods MAKE UP CLOSE TO

70%



OF THE
U.S. diet.

THE AVERAGE

American CONSUMES

130 lbs



MORE THAN



1/3

OF
U.S.
ADULTS
ARE
obese.

In the early 2000s,

60%

OF ALL
MIDDLE
SCHOOLS
AND HIGH
SCHOOLS



sold soft drinks in vending machines.



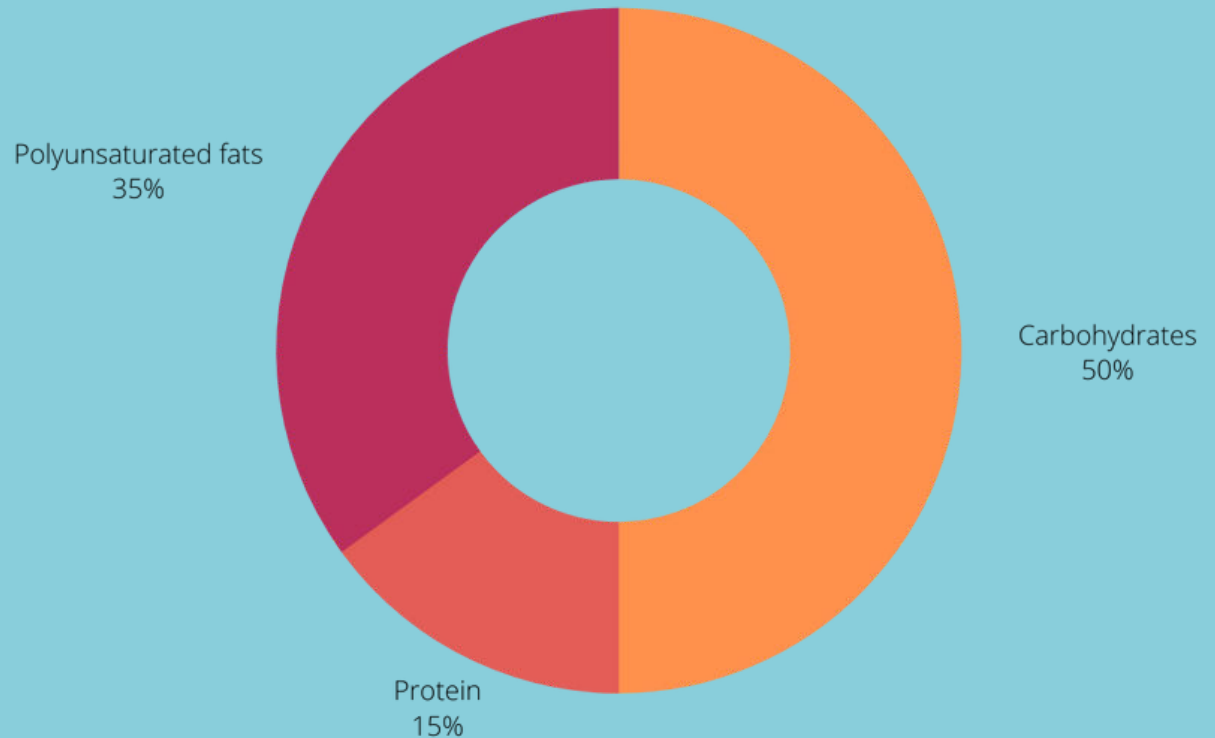
Intense Sweetness Surpasses Cocaine Reward

Magalie Lenoir¹, Fuschia Serre², Lauriane Cantin, Serge H. Ahmed*



TOP 10 AMERICAN FOODS

1. Hamburger
2. Hot dog
3. French Fries
4. Oreo cookies
5. Pizza
6. Soft drinks/soda
7. Chicken tenders
8. Ice Cream
9. Doughnuts
10. Potato chips



MAJOR TOXINS WE'RE EXPOSED TO

Morbidity and deaths from sugar far exceed those from cigarettes



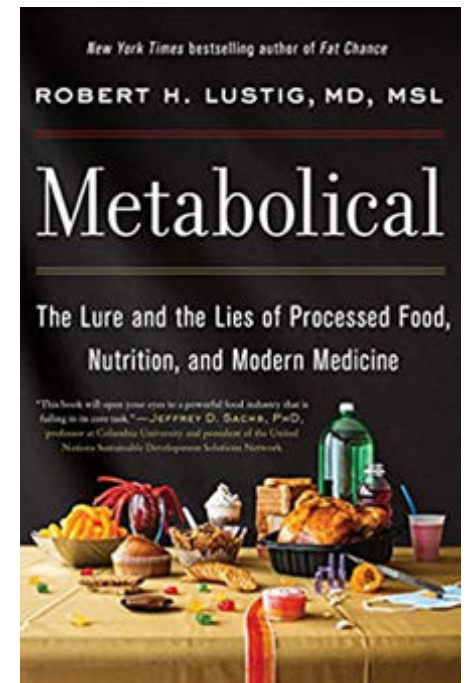
Processed Food



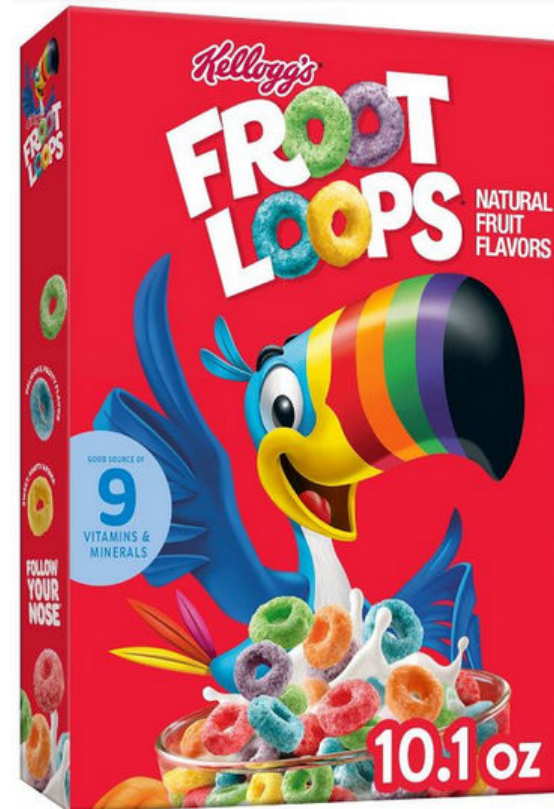
Sugar



High Fructose Corn Syrup

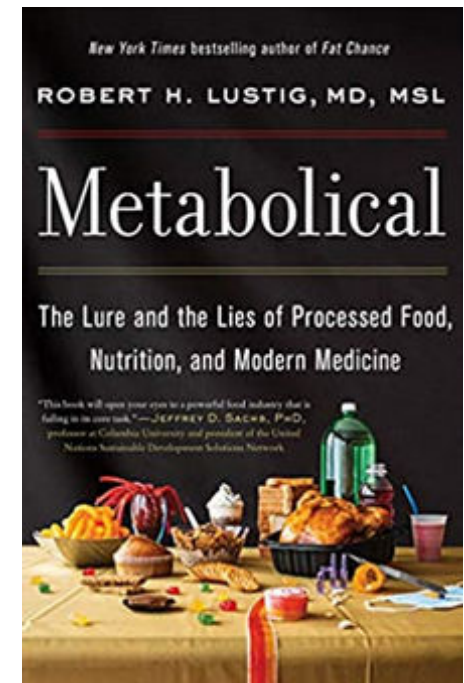


REAL FOOD VS “PROCESSED FOOD”



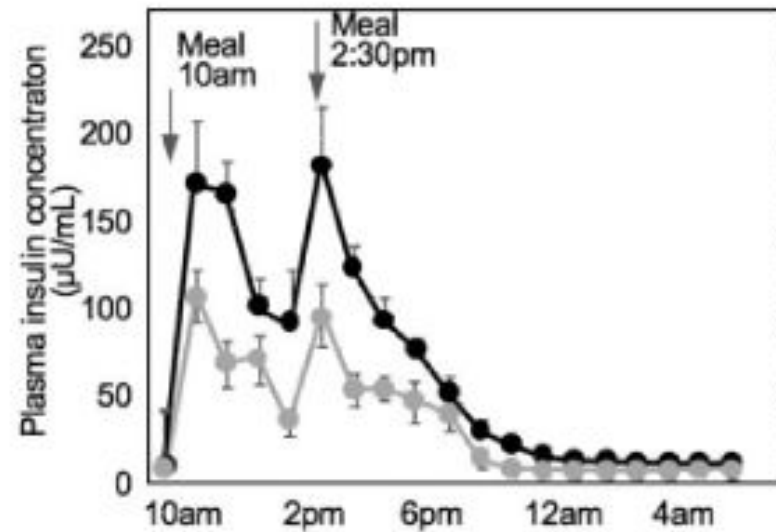
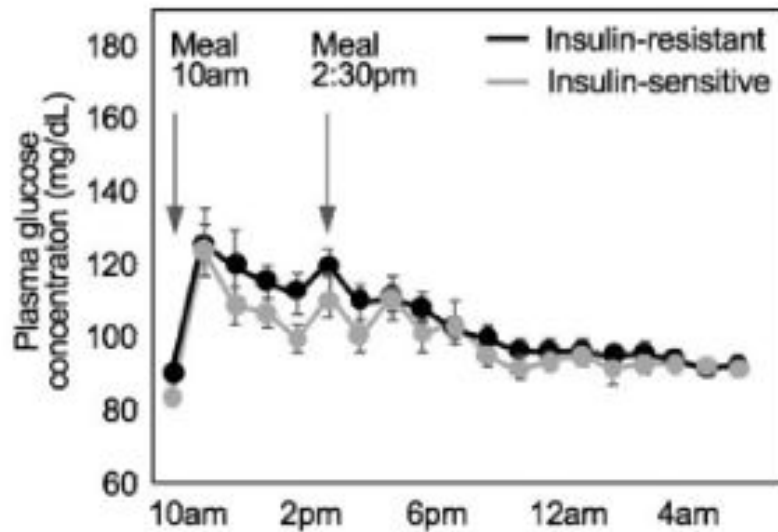
TOXICITY OF PROCESSED FOODS

- Sugar as fructose
 - Fatty liver and insulin resistance
 - Damages mitochondria
 - Proinflammatory
- Excess omega-6 fatty acids (seed oils)
 - Proinflammatory, oxidant injury
- Lack of omega-3 fatty acids
 - Anti-inflammatory
- Lack of fiber



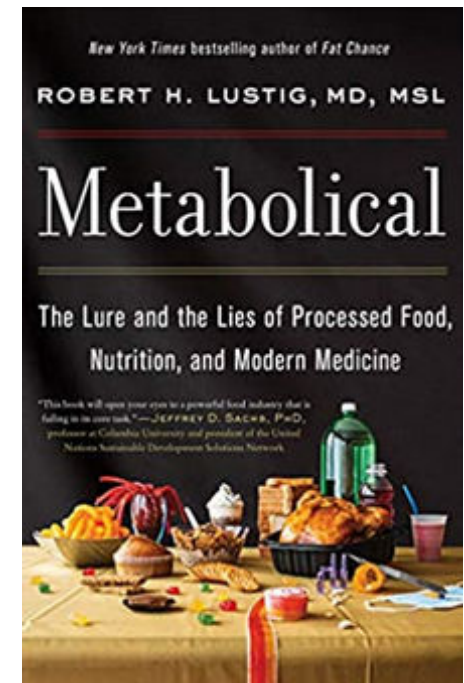
INSULIN RESISTANCE- Non-alcoholic fatty liver disease (NAFLD)

- The cause of:
- Prediabetes/Type II diabetes
 - Accelerated atherosclerosis (Coronary artery disease)
 - NOT Cholesterol
 - Cancer
 - Dementia

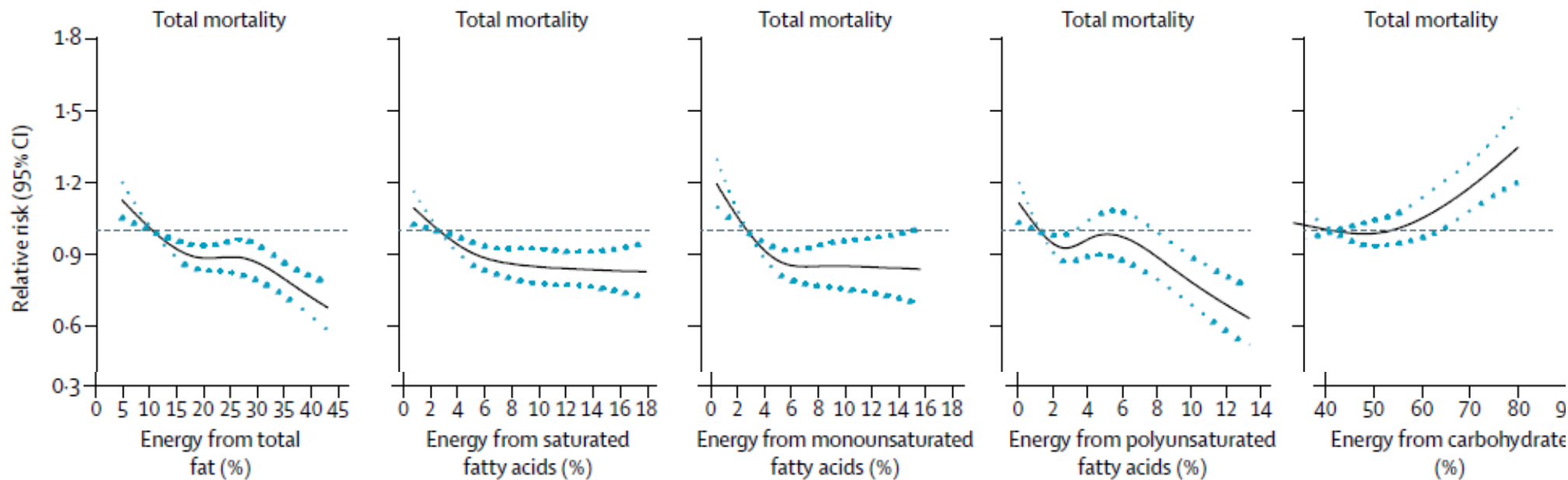


TWO SIMPLE CONCEPTS (SIX WORDS)

- Protect the liver
- Feed the gut



Associations of fats and carbohydrate intake with cardiovascular disease and mortality in 18 countries from five continents (PURE): a prospective cohort study



Lancet 2017;290:2050

THE “LOW-FAT” FRAUD



Lowfat Vanilla Yogurt

Nutrition Facts

Serving Size (150g)
Servings Per Container 1

Amount Per Serving

Calories 130 Calories from Fat 20

% Daily Value*


Total Fat 2g	3%
Saturated Fat 1.5g	8%
Trans Fat 0g	
Cholesterol 10mg	3%
Sodium 90mg	4%
Total Carbohydrate 22g	7%
Dietary Fiber 0g	0%
Sugars 22g	
Protein 7g	14%

*Percent Daily Values are based on a 2,000 calorie diet.

HIGH-CARB, LOW-FAT DIET



Use of dietary linoleic acid for secondary prevention of coronary heart disease and death: evaluation of recovered data from the Sydney Diet Heart Study and updated meta-analysis

 OPEN ACCESS

Objective To evaluate the effectiveness of replacing dietary saturated fat with omega 6 linoleic acid, for the secondary prevention of coronary heart disease and death.

Design Evaluation of recovered data from the Sydney Diet Heart Study, a single blinded, parallel group, randomized controlled trial conducted in 1966-73.

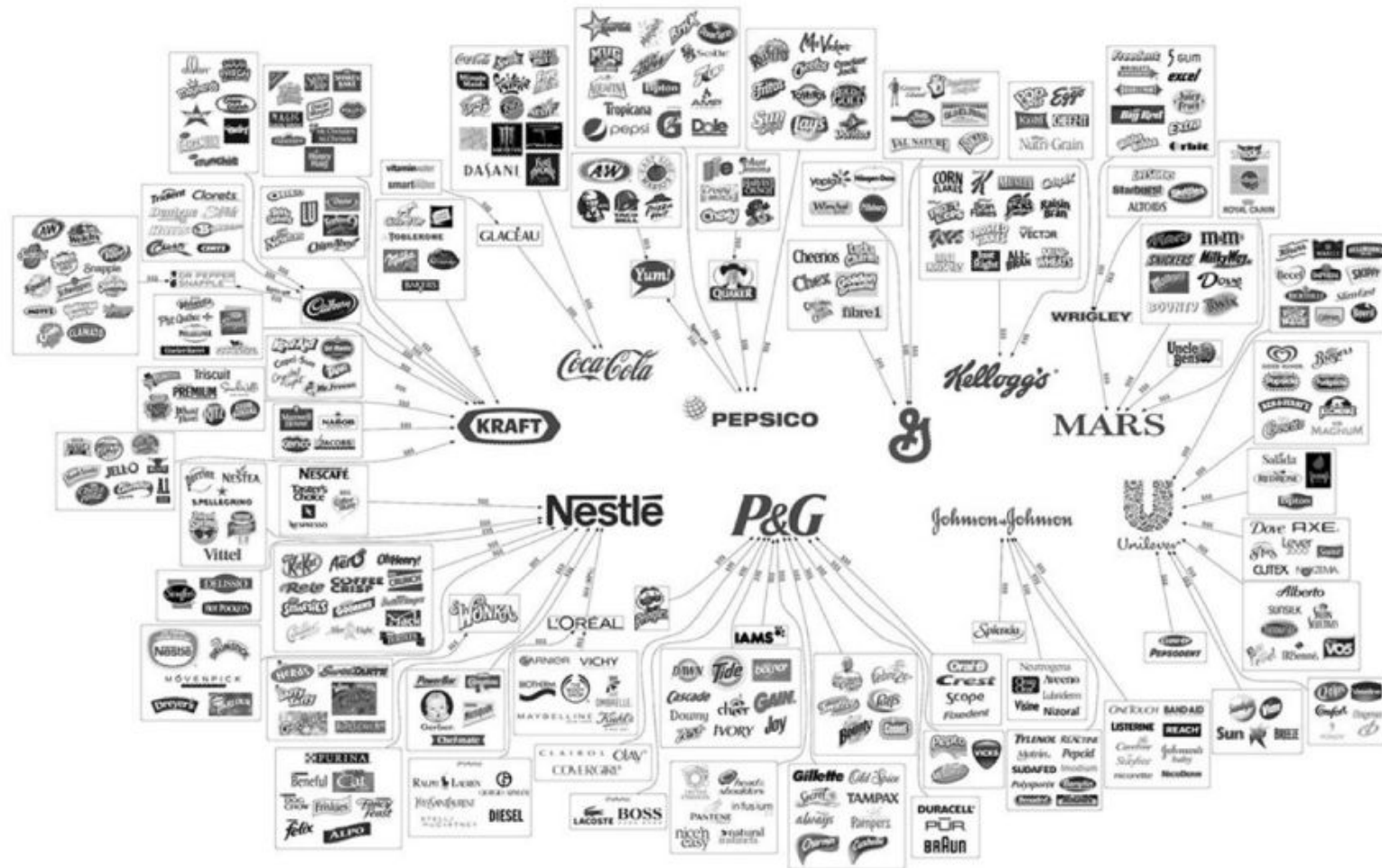
Results The intervention group (n=221) had higher rates of death than controls (n=237) (all cause 17.6% v 11.8%, P=0.05 and cardiovascular disease 17.2% v 11.0%, 1.70 (1.03 to 2.80)

BMJ 2013;346:e8707

Women's Health Initiative Study and Minnesota Coronary Artery Study replicated these findings

FLCCC
ALLIANCE

FRAUD/CORRUPTION BY “BIG FOOD”



Nutrition Revolution—The End of the High Carbohydrates Era for Diabetes Prevention and Management

Osama Hamdy, MD, PhD

Medical Director, Obesity Clinical Program, Joslin Diabetes Center; Assistant Professor of Medicine, Harvard Medical School, Boston, US

“It is clear **we made a major mistake in recommending the increase of carbohydrate load** of > 40% to total caloric intake. This era should come to an end if we seriously want to reduce obesity and the diabetes epidemic. Unfortunately, many physicians and dieticians around the nation are still recommending **high carbohydrate intake for patients with diabetes, a recommendation that will harm patients.**”

US Endocrinology 2014;10:103

“THE LOWER LIMIT OF DIETARY CARBOHYDRATE COMPATIBLE WITH LIFE IS **APPARENTLY ZERO**, PROVIDED THAT ADEQUATE AMOUNTS OF PROTEIN AND FAT ARE CONSUMED”

- U.S. National Academy of Medicine

Effects of Low-Carbohydrate and Low-Fat Diets:

A Randomized Trial

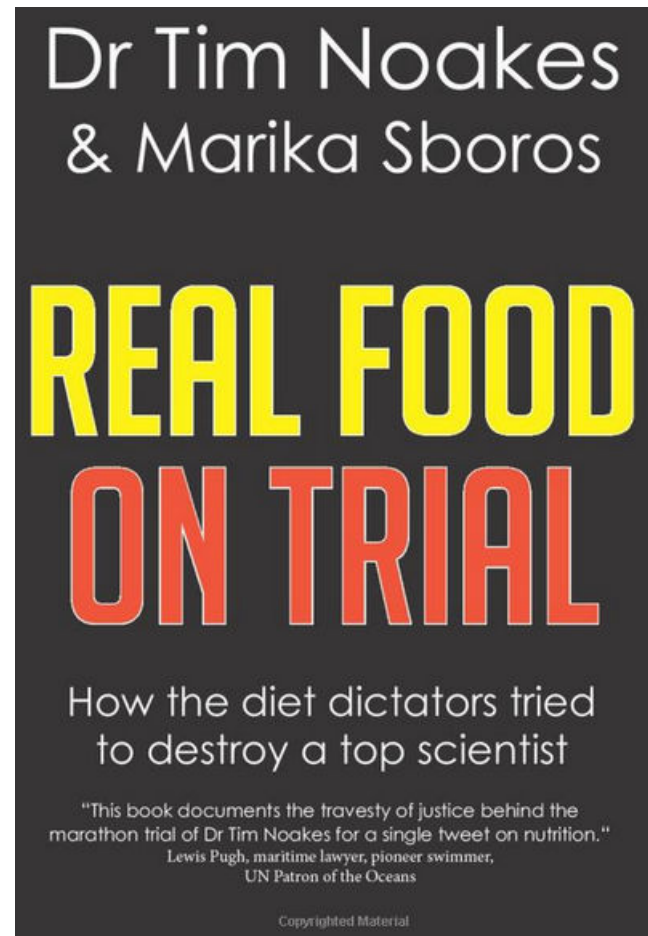
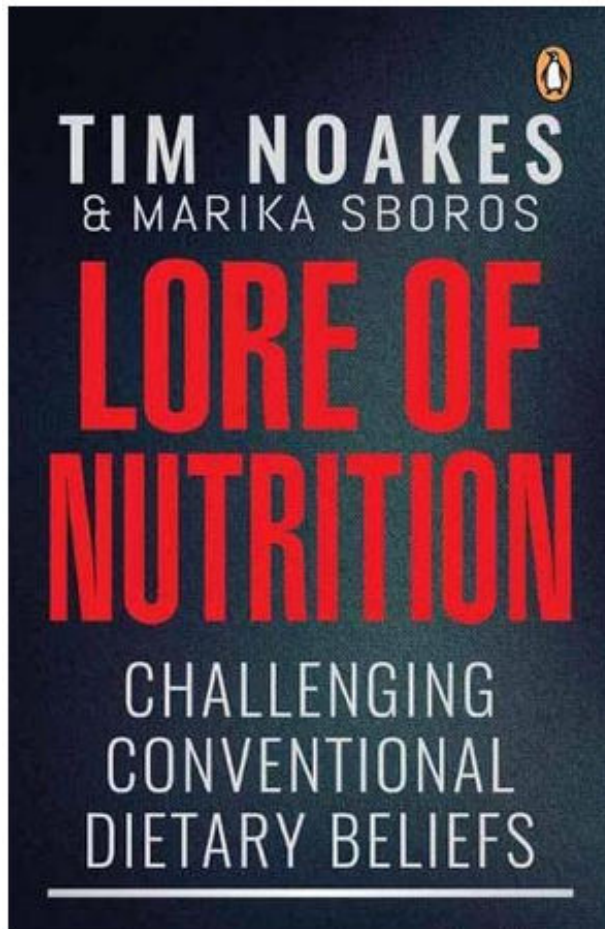
Conclusion

The low-carbohydrate diet was more effective for weight loss and cardiovascular risk factor reduction than the low-fat diet. **Restricting carbohydrate may be an option for persons seeking to lose weight and reduce cardiovascular risk factors.**



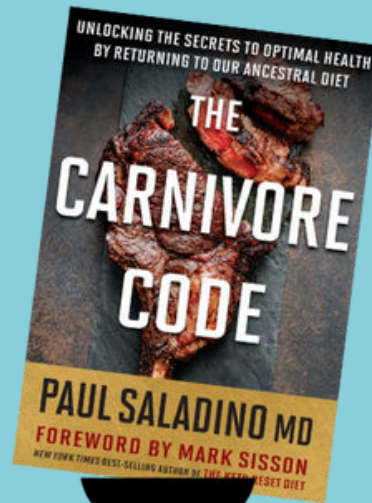
Ann Intern Med 2014;161:309

HEALTH BENEFITS OF A LCHF DIET



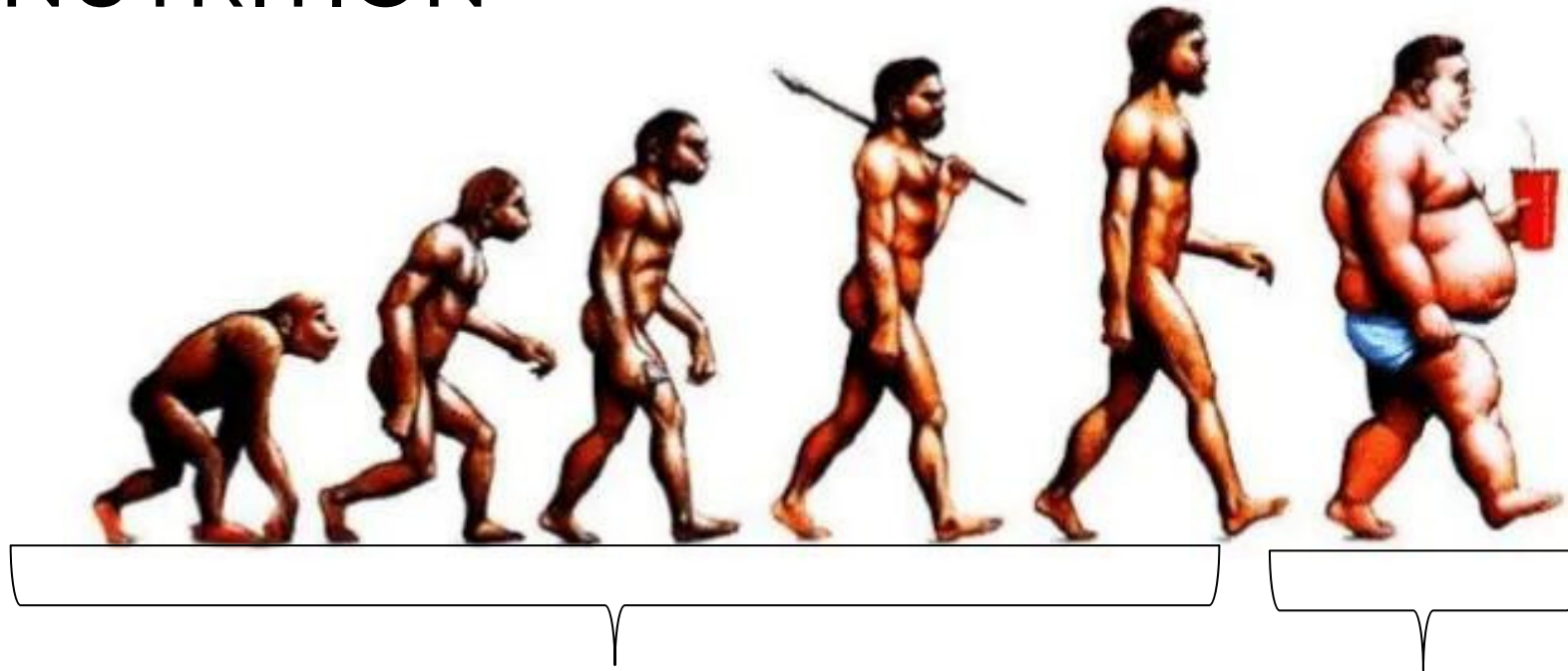
PLANT-BASED VS. CARNIVORE DIET??

The truth is somewhere in the middle!



"Everything in moderation, including moderation."
- Oscar Wilde

HUMAN EVOLUTION PROVIDES THE BEST EPIDEMIOLOGICAL STUDIES ON NUTRITION



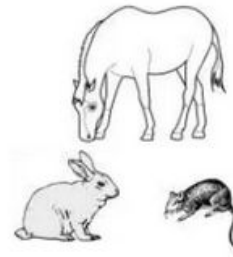
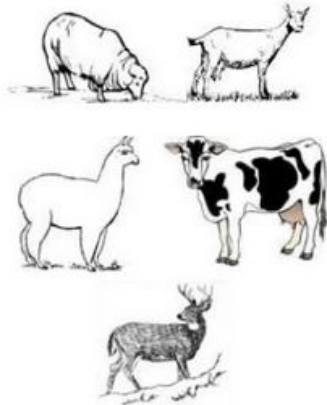
Hunters
and gatherers

Processed food
consumers

FORE-GUT & HIND-GUT FERMENTERS (PLANT-BASED) VS MONOGASTRIC (MEAT BASED) MAMMALS

RUMINANT

- Multi-compartment stomach.

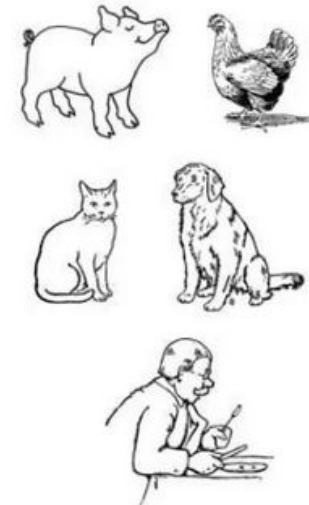


HIND GUT FERMENTOR

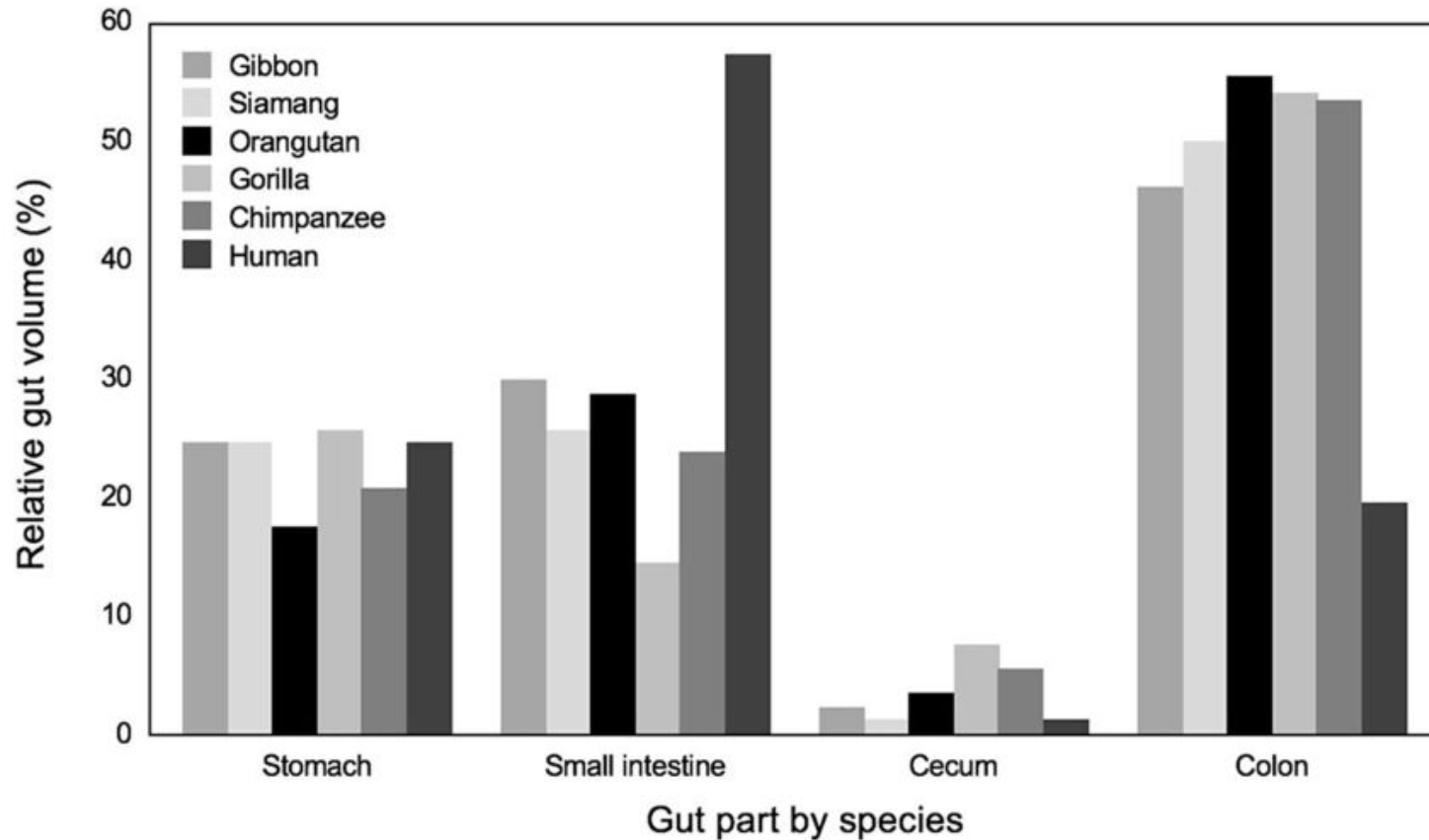
- Simple stomach, but very large and complex large intestine.

MONOGASTRIC

- Simple stomach



RELATIVE VOLUMES OF STOMACH, SMALL INTESTINE, CAECUM AND COLON IN 5 SPECIES OF PRIMATES COMPARED TO HUMANS



TOP 10 WORST THINGS TO EAT

1. Donuts
2. Bagels, bread, pretzels, tortillas
3. Cookies, muffins, baked products
4. Chips and french fries
5. Cereal
6. Rice and pasta
7. Potatoes
8. Canned fruits/fruit juices
9. Low-fat yogurt (sweetened)
10. Bananas



AVOID SEED OILS HIGH IN LINOLEIC ACID (OMEGA-6 PUFA)

Seed oils

- Soybean oil
- Corn oil
- Cottonseed oil
- Sunflower oil
- Sesame oil
- Grapeseed oil
- Safflower oil
- Rice bran oil
- Margarine

Non-seed oils/ALA seed oil

- Olive oil: oleic acid - MUFA omega-9
- Avocado oil: oleic acid MUFA – omega-9
- Coconut oil: Medium chain fatty acid (MCFA)
- Flaxseed oil: alpha-linolenic acid/ALA omega-3
- Rapeseed/Canola oil (MUFA and ALA)
- Butter - saturated fat

TOP 10 BEST THINGS TO EAT

1. Fish – esp. Alaskan salmon
2. All vegetables (including avocado, beans, broccoli, spinach, etc.)
3. Chicken breast (free range, no hormones, no antibiotics)
4. Nuts – (almonds, brazil nuts, cashew, pistachio)
5. Peanut butter, chia seeds
6. Greek yogurt + pre-probiotics (not sweetened)
7. Meat (grass fed, no hormones) – avoid processed meats
8. Blueberries (limit volume)
9. Grapefruit (limit volume)
10. Coffee (with heavy cream or coconut oil; Stevia - no sugar or artificial sweeteners)

CHIA SEEDS*

* The nutrients in 3.5 ounces (100 grams) of chia seeds

- **Protein:** 16.5 grams
- **Carbs:** 42.1 grams (83% Fiber)
- **Sugar:** 0 grams
- **Fiber:** 34.4 grams (soluble and insoluble)
- **Fat:** 30.7 grams
 - **Saturated:** 3.33 grams
 - **Monounsaturated:** 2.31 grams
 - **Polyunsaturated:** 23.67 grams
 - **Omega-3:** 17.83 grams (alpha-linolenic acid - ALA)
 - **Omega-6:** 5.84 grams
 - **Trans:** 0.14 grams



EXCELLENT
SOURCE
OF
FIBER

3g

**NET
CARBS**

PER SLICE



Nutrition Facts

20.0 servings per container

Serving size

Amount per serving

Calories **60**

% Daily value*

Total Fat 2g **3%**

Saturated Fat 0g **0%**

Trans Fat 0g

Polyunsaturated Fat 1g

Monounsaturated Fat 0.5g

Cholesterol 0mg **0%**

Sodium 150mg **7%**

Total Carbohydrate 11g **4%**

Dietary Fiber 8g **29%**

Sugar 0g

Protein 4g

Calcium 25mg **2%**

Iron 0.4mg **2%**

Potassium 35mg

Vitamin D 0 International Unit **0%**

*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

FLCCC
ALLIANCE



FOOD AS MEDICINE EVERYDAY

Reclaim Your Health
With Whole Foods

the

Copyrighted Material
COMPLETE

GUIDE

to

FASTING

Heal Your Body Through
Intermittent, Alternate-Day, and Extended Fasting



Jason Fung, MD

with Jimmy Moore
Copyrighted Material

BENEFITS OF INTERMITTENT FASTING

Autophagy

Burn Fat & Lose Weight

Research shows that weekly fasting can trigger weight loss up to 8 percent and waist shrinkage of up to 7%, meaning that fasting is especially useful for losing belly fat.

Reduces Inflammation

Chronic inflammation is a trigger for dozens of lifestyle diseases like strokes and heart problems, but intermittent fasting seems to keep inflammation in check by triggering your cells to break it down before it begins to build up.

Balances Insulin Levels

Balances Blood Sugar

Improves Sleep

Enhances The Immune System

Increases HGH

(HGH) is a hormone made in the pituitary gland that leads to low levels of body fat and lean muscle mass. Initial research shows that fasting on a regular basis can boost the amounts your body makes, leading to improvements in your physique.

Reduces Risk of Chronic Disease

Scientific evidence shows that cutting your daily caloric intake by a third can extend your lifespan by over a decade, and intermittent fasting is an easy way to start cutting calories.

Anti-Aging



MY STORY: TYPE II DIABETES & HTN FOR OVER 25 YEARS

Drugs prescribed by my internist

- Metformin 1000 mg BID
- Jardiance 20 mg daily
- Altace 10 mg daily
- Amlodipine 10 mg daily
- Lipitor 40 mg daily
- Zoloft 50 mg daily

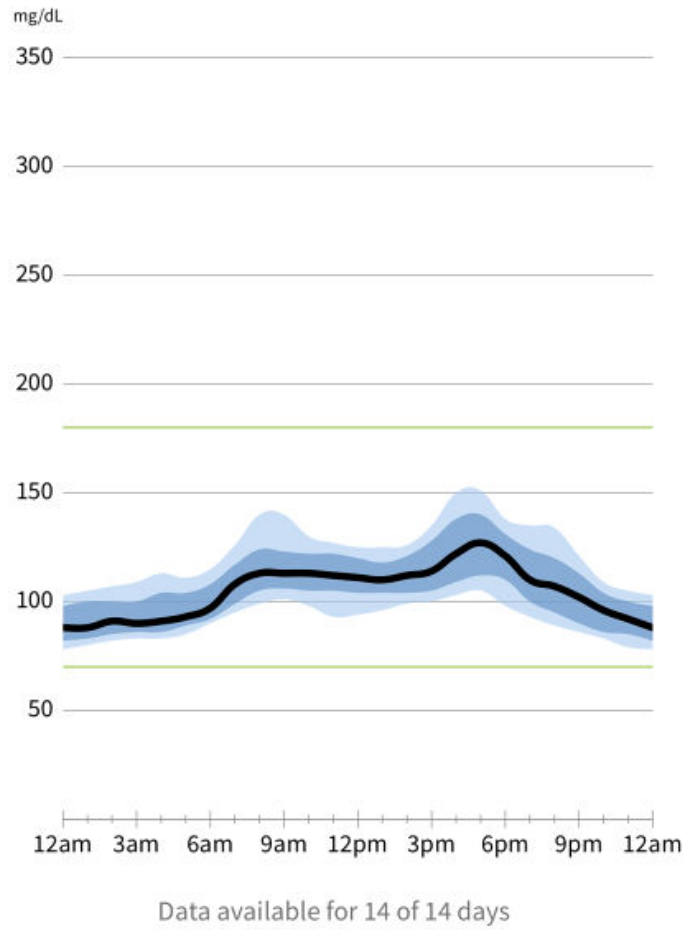
4 weeks after intermittent fasting and real food

- Metformin 500 mg OD
- Omega-3 fatty acids
- Resveratrol
- Spermidine
- Melatonin SR (night)
- Vitamin D3 5000 IU

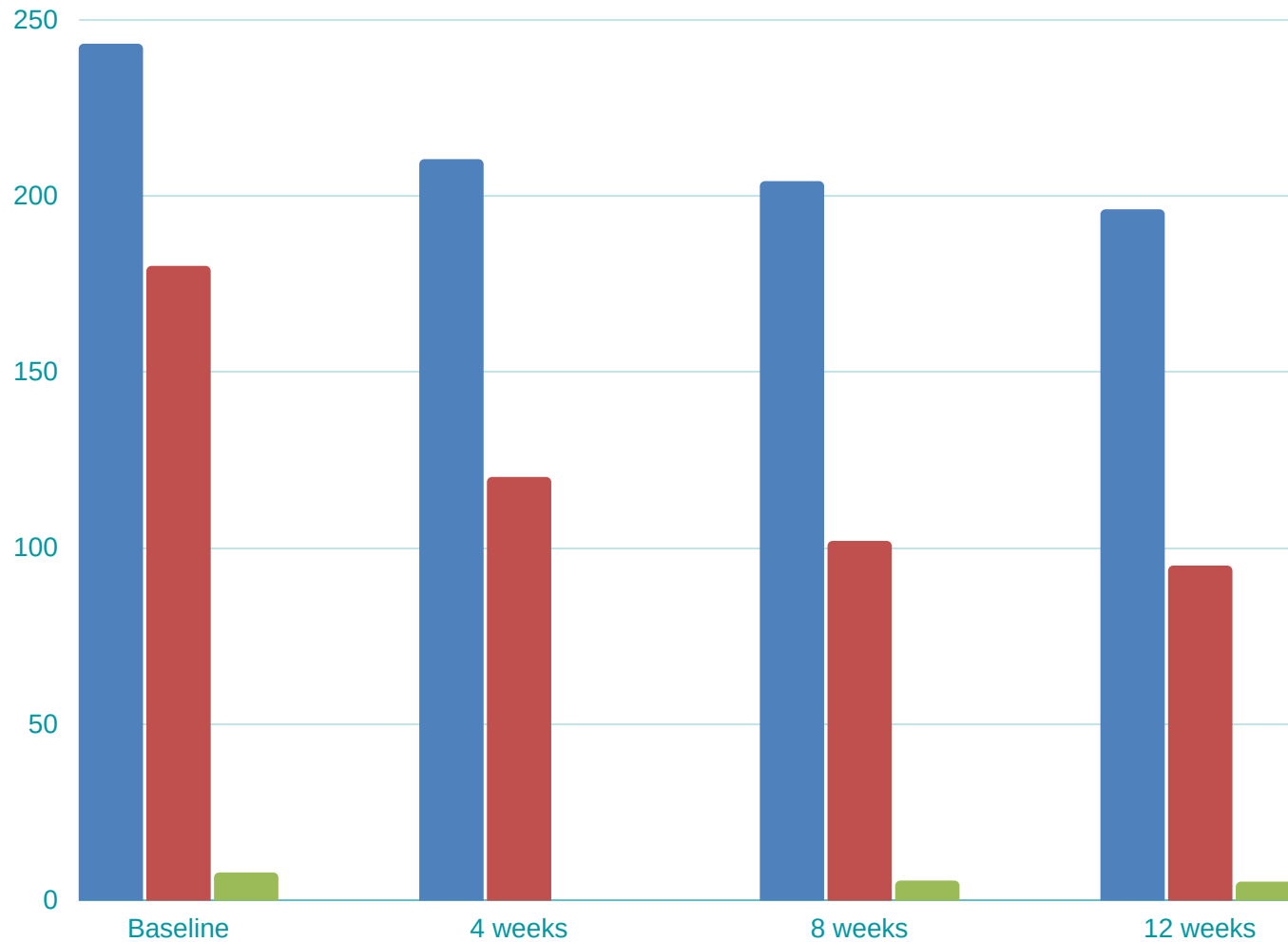
MY MEALS



CONTINUOUS GLUCOSE MONITORING



MY LABS AND WEIGHT





**KNOWLEDGE
IS POWER**

FLCCC
ALLIANCE

A 3D rendered white character with a large spherical head and simple body, holding a black marker in its right hand. The character is standing on a dark surface, casting a soft shadow. The words "Thank you" are written in a black, cursive script to the left of the character's hand.

Thank you

FLCCC
ALLIANCE