

Western Medicine Fails Tim Russert

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The shocking death of Tim Russert last Friday has left an entire nation wondering what happened. He was a model patient, doing everything his doctors asked. All major media have run articles trying to explain the nuances and difficulties in treating coronary artery disease. These articles find little fault in [Russert's care](#), trying to create the idea that his heart attack was just too hard to predict and that all that could have been done for him was done. I beg to differ. His death represents the failure of standard medical care to produce a positive result – an occurrence that is all too common in today's world.

Talk show hosts lament the death of Russert as the death of an icon and one of the last men of news not suffering from flagrant political bias. His piercing, accurate, and fair questions often got to the source of many issues and exposed the truth for what it was. Now that he is gone who is left to ask the questions – even about his death?

Russert's doctor, Michael Newman, has not disclosed his medication list or any specific changes in medication doses in the past year. Why? What is he trying to hide? Russert's death is a matter of tremendous public interest, partly because the man was admired by so many and partly because there are millions of men out there wondering if they are the next Tim Russert. There is no excuse for anything but full disclosure of his health issues so that a proper public dialogue can take place that may help many others.

A Glaring Omission of the Facts

The most glaring omitted information from Russert's doctor is telling us what diabetes medication he was taking. I am willing to bet that he was taking Avandia, the drug the FDA should have pulled off the market because it causes a whopping 43% increased risk of a [sudden heart attack](#), information the FDA actively sought to [sequester during that drug's approval process](#). Why do I think that? Because in the scant health data his doctor is giving out he has stated that Russert had high triglycerides and low HDL cholesterol – the exact metabolic profile that Avandia is supposed to treat. When a treatment has death as a common side effect it can hardly be considered a treatment.

Could it be that Russert is a casualty of one of the great Big Pharma/FDA scams currently going on? How ironic, since all news programs are sponsored by this industry's ads and the media fought tooth and claw in the past year to ensure that [dangerous drug ads](#) could continue to run non-stop during all news programs – exposing millions of Americans to drug-induced injury (while they got their billions in ad revenues). I am stunned that no reporter interviewing his doctor seems to be able to ask such an obvious question.

Russert's Doctor Failed Him

Russert was significantly obese and had been for many years. Any doctor that couldn't guess his coronary arteries were full of plaque is not very bright. Once a man's waistline passes 40 inches

you can rest assured plaque is forming in his arteries – you don't need a test. The longer you are in this condition the worse the plaque buildup is going to be. This is not rocket science. His autopsy showed a number of significantly clogged arteries which seemed to surprise his doctor and other "experts." Apparently they forgot to take Plaque 101 in medical school.

By the time Russert's weight problem had progressed to the point of diabetes a major intervention should have been done. He should have been read the riot act. He should have been told that his higher blood sugar would now be caramelizing (cementing) his arteries and vital organs, like spilling sugary syrup on the counter and letting it turn hard – and that sooner or later something would certainly break.

He should have been told that his excessive abdominal fat clearly predicts that his liver and kidneys look more like a piece of bacon than lean beef. He should have been told that his low HDL cholesterol was due to free radical damage, meaning his lipids were being oxidized in his blood from some form of toxin or stress (such as oxidized adrenaline). He should have been told that this same problem will "cook" the fat that is marbleizing his liver and eventually make it look like a piece of overcooked meat.

He should have been told that his fat stomach was now his worst enemy, cranking out more inflammatory signals on a daily basis than any other stress he was under. He should have been told that the outsides of his arteries were also getting fat, and this excess fat was recruiting macrophages to the outer lining of his arteries that were in turn forming abnormal inflammatory gangs along his arteries that were going to drastically alter the function of his arteries.

His doctor should have scared the hell out of him because behavior changes in men seldom take place unless there is adequate pain. And then he should have given him the facts of the simple solution "Tim, all you have to do is get in a healthy pattern where you lose 20% of your weight, at which point your risk factor for a heart attack drops to close to zero. Then, if you keep losing 1-2 pounds a month you will maintain this very low risk pattern while you are getting back in shape. In fact, by losing the weight you can go a long way towards reversing all of these problems."

He should have been told that his real risk for a heart attack was based on his overall inflammation burden (wear and tear), and that if he managed this trend well he would have much less risk of any problem. He needed to start by managing his weight, because that was a major source of inflammation. He needed to make sure he got enough sleep at night to recover from wear and tear. And he really needed to watch his work load as pushing himself into the ground was no longer a safe option.

Of course I do not know what conversations took place between Russert and his doctor, but considering that his doctor is also overweight it probably wasn't anything like the above and it certainly wasn't effective. What Russert's doctor did was what virtually all doctors do in this country; they pull out the Big Pharma tool box and begin aggressively treating numbers on paper instead of the patient in front of them.

Sure we can say that Russert's problems were self inflicted. But why then do we need doctors? Don't doctors have an obligation to do everything in their power to help a person get well? Or are doctor's nothing more than part of the Big Pharma drug cartel?

The Cardiovascular Drug Quagmire

Drugs buy you time if you are lucky. The problem with cardiovascular drugs that make numbers look better on paper is that they make your health worse the longer you use them – and your Big Pharma-trained doctors expect you to use them forever. It was quite clear back in February of this year, when the [ACCORD trial](#) turned in dismal results, that the greater the number of cardiovascular drugs given to a diabetic to manage his condition the more likely he was to die.

Russert's doctor said he was taking a statin even though his cholesterol wasn't high. Yes, this is now standard medical care. Anyone at risk gets their cholesterol system placed in a statin straightjacket. This is one of the dumbest things you would ever want to do, since cholesterol synthesis is the foundation of survival in your body. The American Heart Association actively promotes this fraud at considerable profit for its bedfellows with consequent death for many Americans.

Tim Russert is a great example proving that statins are useless – and likely dangerous. Statins are now proven to activate a gene called [atrogen-1](#), a gene that is abnormal to activate and directly damages muscle. This reduces the effectiveness of muscles to perform exercise, reducing Russert's chance of losing weight. The heart is also a muscle, meaning that statins can induce direct heart damage via atrogen-1 activation. Statins also reduce the production of coenzyme Q10, leading to cardiac malfunction.

Russert's autopsy showed his heart was enlarged, meaning it was structurally abnormal and headed in the direction of failure. This finding surprised his doctor, apparently meaning that this change in his heart was recent. Was this simply a progression of his condition or was this caused by statins? Nobody really knows, but rest assured his doctor and the general statin-prescribing community will blame his underlying health when in fact the accelerated deterioration of the heart often happens after starting statin therapy or when statin doses are raised. This is why the public needs to know what kind of statin Russert was on, what was the dose, and had it been raised in the past year. The simple fact of the case is that Russert's heart was not working well prior to the arterial clot that caused his fatal heart attack – and this means that he had less of a chance of surviving the heart attack. There is a high likelihood this handicap in heart function was the result of the statin he was taking.

There is also the plain observation that Russert did not have high cholesterol in the first place, yet his autopsy showed that he had a number of coronary arteries full of plaque. What does that say for the cholesterol theory of heart disease? It means that cholesterol numbers on paper are a near useless marker of actual health. It means that taking statins didn't make any difference to Russert at all, except in a likely adverse way. And it means that nothing effective was actually done to help him. In other words, the theory of statins and trying to lower cholesterol to abnormally low levels to prevent a heart attack, as clearly exposed by the massive [Vytorin drug fraud](#), is a [20-billion-dollar a year racket](#). It is propped up by groups like the American Heart Association who will do almost anything to maintain their grip on public health, power, and money – regardless of the hundreds of thousands of Americans who die each year while receiving such treatment.

Russert was being treated for coronary artery disease, which involves the use of blood pressure medications such as beta blockers and calcium channel blockers. These medications put Russert's heart in a medical wheelchair. Maybe one day doctors will learn there is a huge

difference between having good blood pressure because you are healthy and having good blood pressure numbers because you are taking medication.

Blood pressure medication restricts cardiovascular function, which means by definition that circulatory pressure and thus circulation to small blood vessels and numerous end points of circulation throughout your body is reduced. This means that nutrients and oxygen do not reach many cells and organs appropriately; creating acid pH and inflammation as an undesirable side effect. This causes many people taking these medications to become fatigued and gain weight or not be able to lose weight, a problem that is generally ignored yet directly makes the underlying cardiovascular problem worse.

In Russert's case his doctor has not disclosed his exact blood pressure medications, other than to say his blood pressure had risen recently. This likely meant he increased the dose of medication. Thus, in the months leading up to his death Russert was going all out trying to cover the elections while at the same time he was taking higher amounts of anti-energy blood pressure drugs that increased fatigue and wear and tear.

The Long Plane Flight

The straw that broke the camel's back was most likely the long plane flight Russert took as he and his family returned from a vacation to Italy the day before his death. The low cabin pressure for an extended period of time, combined with the lack of movement, places significant stress on both the circulatory and lymphatic systems. This subjected Russert to a low-oxygen pro-inflammatory stress that is known to be associated with increased clotting risk – especially in somebody who is at [risk in the first place](#). The pro-clotting strain of that flight would persist for the next several days, at least.

Russert had a combination of factors that were not working in his favor. He had just been through months of grueling wear and tear covering the elections. Tom Brokaw reported that Russert had pushed himself to exhaustion a number of times. This means he had created a baseline of wear and tear that was pushing the inflammatory limits, a problem that tends to congest his lymphatic trash removal processes. At the same time, flying in an airplane is always a challenge to anyone's lymph system, based on changes in pressure. If there is already pre-existing lymph stagnation from wear and tear – a long airplane flight can be a real problem.

It is worth noting that blood pressure medication, especially if the dose is too high, is a significant handicap in terms of being able to tolerate the pressure changes and lower oxygen problem of a long plane flight. This is because the forced reduction in pressure by the medication causes the lymph system to lose "tone," in turn promoting even further lymph stagnation.

These problems were compounded by Russert's high level of triglycerides, which are fat blobs just sitting in his circulation. These are like Mack trucks reducing the flow of traffic – significantly compounding the pressure problem of stagnation induced by the flight along with the other wear and tear factors.

Thus, after his plane flight Russert was left in a significant pro-inflammatory and pro-clotting state. If he would have taken a few days off to rest and recover he may well be alive today. But

no, he dragged his jet-lagged body out of bed, put it on a treadmill for a while (inducing further wear and tear considering the circumstances), and then went off to work. He was never to return.

The Tim Russert tragedy does have a take home message for men – wake up.

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