

A1C LEVELS, CHOLESTEROL LEVELS AND BIG PHARMA

What I have written below is my opinion and my thoughts on a matter. I am not a doctor and I am not telling people to stop the medications that doctors have prescribed to them. I simply offer research that has convinced me that some medication practices are evil. I encourage all readers to do your own research so that you come up with your own data and only then should you make any decision regarding your health.

Let me start out by telling you a story. I started with a new health plan early in June so I decided to see the doctor to get a physical and to have the tests that go along with it. The doctor is a pleasant man. He is very intelligent, but not so intelligent that he doesn't listen to complaints or let the patient have a say in his/her own medical health. The physical went very well with the usual caveats, one being that I am overweight and need to go on a diet to lose some weight. I was fully prepared for that statement and I agree with the doctor in his assertion. I went for the usual laboratory tests, then stopped at the local Jack In The Box restaurant and then went home. lev

About three days later I was able to log on to the health plan's website where my lab results were available for me to gaze at. I was surprised that my cholesterol had gone down to levels below the maximum and that for the most part my blood test proved me to be healthy. There was one value that was high that had the doctor concerned. That value is called A1C and it measures the level of sugar in the blood. Also, on the blood-work page I noticed that regular blood sugar level was 90, which is good considering that I had eaten just a couple of hours before the blood was drawn from my arm. So, the tests showed a conflict between themselves. Let me explain.

First, I need to explain what A1C measures. Our red blood cells carry oxygen and sugar to the cells of our bodies. This is done by something called hemoglobin, a component of the red blood cells. Our red blood cells live for about ninety (90) days upon which time those cells are destroyed by our spleens while our bone marrow produces new red blood cells. If our bodies are in stasis (running stable) then the marrow produces just about the same number of cells that are destroyed by the spleen. The A1C test (we're told) measures the level of sugar in the hemoglobin. Since the cells store the sugar for their whole lifespan the A1C should measure the level of sugar that the cells have stored over their lifetime. This (supposedly) allows clinicians to know your blood sugar level for the last three months. This is supposed to be more accurate than

measuring blood levels during the day. It should be noted that as of this writing, A1C levels indicate the following:

1. 4% to 5.6% is normal
2. 5.7% to 6.4% is pre-diabetic
3. 6.4% and higher is diabetic.

To clarify just a little, pre-diabetic means that a person has a greater chance of developing diabetes over their lifetime. The problem with A1C is that all people are not the same and physiology and blood cell lifespan differs with every person as noted in the following quote:

Why is hemoglobin A1c unreliable?

While this sounds good in theory, the reality is not so black and white. The main problem is that there is actually a wide variation in how long red blood cells survive in different people. This study, for example, shows that red blood cells live longer than average at normal blood sugars. Researchers found that the lifetime of hemoglobin cells of diabetics turned over in as few as 81 days, while they lived as long as 146 days in non-diabetics. [Source: <https://chriskresser.com/why-hemoglobin-a1c-is-not-a-reliable-marker/>]

Looking at the article quote above we find that there are problems with A1C and how it is used to measure your blood glucose level over the last three months. First, research shows that not all people produce red blood cells at the same level. The lifespan of red blood cells in a person with diabetes could be as little as 81 days. On the other hand, the lifespan of red blood cells in a healthperson could be as much as 146 days. Science seems to always labor on the assumption that all people operate the same, which is a fallacy. So, if a diabetic person has their A1C tested and their red blood cells (referred to as RBC's from now on) show a level of 6.4% or higher it means that their hemoglobin has accumulated that amount of sugar over a period of supposed ninety (90) days, but it could be as little as 80 days which would show an inaccurate level because their hemoglobin should be 90 days old (according to science) but the sugar might have been accrued in only 80 days. Remember that 6.4% denotes that a person is diabetic according to A1C specs. and 6.4% is ascribed to 90 days, then that amount of sugar in the hemoglobin will really be higher because the cells could only be as little as 80 days old. This being said, a level of 6.4% in 80 days would be 7.2% in 90 days, a drastic increase.

In the same way, the measurement of sugar in someone that the A1C test labels as pre-diabetic could be greatly inflated because if their cells live for 146 days, science says that that

according to science those cells are only 90 days old, inflating the measurement. If a person's RBC's do indeed live for 146 days then a A1C level could be dramatically lower. For argument sake, let us assume that a pre-diabetic according to the current A1C has RBC's that last 118 days. That figure is halfway between 90 and 146 days. Then, let's say that a pre-diabetic has an A1C level of 6.0% glucose. If the RBC's lived 118 days then the hemoglobin glucose was accumulated over that many days, not 90 days. Simple deduction indicates that the percentage of glucose reduces to 4.57% over 118 days, meaning that the person labeled as pre-diabetic by current A1C standards would be normal, and not pre-diabetic in realistic terms.

With all of this in mind I decided to run this by a doctor one day while my wife was having a checkup. I won't say the doctor's name or their profession. Their revelation was enlightening. During my wife's exam we got onto the subject of A1C testing and current criteria. The doctor looked at me and told me that A1C was garbage and that the data suggests that it is a faulty test. His reasoning is the same that I found in the article I referenced above. The doctor said that the criteria for the test has changed over the years and they suggested that it changed every time that the criteria was questioned as being legitimate. The doctor also mentioned that all people are different and that you cannot base a test on blood sugar because of blood cell life and how people process everything differently. The doctor also mentioned cholesterol, which I will talk about below. That same doctor mentioned that it was the pharmaceutical companies that were forcing doctors to accept things like A1C testing. I found the discussion quite interesting. His opinion was not elicited by me in any way. As a matter of fact, it was refreshing how the subject just came up, like his dismissal of tests like A1C was used by Yahweh as a confirmation of what I had been feeling.

The data that I have provided shows me that the current A1C criteria, and the test itself is faulty and is junk science. Why would doctors be so intent on forcing us to follow this criterion? I'll address that in a little while.

Now we need to look at Cholesterol levels to see if the worry about them is valid or if it is junk science. As a prelude to that I would like to say that I have been involved in the medical field for close to thirty years. I worked in pharmacy for many of those years. A big component of me getting out of pharmacy was the fact that science, with all of the wonder drugs that it has invented has created something called poly-pharmacy; let me explain. Many of you have been the victim of science and poly-pharmacy. The prefix "poly" is Greek and it is defined as "many." Therefore, poly-pharmacy means many-pharmacy, or the use of many drugs. When those in the pharmacy use the term poly-pharmacy they are referring to one drug causing the need for other

drugs. Let me give you an example. Many of you that have taken antibiotics have also developed some sort of intestinal problems like diarrhea or bad gas. When you've called your doctor about your gastrointestinal distress the doctor has probably told you to eat yogurt so you can replace the good bacteria in your intestines. He also might have given you a pill to lessen the diarrhea. You have experienced poly-pharmacy. The antibiotic killed some of the good bacteria in your intestines so you had to eat yogurt and/or take pills to stop the diarrhea. It was one pill that caused you to take other things to counteract the effects of that pill. In like manner, some of you might be taking a diuretic for elevated blood pressure. Some diuretics cause people to lose potassium, causing the doctor to prescribe potassium pills; this is poly-pharmacy. There are many examples of poly-pharmacy and they are too numerous to list here, but just remember that if you have to take one thing to treat a problem that another thing causes, it is poly-pharmacy.

For a while I worked in an aspect of pharmacy known as long-term care. We would package medications for use by the elderly in nursing homes. It was not uncommon for one person to be prescribed 20 to 25 medications. Many of the elderly have high cholesterol levels so they are on cholesterol pills. Many of them are on heart medications, some of which have side effects that have to be corrected by other medications. As a person ages their ability to process thoughts and actions decline so they are on medications for dementia and/or Alzheimer's disease. Many elderly are depressed or have anxiety, causing them to be prescribed medication to treat those things and they in turn have to be on medications to counteract the effects of psychotropic medications. Yet the granddaddy of all medication problems is that many medications cause constipation, sometimes so severe that an elderly person has to be on two or three medications to correct the constipation. The only group that benefits from all of this is the big pharmaceutical companies. Such companies go through great strides to find medications that will fix problems, some of those problems are however created by the very drugs that they create. One of the big problems is created by drugs that supposedly fix hyperlipidemia, also known as high cholesterol.

If you watch television at all you have no undoubtedly seen commercials for drugs. Near the end of the advertisement the pharmaceutical company quickly reads off a list of side effects that the drug can cause, and the list isn't pretty. The list that is read starts off with mild side effects and many times the list will end with life threatening complications and even death. On the flip side of the coin there are commercials sponsored by attorneys that are suing drug companies for complications brought on by drugs and/or surgical procedures. The attorney's list serious side effects and even death of loved ones that they will gladly sue drug companies for in your behalf. I'm still amused by one ad that asked "if you or a love one has died because you took...." I guess

that they assume people can sue from the dead. In any case, taking drugs to fix or control some sort of illness comes with dangers that cannot be ignored.

One such class of drugs is called the “statin” class of drugs that supposedly lower high levels of cholesterol in the blood. There are three sub-classifications that fall into “cholesterol levels.” The cholesterol sub-levels are, HDL’s, LDL’s and Triglycerides. According to data that may or may not be accurate (remember it’s big pharma that does the studies), HDL’s are the good guys whereas LDL’s and Triglycerides are the bad guys. There are medications that treat LDL levels, some that target triglycerides and some treat both. The problem with these drugs, specifically the “statin” drugs is that they often harm the liver. Remember that you only get one liver, and when it’s harmed you are and when it dies, you do too.

Now the theory is that LDL’s and Triglycerides are not fast movers and they accumulate in the arteries of our bodies creating clogged arteries which in turn causes things like heart attacks, strokes and emboli (blood clots) in the extremities. The theory is that if the LDL’s and Triglycerides can be lowered, so is the risk of heart attack, stroke and emboli. There is growing evidence and studies have been done that shows that blockages in arteries in many cases is not caused by plaque buildup in the arteries caused by cholesterol, but is in fact caused by inflammation near or within the arteries themselves. I submit a video for you to watch that tells the truth about cholesterol. Watch it and then we’ll continue:

<https://youtu.be/C6SVB99mJHA>

In the video we see that cholesterol is something that our bodies make and our bodies need. It is a natural thing for our bodies to make it and it is natural for us to consume it in the products that we eat. What you don’t hear from the medical community is that there is good evidence that heredity plays into how a person processes cholesterol and how their body uses it. For instance, there are little villages in Italy where people eat whatever they want but they have low cholesterol levels. One report said that when tested, members of a certain village produce a special enzyme that helps them to process cholesterol better than most people in Italy or the world. Yes, some of has to do with diet, but genetics play high into the factor.

My dad was of Italian heritage. I will be the first to admit that my dad had a horrible diet, eating a lot of carbohydrates, sugars and such, but one main staple in his diet was olive oil. Dad loved olive oil. He’d dip bread in olive oil, dip sardines into the oil and sometimes just drink it from the bottle. My dad died from complications that occurred during a pituitary surgery, but when

they performed an autopsy, they discovered that my dad had very clean arteries. What I haven't told you yet is that my dad had a high cholesterol count. They tried to put him on pills for his high cholesterol but the medications made him feel bad so he stopped taking the statin drugs soon after starting them. Now, I have no doubt that the olive oil factored into his health, but I also think that genetics factored into his health in a large manner. On my father's side, only my uncle John had clogging in his arteries. That means that my dad, my other uncle, my grandfather and grandmother and their relatives all died from either old age or conditions that affected them because of bad habits, mainly smoking cigarettes. Why is it that some families are plagued by cholesterol and other aren't can only factor into genetics? Is cholesterol really the demon that big pharma makes it out to be?

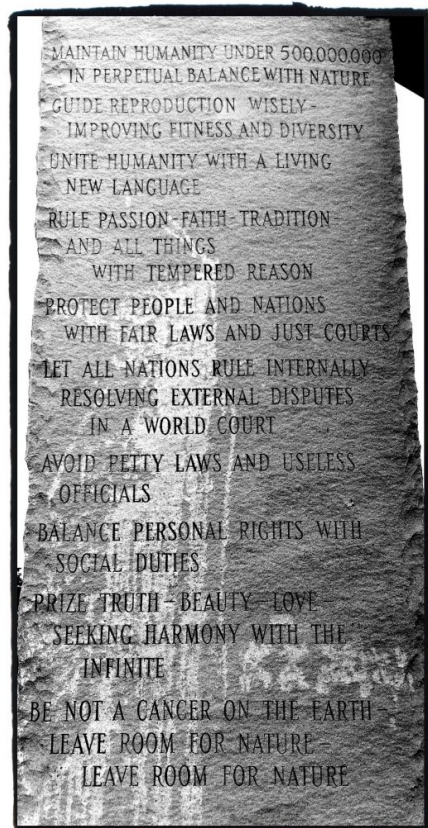
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You probably remember being in grade school where one clown did something stupid yet the whole class was punished for his deeds. What happened was really unfair and you swore that you would never do that to others. Well, isn't it the same when it comes to treating cholesterol? There are some elements of society that are naturally susceptible to the negative effects of cholesterol, yet each and every person that goes to a doctor and is diagnosed with higher cholesterol than what science says is allowable is places on some sort of cholesterol lowering drug. It is proven that taking statin drugs can damage the liver and other organs, yet doctors place everyone on these horrible drugs. We're told that the drugs will lower our lives by lowering cholesterol and preventing emboli, yet these same doctors seem to nullify the effects of these drugs on organs, specifically the liver. In essence, people are given the choice of how they want to die, by heart disease if they fail to take statins, or by liver failure if they do take them. The troubling thing is it is proven that statins cause organ damage, but it has not been proven that EVERYONE needs to be on them. In essence we're all being punished for what is happening to a few. That is junk science.

So why would Big Pharma want to treat people based on false science? Actually, what they are doing is incredibly insidious and a money maker for all Big Pharma companies. First you tell people that they have a condition that could eventually kill them. Nobody wants to die, so the people comply and they take the medication. The medications are expensive but sooner or later the price goes down because patents run out and various companies can manufacture them creating great supply for the demand. Soon after a drug patent runs out and the price drops the pharmaceutical companies come out with a once a day form of the drug that that is expensive, or, they create a new medication that works better than the first. Bear in

mind that the object is to never cure the disease. A cure would be a revenue killer. So a few years down the road the doctor does a blood panel and they discover that you have liver damage and that it is irreversible. He takes you off of the statin medication and starts you on expensive drugs that will allow you to live a little longer and so that you'll die slower. During your slow death you will require other drugs to bring you comfort and to help the other systems in your body to prosper while you die. The time comes to pass on from this world and you think that you're finally stopping the drug companies from capitalizing on your health, but you're just one insignificant decimal point to them, there are millions more people who are being slowly killed.

So now we come to the part place where we ask what the big picture is. Big Pharma is one of the largest money-making concerns in the world. They're right up there at the top. Being that high up they are in league with the globalists whose commandments are written on what is called the Georgia Guides



We can see that it is the desire of the Globalist NWO Elites to reduce the world's population to five hundred million. In case you don't know it, the human population of Earth is

7.4 billion people. To reach their goal the NWO is going to have to rid the world of 6.9 billion people; that number is 6,900,000,000 people. We know that people die every day, some naturally, some by sickness and disease or accident, in armed conflicts and others are murdered. The most insidious way to kill someone is to get them to kill themselves thinking that you are trying to help them. What better way than to invent a condition and offer a medication that is supposed to treat the ailment that actually kills by other means. It is similar to rat poison. When you lay out rat poison it contains 99 percent good food and 1 percent poison. The rat is happy because it is eating but the food is really killing him by giving it a long and lingering death through hemorrhage. The NWO sees you and I as they see rats. They make money off of us while they kill us. It is ingeniously psychopathic.