Cholesterol Crusader: How I Fell Head Over Heels In Love With Aseem Malhotra

One Of The Last Ethical MDs Risks It All To Save Medicine From Itself

August 16, 2025 By Mike Barr

March 2026 Update: On the heels of the newly updated American Heart Association cholesterol guidelines released last week, it seemed like the right moment to revisit and update this post. (Remind me to remind you what LDL cholesterol is really telling you.)

TL;DR: British cardiologist Dr. Aseem Malhotra has spent years risking his career — and winning defamation suits — to expose what he calls the "corporate capture" of medicine. His core argument: virtually everything the mainstream has told you about cholesterol and cardiovascular risk is not only wrong but potentially harmful. The real villains are insulin resistance, excess triglycerides, chronic inflammation, and stress. Not LDL.

- Who is Aseem Malhotra? A UK cardiologist, three-time author, documentary filmmaker (First Do No Pharm), and defamation-suit plaintiff who won. One of the most credible and courageous voices in medicine today.
- The core argument: The LDL cholesterol fixation is a false target manufactured by financial conflicts of interest — and chasing it blinds patients and doctors to the real risk factors.
- What actually matters for heart health: Fasting insulin, triglycerides, inflammation markers, cortisol/stress, omega-3 index, gut health, and — yes — hormones.
- The statin question: The Number Needed to Treat (NNT) for statins in primary prevention is shockingly high. See the NNT site for the numbers your doctor likely hasn't shared.
- Must-watch: Malhotra on the Mark Hyman podcast — "What Big Pharma Doesn't Want You to Know About Statins."

[IMAGE: Portrait of Dr. Aseem Malhotra, or a striking visual contrasting a statin pill with a plate of

real food — something that captures the “false target” theme]

How the Heck Did I Miss This Guy?

Oh. My. God.

If the wholesale corruption of medicine — including academic medicine — interests or irritates you even slightly (as it does me), you must watch this.

Malhotra has apparently written at least three books. He was the plaintiff — along with two colleagues — in a defamation suit against the Mail on Sunday. (BMJ summary of the court’s decision; full 255-page June 2024 judgment here.) And he recently produced a documentary film — "First Do No Pharm" — that screened at the Leicester Square Odeon last spring, and apparently also at The Marsh in San Francisco last fall.

John Campbell’s backstory-review and trailer (starts around 02:00) is here. You can stream First Do No Pharm for a $9.99 contribution at the NoPharmFilm site.

I love him even more for having his “Come to Jesus” epiphany after watching both his parents suffer through an inept, corrupt, and bureaucratic medical system. They both suffered unnecessarily — and perished.

Small caveat: I love him a little less after reading the opening pages of his bestseller “A Statin-Free Life,” where he explains (only partly but critically incorrectly) that cholesterol is “made in the liver.” Every single cell in the human body makes its own cholesterol — that’s how essential it is. I credit lipidologist Tom Dayspring, in his five-part series with Peter Attia, for drilling that into me. Aseem, please correct this for the paperback?

Malhotra vs. Hyman: A One-Sided Fight

Watch Malhotra hold his own each and every time the (semi-compromised) Mark Hyman tries to challenge him. Hyman’s guests almost always cower. His lawyer-like oratorical style can be impressive — though roughly 90% of his podcasts exist mostly for his own pontification. Here, Malhotra hooks and bobs and jabs. Strategic retreats when needed, only to spring back with double the forensic firepower. The proforma Hyman repertoire is no match.

The conversation:

“What Big Pharma Doesn’t Want You to Know About Statins | Dr. Aseem Malhotra” (Mark Hyman podcast)

Additional links cited in the conversation:

- NNT (Number Needed to Treat) site — the numbers your doctor almost certainly hasn’t shared
- Malhotra’s 2013 BMJ piece: “Saturated Fat Is Not the Major Issue” — the article that got him both famous and in trouble

“I can get maybe $150,000 to publish about and promote lifestyle interventions. But I can get $150 million to publish about and promote drugs. That funds our department. That funds my staff. That funds me.”
— Peter Libby, MD, editor-in-chief, Brunel’s Cardiology, Harvard Medical School

“I once asked the director of Quest how many of the tests that come in annually are for insulin. Wanna guess? Less than one percent. One of the most important biomarkers in health, and virtually no one is even looking at it. Why? There is no drug.”
— Mark Hyman, MD

“I use the word tyrannical, and I do not use it carelessly. The current situation is tyrannical because there are doctors who know this but are afraid to speak out. Afraid to lose posts. Afraid of losing income. Afraid of losing grants. Afraid of losing colleagues. What is that if not tyranny?”

— Aseem Malhotra, MD

“People in the system — it’s like The Truman Show. They think they’re in this perfect world. That they’re doing good. And I have to believe they want to do good. They’re not deliberately trying to harm anyone. But they can’t see what they don’t see, because they’re unaware of the false world they inhabit.”

— Mark Hyman, MD

“Can we speak frankly about the root cause of our contemporary health crises? It is the commercial distortion of medical knowledge. ’Corporate capture,’ if you will.”

— Aseem Malhotra, MD

The Bottom Line on Cholesterol and Cardiovascular Risk

Spoiler: other than keeping your triglycerides and insulin under control, virtually everything you have been told about cardiovascular health — and cholesterol in particular — is not only wrong but potentially dangerous.

Dangerous in two ways. First, you will be focusing on a false target, believing you’re “out of the woods” when you hit some made-up, pointless LDL target. Second, you will be missing the real risk factors — ones that affect not just cardiovascular health and stroke/MI risk, but cognitive health, certain cancers, and even bone density.

Drs. Malhotra and Hyman barely have time in their hour-long conversation to cover Malhotra’s main beef with cardiovascular care, let alone address hormones, gut health, or the omega-3 index. I will try to address those in a separate post. In the meantime, monitoring and addressing elevated

insulin can serve as a near-term proxy for a more comprehensive workup — since compromised gut health often shows up as elevated triglycerides or cortisol.

[IMAGE: Simple graphic showing key cardiovascular risk markers — insulin, triglycerides, omega-3 index, cortisol — as an alternative to the standard LDL-only framing]

A Word on Hormones

With the exception of overweight men needing to monitor their estrone (E1) levels, caring for your hormones mostly means keeping cortisol in check — via stress management and treating chronic infections — and making sure you have the zinc, protein, sulfur, and other building blocks of hormone production in place. Strength training and short sprints also help with growth hormone.

- Estradiol (E2) sufficiency — not supraphysiologic levels, not equine; appropriately balanced with progesterone — is broadly agreed to be cardioprotective in women.
- In men, low testosterone is associated with elevated cardiovascular risk.
- DHEA sufficiency is also worth monitoring — and nothing depletes DHEA precursors faster than prolonged stress.

You could do a near-perfect Find/Replace on this script and have essentially the same conversation about diabetes, obesity, dementia, depression, osteoporosis, schizophrenia, anxiety, or insomnia. Probably even HIV care.

Mike Barr, a longtime POZ Contributing Editor and founding member of the Treatment Action Group (TAG), is a science writer, functional medicine practitioner and herbalist in NYC. Reach out to him here. Or sign up for his curated professional-grade supplement dispensary — 30% off your first order, 25% off all auto-refills — here.

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