

Cholesterol - Separating Fact from Myth

By Oliver Barnett MBANT

Everybody has heard about cholesterol and dietary fats “clogging up your arteries” and “causing heart disease”. Even children have been told that cholesterol and fats are “bad”. For decades we have been “educated” in that direction by popular media, advertisements, labels on our foods such as “low fat”, “no fat”, “low cholesterol”, “no cholesterol”, “lowers your cholesterol”, “protects your heart”. Doctors are also convinced: the prescription of cholesterol lowering drugs has grown by more than 20% every year in the UK. The pharmaceutical powers are now working very hard on an ultimate goal: to put everyone, including our children, on “preventative” cholesterol lowering medication.

How did we get to this situation? Thanks to the diet-heart hypothesis, first proposed in 1953 by Ancel Keys, director of the Laboratory of Physiological Hygiene at the University of Minnesota. The hypothesis stated that dietary fats, including cholesterol, cause heart disease and that by avoiding these foods we could avoid developing heart disease (1) To support this idea, Keys made a diagram showing the correlation of fat consumption and mortality from heart disease in six countries, which he carefully selected out of 22 countries of the world for which the data was available. This diagram showed a perfect correlation: the more fat consumed – the more deaths from heart disease.

However, when all the other remaining countries are added back to the diagram the correlation disappears. This is how the diet-heart hypothesis started its long life – from a deception.

Many of you would ask a logical question: “why don’t doctors know better? Why does my doctor tell me to avoid eating fat and cholesterol and want to put me on cholesterol lowering medication?” Dr Rosch answers this question very well: ‘practising physicians get most of their information from the drug companies.

So what is Cholesterol?

Our bodies are made out of billions of cells. Almost every cell produces cholesterol all the time during all of our lives. Why? Because every cell of every organ has cholesterol as part of its structure. Cholesterol is a very important part of our cell membranes. First, it makes the walls of the cells firm. If we did not have cholesterol in the walls of our cells, we would look like giant worms or slugs. This ability of cholesterol to firm and reinforce the tissues in the body is used by our blood vessels, particularly those that have to withstand the high pressure and turbulence of blood flow.

The brain is particularly rich in cholesterol: around 25% of all body cholesterol is taken by the brain. Every cell and every structure in the brain and the rest of our nervous system needs cholesterol, not only to build itself but also to accomplish its many functions.

After the brain, the organs, which are very hungry for cholesterol, are our endocrine glands, the adrenals and sex glands. They produce steroid hormones. Every steroid hormone in the body is made out of cholesterol: testosterone progesterone, estrone, estradiol, aldosterone and others. These hormones accomplish a myriad of functions in the body from regulation of our metabolism, energy production, mineral assimilation, brain, muscle and bone formation to our behaviour, emotions and reproduction.

Why do some people have more cholesterol in their blood than others and why the same person can have different levels of cholesterol at different times of the day?

Why does our cholesterol level go up in the winter and down in the summer?

Why does our blood cholesterol sharply increase after any surgery?

Why does it go up after we have an infection, after dental treatment and when we are under stress? Moreover, why does it become normal when we are relaxed and feel well?

The answer to all these questions is this: **cholesterol is a healing agent in the body.** When the body has some healing to do it produces cholesterol and sends it out to the site of the damage. Depending on the time of the day, the weather, the seasons and our exposure to environmental agents, the damage to various tissues in the body is going to vary. As a result, the cholesterol in the body will vary.

Whenever our liver receives a signal that a wound has been inflicted upon intima, (the inside walls of our heart and blood vessels) somewhere in our vascular system, it gets into gear and sends cholesterol to the site in a shuttle, called LDL, (low-density lipoprotein). Because this cholesterol travels from the liver to the wound in the form of LDL, our “science” in its wisdom called LDL a “bad” cholesterol. When the wound heals and the cholesterol “scab” is removed, it travels back to the liver in the form of HDL, (high-density lipoprotein) cholesterol. Because this cholesterol travels away from the heart or the artery back to the liver our misguided “science” called it “good” cholesterol. It is like calling an ambulance, travelling from the base to the patient – “bad ambulance” and the one from the patient back to the base - “good ambulance”. And that is not all.....

The latest thing our science has “discovered” is that not all LDL cholesterol is so bad. Most of it actually good. So, now we are told to call that part of LDL the “good bad cholesterol”, where the rest of it we are supposed to call the “bad bad cholesterol” So, don’t be surprised if your doctor appears to be thoroughly confused!

When we have surgery, our tissues are cut, many small arteries, veins and capillaries are damaged. The liver gets a very strong signal from this damage so it floods the body with LDL cholesterol to put protective scabs on every little wound in our blood vessels. That is why blood cholesterol goes high after any surgery. The same thing happens when we have an infection. Immune cells also need cholesterol to function and to heal themselves. When we are under stress, there is a storm of free radicals and other damaging biochemistry in the blood. Therefore, the liver works hard to produce and send out as much cholesterol as possible to deal with the free radical attack. Therefore, your blood cholesterol will test high.

In short, when we have high blood cholesterol levels, it means that the body is dealing with some damage. The last thing we should do is interfere with this process.

When the damage has been dealt with and the wounds in the intima have been healed, the blood cholesterol will naturally go down. If we have an ongoing disease in the body constantly inflicting damage to the intima of our heart and blood vessels, then the blood cholesterol will permanently be high. Therefore, when the doctor finds high cholesterol in the patient, what this doctor should do is look for the reason. The doctor should ask a question: what is damaging the vascular system so that the liver has to produce all that cholesterol to deal with the damage? Unfortunately, instead our doctors are trained to attack the cholesterol.

Clarity on Cholesterol

1. In Britain, fat consumption has been stable since 1910 while the number of heart attacks increased ten times between 1930 and 1970. Therefore, in Britain having a heart disease has nothing to do with how much fat you eat. (2, 4, 5,8, 18)
2. Since World War II, the Japanese are eating more and more animal fat while fewer and fewer of them die from heart attacks. On top of that, mortality from most diseases has decreased as they are eating more animal fat. (5,11 12)
3. In Switzerland after World War II intake of animal fat increased by 20% yet the death rate from heart disease steadily decreased. (8, 10)
4. In the USA between 1930 and 1960, mortality from heart disease increased ten times while the consumption of animal fat decreased. From this data, one can create a hypothesis that reducing animal fat in your food causes heart disease. (7, 8, 19)
5. Study after study has shown that people with normal levels of cholesterol die from heart disease just as much as people with high cholesterol and that blood cholesterol level cannot predict heart attack (6, 9, 10, 11, 8, 13, 36).
6. From the very beginning of the diet-heart hypothesis, study after study has demonstrated that high cholesterol is not a risk factor for women (6, 7, 8, 9, 14, 20). In fact, it has been shown that **low** cholesterol is dangerous for women. Researchers in France found that old women with a high level of cholesterol live the longest and healthiest lives, while women with low cholesterol are five times more likely to die early, (7, 8 ,16, 17, 19, 36)
7. Study after study in many countries has demonstrated that it is impossible to reduce your blood cholesterol or the death rate from heart disease, by a low fat, low cholesterol diet. In fact, animal fat and cholesterol in the food we eat have virtually no effect on our blood cholesterol, (6, 7 9, 10, 11 12, 15). Why? Because every organ and every cell of the body produces cholesterol. When we eat lots of cholesterol - the body produces less, when we eat less cholesterol- the body produces more. Of course, the food industry would not like you to know this fact.
8. At least 60% of the people who heart attacks have normal levels of blood cholesterol (7,8 18, 19)

Statins

New cholesterol lowering drugs called statins were introduced in the late 1980s. Some of the most commonly used ones are atorvastatin, fluvastatin, pravastatin and simvastatin. These drugs inhibit the body's ability to produce cholesterol but as they are new, their long-term effect is not yet known.

However, the data that is coming in is not very encouraging: statins appear to produce an increased risk of cancer development, breast cancer in particular, in animals and humans (3, 4, 7, 21, 26). Other side effects include liver damage, nerve damage, short temper, cognitive decline, memory loss and violent behaviour. (25, 26, 33, 34).

Taking statins during pregnancy may lead to more serious malformations in the baby than were seen after exposure to Thalidomide (23, 25, 26). These drugs can cause kidney failure, which has already claimed the lives of several hundred people and resulted in one of the statins, cerivastatin, being withdrawn from the market (8, 26).

Muscle damage can be a very serious side effect particularly when the heart muscle is affected, as this can lead to heart failure (22, 23, 26, 27).

Statins block the synthesis of coenzyme Q10 an essential chemical for energy production in the body. Statins are the number one profit makers for the pharmaceutical industry; they are rapidly becoming the most prescribed drugs in the western world. As Dr. Malcolm Kendrick MD (UK) has put it: “we are sleep-walking into what could become a major medical disaster because statin drugs will soon be sold over-the-counter.” (26) Memory loss is a very serious result of statin therapy (24, 25, 26). In fact, it is possible that a considerable part of the memory loss epidemic in our ageing population is due to our ubiquitous statin prescriptions. Our human brain is very cholesterol hungry; it takes 25% of all body cholesterol and uses it for many vital jobs. Statins rob the brain of cholesterol and hence the brain cannot function properly (37, 38).

As the proponents of the diet-heart hypothesis had told the world not to eat animal fats, they had to replace them with something. So, they proposed vegetable oils, such as corn oil, soy oil, canola oil, peanut oil, rapeseed oil and sunflower oil and the solid fats made from these oils: margarines and shortenings. When these oils are expressed from plants on a commercial scale, solvents and very high temperatures are used, which damage the chemical structure of the oils. Never in human history has our physiology been exposed to such amounts of chemically altered vegetable oils as in these last few decades, thanks to the diet-heart hypothesis. Our bodies have not been designed to use these kinds of fat. We have accumulated plenty of solid scientific evidence to show that these chemically changed fats cause cancer, heart disease diabetes, neurological damage, immune abnormalities and other health problems (28, 29, 30, 31, 32).

There are however oils you can and should use on a daily basis: cold pressed olive oil, flax oil avocado oil, hemp seed oil, walnut oil and evening primrose oil. You should not cook with these however; instead add them to dishes once cooked or to salads. You should instead use Coconut oil, ghee or butter as these can be heated safely to higher temperatures and are therefore healthier.

So this is the story of the diet-heart hypothesis: it began its life from a deception and so it continues but let us be optimistic! Human history is littered with stories of various mistaken theories and hypotheses, proposed by the most learned men of the time.

On average, it takes humanity 50 to 60 years to find the mistake and correct it. I have no doubt that, in the next couple of decades, the diet-heart hypothesis will be dismissed as one of those mistakes.

For further reading please have a look at www.thinCs.org, a website for Cholesterol Sceptics, a non-commercial organisation of doctors and scientists, who oppose the prevalent dogma about cholesterol and heart disease.

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