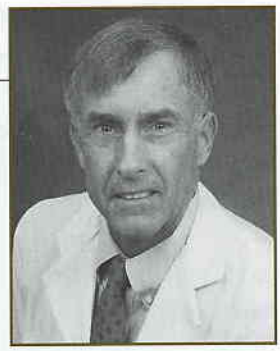
THE CHOLESTEROL "ISSUE"



By Allan N. Spreen, M.D.

The common perception nowadays (in the United States, anyway) is that we need to beware of our cholesterol intake to prevent heart disease. Having to say "common" indicates just how pervasive this media line has become. It is everywhere: "heart healthy" foods (low fat/low cholesterol), low-fat fad diets, and of course no "heart-smart" campaign would be complete without the all-important statin drugs.

We in today's "civilized" American society eat less animal fat (by far) than we did a hundred years ago (and back when there was little or no heart disease). We avoid lard, butter, other animal fats, in fact *any* saturated fat, in favor of the low-fat fad. At the height of the hype, conscientious Americans lowered fat intake to the point that "Americans consumed 33 percent of calories from fat in 1994, continuing a downward trend. In the late 1970s, Americans consumed 40 percent of calories from fat." (*Research News*, USDA Agricultural Research Service, January 16, 1996) Even worse, saturated fats are lumped in with the truly evil "trans" fats, many assuming they are the same. In return for such diligence is the fattest society on the planet (today, and in all history).

So, what's going on here?

Let's assume that high-serum (blood) cholesterol is a major cause of heart disease. This is ***not*** a "given" – there is a legitimate controversy over the issue (and, yes, I am willing to take the "against" side). Anyway, for the purpose of this little missive, let's say we buy into the party line that high blood levels of cholesterol increase your risk for heart disease, while low levels conversely decrease it … seems simple – case closed.

Simple, maybe, but there remains one (big) question: specifically, ***what's the relationship between blood levels of cholesterol and dietary intake of said "evil" molecule?***

Would you believe … basically zero?

The "gold standard" of heart-disease research remains the World-renowned Framingham Study, in which an entire town was enlisted in a long-term study about cardiac risk factors and subsequent outcomes (6000 people, aged 30 to 62, lasting 30 years). The most comprehensive study of its kind, it is also the most misquoted. From it we get all sorts of news supposedly supporting the (pharmaceutical?) hypothesis that saturated fats are "bad fats," and polyunsaturated oils are "the good guys" (ignoring the fact that unsaturated fats go rancid quickly, and saturated fats do not).

To get a reasonable perspective on any study, you would think its director might be an appropriate place to start. Therefore, just for fun, here is a statement from Dr. William Castelli (said director), published in a major, peer-review journal:

"In Framingham, the ***more*** saturated fat one ate, the ***more*** cholesterol one ate, the ***more*** calories one ate, ***the lower the persons' serum cholesterol.***" (Emphasis mine) (Castelli, William, *Arch Int Med*, Jul 1992, 152:7:1371-1372)

Uh, *wha…*?

In case that seems too bizarre, in the same article he also said this (emphasis again mine): "We found that the people who *ate the most cholesterol, ate the most saturated fat, ate the most calories,* ***weighed the least*** and were the most physically active." For those not into the low-fat fad, that's kind of nice.

Biochemist Mary Enig, Ph.D, and Sally Fallon, president of the superb Weston A. Price Foundation, discovered this little tidbit about Framingham:

"The study did show that those who weighed more and had abnormally high blood cholesterol levels were slightly more at risk for future heart disease; but ***weight gain and cholesterol levels had an inverse correlation with fat and cholesterol intake in the diet.***" (again, emphasis mine) (Hubert H, et al., *Circulation*, 1983, 67:968; Smith, R and E R Pinckney, *Diet, Blood Cholesterol and Coronary Heart Disease: A Critical Review of the Literature, Vol. 2*, 1991, Vector Enterprises, Sherman Oaks, California)

That means the heavier subjects who also had abnormally high serum-cholesterol levels ***got that way while eating less fat and cholesterol!***

But what about that oh-so-evil LDL cholesterol fraction? Remember, HDL is supposed to be the "good guy," while LDL is Mr. Nasty. Long-time alternative physician, William C. Douglass, M.D., had this to say on the topic: "A recent Italian research study of 3,120 subjects over 12 years concludes that for both men and women above age 65, the risk of fatal heart failure DECREASES as LDL

cholesterol levels INCREASE." He continues, "Reported in the *Journal of the American Geriatric Association*, the study's findings argue against the use of lipid-lowering drugs (the world's most common patent medications) in the elderly of either sex." (*The Douglass Report*, Feb. 24, 2006.) Hmmm. I've only been saying this for 30 years or so.

There are scattered reports in the medical literature supposedly supporting the theory that dietary-cholesterol intake is directly linked to serum-cholesterol levels. Before you decide to rely on such information, you have a problem, and his name is Dr. Uffe Ravnskov. This M.D., Ph.D from Sweden has been researching this issue for decades, with a comprehensive (and thoroughly recommended) book on the subject called *The Cholesterol Myths*. His conclusions are eye-opening to anyone caught in the low-fat diet trap, one of the most significant to this discussion being that "blood cholesterol is controlled by more powerful factors than the diet." He addresses the cases where highly-controlled (i.e., unrealistic in the "real" World) studies show an alteration of serum cholesterol from fat-intake manipulation. The issue becomes whether such alterations would remain permanent given the body's "homeostatic" efforts to maintain equilibrium throughout the body over time (assuming they are even possible outside the lab).

Such findings are not new; they have just been swamped by a media blitz designed to get us "cholesterol-phobic" concerning our blood levels of the stuff and efforts (read that, drugs) to see lower numbers of it on our lab tests. As far back as 1955 eight studies were evaluated in a published paper with the following findings:

1. Two cross-sectional surveys in Minnesota on young men and four on older men showed no relationship between dietary cholesterol and the total serum-cholesterol concentration over most of the ordinary intake range characteristic of American diets.

2. Two surveys on the Island of Sardinia failed to show any difference in the serum-cholesterol concentrations of men of the same age, physical activity, relative body weight, and general dietary pattern but differing markedly in cholesterol intake.

3. Careful study during four years of 33 men whose diets were consistently very low in cholesterol showed that their serum values did not differ from 35 men of the same age and economic status whose diets were very high in cholesterol.

4. Comparisons made of 23 men before and after they had voluntarily doubled their cholesterol intakes and of 41 men who halved theirs failed to show any response in the serum-cholesterol level in 4 to 12 months while the rest of the diet was more or less constant.

5. A detailed study of the complete dietary intakes of 119 Minnesota businessmen failed to show any significant increase of serum cholesterol with increasing dietary cholesterol intake.

6. In four completely-controlled experiments on men the addition to or removal from the diet of 500 to 600 mg of cholesterol daily had no effect on the serum cholesterol fall produced by a rice-fruit diet or on the rise in changing from a rice-fruit diet to an ordinary American diet.

7. In a completely-controlled experiment on five physically healthy men the change from a rice-fruit diet containing 500 mg of cholesterol daily to the same diet devoid of cholesterol had no effect on the serum level.

8. In a similar experiment with 13 men receiving 66 grams of fat daily there was no significant effect in changing from a cholesterol intake of 374 mg/day to one of 1369 mg/day. In another 12 men the reverse change was likewise without effect on their blood serum.

(All from Ancel Keys, J. T. Anderson, Olaf Mickelsen, Sadye F. Adelson and Flaminio Fidanza, "Diet and Serum Cholesterol in Man, Lack of Effect of Dietary Cholesterol," *Journal of Nutrition*, manuscript received 3 November 1955.)

The conclusions were pretty clear: **"in adult men the serum cholesterol level is essentially independent of the cholesterol intake over the whole range of natural human diets. It is probable that infants, children and women are similar."**

It seems to me that the above information has not only been known for a rather long time, but also deliberately withheld from us. Um, that wouldn't have anything to do with drugs, would it?

Statin drugs are the top-selling pharmaceutical class in the U.S. (and have been for years). Generating dietary concern over cholesterol levels is just another way (in my opinion) to keep that All-important question, "Is my level under 200, doc?" foremost in our health consciousness.

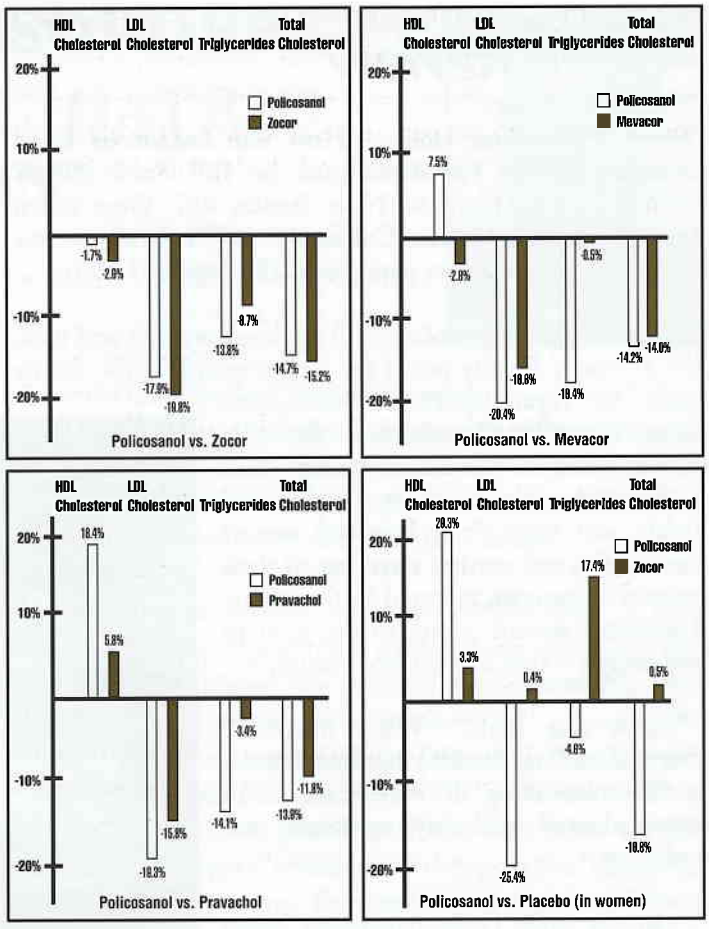
Okay, so you have a "high" serum cholesterol. Efforts to stay below that magical 200 level haven't worked. Assuming you believe it's important, is there something both non-toxic, and without side effects that you can do that is just as effective as the statin drugs?

Avoiding such medication is more than just a monetary exercise – there are some very real problems with statin drugs. There are myriad side effects, the most serious being muscle pain (which can be permanent – if you are taking such a drug, you should become familiar with all the side effects). However, the caveats go farther still. It is well known that statin drugs deplete the body of Coenzyme Q-10 (CoQ10, ubiquinone or its other form ubiquinol), a vital nutrient for energy production and an amazing antioxidant to boot. The problem here stems from the fact that this substance is made from cholesterol, which of course is blocked by the use of statin drugs (that's why we take them in the first place).

CoQ10 isn't the only victim, however. Vitamin D is synthesized in the skin from – you guessed it – cholesterol. Only fairly recently have the immune-stimulating effects of vitamin D been more clearly appreciated, including the fact that our "recommended dietary allowance" (RDA) has been set far, far too low. Right when upwards of ten times the RDA is being recognized as important (and harmless), the country is awash in a drug class that keeps us from properly getting it.

Unlike many situations where nothing in actual "black-and-white" exists comparing nutrient supplements with prescription pharmaceutical products, it is possible in this case to go head-to-head with statin drugs in a real study. It is a rare event, to be sure, as there are not many funding sources with the inclination to pay for research that will not be rewarded by the sale of medications having an ultra-high profit margin. This doesn't mean there aren't other alternatives: Niacin (Vitamin B-3), high-dose Vitamin C, and red yeast rice all come to mind.

Just for fun (or health), take a look at the charts below, which come from a study comparing a natural supplement called policosanol and two statin drugs. What is significant is that not only are LDL and HDL forms of cholesterol studied, but also serum triglycerides. The results speak for themselves:



Source: "Three studies prove sugar cane extract more potent than 'statin' drugs." Dr. Jonathan V. Wright's *Nutrition & Healing* 2002: 9(1):1–4

Of course, whatever path you choose, i.e., "treat," "don't treat," "believe," "don't believe," be sure to take up the discussion with your health-care practitioner; and if he or she is unfamiliar with the non-drug options (or unwilling to discuss them), consider another source for your health care. It's your body, and it might be wise to at least become familiar with what alternatives exist for your particular issue – even if your doc isn't.

---

*After graduating from East Tennessee State University Medical School in 1982, Allan N. Spreen, M.D. spent a decade in private practice in Jacksonville, Florida, specializing in nutrient therapies. His experiences included a wide range of health situations, including candidiasis, chronic fatigue, child nutrition/ADHD, weight problems, heart disease, digestive disorders, and athletic performance using high-dose nutrient supplementation. In 1995, he began writing as "The Nutrition Physician," permitting time to coach competitive divers at the national and Olympic levels. Two books later (*Nutritionally Incorrect, A Beginner's Guide, *and the bestselling collaboration* Smart Medicine for Healthier Living*), the increasing popularity of "The Nutrition Physician" led to assignments with* America Online, iVillage-The Women's Network, *and the* Discovery Health Channel. *He remains active today in the medical field through his many articles, books, directorships, and custom supplement formulating.*