



Cholesterol Does Not Cause Heart Disease



Jon Burras

Myth:

You arrive in the emergency room after experiencing severe chest pain. After a battery of tests your doctor informs you that you have several coronary arteries blocked and have developed heart disease. You are scolded for eating too many fatty foods containing cholesterol and will have to alter your diet. This treatment is followed by a lifetime of taking potentially life-threatening statin drugs. That remedy occurs after the triple by-pass surgery—a common method to treat the problem.

We have all heard this story over and over countless times. Medical doctors, waves of media reports, government officials, processed food industry advertisements, the American Heart Association and the drug companies have pounded this message into our brains. At this point, this is what most people believe to be true.

Wrong! There is absolutely no truth to the notion that cholesterol causes heart disease. This is one of the most misleading and misinformed campaigns ever to take shape. This idea was brought forth by a number of self-serving individuals and industries to profit off of your fear. These well-fabricated stories have been created with virtually no merit to them at all. Your over-all health has been weakened in the long-term.

Within the following article we will explore the history of the cholesterol myth. We will follow this story from its inception to its present status. We will see the various parties who are involved in spreading this myth—primarily for their own profiteering. You might be alarmed and outraged about what you are about to learn.

Here is what we know as truth. Many people develop heart attacks and strokes. Some of these people die from this while others live on for another day. On closer examination we find that those who suffered a heart attack had one or several coronary arteries fully or partially blocked by plaque. One element that makes up plaque is cholesterol. That is what we know. What comes next is mostly lies, myths, and fabricated stories. Here we will begin to distinguish fact from fiction.

The History of Heart Disease

Just after World War II, medical doctors began to discover a phenomenal association. Middle-aged men in the United States were dying in droves from heart attacks and heart disease. A major epidemic was now developing and many were eager to find out what was going on. A massive campaign was undertaken to find out what was at the root of this cultural phenomenon. Thus began the **War on Heart Disease**.

The primary instigator of the cholesterol myth was a man named Ancel Keyes in the 1950s. Ancel Keyes was the Director of the Laboratory of Physiological Hygiene at the University of Minnesota. He published circumstantial evidence that promoted the notion that cholesterol was the main reason for heart disease. Without much else to go on, many others went along with his conclusions without question.

In 1953, Keyes picked 7 countries for his study—**Italy, Greece, Former Yugoslavia, Netherlands, Finland, USA and Japan**. He relied primarily on studies of dietary intake. However, most prominent researchers at the time rejected Keyes findings, as his collection of data was severely flawed. Keyes omitted data from 15 other countries because it contradicted his already established theory. Keyes was adamant that cholesterol in saturated fats caused heart disease and was willing to do whatever it took to get his idea out to the masses.

In 1961, American Heart Association buried an original report that had essentially negated the cholesterol/heart disease connection. Instead, the American Heart Association declared that the consumption of cholesterol in saturated fats was the primary reason for heart disease. People were donating lots of money to the American Heart Association and this organization must have felt that it needed to provide some sort of answer in order for the donations to keep coming in. The American Heart Association went ahead with a bad idea that was already spreading among the Western medical community. Obviously, profits were more important than truth.

According to Paul Dugliss M.D. and Sandra Fernandez M.S.P.H. in *The Myth of Cholesterol*, only six major trials were ever conducted that led to the conclusion that cholesterol was the culprit in heart disease. These six trials are listed below.

- **World Health Organization Cooperative Trial**
- **Bile Bending Trial**
- **Helsinki Heart Study**
- **Scotland Trial**
- **Air Force Trial**
- **Anglo-Scandinavian Trial**

Dugliss and Fernandez say, “Shocking though it may seem, the medical profession has based its recommendations for prescribing cholesterol-lowering medications on very few trials with very dubious results.” When cholesterol-lowering drugs were administered the results were staggering. Three of the studies had no decrease in heart related deaths while patients were administered cholesterol-lowering drugs. One study even showed a negative association where more people actually died of cardiac issues in the group who received cholesterol-lowering drugs compared to those in the control group. And to top it all off, cancer deaths went through the roof for those taking the cholesterol-lowering drugs. Dugliss and Fernandez conclude, “In two studies (the

WHO and Helsinki trials) cancer deaths occurred 18 to 24 percent more frequently in those receiving cholesterol-lowering drugs versus those in the control group.”

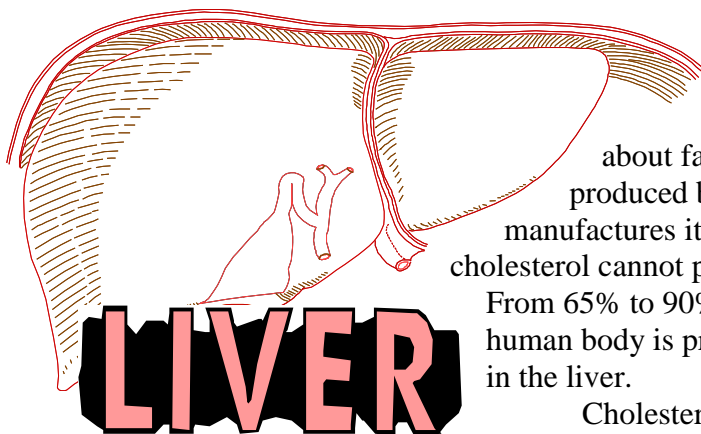
In spite of all this lack of verifiable proof, the American Medical Association (AMA), the National Lung and Blood Institute and the pharmaceutical companies all went along with the cholesterol myth as well. Most studies that had any merit to them were altogether ignored. These institutions all saw another way to make money from people’s health and were very happy to help out. The mainstream media helped spread this myth by reporting these fabricated cholesterol studies and has been allowing drug manufacturers to promote their propaganda in advertisements. Soon the entire culture had accepted the notion that cholesterol was the primary cause of heart disease. As is often said, “If one bird flies in the wrong direction, many will follow.” Ancel Keyes was the one bird and we have certainly flown off in the wrong direction.

What is Cholesterol?

There is a tremendous amount of fear concerning cholesterol in many communities. In fact, Western culture has altogether declared war on cholesterol. This well-financed media campaign is as prevalent as the war on terrorism and the war on sexual predators.

Most people have been taught to believe that cholesterol is a bad chemical floating aimlessly throughout the human circulatory system searching out a weakened artery to plug up. We are forever reminded that we are under attack by cholesterol and if we let our guard down cholesterol will bring us to our demise. It is a media war of “**good versus evil**”.

The truth of the matter is that cholesterol is a necessary and vital component for the body. Many hormones are made from it, like testosterone and estrogen. Vitamin D comes from cholesterol. Digestion and the absorption of fats are made possible by cholesterol. Also, most cell membranes contain cholesterol in order to give the cell wall structure. There are many important reasons why we have cholesterol. Cholesterol is not a bad molecule at all. It is a very important part of our human functioning.



Most cholesterol in the human body does not come from the foods you eat. Despite hordes of media advertisements and medical warnings about fast foods, most human cholesterol is produced by the liver itself. (The brain manufactures its own cholesterol as well because cholesterol cannot pass through the blood brain barrier.) From 65% to 90% of the cholesterol in the average human body is produced by the body itself—mainly in the liver.

Cholesterol is also found in some of the foods we eat. This is usually in the form of saturated fats derived from animal products like meats, eggs, and dairy products. An average American diet will provide about 250-350 mg a day of cholesterol with another 1000 mg. per day being produced by the liver. If you eliminate or reduce cholesterol from your diet the

liver steps up the process and produces more for you. A strict vegetarian who eats no meat or dairy products might produce up to 1,500 milligrams of cholesterol a day.

You might have noticed television commercials promoting cholesterol-lowering drugs and declaring that your cholesterol comes from two sources—the foods you eat and your family heredity. This is only half correct. Yes, most cholesterol comes from your own liver and some cholesterol does come from the foods that you eat. The amount of cholesterol in a relative's arteries has nothing to do with you though. This statement is a false and misleading one.

Whether you obtain cholesterol from your liver or your diet, it does not matter. Your body requires cholesterol to survive. Without cholesterol you would be far worse off. There is no need to fear cholesterol.

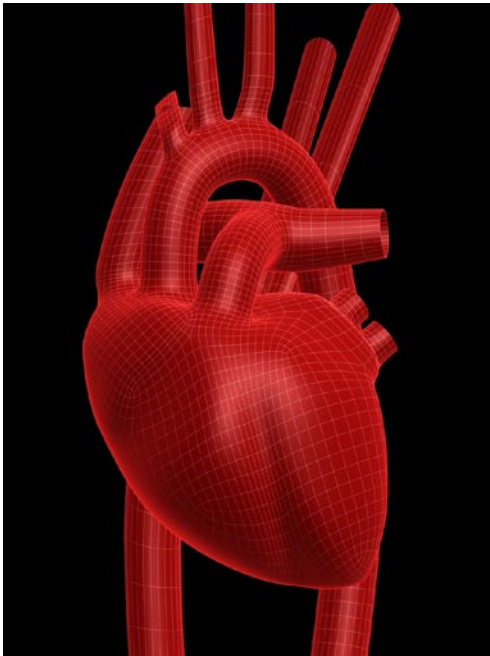
What is Heart Disease?

The problem that we run into is that medical researchers have labeled cholesterol and heart disease as the same issue. They are inherently two very different things. Now that we have explained what cholesterol is we need to now examine the nature of heart disease.

Heart disease has reached epidemic proportions in America and in many other populations. In the United States alone, heart disease kills an average of 725,000 men and women each year. The classic term for heart disease is called “atherosclerosis”. Atherosclerosis is a thickening buildup of plaque on artery walls. Arteries become stiff and rubberlike when plaque forms. When the cell wall is damaged it sends out signals to the immune system to send in repair cells—plaque. The plaque causes the artery to become inflamed and swell, thus blocking the flow of blood through the artery.

Within plaque there are many elements—fat, calcium, dead white blood cells and cholesterol. Plaque is a consortium of elements, not just cholesterol. You don't hear medical researchers declaring war on calcium or white blood cells in regard to heart disease?

The formation of plaque and hence, cholesterol, is a response to damage to the



artery wall itself. Medical doctors have it backwards when they believe that plaque buildup—of which cholesterol is a part—causes heart disease and damage to artery walls. The truth is that plaque and cholesterol are just responding to an already damaged artery to fill in the cracks.

What causes the stress fractures in the walls of blood vessels that lead to heart disease? There is much speculation as to the actual cause of the damage to the cell walls. There are several speculative theories of why cracks form in the walls of the arteries. Here are some of these theories.

- **Cholesterol.** For years researchers have been blaming cholesterol itself for

damaging the cell walls of the arteries. We see that is just not the case. The cell wall has already been damaged before cholesterol moves in. Cholesterol and plaque are just there to patch a pre-existing crack in the artery wall.

- **Oxidized Cholesterol.** There is a strong belief that it is not just normal cholesterol that is causing the cracks in the artery walls but oxidized cholesterol. Oxidation is said to damage cholesterol and then oxidized cholesterol in turn damages artery walls. Cholesterol is oxidized when exposed to sunlight, heat and oxygen. This might include many of the present day food processing methods—like the manufacturing of many commercial oils. It could also include animal products that have been heated or foods fried in oils such as corn oil.
- **Oxidized Homocysteine** A new theory on the block is that animal products contain large amounts of methionine, which is converted into homocysteine in the blood stream. When there are inadequate levels of the vitamins B₆, B₁₂ and folate, homocysteine is believed to cause tissue damage to the arteries.
- **High Blood Pressure** Many believe that high blood pressure damages the walls of the arteries by creating more force against the walls of the arteries. Hence, cholesterol is attracted to these damaged areas like a magnet.
- **Unified Theory** Linus Pauling, famous for his vitamin C therapy, has created a unique theory of heart disease called The Unified Theory. Pauling believes that mechanical forces in the form of high blood pressure and bending arteries are partially responsible for the cracks in arteries. In addition, Pauling concludes that lack of Vitamin C in the diet causes a reduction in the amount of collagen produced. Collagen is a necessary building block in arterial and vein walls. Thus cracks begin to form in the walls of the blood vessels.
- **The High Fructose Corn Syrup Theory** Some researchers have been able to demonstrate that the reliance on high fructose corn syrup (hfcs) in the last 30 years has produced more overall cholesterol in the bloodstream. HFCS is an unnatural sweetener derived from corn.
- **Thyroid Suppression** Some believe that thyroid disease causes the liver to inadequately process cholesterol, leading to more cholesterol in the blood stream than normal.
- **Chlorine Theory** Some researchers speculate that the high incidence of heart disease began when chlorine was first added to drinking water. The belief is that chlorine will oxidize the cholesterol to turn it rancid. This is all well and fine, but how do you explain a situation where there might be four people living in the same home drinking the same chlorine-laced water and inhaling the same chlorine fumes while showering, and only one of them develops heart disease.

While most medical specialists tend to follow one or more of the preceding theories, all of these competing stories have some serious flaws in them. For instance, cholesterol, oxidized cholesterol, and homocysteine travel through the entire cardiovascular system. Yet, veins do not get plaque buildup and 90% of plaque buildup occurs in the coronary arteries and not in arteries throughout the rest of the body. (The carotid arteries of the neck at times do develop plaque buildup). Plaque would be more

randomly scattered throughout the entire cardiovascular system if cholesterol were actually causing damage to the arteries. It is not.

One would think that it is peculiar why primarily coronary arteries near the heart are attracting cholesterol and plaque buildup. Why would lack of vitamin C in Linus Pauling's Unified Theory only cause weaknesses in the coronary arteries? Why would high blood pressure only create cracks in coronary arteries and not in arteries throughout the entire cardiovascular network? In the high fructose corn syrup theory, even if there was more cholesterol being created by hfc's, this still does not explain why only coronary arteries develop cracks in them. In addition, if thyroid disease were the problem, leading to more cholesterol in the blood stream, why do primarily only coronary arteries develop cracks and not other arteries or veins?

There is a disconnect between cause and effect relationships here. Cholesterol is not causing the cracks in the coronary arteries. Cholesterol is only responding to something that is occurring in primarily the coronary arteries. Atherosclerosis is an attempt for the body to send a band-aid (plaque and cholesterol) to an injury sight where an artery has developed a tiny crack. The body is trying to heal itself and this attempt often causes inflammation and swelling of the coronary artery affected, leading to a partial or complete blockage of blood flow. Cholesterol is the patch, not the cause. When heart disease occurs it is an attempt by the body to repair its own tissues.

Paul Dugliss M.D. and Sandra Fernandez M.S.P.H. state in *The Myth of Cholesterol*, "Saying that cholesterol causes heart disease is like saying that blood sugar causes diabetes. It doesn't."

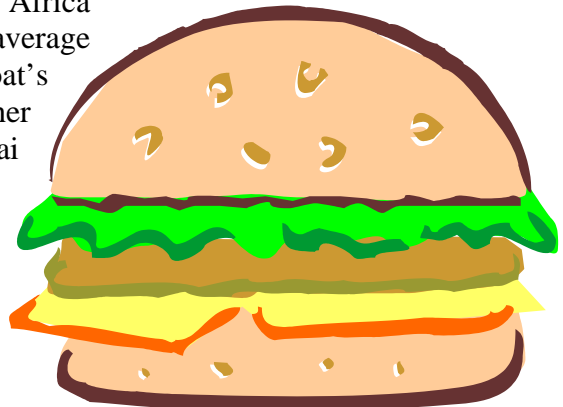
To add insult to injury, if dietary cholesterol were really the issue one might wish to question what was happening at the end of World War II when the heart disease epidemic was beginning to become noticed. The average American diet had not changed and oxidized cholesterol was almost unheard of as most highly processed oils had not been invented yet. Most Americans were eating lots of fats from dairy products, meats and eggs. The diet was the same yet heart disease went through the roof.

Diet is Not That Important

Ever since Ancel Keyes began promoting his cholesterol theory dietary intake has been at the center of the controversy. Most researchers have been willing to blame cholesterol in the diet on the reason why arteries plug up and heart attacks occur. Unfortunately, all of these researchers continue to be misled about the issue. **Cholesterol in the diet does not cause heart disease.**

For instance, members of the Masai tribe of Africa consume much more cholesterol each day than the average American. The Masai's diet consists of meat and goat's milk—up to a gallon a day of milk. Despite this rather large consumption of cholesterol each day, the Masai show no sign of heart disease.

The Inuit of Alaska have a high fat intake but low heart disease rates. These Eskimos live on blubber, meat, and fish. The Inuit also show little to no heart disease. The author of the *Cholesterol*



Hoax, Sheldon Zerden, writes, “Rural Romanians have 10 to 20 times less coronary heart disease than Americans and they consume approximately 900 mg. of cholesterol per day, which is 300 mg. more cholesterol than Americans.” Uffe Ravnskov writes in *The Cholesterol Myths*, “In England the intake of animal fat has been relatively stable since at least 1910 while the number of heart attacks increased 10 times between 1930 and 1970.”

In fact, over and over you hear about many other cultures whose dietary intake of cholesterol is far greater than that of Americans, and yet their heart disease is significantly less. The French eat the highest levels of saturated fat in Europe yet have the lowest levels of heart disease. Indians from the Indian sub-continent have a very high level of heart disease. This is despite the fact that many of them are vegetarians and eat no animal products at all. Italians die of heart disease only about 1/5 as often as Americans, despite a heavier diet in cholesterol.

If diet really did matter one would have to think that cholesterol levels would be lower in areas where there were fewer heart attacks and heart attacks would be greater in places where cholesterol levels were high. This is not so.

There have been over 30 primary studies in the last 40 years concerning diet and cholesterol. The vast majority of the findings have indicated that diet has little to no role in heart disease. The author of *Heart Frauds*, Charles T. McGee, writes about the famous Framingham study that began in Framingham, Massachusetts in 1948.

“Investigators chose not to publicize another association that was found in the Framingham study that ran contrary to the cholesterol theory. Dietary intake of cholesterol and fats did not influence blood cholesterol levels. Some people who ate large amounts of saturated animal fat and cholesterol had low blood cholesterol levels. Some people who ate small amounts of saturated fat and cholesterol had high blood cholesterol levels.”

Another series of studies was undertaken with the Japanese population. The traditional Japanese living in Japan have relatively low incidences of heart disease. However, when a person of Japanese descent moves to America it can be quite different. Those Japanese who moved to America and kept the traditional Japanese diet, but took on the American beliefs and way of life, had twice as many heart attacks as those who continued to practice the beliefs and traditions of the Japanese culture but adopted the traditional American diet. Once again, diet has very little if anything to do with heart disease.

What is the Numbers Game?

Cholesterol numbers are virtually meaningless. We have all had the dreaded fear of the inflated cholesterol numbers hanging over our heads. We have been told many times to keep our cholesterol numbers lower or our medical doctor will be forced to put us on a cholesterol-lowering drug.

According to Ray Strand, M.D., who writes in *What Your Doctor Doesn't Know About Nutritional Medicine May Be Killing You*, more than half of heart attack patients have normal cholesterol levels. If cholesterol were actually causing heart disease why do you imagine that most people who have heart attacks actually have normal to low levels

of cholesterol? According to Uffe Ravnskov M.D., who states in *The Cholesterol Myths*, “Those who had low cholesterol at the age of 48 died just as often as those with high cholesterol”. Most people who have high cholesterol never develop heart disease and many people who have low cholesterol do develop heart disease. Is there not a disconnect here?

Nearly forty years ago the medical establishment began to measure the cholesterol in the body. The random number used to be 240. This was the cutoff point. If you were below 240 in your total cholesterol numbers you were considered “healthy”. If you were above the number 240 you were now considered “at risk”. Decades later, the medical establishment lowered the cutoff point to 220. This lowering created a larger group of people who were considered “at risk” or “diseased”. The last decade or so has seen a further lowering of the cutoff point. Now the line between healthy and sick is 200.

According to Paul Dugliss, M.D. and Sandra Fernandez M.S.P.H., who write in *The Myth of Cholesterol*, that one should not even begin to be concerned about cholesterol numbers unless the number reaches over 300 in total cholesterol. This may indicate that there is a significant imbalance that would need to be corrected. Very few people, however, have a total cholesterol number that is this high.

By continuing to lower the cutoff number the medical establishment has created more people to qualify for treatment for high cholesterol. (We will discuss this later on when we see who actually benefits from the cholesterol scam). The current average total cholesterol number for all Americans is now 203. This means that nearly 50% of Americans are now being labeled as “diseased” and are requiring treatment for lowering of cholesterol.

The irony is that when you take a cholesterol test you are not even measuring cholesterol in the blood stream. What are being measured are lipoproteins. These molecules are responsible for transporting cholesterol to and from the liver. Cholesterol moving toward the liver to be recycled is called “**good cholesterol**”. The scientific jargon for this is **high density lipoproteins** (HDL). The cholesterol moving away from the liver is called **low density lipoproteins** (LDL) or “**bad cholesterol**”.

Now we are being told that it is not the total cholesterol number that is important but the ratio of good cholesterol (HDL) to bad cholesterol (LDL) that matters most. According to many medical experts, the good cholesterol (HDL) should be around 50 or higher while the bad cholesterol (LDL) should be optimally between 100-129 or lower. The bad cholesterol (LDL) is transporting cholesterol away from the liver and dumping it into the bloodstream while the good cholesterol (HDL) is being transported out of your blood stream and back to the liver.

While this theory seems reasonable on paper it still does not answer the question of why only coronary arteries and occasionally carotid arteries clog up with blockages. If good and bad cholesterol continues to float throughout the entire circulatory system, including all arteries and all veins, one would think that any artery and any vein would collect cholesterol along its walls. This does not happen. There is something else happening to the coronary and carotid arteries that have nothing to do with total cholesterol or good and bad cholesterol.

The tests taken to measure cholesterol are far from accurate as well. Cholesterol lab tests have a margin of error from 4 to 10 percent. A result of 210 in total cholesterol could actually be 189 or 231. A patient might be placed on cholesterol-lowering drugs

due to an errant test. This can be fairly common. Rarely do people get a second or third test done when they have been ordered by their medical doctor to begin cholesterol-lowering drug treatment.

We have often been told to eat more fish and chicken in order to reduce our cholesterol numbers. Avoidance of red meat has become one of the anti-cholesterol themes. However, you might be quite surprised at what the cholesterol numbers actually are for these food items. A 7.5 ounce piece of red meat contains 145 mg. of cholesterol. A white fish will have 140 mg. for the same serving size. Interestingly, chicken contains 186 mg. of cholesterol for the same portion, much more cholesterol than the red meat. Obviously, someone is playing with “fuzzy math” here.

You may have heard the claims that by eating more oat-laden foods you can greatly reduce your cholesterol numbers. This is also an absurd numbers manipulation. It turns out that in 1997 the FDA (Food and Drug Administration) approved a claim by



General Mills, (the producer of Cheerios® breakfast cereal). General Mills claimed that the fiber in oats would reduce blood cholesterol. The truth is this. After a carefully planned and executed scientific study the scientists were able to show that by eating 3 cups of Cheerios® every day with 1.5 cups of non-fat milk participants were able to reduce their total cholesterol numbers by 7 points. While commercially processed food makers were now able to market the heck out of this statement the reality is that the changes are nearly insignificant. First off, who is going to eat 3 cups of oat-laden breakfast cereal each day, (along with the preservatives, sugars, high fructose corn syrups and other additives that may actually raise cholesterol levels?) In addition, the number of cholesterol reduced means very

little. If you have a total cholesterol level of 240 and you lower it by 7 points you are now at 233. Not much has changed. It is truly a numbers game.

Statistics can often be very misleading. Many assume that science is a trustworthy institution that always plays by the rules and produces clear and unambiguous results. Not so fast. In many cases, science is as arbitrary and misleading as possible—and the great cholesterol scam is no exception.

For instance, we are often warned of the horrible risk factors of heart disease. The **American Heart Association** lists the follow as risk factors for heart disease.

- **Race (Caucasians, Blacks, Hawaiians, some Asians, Native Americans and Mexican Americans)**
- **Gender (male)**
- **Age (over 65)**
- **Smoking**
- **High Blood Pressure**
- **Physical Inactivity**
- **High Cholesterol**
- **Obesity**

- **Diabetes**
- **Stress**
- **Abusive Drinking**

Smoking is one of the few risk factors that have much merit. Most Americans who smoke die of heart disease and not lung disease. This equates to about 400,000 deaths per year. Obesity and high blood pressure may also have some relevance.

For instance, race is considered a risk factor. But according to the American Heart Association itself, most races are at risk. Just as startling is the fact that the American Heart Association lists being male as a risk factor. How do you explain the fact that by Western medical standards heart disease is now the leading cause of death in women?

It is interesting to note that as women have desired equality in the Western world they are now having heart disease equally as often as men are. Once reserved for mostly men, heart disease is now recognized as the number one killer of women as well as men by the Western medical consensus. Could it be that as women have wanted to be like men, (join the work force, be competitive, go to war and hold their emotions inside), they too have developed the conditions necessary for heart disease to flourish? How's that for equality?

Interestingly, 50% of people who have heart attacks have few risk factors. The average cholesterol number for a person having a heart attack is 180. Many very fit and seemingly "healthy" people drop dead of heart attacks while out on their morning jog. As you can see, these risk factors are altogether meaningless. For something to be congruent you would see more and more people who have heart attacks to have many of the risk factors and people with few risk factors should not be having heart attacks at all. This is not happening and the numbers just do not add up.

There is another numbers game being played by research scientists. This is called the "**Absolute versus Relative**" story. How you formulate and compare your results will often be a way that researchers manipulate statistics. Here is how it works.

If you conducted a heart study over a number of years and you gathered one group of 1000 people as your test group and another 1000 people as your control group you would measure the results against each other. If the test group were given a cholesterol-lowering drug and had 20 heart attack deaths in the allotted time frame and the control group only receiving a placebo, (a benign substance like a sugar pill), had 10 heart attack deaths during the same period, you would calculate the results.

Under the **Absolute Method of calculations**, you might conclude that the taking of cholesterol-lowering drugs was only 2% helpful, (1000 divided by 20 minus 1000 divided by 10). But according to the **Relative Risk Method of calculations**, researchers claim that they had a 50% greater chance of preventing heart attacks with their drugs, (20 minus 10). So, when you hear of a remarkable advertisement for a drug's success you might really be hearing an incredibly inflated number based on a manipulative way to twist numbers. Numbers cannot be trusted. Investigate how those numbers were computed. Many drug advertisers claim that statin drugs will reduce your risk of heart attack upwards of 50 percent while the reality is that the drugs will have a miniscule effect, usually 2-3 % reduction in risk.

There is so much concern about lowering cholesterol numbers. The truth is that cholesterol is not the major risk factor in heart disease and it has been shown that if you

were to lower your cholesterol by 60 points you only reduce your absolute risk of a heart attack by 2 percent. Don't be fooled by drug advertiser's claims that a 50% reduction in risk is possible with statin drugs.

Another interesting anomaly is the use of the exercise treadmill stress test to determine if one actually has heart disease. This is where a patient is told to walk fast or run on a treadmill while being monitored by various medical machines. The test could last from 15 to 20 minutes. Did you know that you could have a coronary artery that was 60 to 70 percent blocked and still pass the test? The current manner of measuring heart disease is to wait until your arteries become so blocked that you are now in crisis. A small blockage is considered insignificant. For a stress test to be abnormal at least 75% of an artery must be blocked.

One thing the medical profession does best is try to confuse the public. By confusing the public patients are almost always required to visit their physician to sort out all of the numbers. By making it a jig-saw puzzle of a numbers game the medical profession can keep more people in the dark about what is really going on and continue to make money treating them for something that should not be treated.

The Dangers of Statin Drugs

When the alarm bell rings and your total cholesterol numbers rise above the magic 200 line your medical doctor is obligated to put you on a cholesterol-lowering drug. Most often this will be what is called a "statin" drug. Statin drugs have been shown to prevent the liver from over-producing cholesterol. Problem solved—right. Not so fast.

While your cholesterol number might drop you have 1) not solved the riddle about why your coronary arteries continue to develop cracks in them, and 2) now you have a multitude of side effects far worse than what cholesterol might create.

Cholesterol-lowering drugs are some of the most prescribed drugs in the world. An estimated 40 million people take the number one statin—Lipitor—while another 20 million people take other cholesterol lowering drugs like Crestor and Zocor. Interestingly, even though millions of people continue to take these lethal drugs, their heart attack risk has virtually remained the same. In fact, Pfizer, the mega-drug company that makes Lipitor has placed the following disclaimer on its advertising.

“Lipitor has not been shown to reduce the incidence of heart disease or heart attacks”

The dangerous side effects of statin drugs are many. First off, your chances of developing cancer have now increased greatly after taking cholesterol-lowering drugs. Now, instead of dying of Western medicine's calculated number one cause of death, (heart disease), you are now apt to die of the second leading cause of death—cancer. At least you will have a reduced amount of cholesterol in your circulatory system when you die.

Liver damage while taking statins is also very common. Many people later die of liver failure after an extended period of time taking statin drugs. This is often recorded as "death by natural causes". Memory loss and reduced clotting are also common side effects as well as tiredness, joint pain and heart failure.

But the primary way in which statins like Lipitor, Crestor, Zocor, Pravachol, Lescol and Mevacor kill people is through a process called “rhabdomyolysis”. This is where the skeletal muscles break down and the waste products from this effect end up inundating the kidneys, ending in kidney failure. Many people die of the side effects from the drugs. Few statistics are collected on this data. Besides, seldom does the FDA follow through with its own governing laws to require the drug companies to follow up on stage three and stage four drug trials. These are the trials that would actually collect data on the deaths of people due to the side effects from drugs after the drug has been out on the market.



Only 1 to 3 percent of people are actually helped by taking statin drugs. That means, at the most, for every one hundred people taking a cholesterol-lowering drug, ninety-seven people receive no benefit, yet are forced to endure the potentially damaging side effects. Statins provide very little benefit to most while creating a lengthy list of side effects. Is the price really worth it?

Many people are being treated for a problem in only a few.

Interestingly, the statin drug, Baycol, was removed by the FDA in 2001. Two many deaths were being attributed to this cholesterol-lowering drug. Essentially, the current cholesterol lowering drugs being sold do the exact same thing, yet the FDA has somehow managed to approve them.

Despite what the pharmaceutical industry and its supporters want you to believe, health care cannot be achieved by ingesting another pill. While well-paid celebrities continue to endorse these potentially life-ending drugs, when does one wake up and begin to stop being a guinea pig for the drug industry? Drugs, (including cholesterol-lowering drugs), are part of a massive social experiment. With so many people dying from the side effects from these drugs, how’s it working out so far?

Follow the Money Trail

When you begin to consider the absurdity of the cholesterol theory one might begin to wonder why this notion still exists today? Isn’t anyone reading the literature that says that cholesterol has never shown to cause heart disease and cholesterol-lowering drugs do not lower the risk of heart disease for most people? One might wish to ask, “Who benefits from this ongoing myth?”

Drug Companies

In a for-profit medical system there are a number of parties who benefit when a disease is created. The primary beneficiaries are the drug companies. The drug companies are more than happy to keep selling their high-priced drugs for a problem that it is not even solving.

For instance, the number one selling cholesterol-lowering drug is Lipitor, manufactured by Pfizer. Lipitor brings in more than 15 billion dollars a year in sales. In fact, cholesterol-lowering drugs are some of the most profitable drugs of all time. While some consider statins to be just an expensive aspirin, profits are enormous. Drug

companies will continue to promote the cholesterol myth because it sure helps out their profit margins.

Medical Doctors

Western medical doctors are the resources where most people go to address their health issues. If a doctor can label a patient with a disease, you now have a patient for life. Treatment and cure is not the same thing. Most doctors would rather treat a disease because it brings patients back again and again. When it comes to the cholesterol myth, most doctors are educated by the pamphlets from the drug companies and have not studied the truth about the issue at all. Medical doctors make money from the drugs that they sell, (called “discounts” by the drug companies), and by labeling a patient as “sick”. This keeps them coming back for frequent office visits and tests.

Media

Who do you imagine pays large sums of money to advertise in the media? The drug companies of course. The media loves the cholesterol myth because many of their prime time advertisement slots on television and whole page ads in magazines are devoted to the selling of cholesterol-lowering drugs. Without the sale of advertisements to drug companies many media outlets could not exist.

AMA

The American Medical Association (AMA) helps to guide the treatment courses for its members—medical doctors. The AMA is insured a strong influence in health care when it can continue to appear that it is at the forefront of discovering new treatments for diseases. The AMA can continue in its power role when it appears that it can deliver answers to a searching public.

Processed Food Industry

The makers of processed foods are delighted with the cholesterol myth. They are able to advertise products with reduced fats to the consumers. All over packaging one sees product labels that profess “reduced cholesterol” or “zero grams of cholesterol”. Fat and cholesterol become taboo ingredients and if a company can advertise that it has reduced or eliminated these ingredients the belief is that more sales will happen.

American Heart Association

People tend to donate their money where they think it will be used wisely. As long as the American Heart Association embraces the cholesterol myth many people continue to write checks of support. An institution that looks like a failure will have less chance of collecting substantial donations. In addition, the American Heart Association is able to give people easily recognizable numbers to follow and a structure to guide them.

As you can see, when you have a for-profit health care system, there is a lot of money to be made when people are sick or told they have a disease. This type of system does not necessarily want to find a cure for disease; it would rather treat disease. Treatment creates life-long patients.

This well-entrenched myth continues to plaque the American culture. When it comes to health care, profits often come first. We are often willing to ignore the truth about something in order to keep the dollars flowing in.

The Exercise Myth

Many people were taught to believe that cardiovascular disease could be helped or cured by physical exercise. This myth sprung up in the early 1970's when Dr. Kenneth Cooper, then a NASA research scientist, published a book called, *Aerobics*. In his revealing book, Dr. Cooper promoted the idea that cardiovascular fitness was a necessary component of general good health. He said that we were all supposed to get out and elevate our heart rates for at least twenty minutes three times per week.

Dr. Cooper now retracts that idea. In an article in *Fit Magazine*, (April, 2000), Dr. Cooper says that many of his friends had died of heart attacks while running and he now no longer prescribes to the cardiovascular notion. In fact, fit people die at an alarming rate. The running guru, Jim Fixx, (author of *The Complete Book of Running*), died of a heart attack while running. Olympic athlete, Florence Griffith Joyner, also reportedly died of a heart attack. This is just the tip of the iceberg.

Isn't it time that we banished the current prehistoric beliefs that we have about the heart and cardiovascular system? Many people have errantly been led to believe that cardiovascular fitness will stave off heart disease or cure it. Neither of these has ever been proven to be true yet we continue to practice this belief.

Most people who do not practice cardiovascular fitness never go on to develop heart disease. Many people who are extremely fit do develop heart disease. Is anyone listening? While fitness might be an important tool to shape one's body in order to fit into one's clothes it is normally not a health regime. Health and fitness are two entirely different concepts and the notion that fitness can cure the source of heart disease is absurd.

When you exercise cardiovascularly, you are working backwards, trying to muscle your way through your imbalance. What you are saying is that you will just keep on leading your overwhelming stressful life where your coronary arteries are squeezing tightly because of all the pressure built up inside. You are making a bet that you can strengthen your heart enough to allow it to pump more blood through those tightly narrowing arteries. Is that a bet that you are willing to continue?

A Conditioned Response; Anatomy of an Artery

Coronary arteries are muscles reacting to a conditioned response. Just like asthma, where the bronchioles, (another muscle), constrict as a conditioned response, arteries are also constricting in a response pattern. This is also similar to situation where some people have a conditioned response to tighten up their jaw muscles, developing TMJ (Temporal Mandibular Joint Syndrome). Others have a conditioned response to tighten up their eye muscles to distort vision.

While such toxins like nicotine from tobacco smoke have been shown to damage the endothelial walls of arteries, high blood pressure and messages from the brain are also strong correlating factors. A conditioned response can occur at any juncture in the body.

Muscles will contract for a variety of reasons—to create movement, (like in the heart muscle), locomotion, (like in the hamstrings), to provide force, (like when trying to lift a load), and as a response to a stress stimulus, (whether real or imagined). Arteries are encased in smooth muscle tissue. Under stress these muscles tense, causing the artery to narrow and further leading to cracks.

High blood pressure could be caused by a number of factors. Among other things, when an organ like the liver or kidneys remain clogged, the brain senses the need for more pressure to push blood through the constricted organs. Thus, arteries narrow as a side effect of the body trying to correct another problem. However, since the mainstream Western medical system does not think much about cleansing organs, (they would rather sell you a much more costly drug), this problem goes mostly unnoticed.

What happens to the artery is a direct result of the message that the mind is responding to. While heart surgeons might be considered just glorified plumbers and heart disease a simple plumbing issue, there are for more complex issues to consider. All degenerative diseases begin in the mind and a conditioned response is sure to follow. Heart disease is no different. One could argue that heart disease is really an emotional imbalance, (leading to contraction of coronary arteries and often high blood pressure) and less of a plumbing issue.

Unfortunately, those primarily concerned with studying heart disease are associated with a mechanistic framework and are still examining the symptoms (cholesterol) and not the cause (stress). Why work on symptoms and not root causes? Real solutions and dynamic cures do not make much profit for a medical system that is a for-profit first system. If one could maintain the status quo, keep patients uneducated and reliant on their medical doctor, they are sure to keep returning for whatever temporary relief is available. Healthy people do not make much money for the medical industrial system; sick people do.



As we have seen, stress often injures blood vessels. The cause of heart disease in most people can be attributed to the thoughts and beliefs running wildly through one's mind. When we start addressing the causes and not just treat the symptoms, then you will begin to see the reversal of heart disease.

A Body Mind Issue

Most heart attacks happen in America on Monday morning at 9 am. Is this because we have overloaded our digestive systems with an excess of saturated fat in the form of fast food for breakfast? Of course not! Diet is inconsequential. After a weekend of relative unwinding, most American workers are revving up to begin another long and arduous work week of trying to get ahead. They are engaging in their stress response and the weakest part of their body is being triggered like an over-loaded circuit breaker.

Heart disease is a degenerative disease and not an infectious disease. It takes time to develop and is created by the body itself. While most diseases of the past were infectious diseases, (influenza, yellow fever, malaria, etc.), the current trend is towards

degenerative diseases that begin from within the body itself. Stress is the prime instigator in all degenerative diseases.

Western medicine is still looking at cells to determine culturalgenic or degenerative diseases. While this approach might work for infectious diseases like malaria it is a poor method for degenerative diseases. Degenerative diseases like heart disease are emotionally based. Stress is another way to say “Fear”. While medical doctors often list “mental stress” as a risk factor, they address stress from an analytical and not emotional standpoint. Stress is fear and not something that can be analyzed in a text book. Since we all have some form of stress one could make the point that life is a risk factor.

Degenerative diseases are culturalgenic in origin. This means that something that is being done, practiced, or thought about in a certain culture will lead to a preponderance of a certain disease element. For instance, according to Uffe Ravnskov in *The Cholesterol Myths*, “In Japan, it is considered shameful to die of a heart attack but honorable to die from a stroke”.

What is the classic American attitude towards heart attacks and heart disease? Is it true that in America it is considered “manly” or “macho” to die from a heart attack? This means you have been a hard worker, repressed your emotions inside, and have forged ahead. The personality type of the average heart disease patient in America is one that breeds competition, lack of awareness of one’s emotions, and driven to performing. Heart disease in America is a very accepted and a “normal” experience. One is symbolically given a posthumous medal of honor if you could die of a heart attack. This means that you have prescribed to the American ideals of forging ahead and burying your emotions deeply within. Unlike the Japanese culture, Americans by and large, do not experience a feeling of shame when it comes to heart disease.

America and many other Western countries still remain frozen in a state of war. Decades after peace accords might have been signed, fear remains and the heart suffers. This fear of being attacked keeps the heart in a state of constant struggle, always seeking out an enemy to defend against. Heart attacks do not just happen; they are created from fear. **Why would your own heart attack you anyways?**

For instance, while consuming some of the highest levels of saturated fats and cholesterol than most industrialized countries, the French also have one of the lowest heart disease rates. It has been speculated that the French also drink lots of red wine and grape products, pointing to the grape as the source of heart health. What is not being acknowledged is that the French are also relaxing and doing very little while drinking the red wine, unlike their American counterparts who are consumed with spending, getting ahead, and high stress living. The French are a more relaxed and less driven culture. They have less stress. It’s not about the grapes.

What was happening just after World War II when it was noticed that heart attacks were quickly increasing? **Post Traumatic Stress** is the answer. The nation and world had just been in a horrible stressful event for the last few years. Both soldiers and civilians were paralyzed in fear of being attacked. Just because a peace accord was signed does not necessarily mean that the human nervous system receives the message that it is safe to relax and resume normal life. In most cases, while there might have been peace on the outside the insides of the human body were still frozen in a war state.

Stress is not about a biochemical discharge, but a perception of danger. Anything can be stressful if it is perceived to be. Social dislocation can also be a form of stress. The migration and eviction of large populations can also weigh in when heart disease numbers are calculated.

For instance, in 1948 a significant portion of Finland was annexed by Russia and the inhabitants of this area (400,000) were forced out of their homes and made to relocate back to Finland. This was perceived as a significant loss. The Finnish people also had the highest rates of heart disease in the entire world in the 1960's and 1970's. Some researchers tried to pin this fact on a poor diet. Yet the Fins did not eat anything different than the nearby Swedes or Norwegians, whose heart disease rates did not spike. Being forced out of their homes and relocated was a significant stressful event that affected a large portion of the population of Finland. Most researchers prefer not to look at emotions when studying heart disease. Perhaps, if it cannot be seen under a microscope it is not worth studying.

A similar situation was occurring in Scotland. In 1946 a plan was initiated to remove nearly half a million people from decaying and worn communities in Glasgow, Scotland. These forced evictions caused much stress and grief amongst the inhabitants who had lived in these towns for many years. Interestingly, fifteen to twenty years later, the country of Scotland began to take on the dubious role of having the highest incidence of heart disease in the entire world. Obviously, an entire population had been dis-stressed.

This pattern can be seen over and over again. For instance, Native Americans also have a high incidence of heart disease. Look at the forced evictions that have occurred generations ago. The Native Americans were rounded up and forced onto tribal lands. That disempowerment has been passed on to future generations, ultimately affecting the heart.

Hawaiians share a similar story. Their lands were essentially stolen from beneath them and their sense of freedom and empowerment diminished. They also suffer from a high incidence of heart disease.

African Americans have suffered a similar plight. While slavery has been over for over one hundred and fifty years the sense of anger and disempowerment has remained for many. Heart disease is extremely high in the African American population.

Even an observant medical doctor will make the connection between stress and heart disease. He will ask a patient if there has been a significant strain on his life in the months that have led to his heart disease. This might include a death of a loved one, loss of a job, a divorce or bankruptcy. This could mean that this patient is still in the "shock" stage of these events and still in Post Traumatic Stress. His nervous system still perceives a world of danger around him, whether the danger is real or even imagined.

When someone loses a sense of hope he seeks out relief. Sometimes, albeit without conscious awareness, a heart attack is often that ticket to relief. The power of the mind to heal or create disease has been well-documented. Heart disease is certainly no exception. Could it be true that so many Americans are succumbing to heart attacks and heart disease because it is an easy way to find relief and there is no shame involved?



Emotional factors are at the root cause of heart disease. For instance, Dr Dean Ornish has shown that he can reduce heart disease in patients with a three pronged program—meditation, group therapy, and dietary alterations. Many who submitted completely to his program have seen substantial healing of their heart disease. Meditation has been shown in many people to turn off the Stress Response and activate the Relaxation Response. That is the key to eliminating heart disease. Group therapy helps people to express their bottled up feelings, further enabling the Relaxation Response.

Many have blamed strong emotions like anger as the root cause of heart disease. This is completely false. A healthy expression of anger will release the stored energy of the emotions that tend to lodge within the heart. Holding anger inside or raging with anger though will tend to make the heart issues worse. It is not the emotion of anger that is to blame, but how it is expressed or not expressed.

Essentially, stress is killing us. When it comes to the heart and heart disease there are no exceptions. As we have seen, stress often injures blood vessels. The cause of heart disease in most people can be attributed to the thoughts and beliefs running wildly through one's mind. When we start addressing the causes and not just treat symptoms, (like cholesterol), then you will begin to see the reversal of heart disease. Most medical doctors know very little about emotions or stress. Why would you expect a medical doctor to have the answers to an emotionally-based disease?

The world of scientific and rational medicine has yet to find any cause or cure for degenerative diseases. This is because the root cause of all degenerative diseases lies in the emotional world, with the thoughts one thinks and the emotions left unfelt. Heart disease is certainly no exception.

Cholesterol does not cause heart disease. While the notion that cholesterol is the culprit certainly makes lots of money for many, most people end up far worse off if they go down this road. And while heart disease is often frightening and makes one feel insecure, it certainly can be cured. A lifetime of taking toxic drugs to treat the symptoms is not the answer. Holistic and time-honored natural methods are the answer. When we begin to abandon the notion that cholesterol has anything to do with heart disease is when we start heading our flock in the right direction.

What to do?

Obviously, whatever mainstream Western medicine is doing is not working and so just about anything else would be a good direction to start. If you have been diagnosed with high cholesterol and placed on statin drugs or are concerned about maintaining heart health, here are some suggestions for you to consider.

1. **Learn to relax.** Stress is always at the bottom of any degenerative disease. Most people have forgotten how to relax and spend most of their existence busily running around. Find a good massage therapist or day spa in your area and receive regular massages and bodywork. For people who are seriously “stressed out”, I often recommend that they do something radical in order to change their stress profile. I often have clients come to receive 10 massages in a one month period or even three massages in a single day. These techniques help to reset an over-stimulated nervous system.

It is ironic that we so often hear, (even from medical doctors), that it is important to “reduce stress”. However, most medical doctors could not tell you where or how to do that and they always list stress as the last element to change. What if you made stress reduction the first element?

- 2. Find a holistic health practitioner in your area.** A holistic health practitioner might be an Ayurvedic doctor, Traditional Chinese Medical doctor (TCM) or acupuncturist, homeopath, naturalopath, energy worker, herbalist or many others. You may even consider working with a holistic chiropractor trained in NET, (neuro-emotional technique.) These professionals will help you remove yourself from the cholesterol-lowering drugs that are sure to cause the body harm. They may use instead, herbs, minerals or other remedies or treatments to rebalance the body. They will help you discover the root of your body’s imbalance rather than just mask the symptoms.

Suggestions:

A. The Whitaker Wellness Institute in Newport Beach, California is another holistic-based center whose intent is to unravel the source of your heart disease and help you to find natural solutions to remedy it. (www.whitakerwellness.com)

B. Purchase a copy of *Dean Ornish’s Program For Reversing Heart Disease*.

C. Investigate working with someone who is trained in body/mind medicine. One such technique is called, “NET”—neuro-emotional technique (NETmindbody.com)

(Do not remove yourself from any medication without first consulting with a qualified health care professional).

- 3. Dietary alterations.** While diet has never been shown to be the root cause of heart disease and build-up of cholesterol in the arteries many alterations in diet can help to reduce some of the symptoms. Choose a fresh vegetable-based diet with as few processed foods as possible and stick with natural oils like olive oil. **It is always best to consult with a qualified nutrition expert when making significant dietary changes.**
- 4. Supplements. (Please consult with a qualified health care provider for the appropriate combinations and dosages).**

The following is a partial list of supplements that one might consider.

Garlic, Vitamin E, Grape Seed Extract, Co Enzyme Q10, Omega-3-Rich Fish Oil, Niacin, Red Yeast Rice, Magnesium

Dr. Richard Schulze (herbdoc.com) also sells many natural heart healthy formulas. These include the following;

1. Heart formula
 2. Protect formula
 3. Cayenne pepper formula
- 5. If nothing else works, eat more Cheerios@.**

This article is for entertainment purposes only and should not be used to treat, diagnose or heal any disease. Any changes that you make in regard to your health should be in conjunction with the advice from your primary health care provider.

Resources

What Your Doctor Doesn't Know About Nutritional Medicine May Be Killing You, Ray D. Strand, M.D.

The Great Cholesterol Con, Dr. Malcolm Kendrick

The Myth of Cholesterol, Paul Dugliss M.D., and Sandra Fernandez, M.S.P.H.

Heart Frauds, Charles T. McGee, M.D.

Hidden Truth about Cholesterol-Lowering Drugs, Shane Ellison, M.Sc.

The Cholesterol Hoax; 101+ Lies, Sheldon Zerden

The Cholesterol Myths, Uffe Ravnskov, M.D., Ph. D.

Get it Up, Sydney Ross Singer and Soma Grismaijer

Get it Out, Sydney Ross Singer and Soma Grismaijer

The Doctor is Out, Sydney Ross Singer and Soma Grismaijer

Fit Fir Life II, Harvey and Marilyn Diamond

Lipitor—Thief of Memory, Dr. Duane Gravekine

Dr. Deane Ornish's Program for Reversing Heart Disease, Dr. Deane Ornish

Reversing Heart Disease, Julian Whitaker

AmericanHeart.org

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