



CHOLESTEROL AND HEART DISEASE —NO CORRELATION

The public has been told by the medical establishment that serum cholesterol levels under 200 mg/dl are good, and over 200 mg/dl are bad. It is not that simple. They also tell the public that a diet that is high in saturated fats and cholesterol *may* be associated with heart disease, because some studies showed a higher incidence of heart disease in countries where diets were high in saturated fats and cholesterol. But, vegetarians whose diet has little or no saturated fats and cholesterol get plenty of heart disease, and Eskimos whose diet is astronomically high in saturated fats and cholesterol almost never have any heart disease. *There are factors other than the amount of cholesterol and saturated fat in the diet that affect the cholesterol level in the blood and the incidence of heart disease.* Blood cholesterol studies that were conducted on over 4,000 people in Michigan showed absolutely no correlation between dietary cholesterol intake and

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blood cholesterol level. Consumption of carbohydrates, lack of exercise, stress, anxiety, and cigarette smoking contribute to high cholesterol levels and heart disease. Some people don't metabolize saturated fats efficiently because of vitamin or mineral deficiencies. Since the liver regulates cholesterol, deficiencies in liver-supportive substances like lecithin, choline, inositol, biotin, and vitamins B₁₂ and B₁₅ can cause heart disease. Other nutrients that are necessary for fat utilization or the prevention of heart disease are magnesium, selenium, manganese, zinc, potassium, chromium, vanadium, folic acid, and vitamins E, C, B₃, and B₆.

In fact, practically everything the average person has heard about cholesterol is misleading. The average person's confusion is preyed upon by big business. Television advertisements are designed to prey on people's fears by saying 'low fat' or 'no cholesterol' in an attempt to scare people into buying the advertiser's products. Medical doctors prey upon people's confusion by charging for laboratory tests two times a year to find out their cholesterol level. Medical doctors will ignorantly prescribe cholesterol-lowering drugs rather than deal with a cause, even though the side effects from these drugs include lupus, headaches, dizziness, loss of hair, tremors, arthritis, ulcers, muscle weakness, decreased sex drive, and impotence. On the bottle that contains the cholesterol-lowering drugs it plainly states that nobody knows if drug-induced lowering of cholesterol has any effect on heart disease whatsoever. The whole relationship of





cholesterol and heart disease is a theory—a completely unproven and undocumented theory. People jumped to a premature conclusion when they were first confronted with finding plaque (lipid deposits) in blood vessels. Even though we see large numbers of people wearing raincoats when it is raining, we are not supposed to jump to the conclusion that wearing raincoats *causes* rain. Yet, that is precisely what has happened. People were found to have cholesterol in their blood vessels—therefore cholesterol causes heart disease.

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In other sections of this book, I explain that degenerative diseases, like atherosclerosis (clogged vessels) and cancer, are caused by free radical damage. With atherosclerosis, free radicals damage the inner lining of blood vessels. The body attempts to repair the damage by sending blood platelets to the area. Platelets clump over the injured spot and this 'clumping' disturbs the previously smooth flow of blood. This process attracts fibrin (a protein/collagen material) and cholesterol. Then calcium is sent to perform its healing (and scarring) role, which leads to a hardening process. *The cause was the free radicals*—not the cholesterol, calcium, or platelets. The body uses cholesterol to protect us from the free radical damage. The enemy is not the

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cholesterol, it is the free radicals and the oxidative stress they create. A high blood cholesterol level is an *indicator* of free radical damage that is occurring. A high cholesterol level does not mean that the person is consuming too much cholesterol in their diet. It means that their body is suffering from a high rate of free radical damage, and an insufficient amount of dietary antioxidants are being consumed in response. With too few protective antioxidants to do battle with the free radicals, the body responds by manufacturing large amounts of cholesterol.

So, if you thought that by eating meat and eggs, your cholesterol level goes up, and excess cholesterol in the blood starts gradually 'building up' until vessels get clogged (resulting in a heart attack), you now know that it is not quite that simple. You now know that if you don't eat cholesterol, your liver will simply manufacture it. Low levels of cholesterol are very often associated with cancerous and other wasting diseases. The consumption of carbohydrates



(especially simple carbohydrates like sugar) is associated with heart disease. There is a connection between the drinking of chlorinated water and heart disease. There is no connection between the consumption of cholesterol in one's diet and heart disease.

So, why do doctors keep telling people to have their cholesterol levels tested? One reason is that doctors deal with statistics on the subject of disease. That is, if they find that statistics show that a large number of people with high cholesterol levels get heart disease, they will tend to concentrate on 'treating' (covering up) the symptom (high cholesterol level) rather than eliminating or preventing the cause. Since medical schools teach only a 'corrective' approach to disease, instead of a preventive approach (nutrition, exercise, stress management, etc.), doctors don't have the slightest idea what *causes* anything. Everything they learn after medical school comes from reading medical journals, all of which are owned by pharmaceutical houses who certainly perpetuate a 'corrective' mentality. Another reason why doctors keep telling people to

The consumption of carbohydrates (especially simple carbohydrates like sugar) is much more associated with heart disease than the consumption of cholesterol is.

have their cholesterol level checked regularly is because laboratory tests are financially rewarding to the doctor in many ways. Many times the doctor owns the laboratory where he has the tests done. Also, the more tests, the more chance that the patient will score high or low on a test, and the doctor can tell the patient that he wants to investigate further (with more tests)—increasing his financial returns. That's how a doctor 'builds a practice'—as they put it. They don't care why or how you get a disease, they just know that if they can find some disease or 'condition', it means big money (building a practice). Then they can start running more laboratory tests, and so the cycle goes. It is each person's own responsibility to do what it takes to be healthy. Doctors should be used in emergencies (car accidents, gun shot wounds, burn wounds, broken bones, etc.)—that's what they are taught how to handle, and that's *all* they are taught how to handle. It is up to you to prevent degenerative diseases that are caused by lifestyle choices (nutrition, exercise, relaxation, frame of mind, etc.).

So, you can let the doctor take all the laboratory tests that he would like to take, but getting and staying healthy is another matter completely. As far as heart disease and cholesterol levels, avoiding what causes heart disease should be the course of action. Heart disease (like atherosclerosis) does not occur in people in a random manner as the 'disease industry' wants people to believe. People can protect themselves by avoiding what causes heart disease. The way to go about avoiding what causes the disease is easier than one might think. In other parts of this book it is pointed out that research has repeatedly shown that shortly after sugar is introduced into





a group of people's diet (which previously contained no sugar), heart disease (and cancer) rates quickly skyrocket to a level equivalent to America. So eliminating sugar (and other simple carbohydrates like white flour, white rice, alcoholic drinks, etc.) would be a good start toward preventing heart disease. Countries that consume little or no milk have much lower heart disease rates, so eliminating milk would be a logical next step. Chlorinated drinking water is so closely linked to heart disease, that it would be hard to justify not eliminating it. Drinking coffee and smoking cigarettes force the adrenals to release adrenaline, which raises cholesterol levels and blood sugar levels, and thereby triggers the insulin reaction. This is the same way that sugar and other carbohydrates cause the plaque build-up (clogged vessels) and other heart disease. Stress forces the same response. It drains the adrenals of hormones, creates high blood pressure, tires out the body, cuts off digestion, raises blood sugar and cholesterol levels, weakens the immune system, and initiates heart disease as well as other serious conditions such as ulcers, depression, headaches, impotence, pancreatic disease, and cancer. So, eliminating the destruction that comes with drinking coffee, smoking cigarettes, and being stressed will greatly decrease a person's risk of getting heart disease. Quitting coffee and cigarettes is one thing, but learning how to successfully manage stress is another. Exercise certainly helps a person manage stress, and the person's frame of mind is very important. A person must actively practice stress management every day, and this point is discussed in more detail in the health-category sections: EXERCISE, RECUPERATION, AND FRAME OF MIND.

Now, it is easy to see why Arctic Eskimos, who consume huge amounts of cholesterol, don't suffer from America's heart disease scourge. They eat no carbohydrates, (sugar, alcoholic drinks, vegetables, grains, fruits, etc.) which raise blood sugar levels and cholesterol levels, trigger an insulin response, interfere with fat utilization, and weaken the immune system. They get plenty of protein (class A or high-quality) in their diets. They don't drink milk or chlorinated water, and they don't drink coffee or smoke cigarettes. So, when you hear some jerk say that heart disease rates are higher in countries that consume high amounts of cholesterol, you will now know that these are the same countries whose people consume huge amounts of sugar, alcohol, and other high-carbohydrate poisons, drink large amounts of milk, drink coffee, smoke cigarettes, lead stressful lives, and do less exercise than the people in the countries that they are compared to. If the amount of cholesterol in the diet was the culprit, then the Arctic Eskimos' almost non-existent rate of heart disease would not be possible. Other people who consume high levels of dietary cholesterol like the Kalahari Bushman, Masai of Kenya, and Australian Aborigines show an absence of clinical signs of atherosclerotic heart disease like the Arctic Eskimos. I am afraid that these people will start having some heart disease soon because I have been told that coffee, cigarettes, and sugar products are finding their way into new areas and contaminating the previously unadulterated cultures.

Let's say a person gets tested, and their cholesterol level is high by medical establishment standards (over 200). Many factors may have affected that reading's accuracy. If they had



recently had surgery, been ill, had a heart attack, or been pregnant, the reading may be inaccurate. If the person did not fast (no food) for twelve hours before the test, the reading may be inaccurately high. If the person did not sit quietly and relax for at least five minutes before the test, accuracy is questionable. The tourniquet, when drawing blood, should be on for less than one minute or false high readings can result. A heavy work-out can affect the accuracy of LDL readings. And I personally pay little attention to 'finger stick' tests because I feel they are highly inaccurate. But even if the person's test results are considered accurate and over 200 mg/dl, they are not necessarily at risk for heart disease. In the section on lipids, it was explained that cardiovascular disease is the result of an imbalance in the ratio of HDL (high density lipoproteins

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or 'good cholesterol') to LDL (low density lipoprotein's or 'bad cholesterol')—not just the overall blood cholesterol level. If the HDL level is kept high, the body is dealing with cholesterol efficiently and plaque is 'vacuumed up' and returned to the liver. In fact, the HDL level is the best indicator of whether or not a person is likely to have a heart attack or not. It is my opinion that the percentage of HDL to total cholesterol level should be higher than 22%. Or, by dividing HDL level into the total cholesterol level, the figure should be lower than 4.5. For instance, a person having a total cholesterol reading of 200, and an HDL reading of 45, would be right on the line—22.5% or 4.4. I would like to see the person do a little better, but I feel that this person is not in danger. I have found that my clients that follow what I consider to be proper eating habits and lifestyle habits have HDL percentages over 30% (or 3.3). These people eat large amounts of eggs, red meat, and other animal flesh—they eat small amounts of carbohydrates (never simple carbohydrates like sugar products, fruit, white rice, white flour, etc.), no milk products, and no wheat products. They don't drink coffee, alcoholic drinks, or smoke cigarettes. In fact, my clients that adhere to proper lifestyle habits don't get tested very often for anything because they rarely come in contact with the 'disease industry'. But occasionally, because of accidents or applications for insurance, a medical doctor will do their 'blood work'. After eliminating sugar, wheat, milk, alcohol, caffeine, and nicotine, people's cholesterol levels go down and HDL levels ('good cholesterol') go up. Here are some examples of the changes.





42 year old male:	before adopting proper eating habits	after adopting proper eating habits
Total Cholesterol	289	233
HDL	37	80
HDL% (should be over 22%)	13%	34
Total cholesterol ÷ HDL =	7.8	2.9
(should be less than 4.5)		

61 year old female:

Total Cholesterol	313	218
HDL	46	66
HDL% (should be over 22%)	15%	30
Total cholesterol ÷ HDL =	6.8	3.3
(should be less than 4.5)		

56 year old male:

low cholesterol diet
(No Red Meat)

Total Cholesterol	276	191
HDL	41	66
HDL% (should be over 22%)	15%	29
Total cholesterol ÷ HDL =	6.7	3.4
(should be less than 4.5)		

47 year old male:

(former vegetarian):

Total Cholesterol	333	212
HDL	66	71
HDL% (should be over 22%)	20	33
Total cholesterol ÷ HDL =	5.0	3.0
(should be less than 4.5)		



33 year old female: (former vegetarian):	before adopting proper eating habits	after adopting proper eating habits
Total Cholesterol	265	188
HDL	43	62
HDL% (should be over 22%)	16	33
Total cholesterol ÷ HDL =	6.1	3.0
(should be less than 4.5)		

44 year old male:

Total Cholesterol	277	196
HDL	49	55
HDL% (should be over 22%)	18	28
Total cholesterol ÷ HDL =	5.6	3.6
(should be less than 4.5)		

Some of these people were obese when they first came to me for a nutritional consultation. Losing weight immediately helps to raise HDL levels and lower total cholesterol levels (if you are overweight).

A few years ago, a client (45 year old male) had been tested (an employment physical) right before he came to me for a nutritional consultation. His total cholesterol was 341 mg/dl and his HDL level was 52 (15% or 6.6). Nine months later, he had adopted proper eating and lifestyle habits (more exercise, no poisons, vitamin and mineral supplementation, etc.) and out of curiosity, wanted to be tested again. His new cholesterol level was 201, and his HDL level was 73 (36% or 2.7). What made this case especially interesting to me was that he seriously broke his hip in an accident (almost two years ago) and spent a considerable time in the hospital. Doctors had him hooked up to an IV bag (sugar water) for awhile. Hospital food was packed with carbohydrates and contained little to no high-quality protein. Sugar, wheat, and milk products were the norm, and almost all the food was in a processed form. His new cholesterol level (within one week of being hospitalized) was 283 mg/dl and his HDL level was 47 (16% or 6.0). His cholesterol stayed up and his HDL level stayed down until he went home and was able to start eating properly and taking his vitamin supplements again—the doctors felt that he should not take vitamin supplements while in the hospital because they feared the supplements would interfere with their treatment. He still couldn't exercise, but about one month after leaving the hospital, he was again tested. After eating properly and taking his vitamins for one month, his total cholesterol was 208, and his HDL level was 66 (32% or 3.1).



Before this case, examples of how cholesterol levels were affected by dietary and lifestyle improvements came by chance from the people who happened to have recently gotten their cholesterol level tested (I certainly don't ask anyone to do so), and then got it re-tested (usually out of curiosity) after making changes in their eating and lifestyle patterns —and then showing me the results. Since my approach is so different from the ever-popular 'high-carbohydrate/low-cholesterol' eating pattern that most 'surface authorities' suggest, I think these people felt compelled to check and see if their cholesterol levels had skyrocketed. After all, now they were eating meat, eggs, and cholesterol—exactly what 'surface authorities' said would raise cholesterol. Yet each and every person's (with elevated cholesterol levels) total cholesterol level went down, and HDL ('good cholesterol') level went up. More than a few confessed, after seeing vast improvements in all facets of their health, that when they first heard what I considered to be proper eating habits, they thought my approach would kill them. They now can see how people are totally brainwashed (by the 'disease industry', food industry, exercise equipment industry, etc.) into doing unhealthy things so that these industries keep making fortunes at the expense of peoples' health.

So, it was extremely interesting to see this person's cholesterol level before coming to me for a consultation (total-341; HDL-52), then after eating properly for nine months (total-201; HDL-73), then after reverting to the popular high carbohydrate/low cholesterol (and processed) hospital chow for a week (total-283; HDL-47), and then finally after coming back to a low carbohydrate/high protein eating pattern, with fresh food and vitamin supplements (total-208; HDL-66). As I said earlier, the people who adhere to these eating and lifestyle habits rarely come in contact with hospitals and other 'disease industry' components, but with one other person (a 38 year old female), the same situation arose. She was referred to me by another person who had seen their cholesterol profile improve. She was especially concerned about her cholesterol level (total-346; HDL-61), and had tried what 'authorities' said would help to get it under control. She had tried cholesterol-lowering drugs, but the side effects (decreased sex drive, headaches, tremors, etc.) were too severe. Doctors told her to stop red meat and cut down on cholesterol, but it didn't work at all. So when she saw her friend have success, she was ready to do what it took to get healthy. Within four months, her total cholesterol was 212 and her HDL level was 70 (33% or 3.0). Needless to say, she was extremely happy. I brought her case up because she was in a terrible automobile accident in which her neck, back and leg (broken) were injured. After being in the hospital over a week, and eating processed high carbohydrate/low fat hospital chow, her total cholesterol was back up to 295, and her HDL level was 52 (18% or 5.7). She was very upset and appealed to her doctor, who of course claimed that the rise in cholesterol couldn't be from changing eating habits. Anyway, within six months of being released—and being able to eat high protein/low carbohydrate meals as well as taking vitamin supplements—her total cholesterol was 196, and her HDL level was 72 (37% or 2.7). I should add that the adoption of my eating and lifestyle habits helped her in quite a few other ways. Before, she was overweight, had allergies, had menstrual irregularity, and was regularly constipated. She now has all of these



problems under control.

Medical doctors' usual response to health-promoting results, in which nutrition, vitamins, minerals, herbs, meditation, etc. are used, is to call the results 'anecdotal evidence'. They are using the term 'anecdotal evidence' in an attempt to discredit the results by inferring that these cases are just a few scattered incidents which prove nothing. But a few scattered incidents of cases that improved with the usage of pharmaceutical drugs, and it's called 'preliminary evidence', 'promising results', or a 'promising new treatment'. If it is economically beneficial to the disease industry—it's promising evidence; if it's not economically beneficial to the disease industry (nature-allied or preventive in general)—it's condemned as 'anecdotal evidence'. It all centers around proof. But health is not an absolute science. Requiring absolute proof is absurd. It is much easier to help hundreds of people get and stay healthy by following a program of eating and lifestyle habits, than it is to prove that the program works. I think the emphasis should be placed on the word—replication. Even with one person, a cause-and-effect relationship can be established and then replicated. For instance, John (real person—name has been changed) comes to the consultation suffering with bouts of severe depression. He has tried all the disease industry

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approaches—Prozac, Halcyon, and many more pharmaceutical poisons—except electro shock therapy (called shock treatment 20 or 30 years ago). Each week he would have five or six major attacks of severe depression. After eliminating the Six Poisons, he had not suffered an attack for two straight months. Then one day, he had another attack of depression. After examining what he ate earlier that day, he realized that he had eaten sugar—in a meat loaf served at a friend's dinner party. The only other flare-ups he had were all traced back to straying from the program. So with one person, a cause-and-effect relationship was established and then replicated. Then after ten more cases, with the exact same results, a definite cause-and-effect relationship has been replicated. It doesn't 'prove' anything, but to say 'there is no good evidence' or 'that's just anecdotal evidence' (two favorite disease industry responses) is immoral and unethical in my opinion. It is immoral and unethical because to discredit a promising approach to the problem (which causes no damage) for the purpose of eliminating competition with other approaches (like drugs and treatments which cause side-effect damage but are economically lucrative), is both withholding the safest treatment and blatantly disregarding the Hippocratic Oath. In that oath it is written "Primum, non Nocere" (First, do no harm). To me, that means to always try to safest method or approach first. This principle is not followed by the medical establishment. They use treatments that are economically beneficial to themselves, and if a few people are killed, damaged, or injured along the way, well that's an acceptable risk.



So, on the subject of cholesterol, eliminating cholesterol and fat from your diet will not protect you from atherosclerosis and other heart disease. Cholesterol-lowering drugs cause many damaging side effects and don't address the *cause* of high cholesterol levels. HDL ('good cholesterol') levels are the best indicator of a person's risk of heart disease. Total cholesterol levels of over 200 are not necessarily bad, and levels under 200 are not necessarily good. There are many factors involved in the health of a person's cardiovascular system. Each person is in control of these factors and responsible for controlling them.

So, if you hear some person say that 'there is no evidence', 'show me proof and I'll be glad to accept it', or 'that's just anecdotal evidence', they might stand to benefit financially by using this terminology to discredit anything that threatens their business. The evidence that was shown to you in this section did not come from a previously arranged experiment. Normally, people arrange a test to prove a theory, and most often it is biased. The people that I have written about had already had their cholesterol levels tested before meeting me, and they took it upon themselves to test it again later. In fact, it was other people who insisted that I add this section to the book—not my idea. To me, the idea that cholesterol and fat is not to blame in heart disease is proven by the fact that Arctic Eskimos, who consume huge amounts of cholesterol and fat, have almost no heart disease. I don't need cholesterol level numbers to persuade me. But after seeing people give up the six poisons, lowering their total cholesterol levels while raising HDL levels, then go back to a high carbohydrate diet and have their levels get worse, and then finally eliminate the six poisons again and have their levels get better, I can see how this would be impressive to the normal person.