

The Truth About Cholesterol

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Foods deemed low sodium, low fat, fat-free, sugar free, "with fiber", low in saturated fats, high in polyunsaturates, "from" whole grains, and lo-cal, are all prime time players in today's mass media advertising drama. However, for more than thirty years, no substance has received the enormous publicity accorded cholesterol. Cholesterol has been unfairly cast into the villainous role of public health enemy number one by the medical establishment, pharmaceutical industries, and food companies. We are so concerned and uneducated about cholesterol, we attempt to eliminate all fats from our diet, totally unaware that the absence of proper fat intake may lead to serious illnesses. We have been misled into believing a substance innate to our physiology is potentially extremely detrimental. If cholesterol is so unhealthy, why does our body produce upwards of 3,000 milligrams per day? A clear understanding of cholesterol will allow us to make well-informed healthier choices.

What is Cholesterol?

Cholesterol is a lipid (fat) substance. It is produced at various sites throughout the body, dependent upon the body's requirements. It is produced at the cell level to provide the cell membrane with its proper fluidity. In the liver, it is converted to bile, which promotes the proper digestion and absorption of fats. With the adrenal glands, it is converted to cortisol, aldosterone, and DHEA. Cortisol is most widely known for its anti-inflammatory properties and combative responses to stress. Aldosterone regulates water balance through the kidneys via sodium retention. DHEA is a precursor to the sex

hormones: testosterone, estrogen, and progesterone. The sex glands likewise utilize cholesterol to produce these hormones. Cholesterol is involved with making Vitamin D, maintaining skin integrity, assisting the immune system, and constitutes approximately 25% of the nervous systems myelin sheaths (these are nerve cell membrane coverings, responsible for the proper conduction of nerve impulses).

Why Is Cholesterol Bad?

Inherently, cholesterol is neither good nor bad. It is a necessity, which must be maintained in proper balance within the body's chemistry. When cholesterol becomes too high or too low, it is indicative of some underlying problem, the same way a symptom points to an unhealthy situation developing. For example, a headache may be caused by numerous factors: eye strain, jaw and neck tension, hormonal imbalances, poor diet, spinal misalignments (subluxations), food allergies, improper digestion, etc. In these situations, the headache is not the cause, but it is the effect. The same is true of cholesterol. Elevated or decreased cholesterol is not the problem, and artificially altering it will not solve the underlying root cause. For proper diagnosis and correction, cholesterol must be interpreted in relation to other factors found in the individual blood analysis, personal and family history, diet, exercise habits and lifestyle.

What Effects Cholesterol?

In a small percentage of the general population, high cholesterol is genetically related. For the vast majority, cholesterol imbalances are reflective of an underlying metabolic dysfunction. Cholesterol is produced in the liver and

relies on a feedback mechanism. For example, any problems in this loop or organ distress will yield abnormal findings. Thyroid hormone has an inverse relationship with cholesterol. As thyroid hormone decreases, cholesterol increases. The reverse is also true. Diabetes will increase cholesterol; likewise with dysinsulinemia. Obesity, pituitary and adrenal imbalances also influence cholesterol levels.

Are There Other Factors?

Yes. But first we need to remove one myth: eating cholesterol increases cholesterol. This is not true (except for those with genetic imbalances). Participants of one research project ate fourteen whole eggs per week, for three months without any changes. Studies of tribal cultures, consuming meat and milk as the main staple of their diet, like the Masai people, reveal minimal cardiovascular disease. Europeans, notorious for their cream and dairy intake, have fewer incidences of heart disease, stroke and obesity than Americans do.

This indicates other factors play a primary role. We need to look away from cholesterol consumption and focus our view on lifestyle and dietary habits. Studies reveal stress, induced over an extended period of time, may elevate cholesterol levels. Stress is a response to exaggerated emotion-

al, physical, and/or nutritional stimulation. These factors will cause the production of stress hormones to counterbalance the aforementioned influences and help maintain the body's biochemical balance. As hormones are made from cholesterol, and if stress increases, stress hormone production increases, so logically, cholesterol must increase. If an individual has a normal cholesterol reading, it does not mean they are stress free. There are more reliable laboratory indicators regarding stress physiology. However, if cholesterol levels are outside the normal range, it is imperative to look for underlying stress influences. Regarding food intake, there is no single dietary factor responsible for cholesterol imbalances. Our appetite for sugar, refined carbohydrates, large amounts of saturated fats, alcohol, and caffeine carry the burden. The use of partially hydrogenated oils and our love for fried foods are equally implicated. Margarine and vegetable oil, marked cholesterol-free, may lead to more serious health problems than cholesterol.

Is There Anything Else I Should Know?

The general public has received misinformation regarding cholesterol. The amount of cholesterol consumed daily today is identical to the intake at the turn of the century. Although there is a relative correlation between high cholesterol and car-

diovascular disease, ingesting cholesterol does not increase cholesterol. There is a feedback mechanism monitoring cholesterol levels. When intake starts to increase blood levels, the body decreases its production. When intake slows down, cholesterol synthesis increases.

What Can I Do?

Diet

Eliminate sugar, refined carbohydrates, alcohol, coffee, margarine, partially hydrogenated oils, vegetable oil and dairy (cottage cheese and plain yogurt may be eaten occasionally).

Decrease saturated fat and animal product intake. All meats should be hormone and antibiotic free. With chicken and eggs, the free-range type is best.

Increase cold-water fish intake (salmon, herring, sardines, and mackerel), vegetables and fruits (not dried fruits), fiber (legumes, beans, oat bran, psyllium, pectin, guar gum), monounsaturated fats (like extra virgin olive oil).

Vitamins & Minerals

Vitamin A, Thiamine (B1), Niacin (B3 or Inositol Hexaniacinate), Pantethine, C, and E with a focus on Tocotrienols, Chromium, Iodine, CoEnzyme Q10, Magnesium, Selenium, and Zinc. Garlic (must have allicin), Lecithin (Phosphatidyl Choline), Essential fatty acids (e.g. EPA), Evening Primrose Oil (GLA), DHA, and Proteolytic enzymes