

Natural Health News

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EVERGREEN SPA & WELLNESS
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THE GREAT CHOLESTEROL MYTH

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Despite cholesterol's negative reputation, our bodies can't function without it. It's found in every single cell and is so essential that the majority of the cholesterol is manufactured in our bodies. Our liver produces this fatty, waxy substance. The cholesterol we eat has a minimal effect on our blood levels of cholesterol; if you eat less cholesterol, your liver will simply take up the slack and make more. If you eat more of it, the liver makes less. Cholesterol is the basic raw material that our bodies make into vitamin D; sex hormones such as estrogen, progesterone and testosterone; and the bile acids needed for digestion. The emphasis on lowering cholesterol is not only misguided but also dangerous. Studies show that those at the lowest end of the cholesterol spectrum have a significantly increased risk of death from myriad conditions and situations unrelated to heart disease, including, but not limited to, cancer, suicide and accidents. Here is the connection: We need cholesterol to make brain cells. A low cholesterol level (around 160 mg/dl) has been linked with depression, aggression and cerebral hemorrhages. Cholesterol is also one of the important weapons our bodies use to fight infections. It helps neutralize toxins produced by bacteria that swarm into the bloodstream from the gut when the immune system is weakened. When you have an infection, the total blood level of cholesterol goes up, but HDL falls because it is being used up in the fight. Cholesterol's ability to fight toxins may be one reason why it is found at the site of arterial injuries caused by inflammation. But blaming cholesterol for those injuries is like blaming firemen for the fire. You probably have not been made aware that it is actually impossible to measure cholesterol directly in the bloodstream. Being a fatty substance, cholesterol is not soluble in water or blood. It gets in the bloodstream because our livers coat it with a "protein wrapper" and bundle it with a few other substances (such as triglycerides); packaging it in the protective shell allows it to enter the circulatory system. It's these packages, known as lipoproteins, that we actually measure when we measure our cholesterol levels. We know these cholesterol-protein combinations as HDL and LDL. Both contain cholesterol and triglycerides, but the percentages are different and they have different functions in the body. LDL, know as "bad" cholesterol, carries cholesterol to the cells that need it, while HDL, know as "good" cholesterol, picks up the excess and carries it back to the liver. But this idea of "good" and "bad" is an outdated concept. We now know that there are many different subtypes of both HDL and LDL, and they do different things. LDL, the imprecisely named "bad" cholesterol, has several subtypes, and not all of them are bad at all—quite the contrary. The most important subtypes of LDL, are subtype A and subtype B. When most of your LDL is of the "A" type, you are said to have a "pattern A" cholesterol profile. When most of your LDL is of the "B" type, you are said to have a "pattern B" cholesterol profile.

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Subtype A is a big, fluffy molecule that looks like a cotton ball and does no damage. Subtype B, however, is small, hard and dense, like a BB gun pellet. It's the real bad actor in the system because it is the one that becomes oxidized, sticks to arterial walls and starts a cascade of damage. Subtype B particles contribute significantly to heart disease. Knowing you have a "high" LDL level is a useless piece of information unless you know how much of that LDL is the small, dense kind (harmful), and how much is the big, fluffy kind (not harmful in the least). Unfortunately, most doctors are behind the times on this one. They look at that total LDL number—not the size and type—and if that number is even slightly higher than the lab says it should be, out comes the prescription pad. Researchers showed that even good cholesterol has varying degrees of quality. For many years, HDL has been viewed as good cholesterol and has generated a false perception. Just as the discovery of good and bad cholesterol rewrote the book on cholesterol management, the realization that some of the "good cholesterol" is actually bad will do the same. Indeed, there is "bad" cholesterol but simply using a shotgun pharmaceutical approach to lowering all cholesterol doesn't accomplish anything and has significant unwanted side effects. If you or your doctor is concerned about your cholesterol levels, it is recommended you ask about the following tests, which are more important than the standard test for cholesterol: **LDL PARTICLE SIZE:** this test measures whether your LDL particles are mostly type A (harmless) or mostly type B (harmful) that cause inflammation. **HS-CRP:** measures CRP, a marker for inflammation directly associated with cardiovascular health. **FIBRINOGEN:** this test measures the levels of a protein that determines blood's ability to clot properly. **SERRUM FERRITIN (IRON):** tests for iron overload, which can contribute to heart diseases. **LP(A):** Elevated Lp(a) levels are a very serious risk factor for heart attacks. **HOMOCYSTEINE:** elevated levels of homocysteine strongly predict first and recurring cardiovascular incidents. **INTERLEUKIN-6:** Elevated interleukin-6 levels are a precursor to elevated CRP levels. **CORONARY CALCIUM SCAN:** measures coronary calcification. ~ This article is excerpted from the book *The Great Cholesterol Myth* by Jonny Bowden and Stephen Sinatra (cardiologists). This book explains how and why cholesterol became demonized in American Dietary Guidelines. This book is full of information about the dangers of statin drugs and much more. A must-read for anyone concerned with their cholesterol levels or heart health.

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