

Controlling Cholesterol

Cholesterol has become the focus of a great deal of attention in the modern medical world. Many people have thought that cholesterol is something that signifies a tendency towards coronary artery disease and heart disease, and it is generally assumed that is very difficult to bring cholesterol down if elevated and that a statin drug would need to be employed to accomplish the reduction. There are a number of factors that should be considered when it comes to considering cholesterol balance.

The original study of cholesterol down the 1960s on a proxy 240,000 subjects found that cholesterol above 300 directly associated itself with an increased risk of heart disease. What is also reported in the same study also was that cholesterol < 130 directly associative itself with an increased risk of cancer. At first it was thought that cholesterol came from animal foods and fats that were consumed in the diet, yet later we discovered that two-thirds of the body's cholesterol is actually fabricated in the liver. Today with our new understanding around healthy fats and the impact of carbohydrates and high glycemic diets it is revealed that elevated triglyceride levels result in a downstream elevation of cholesterol. Chemically three triglyceride molecules bolt together to constitute a cholesterol molecule, so that when triglycerides are high they automatically cascade downstream into high cholesterol. While lab values for the common American are said to be normal under 200 or 150, the truth is that any triglyceride level above 90 will result in unnecessary elevation of cholesterol. Oftentimes simply by limiting the glycemic intake in the diet the triglycerides fall to under 90 and the cholesterol naturally follows into range, optimally to be between 160 and 180.

If the triglycerides are under 90 and the cholesterol continues to be elevated it oftentimes suggests the possibility of some food allergy can just in and slowing the digestive process thus resulting in elevated cholesterol resorption from the gut. The most common allergy in this situation is to eggs, and recently estimated 30 percent of the population is allergic to eggs (lactalbumin). Again by eliminating eggs if you're allergic to them and limiting the glycemic intake the cholesterol naturally comes to an optimal level. His then expected that these changes in cholesterol take months pending

years and that therefore legitimizes the employment of certain staffing drugs to lower cholesterol. I found in practice that these triglyceride and cholesterol imbalances could be corrected profoundly within 7–10 days demonstrated with lab work. It is so simple to limit the glycemic index in the diet and see the triglycerides fall and subsequently the cholesterol normalize. It also is rewarding to discover that we can control our own chemical imbalances without having to use drugs to achieve this.

HDL cholesterol (high-density lipoprotein) is another consideration. HDL's are able to help transport cholesterol through the blood and keep it from plaquing onto the arterial wall. HDL's can be increased through exercise and through certain nutrients including red wine. Today another factor to consider is the level of Homocysteine protein in the blood that acts as Velcro to attach the plaque to the arterial wall. Although normal levels allow up to 12–15 it is optimally recommended that Homocysteine be kept under 7. Interestingly enough Homocysteine is a purely nutritional event and if elevated simply adding vitamins B6, B12 and folic acid usually will return it to an optimal level. This is very good predictor of heart risk. Another factor that has been considered to influence arterial wall plaquing is C-reactive protein (CRP). CRP represents a state of inflammation in the body and therefore the subsequent stickiness of the arterial wall. By keeping our body free of chronic infection and immune burdens, especially allergies, the C-reactive protein will fall to $< .04$ and there is very little likelihood that plaquing will occur.

There are multiple factors that influence the lipid profile of our blood. A few of them have been outlined above so that a person can begin to explore their own capability of controlling their blood profile. It is the most exciting thing to find that you are in control of your chemistry rather than the genes you inherited determining your destiny. Many people have been skeptical to believe how quickly the lipid profile could be optimized, and many have chosen not to try. When we say that it is possible to see profound change within seven days I hope you will be encouraged to try and experiment with your own lipid levels.