

The Nutritional Essentials

Issue Twenty-One

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From the Pen of Dr. Royal Lee

(1895-1967) Inventor,
Scientist, Genius, Founder of
Standard Process, Inc.

It is now an accepted fact that unsaturated fatty acids in the diet produce a beneficial influence by acting to lower elevated blood cholesterol levels, . . . This simple biochemical fact has been difficult for test-tube-minded investigators to accept. In spite of the unsaturated fatty acids' consistent pattern for lower(ing) cholesterol. Especially natural flaxseed oil. 1959 Dr. Royal Lee

A Partial List of Conditions Related to Nutritional Deficiencies

Allergies - Hay Fever
Ankle Swelling
Arthritis
Back Pain
Blood pressure - High or
Low
Bronchial Conditions
Bursitis
Circulation, Poor
Colitis
Colon, Spastic
Constipation
Cough, Chronic/Allergic
Diarrhea
Disc Problems
Diverticulitis
Dizziness (Vertigo)
Emphysema
Fatigue, Chronic
Feet, Cold or Burning
Feminine Problems
Gall Bladder Disorders
Gas
Glandular Troubles
Headaches
Heart, Fast or "Nervous"
Hemorrhoids
Impotence
Injuries to Soft Tissues
Insomnia
Joint Pain
Kidney Problems
Knee Pains, Chronic Leg
Pains, Cramps, Tingling,
Numbness
Liver Problems
Nervousness
Neuralgia
Prostate Trouble
Sciatica
Shingles
Sinus Trouble
Throat, Sore / Hoarse /
Congested
Thyroid Conditions
Ulcers -- Stomach,
Duodenum, Skin
Yeast Infections

High Cholesterol Myths

Hardly an hour of TV passes or ten pages of any magazine are turned without hearing or reading something about a drug or a diet which reduces blood cholesterol. Is cholesterol really that bad? How could a natural substance produced in our bodies as a basic building block of every cell as well as the hormone system and nervous system cause us so much trouble? **Do we really want to lower cholesterol at any cost?**

It is a known fact that drugs recommended to reduce cholesterol interrupt normal physiology and are laden with serious side effects. Low fat diets designed to lower cholesterol often throw out good fats and replace them with sugar and unhealthy processed fats. What happened to common sense?

Cholesterol is vital to healthy body function but misinformation about cholesterol leads us to believe cholesterol is dangerous. What are the facts?

Cholesterol Facts

- Cholesterol is an essential fat made by the body which is vital to the healthy structure and function of cell membranes.
- Cholesterol enables binding of essential proteins in cell walls and assists in the transport of nutritional essentials in and out of the cells.
- Cholesterol is transported by LDL to the tissues that require cholesterol to maintain healthy function and returned by HDL for use and removal by the liver.
- Cholesterol returned to the liver is involved in the creation of hormones and excreted in the bile to the benefit of bowel pH and improved colon functions.
- Cholesterol is thought to be protective against infections and atherosclerosis. Q J Med 2003; **96**: 927-934

Cholesterol Myths

1. High cholesterol is the cause of heart disease.

2. High cholesterol is the cause of atherosclerosis – hardening and clogging of the arteries.
3. High cholesterol is caused by eating foods high in cholesterol.
4. Lowering cholesterol with drugs is safer than having high cholesterol.

Why are there Cholesterol Myths?

The myths about cholesterol have been drilled into us through the media for over 50 years. High cholesterol is a consequence in an unhealthy person – not the cause of un-healthfulness. Artificial “foods”, toxins in our environment, and unwholesome lifestyles have been on the rise for many decades and these cause high cholesterol levels.

So one may ask – who has to gain from these myths? Companies who patent low fat “foods” and create medicines designed to lower cholesterol levels profit from distorting the truth. We need to clear our heads of these cholesterol myths and look at the facts.

Myth One – Cholesterol is the Cause of Heart Disease

Researchers find that high cholesterol is “present” in cases of heart disease nearly as often as high cholesterol is found in patients with no heart disease.¹ Research also indicates that high cholesterol in old age is actually linked to a longer life.² Heart disease is more often directly linked with diet and lifestyle choices and NOT with high cholesterol in the blood stream.

Myth Two - High Cholesterol is the cause of Atherosclerosis.

Studies show little or no evidence that atherosclerosis or hardening of the arteries is caused by high cholesterol.^{3,4,5,6,7} In fact, when comparing signs of atherosclerotic plaquing of the aorta with the average blood cholesterol levels of Japanese (170) to Americans (220) there was no notable difference in this Harvard Medical School study.⁸ In another study using over 1400 Japanese and 5000 Americans it was found that in all age groups Japanese people were more atherosclerotic than Americans even though they had much lower cholesterol levels.⁹ High cholesterol is not likely linked with hardening of the arteries.¹⁰

Healthy Cholesterol Levels & Nutritional Essentials

Myth Three – High Cholesterol is caused by eating foods high in cholesterol.

Tens of thousands of people from dozens of different countries have been tested in peer reviewed published research projects studying the effects of diet on blood cholesterol. No significant association of blood cholesterol levels to diet was noted in any of them except when artificial fats (margarine) and high sugar were consumed.¹¹

Dozens of independent researchers found no significant benefit in lowering cholesterol in the diet.

Myth Four – Lowering Cholesterol with Drugs is Safer than High Cholesterol.

A foundational principle of The Nutritional Essentials is “nature knows better.” Give the body the wholesome food it needs in a stress-free environment and it can heal itself. To go into the health risks of interrupting normal biochemical pathways in this TNE-Issue is impossible due to its length. It is common sense to say interrupting biochemical pathways is a last resort, yet we are told by the pharmaceutical companies that living on statin drugs are safer than high cholesterol! The risks far outweigh the benefits.

While statins inhibit the production of cholesterol, statins also inhibit other substances with important biological functions such as antioxidation (See TNE-18) and the appropriate clotting of blood (See TNE-19). Additionally, statins reduce the activity of smooth muscles.¹² Each of these functions inhibited by statins are essential to healthy function.

Side Effects of “Cholesterol-lowering” Drugs

When these biochemical processes are interrupted and blocked with synthetic chemicals such as the statin drugs, side effects abound. You need look no further than the statin labels themselves for the adverse effects of statin drugs: **Symptoms:** Nausea, Diarrhea, Constipation, Muscle Aching, Memory loss, Emotional Imbalances, Central Nervous System vascular lesions including bleeding, swelling around the brain, optic nerve degeneration, corneal opacity (cataract), and retinal loss in dogs.

Myopathy / Rhabdomyolysis. This muscle disease is the breakdown of muscle fibers resulting in the release of muscle fiber contents into the circulation. Besides the autoimmune reactions which are likely from this breakdown of proteins into the blood (See TNE-9), some of these proteins are toxic to the kidney and frequently result in kidney damage. One statin drug, Baycol, was taken off the market after 31 reported deaths due to rhabdomyolysis. www.fda.gov/cder/drug/infopage/baycol **Other statins have a similar effect.**

Elevated liver enzymes. Statin use causes liver damage. Does it make sense to risk damage to the very organ which helps to metabolize cholesterol during healthy function? Before we continue – remember these are the negative effects of statin type drugs listed on the packaging of the drugs themselves! Our review here does not list the many side effects reported by users nationwide who complain of dozens of curious conditions once they began to take the statins.

The Real Cholesterol Story

When one is healthy, cholesterol levels are regulated by the body naturally. High cholesterol is an indicator that an unhealthy lifestyle may need attention. Just as it makes no sense to pull the battery out of a noisy smoke alarm, it makes

no sense to lower cholesterol with drugs – rather than put the fire out.

Research shows that high cholesterol does not cause disease but is present in certain disease conditions.¹ The facts support the concept that cholesterol has a healing effect and is elevated when needed by the body to effect a change.

Healthy Cholesterol Levels and The Nutritional Essentials

Lifestyle choices are the key to healthy body and cholesterol levels. Stress, refined sugar (See TNE-11), hydrogenated and trans fat (See TNE-4), toxic overload on the liver (See TNE-6), B Complex (See TNE-12) and antioxidant deficiencies (See TNE-18) all lead to heart, vascular and liver disease.

If you are concerned about cholesterol levels – focus on eating whole foods and whole food concentrates as follows:

- ✓ Include healthy oils in your food plan, especially Omega 3 oils like flaxseed oil (Linum B6) and healthy fish oil.
- ✓ Include foods rich in iodine for healthy metabolism of fats.
- ✓ Eat plenty of fresh vegetables and fruits for antioxidants, vitamins, minerals, antioxidants and fiber. (See TNE 1 & 18)
- ✓ Avoid unhealthy, unnatural “foods” like processed flour, sugar, oils and margarine and junk “foods.” Avoid fake “fats”!
- ✓ Take the Sugar Challenge! (see TNE 11)
- ✓ Support your healthy life with whole food concentrates from Standard Process.

Ask me which of these supplements might be right for you!

Cholaplex, introduced in 1959, is a special combination product that helps support the healthy metabolism of blood fats, including cholesterol.¹

AF Betafood, introduced in 1951, is a gallbladder and liver decongestant, supports fat metabolism, thinning and mobilization of bile and assists in the conversion of blood fat to sugar. It contains naturally occurring betaine, essential for the conversion of homocysteine. It is the presence of elevated levels of homocysteine that are truly associated with increased risk of heart disease and stroke.¹

Cataplex F Tablets since 1934. It is often necessary to supply a source of iodine when increasing essential fatty acid (EFA) intake. As fats are metabolized, the thyroid gland works to meet the demand, and iodine is essential for thyroid function. The tablet form of Cataplex F has the addition of iodine.¹

Tuna Omega 3, introduced in 2005. The modern American diet is extremely low in life-sustaining omega-3 essential fatty acids. These necessary nutrients promote and support healthy cardiovascular, nervous, and immune system health.¹

† These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure or prevent any disease. They are to support your health.

1. Ravnskov U. An elevated serum cholesterol is secondary, not causal, in coronary heart disease. *Medical Hypotheses* 1991;36:238-41.
2. Krumholz HM and others. Lack of association between cholesterol and coronary heart disease mortality and morbidity and all-cause mortality in persons older than 70 years. *Journal of the American Medical Association* 272, 1335-1340, 1990.
3. Paterson JC, Armstrong R, Armstrong EC. Serum lipid levels and the severity of coronary and cerebral atherosclerosis in adequately nourished men, 60 to 69 years of age. *Circulation* 1963;27:229-236.
4. Mathur KS, and others. Serum cholesterol and atherosclerosis in man. *Circulation* 1961;23:847-852.
5. Marek Z, Jaegermann K, Ciba T. Atherosclerosis and levels of serum cholesterol in postmortem investigations. *American Heart Journal* 1962;63: 768-774.
6. Méndez J, Tejada C. Relationship between serum lipids and aortic atherosclerotic lesions in sudden accidental deaths in Guatemala City. *American Journal of Clinical Nutrition* 1967;20:1113-1117.
7. Cabin HS, Roberts WC. Relation of serum total cholesterol and triglyceride levels to the amount and extent of coronary arterial narrowing by atherosclerotic plaque in coronary heart disease. *American Journal of Medicine* 1982;73:227-234.
8. Gore I, Hirst AE, Koseki Y. Comparison of aortic atherosclerosis in the United States, Japan, and Guatemala. *American Journal of Clinical Nutrition* 1959;7:50-54.
9. Resch JA, Okabe N, Kimoto K. Cerebral atherosclerosis. *Geriatrics* 1969;November:111-132.
10. U. Ravnskov. Is atherosclerosis caused by high cholesterol? published in *Quarterly Journal of Medicine* (2002; 95:397-403)
11. Kronfeld R, and others. Hälsobeteende och riskfaktorer för hjärt- och kärlsjukdomar i östra och sydvästra Finland. *Suomen Lääkärilehti* 1990;45:735-739.
12. Ravnskov U. Implications of 4S evidence on baseline lipid levels. *The Lancet* 1995;346:181.
13. Q. J Med 2003; 96: 927-934 U. Ravnskov High cholesterol may protect against infections and atherosclerosis.

**Low Health is
More Dangerous than
High Cholesterol**