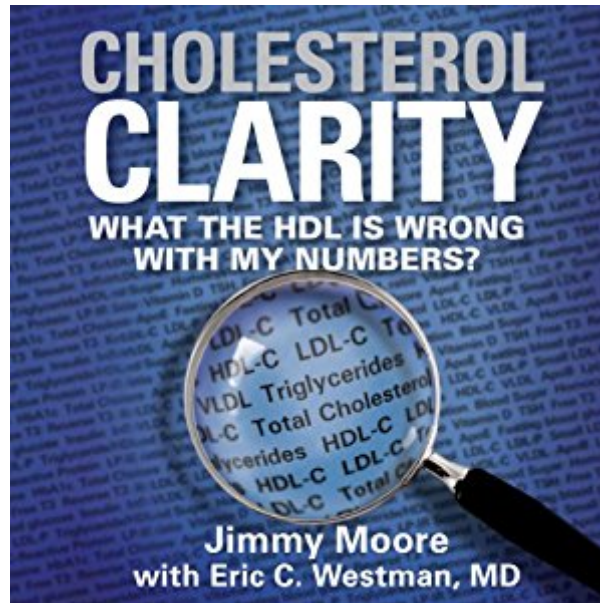


The book was found

Cholesterol Clarity: What The HDL Is Wrong With My Numbers?



Synopsis

Are you confused by what your cholesterol levels really say about your health? Don't you wish someone could just spell it out in simple English and tell you what, if anything, you need to do to improve your heart and overall health? That's precisely what Cholesterol Clarity is designed to do. Jimmy Moore, a prolific and highly respected health blogger and podcaster, interviewed 28 of the world's top health experts from various fields to give you the complete lowdown on cholesterol. He and his co-author, family practitioner and researcher Dr. Eric Westman, have broken down this critical information for you to know what is most important and what is not. You won't find this kind of comprehensive, cutting-edge, expert-driven cholesterol information all in one place anywhere else. Did you know, for instance, that you don't have to eat a low-fat diet, take a statin drug, or eat more of the so-called "healthy" whole grains to get your cholesterol levels where they need to be? Learn what really works from the best experts on the subject. Cholesterol Clarity will not only tell you what your LDL, HDL, triglycerides, and other key cholesterol markers really mean, but it will arm you with what you can do nutritionally to become as optimally healthy as you can possibly be! Featured Experts: Dr. William Davis, Dr. Ronald Krauss, Dr. Uffe Ravnskov, Dr. Robert Lustig, Dr. Duane Graveline, Dr. Jonny Bowden, Dr. Chris Masterjohn, Dr. Malcolm Kendrick, Dr. John Briffa, Dr. Thomas Dayspring, Dr. Fred Pescatore, Gary Taubes and over a dozen more!

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Customer Reviews

Just finished reading Cholesterol Clarity. I thoroughly enjoyed it. I am a family physician and must

admit felt a little beat up at times as I read it. I have only recently begun to question some of the sacred cows of medicine including how we treat patients with elevated cholesterol. I have read many of the books by the experts in this book and appreciated how Jimmy was able to organize their comments with his to make such a readable and educational book. I don't feel that the material will be over the head of most people and will feel comfortable in recommending it to my patients. Dave Laposky MD

I am a Board Certified Internist and I passed the Lipids boards from the National Lipid Association. After reading Gary Taubes book *Why We Get Fat?* I became a convert to low carbohydrate high fat and high protein diet i.e. Atkins. I believe *Cholesterol Clarity* is a good and important book because this subject needs discussion. Major kudos for:

- 1- Promoting LDL-P. Jimmie was 345
- 2- Promoting CAC or CT heart calcium scores. Jimmie was zero
- 3- Promoting CIMT Jimmie needs to get one
- 4- Discussing Ancel Keys, the McGovern Gov't panel, and Dean Ornish.
- 5- Using Dr. Thomas Dayspring as one of the experts quoted. He is a National Lipidologist.
- 6- Dr Ronald Krauss advising statins

P 70 I listed major quotes that I agree with or give a reason why I don't. Quotes:

p 166 Siri-Tarino "getting a CIMT can give you an actual measure of atherosclerosis"

p 165 "Consider getting a CT heart calcium scan"

p 151 Dayspring on "type, quality and number of lipoparticles on whether the dump truck will invade wall"

P 137 Dayspring on Tim Russert

p 117 Dayspring quote on TG/HDL ratio

p 110 Jaminet "The most common cause of high triglycerides is eating too many carbs"

p 109 Davis "Having Triglyceride of 150 is complete nonsense Aiming for 50 is more like it"

p 99 LDL-P "your insurance company may not pay for it, but I promise these tests are worth the cost"

P 97 Dayspring "least accurate way estimating your atherogenic risk on a cholesterol panel would be Total Cholesterol or LDL-C"

p 89 "Studies on high fat have always been done in conjunction with a high carb diet." My note: Not True, Jimmie misses Gardner Trial [...]

p 84 "Low fat diet did not significantly reduce the risk of CHD, stroke, or CVD." My note: True, here is the actual link:[...] ...

P 83 Dr. T Dayspring "I think greater acceptance of low carb message is coming."

p 82 "Keys buried fact: more sucrose more ht dis." Keys wrote incidence of coronary dis correlated with the avg % of Carb from Sucrose is explained by intercorrelation with saturated fat "Lundell found it

p 262 in Keys study

p 80 Westman on false positive stress

p 75 Westman "and where does the fat in the liver come from? From dietary carbohydrates"

p 73 & 74 My comment: These two lists of healthy and non-healthy food need close examination by media. I agree with these lists for people w Metabolic syndrome.

p 70 "statins may provide some powerful anti-inflammatory effects"

p 70 Krauss "people who have had a coronary event or procedure should be on statins out the door"

p 32 VIP Keys in

debate. Very sad how slow science has been in correcting the data about low fat diet. My comment p 180 VIP Ornish in debate. Diamond correctly notes confounding covariables. Also weight loss & less carbs on low fat diet. p 173 Krauss "some of us have been stepping ahead of the evidence all this time" Good Medicine p 234 Kudos to Dr. Westman for last paragraph on Sound advice. The above list are the specific items that I think are important in the book. Warning Cliche Alert. This book does not see the forest for the trees. The anti-cholesterol people won. Take the win and move on. Jimmie rightly tells people it is all about the cholesterol particle number. Yes inflammation is important but LDL-P gradient between lumen of artery and the wall of the artery is very important. I think DHA and EPA (fish oil) 1,000 mg a day may be the best nutrient for inflammation and the JELIS and GISSA trial give me some evidence for this. However, there are no trials to my knowledge that diet with other nutrition anti-oxidants actually does anything. That leaves us with statins to treat the inflammation as Jimmie states in his book. Jimmie gets a lot right but then at the last moment the anti-statin hysteria kicks in. Jimmie needs to get a CIMT tomorrow. He has a negative CAC because it is often falsely negative in younger people. I recommend this book because there is good information above and I don't want to throw the baby out with the bathwater. I do hope the media looks carefully at Cholesterol Clarity and gives it the consideration it deserves. Let the discussion continue with science and truth.

The evidence continues to accumulate that cholesterol is not the villain it is made out to be, but is actually part of your body's defense system against the real killers: chronic inflammation, the lack of good, natural fats, and stress. Dr. Dwight Lundell, one of the 29 experts interviewed by author Jimmy Moore in Cholesterol Clarity, noted that in the absence of inflammation, "Cholesterol would move freely throughout the body as nature intended." Mark Sisson, another contributor, said, "Cholesterol is one of the most important molecules in the human body: we would die very quickly without it. It's an integral part of cell membranes. It's involved in the creation of vitamin D and in the formation of many important sex hormones, it is necessary for the production of bile, which is critical to our ability to emulsify and digest fats." Jimmy Moore points out another of its many health benefits, "Cholesterol is a major line of defense when your immune system comes under attack. So lowering cholesterol levels artificially with drugs could make you more susceptible to germs or bacteria, wreaking havoc on your health." Cholesterol is also essential for proper brain function, as the brain contains more cholesterol than any organ in the body. Both estrogen and testosterone are made out of cholesterol (is it a coincidence that the same companies that sell statins sell Viagra and Cialis?). Here is a eye-opening quote from Dr. Malcolm Kendrick: "There is absolutely no correlation

between saturated fat intake, cholesterol levels, and heart disease. The most accurate research looking at this issue in different countries is the MONICA (Monitoring of Trends and Determinants in Cardiovascular Disease) study that started in the mid-1980s and is run by the World Health Organization. If you look at the figures, it's extremely clear that the countries whose populations have the highest saturated fat intake tend to have slightly higher cholesterol levels, but all have lower rates of heart disease. We're talking about a difference of 700 percent! The country whose people eat the highest level of saturated fat in Europe is France. Their average total cholesterol is 215 mg/dL, and yet their rate of heart disease is one seventh that of people in Ukraine, where people eat less than half the amount of saturated fat and their average cholesterol levels are slightly lower. So from this data we learn that the countries with the highest saturated fat consumption all have lower heart disease levels than the countries with the lowest saturated fat consumption...."

What's more, we are learning that LOW cholesterol may be really bad for us. One study of 120,000 men, published recently in the Scandinavian Journal of Health Care, shows that higher than the recommended level of cholesterol is associated with a reduced risk of death in subjects 50 and over. (Association of lipoprotein levels with mortality in subjects aged 50 + without previous diabetes or cardiovascular disease: A population-based register study. *Scandinavian Journal of Primary Health Care* 2013;31(3):172-180.) Dr. Chris Masterjohn, a specialist on dietary fats and another contributor to the book, had this to say, "...We do know that people who have low cholesterol tend to have a higher risk of cancer and a higher propensity for violent suicidal tendencies." This suggests to me that low cholesterol might be a contributing factor to the rise in horrific mass-murder/suicides that have become an almost daily occurrence in the U.S. Investigators have been searching to find the commonality between the shooters, but no one seems to see what might be the link to all our current epidemics, including obesity, diabetes, heart disease, autism, depression, attention deficit hyperactive disorder (ADHD), Asperger's, Celiac's, Alzheimer's, and so on. They may all be the result of the dramatic change in the eating habits of Americans over the last 30 plus years. This quote from Cholesterol Clarity sums up what has gone wrong since the government officially endorsed low-fat and low-cholesterol diets in the late 70s: "Statistics from the U.S. Department of Agriculture's Economic Research Service between 1977 and 1978 and 2005 and 2008 show that Americans dutifully cut their fat intake from 85.6 g to 75.2 g daily. Additionally, over the same periods, the percentage of total calories consumed from fat fell from 39.7 percent to 33.4 percent. And what has happened to the rates of obesity, diabetes, and heart disease since then? You already know the answer: Heart disease is now the number-one killer of both men and women, and nearly one million Americans have heart attacks annually. Obesity and diabetes have reached

epidemic proportions. The financial burden of coronary artery disease alone totals close to \$110 billion a year, and that trend is growing." How could it be possible for the medical establishment to go down a dead- end road and become so hopelessly lost? Let me tell you a story. I posted an article on my blog in 2008 about a new drug called Vytorin.

(carb wars.blogspot.com/search?q=vytorin) Dr. Michael Eades also wrote about it on the Protein Power blog (proteinpower.com/drmike/statins/vytorin-dis-enhance-d/) Vytorin is a combination of Zocor (simvastatin), which reduces the production of cholesterol by the liver, and Zetia (ezetimibe), which inhibits the absorption of cholesterol from the digestive tract. Like all newly developed drugs, it is very expensive and gives Merck, the maker of Zocor, a way to continue making money from a drug whose patent has expired and is now available as a generic. The combination drug must have sounded like a slam dunk for the pharmaceutical companies: If one drug could lower cholesterol, a combination of two that worked in two different ways should lower it even more. Both drugs had already been approved for sale separately, so Vytorin could be sold before it was tested. You undoubtedly remember the commercials for Vytorin: Cholesterol comes from two sources, from fettuccine Alfredo or your grandpa, Alfredo. From Barbecue ribs or your grandma Barbi. They showed goofy pictures of your pretend relatives dressed to look like high-fat foods. The remarkably effective, direct-to-the-consumer campaign convinced about five million people to take the drug. Here's an example from YouTube if you don't remember it: [...] The ads reportedly cost at least 100 million dollars a year to run and two-page ads were featured in all the major newspapers and magazines as well. The first line in the ads asked, "Do you have high LDL cholesterol? It's important to talk to your doctor about ways to lower it." After a few sentences about how the drug works, they stated in bold type, "Vytorin has not been shown to reduce heart attacks or strokes more than Zocor alone." The second page lists the devastating side effects of the drug, but it fails to mention that Merck's own trial, called, ENHANCE, showed MORE heart attacks and an INCREASE in the thickness of artery plaque, known as atherosclerosis, in people taking the combined drug, even though it was 20% more effective at lowering cholesterol than Zocor alone. (The control group taking only Zocor also showed an increase in plaque.) The obvious conclusion from the study by a rational person would be that lowering cholesterol did not prevent heart attacks and strokes. But a clever marketer can always find a way to spin a story--it might be better to take one statin than two. Too bad they didn't include a dietary change or even a placebo for comparison. So why would a company spend huge amounts of money to advertise a drug that not only doesn't have any benefit, but actually makes the targeted problem worse? Just the fact that the ad is there gives the impression that this is a useful medication and may lead many people to pressure their doctors to

prescribe it. Cholesterol is so firmly established in the minds of most of the population as the world's most dangerous substance that lowering it may be seen as a good thing in and of itself. Perhaps Merck and partner, Schering-Plough, hoped to cut their losses on a failed drug by continuing to have doctors put patients on it, in spite of the consequences. After all, they told us flat out that this drug didn't work, giving them a surefire defense against lawsuits. When the results of the first study done on Vytorin were released, a story in the New York Times said, "A clinical trial of a widely used cholesterol drug has raised questions both about the medicine's effectiveness and about the behavior of the pharmaceutical companies that conducted the study." The article by Alex Berenson, goes on to quote Dr. Steven E. Nissen, the chairman of cardiology at the Cleveland Clinic, who said the results were "Shocking...This is as bad a result for the drug as anybody could have feared, Millions of patients may be taking a drug that does not benefit them, raising their risk of heart attacks and exposing them to potential side effects."

(nytimes.com/2008/01/15/business/15drug.html?pagewanted=2&_r=1&sq=vytorin&scp=1) Other publications called it a PR debacle and predicted that the company would not survive the scandal. The results were known to the company when the study was completed in April of 2006, but not released until January of 2008, and then only after a House of Representatives Committee began an inquiry into the delay. Schering-Plough's president was investigated for selling off \$28 million worth of stock between the time the trials were completed and the results were released. The study did not measure heart attacks or strokes, so the American College of Cardiology suggested that major clinical decisions not be made on the basis of this one study alone and the manufacturers promised follow-up studies to see what affect Vytorin had on those events. The first of the studies was due in 2012, but has now been extended to 2014. Meanwhile Vytorin continues to be heavily advertised and sold, giving Merck and Schering-Plough another year to rake in billions of dollars in profits. Multiply this sad story thousands of times and you may begin to understand how we got to where we are today. The printed inserts that come with prescriptions for statins tell you to eat a low-fat, low-cholesterol diet when taking them. The tag lines for statin commercials say, "When diet and exercise aren't enough, ask your doctor if (fill-in-the-blank) is right for you!" Translation: "When the diet we tell you to eat and exercise don't help, ask your doctor to line our pockets!" Americans spend more on health care than any country in the world, but a substantial part of our economy is based on our being unhealthy. It takes roughly a billion dollars to bring a new drug on the market. They literally bet the company on its success. If the best selling drugs were to go away, the repercussions would likely result in a financial melt-down bigger than the Wall Street scandal of 2007-2008. Big Pharma may now be considered too big to fail. If there is any hope of reversing the

health crisis we face in this country, it is for brave people to speak out, people like Jimmy Moore and the top doctors, researchers, and experts who contributed to Cholesterol Clarity, including luminaries like Dr. Eric Westman, Dr. William Davis, Gary Taubes, Dr. Robert Lustig, Stephanie Seneff PhD, and many others. A new nonprofit organization called the Nutrition and Science Initiative (NuSi), founded by Gary Taubes and Dr. Peter Atia, plans to carry out meticulous, unbiased experiments that will give us definitive answers to clear up the current confusion about diet and health, but those results won't be in for up to six years. In the meantime, we will have to take responsibility for our own well-being. Reading Cholesterol Clarity is a good place to start. Disclaimer: I received an advance copy of this book as a pdf. It in no way affected my review.

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