



CHOLESTEROL: THE GOOD, THE BAD, AND THE TRUTH

By D. Graeme Shaw, M.D.

Is cholesterol the “bad guy” in terms of cardiovascular risk factors?

It sure seems that way from what we read in the news. Western Medicine goes to great lengths to encourage us to reduce cholesterol so as to avoid its presumably detrimental effects on the body. With all of their efforts, you’d think that the results should show that we’re improving patients’ health with a reduced incidence of cardiac and vascular events. But this may not be the case.

A recent international study involving more than 30,000 patients produced unexpected results. Despite the use of medicines and other treatments for patients with vascular disease, patients in North America actually had higher rates of strokes, heart attacks, hospitalizations and mortality.

The study noted that while many of these patients were taking appropriate medications for their vascular disease, that didn’t necessarily mean that the medications were working. The conclusion reached by one of the authors was that a better way to prevent the occurrence of vascular events would be to simply live a healthier lifestyle.¹

What is cholesterol?

Cholesterol is a waxy, fat-like substance that is found naturally in all parts of your body. Everyone’s body needs some cholesterol to work efficiently. But if you have too much of certain types of cholesterol in your blood, it can build up in the walls of your arteries. This is called plaque and can cause a narrowing in your arteries, or even blockages.

HDL vs. LDL:

What’s the difference?

- LDL (bad) cholesterol is the main source of cholesterol buildup and blockage in the arteries. This form of cholesterol has been linked to heart disease and an increased risk of heart attacks.
- HDL (good) cholesterol actually helps keep cholesterol from building up in the arteries, thus it has an effect on promoting heart health. Researchers in the United Kingdom have found that HDL, the so-called good form of cholesterol, may also be good for memory improvement.²

In my practice, when dealing with patients diagnosed with high cholesterol, I find it very important to identify why cholesterol is elevated in the first place.

Many people do not know that 75 percent of cholesterol in our body is actually produced by our liver. Only 25 percent comes from our diet. So why does our liver produce more cholesterol? Is the body really producing something that is harmful to itself? The answer is actually quite simple.

Cholesterol is produced by our body as a defensive response to oxidative stresses from things like chronic infections, toxicity, stress and anxiety. These are some of the true causes of elevated cholesterol levels.

In order to protect us, our bodies are simply responding to these stressors by producing cholesterol. Thus cholesterol is actually good and essential to our health.

Some of cholesterol’s healthy attributes include its anti-oxidant and cell

membrane-calming properties, as well as its ability to aid in the production of some hormones and vitamin D.

What about Eastern Medicine’s philosophy on the cardiovascular system?

In previous newsletters I’ve mentioned that the Eastern concept of a healthy cardiovascular system requires a balance in three key energies: spleen energy (endothelium or lining of the blood vessels), liver energy (smooth muscle layer of the blood vessels) and the kidney energy (important for the function of blood vessels and the contractile energy of the heart).

Any activity that encourages these organ energy balances would best support the maintenance of the heart and healthy cholesterol levels. So whether you consider heart disease to be due to oxidative stress, cell membrane dysfunction or Eastern energy imbalance, the body’s response is always to secrete more protective cholesterol — it’s a natural response to cardiovascular disorders.

What do I suggest to my patients concerned with high cholesterol?

A new focus on maintaining healthy cholesterol levels by implementing key lifestyle adjustments that include a healthy diet (with plenty of organic foods, fresh fruits, vegetables, lean meats, soluble fiber, and natural anti-oxidants), moderate exercise program, weight management program, detoxification, hydration/water, sufficient sleep, smoking cessation, stress reduction and consuming effective dietary supplements. As always, I suggest you work with a primary healthcare provider who is experienced in these fields of

expertise before starting any new diet or exercise program.

As far as dietary supplements, there are many helpful substances I recommend to my patients to support good cardiovascular health and healthy cholesterol levels.

For instance, there are many herbs like the ones contained in Cardio Well and Cardio Well Classic that provide effective support to the entire cardiovascular system. There are also many key nutritional supplements including niacin, berberine, omega-3 fish oil, magnesium citrate, chromium, guggulipid, red yeast rice, policosanol and anti-oxidants (Vitamin E and C, glutathione, selenium, CoEnzyme Q10, alpha lipoic acid, etc.) that support healthier levels of cholesterol, but they should not be substituted for a conscientious attempt achieve a healthier lifestyle.



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If you have any questions regarding the use of herbal dietary supplements to support your health, contact Get Well Natural at contact@getwellnatural.com or call 1-888-522-HERB (4372) or 408-260-9714, or visit the GWN website at www.getwellnatural.com or the offices at 4010 Moorpark Avenue, Suite 119, San Jose, Calif. 95117

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Footnotes

1. Surprising Rate of Recurring Heart Attacks, Strokes Globally, *ScienceDaily* (Sep. 1, 2009), by researcher from Northwestern University Feinberg School of Medicine, Presented the results of the study at the European Society of Cardiology Congress 2009 in Barcelona on Aug. 31. A paper is being published simultaneously in the *European Heart Journal*.

2. Arteriosclerosis, Thrombosis and Vascular Biology, by David Gemeny, Ph.D.; Mika Kivimaki, Ph.D.; Eric Brunner, Ph.D.; and Michael G. Marmot, M.D., Ph.D.: Whitehall II study. American Heart Association, July 1, 2008.