niacin
for cholesterol control

NIACIN IS AN EFFECTIVE REMEDY FOR ELEVATED CHOLESTEROL, BUT ARE HIGH LEVELS HARMFUL?

By Emily Kane, ND, LAc

In my opinion, having cholesterol under 200 is not the best indicator of cardiovascular risk, and there is far too much emphasis on cholesterol reduction, perhaps because drugs exist that will "improve" the numbers. The more northern your ancestry, the more likely you are to have higher cholesterol because your genes evolved in a climate where food might be scarcer in the winter, so you hang on to fat more aggressively. More important risk factors for cardiovascular disease are high C-reactive protein (CRP), a big waist, and high blood pressure.

CRP is a readily available blood test that is much more strongly correlated with heart disease risk than cholesterol. It measures inflammation (you want your number under 2.5).

Waist measurement is a quick and easy test I use in my office to evaluate whether or not people have fat around their abdominal organs—the heart, the lungs, the liver, and the kidneys. Men's waist size (the tape measure should go around the body just above the belly button) should not exceed 38 inches, and women's should not exceed 34 inches. This deep fat, padding the vital internal organs, will impede optimal blood flow (oxygen delivery) and toxin removal. Crunches won't touch this deep fat. You need to eat less and get regular cardiovascular exercise.

Blood pressure control is more complicated, but you must explore why your blood vessels are constricting, which is why the pressure of the blood flowing through them increases.

Sometimes caffeine or stress act as vasoconstrictors—adrenaline is an extremely potent vasoconstrictor.

My point is that cholesterol itself isn't inherently bad. Cholesterol is the "mother" hormone: Estrogens, progesterone, cortisol, aldosterone, and testosterone all derive directly from cholesterol. That's why total cholesterol goes up in menopausal women; the ovaries are no longer secreting high levels of female hormones, so the brain directs the liver to produce more cholesterol—at least until the brain "gets" that the ovaries are on permanent vacation. It is perfectly fine—even normal—for cholesterol to go up to 250 or so around menopause. Often it eventually drifts down to 220 or 230. This is not a problem. What is a problem is obesity and hypertension, and niacin would not be my first choice of therapy for either of those conditions.

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