Why High Cholesterol, by Itself, is Not a Good Indicator of Heart Disease

by James Cima, D.C.

Whenever I run a blood test on any patient, the first thing they all want to know is, “Doc, how is my cholesterol?” They think, because their cholesterol levels are normal, they have nothing to worry about. Unfortunately, they do not know that about 50 percent of patients who die from cardiovascular disease have “normal cholesterol levels”. They also do not realize that there are people, who have very high cholesterol levels that do not suffer from heart disease.

The drug industry has done such a fantastic job of brain washing the public about high cholesterol, statin drugs and heart disease that people think they are safe, if their cholesterol levels are normal. Since a high cholesterol level does not mean that you will have cardiovascular disease and a low cholesterol level does not mean that you are going to die from cardiovascular disease, what other lab tests are there to determine the risk of this number one killer?

Well, first off, the only way cholesterol can create plaque build up on the endothelial blood vessel wall is if it has been inflamed and scarred first. Without any inflammation, scarring or necrosis of the endothelium, the environment does not favor plaque build up.

The process of inflammation is divided into three phases:

- **Phase 1** — “acute inflammatory”
- **Phase 2** — “repair”
- **Phase 3** — “remodeling”

If all three phases take place, you have healing; if not, you have continued damage to the blood vessel wall.

We must now ask ourselves, “What causes inflammation to continue?”

Causes of Continued Inflammation

- Constant physical trauma to the blood vessels themselves;
- Constant systemic bacterial and viral infections;
- Diseases such as rheumatoid arthritis and asthma;
- Cancer and autoimmune deficiencies;
- Improper dietary conditions, such as:
  - High levels of arachidonic acid (highly inflammatory) found in meat and dairy, which causes pain, thrombosis and vasoconstriction;
  - Minerals such as fluorine and chlorine, which literally act like razor blades cutting, inflaming and scarring the endothelium of the blood vessel;
  - High amounts of free radicals circulating in the blood stream from the foods we eat;
  - Free radicals produced from cellular metabolism, such as superoxide anion radical, hydrogen peroxide, hydroxyl radicals, etc.

Additional Blood Tests that Help Assess Inflammation

There are two other tests that I consider just as important or more important than cholesterol, since they can determine if inflammation is involved: Homocysteine levels and C-reactive protein.

**Homocysteine** is an amino acid produced through the demethylation of methionine (an antioxidant) into cysteine. High amounts of homocysteine (homocysteinemia) levels may indicate:

- Increased risk of vascular disease and venous thrombosis due to a direct toxic effect that it has on the endothelium;
- B12 or folate acid deficiency, which prevents methionine from being converted into cysteine;
- Reduced renal function (homocysteinuria).

Normal values for an adult are 4-17 umol/l or .54-2.30 mg/l.

**C-Reactive Protein** is, normally, not found in blood, but appears and rises rapidly where there is tissue necrosis. CRP reacts with many other substances (acts as a scavenger) for DNA nucleotides, lipids and polysaccharides.

This is why it elevates due to its role in inflammation during atherogenesis.

CRP is also elevated in bacterial infections, rheumatic fever, rheumatoid arthritis, trauma, neoplastic proliferations, and auto-immune diseases.

Normal values for an adult are between 470-1340 ng/ml.

As you can see, with the aid of these two additional tests, you can determine, with greater accuracy, the cardiovascular risk that you or your patient may be facing.

For more information on Dr. Cima and the many books he has written, you may visit his web site at www.cimasystem.com or call 877-627-2770. 

www.amchiropractor.com
Copyright of American Chiropractor is the property of American Chiropractor. The copyright in an individual article may be maintained by the author in certain cases. Content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder’s express written permission. However, users may print, download, or email articles for individual use.