

Sheboygan Natural Health Presents:

*Healthy Fats*

Presented by Dave and Annika Turba

7 p.m. Monday, October 20, 2014  
NorthShore Gathering  
Sheboygan, Wisconsin

[www.sheboygannaturalhealth.com](http://www.sheboygannaturalhealth.com)

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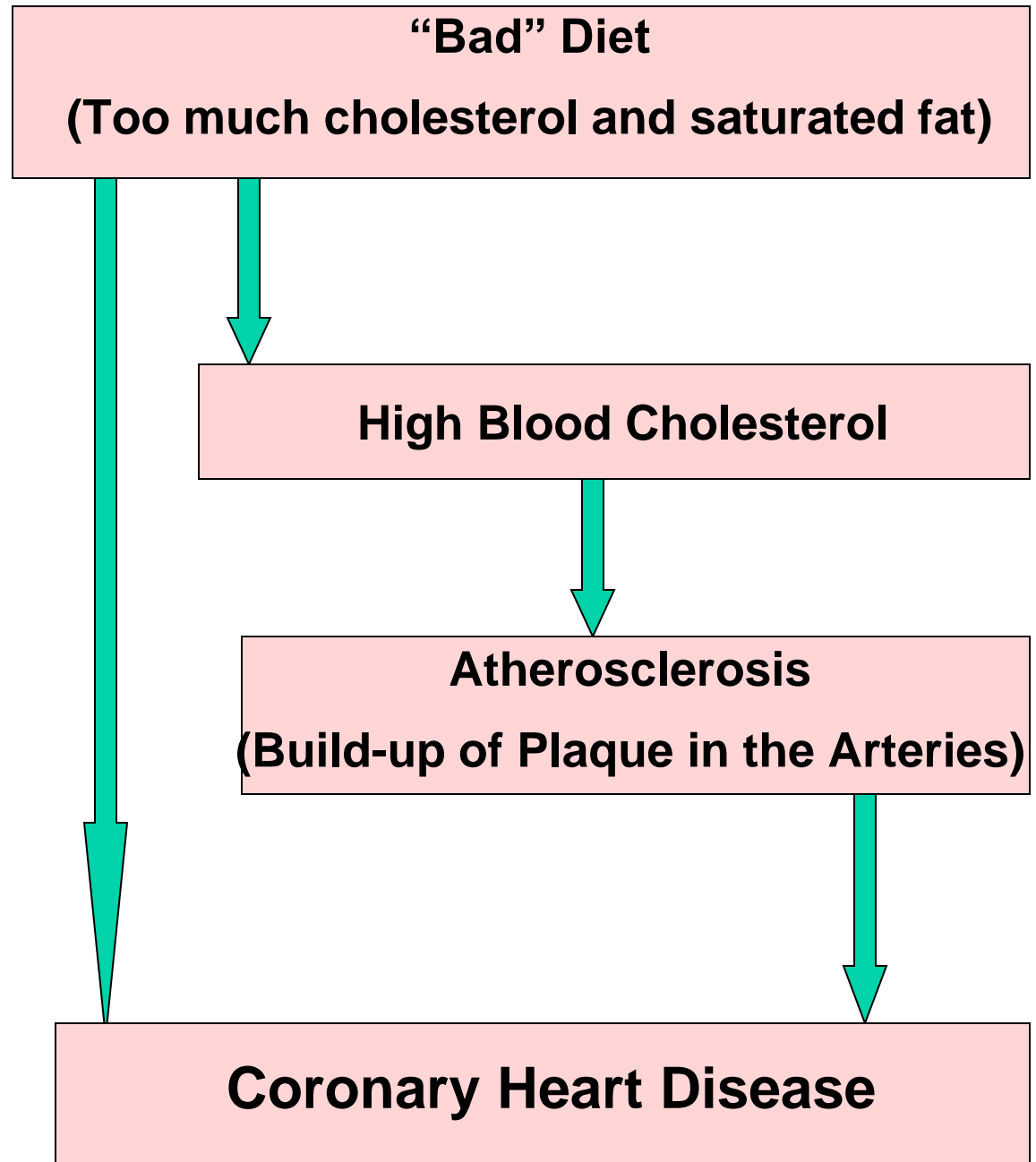
# **Epidemic of Modern Heart Disease**

**1921 First recorded Myocardial Infarction (MI)**

**1930 3000 US deaths from Myocardial Infarction**

**1960 500,000 US deaths from Myocardial Infarction**

**“The Diet-Heart Theory”  
a.k.a.  
“The Lipid Hypothesis”**



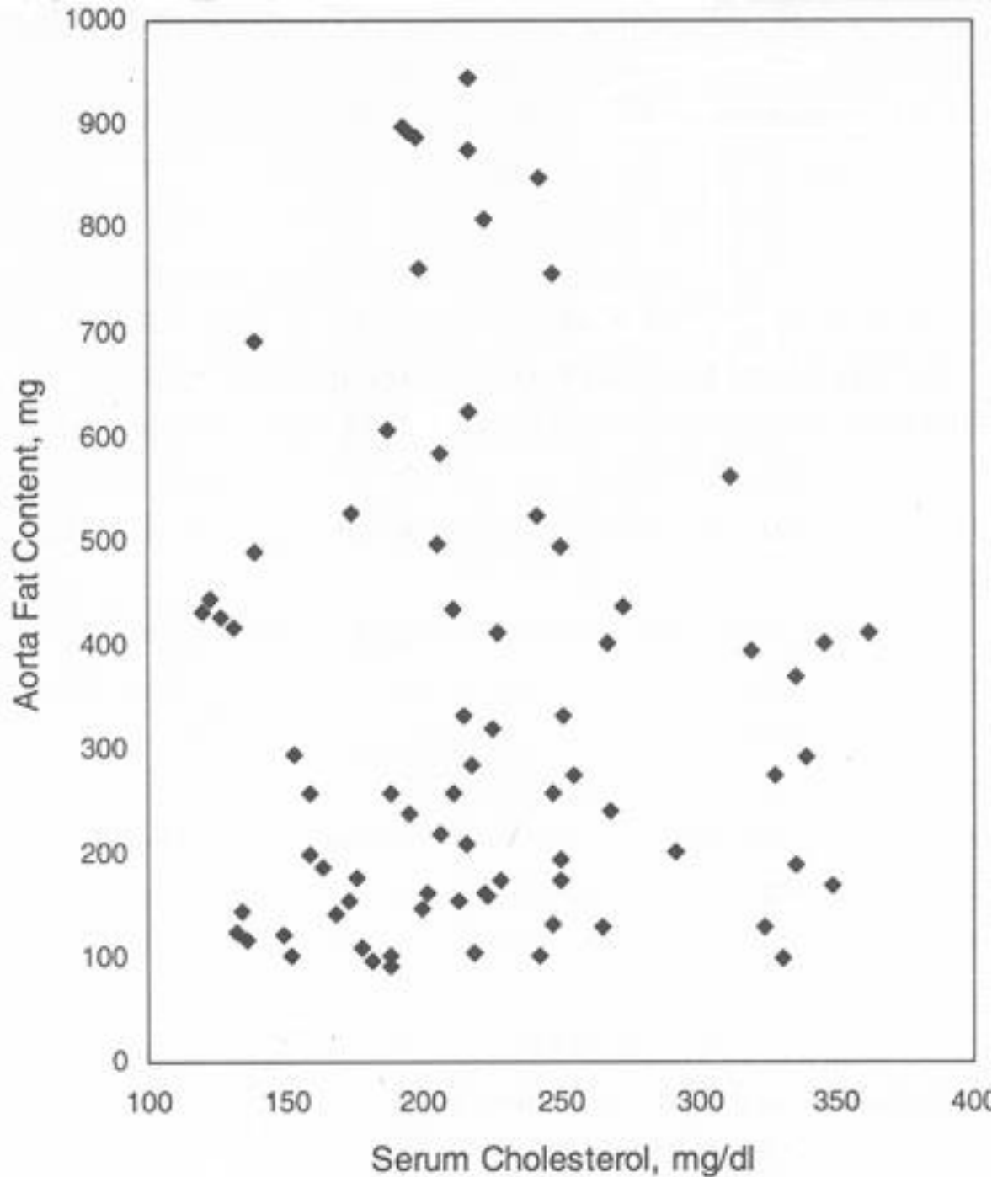
# Lande and Sperry 1936

**Note:**

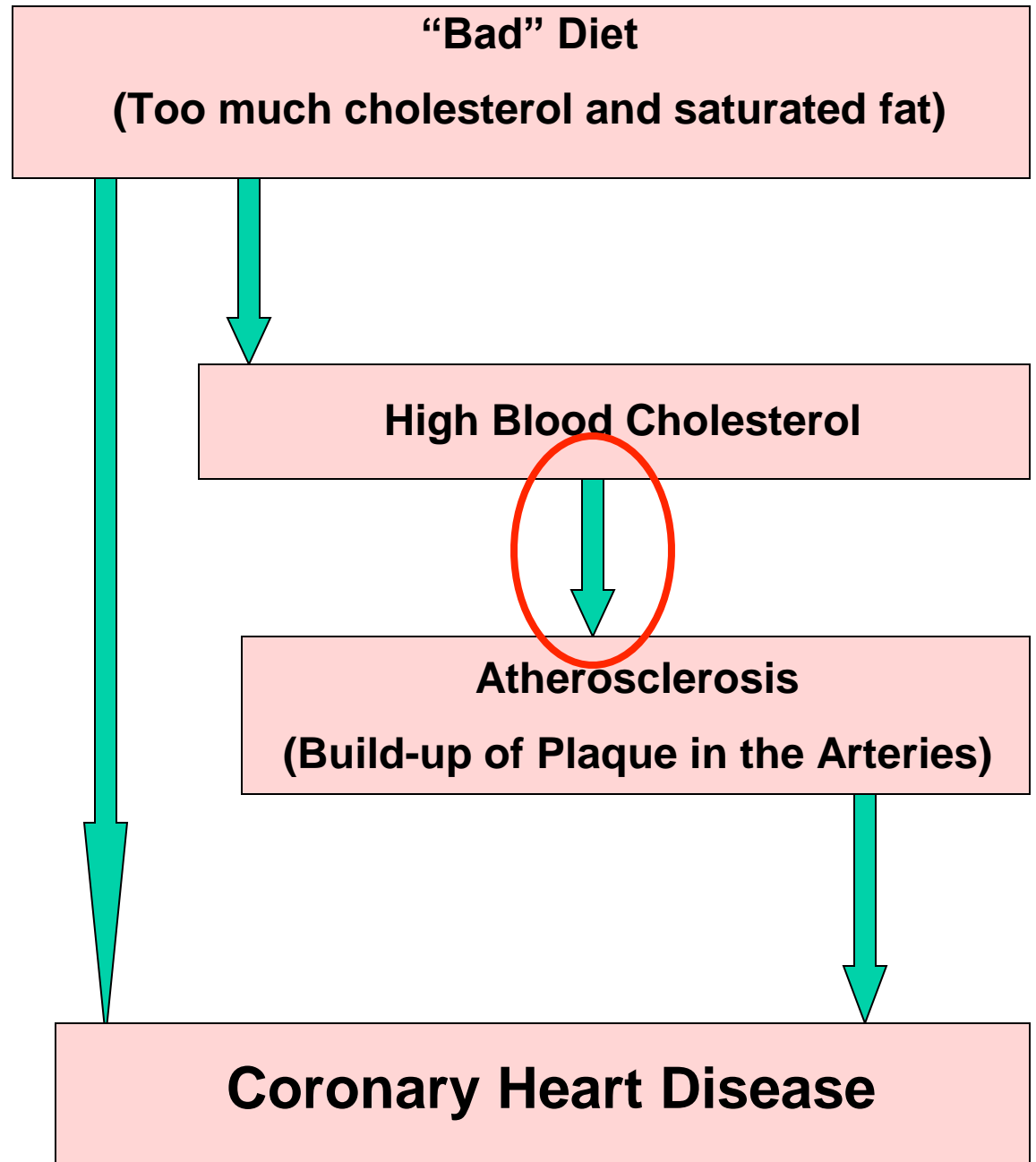
120 mg/dl = 3.1 mmol/L

240 mg/dl = 6.2 mmol/L

400 mg/dl = 10.3 mmol/L



# The Diet-Heart Theory/The Lipid Hypothesis



# 1957: The Anti-Coronary Club

**Group of NY businessmen, 40 to 59 years, placed on “Prudent Diet” of**

**corn oil and margarine  
cold breakfast cereals  
chicken and fish**

**instead of butter  
instead of eggs  
instead of beef**

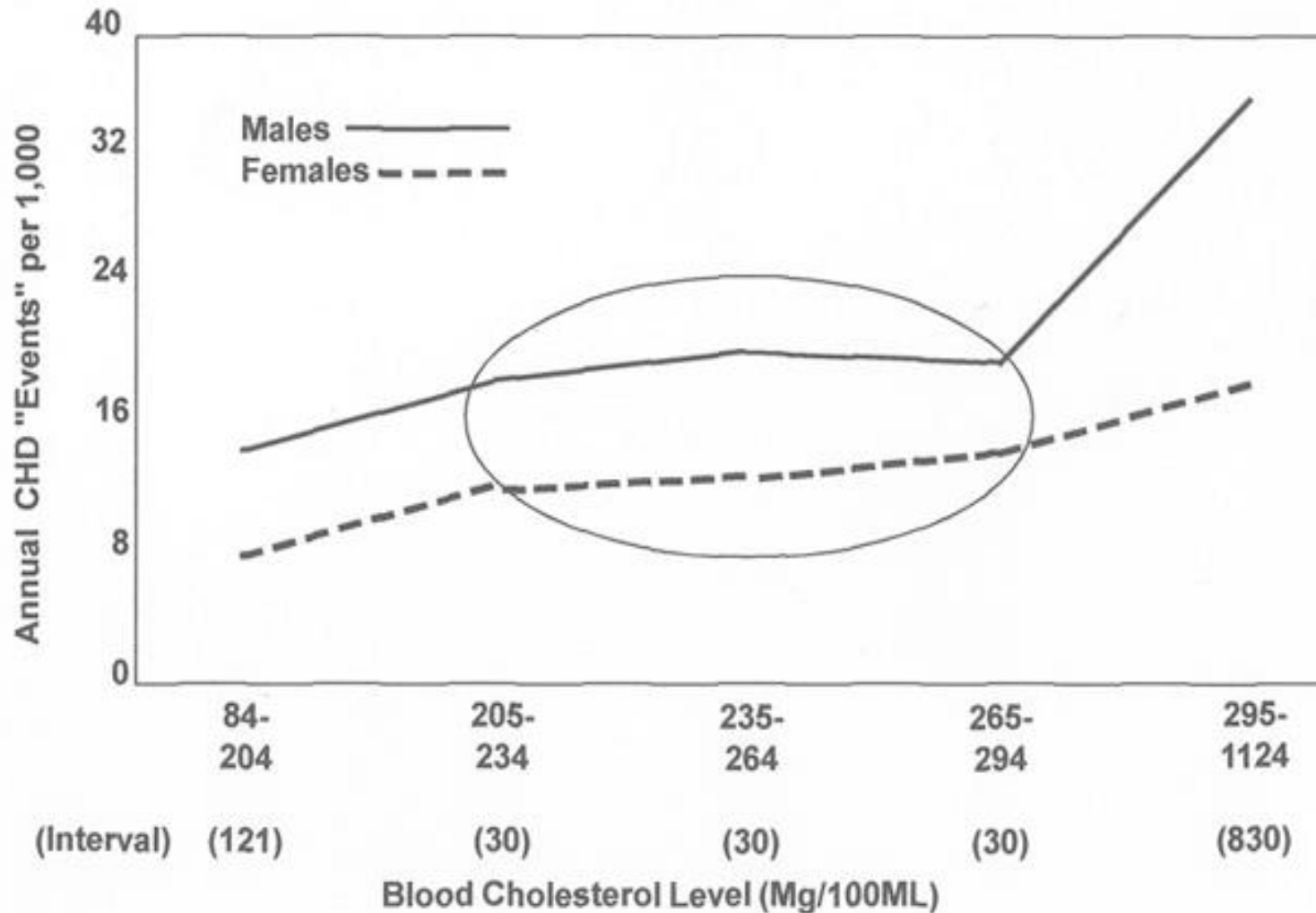
**Matched group of the same age,  
ate eggs for breakfast and meat three times a day.**

**Results in 1966: Prudent Dieters had average serum cholesterol of 220 (5.6), compared to 250 (6.5) in the meat-and-potatoes control group**

**But there were EIGHT deaths from heart disease among Prudent Dieter group, and NONE among those who ate meat three times a day**

# The 40-Year Framingham Study

Dr. William Kannel: "Total plasma cholesterol is a powerful predictor of death related to CHD"



84= 2.3

205= 5.2

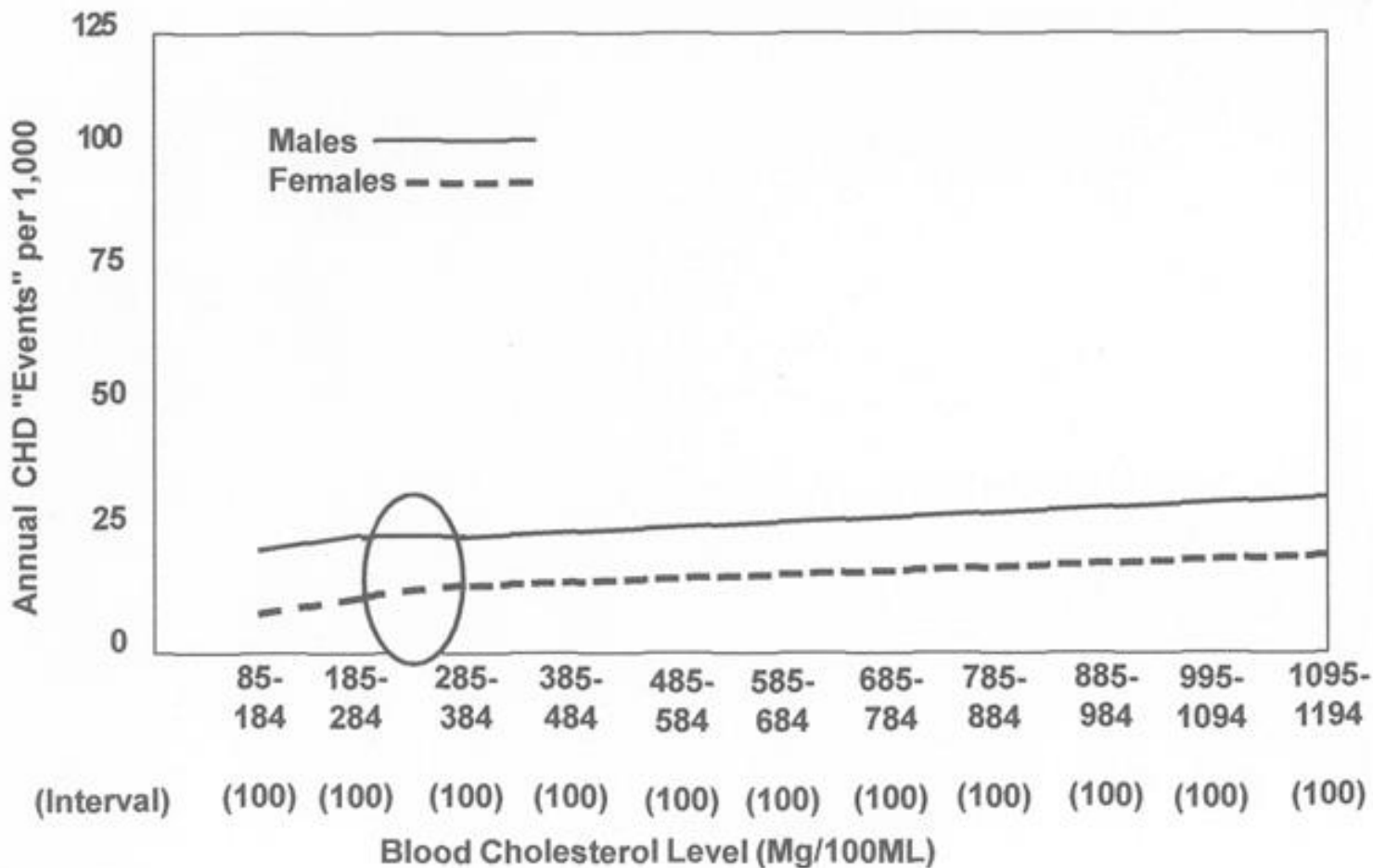
294= 7.7

1124= 29

# The 40-Year Framingham Study

Actual rate of increase is 0.13% between 182 and 244

Stamler: "240% increase in risk"



84=2.3

205=5.2

294=7.7

1124=29



# Relative Risk vs. Absolute Risk

Suppose CHD death rate at 240 mg (6.2) cholesterol is 2/1000 and at 160 mg (4.1) is 1/1000

The rate difference (**absolute risk**) is 1/1000 or 0.001% but the difference in **relative risk** is 100% (2 is 100% greater than 1)

Now suppose CHD death at 240 mg (6.2) is 2/1billion and at 160 mg (4.1) is 1/1billion

The rate difference (**absolute risk**) is 1/1billion or 0.0000001% but the difference in **relative risk** is still 100% (2 is 100% greater than 1)

Cholesterol theory proponents usually **exaggerate** benefits by reporting them in terms of relative risk and **minimize** side effects by reporting them in terms of absolute risk.

# Fatal Heart Attack and Breast Cancer Rates in the CARE Trial

	Number Patients Statin Group	Number Patients Control Group	Relative Risk	Absolute Risk
Death from heart attack	96 of 2081 (4.6%)	119 of 2078 (5.7%)	-19%	-1.1%
Cases of breast cancer	13 of 290 (4.5%)	1 of 286 (0.3%)	+1500%	+4.2%

Source: The Cholesterol Myths, CARE Trial data

**"In Framingham, Massachusetts, the more saturated fat one ate, the more cholesterol one ate, the more calories one ate, the lower people's serum cholesterol. . . we found that the people who ate the most cholesterol, ate the most saturated fat, ate the most calories weighed the least and were the most physically active."**

***William Castelli, Director  
The Framingham Study***

# Framingham Revisited

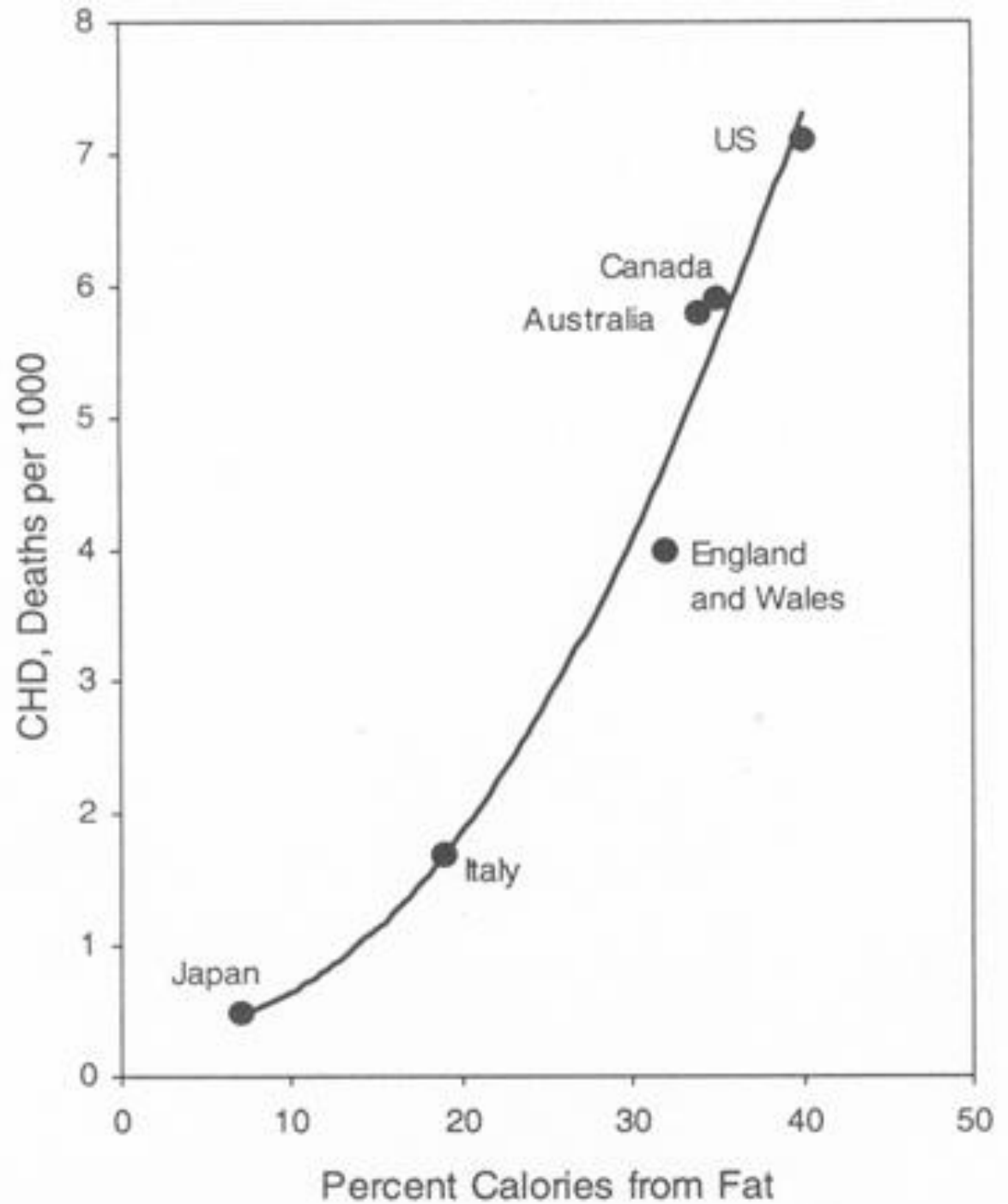
30 YEARS LATER: Investigators looked at the participants after 30 years

**LOWER CHOLESTEROL =  
GREATER RISK OF DEATH**

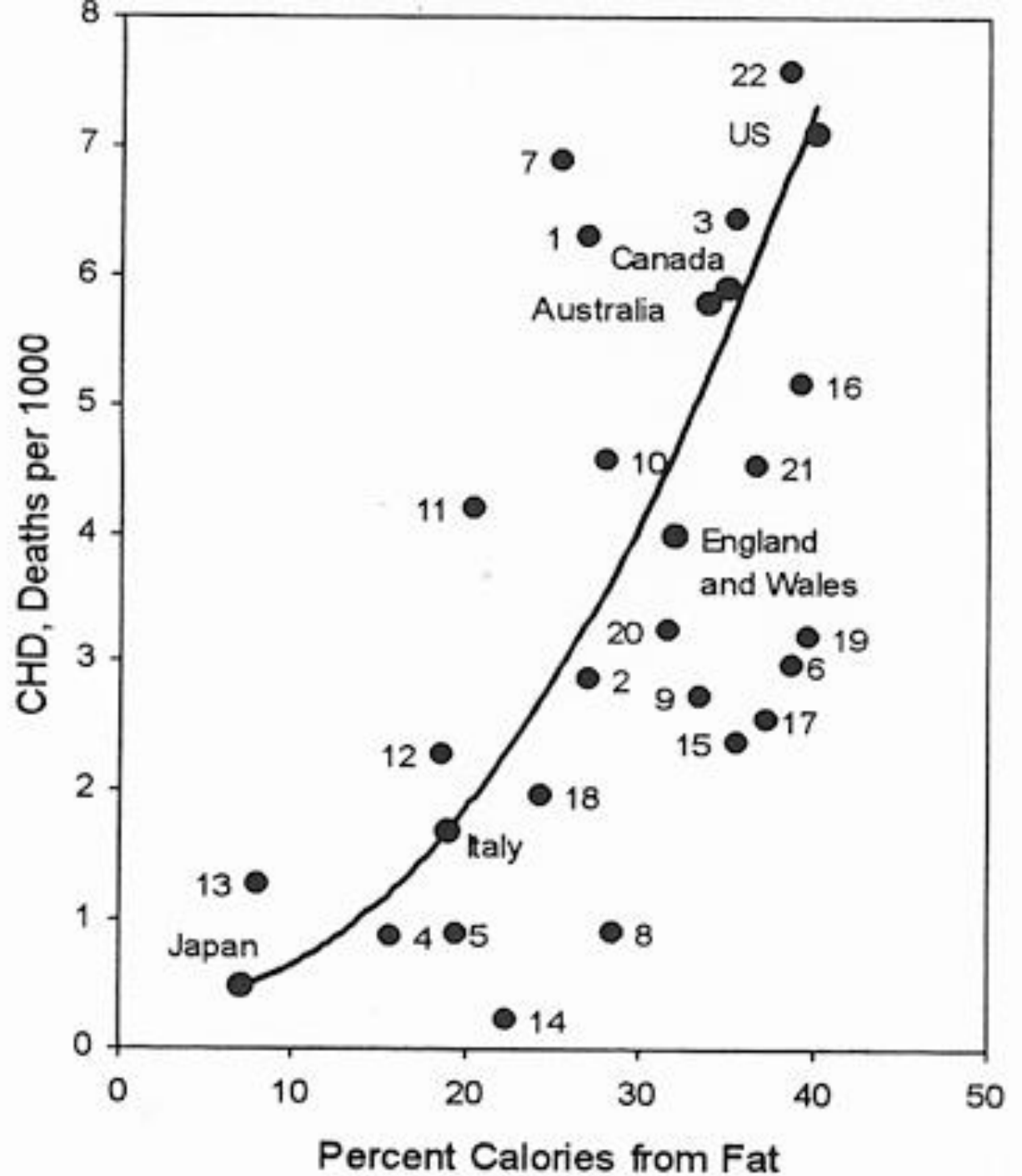
“For each 1% mg/dl drop of cholesterol there was an 11 percent increase in coronary and total mortality.”

*JAMA* 1987;257:2176-2180

# Ancel Keys Six Country Study



# All Countries

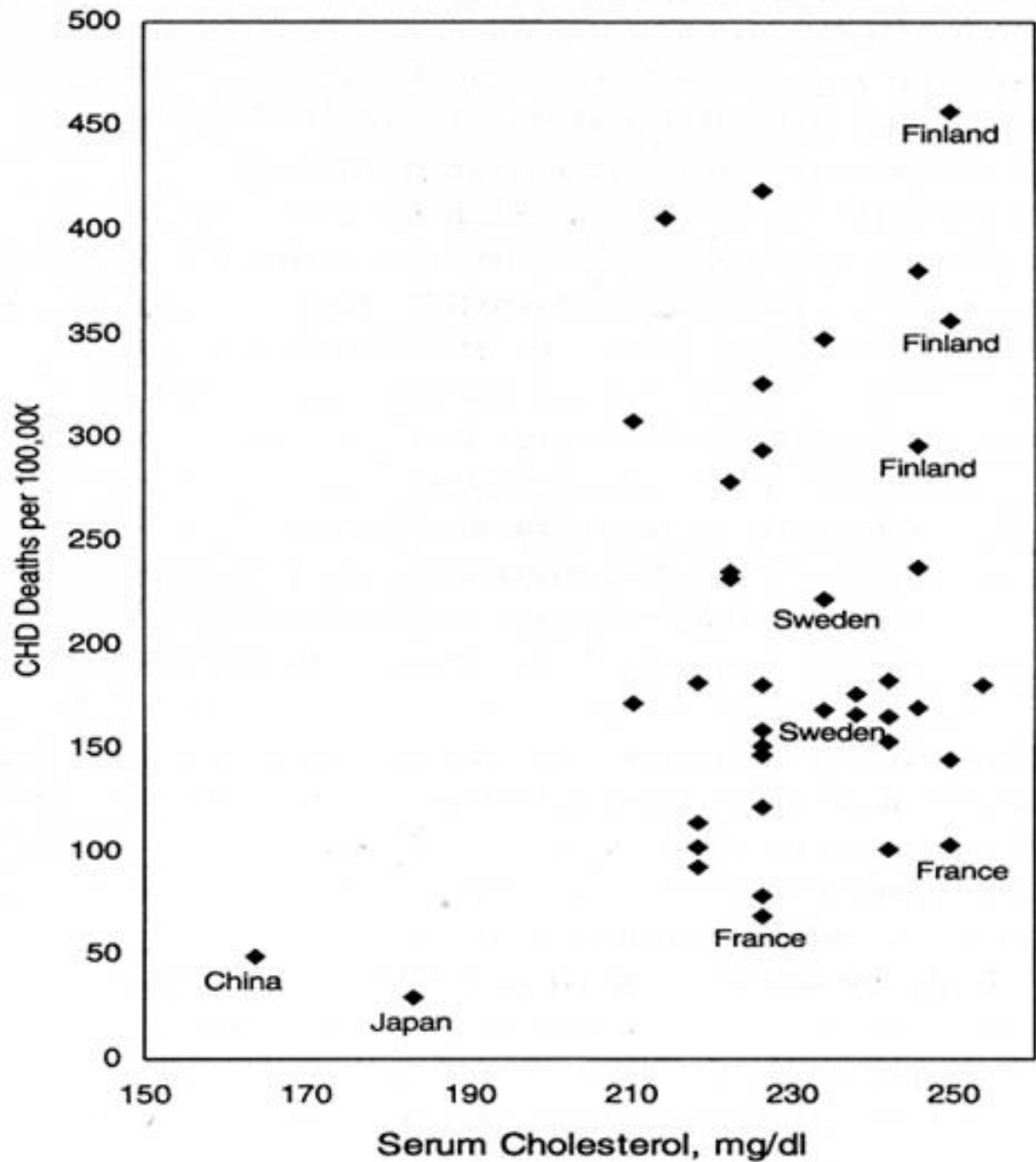


# MONICA Study

150=3.9

200=5.1

250=6.5

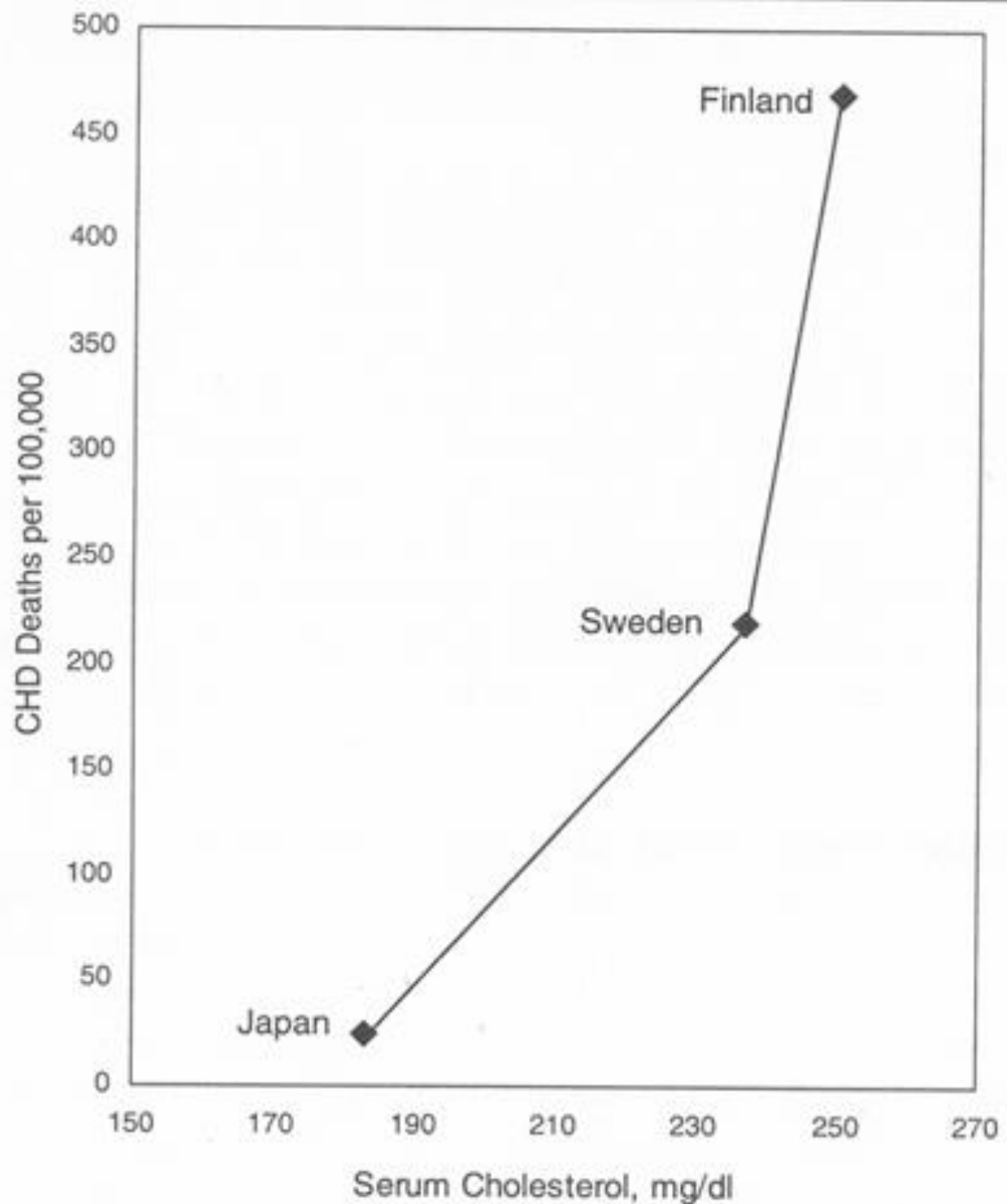


# Graph Used in Sweden to Justify the Anti- Cholesterol Campaign

150=3.9

200=5.1

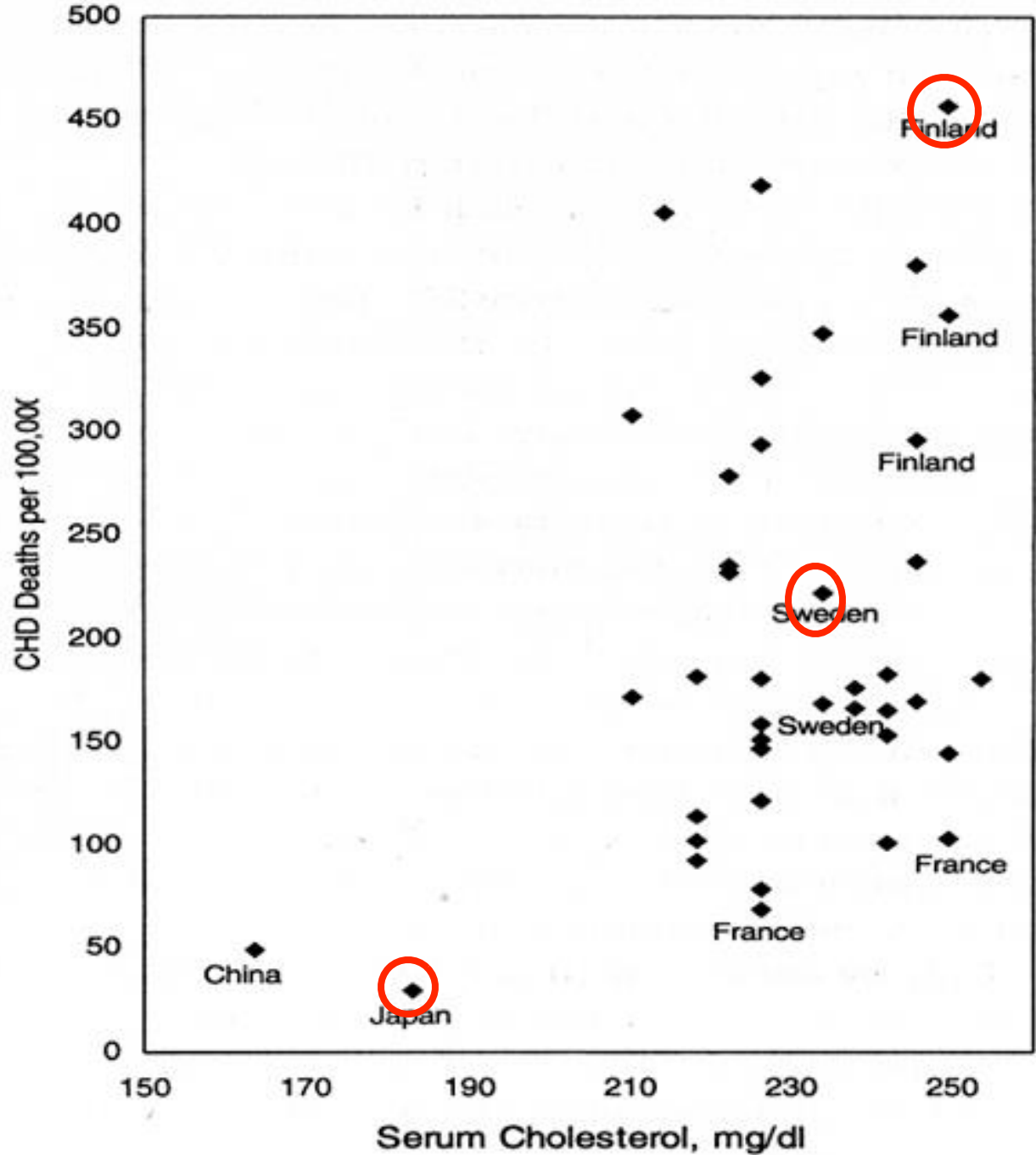
250=6.5





# MONICA Study

150=3.9  
200=5.1  
250=6.5



# Other Studies

**International Atherosclerosis Project:** 31,000 autopsies from 15 countries, no correlation between animal fat intake and degree of atherosclerosis or serum cholesterol level

**DeBakey Study:** Survey of 1700 patients with atherosclerosis, found no relation between level of serum cholesterol and degree of hardening of the arteries.

**Veterans Clinical Trial:** No relation between diet and CHD

**Minnesota State Hospital Trial:** No difference in CHD events between controls and group on diet that lowered cholesterol by 14%.

**Honolulu Heart Program:** No significant differences between fat, saturated fat and cholesterol intakes of persons with and without CHD.

**Puerto Rico Heart Health Study:** No significant differences between fat, saturated fat and cholesterol intakes of persons with and without CHD.

# **The Lipid Hypothesis-- What Independent Researchers Say**

**"The diet-heart hypothesis has been repeatedly shown to be wrong, and yet, for complicated reasons of pride, profit and prejudice, the hypothesis continues to be exploited by scientists, fund-raising enterprises, food companies and even governmental agencies. The public is being deceived by the greatest health scam of the century."**

***George Mann, M.D.***

***Former Associate Director, the Framingham Project***

**"Whatever causes CHD, it is not primarily a high intake of saturated fatty acids."**

***Michael Gurr, Ph.D.***

***Author of Definitive Lipid Biochemistry textbook***

# What Is Cholesterol?

- **STEROL:** Large sterol molecule, manufactured by almost every cell in the body
- Makes cells waterproof for different chemistry inside & outside the cell
- Repairs wounds and tears in arterial walls
- Gives proper "stiffness" to cells, like cellulose in plants
- Powerful anti-oxidant, protects against free radicals
- ***Precursor to Vitamin D:*** for healthy bones, calcium metabolism, reproduction, normal growth, eyesight, & nervous system
- ***Precursor to bile salts:*** for fat digestion
- Precursor to sex hormones and protective steroids
- Essential for development and function of brain and nervous system; needed for proper functioning of serotonin receptors in the brain

ACTH

**Cholesterol**

# *Cholesterol-*

## Mother of All Hormones

Pregnenolone → Progesterone → DOC → Corticosterone → 18OH

Aldosterone  
Corticosterone

Pregnenolone → Progesterone → 11 Deoxycortisol → Cortisol

DHEA → Androstenedione → Estradiol

Testosterone

*Adrenal Cortex Hormones*

**Note: Vitamin A is needed for each conversion. Trans fats inhibit enzymes that make these conversions.**

# Summary of Cholesterol Research

**LEVELS VARY:** Cholesterol levels increase naturally and gradually with age.

**ACCURATE READING DIFFICULT:** Cholesterol levels vary with stress, time of day, fasting vs. non-fasting, type of test used.

**RISK:** In men, slightly greater risk of CHD for cholesterol levels above 350 (8.5). No appreciable difference in CHD rate for cholesterol levels of 180-350 (4.6-8.5) (vast majority).

**WOMEN AND ELDERLY:** In women and in the elderly, no appreciable difference in CHD rate for any level of cholesterol. *In fact, for these groups, higher cholesterol is associated with longer lifespan.*

**NO CORRELATION:** Autopsy studies show zero correlation between estimated animal fat intake, and degree of atherosclerosis or serum cholesterol level.

# Summary of Cholesterol Research

**LDL AND HDL?** No study has shown that elevated LDL is a problem. (Since HDL has been shown to *protect* against CHD, and Total Cholesterol = HDL + LDL, Framingham Director Castelli claims that elevated LDL is the cause of CHD.)

**GREATER DEATHS AT LOW CHOLESTEROL:** Many studies have shown that all-cause deaths, especially deaths from cancer, are higher for individuals with cholesterol levels lower than 180.

**OXIDIZED CHOLESTEROL:** Cholesterol in natural foods does not cause heart disease—spares body from making own cholesterol. Altered, oxidized cholesterol from *powdered* milk, eggs, etc. causes plaque build-up. Powdered milk is often added to 1% and 2% milk and other lowfat dairy products.

**RISKS:** Cholesterol-lowering drugs do not lower risk of CHD but increase risk of cancer, intestinal diseases, depression, suicide and violent behavior.

# Cholesterol-Lowering Drugs

**STATINS:** Latest family of cholesterol-lowering drugs, called statins, acts on an enzyme, HMG-CoA Reductase, to reduce production of cholesterol in the liver.

**SOLD AS** Lipitor (atorvastatin), Zocor (simvastatin), Mevacor (lovastatin) and Pravachol (pravastatin)

**TOXIC:** Discovered by the Japanese, who found the substance to be very toxic in animal trials.

**CANCER:** In every animal study, statins caused cancer.

**FDA APPROVAL:** Sold their discovery to Merck, a US drug company, which got FDA approval with unexplained speed.

**TARGETS:** Currently being promoted for healthy men and women categorized as "at risk" because they have cholesterol levels over 200 (5.1).



# Statin Side Effects

Reduced Libido

Muscle Wasting

Neuropathy

Cancer

Intestinal Disease

Accidents

Memory Loss

Slowed Reactions

Back Pain

Heart Failure

Stroke

Depression

Suicide

Statin Use has doubled the rates of HEART FAILURE

Statins: Reduce body's production of Coenzyme Q10, which is indispensable for normal function of the heart.

Statins: Block the absorption of Vitamin A.

# Polyneuropathy

Characterized by weakness, tingling and pain in the hands and feet as well as difficulty walking.

Researchers who studied 500,000 residents of Denmark, found that people who took statins were more likely to develop polyneuropathy.

Taking statins for one year raised the risk of nerve damage by about 15 percent—about one case for every 2,200 patients. For those who took statins for two or more years, the additional risk rose to 26 percent.

Likelihood that incidence of polyneuropathy from statin use is under-reported.

# Honolulu Heart Program 2001

Researchers compared changes in cholesterol concentrations over 20 years with all-cause mortality.

“Our data accords with previous findings of increased mortality in elderly people with low serum cholesterol, and show that long-term persistence of low cholesterol concentration actually increases risk of death. Thus, the earlier that patients start to have lower cholesterol concentrations, the greater the risk of death. . . .

“Those individuals with a low serum cholesterol maintained over a 20-year period will have the worst outlook for all-cause mortality.” (*Lancet*, 2001 358:351-55)

Similar findings published in the *Journal of the American Geriatrics Society*, February 2005 – seniors with low cholesterol had a greater risk of dying.

High cholesterol comes in all shapes and sizes.



Here's a tip. You can be active, thin, young or old. The truth is that high cholesterol may have as much to do with your family genes as food. So, even a strict diet may not be enough to lower it. The good news is that adding LIPITOR can help. It can lower your total cholesterol 29% to 45%.<sup>1</sup> And it can also lower your bad cholesterol 39% to 60%.<sup>2</sup> (\*The average effect depends on the dose.) More than 18 million Americans have talked to their doctor about LIPITOR. Maybe you should too. Learn more. Find out if the #1 prescribed cholesterol medicine is right for you. Call us at 1-888-LIPITOR. Find us on the web at [www.lipitor.com](http://www.lipitor.com).

**Important information:**

LIPITOR<sup>®</sup> (atorvastatin calcium) is a prescription drug used with diet to lower cholesterol. LIPITOR is not for everyone, including those with liver disease or possible liver problems, women who are nursing, pregnant, or may become pregnant. LIPITOR has not been shown to prevent heart disease or heart attacks.

If you take LIPITOR, tell your doctor about any unusual muscle pain or weakness. This could be a sign of serious side effects. It is important to tell your doctor about any medications you are currently taking to avoid possible serious drug interactions. Your doctor may do simple blood tests to monitor liver function before and during drug treatment. The most commonly reported side effects are gas, constipation, stomach pain and indigestion. They are usually mild and tend to go away.

*Please see additional important information on next page.*

 **LIPITOR**  
atorvastatin calcium  
tablets  
FOR CHOLESTEROL<sup>®</sup>

# Lipitor Ad

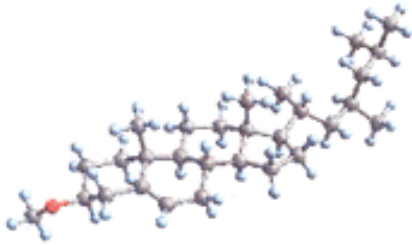
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# Resources

## The Cholesterol Myths

EXPOSING THE FALLACY  
THAT SATURATED FAT AND CHOLESTEROL  
CAUSE HEART DISEASE

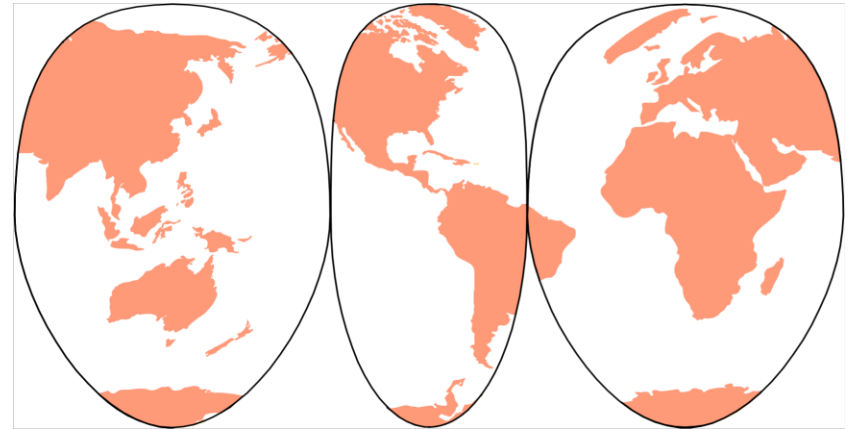


Uffe Ravnskov, MD, PhD

The Cholesterol Myths

Uffe Ravnskov, MD, PhD

[www.newtrendspublishing.com](http://www.newtrendspublishing.com)



The Weston A. Price  
Foundation

[www.westonaprice.org](http://www.westonaprice.org)



**Total fat content of traditional diets varies from 30% to 80% of calories, but only about 4% of calories come from polyunsaturated fatty acids.**





# **The Many Important Roles of Saturated Fatty Acids (SFAs)**

**Constitute at least 50% of cell membranes**

**Play vital role in bone modeling**

**Lower Lp(a), a marker for heart disease**

**Protect the liver from alcohol and other poisons**

**Enhance immune system**

**Needed for proper utilization of Essential Fatty Acids**

**Needed for the function of lungs and kidneys**

**16-Carbon Palmytic Acid and 18-Carbon Stearic Acid, the preferred  
foods for the heart**

**Shorter Chain SFAs (3 to 14 carbons) have antimicrobial properties**

**Castelli**  
"In Framingham, Massachusetts, the more saturated fat one ate, the more cholesterol one ate, the more calories one ate, the lower people's serum cholesterol. . . we found that the people who ate the most cholesterol, ate the most saturated fat, ate the most calories weighed the least and were the most physically active."

**William Castelli, Director  
The Framingham Study**

**Source:** *Archives of Internal Medicine* 1992

# 1965 Study on Fats

Patients who had already had a heart attack divided into 3 groups

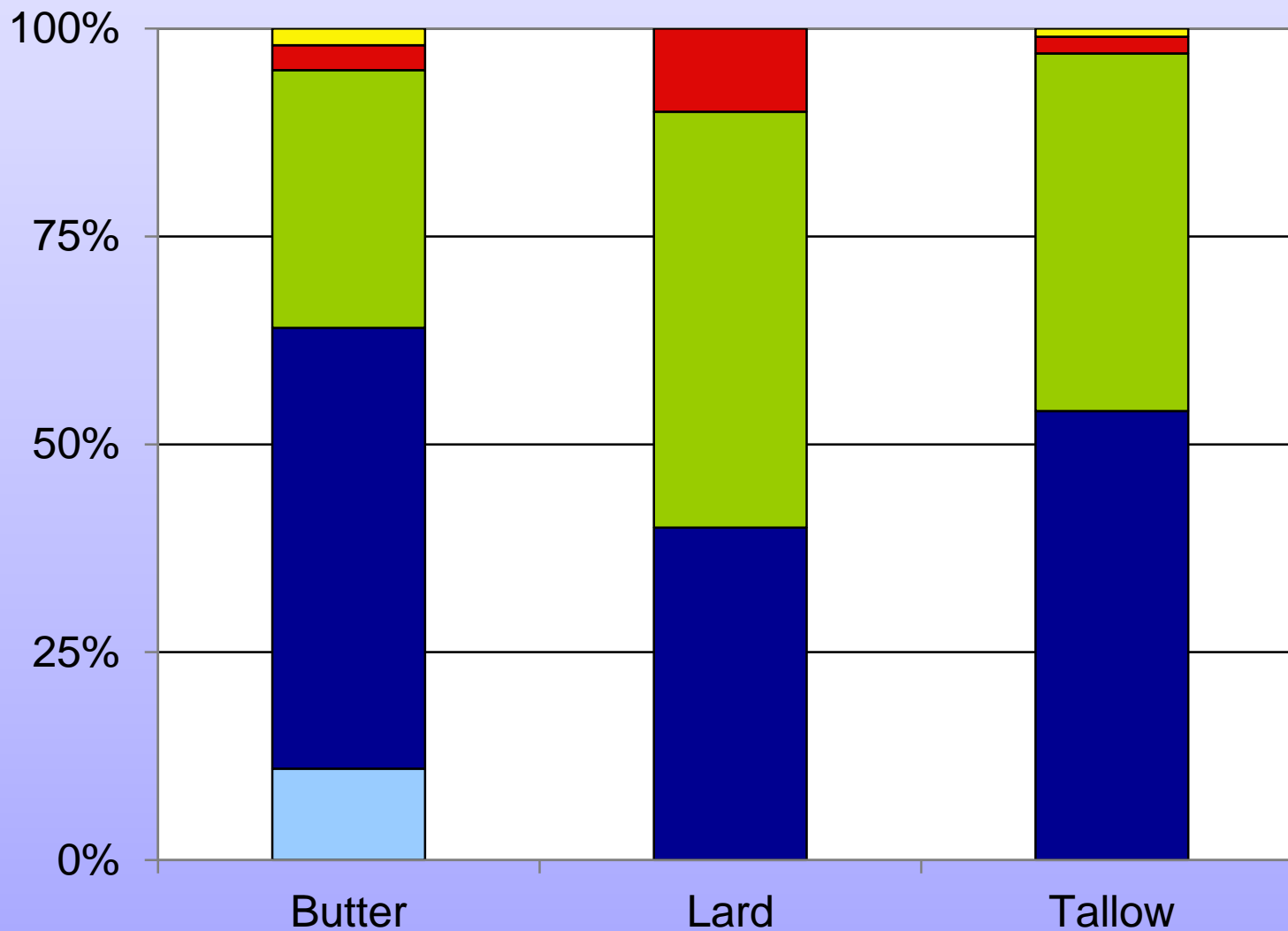
Polyunsaturated Corn Oil

Monounsaturated Olive Oil

Saturated Animal Fats

1. Corn Oil Group had 30% lower cholesterol but only 52% alive after 2 years
2. Olive Oil Group had 57% alive after 2 years
3. Animal Fat Group had 75% alive after 2 years

# Fatty Acid Profile of Common Animal Fats



Shorter/Medium Saturates

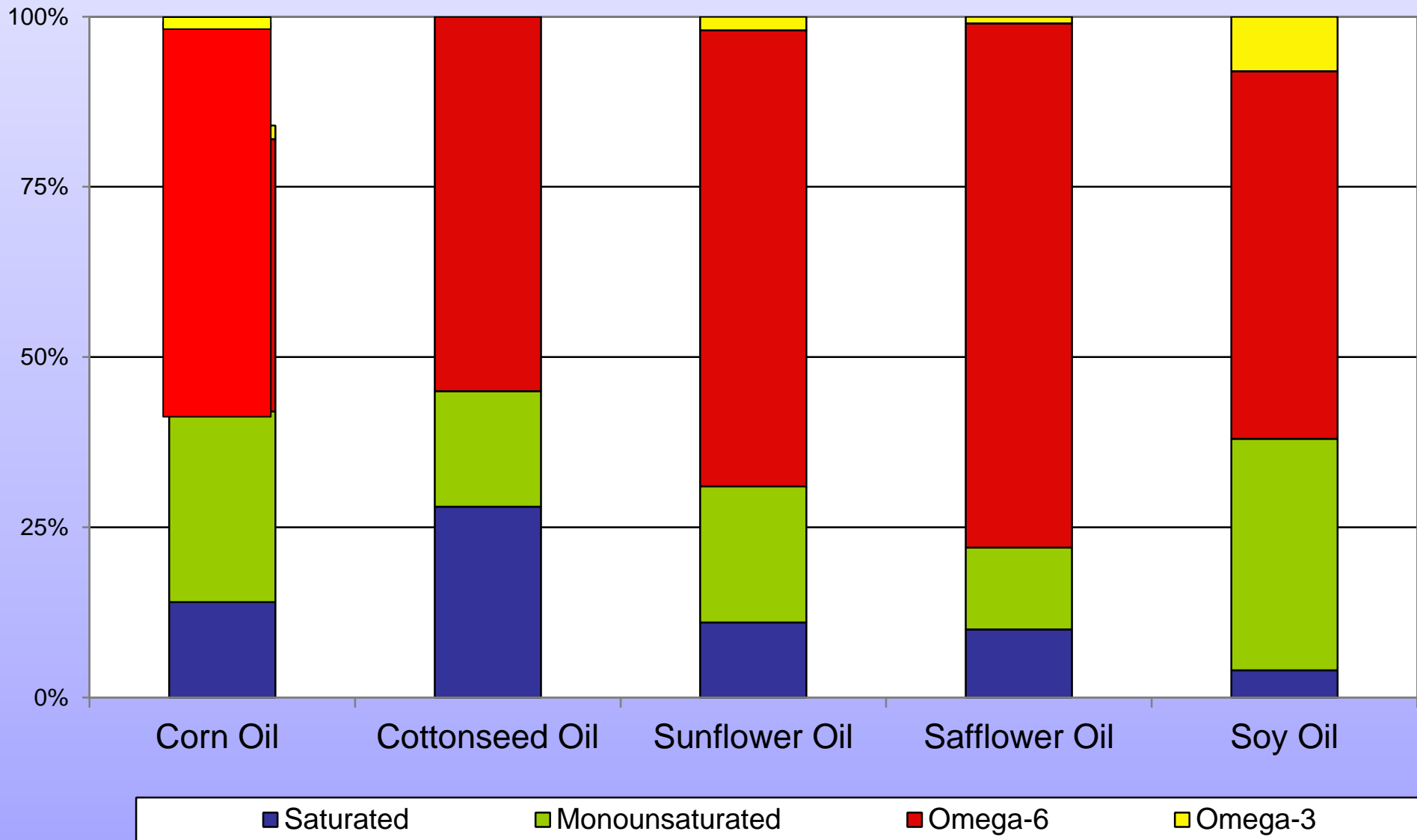
Longer Saturates

Oleic (Mono unsaturated)

Omega-6

Omega-3

# Fatty Acid Profiles of Polyunsaturated Oils



# **Problems Associated with Consumption of Polyunsaturated Oils**

**Increased cancer**  
**Increased heart disease**  
**Immune system dysfunction**  
**Disruption of prostaglandin production**  
**Depressed learning ability**  
**Liver damage**  
**Ceroid storage disease**  
**Damage to reproductive organs and the lungs**  
**Digestive disorders due to polymerization**  
**Increased levels of uric acid**  
**Impaired growth**  
**Lowered cholesterol**

# Canola Oil--A New Fangled Food

A new oil created by genetic manipulation from the rape seed.

**Fatty Acid Profile: 7% Saturated, 65% monounsaturated, 19% omega-6 and 9% omega-3.**

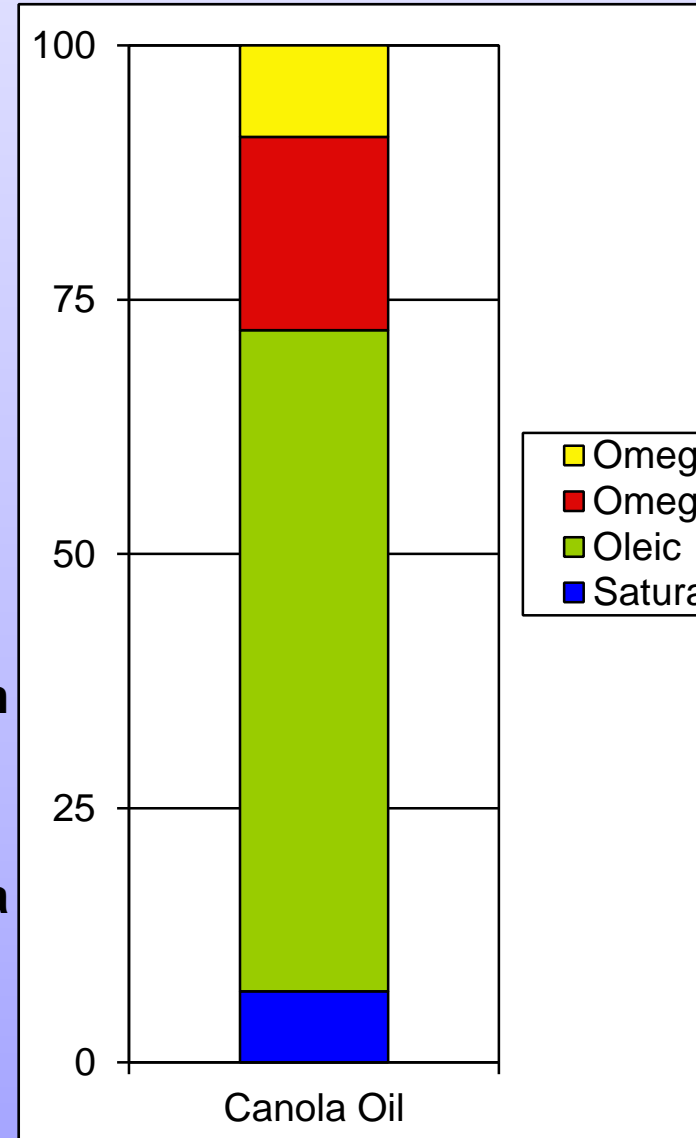
High omega-3 content makes it susceptible to rancidity during processing. Must be deodorized and during deodorizing process, dangerous types of *trans* fatty acids are formed and the omega-3s are lost.

Animal studies indicate canola oil greatly increases the body's need for vitamin E, causes heart lesions in test animals, increases platelet clumping and causes deaths in stroke-prone rats.

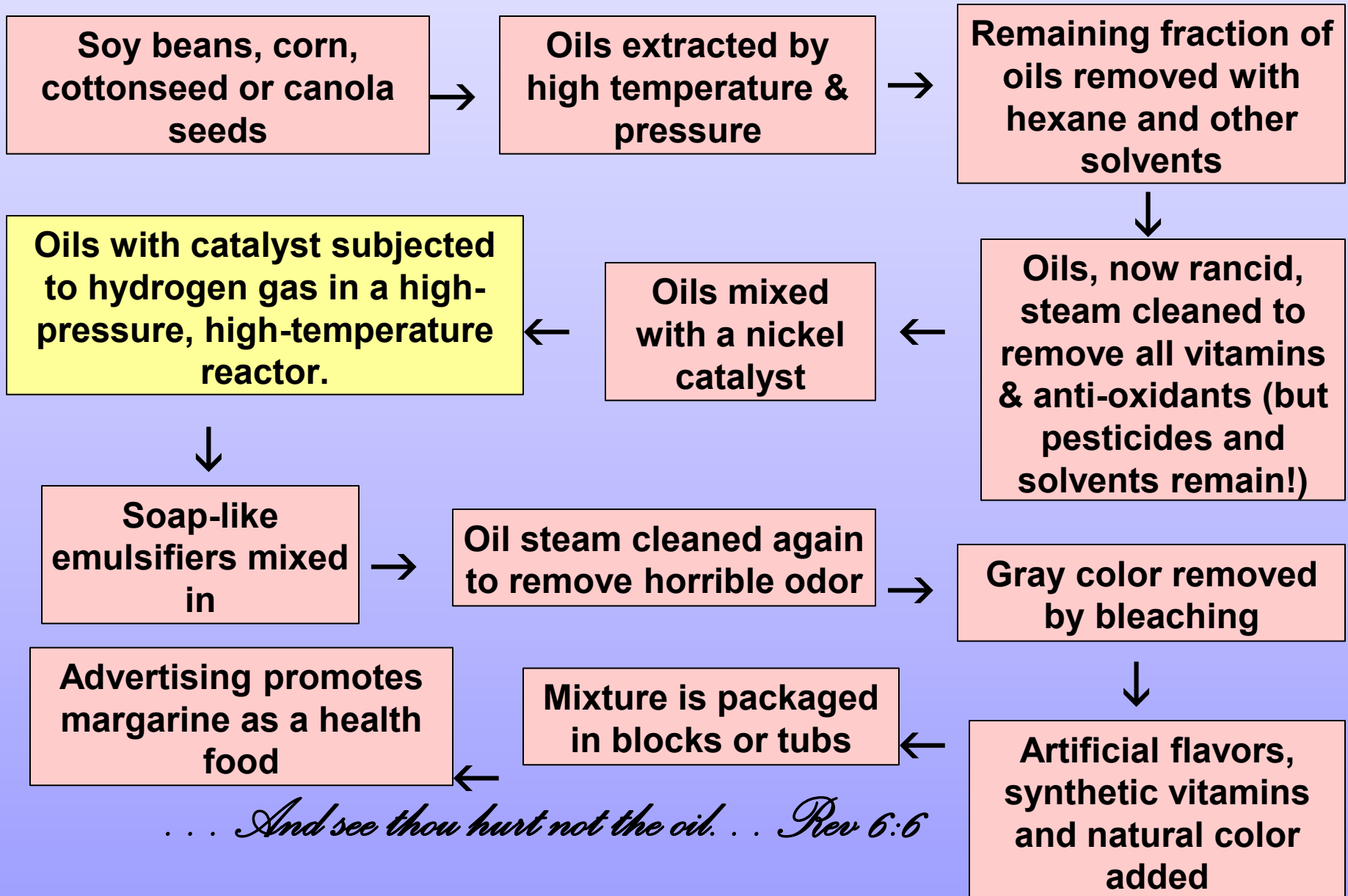
High sulphur content causes foods containing canola oil to develop mold easily.

Should never be heated--yet many use it for frying. Organically grown, cold pressed canola oil may be OK for salad dressing.

Canola Oil



# Margarine Manufacture



*... And see thou hurt not the oil. . . Rev 6:6*



# **Diseases Caused or Exacerbated by Hydrogenated (*trans*) Fats**

**Atherosclerosis**

**Heart Disease**

**Cancer**

**Degeneration of Joints and Tendons**

**Osteoporosis**

**Diabetes**

**Autoimmune Diseases**

**Eczema**

**Psoriasis**

**PMS**

**Lowered testosterone, lowered sperm count**

**Failure to Grow**

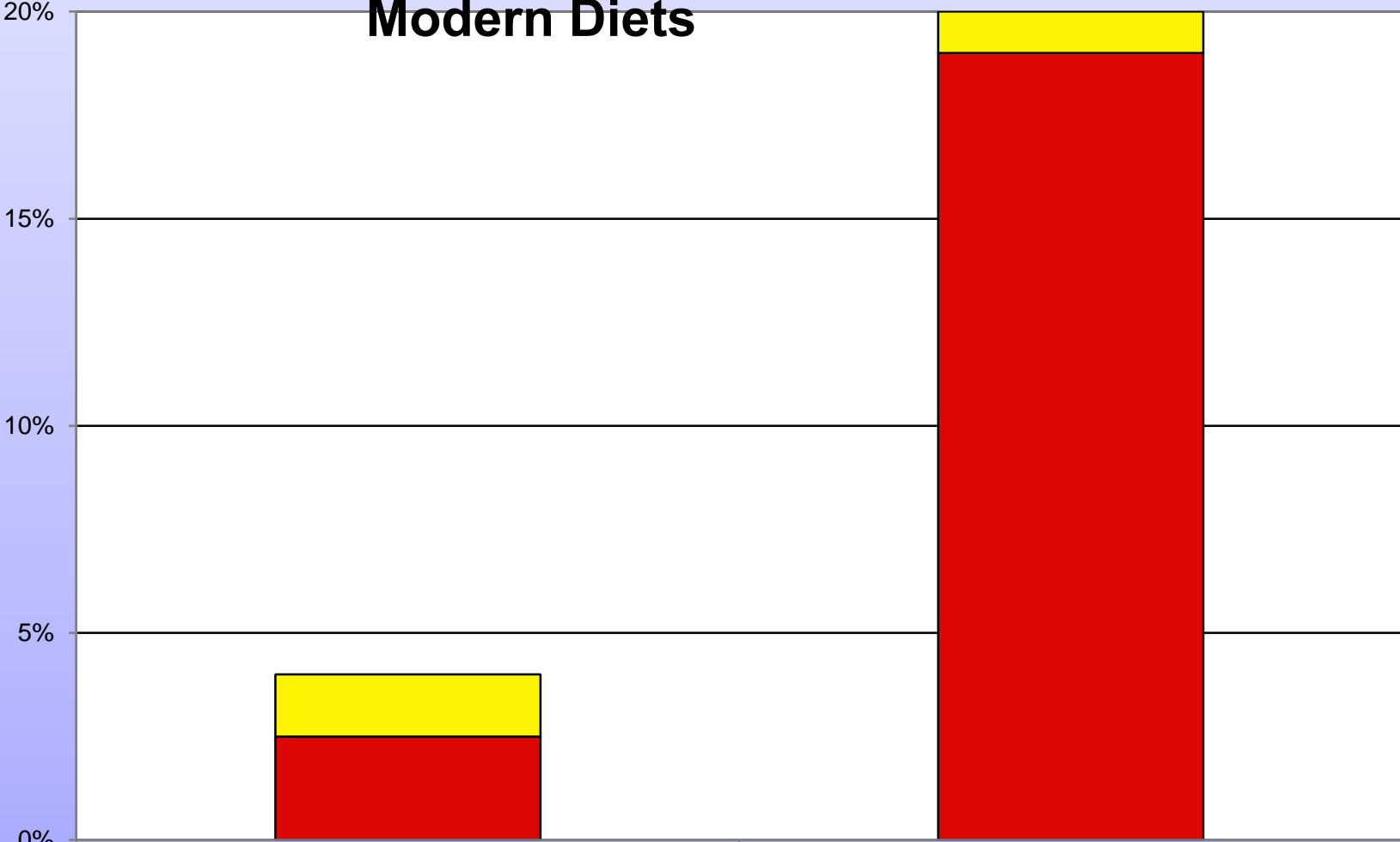
**Learning Disabilities**

**Low Birth Weight Babies**

**Reduced Visual Acuity**

**Reduced Fat Content in Mothers' Milk**

# Essential Fatty Acids in Primitive and Modern Diets



Primitive Diet

Modern Diet





# GMOs

- Genetically Modified Organism
- Modified to tolerate weed killer (Roundup) or exude toxins (Bt) to kill pests or have certain traits like longer shelf life.
- RR crops, (soy, corn & canola) have led to exponential use of Glyphosate

# Most Common GMO Crops

- Alfalfa (first planting 2011)
- Canola (approx. 90% of U.S. crop)
- Corn (approx. 88% of U.S. crop in 2011)
- Cotton (approx. 90% of U.S. crop 2011)
- Papaya (most of Hawaiian crop)
- Soy (approx. 94% of U.S. crop in 2011)
- Sugar Beets (95% of U.S. crop in 2010)
- Zucchini and Yellow Summer Squash (approx. 25,000 acres)
- New, not common yet, but watch for Sweet Corn started 2012 (RR/Bt)

# Problems with Glyphosate

Xenoestrogen, linked to breast cancer and precocious puberty.

Intestinal biome disrupter - gluten problems?

Crosses placental barrier

Teratogenic - causes birth defects

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Patenting seed life creates debt in poor countries.

284,000 suicides in India among GMO farmers since 1995 - organic farmers - 0.

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Super weeds developing- resulting in EPA doubling limit on oil crops & raising limits on food crops from 200 ppm to 6000 ppm!

# Problems with Chemical Ag.

- Only active ingred. are tested, not inerts.  
POE-15, an ingred. in Roundup is much more toxic than Glyphosate
- Chemicals are not tested together, nor are the breakdown products tested.
- Pregnant rats exposed to Permethrin and DEET during fetal gonadal sex determination had significant damage in subsequent generations.
- Today's newborns have 200+ chemicals in their cord blood.

# Modern Medicine & Modern Ag

- See disease as a condition to cure, not as a messaging system.
- Indiscriminate use of chemicals to cure symptoms, not address the problems.
- Neither believe in the “terrain”.
- Telling us that “science” will save us, but ignore the science that doesn’t fit the narrative.



# Why should cows be on grass?

- A ruminant's natural food is grass.
- Nutrient cycling is part of nature's soil-building technique.
- Grazing increases soil carbon, making it better able to hold water and less prone to droughts.
- Grass fed meat and milk have the appropriate Omega 6:3 ratio - corn supplementation ruins this.
- CLAs are produced from feeding grass, not seeds.

# Conjugated Linoleic Acid

Research has shown CLA to be a potent ally for combating:

- Cancer: Animal studies show that as little as 0.5 percent CLA in your diet could reduce tumors by over 50 percent, including the following types of cancer:
  - Breast    Colorectal    Lung    Skin    Stomach
- Insulin resistance - Testing mice w/ type 2 diabetes have shown CLA to improve insulin action and reduce circulating glucose.
- Inflammation
- Body Composition: beneficial in lowering body fat
- Cardiovascular disease
- Cannot be manufactured in the human body, must get it from your diet

- USDA and Clemson University researchers in 2009 determined a total of 10 key areas where grass-fed is better than grain-fed beef for human health
- In a side-by-side comparison, they determined that grass-fed beef was:
  - Lower in total fat, Higher in beta-carotene
  - Higher in vitamin E, Higher in the B1 & B2
  - Higher in the minerals calcium, magnesium, and potassium
  - Higher in total omega-3
  - A healthier ratio of omega-6 to omega-3 (1.65 vs 4.84)
  - Higher in CLA (cis-9 trans-11), a potential cancer fighter
  - Higher in vaccenic acid (which can be transformed into CLA)
  - Lower in saturated fats



# Parting Thoughts

- For thousands of years our food has come from sources physically (and biologically) close to us; now food processing is this country's biggest enterprise and the word food doesn't have the same meaning it once did.
- The health of the soil is our health - we are all part of this organism we call Earth. Albrecht knew this.
- Like Pottenger's cats, our subsequent generations are becoming weaker - we must turn this around!
- Our own health begins in our gut, just like the soil, take care of it and feed it properly.

