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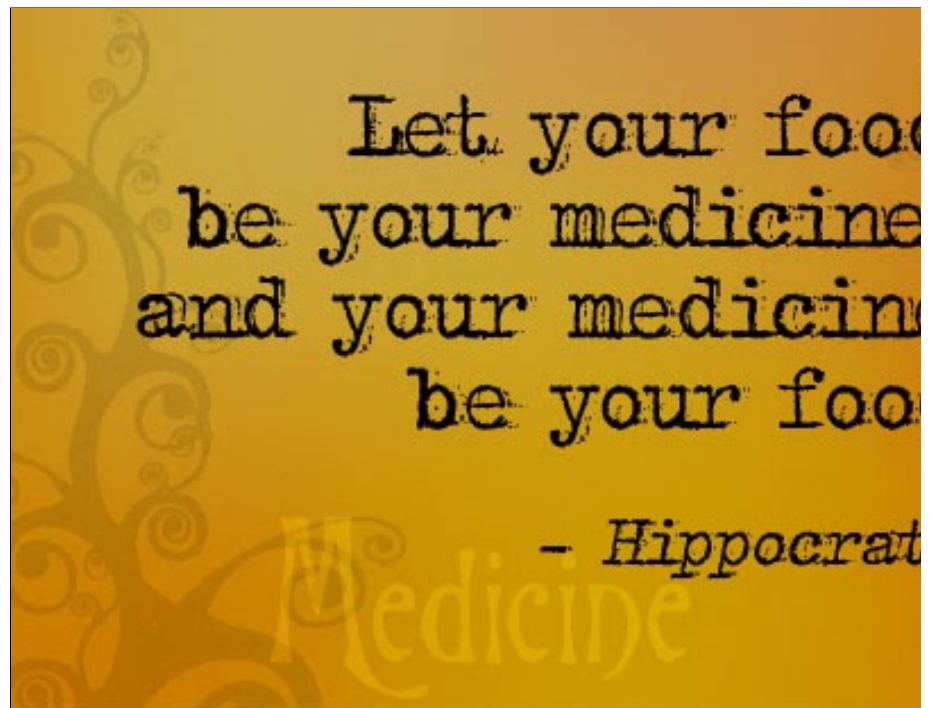
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Cholesterol Ghost Everywhere

By Dr. B. M. Hegde

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This white, powdery, odourless and waxy substance does not even have any taste, but causes so much trouble for those who have the habit of reading today's health magazines. It does not cause so much havoc for human happiness, as no literate man, woman or child escapes its horrors in print and electronic media. The heart disease is one of the three controllable risks for heart attacks"- "You could be the next person to get the heart at the hands of the biggest widow makers" etc. In addition, the Task Force on cholesterol screening divides human levels at low and high. Who can escape the mental torture of all this propaganda?

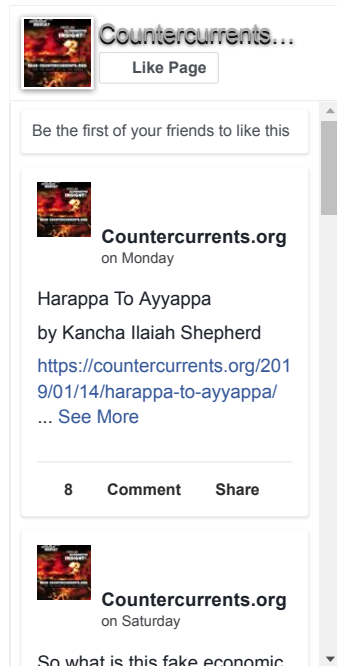
Where is the truth? Truth always is the casualty when money business gets into any field, medicine not excepted. Cholesterol research and the cholesterol lowering drugs runs into billions of dollars. As Professor Pickering says, the business of anti-hypertensive drugs, more people make a living off cholesterol than dying of it. Some have built their empires on this substance. They are the same people who sit in committees of research, or those who are overseeing research and also in the advisory panels (pay roll) of big drug companies. They are the ones who are screening, testing, research grant giving and also drug advice to patients and their doctors. This is a classic case of the travelling salesmen!

There are a few who see through their game but do not have the money, time and also the academic support to take it further into the complicated research web that the vested interests have woven around them. They use that magic word "science". Occasional ones who dare to take them head on are being frustrated. In the end, the layman declared war on the establishment by publishing a direct assault on the academia in the nation.

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was Thomas Moore.¹ Interestingly a practising cardiologist, Randall Marsh, from Greeley in Colorado, contentions ten years later.² I wonder how many of you have read my repeated assaults on the cholesterol writings, books and innumerable medical talks to the establishment, long before Moore, both in India: readers take me to be a "therapeutic nihilist" or a cynic. Drug companies have an eye on me.³

The fundamental economics of all this boils down to the fact that anti-hypertensive and anti-cholesterol drugs that the hapless victims have to take for the rest of their lives, a good business proposition for them: the drugs are used to treat symptoms of diseases and they are used for a short time and when the symptoms are no longer used. So the companies bend over backwards to sell the former two classes of drugs. The latest is the vitamin market. They are also to be taken life long from childhood to the time of death. Most of the corporations have a large stock of all kinds of vitamins, although studies have shown that these do not do anything. Every house has a large stock of all kinds of vitamins, although studies have shown that these do not do anything extra intake of fruits and vegetables. The latter have many other hidden anti-oxidants in them compared to the vitamins sold in the pills.

In fact, I am only worrying about the millions of people who fall a prey to the blatant misuse of the academic fourth half truths, falsehoods and fearful misrepresentation of the truth in this field. May be they believe that the repeated thousand times could be passed off as truth. "Truth could influence only half a score of men in a lifetime and mystery will drag millions by the nose", said Aristotle centuries ago. Having met with Marsh recently and Thomas Moore carefully, I think time has come for me to update the readers in this field.

Cholesterol is found in all foods of animal origin. There is no cholesterol in anything vegetarian. It is at the cell wall. If one remembers that millions of cells die everyday in the human body to be replaced by new cells, one realizes the importance and need for cholesterol for man. Various hormones in the body are manufactured from cholesterol. If one does not eat cholesterol at all, human liver could make enough for the body's needs. 90% of the total cholesterol in our liver and only 10% of it comes from the diet. Since cholesterol does not dissolve in water its transport is by a vehicle. The latter is usually the protein package-the lipoprotein. Cholesterol is found in all major lipoproteins: Low Density Lipoprotein (LDL) and the High Density Lipoprotein (HDL). Usual range of normal cholesterol has been between 150-250 mg per deciliter. Recently the American bosses of cholesterol research thought it fit to change the normal range by declaring three levels for humans thus:⁴

less than 200 mg/dl.....DESIRABLE.

200-239 mg/dl.....BORDERLINE-HIGH.

More than 240 mg/dl.....HIGH.

The story behind this is intriguing. My hunch is that there are at least 50-60 million Americans in the world who by the above classification are not only frightened out of their wits, but come under the net for life long therapy. With the present drugs being sold at such phenomenal prices the catch would not be less than \$100 billion for the drug companies. Apart from this there does not seem to be any other valid reason in the medical literature for the found wisdom on the part of the cholesterol pundits!

Americans are tormented by reports that swear that if only every one of them either ate very low fat diet or lowered their cholesterol levels they would survive for all times. If not 30% of the two million deaths in America would be avoided. The pamphlets tell them "THE ARTERIES BECOME NARROWER AND AS OLD WATER PIPES BUILD UP SCALY MINERAL DEPOSITS".

This analogy also helps another money spinner of coronary revascularisation. Lay people think that blocked toilet pipes to be bypassed. Never do they realize that the body has its own wisdom to compensate for the blocks, many of which start in early childhood, by providing collateral vessels and also remodeling the arteries.

The blood supply to the heart muscle does not as much depend on the blocked four large coronaries on which your doctor shows you on the x-ray(angiogram) as it does on the capacity of the millions of small vessels. The heart muscle of the heart having a wide capacity to dilate excessively in case of reduced supply from the large arteries.

Fractionation (FFR) is called CORONARY RESERVE, the latter could vary from one to another, the notwithstanding!

It is not the science of medicine that is bad but it is the "scientist" that twists the facts to suit his convenience in the neck. Thomas Moore was bold enough to take them head on. Years later he was joined by the Physicians (ACP) who had their own guidelines-much more saner than the horrendous guidelines of the task force, but was severely criticized by the latter in no uncertain terms. If an equally qualified body had been put forward to rubbish the earlier guidelines on their own turf without much success, lesser mortals like me have little hope of succeeding in our uphill task. But fight we must for the truth to come out. Here are the facts.

In the late eighties a thinking American cardiologist, and a respected one at that, wrote an article in the Cardiology Journal warning his colleagues about the fallibility of the task force guidelines. He said "if you follow the guidelines and eat no fat at all or take drugs to lower his cholesterol all his life, one could hope to add three months extra on this planet!" Another great British expert on cholesterol, and a most respected one, Oliver, was so upset about the task force misrepresenting the Transatlantic Consensus Conference Data that he, an important invited member, wrote an editorial in The Lancet, after coming back from the USA, entitled "The Consensus Conference."

Let us look at the genesis of this myth.

"Lowering your cholesterol is next to impossible with diet, and often dangerous with drugs-and it won't work," said Thomas Moore in his article in the September 1989 issue of The Atlantic.

One morning in early October 1987 The US Health Department made a significant announcement that the whole population had a very dangerous condition that has no symptoms, needing urgent medical treatment. Without symptoms there is need to screen the whole population to identify those in danger. One in four adults would die of their lives. This was called the National Cholesterol Education programme.

At this stage no unequivocal evidence existed in science that lowering cholesterol would save lives! The Blood Institute must have spent about \$ 300 million to get to this inconclusive stage of research. The task force in research was a staggering 3,61,622 men and 60% of the Institute's budget! At that point in time the task force was potentially dangerous and had no track record at all (Cholestyramine). In addition, the testing laboratories and research bodies, could not deliver identical cholesterol reports, not to speak of the thousands of laboratories.

"The Nation's clinical laboratories performance was so poor that millions of normal people were labelled as having heart disease," wrote Moore.

This drama began in 1951 when Pentagon dispatched a team of pathologists to Korean war zone to study the hearts of soldiers who were killed in the war. A large percentage of them had blocks of the coronary vessels at that time. The report by Major William F. Enos and Lieutenant Colonel Robert H. Holmes was the beginning of this scenario. In Europe it had started after the second world war. 77% of the Korean war victims at the tender age of 20-30 had blocks, which by today's x-ray standards, would have warranted coronary artery bypass surgery. They were not in the American army though and were unfortunately killed by the bullet!

Another drama was unfolding in yet another set up. Epidemiology has served medical science very well in the study of epidemics of infectious diseases. Cholera in London, typhoid Mary and many other examples could be cited. However, epidemiology applied to chronic degenerative diseases tells nothing about whether a particular person is at risk or it may identify groups of men at risk. However this was overlooked in all epidemiological diseases and times cause epidemics!

Such a scenario started in a remote small town of Framingham in Massachusetts way back in 1948. The Framingham study is now being quoted everywhere in the world, "built a detailed portrait of coronary artery disease" from a

5,127 adults, of whom 404 died of heart attacks over a period of twenty-four years! There were so many medical profession is not aware of. Many of the people did not come for regular check ups, the laboratory controllable over such a long period of time, while major changes took place in the laboratory techniques uniformity was lost completely. Although it was a sound study, its limitations in projecting it on to the phenomenal, to say the least. While tidy mathematical charts and graphs using linear mathematics tell lectures, lot of medical guess work went into the final conclusions.^{6, 7}

A series of risk factors emerged out of this study, almost all of which have been shown to have no prediction for groups, leave alone individuals. Two of the major risk factors could never be changed- male sex and all the minor and relative risk factors began from then on; one of them being the ghost of cholesterol which to this day, based on a study whose scientific validity is open to question. Advertisements, newspaper and talk shows kept up the tempo all over the world.

Life depends on cholesterol. All the life giving substances are derived from that chemical and that is what a hen's egg. While it is true that all studies showed a direct relationship between rising cholesterol and showed that extensive and fatal heart attacks could occur even in those with low cholesterol.

Be that as it may, the variations from laboratory to laboratory, even in the small group of research laboratories were significant. The time of the day, the way blood is collected, whether taken sitting or supine, how the analysis done, and even using diluents in blood, the diet that the patient was on just before taking blood laboratory which does the testing, could all change the results by as much as 10-18%. That, in itself, would be dangerously high levels, creating anxiety strong enough to provoke a heart attack!

The above statement does not take into consideration the quality of laboratories in the far flung areas of the world. D.M.Hegsted, of Harvard University, showed that a variation of 5-9% in serum cholesterol levels even on a uniform diet, was not unusual! The sub-fraction measurement of HDL and LDL was of no significance as shown by a group of researchers in Stanford where they found that 39% of the laboratories tested showed

Then started the saga of lowering elevated cholesterol in the population. First attempts were by diet control even by the Framingham study group concluded: "There is, in short, no suggestion of any relation between development of coronary disease in the study group." We have many other studies subsequently giving "Heart-Diet Pilot" of 1971 did not achieve significant success.

Then started the intervention trials with drugs. To sum up, all of them while showing a fall in fatal and those whose cholesterol levels were significantly lowered by drugs, also showed a higher total death in largest and the most expensive of them was the MRFIT study which cost \$ 115 million and involved 25,000 subjects. Facts emerged.⁸

* Behaviour of large groups of people could be changed.

* Drastic changes that the participants were made to make in their diets did not have any effect on the blood.

* No significant difference in deaths could be found in the treated group and the control after nine years in February 1982.

* In fact, slightly more deaths occurred in the treated group!

* In the control group deaths from heart attacks were 40% lower than expected in the beginning, show predictions in linear mathematics could be. Doctors have been predicting the unpredictable.

At this point in time there was no scientific validity for all the advice given to patients. More studies followed and expensive study was the Coronary Primary Prevention Trial (CPPT). It screened 4,80,000 middle aged subjects for this study over a period of three years.

Cholestyramine was the drug used in this study, but even the placebo used did have side effects. The di side effects. In Europe clofibrate was being used at the same time for the first large study, The Newcast and the MRFIT together cost the NIH a total of \$ 494 million dollars! The CPPT trial did not show any treatment group compared to the control group at 99% or even at 95% significant levels. Instead of ad went in for a less exacting “one-tailed” test to compare the groups and came up with the startling state little doubt about the benefit of cholestyramine therapy.” 9

Although there were dissenting voices at that stage, the Heart Institute went ahead and bulldozed the Cholesterol Education Programme. The American Medical Association and many drug companies assi efforts. While we believe that lowering one’s cholesterol is good there are disquieting reports that lowe be associated with cancer.¹⁰ While there is a possibility that it could be due to the original cancer itself cholesterol levels in those who developed cancer even after 5-7 years. Japanese studies have also shown people with very low cholesterol levels.

Many powerful drugs have come on the scene since then, but almost all of them showed a higher total c treated groups compared to the controls.^{11,12,13} The latest are the statins. They have not been there fo tested like their predecessors. Among the cholesterol-synthesis inhibitors like lovastatin, were triparan was withdrawn hastily because it produced severe side effects like rapid cataracts, severe skin rashes an Compactin was also withdrawn under a veil of secrecy, but thought to have given rise to high cancer ra then gone ahead with another drug Gemfibrozil with the same results- good effect on the cholesterol le but slightly higher death rate in the treated group!

The original screenees of the MRFIT study have been followed up, all 3,61,662 of them by a group led b Northwestern University, 70 times larger than the Framingham data and people coming from eighteen here are not reliable as it depended on death certificates it did show that the hazards of high cholesterc modest. The study, however, put out one statement which is being used and reused by all and sundry a statement goes thus: “Each one per cent reduction in cholesterol will lead to two percent reduction in c disease.” The truth is that this result was never seen in this study. What was observed was: “For each o cholesterol level the risk of coronary disease could go up by two percent.” 1 The difference in these two difference between lightening and the lightening bug!

Much water has flown under the bridge since these studies and there have been many more small big a out in many other parts of the world, but even today the wisdom of the medical profession could be sui Eliot Corday in his article in the Journal of the American College of Cardiology in 1989.

- * Cholesterol should be checked only if there are sound clinical indications.
- * A mixed diet low in calories and saturated fat should be recommended along with some physical exer
- * It is irresponsible to force public into a costly cholesterol reducing programme without firm scientific To that I add mine:¹⁴
- * Do not rely on one reading of the fat profile, check at least five to six times from different laboratories high.
- * Indian vegetarian diet without much fried foods and other saturated fats and low salt is the ideal one
- * Avoiding alcohol and tobacco is as important if not more important than worrying about cholesterol.
- * Recent studies show the mind and its effects on the heart as more important risk factors than all the ; your mind at peace. Hostility and depression are real culprits for heart attacks.
- * Future prediction, using linear mathematics, as we do now in medicine is only a part time job, as the to try and keep your foot out of your mouth.

* Epidemiology does not tell us who in society would get any disease, as time evolves.

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