Cholesterol - Statin

Hello this is Dr. Mercola and I would like to talk to you today about cholesterol. Why, because there is so much confusion about this issue.

I would like to really provide you with some solid information that you can review and examine and carefully evaluate and make the decision whether or not it makes sense to you.

Now when I first started practicing, actually my family practice ran in 1985 and I started screening for this. I told people that they had elevated cholesterols. I was a new kid on the block, so they took their lab test back to their old doctor and they said, “No, you don’t have high cholesterol.”

That was because the reference ranges in 1985 for cholesterol were over 330, 360.

So if you had cholesterol of 310, you had normal cholesterol and no one thought otherwise, or very few people did. My focus and passion was preventive medicine even back then, so I was using total cholesterol as a risk factor.

Of course, you know, my views have changed since then, but I just want to mention that story to you that things have changed.

Why do they change?

Well, they change because later on the drug companies actually developed the technology to make a drug called statin drugs. These statin drugs very effectively reduce your total cholesterol level by impairing an enzyme in your liver, because your liver is what makes cholesterol.

They impair this enzyme so your total cholesterol level is reduced and as a result of that, they have got a solution. They got a way that they can sell you something that will work and tell your dad for decades to “lower your cholesterol.”

It doesn’t solve the problem, yet it generates tens of billions of dollars of revenue for them.

So that’s why there has been this tremendous push to identify cholesterol and to treat it. And they treat it to ridiculously low levels, because, ideally, your cholesterol should not be 150.

I believe it should be about 200 or so.

When you have a cholesterol of 150, it’s too low, because cholesterol is an important element of your cell membranes and it’s a precursor for steroid [hormones]. You need cholesterol.
So you don’t want to lower your cholesterol too low or you’re going to have problems. So it should be about 200.

There are ways to lower it and I’ll talk about that. Actually, there are risk factors other than total cholesterols I mentioned that are even more powerful to predict whether or not you’re going to have heart disease.

Let me tell you what those are.

It’s your HDL to total cholesterol ratio. Both of these blood tests I’m going to describe are fasting tests, which means they’re fasting for eight hours or more, just nothing to drink but water or drugs or supplements. You take that and you get the results.

The HDL to total cholesterol ratio should be above 25%.

In other words, a quarter of your good cholesterol should be good or are higher. I mean, I’ve seen people as high as 50%, half of their total cholesterol is good and that’s even better. That’s associated with hyper longevity syndrome.

The other thing you can do is your triglyceride to HDL ratio and that should be below 2.

So if these numbers are distorted, you are at pretty high risk for heart disease, not only heart disease but cancer, arthritis, diabetes, all these other conditions that result from the primary cause of why your cholesterol is going to be elevated to begin with.

You know I’ve treated tens of thousands of patients probably somewhere between 20,000 or 30,000 patients. In my entire practice, I’ve only put five people on statin drugs once I understood this; five people.

That was because these people had what I believe is the only condition that warrants the use of these drugs which is a genetic condition called familial hypercholesterolemia.

It’s about 1 in 10,000 people have this. Usually the fasting cholesterol levels are way over 330. It’s almost impossible to control with diet and exercise. That is my strategy that I recommend.

Ideally, what happens to the other 9,999 people with high cholesterol that have it?

Those people, it’s usually a result of elevated insulin levels or a decrease in your insulin receptor sensitivity. These are both related to two primary things, one is that the food that you’re eating and your exercise program. So that will dramatically affect your insulin receptors and subsequently, your insulin levels.

Because if your insulin levels are high, your cholesterol level goes up. So you want to normalize your insulin levels.
Now, your fasting insulin levels is another good test which should be about 2 or even up to 3. So that’s what your goal and your target is.

These are the strategies and these are the ways that you can do it. Ideally, you’ll also want to use the additional element of nutritional typing, we have recently adopted this test and offer it now for free. It’s a system that will help you identify what food you’re designed to eat. You could be high fat, high protein, and low carbs.

This diet may actually radically lower someone’s cholesterol.

But that same diet, given the person is a carb type, designed to eat high carbs, low fat, low protein will raise their cholesterol. So you really need to eat the foods that are designed for you and this test will help you identify it.

Again, it’s free and there is a link for that on this page.

The other thing you want to do is to make sure that you’re taking omega-3 fats, animal based fats like DHA and EPA.

Traditionally, I would use fish oil. But I have since learned and I actually reviewed some interesting studies which are unpublished at this point so I can’t show you a link to them that show that at 500 mg, krill oil will actually raise HDL levels and lower triglycerides and total cholesterol far more effectively than fish oil, which is absorbed at a much lower rate.

Because the fish oil has the DHA and EPA in triglyceride form and your body has to digest it, break it down and reassimilate it into the phosphatyl choline form, which is already the form that’s in the krill to get the same thing. So ultimately, you’re getting about 15 times more effective, milligram for milligram, of DHA and EPA in krill than you do in fish.

That’s why you can see these dramatic benefits. It’s a very powerful strategy, and I definitely have incorporated it.

Lastly: exercise.

We’ve developed a program called Peak Fitness. I have put a link to that you can do it. It’s a comprehensive program.

We have stretching, flexibility, strength training, sprint cardio or Peak 8: a high intensity exercise where you’re pushing towards maximum heart rate and then recovery, and repeating this about eight times.

It’s a powerful way to increase growth hormone and improve your stamina in general and decrease your risk for heart disease overall.
So these are powerful strategies that you can use that really address the foundational reasons as to what’s causing it. I mean, why do you want to rely on drug companies for an expensive solution that’s potentially toxic?

So if you or any if your family or anyone you know is on a statin drug, it’s really important to understand that that statin drug will nonspecifically not only lower your body’s ability to manufacture cholesterol but it will also lower its ability to make coenzyme Q10.

CoQ10 is really a crucial enzyme that your body needs for production of energy and a variety of other functions.

If it’s lowered artificially by taking a drug, you will clearly accelerate your death rate.

So if you or anyone who is taking this, it’s important to be on coenzyme Q10 or even better, something called ubiquinol, which is the reduced version of coQ10.

I’ve written and done a video about that before.

Essentially, if you’re 20 or 30 years old, your body’s ability to make this reduced version decreases. So if you’re younger you don’t need to take that coenzyme Q10. It is more than sufficient and it’s relatively inexpensive and that’s the one to take but if you’re older, I definitely encourage the ubiquinol.

This is really crucial information that can really save someone’s life and a lot of grief.

Hopefully, this information has been helpful. There is a lot of confusion about cholesterol and I hope we have cleared up some of it.

Definitely, read the other articles that we have here linked because there is further information and details that I didn’t have time to go on to in this video. Hopefully, information like this that will give you and your family the practical tool that you will need, the information, to discern and break through the hype of the drug companies to understand what it takes to properly take control of your health.