

# FATS

## *Oh, no...Saturated Fats*

*(What's it all about Alfie...?)*

(Part Three)

by Ronald L. Myers, CNC

A number of years ago, Paavo Airola, Ph.D, N.D., wrote a book entitled "*Are You Confused?*" The answer then was "Yes" and is still yes today, especially regarding the issue of FATS!! As I wrote in issue 16, the issue of fats is probably "the Mother" of ALL misunderstood subjects by health care practioners and the public in general. The area of saturated fats may be the greasy underbelly of the beast.

As famed radio commentator Paul Harvey would say, let's look at "the rest of the story" regarding saturated fats. We have all heard how awful and just plain bad they are for us. Is that true? One might ask how humanity survived as long as we have eating a high saturated fat diet for much of our history (the full answer to the questions of survival and longevity would be the subject of other issues; but it has to do with hygiene, untimely death from infectious disease, genetics, etc.).

### **"The REST of the Story"...or What Good Are Saturated Fats?**

The "lipid hypothesis" proposed by researcher Ancel Keys in the late 1950's was the beginning of a massive *dis*information campaign that continues to this day. As you know, this hypothesis directly linked the amount of saturated fat and cholesterol in the diet to the incidence of heart disease. I should point out that a number of researchers doing studies independent of Keys and his colleagues have developed data that raises serious questions about the now famous lipid hypothesis. We will review a small part of that data in this issue of e-Bytes. Decidedly missing from this issue will be data developed by Keys, et al, up to his present day supporters because it is EVERYWHERE, you can find it easily even if you aren't actively looking for it!

At the risk of appearing cynical, let me expand on the above mentioned disinformation campaign. First of all, my cynicism is based on personal experience as well as facts presented by others. A starting place to review some of these facts available in print is the book I published in January of 2002, *NutraSweet: Friend or Foe?*, Myers, R., Myers, L., page 22, (available from Viotron International, Ltd.), *Trust Us We're Experts*, Ramptom, S., Stauber, J., see especially chapter 8.

We might ask, how could this happen, especially in areas regarding human health? The issue of fats being "good" or "bad"; their relationship to heart disease and death is certainly an issue of human health. The bottom line answer to the question of how could it happen is money. Independent research is piling up that reveals the links between what we eat (or don't eat) and

our health or lack thereof. We also have a major industry involved in food processing, food marketing and food sales. Billions of dollars are at stake! The more you review the issue of fats the more you will find the bad press we have all heard and had drummed into our heads about **saturated fats** goes back to the edible oil industry. This is not always an easy trail to uncover; they cover their tracks well *most* of the time. *Trust Us, We're Experts* will give you some good ideas regarding where and how to start uncovering the trail if you choose to do so. Another publication to have in your library for excellent, truthful information on the issue of fats is *Know Your Fats: The Complete Primer for Understanding the Nutrition of Fats, Oils, and Cholesterol*, Enig, Mary; Bethesda Press (available from Amazon.com). In my opinion, Dr. Enig's book is the best, most accurate information available today concerning fats and cholesterol, all in one place. Dr. Enig is a lipid biochemist with no links to any food related industry. Therefore, her information is not biased in one way or another due to industry ties, just the facts as pure and simple as humanly possible.

### Coronary Artery Disease and Saturated Fat

Data published by Barnes (*Heart Attack Rareness in Thyroid Treated Patients*, Barnes, B., Barnes, C., Charles C. Thomas, 1972) and others show that before 1920 CAD was rare in the U.S. Today heart disease accounts for about 40% of all deaths in this country. If published data regarding the relationship of saturated fats to heart disease is accurate we would expect a corresponding rise in the amount of animal fat in the American diet. The facts do not support this expectation. From 1910 to 1970, the amount of animal fat consumed by the average American **declined** from 83% to 62%.

Here are other very interesting statistics covering approximately the same period:

*Americans use of butter shrank from 18 pounds per person per year to 4 pounds.*

*Americans use of vegetable oil products in the form of margarine, shortening and refined oils increased 400%.*

*Our consumption of sugar and processed foods increased, on average, 60%.*

Enig, Mary, Ph.D, *Trans Fatty Acids in the Food Supply: A Comprehensive Report Covering 60 Years of Research*, Second Edition, Enig Associates, Inc., 1995.

You may have heard of the LRC-CPPT (**L**ipid **R**esearch **C**linics **C**oronary **P**rimary **P**revention **T**rial). The media and various peer-reviewed journals have reported on this study hailed as the long awaited **proof** that animal fats in the diet are the greatest killers of Americans because of the CAD they cause. A careful read of this study (if you have the time), reveals that saturated fat and cholesterol were NOT tested. How could they have been, all the subjects were given a low-cholesterol, low-saturated fat diet to follow? The effect of a cholesterol-lowering drug is what was actually being tested to the tune of \$150,000,000. The study has been reported as a great success. The results showed a whopping 24% reduction in the development of CAD among the group taking the drug compared with the placebo group. The rest of the story from this study shows non-CAD deaths from cancer, stroke, violence and suicide **increased!** *The Lipid Research Clinics Primary Prevention Trial Results. I. Reduction in Incidence of Coronary Heart Disease*, JAMA, 1984, 251:359.

Is there a person in America who has not heard of the Framingham Study? This study has been reported on, quoted (many times *misquoted*) possibly more than any other study on cholesterol, fats and CAD.

The following is a quote made by the director of the study after forty years of research. It was reported by Castelli, W., *Arch Int Med*, Jul 1992, 152:7;1371-1372.

*"In Framingham, Mass, the more saturated fat one ate, the more cholesterol one ate, the more calories one ate, the lower the person's serum cholesterol..."*

I have had the opportunity and have taken the time to read some of the Framingham Study for myself. I was not able to find a statement by the researchers that increased serum cholesterol will clog up our arteries similar to plumbing in a house and lead to a heart attack. I was not able to find statements that cholesterol causes heart attacks. However, I have read statements made by those in the edible oil industry, using the Framingham Study as their reference, that the above statements were made by them based on their research!

I find this next one particularly interesting on a couple of levels, first, the unexpected results, and second, what the author reported in spite of the facts. In a study of several thousand British men, half were asked to reduce saturated fat and cholesterol in their diets, to stop smoking and increase the amounts of margarine and vegetable oils consumed. One year into the study, those on the *good* diet had 100% more deaths than those on the *bad* diet. And...those on the bad diet continued to smoke! However, determined not to be confused by the facts, the author reported, "The implication for public health policy in the U.K. is that a preventative program such as we evaluated in this trial is ***probably*** effective." (?) Rose, G. et al, *Lancet*, 1983, 1:1062-1065.

Dr. Michael DeBakey, the renowned heart surgeon, conducted a study of 1700 patients with atherosclerosis and found no correlation between serum cholesterol and heart disease. DeBakey, M., et al, *JAMA*, 1964, 189:655-59.

A study reported by Smith, M., and Lifshitz, F., *Pediatrics*, Mar 1994, 93:3:438-443, linked a low fat diet with failure to thrive in children. In spite of this, or maybe they haven't read the research, the American Heart Association continues to recommend a low-cholesterol, low-fat diet for children. Along this same line, Dr. Broda Barnes reported back in 1972 (*Heart Attack Rareness in Thyroid Treated Patients*) that both cholesterol and saturated fat are essential for growth in babies and children, and are of primary importance in the development of the brain!!

A Medical Research Council survey showed that men eating butter ran half the risk of developing heart disease than men eating margarine. *Nutri Week*, Mar 22, 1991, 21;12:2-3.

A survey of adults in South Carolina found no relationship between serum cholesterol levels with "bad" dietary habits such as consumption of fried foods, butter, eggs, red meat, sausage, bacon, cheese and animal fats. Lackland, D., et al, *J Nutri*, Nov 1990, 120:11S:1433-1436.

Those promoting the lipid hypothesis hold up the Japanese as an example of both longevity and a low fat diet. It is true, the Japanese have the longest life span of any nation in the world. The rest of the story regarding the Japanese is this. They eat few **dairy** fats, but the reports that their diet is low fat is a myth. Data published by Thomas Moore in *Lifespan: What Really Affects Longevity*, 1990, Simon and Schuster, shows the following. The Japanese diet contains moderate amounts of animal fats from eggs, pork, chicken, beef, seafood and organ meats. Due to their fondness for shellfish and fish broth, which they eat on a daily basis, the Japanese probably consume more cholesterol than most Americans do. What they **do not** eat a lot of is vegetable oil, white flour or processed foods, with the exception of white rice. The Swiss, occupying second place in the world for longevity, eat one of the fattiest diets in the world.

This is, as promised, just a small sampling of the "rest of the story" type research available today. It clearly shows fats are not the problem; they have been with us since the beginning. The rise in CAD and other chronic and degenerative diseases we see today must be due to something else, other factors hinted at in the research cited in this issue and available from other sources in greater detail. Suffice it to say that at least some of these other factors are our increased consumption of refined sugar, *altered* fats (such as hydrogenated oils), processed foods with all their additives and colorings, all the thousands of man made chemicals that pollute our air and water supply, etc, etc. But, if we can make a buck off the processed it could be to our advantage to blame the problems on the natural. After all, that's just good old human...ah...ah trickery?

### **The Role of Saturated Fats in Humans**

As stated above these are not the cause of our modern chronic, degenerative diseases CAD included. They are essential for normal human biochemistry and physiology. The benefits of saturated fats are as follows:

*They enhance the immune system.*

*They lower Lp(a), a substance in the blood that indicates proneness to heart disease. They protect the liver from alcohol and other toxins, such as Tylenol.*

*They are necessary for healthy bones. Saturated fats are involved in the transfer of calcium from the serum to the osteoblast.*

*They are needed for proper utilization of essential fatty acids. Omega 3 fatty acids remain in the tissues longer when the diet is rich in saturated fats.*

*Short and medium chain saturated fatty acids have antimicrobial properties which protect us from harmful microorganisms in the G.I. tract.*

*Long chain (16 and 18 carbon) saturated fats are needed by the heart, this is why the fat surrounding the heart muscle is highly saturated. The heart can draw on this reserve in times of stress.*

*Saturated fatty acids make up at least 50% of cell membranes. They provide necessary stiffness and integrity.*

An honest evaluation of the available scientific data does not support statements that saturated fats will clog our arteries and cause a heart attack. In fact, evaluation of fat contained in atherosclerotic lesions reveals that on average only 26% is saturated. The rest is *unsaturated*, and most of this is polyunsaturated. Felton. C., et al, *Lancet*, 1994, 344:1195.

### **The Conclusion of the Matter**

We have seen that saturated fats are not the killers we have been led to believe for many years. The disinformation campaign surrounding saturated fats to a great degree has been promoted by the edible oil industry. They have had the most to gain from increased use of vegetable oil and all of its spin off products. Saturated fats play a major role in human health, not human illness. Low or no fat diets have been linked to various conditions of ill health, to name a few, inability to produce hormones of all types, cancer, depression, inability to make adequate use of co-enzymatic forms of vitamins, mineral deficiencies, osteoporosis, failure to thrive and suicidal tendencies. The citations in this issue of e-Bytes are for your use for whatever purpose, one of which might be to encourage your patients to fearlessly include animal fats in their diets.

I know there are issues you may be concerned about that space does not permit me to cover in this short paper, such as how much animal fat is enough, can we get too much animal fat, are there good, better and best sources of animal fat, and on and on. Dr. Enig's book *Know Your Fats* will answer many questions that you may have related to this issue that I cannot cover here. Please feel free to contact me if you have a question you cannot find the answer to.

For patients who say animal fat does not agree with them, evaluate G.I. function for probable hypochlorhydria (**Hydrozyme**), problems in the biliary tree (pancreas, **Bio 6 Plus** uncoated; gallbladder, **Beta TCP**). If they have difficulty using or metabolizing fats consider possible liver dysfunction (**Livotrit Plus**), thyroid dysfunction, primary or one of the secondary forms (**GTA**, **Meda-Stim**, **Thyrostim**, **Liquid Iodine**, **ADHS**, **Cytozyme Pt/Hpt**) or impaired methylation (**Oorganik-15**, **Folic Acid 800**, **B6 Phosphate**).

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