



Coronary Artery Disease

Mark Boyle

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Despite popular belief among doctors and the public, the conceptual model of dietary saturated fat clogging a pipe is just plain wrong.

A landmark systematic review and meta-analysis of observational studies showed no association between saturated fat consumption and...

- (1) all-cause mortality,
- (2) coronary heart disease (CHD),
- (3) CHD mortality,
- (4) ischaemic stroke or
- (5) type 2 diabetes in healthy adults.

Similarly in the secondary prevention of CHD there is no benefit from reduced fat, including saturated fat, on myocardial infarction, cardiovascular or all-cause mortality.

It is instructive to note that in an angiographic study of postmenopausal women with CHD, greater intake of saturated fat was associated with less progression of atherosclerosis whereas carbohydrate and polyunsaturated fat intake were associated with greater progression.

In the 1940s, and as the world's first multi country epidemiological study, it systematically examined the relationships between lifestyle, diet, coronary heart disease and stroke in different populations from different regions of the world. It directed attention to the causes of coronary heart disease and stroke, but also showed that an individual's risk can be changed.

The Seven Countries Study by Ancel Keys

In the mid-1950s, with improved methods and design, Keys recruited collaborating researchers in seven countries to mount the first cross-cultural comparison of heart attack risk in populations of men engaged in traditional occupations in cultures contrasting in diet, especially in the proportion of fat calories of different composition, the Seven Countries Study still under observation today.

The Seven Countries Study showed that the risk and rates of heart attack and stroke cardiovascular risk both at the population level and at the individual level was directly and independently related to the level of total serum cholesterol.

It demonstrated that the association between blood cholesterol level and coronary heart disease (CHD) risk from 5 to 40 years follow-up is found consistently across different cultures. Cholesterol and obesity were associated with increased mortality from cancer. This theory has never been proven, despite it having been the cornerstone of dietary recommendations since 1977

Several scientists stepped forward at the time to disagree with Keys's conclusions. Published in 1973 and including his critique of Keys's work, Raymond Reiser found methodological and interpretational errors in a review of forty feeding trials of the relationship between saturated fat and circulating lipoproteins, notably confounding with trans-fatty acids.

Ahrens found separately with Margaret Albrink that triglycerides mattered in coronary disease more than total cholesterol, and came to think that **carbohydrates cause heart disease and not fats**.

Fat Adaptation

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I used to be a carb eater and fell into the carb trap but i tried fat adaptation and it worked. Gregory ellis is proof of this too.

The body runs more efficiently on ketones it takes 2-6 months to become fat adapted muscles will fill out and look even larger.

His book Net Carb Scam talks about fat adaptation. The idea is basically that everyone says carbs are the main fuel for the body but they're not, fat is. The Body runs much better on ketones than glucose and there is no need to carb load.

To become fat adapted carbs must be lowered to 13 percent of your daily calories for 2-6 months until the fat enzymes go up. Remember all the bad side effects go away after 2 weeks.