

The Cholesterol Story: Are You Fighting Heart Disease?

John Clark, M.D. www.NorthernLightsHealthEducation.com

Why High Cholesterol?

Believe it or not, cholesterol is your body's soap! Your body runs on water, you are about 70% water, and when you eat fat or oil, it takes lots of soap for those dietary fats (saturated fats, trans fats, refined fats, high fat diet) to become soluble in the water environment of your body.¹ If you are accustomed to washing dishes at home by hand, I am sure you find some fats harder to "wash" off your plates than others. Just realize that the fats that are the hardest to wash off your dishes are also the fats that will take the most cholesterol "soap" to dissolve in your body. Cholesterol dissolves the fats or oils you eat into the water environment of your blood. Hard fats, like animal shortening, hydrogenated vegetable oils and oils that have been browned by heating, are more difficult for the body to dissolve. These fats cause the liver to make more cholesterol "soap". This ultimately results in increased blood stream cholesterol.^{2, 3, 4} The more fat of any kind you eat, the more cholesterol it will take for your body to process it. For each additional 1% fat you include in your diet, your total cholesterol will go up 1½ points.⁵

Enterohaptic Circulation: The Liver Soap Cycle

The source of cholesterol "soap" is the liver, and the soap bottle or reservoir is the gallbladder. The cholesterol soap mixture is called bile. This bile is squirted into the small intestine when the need for soap is detected, i.e. fat in the digestive tract. This "soap" then tries to make the fat compatible with absorption into your water-based blood stream. The cholesterol component of the "soap" is re-absorbed in the small intestine and returned to the liver for processing. There are several things that can reduce "soap"/cholesterol in the system. Eat less fat, so less "soap" is called for. Eat more fiber, which will soak up some of the "soap" and carry it out in your stools so less "soap" is reabsorbed and returned to the blood stream and liver. Eat more plants that are high in sterols. These plant sterols compete with "soap" for re-absorption, thus reducing "soap" re-absorption.

Cholesterol In Many Forms

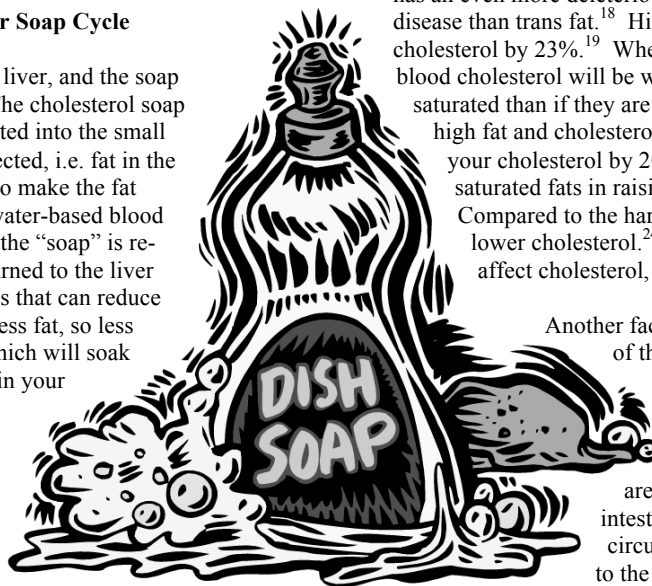
Cholesterol is cholesterol, but its packaging tells you its role. LDL or low density lipoprotein is the packaging marked for export from the liver to the tissues. HDL or high density lipoprotein is the clean up crew that takes cholesterol from the tissues back to the liver. LDL trucks it out into circulation and HDL retrieves it, removing it from the blood and tissues. As you might imagine low HDL is predictive of mortality from heart disease—without sufficient clean up crews working, junk piles up.⁶

Recently there has been discussion about the size of LDL and the impact of that size on health. Larger LDL particle size is associated with greater longevity.⁷ Smaller, denser, LDL particles have been shown to be associated with an increased risk of cardiovascular events.⁸ While all this size discussion makes for more laboratory testing, positive lifestyle approaches to heart disease risk factors can improve LDL particle size, which will reduce heart attack risks.^{9, 10, 11, 12}

The Fats We Eat

Trans-fat, a byproduct of hydrogenation of vegetable oils,¹³ increases the risk of high cholesterol by 65%.¹⁴ In one study, heart attack victims had 13% more trans fat in their cell walls.¹⁵ Trans fat lowers the "good" HDL-cholesterol more than saturated fat and decreases anti-oxidant activity in the body. This makes patients more susceptible to atherosclerosis and heart attacks. Additionally, trans fat increases the harmful LDL cholesterol.¹⁶ You may not be aware of where the trans fat in your diet is coming from. Sources of trans fat in the American diet by percentage include: cakes, cookies, crackers, pies, bread 40%; animal products 21%; margarine 17%; fried potatoes (like French fries and hash browns) 8%; Potato chips, corn chips, popcorn 5%; household shortening 4%; other (breakfast cereals, candy, etc.) 5%.¹⁷ Avoiding trans fat may take some investigation on your part.

The saturated fat found in milk, cheese, egg yolks, meat and sausage has an even more deleterious effect on cholesterol and coronary heart disease than trans fat.¹⁸ High saturated fat diet can raise total cholesterol by 23%.¹⁹ When cholesterol is a part of the diet, the total blood cholesterol will be worse if the other fats in the diet are saturated than if they are unsaturated.²⁰ For example, because of its high fat and cholesterol content, 40gm of butter per day will raise your cholesterol by 20 points.²¹ Palm oils differ little from other saturated fats in raising blood stream cholesterol.^{22, 23} Compared to the harder fats, monounsaturated oils tend to lower cholesterol.²⁴ Polyunsaturated fats tend to favorably affect cholesterol, but be less resistant to oxidation.²⁵



Another factor, which is often overlooked, is the form of the fat or oil consumed. Refined oils absorbed early in the small intestine are esterified with cholesterol and enter the lymphatics to be deposited in the heart. Oils residing naturally in whole foods are digested and absorbed later in the small intestine as phospholipids and enter the portal circulation where they are conducted directly to the liver. Thus they have less of an impact on total blood cholesterol.²⁶

Animal Product Consumption And Cholesterol

People who consume animal products every day experience higher cholesterol, and have on average, a total cholesterol of 255 mg/dL. Those who limit their consumption of animal products to once weekly have a total cholesterol of around 205 mg/dL.²⁷ Compared to vegetarians, animal product users (meat, eggs and dairy) eat 50% more fat, have: 30% higher total cholesterol, have 42% higher LDL cholesterol, have 38% higher triglycerides, have 32% higher blood sugars, and are five times more likely to have high blood pressure.²⁸ People who drink cow's milk or eat dairy products such as yoghurt and cheese everyday have 7 mg/dL higher total cholesterol and 5 mg/dL higher LDL cholesterol.²⁹ A diet with animal protein and low fiber intake has been shown to significantly increase cholesterol levels.³⁰ Casein, the protein in milk, makes your liver produce more cholesterol.^{31, 32} People on a unrefined, high fiber, high carbohydrate diet have significantly lower LDL cholesterol than those on a refined carbohydrate diet or a low carbohydrate, high protein diet.³³ On the other hand, substituting 30 to 50 grams of soy protein for animal

protein in the daily diet produces a 13% reduction in LDL, 10% reduction in triglycerides, 9% reduction in cholesterol, and a 2.4% increase in HDL.³⁴ This nutritional advice has also been shown to be helpful in cases considered to have a “genetic” predisposition to high cholesterol.³⁵

Refined Foods For Refined People?

Refined (processed) foods tend to make your blood sugar rise precipitously—making it go very high at a very rapid a rate. We categorize foods by their effect on the blood sugar according to the “glycemic index”.³⁶ Glycemic load quantifies the amount of a high glycemic food you eat. High glycemic index or load foods make your blood sugar rise higher and faster than low glycemic index or load foods. Most refined foods are high glycemic load foods. High glycemic load diets drive LDL cholesterol up and HDL down.^{37, 38} On the other hand, reducing the glycemic load, by eating more whole plant foods, has the affect to reduce LDL levels.³⁹ We recommend a high complex carbohydrate diet, a diet without refined/processed foods.

Disease and Elevated Cholesterol

The more cholesterol, (the higher your average cholesterol), you harbor in your blood stream, the higher will be your risk of dying of a heart attack.^{40, 41, 42, 43} In fact, one high blood cholesterol measurement in your lifetime can mean a higher risk of coronary heart disease the rest of your life!⁴⁴ The more cholesterol you carry in your blood the sicker your heart becomes.⁴⁵ When your cholesterol goes up cells lining the blood vessels, called macrophages, fill up with fat and contribute to plaque formation.⁴⁶ When you lower the fat (cholesterol and triglycerides) in your blood it virtually halts the progression of lesions in your blood vessels.⁴⁷ People with genetically low LDL live 5-12 years longer and almost never have heart attacks.^{48, 49} The more fat and cholesterol you tolerated in you blood stream the shorter your life will be.^{50, 51} Here are some numbers that illustrate increase in risk: Cholesterol above 280 mg/dL increases likelihood of angina 5 ½ times.⁵² Cholesterol above 240 mg/dL increases the risk of death from heart attack by 350%.⁵³ On the positive side, each 2 mg/dl drop in cholesterol reduces the risk of heart attack by 1%.⁵⁴ One of the reasons for this rise in heart disease and fatal heart attacks with increased blood cholesterol, besides the obvious increase in atherosclerosis, is that when your cholesterol goes up it impairs the heart’s ability to form collateral blood vessels which could help you survive a heart attack.⁵⁵

Triglycerides also play a role. Elevated triglycerides are associated with increased risk of heart attack and death.^{56, 57} Triglycerides greater than 200 mg/dL significantly increase the risk of stroke or transient ischemic attack.^{58, 59}

Caldwell Esselstyn, Jr., MD, of the Cleveland Clinic has shown on angiography that blockages in coronary arteries can be reversed by changes in diet. “The optimal diet”, according to him, “consists of grains, legumes, vegetables, and fruit, with less than 10%-15% of its calories coming from fat.” He goes on to say that, “This diet minimizes the likelihood of stroke, obesity, hypertension, type 2 diabetes, and cancers of the breast, prostate, colon, rectum, uterus, and ovary.”⁶⁰ Did Medicare ever promise anything like that? This sounds like a real insurance program!

What about cancer and cholesterol? Elevated cholesterol and triglycerides significantly increase breast cancer risk.⁶¹ The risk of breast cancer rises 88% when one eats foods with cholesterol, 125% for high intake of animal protein, 143% for high saturated fat intake, and 169% if you eat more calories than you need!⁶² Pancreatic cancer is the fourth leading cause of cancer death with a five-year relative survival rate of less than 4%, making it one of the most fatal cancers.

Eating cholesterol increases the risk of pancreatic cancer 50%. Eggs, a rich source of cholesterol, increase the risk by 60%.⁶³

Other disease risks escalate with cholesterol. Elevated cholesterol and triglycerides together with low HDL significantly increase the risk of autoimmune inflammatory arthritis like rheumatoid arthritis.⁶⁴ High cholesterol is a significant risk factor for macular degeneration and resultant blindness.^{65, 66, 67, 68} A cholesterol of 240 mg/dL increases the risk of macular degeneration by 80%.⁶⁹ A cholesterol level of 220 mg/dL or more increases the risk of migraine by 280%.⁷⁰ Having elevated cholesterol levels increases the risk of high blood pressure 90%.⁷¹ Even hypothyroidism can result from elevated cholesterol levels.^{72, 73}

The brain and nerves are not happy when cholesterol increases. Hypertension and hypercholesterolemia work together to increase brain dysfunction.⁷⁴ When rabbits, confirmed herbivores, consume cholesterol, they develop Alzheimer’s disease-like lesions in their brains.⁷⁵ Patients with elevated LDL Cholesterol have a 106% higher risk of cognitive impairment.⁷⁶ Obesity and high triglycerides produce cognitive impairment.⁷⁷ Elevated triglycerides predict increased peripheral neuropathy in diabetics.⁷⁸ Elevated cholesterol levels are significantly associated with major depression.^{79, 80} Lowering cholesterol levels through lifestyle changes, has been shown to decrease depression, hostility, and severity of psychological symptoms.⁸¹

Dietary Cholesterol: The Cholesterol Entering Our Mouths

When you eat cholesterol, eventually some of it will end up in you blood stream. It has been said, “we are what we eat.” However, cholesterol is the soap, so, while eating cholesterol does not raise the soap level dramatically like eating fats does, dietary cholesterol still results in increased blood stream cholesterol.⁸² Eating 100 mg of cholesterol per day can increase total cholesterol concentrations by 2.2 mg/dL.⁸³ Most people eat far more than 100 mg of cholesterol per day.

What foods have cholesterol? Nearly all animal foods have some cholesterol in them, some have more than others. Plant based foods do not have cholesterol. This is because it takes a liver to produce cholesterol and plants do not have livers! Fruits and vegetables, nuts and seeds, beans and grains do not contain cholesterol. One cup of 2% Milk has 18 mg of cholesterol. One half cup of ice cream has 29 mg, most of which is oxidized. One tablespoon of butter would have 31 mg, and 3 ounces of clams 57 mg. In a three ounce serving, chicken breast has 73 mg, pork 76 mg, sirloin beef 80 mg, oyster 84 mg, shrimp 165 mg, one large egg 213 mg, beef liver 410 mg, and beef brains, which often end up as animal shortening, 1697 mg.⁸⁴ Your body does not need a dietary source of cholesterol, it makes its own, fresh.

Cholesterol levels are not lowered when you replace beef, lamb, or pork in the diet with chicken or fish. Why? Because poultry’s proportion of cholesterol is similar to that of red meat even though it contains less fat.⁸⁵

Dietary Cholesterol and Disease

Dietary cholesterol together with elevated blood cholesterol dramatically increase oxidized cholesterol. Oxidized cholesterol results in increased whole body inflammation, atherosclerosis and plaque formation.^{86, 87} The more cholesterol you eat, the more calcified plaque you can expect in your coronary arteries.⁸⁸ When you make cholesterol a part of your diet, it increases inflammation in: the lungs leading to asthma,^{89, 90} the liver leading to non-alcoholic fatty liver diseases and cirrhosis,^{91, 92, 93} and the prostate leading to pain, enlargement and cancer.^{94, 95} Cholesterol in the diet can bring

about permanent microscopic damage to the kidneys causing them to lose 6 times more protein in the urine than acceptable levels.^{96, 97, 98} “But I was eating the extra animal products to increase my protein intake....” When you stop eating cholesterol, blood vessel inflammation actually does subside and coronary artery plaques become more resistant to rupture.⁹⁹

Need osteoporosis? A high-cholesterol diet stimulates bone resorption causing osteoporosis.¹⁰⁰

Dietary cholesterol seriously decreases mental performance.^{101, 102} Six hours after consuming a high fat meal the brain oxygen falls below 70%. What’s more, it does not return to normal for 3 whole days—which means some people have never had fully functioning brains!¹⁰³

Oxidized Cholesterol In The Blood

“Why me?” a gentleman in his late 50s asked me. My total cholesterol has always been around 140 and my HDL is usually very good. He had had a heart attack and cardiac bypass surgery and was now wondering what he could do to avoid a repeat. As I got to know the gentleman better it became very apparent that the source of his cholesterol included foods high in oxidized cholesterol such as ice cream, pizza, and processed foods, while his diet was not high in fruit and vegetables. For the same cholesterol level, people who eat fewer fruits and vegetables have a higher risk of a fatal heart attack.¹⁰⁴ This is because of the effects of oxidized cholesterol. Oxidized cholesterol can be stabilized by the anti-oxidants found in fresh fruits and vegetables.

My uncle died of heart disease at age 39. He was an anesthesiologist at the University of Texas. He left a wife and two teenage sons behind. His nightly supper: ice cream. Within 24 hours of eating oxidized cholesterol, rabbits and monkeys develop vascular lesions which, if not repaired, would lead to atherosclerosis and heart attacks.^{105, 106, 107, 108} Common sources of oxidized cholesterol include custard mixes such as ice cream, pancake mixes, because dried eggs are included,¹⁰⁹ Parmesan cheese, and any food where cholesterol, or oils for that matter, come in contact with air and/or oxygen.^{84, 110} Serum oxidized cholesterol markedly accelerates atherosclerosis.^{111, 112, 113} Arterial injury caused by oxidized cholesterol leads to arterial wall cholesterol accumulation and plaque enlargement.¹¹⁴

Cholesterol oxidized by the body is negligible compared to oxidized cholesterol obtained from the diet.^{115, 116} Oxidized dietary cholesterol increases blood stream cholesterol and is the predominant source of tissue oxidized cholesterol.^{117, 125} Oxidized cholesterol favors platelet clot and plaque formation.^{118, 119} The more LDL is oxidized, the more cholesterol it transports to the tissues. The more HDL is oxidized, the less cholesterol it removes from the tissues.^{120, 121} Oxidized cholesterol markedly delays the clearance of chylomicrons, which transport cholesterol from the intestine to the liver, from the blood.¹²² The more fast foods; cheese puffs, potato chips and hydrogenated fat you eat, the worse your cholesterol will be, both in oxidation and in quantity.¹²³ Cheese contains high levels of oxidized cholesterol.^{124, 125} Compared to vegetable oils, butter and cheese are very atherogenic--causing heart disease.¹²⁶ Frying, grilling, even just cooking foods with high cholesterol content, such as meat, egg yolk and full fat dairy products, creates massive cholesterol oxidation.^{127, 128} As prepared consumer foods are becoming increasingly popular, the consumption of higher levels of oxidized cholesterol in foods is inevitable. Processes, such as pre-cooking, freeze-drying, dehydration and irradiation, have all result in increased production of oxidized cholesterol. Factors known to oxidize cholesterol in foods include: heat, light, radiation, oxygen, moisture, low pH, pro-oxidizing agents, and storage of food at room

temperature.¹²⁹ Cigarette smoke increases LDL cholesterol oxidation and lipid peroxidation.¹³⁰

The Diseases Of Oxidized Cholesterol

Oxidized lipids are associated with earlier and more severe atherosclerosis especially in the presence of dietary cholesterol.^{131, 132} Atherosclerosis is not limited to the heart, it can occur anywhere there are blood vessels, like the penis. Every 1 mg/dL increase in total cholesterol increases the risk of erectile dysfunction by about 1%.^{133, 134, 135, 136} The brain suffers, too, because lipid oxidation increases Alzheimer’s disease risk.¹³⁷

A high cholesterol diet depresses natural killer cells activity by 75%, making cholesterol a dangerous food if you want your immune system to fight off viruses responsible for pandemic flu, cancer or autoimmune diseases.¹³⁸ In fact, oxidized cholesterol increases the risk of skin cancer, colon cancer,^{139, 140} ulcerative colitis leading to cancer, breast disease leading to cancer, and prostate hyperplasia leading to cancer.¹⁴¹

The blood is usually anti-inflammatory; Relatively brief periods (days) of elevated cholesterol can result in the blood becoming pro-inflammatory increasing the risk of autoimmune diseases like Multiple Sclerosis.^{142, 143}

Gallstones are increased by oxidized cholesterol.^{144, 145}

Drug Pitfalls

Caffeine, 200 mg intake of per day, (about 2 cups of coffee) can increase total cholesterol by 11 mg/dL.^{146, 147} Daily caffeine consumption also increases LDL,¹⁴⁸ increases triglycerides,¹⁴⁹ increases the risk of heart attack,¹⁵⁰ and decreases HDL.¹⁵¹

“Pack a day” smokers can expect: 18 mg/dL triglycerides increase per pack, 3.5 mg/dL HDL decrease per pack.^{152, 153} Second hand smoke also lowers HDL similarly.¹⁵⁴

Triglycerides can be elevated by even small amounts of alcohol; one drink per day increases triglycerides by 10 mg/dL.¹⁵²

Use of oral contraceptives has been shown to increase LDL by 47% and VLDL by 57%.^{155, 156}

Cholesterol drugs (statins): are they safe? Some of the most noted problems with the statins are muscle pains, rhabdomyolysis (a disintegration of the muscles) and liver toxicity.^{157, 158} Not all brain failure is due to aging or high cholesterol, statins have been found to play a role as well. Statins have been found to cause cognitive impairment¹⁵⁹ and memory loss.^{160, 161} Statins also seriously decrease coenzyme Q10,^{162, 163, 164} a powerful anti-oxidant involved in prevention of heart disease.¹⁶⁵ This may also be why statins can worsen congestive heart failure.¹⁶⁶ Statins are such powerful suppressors of the immune system¹⁶⁷ that they are being tested and considered for use in organ transplant immunosuppressive chemotherapy^{168, 169} and for autoimmune diseases.^{170, 171, 172} Most things that suppress the immune system leave way for the development of cancer:

“In some randomized trials, notwithstanding their short duration, statins have been found to increase cancer incidence especially in the elderly and women. In these situations, the decrease in cardiovascular mortality can be matched by an equal increase in cancer mortality, leaving all-cause mortality unchanged.”¹⁷³

Dietary/lifestyle interventions [diet high in plant sterols, soy protein, fiber, and almonds] have been shown to lower cholesterol by 28%.¹⁷⁴ Compared to lifestyle interventions, the statin drug therapy offers no cholesterol lowering advantage.

Lifestyle Caused The Problem, Why Not Trust Lifestyle To Fix It?

Choosing a high complex carbohydrate, whole plant food diet over the typical American diet has been shown in studies to lowered total cholesterol by 30 mg/dL and LDL cholesterol by 26 mg/dL.^{175, 176} One such diet is the Hawaii Diet, based on their traditional foods, is high in complex carbohydrate (77% of calories), low in fat (12% of calories), moderate in protein (11% of calories). It lowers cholesterol by 50 points.¹⁷⁷ Incidentally, just replacing white rice with brown rice, whole grains and beans in coronary artery disease patients, increases their: fiber intake by 25%, vitamin E intake by 41%, other antioxidants by 11%-40%; and reduces: lipid peroxidation and oxidative stress by 28%, homocysteine concentrations by 28% and blood sugars by 24%.¹⁷⁸

Restriction of fat intake, especially saturated fat and dietary cholesterol, has been shown to reduced total cholesterol by 20 mg/dl, triglycerides by 40 mg/dl, and increase HDL-cholesterol by 5 mg/dL.¹⁷⁹ Patients with lower blood antioxidants levels have more atherosclerosis.¹⁸⁰ Lifestyle modifications have been shown to increase antioxidant levels and reduce oxidative stress in coronary artery disease patients.¹⁸¹

There are plant nutrients that can block the re-absorption of “soap” (cholesterol) from the small intestine. These nutrients in plants are called sterols, or, phytosterols, since they come from plants.¹⁸² Two grams of phytosterols can lower LDL cholesterol by 10%.^{183, 184, 185} Foods highest in these phytosterols include: Nuts such as brazil, pecan, pine, pistachio, cashew,¹⁸⁶ macadamia,¹⁸⁷ walnuts, almonds, and hazelnuts;¹⁸⁸ Seeds—sesame seeds are very high in phytosterols;¹⁸⁹ Beans, such as soybeans and peas; Whole grains like Amaranth,¹⁹⁰ Fruit such as navel oranges, tangerines, and mangos; and vegetables such as, cauliflower, broccoli, and romaine lettuce.¹⁹¹ Refining and/or processing foods decrease their phytosterol content making hypercholesterolemia more likely.¹⁹²

Good Oils and Good Sterols

Avocados are an excellent source of monounsaturated fat and have been shown to significantly lower total cholesterol, LDL and triglycerides.^{193, 194} Walnuts lower total cholesterol and LDL while fish raise total cholesterol and LDL.¹⁹⁵ Daily consumption of 80 gm of walnuts for two months can reduce LDL levels by 16%.¹⁹⁶ Raw almonds, 100mg of per day, can reduce total cholesterol by 20 mg/dL.¹⁹⁷ Pistachios improve HDL lipid ratios.¹⁹⁸ Sunflower seeds are high in natural occurring unsaturated oils and have been found to lower cholesterol levels.^{199, 200, 201}

Does something seem “fishy” about salmon oil capsules for cholesterol problems? Salmon oil capsules are less effective than olive oil in preventing lipid peroxidation, hypercholesterolemia and arteriosclerosis.^{202, 203} Daily fish oil supplementation can raise your total cholesterol by 9.1% and LDL by 4.8%.^{204, 205} Olive oil, a source of omega-3s and phytosterols, increases HDL-cholesterol levels, while decreasing LDL-cholesterol levels, LDL susceptibility to oxidation and lipid peroxidation.²⁰⁶ I recommend getting your olive oil by eating the actual olive not the factory produced oil.

Flax, a rich source of omega-3 monounsaturated oil, helps lower cholesterol.²⁰⁷ Omega-3s, 1.5 mg per day, have been shown to lower triglycerides by 37%.²⁰⁸ Maybe you have been trying to lower your cholesterol through the use of omega-3 oils but seem to be making no

progress. If your still eating cholesterol, omega-3s won't lower your LDL.²⁰⁹

Replacing cheese with vegetable fat can lower: Total cholesterol by 23 mg/dL, and LDL by 17 mg/dL. Replacing cheese with nuts can lower: Total cholesterol by 41 mg/dL, and LDL by 33 md/dL.²¹⁰ Eating whole plant foods is the most effective way of lowering cholesterol.

Absorbents

Cholesterol can be adsorbed from the intestine by certain foods and substances. These adsorbents carry cholesterol out in the stool so that it does not get re-absorbed into the body. Charcoal is one of these. As a supplement, it has been shown to significantly lower cholesterol.^{211, 212} Eight grams three times per day can lower total cholesterol by 25% and LDL by 41%, while raising HDL by 8%.^{213, 214}

Fiber absorbs cholesterol in the intestine preventing its re-entry into the body. Each additional gram of water-soluble fiber in the diet lowers total cholesterol by 1.1 mg/dL.²¹⁵ For each gram of a particular fiber, total cholesterol decreases by; 1.0 mg/dL for guar gum, 1.1 mg/dL for psyllium (e.g. Metamucil), 1.5 mg/dL for oat bran, and 2.7 mg/dL for fruit pectin.²¹⁶ Each addition of 10 g of fiber to the diet reduces the risk of dying of a heart attack by 17%.²¹⁷

| Effect of One Gram Of Fiber | | |
|-----------------------------|------------|------|
| 1 g Fiber | Total Chol | LDL |
| Oat Bran | 1.54 | 1.43 |
| Psyllium | 1.08 | 1.12 |
| Fruit Pectin | 2.7 | 2.12 |
| Guar Gum | 1.0 | 1.28 |

Physiol Behav. 2008 May 23;94(2):285-92.

There are many good sources of fiber. Grains are high in fiber that absorb cholesterol. Oats and oat bran contain fiber and phytochemicals that adsorb bile salts and cholesterol from the intestines carrying them out in the feces. Twelve weeks of 14 g/d oat bran can lower LDL by 2.5% and triglycerides by 6.6%.²¹⁸ Barley contains approximately 10% dietary fiber²¹⁹ that can significantly reduce cholesterol and triglycerides.^{220, 221} Rice bran not only lowers cholesterol, it also has some antioxidants that reduce oxidized cholesterol.²²² Regular buckwheat consumption reduces cholesterol.^{223, 224} One caveat, while whole wheat products may be considered a valuable source of fiber, for some reason a diet high in wheat products has been shown to raise total cholesterol by about 10 mg/dL.²²⁵

There are other good plant sources of cholesterol lowering fiber. Prunes lower total and LDL cholesterol,^{226, 227} decrease oxidative stress, fight inflammation and have been discovered to decrease atherosclerotic plaque in blood vessels.^{228, 229} Grapefruit, especially red grapefruit, contain bioactive compounds which lower cholesterol.²³⁰ Four weeks of grapefruit pectin can lower LDL cholesterol by 11%.²³¹ Grapefruit pectin also lowers the risk of

arteriosclerosis by 50%.²³² Beet fiber, 30 g/day can lower cholesterol by 10%.²³³ Psyllium (e.g. Metamucil), 5.1 g twice daily, can lower total cholesterol 8.9% and LDL-cholesterol 13.0%.²³⁴

The combined effects of plant sterols, vegetable proteins, and fiber have been shown to reduce LDL by 29.0% and the ratio of LDL to HDL by 26.5%. Near maximal reductions have been seen in two weeks.²³⁵ What if I don't get results in two weeks? Maybe you are cheating? One high fat food item eaten during those 2 weeks will reset the liver's soap factory back to maximal production! This is a lifestyle change commitment, not a short-term quick-fix diet.

Beans (Besides Soy Mentioned Earlier)

Beans, 120 g per day, can lower cholesterol and triglyceride concentrations by 10.4%.²³⁶ Four cans of garbanzos per week can reduce total cholesterol by 8 points and LDL by 7%.²³⁷

Vegetables

Vegetables have lots of fiber and antioxidants such as carotenoids, polyphenols and vitamin C. This explains their protective effects against cardiovascular diseases. Carrots have been shown to lower cholesterol, triglycerides, reduce cholesterol re-adsorption in the bowel, and improve blood stream antioxidant status.²³⁸ Garlic counteracts atherosclerosis and lipid oxidation.²³⁹ Regular garlic consumption can reduce total cholesterol by 7%,²⁴⁰ and reduce blood lipid peroxidation.²⁴² Red onions are more effective than garlic at lowering blood lipids.²⁴³ Daily onion consumption can reduce plasma triglyceride levels by as much as 15%.²⁴⁴ Turmeric is an effective antioxidant in combating lipid peroxidation.²⁴⁵ Studies show that alfalfa sprouts reduce cholesterol levels both in the blood and in the liver where it is produced and stored.²⁴⁶ Celery consumption has been found to significantly reduce total cholesterol, LDL, and triglycerides.^{248, 249, 250}

Fruit

Low dietary vitamin C intake has been shown to result in increased blood cholesterol levels^{251, 252} and increased risk of heart disease.²⁵³ On the other hand, increased dietary vitamin C intake has been shown to lower blood cholesterol levels.^{254, 255} Foods high in vitamin C include strawberries, bell peppers, chives, red cabbage, broccoli, pineapple, oranges / lemons, kale, cauliflower, peas, etc. (Notice no fish, coffee or tea are on the list. If you're eating foods that are totally deficient in a vital nutrient, your body must draw from its own reserves just to survive and in time you will totally deplete your own hard earned supplies!)

There are many helpful fruits we could mention in addition to the ones already talked about. Pomegranates help combat lipid peroxidation and cholesterol oxidation.²⁵⁶ Apples contain quercetin,²⁵⁷ a phytochemical, that helps combat heart disease by reducing the effects of oxidized cholesterol on blood vessels.²⁵⁸

Sugar/Refined Carbohydrates And Cholesterol

Increased blood sugar combined with increased blood cholesterol multiply the risk of atherosclerosis.²⁵⁹ Elevated blood sugars (as seen in diabetics) lead to elevated triglycerides.²⁶⁰ A rise in blood insulin is followed by a rise in cholesterol production and this increases the risk of coronary artery disease.^{261, 262} Elevated insulin also lowers HDL.²⁶³ Elevated HbA1c levels correlate with elevated cholesterol and triglycerides.^{264, 265} Eliminating all foods with refined sugars from your diet can reduce triglycerides by 20%.^{266, 267}

Fructose, a sugar often obtained from corn, is a very dangerous chemical. Dietary fructose specifically increases: LDL by 14%,

oxidized LDL cholesterol by 13%, total cholesterol by 10% and visceral fat by 9%.^{268, 269} Soda pop is often sweetened with this chemical. Soda consumption, one or more cans per day, increases risk of: metabolic syndrome 45% (diabetes is included in this syndrome), low HDL by 32%, central obesity 30% and high triglycerides 25%.²⁷⁰

Honey does not carry the health risks of sugar, high fructose corn syrup and highly refined, high glycemic index foods. Compared to these honey can reduce; total cholesterol by 3%, LDL 6%, triglycerides 11%, blood sugar 4%, inflammation 3%, and increased HDL by 3%.²⁷¹

Carbohydrates fried with oil create Advanced Glycation End Products (AGEs), toxins which activate the body's inflammatory mediators.²⁷² Advanced Glycation End Products, are chemical combinations of sugars with fats or proteins, and they accelerate atherosclerosis via enhancement of oxidative stress.^{273, 274} Some foods have far more of these dangerous chemicals, for example, a slice of 100% whole wheat bread has 536 units of AGEs, whereas one glazed doughnut can have as much as 425,740 units of AGEs.²⁷⁵ Going on a low calorie diet for two months will markedly reduce dangerous Advanced Glycation End Products.²⁷⁶

Lifestyle Improvements

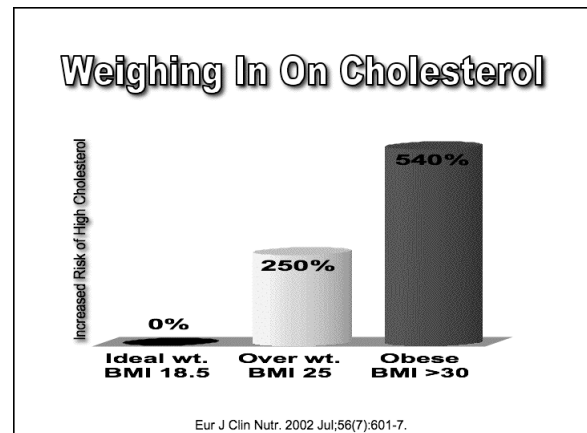
People who eat breakfast regularly have significantly lower cholesterol levels.²⁷⁷

Scheduled regularity improves cholesterol, lowers total and LDL cholesterol, and raises HDL.²⁷⁸ Daily irregularity, such as shift work, raises cholesterol.²⁷⁹ What's more, shift workers are 174% more likely to have elevated triglycerides and 81% more likely to have abdominal obesity than workers on a routine schedule.²⁸⁰

Cholesterol rises after a meal and is more prolonged after an evening meal than meals taken during the day.^{281, 282}

When you snack, food stays in your stomach much longer. The longer it takes to empty your stomach the more cholesterol will be adsorbed.²⁸³ Eating between meals (snacking) also reduces HDL cholesterol.²⁸⁴

Pure water is a key to controlling the body's oxidative stress and inflammation. Distilled water lowers the risks associated with high cholesterol levels while tap water raises the risks.^{285, 286} Dehydration causes relative elevation in the blood lipids such as total HDL and LDL cholesterol.²⁸⁷



Obesity is a risk factor for increased blood cholesterol levels. A body mass index (BMI) of 25, categorized as over weight, increases the

risk of hypercholesterolemia by 250%, being obese (BMI of 30) increases that risk to 540%.²⁸⁸ Waist circumference is also a negative indicator of health, triglycerides go up and HDL goes down with increasing waist circumference.²⁸⁹

Vitamin D is a potent inhibitor of damage caused by lipid peroxidation.²⁹⁰ Vitamin D is synthesized from cholesterol during sun exposure. Twice weekly sunbathing can significantly improve LDL/HDL ratios lowering heart disease risks.²⁹¹ Because gardeners get more sun and fresh air, they have higher vitamin D levels, and enjoy lower cholesterol levels.²⁹²

Athletes have significantly lower total cholesterol and significantly higher HDL cholesterol.²⁹³ In fact, the more vigorous you exercise the lower your risk of hypertension, hypercholesterolemia, and diabetes.²⁹⁴ Endurance training significantly: lowers total cholesterol, triglycerides, and LDL cholesterol at the same time it increases HDL cholesterol.²⁹⁵ Resistance training or weight lifting reduces triglycerides by about 18%.²⁹⁶ Exercise therapy, at a heart rate of around 135 bpm for 30 minutes 3 times/week, can decrease triglycerides by 20 mg/dL and increase HDL by 10 mg/dL.²⁹⁷ Choosing the stairs over an elevator 5 times a day can lower LDL cholesterol by 8%.²⁹⁸ Walking for exercise, 30 minutes a day, significantly lowers triglycerides and total cholesterol and increases HDL cholesterol.²⁹⁹ Walking 6,000 or more steps per day has been shown to lower triglycerides 10 mg/dL and raise HDL 3 mg/dL.

Eating less food, “caloric restriction” by 25% lowers triglycerides 31 mg/dL. Together with exercise, caloric restriction has been shown to lower LDL 16 mg/dL.^{300 301 302}

Too little sleep raises total cholesterol and LDL cholesterol.^{303 304 305} Longer sleep duration is related to higher total cholesterol level and a higher total/HDL cholesterol ratio.³⁰⁶ Both under sleep and over sleep increase triglycerides and lower HDL cholesterol.³⁰⁷

People showing other clinical signs of stress have a 180% higher risk of elevated cholesterol.^{308 309 310} On the other hand, laughter may boost HDL by as much as 23%.³¹¹

Religious observance has a lowering effect on total cholesterol, triglycerides and LDL while elevating HDL.^{312 313} This may be a testimony to its impact on stress. Jesus said, “Come to me, all you who are weary and burdened, and I will give you rest.”³¹⁴ “You cannot eat your way into heaven, but you can eat your way out of heaven.”—Ed Reid. A mind bogged down with excess fat or cholesterol is in no position to interact with our loving Creator.

Summary

- Avoid food that require much soap to digest (i.e. fats).
- Avoid animal protein because it stimulates your liver to produce cholesterol.
- Eliminate all oxidized cholesterol from your diet.
- Maximize your whole plant food, fiber, and pure water intake in your diet and lifestyle.
- Exercise regularly.
- Turn your stress over to God.

References:

¹ Glaz JF, Katan MB. Dietary saturated fatty acids increase cholesterol synthesis and fecal steroid excretion in healthy men and women. *Eur J Clin Invest.* 1993 Oct;23(10):648-55.
² Bu SY, Mashek DG. Trans fats: foods, facts, and biology. *Min Med.* 2008 Oct;91(10):41-4.
³ Varghese S, Oommen OV. Long-term feeding of dietary oils alters lipid metabolism, lipid peroxidation, and antioxidant enzyme activities in a teleost (*Anabas testudineus* Bloch). *Lipids.* 2000 Jul;35(7):757-62.
⁴ Bertolotti M, Spady DK, Dietschy JM. Regulation of hepatic cholesterol metabolism in the rat in vivo: effect of a synthetic fat-free diet on sterol synthesis and low-density lipoprotein transport. *Biochim Biophys Acta.* 1995 Apr;6:1255(3):293-309.
⁵ Hata Y, Nakajima K. Life-style and serum lipids and lipoproteins. *J Atheroscler Thromb.* 2000;7(4):177-97.
⁶ Corti MC, Garalini JM, Salive ME, Harris T, Field TS, Wallace RB, Berkman LF, Seeman TE, Glynn RJ, Hennekens CH, et al. HDL cholesterol predicts coronary heart disease mortality in older persons. *JAMA.* 1995 Aug 16;274(7):539-44.

⁷ Heijmans BT, Beekman M, Houwing-Duistermaat JJ, Cobain MR, Powell J, Blauw GJ, van der Ouderera F, Westendorp RG, Slagboom PE. Lipoprotein particle profiles mark familial and sporadic human longevity. *PLoS Med.* 2006 Dec;3(12):e95.
⁸ Halle M, Berg A, Baumstark MW, Keul J. LDL subfractions and coronary heart disease—an overview. *Z Kardiol.* 1998 May;87(5):317-30.
⁹ Decewicz DJ, Neatrou DM, Burke A, Haberkorn MJ, Patney HL, Vernalis MN, Ellsworth DL. Effects of cardiovascular lifestyle change on lipoprotein subclass profiles defined by nuclear magnetic resonance spectroscopy. *Lipids Health Dis.* 2009 Jun;29:8:26.
¹⁰ van Ee HJ. Soy constituents: modes of action in low-density lipoprotein management. *Nutr Rev.* 2009 Apr;67(4):232-34.
¹¹ Shimabukuro T, Sunagawa M, Ohta T. Low-density lipoprotein particle size and its regulatory factors in school children. *J Clin Endocrinol Metab.* 2004 Jun;89(6):2923-7.
¹² Hartwich J, Malce MM, Partyka L, Pérez-Martínez P, Marin C, López-Miranda J, Tierney AC, Mc Monagle J, Roche HM, Defoort C, Wolkow P, Dembinska-Kieć A. The effect of the plasma n-3/n-6 polyunsaturated fatty acid ratio on the dietary LDL phenotype transformation - insights from the LIPGENE study. *Clin Nutr.* 2009 Sep;28(5):510-5.
¹³ Willett WC, Ascherio A. Trans fatty acids: are the effects only marginal? *Am J Public Health.* 1994 May;84(5):722-4.
¹⁴ Bevilacqua MR, Gimeno SG, Matsumura LK, Ferreira SR. Hyperlipidemia and dietary patterns: transversal study of Japanese Brazilians. *Arq Bras Endocrinol Metabol.* 2007 Jun;51(4):547-58.
¹⁵ Block RC, Harris WS, Reid KJ, Spertus JA. Omega-6 and trans fatty acids in blood cell membranes: a risk factor for acute coronary syndromes? *Am Heart J.* 2008 Dec;156(6):1117-23.
¹⁶ Mozaffarian D, Aro A, Willett WC. Health effects of trans-fatty acids: experimental and observational evidence. *Eur J Clin Nutr.* 2009 May;63 Suppl 2:S5-21.
¹⁷ Katcher HI, Hill AM, Lanford JL, Yoo JS, Kris-Etherton PM. Lifestyle approaches and dietary strategies to lower LDL-cholesterol and triglycerides and raise HDL-cholesterol. *Endocrinol Metab Clin North Am.* 2009 Mar;38(1):45-78.
¹⁸ Bassett CM, McCullough RS, Edel AL, Maddaford TG, Distrov E, Blackwood DP, Austria JA, Pierce GN. Trans-fatty acids in the diet stimulate atherosclerosis. *Metabolism.* 2009 Dec;58(12):1802-8.
¹⁹ Tan MH, Dickinson MA, Albers JJ, Havel RJ, Cheung MC, Vigne JL. The effect of a high cholesterol and saturated fat diet on serum high-density lipoprotein-cholesterol, apoprotein A-I, and apoprotein E levels in normolipidemic humans. *Am J Clin Nutr.* 1980 Dec;33(12):2559-65.
²⁰ Lichtenstein AH, Ausman LM, Carrasco W, Jenner JL, Ordovas JM, Schaefer EJ. Hypercholesterolemic effect of dietary cholesterol in diets enriched in polyunsaturated and saturated fat. *Dietary cholesterol, fat saturation, and plasma lipids.* *Arterioscler Thromb.* 1994 Jan;14(1):168-75.
²¹ Nestel PJ, Chronopoulos A, Cehun M. Dairy fat in cheese raises LDL cholesterol less than that in butter in mildly hypercholesterolemic subjects. *Eur J Clin Nutr.* 2005 Sep;59(9):1059-63.
²² Grande F, Anderson JT, Keys A. Comparison of effects of palmitic and stearic acids in the diet on serum cholesterol in man. *Am J Clin Nutr.* 1970 Sep;23(9):184-93.
²³ Fisher EA, Blum CB, Zannis VI, Breslow JL. Independent effects of dietary saturated fat and cholesterol on plasma lipids, lipoproteins, and apolipoprotein E. *J Lipid Res.* 1993 Aug;24(8):1039-48.
²⁴ Berglund L, Lefevre M, Ginsberg HN, Kris-Etherton PM, Elmer PJ, Stewart PW, Ershov A, Pearson TA, Dennis BH, Rohm PS, Ramakrishnan R, Reed R, Stewart K, Phillips KM, DELTA Investigators. Comparison of monounsaturated fat with carbohydrates as a replacement for saturated fat in subjects with a high metabolic risk profile: studies in the fasting and postprandial states. *Am J Clin Nutr.* 2007 Dec;86(6):1611-20.
²⁵ Diniz YS, Cicogna AC, Padovani CR, Santana LS, Faine LA, Novelli EL. Diets rich in saturated and polyunsaturated fatty acids: metabolic shifting and cardiac health. *Nutrition.* 2004 Feb;20(2):230-4.
²⁶ Crane MG. Plugged Arteries & A clogged Immune System! Teach Services, 1998.
²⁷ Bodenmann A, Adamson-Lieblich U, Keller U. Meat consumption and serum cholesterol concentration. *Dtsch Med Wochenschr.* 1991 Jul 12;116(28-29):1089-94.
²⁸ Teixeira Rde C, Molina Mdel C, Zandonade E, Mill JG. Cardiovascular risk in vegetarians and omnivores: a comparative study. *Arq Bras Cardiol.* 2007 Oct;89(4):237-44.
²⁹ Chi D, Nakano M, Yamamoto K. Milk and milk products consumption in relationship to serum lipid levels: a community-based study of middle-aged and older population in Japan. *Cent Eur J Public Health.* 2004 Jun;12(2):84-7.
³⁰ Steenkamp HJ, Jooste PL, Rossouw JE, Benade AJ, Swaneepoel AS. Hypercholesterolemia in a rural white population and its relationship with other cardiovascular risk factors. *S Afr Med J.* 1990 Jul;71(7):85-8.
³¹ Kuroswa EM, Carroll KK. Hypercholesterolemic responses in rabbits to selected groups of dietary essential amino acids. *J Nutr.* 1984 Mar;114(3):364-70.
³² Satoh T, Goto M, Igarashi K. Effects of protein isolates from radish and spinach leaves on serum lipid levels in rats. *J Nutr Sci Vitaminol (Tokyo).* 1993 Dec;39(6):627-33.
³³ McMillan-Price J, Petocz P, Atkinson F, O'Neill K, Samman S, Steinbeck K, Caterson I, Brand-Miller J. Comparison of 4 diets of varying glycemic load on weight loss and cardiovascular risk reduction in overweight and obese young adults: a randomized controlled trial. *Arch Intern Med.* 2006 Jul 24;166(14):1466-75.
³⁴ Anderson JW, Johnston BM, Cook-Newton ME. Meta-analysis of the effects of soy protein intake on serum lipids. *N Engl J Med.* 1995 Aug 3;333(5):276-82.
³⁵ Weghuber D, Widhalm K. Effect of 3-month treatment of children and adolescents with familial and polygenic hypercholesterolemia with a soya-substituted diet. *Br J Nutr.* 2008 Feb;99(2):281-6.
³⁶ Kendall CW, Augustin LS, Emam A, Josse AR, Saxena N, Jenkins DJ. The glycemic index: methodology and use. *Nestle Nutr Workshop Ser Clin Perform Programme.* 2006;11:43-53.
³⁷ Levitan EB, Cook NR, Stampfer MJ, Ricker PM, Rexrode KM, Buring JE, Manson JE, Liu S. Dietary glycemic index, dietary glycemic load, blood lipids, and cardiovascular risk. *Metabolism.* 2008 Mar;57(3):337-43.
³⁸ Ma Y, Li Y, Chiriboga DE, Olenzki BC, Hebert JR, Li W, Leung K, Hafner AR, Ockene IS. Association between carbohydrate intake and serum lipids. *J Am Coll Nutr.* 2006 Apr;25(2):155-63.
³⁹ Dickinson S, Brand-Miller J. Glycemic index, postprandial glycemia and cardiovascular disease. *Curr Opin Lipidol.* 2005 Feb;16(1):69-75.
⁴⁰ Dietschy JM. Dietary fatty acids and the regulation of plasma low density lipoprotein cholesterol concentrations. *J Nutr.* 1998 Feb;128(2 Suppl):444S-448S.
⁴¹ Stamler J, Davligus ML, Garside DB, Dyer AR, Greenland P, Neaton JD. Relationship of baseline serum cholesterol levels in 3 large cohorts of younger men to long-term coronary, cardiovascular, and all-cause mortality and to longevity. *JAMA.* 2000 Jul 19;284(3):311-8. Click here to read Links
⁴² Lloyd-Jones DM, Wilson PW, Larson MG, Leip E, Beiser A, D'Agostino RB, Cleeman JI, Levy D. Lifetime risk of coronary heart disease by cholesterol levels at selected ages. *Arch Intern Med.* 2003 Sep 8;163(16):1966-72.
⁴³ Menotti A, Lanti M, Kromhout D, Blackburn H, Jacobs D, Nissinen A, Dontas A, Kafatos A, Nedeljkovic S, Adachi H. Homogeneity in the relationship of serum cholesterol to coronary deaths across different cultures: 40-year follow-up of the Seven Countries Study. *Eur J Cardiovasc Prev Rehabil.* 2006 Jul;15(7):719-25.
⁴⁴ Menotti A, Lanti M, Kromhout D, Kafatos A, Nedeljkovic S, Nissinen A. Short and long term association of a single serum cholesterol measurement in middle-aged men in prediction of fatal coronary and other cardiovascular events: a cross-cultural comparison through Europe. *Eur J Epidemiol.* 2005;20(7):597-604.
⁴⁵ Klag MJ, Ford DE, Mead LA, He J, Whelton PK, Liang KY, Levine DM. Serum cholesterol in young men and subsequent cardiovascular disease. *N Engl J Med.* 1993 Feb 4;328(5):313-8.
⁴⁶ Lehr HA, Saghan TA, Kirkpatrick CJ. Atherosclerosis—progression by nonspecific activation of the immune system. *Med Klin (Munich).* 2002 Apr;107(4):229-35.
⁴⁷ Brown BG, Zhao XQ, Sacco DE, Albers JJ. Lipid lowering and plaque regression. New insights into prevention of plaque disruption and clinical events in coronary disease. *Circulation.* 1993 Jun;87(6):1781-91.
⁴⁸ Glueck CJ, Garstide P, Fallat RW, Sielski J, Steiner PM. Longevity syndromes: familial hypobeta and familial hyperalpha lipoproteinemia. *J Lab Clin Med.* 1976 Dec;88(6):941-57.
⁴⁹ Chhatralwa AK, Nicholls SJ, Wang TH, Woloski K, Sipahi I, Crowe T, Schoenhagen P, Kapadia S, Tuzcu EM, Nissen SE. Low levels of low-density lipoprotein cholesterol and blood pressure and progression of coronary atherosclerosis. *J Am Coll Cardiol.* 2009 Mar 31;53(13):1110-9.
⁵⁰ Anderson KM, Castelli WP, Levy D. Cholesterol and mortality. 30 years of follow-up from the Framingham study. *JAMA.* 1987 Apr 24;257(16):2176-80.
⁵¹ Stamler J, Davligus ML, Garside DB, Dyer AR, Greenland P, Neaton JD. Relationship of baseline serum cholesterol levels in 3 large cohorts of younger men to long-term coronary, cardiovascular, and all-cause mortality and to longevity. *JAMA.* 2000 Jul 19;284(3):311-8.
⁵² Rosengren A, Hagman M, Wedel H, Wilhelmsen L. Serum cholesterol and long-term prognosis in middle-aged men with myocardial infarction and angina pectoris. A 16-year follow-up of the Primary Prevention Study in Göteborg, Sweden. *Eur Heart J.* 1997 May;18(5):754-61.
⁵³ Reikkinen J, Linn S, Heiss G, Suchindran CM, Leon A, Rifkind BM, Tyroler HA. Ten-year mortality from cardiovascular disease in relation to cholesterol level among men with and without preexisting cardiovascular disease. *N Engl J Med.* 1990 Jun 14;322(24):1700-7.
⁵⁴ Baigent C, Keech A, Kearney PM, Blackwell L, Buck G, Pollicino C, Kirby A, Sourjina T, Peto R, Collins R, Simes R. Cholesterol Treatment Trialists' (CTT) Collaborators. Efficacy and safety of cholesterol-lowering treatment: prospective meta-analysis of data from 90,056 participants in 14 randomised trials of statins. *Lancet.* 2005 Oct 8;366(9493):1267-78.
⁵⁵ van Weel V, de Vries M, Voshol PJ, Verloop RE, Eilers PH, van Hinsbergh VW, van Bockel JH, Quax PH. Hypercholesterolemia reduces collateral artery growth more dominantly than hyperglycemia or insulin resistance in mice. *Arterioscler Thromb Vasc Biol.* 2006 Jun;26(6):1383-90.
⁵⁶ Nordestgaard BG, Benn M, Schnohr P, Tybjaerg-Hansen A. Nonfasting triglycerides and risk of myocardial infarction, ischemic heart disease, and death in men and women. *JAMA.* 2007 Jul 18;298(3):299-308.
⁵⁷ Assmann G, Schulte H, von Eckardstein A. Hypertriglyceridemia and elevated lipoprotein(a) are risk factors for major coronary events in middle-aged men. *Am J Cardiol.* 1996 Jun 1;77(14):1179-84.
⁵⁸ Ogunrin OA, Unuigbo E. Serum lipids in patients with stroke—a cross-sectional case-control study. *J Natl Med Assoc.* 2008 Sep;100(9):986-90.
⁵⁹ Tanne D, Koren-Morag N, Graff E, Goldbourt U. Blood lipids and first-ever ischemic stroke/transient ischemic attack in the Bezafibrate Infarction Prevention (BIP) Registry: high triglycerides constitute an independent risk factor. *Circulation.* 2001 Dec 11;104(24):2892-7.
⁶⁰ Esselstyn CB Jr. Resolving the Coronary Artery Disease Epidemic Through Plant-Based Nutrition. *Prev Cardiol.* 2001 Autumn;4(4):171-177.
⁶¹ Ray G, Husain SA. Role of lipids, lipoproteins and vitamins in women with breast cancer. *Clin Biochem.* 2001 Feb;34(1):71-6.
⁶² Aloithameen A, Ezzat A, Mohamed G, Muammar T, Al-Madoui A. Dietary fat and breast cancer in Saudi Arabia: a case-control study. *East Mediterr Health J.* 2004 Nov;10(6):879-86.
⁶³ Chan JM, Wang F, Holly EA. Pancreatic cancer, animal protein and dietary fat in a population-based study, San Francisco Bay Area, California. *Cancer Causes Control.* 2007 Dec;18(10):1153-67.
⁶⁴ de Carvalho JF, Bonfá E, Bezerra MC, Pereira RM. High frequency of lipoprotein risk levels for cardiovascular disease in Takayasu arteritis. *Clin Rheumatol.* 2009 Jul;28(7):801-5.
⁶⁵ Wierzbowska J, Figurska M, Stankiewicz A, Sierdzinski J. Risk factors in age-related macular degeneration and glaucoma—own observations. *Klin Oczn.* 2008;110(10-12):370-4.
⁶⁶ Król W, Smużnyńska M. The assessment of the lipidogram and the proteinogram profile in patients with nonexudative age-related macular degeneration. *Wiad Lek.* 2007;60(9-10):415-7.
⁶⁷ Belda Sánchez JI, Quintero Martínez A, Muñoz Ruiz G, Rodríguez-Galiero A, Romero Gómez FJ, Diaz-Llopis M. Are blood lipids a risk factor for age-related macular degeneration? *Arch Soc Esp Ophthalmol.* 2001 Jan;76(1):13-7.
⁶⁸ Hyman L, Schachat AP, He O, Leske MC. Hypertension, cardiovascular disease, and age-related macular degeneration. Age-Related Macular Degeneration Risk Factors Study Group. *Arch Ophthalmol.* 2000 Mar;118(3):351-8.

- 69 Tomany SC, Wang JJ, Van Leeuwen R, Klein R, Mitchell P, Vingelring JR, Klein BE, Smith W, De Jong PT. Risk factors for incident age-related macular degeneration: pooled findings from 3 continents. *Ophthalmology*. 2004 Jul;111(7):1280-7.
- 70 Monastero R, Pippa C, Cefalu AB, Liveri ET, Rosano R, Camara R, Camara C. Association between plasma lipid levels and migraine in subjects aged >= 50 years: preliminary data from the Zabti Aging Project. *Neuro Sci*. 2008 May;29 Suppl 1:S179-81.
- 71 Borghi C, Veronesi M, Cosentino E, Cicero AF, Kuria F, Dormi A, Ambrosioni E. Interaction between serum cholesterol levels and the renin-angiotensin system on the new onset of arterial hypertension in subjects with high-normal blood pressure. *J Hypertens*. 2007 Oct;25(10):2051-7.
- 72 Sasaki S, Kawai K, Honjo Y, Nakamura H. Thyroid hormones and lipid metabolism. *Nippon Rinsho*. 2006 Dec;64(12):2323-9.
- 73 Duntas LH. Thyroid disease and lipids. *Thyroid*. 2002 Apr;12(4):287-93.
- 74 Goldstein FC, Ashley AV, Endeshaw YW, Hanfelt J, Lab JJ, Levey AJ. Effects of hypertension and hypercholesterolemia on cognitive functioning in patients with Alzheimer disease. *Alzheimer Dis Assoc Disord*. 2008 Oct-Dec;22(4):336-42.
- 75 Ghribi O. Potential mechanisms linking cholesterol and Alzheimer's disease-like pathology in rabbit brain, hippocampal organotypic slices, and skeletal muscle. *J Alzheimers Dis*. 2008 Dec;15(4):673-84.
- 76 Carlsson KM, Nondahl DM, Klein BE, McBride PT, Sogabe CB, Klein R, Cruickshanks JK. Increased atherogenic lipoproteins are associated with cognitive impairment: effects of statins and subclinical atherosclerosis. *Alzheimer Dis Assoc Disord*. 2009 Jan-Mar;23(1):11-7.
- 77 Farr SA, Yamada KA, Butterfield DA, Abdul HM, Xu L, Miller NE, Banks WA, Morley JE. Obesity and hypertriglyceridemia produce cognitive impairment. *Endocrinology*. 2008 May;149(5):2628-36.
- 78 Wiggins TD, Sullivan KA, Pop-Busui R, Amato A, Sima AA, Feldman EL. Elevated Triglycerides Correlate with Progression of Diabetic Neuropathy. *Diabetes*. 2009 Jul;58(7):1634-40.
- 79 Nakao M, Ando K, Nomura S, Kuboki T, Uehara Y, Toyooka T, Fujita T. Depressive mood accompanies hypercholesterolemia in young Japanese adults. *Int J Heart J*. 2001 Nov;42(6):739-48.
- 80 Nakao M, Yano E. Relationship between major depression and high serum cholesterol in Japanese men. *Tohoku J Exp Med*. 2004 Dec;204(4):273-87.
- 81 Weidner G, Connor SL, Gerhard GT, Duell PB, Connor WE. The effects of dietary cholesterol-lowering on psychological symptoms: a randomized controlled study. *Psychol Health Med*. 2009 May;14(3):255-61.
- 82 Ginsberg HN, Karmally M, Siddiqui M, Holleran S, Tall AR, Rumsey SC, Deckelbaum RJ, Blazer WS, Ramakrishnan R. A dose-response study of the effects of dietary cholesterol on fasting and postprandial lipid and lipoprotein metabolism in healthy young men. *Arterioscler Thromb*. 1994 Mar;14(3):476-84.
- 83 Weggestern RM, Zock PL, Katan MB. Dietary cholesterol from eggs increases the ratio of total cholesterol to high-density lipoprotein cholesterol in humans: a meta-analysis. *Am J Clin Nutr*. 2001 May;73(5):885-91.
- 84 Nedley N. Proof Positive (Ardmore, Okla.: Nedley Publishing, 1998).
- 85 O'Brien, C.S.; Reiser, R. Human plasma lipoproteins responds to red meat, poultry, fish, and eggs. *Am J Clin Nutr*. 1980 Dec;33(12):2573-80.
- 86 Hodis HN, Crawford DW, Sevastian A. Cholesterol feeding increases plasma and aortic tissue cholesterol oxide levels in parallel: further evidence for the role of cholesterol oxidation in atherosclerosis. *Atherosclerosis*. 1991 Aug;89(2-3):117-26.
- 87 Subramanian S, Chait A. The effect of dietary cholesterol on macrophage accumulation in adipose tissue: implications for systemic inflammation and atherosclerosis. *Curr Opin Lipidol*. 2009 Feb;20(1):39-44.
- 88 Oh KW, Nam CM, Jee SH, Choe KO, Suh I. Coronary artery calcification and dietary cholesterol intake in Korean men. *Acta Cardiol*. 2002 Feb;57(1):5-11.
- 89 Yeh YF, Huang SL. Enhancing effect of dietary cholesterol and inhibitory effect of pravastatin on allergic pulmonary inflammation. *J Biomed Sci*. 2004 Sep-Oct;11(5):599-606.
- 90 Yeh YF, Huang SL. Dietary cholesterol enhances pulmonary eosinophilic inflammation in a murine model of asthma. *Int Arch Allergy Immunol*. 2001 Aug;125(4):329-34.
- 91 Yasutake K, Nakamura M, Shima Y, Ohyama A, Masuda K, Haruta N, Fujino T, Aoyagi Y, Fukuzumi K, Yoshimoto T, Takemoto R, Miyahara T, Harada N, Hayata F, Nakashima M, Enjoji M. Nutritional investigation of non-obese patients with non-alcoholic fatty liver disease: The significance of dietary cholesterol. *Scand J Gastroenterol*. 2008 Dec;41:1-7.
- 92 Wouters K, van Gorp PJ, Biéghs V, Gijbels MJ, Duimel H, Lütjohann D, Kerksiek A, van Kruchten R, Maeda N, Stals B, van Bilsen M, Shiri-Sverdlov R, Hofker MH. Dietary cholesterol, rather than liver steatosis, leads to hepatic inflammation in hyperlipidemic mice models of nonalcoholic steatohepatitis. *Hepatology*. 2008 Aug;48(2):474-86.
- 93 Klesmann R, Verschuren W, Verbeek M, Verheij ER, Smilde AK, Hendriks HF, Zadelara S, Smith GJ, Kazanietz V, Nikolskaya T, Melnikov A, Hurt-Camejo E, van der Griend J, van Ommen B, Koivisto T. Atherosclerosis and liver inflammation induced by increased dietary cholesterol intake: a combined transcriptomics and metabolomics analysis. *Genome Biol*. 2007;8(9):R200.
- 94 Homma Y, Kondo Y, Kaneko M, Kitamura T, Nyouu UT, Yanagisawa M, Yamamoto Y, Kakizoe T. Promotion of carcinogenesis and oxidative stress by dietary cholesterol in rat prostate. *Carcinogenesis*. 2004 Jun;25(6):1011-4.
- 95 Kanner J. Dietary advanced lipid oxidation endproducts are risk factors to human health. *Mol Nutr Food Res*. 2007 Sep;51(9):1094-101.
- 96 Ogawa T, Yoshida J, Kokuba Y. Influence of a long-term load of dietary cholesterol on the rat kidney. *Nippon Jinzo Gakkai Shi*. 2003;45(4):261-6.
- 97 de Boer IH, Astor BC, Kramer H, Palmas W, Seliger SL, Shlipak MG, Siscovick DS, Tsai MY, Keisteman B. Lipoprotein abnormalities associated with mild impairment of kidney function in the multi-ethnic study of atherosclerosis. *Clin J Am Soc Nephrol*. 2008 Jan;3(1):125-32.
- 98 Ravid M, Brosh D, Ravid-Safran D, Levy Z, Rachmani R. Main risk factors for nephropathy in type 2 diabetes mellitus are plasma cholesterol levels, mean blood pressure, and hyperglycemia. *Arch Intern Med*. 1998 May 11;158(9):998-1004.
- 99 Verhame P, Quarek R, Hao H, Knaepen M, Dymarkowski S, Bernar H, Van Cleemput J, Janssens S, Vermeylen J, Gabbiani G, Kockx M, Holvoet P. Dietary cholesterol withdrawal reduces vascular inflammation and induces coronary plaque stabilization in miniature pigs. *Cardiovasc Res*. 2002 Oct;56(1):135-44.
- 100 Sanbe T, Tomofuji T, Ekuni D, Azuma T, Tamaki N, Yamamoto T. Oral administration of vitamin C prevents alveolar bone resorption induced by high dietary cholesterol in rats. *J Periodontol*. 2007 Nov;78(11):2165-70.
- 101 Micala V, Scappagnin G, Colombrina C, Mazzola C, Alkon DL, Drago F. Behavioral effects of dietary cholesterol in rats tested in experimental models of mild stress and cognition tests. *Eur Neuropharmacol*. 2008 Jun;18(6):462-71.
- 102 Granholm AC, Bimonte-Nelson HA, Moore AB, Nelson ME, Freeman LR, Sambamurti K. Effects of a saturated fat and high cholesterol diet on memory and prefrontal morphology in the middle-aged rat. *J Alzheimers Dis*. 2008 Jun;14(2):133-45.
- 103 Swank RL, Nakamura H. Oxygen availability in brain tissues after lipid meals. *Am J Physiol*. 1960 Jan;198:217-20.
- 104 Verschuren WM, Jacobs DR, Bloemberg BP, Kromhout D, Menotti A, Aravanis C, Blackburn H, Buzina R, Dontas AS, Fidanza F, Karvonen MJ, Nedeljkovic S, Nissinen A, Toshima H. Serum total cholesterol and long-term coronary heart disease mortality in different cultures. Twenty-five-year follow-up of the seven countries study. *JAMA*. 1995 Jul 12;274(2):131-6.
- 105 Peng SK, Taylor CB, Hill JC, Morin RJ. Cholesterol oxidation derivatives and arterial endothelial damage. *Atherosclerosis*. 1985 Feb;54(2):121-33.
- 106 Yuan XM, Li W, Brunk UT, Dalen H, Chang YH, Sevastian A. Lysosomal destabilization during macrophage damage induced by cholesterol oxidation products. *Free Radic Biol Med*. 2001 Jan 15;28(2):208-18.
- 107 Al-Khalhal MA, Ahmad F, Al-Othman AA, Arif Z, Al-Orfi A, Al-Murshed KS. Effect of pure and oxidized cholesterol-rich diets on some biochemical parameters in rats. *Int J Food Sci Nutr*. 2002 Sep;53(5):381-8.
- 108 Stapanis I, Pan XM, Rapp JH, Feingold KR. Oxidized cholesterol in the diet accelerates the development of aortic atherosclerosis in cholesterol-fed rabbits. *Arterioscler Thromb Vasc Biol*. 1998 Jun;18(6):977-83.
- 109 Griminger P, Fisher H. The effect of dried and fresh eggs on plasma cholesterol and atherosclerosis in chickens. *Poult Sci*. 1986 May;65(5):979-82.
- 110 Taylor CB, Peng SK, Inai H, Mikkelson B, Lee KT, Wertheisen NT. Hereditary hyperlipidemia in chickens-model for study of toxic oxidation products found in significant amounts in U.S. cholesterol, powdered eggs and milk. *Adv Exp Med Biol*. 1977;82:252-5.
- 111 Salonen JT, Nyssönen K, Salonen R, Porkkala-Sarataho E, Tuominen PT, DiezFulasy U, Björkhem I. Lipoprotein oxidation and progression of carotid atherosclerosis. *Circulation*. 1997 Feb 18;95(4):840-5.
- 112 Miwa S, Inouye M, Ohmura C, Mitsuhashi N, Onuma T, Kawamori R. Relationship between carotid atherosclerosis and erythrocyte membrane cholesterol oxidation products in type 2 diabetic patients. *Diabetes Res Clin Pract*. 2003 Aug;61(2):81-8.
- 113 Stapanis I, Pan XM, Rapp JH, Feingold KR. The role of dietary oxidized cholesterol and oxidized fatty acids in the development of atherosclerosis. *Mol Cell Biochem*. 1998 Nov;181(1-2):1075-82.
- 114 Rong LX, Rangswamy S, Shen L, Dave R, Chang YH, Peterson H, Hodis HN, Chisolm GM, Sevastian A. Arterial injury by cholesterol oxidation products causes endothelial dysfunction and arterial wall cholesterol accumulation. *Arterioscler Thromb Vasc Biol*. 1998 Dec;18(12):1885-94.
- 115 Guardiola F, Tres A, Codony R, Addis PB, Bergmann SD, Zavoral JH. Lack of effect of oral supplementation with antioxidants on cholesterol oxidation product concentration of human plasma, as revealed by an improved gas chromatography method. *Anal Biochem*. 2007 Sep;389(1):277-89.
- 116 Stapanis I, Pan XM, Rapp JH, Feingold KR. Oxidized cholesterol in the diet is a source of oxidized lipoproteins in human serum. *J Lipid Res*. 2003 Apr;44(4):705-15.
- 117 Vine DF, Croff KD, Beilin LJ, Mamo JC. Absorption of dietary cholesterol oxidation products and incorporation into rat lymph chylomicrons. *Lipids*. 1997 Aug;32(8):887-93.
- 118 Settle ML, McGuiness JA, Ardlie NG. The effect of cholesterol oxidation products on human platelet aggregation. *Thromb Res*. 1996 Sep 15;83(6):449-61.
- 119 Peng SK, Hu B, Peng AY, Morin RJ. Effect of cholesterol oxides on prostacyclin production and platelet adhesion. *Artery*. 1993;20(3):122-34.
- 120 Panasek OM, Voivona TV, Azizova OA, Vladimirov IA. Lipid peroxidation—the factor promoting cholesterol accumulation in cells in atherosclerosis. *Bull Eksp Biol Med*. 1988 Sep;106(9):277-80.
- 121 Azizova OA, Panasek OM, Voivona TV, Vladimirov YA. Free radical lipid oxidation affects cholesterol transfer between lipoproteins and erythrocytes. *Free Radic Biol Med*. 1989;7(3):251-7.
- 122 Vine DF, Croff KD, Beilin LJ, Mamo JC. Effect of dietary cholesterol oxidation products on the plasma clearance of chylomicrons in the rat. *Lipids*. 2002 May;37(5):455-62.
- 123 Kalfali S, Pour MH, Zadeq NS, Kakhari M, Sadry G, Amani A, Ansari R, Alkhalaf H, Bakhshodan N. Dietary fat intake and lipid profiles of Iranian adolescents. *Iranian Heart Health Promotion from Childhood*. *Prev Med*. 2004 Oct;39(4):760-6.
- 124 Finocchiaro ET, Lee K, Richardson T. Identification and quantification of cholesterol oxides in grated cheese and bleached butteroil. *J Am Oil Chem Soc*. 1984 May;61(5):877-883.
- 125 Linsenjan J, Wolfram G. Absorption of cholesterol oxidation products from ordinary foodstuff in humans. *Ann Nutr Metab*. 1998;42(4):221-30.
- 126 Martin JC, Canlet C, Delplanque B, Agnani G, Lairon D, Gottardi G, Bencharif K, Grippo D, Thaminay A, Paris A. (1)H NMR metabolomics can differentiate the early atherogenic effect of dairy products in hyperlipidemic hamsters. *Atherosclerosis*. 2009 Sep;206(1):127-33.
- 127 Lee HW, Chen JT, Chen BH. Formation of cholesterol oxidation products in marinated foods during heating. *J Agric Food Chem*. 2006 Jun 28;54(13):4873-9.
- 128 Al-Saghir S, Thurner K, Wagner KH, Frisch G, Luf W, Razzazi-Fazeli E, Elmadaf I. Effects of different cooking procedures on lipid quality and cholesterol oxidation of farmed salmon fish (Salmo salar). *Am J Food Chem*. 2004 Aug 11;52(16):5290-6.
- 129 Savage GP, Datta PC, Rodriguez-Estrada MT. Cholesterol oxides: their occurrence and methods to prevent their generation in foods. *Asia Pac J Clin Nutr*. 2002;11(1):72-8.
- 130 Mahfouz MM, Hulest A, Komarova FA. Cigarette smoke increases cholesterol oxidation and lipid peroxidation of human low-density lipoprotein and decreases its binding to the hepatic receptor in vivo. *J Environ Pathol Toxicol Oncol*. 1995;14(3):181-92.
- 131 Fabbri P, Ghigliotti G, Brunelli C, Balbi M, Spallarosa P, Rossettin P, Barsotti A, Odetti P, Garibaldi S. Intense lipid peroxidation in premature clinical coronary atherosclerosis is associated with metabolic abnormalities. *J Lab Clin Med*. 2004 Feb;143(2):99-105.
- 132 Khan-Merchant N, Penumetcha M, Meillich O, Parthasarathy S. Oxidized fatty acids promote atherosclerosis only in the presence of dietary cholesterol in low-density lipoprotein receptor knockout mice. *J Nutr*. 2002 Nov;132(11):3256-62.
- 133 Rao K, Du GH, Yang WM. Correlation between abnormal serum lipid and erectile dysfunction. *Zhonghua Nan Ke Xue*. 2005 Feb;11(2):112-5.
- 134 Saltzman EA, Guay AT, Jacobson J. Improvement in erectile function in men with organic erectile dysfunction by correction of elevated cholesterol levels: a clinical observation. *J Urol*. 2004 Jul;172(1):255-8.
- 135 Yang G, Chen Z, Wang H. Establishment of the animal model of induced high-cholesterol-atherosclerotic erectile dysfunction and the mechanisms of atherosclerotic erectile dysfunction. *Zhonghua Nan Ke Xue*. 2004 Aug;10(8):608-11.
- 136 Wei M, Macera CA, Davis DR, Hornung CA, Nankin HR, Blair SN. Total cholesterol and high-density lipoprotein cholesterol as important predictors of erectile dysfunction. *Am J Epidemiol*. 1994 Nov 15;140(10):930-7.
- 137 Arlt S, Koutush A, Müller-Thomsen T, Beisiegel U. Lipid peroxidation as a common pathomechanism in coronary heart disease and Alzheimer disease. *Z Gerontol Geriatr*. 2001 Dec;34(6):461-5.
- 138 Duve AK, Fitch M, Ostwald RP. Depressed natural killer and lectin-induced cell-mediated cytotoxicity in cholesterol-fed guinea pigs. *J Natl Cancer Inst*. 1984 Feb;72(2):333-8.
- 139 Kendall CW, Koo M, Sokoloff E, Rao AV. Effect of dietary oxidized cholesterol on azoxymethane-induced colonic preneoplasia in mice. *Cancer Lett*. 1992 Oct 21;66(3):241-8.
- 140 Tseung TH, Hsu JD, Chu CY, Wang CJ. Promotion of colon carcinogenesis through increasing lipid peroxidation induced in rats by a high cholesterol diet. *Cancer Lett*. 1996 Feb 27;100(1-2):81-7.
- 141 Morin RJ, Hu B, Peng SK, Sevastian A. Cholesterol oxides and carcinogenesis. *J Clin Lab Anal*. 1991;5(3):219-25.
- 142 Swank RL. Multiple sclerosis: fat-ol relationship. *Nutrition*. 1991 Sep-Oct;7(5):368-76.
- 143 Stokes KY, Cooper D, Tallor A, Granger DN. Hypercholesterolemia promotes inflammation and microvascular dysfunction in the role of nitric oxide and superoxide. *Free Radic Biol Med*. 2002 Oct 15;33(8):1026-36.
- 144 Sipos P, Gamal EM, Blázovics A, Metzger P, Mikó I, Furka I. Free radical reactions in the gallbladder. *Acta Chir Hung*. 1997;36(1-4):329-30.
- 145 Eder MI, Miquel JF, Jongst D, Paumgartner G, von Ritter C. Reactive oxygen metabolites promote cholesterol crystal formation in model bile: role of lipid peroxidation. *Free Radic Biol Med*. 1996;20(5):743-9.
- 146 Shihole MJ, Mathers CD. Caffeine consumption and serum cholesterol levels. *Int J Epidemiol*. 1984 Dec;13(4):422-7.
- 147 Onoghu AJ, Aghedona TO. The effects of coffee consumption on serum lipids and lipoprotein in healthy individuals. *Afr J Med Med Sci*. 2001 Mar-Jun;30(1):23-8.
- 148 Lane JD, Pieper CF, Barefoot JC, Williams RB Jr, Siegler IC. Caffeine and cholesterol: interactions with hostility. *Psychosom Med*. 1994 May-Jun;56(3):260-6.
- 149 Du Y, Melchert HU, Knopf H, Braemer-Hauth M, Gerding B, Pabel E. Association of serum caffeine concentrations with blood lipids in caffeine-drug users and nonusers - results of German National Health Surveys from 1984 to 1999. *Eur J Epidemiol*. 2005;20(4):311-6.
- 150 Happonen P, Vuolteenaho S, Salonen JT. Coffee drinking is dose-dependently related to the risk of acute coronary events in middle-aged men. *J Nutr*. 2004 Sep;134(9):2381-6.
- 151 Kannel WB, Hjortskov L, Castelli WP. Relationship between long-term coffee consumption and components of the metabolic syndrome: the Amsterdam Growth and Health Longitudinal Study. *Eur J Epidemiol*. 2009;24(4):203-9.
- 152 Hata Y, Nakajima K. Life-style and serum lipids and lipoproteins. *J Atheroscler Thromb*. 2000;7(4):177-97.
- 153 Celada MM, Reguero JR, Cubero GI. The interrelationship among tobacco consumption, high-density lipoprotein cholesterol and leukocyte counts. *J Cardiovasc Risk*. 1997 Aug;4(4):279-81.
- 154 Mofatt RJ, Stamford BA, Biggersstaff KD. Influence of worksite environmental tobacco smoke on serum lipoprotein profiles of female nonsmokers. *Metabolism*. 1995 Dec;44(12):1536-9.
- 155 Wahl PW, Warnick GR, Albers JJ, Hoover J, Walden CE, Bergelin RO, Ogilvie JT, Hazzard WR, Knopp RH. Distribution of lipoproteins triglyceride and cholesterol in cholesterol in an adult population by age, sex, and hormone use - The Pacific Northwest Bell Telephone Company health survey. *Atherosclerosis*. 1981 Apr;39(1):111-24.
- 156 van Stiphout WA, Grobbee DE, Hofman A, de Bruijn AM, Doi O. Proactive increase blood pressure and serum total cholesterol in young women? *Prev Med*. 1990 Nov;19(6):623-9.
- 157 Alsheikh-Ali AA, Karas RH. The relationship of statins to rhabdomyolysis, malignancy, and hepatic toxicity: evidence from clinical trials. *Curr Atheroscler Rep*. 2007 Mar;11(2):100-4.
- 158 Jacobson TA, Todorov A. Pain-free* statin prescribing: clinical algorithm for diagnosis and management of myalgia. *Mayo Clin Proc*. 2008 Jun;83(6):687-700. Links
- 159 King DS, Wilburn AJ, Wofford MR, Harrell TK, Lindley BJ, Jones DW. Cognitive impairment associated with atorvastatin and simvastatin. *Pharmacotherapy*. 2003 Dec;23(12):1663-7.
- 160 Galatti L, Polimeni G, Salvo F, Romani M, Sessa A, Spina E. Short-term memory loss associated with rosvastatin. *Pharmacotherapy*. 2006 Aug;26(8):1190-2.
- 161 Wagstaff LR, Milton MW, Arvik BM, Dorasivamy PM. Statin-associated memory loss: analysis of 60 case reports and review of the literature. *Pharmacotherapy*. 2002 Jul;23(7):871-80.
- 162 Kucharski J, Gwozdz A, Simek S. Simvastatin decreased coenzyme Q in the left ventricle and skeletal muscle but not in the brain and liver in L-NAME-induced hypertension. *Physiol Res*. 2007;56 Suppl 2:S49-54.
- 163 Chu SK, Koh HS, Lee CJ, Lee KT, Chen SH, Yoon WC, Sheu SH, Lai WT. Effect of atorvastatin withdrawal on circulating coenzyme Q10 concentration in patients with hypercholesterolemia. *Biofactors*. 2006;28(3-4):177-84.
- 164 Berthold HK, Naini A, Di Mauro S, Hallikainen M, Gylling H, Krone W, Gouni-Berthold I. Effect of ezetimibe and/or simvastatin on coenzyme Q10 levels in plasma: a randomised trial. *Drug Saf*. 2006;29(8):703-12.
- 165 Molyneux SL, Florkowski CM, George MP, Pilbrow AP, Frampton CM, Lever M, Cozart M, Jones M, Richards AM. Coenzyme Q10: an independent predictor of mortality in heart failure. *Am J Cardiol*. 2008 Oct 28;102(13):1435-41.
- 166 Silver MA, Langsjoen PH, Szabo S, Patti H, Zelinger A. Effect of atorvastatin on left ventricular diastolic function and ability of coenzyme Q10 to reverse that dysfunction. *Am J Cardiol*. 2004 Nov 15;94(10):1306-10.
- 167 Yilmaz A, Reiss C, Weng A, Cicha I, Stumpf C, Steinkasserer A, Daniel WG, Garlicks CD. Differential effects of statins on relevant functions of human monocyte-derived dendritic cells. *J Leukoc Biol*. 2006 Mar;79(3):529-38. Epub 2005 Dec 30.
- 168 Shaw SM, Najam O, Khan U, Yonan N, Williams SG, Fildes JE. Ezetimibe and atorvastatin both immunoregulate CD4+ T cells from cardiac transplant recipients in vitro. *Transpl Immunol*. 2009 Jul;21(3):179-82.
- 169 Wahl PW, Warnick GR, Albers JJ, Hoover J, Walden CE, Bergelin RO, Ogilvie JT, Hazzard WR, Knopp RH. Distribution of lipoproteins triglyceride and cholesterol in cholesterol in an adult population by age, sex, and hormone use - The Pacific Northwest Bell Telephone Company health survey. *Atherosclerosis*. 1981 Apr;39(1):111-24.
- 170 Berthold HK, Naini A, Di Mauro S, Hallikainen M, Gylling H, Krone W, Gouni-Berthold I. Effect of ezetimibe and/or simvastatin on coenzyme Q10 levels in plasma: a randomised trial. *Drug Saf*. 2006;29(8):703-12.
- 171 Molyneux SL, Florkowski CM, George MP, Pilbrow AP, Frampton CM, Lever M, Cozart M, Jones M, Richards AM. Coenzyme Q10: an independent predictor of mortality in heart failure. *Am J Cardiol*. 2008 Oct 28;102(13):1435-41.
- 172 Silver MA, Langsjoen PH, Szabo S, Patti H, Zelinger A. Effect of atorvastatin on left ventricular diastolic function and ability of coenzyme Q10 to reverse that dysfunction. *Am J Cardiol*. 2004 Nov 15;94(10):1306-10.
- 173 Yilmaz A, Reiss C, Weng A, Cicha I, Stumpf C, Steinkasserer A, Daniel WG, Garlicks CD. Differential effects of statins on relevant functions of human monocyte-derived dendritic cells. *J Leukoc Biol*. 2006 Mar;79(3):529-38. Epub 2005 Dec 30.
- 174 Shaw SM, Najam O, Khan U, Yonan N, Williams SG, Fildes JE. Ezetimibe and atorvastatin both immunoregulate CD4+ T cells from cardiac transplant recipients in vitro. *Transpl Immunol*. 2009 Jul;21(3):179-82.
- 175 Jacobson TA, Todorov A. Pain-free* statin prescribing: clinical algorithm for diagnosis and management of myalgia. *Mayo Clin Proc*. 2008 Jun;83(6):687-700. Links
- 176 King DS, Wilburn AJ, Wofford MR, Harrell TK, Lindley BJ, Jones DW. Cognitive impairment associated with atorvastatin and simvastatin. *Pharmacotherapy*. 2003 Dec;23(12):1663-7.
- 177 Galatti L, Polimeni G, Salvo F, Romani M, Sessa A, Spina E. Short-term memory loss associated with rosvastatin. *Pharmacotherapy*. 2006 Aug;26(8):1190-2.
- 178 Wagstaff LR, Milton MW, Arvik BM, Dorasivamy PM. Statin-associated memory loss: analysis of 60 case reports and review of the literature. *Pharmacotherapy*. 2002 Jul;23(7):871-80.
- 179 Kucharski J, Gwozdz A, Simek S. Simvastatin decreased coenzyme Q in the left ventricle and skeletal muscle but not in the brain and liver in L-NAME-induced hypertension. *Physiol Res*. 2007;56 Suppl 2:S49-54.
- 180 Chu SK, Koh HS, Lee CJ, Lee KT, Chen SH, Yoon WC, Sheu SH, Lai WT. Effect of atorvastatin withdrawal on circulating coenzyme Q10 concentration in patients with hypercholesterolemia. *Biofactors*. 2006;28(3-4):177-84.
- 181 Berthold HK, Naini A, Di Mauro S, Hallikainen M, Gylling H, Krone W, Gouni-Berthold I. Effect of ezetimibe and/or simvastatin on coenzyme Q10 levels in plasma: a randomised trial. *Drug Saf*. 2006;29(8):703-12.
- 182 Molyneux SL, Florkowski CM, George MP, Pilbrow AP, Frampton CM, Lever M, Cozart M, Jones M, Richards AM. Coenzyme Q10: an independent predictor of mortality in heart failure. *Am J Cardiol*. 2008 Oct 28;102(13):1435-41.
- 183 Silver MA, Langsjoen PH, Szabo S, Patti H, Zelinger A. Effect of atorvastatin on left ventricular diastolic function and ability of coenzyme Q10 to reverse that dysfunction. *Am J Cardiol*. 2004 Nov 15;94(10):1306-10.
- 184 Yilmaz A, Reiss C, Weng A, Cicha I, Stumpf C, Steinkasserer A, Daniel WG, Garlicks CD. Differential effects of statins on relevant functions of human monocyte-derived dendritic cells. *J Leukoc Biol*. 2006 Mar;79(3):529-38. Epub 2005 Dec 30.
- 185 Shaw SM, Najam O, Khan U, Yonan N, Williams SG, Fildes JE. Ezetimibe and atorvastatin both immunoregulate CD4+ T cells from cardiac transplant recipients in vitro. *Transpl Immunol*. 2009 Jul;21(3):179-82.
- 186 Wahl PW, Warnick GR, Albers JJ, Hoover J, Walden CE, Bergelin RO, Ogilvie JT, Hazzard WR, Knopp RH. Distribution of lipoproteins triglyceride and cholesterol in cholesterol in an adult population by age, sex, and hormone use - The Pacific Northwest Bell Telephone Company health survey. *Atherosclerosis*. 1981 Apr;39(1):111-24.
- 187 Berthold HK, Naini A, Di Mauro S, Hallikainen M, Gylling H, Krone W, Gouni-Berthold I. Effect of ezetimibe and/or simvastatin on coenzyme Q10 levels in plasma: a randomised trial. *Drug Saf*. 2006;29(8):703-12.
- 188 Molyneux SL, Florkowski CM, George MP, Pilbrow AP, Frampton CM, Lever M, Cozart M, Jones M, Richards AM. Coenzyme Q10: an independent predictor of mortality in heart failure. *Am J Cardiol*. 2008 Oct 28;102(13):1435-41.
- 189 Silver MA, Langsjoen PH, Szabo S, Patti H, Zelinger A. Effect of atorvastatin on left ventricular diastolic function and ability of coenzyme Q10 to reverse that dysfunction. *Am J Cardiol*. 2004 Nov 15;94(10):1306-10.
- 190 Yilmaz A, Reiss C, Weng A, Cicha I, Stumpf C, Steinkasserer A, Daniel WG, Garlicks CD. Differential effects of statins on relevant functions of human monocyte-derived dendritic cells. *J Leukoc Biol*. 2006 Mar;79(3):529-38. Epub 2005 Dec 30.
- 191 Shaw SM, Najam O, Khan U, Yonan N, Williams SG, Fildes JE. Ezetimibe and atorvastatin both immunoregulate CD4+ T cells from cardiac transplant recipients in vitro. *Transpl Immunol*. 2009 Jul;21(3):179-82.
- 192 Jacobson TA, Todorov A. Pain-free* statin prescribing: clinical algorithm for diagnosis and management of myalgia. *Mayo Clin Proc*. 2008 Jun;83(6):687-700. Links
- 193 King DS, Wilburn AJ, Wofford MR, Harrell TK, Lindley BJ, Jones DW. Cognitive impairment associated with atorvastatin and simvastatin. *Pharmacotherapy*. 2003 Dec;23(12):1663-7.
- 194 Galatti L, Polimeni G, Salvo F, Romani M, Sessa A, Spina E. Short-term memory loss associated with rosvastatin. *Pharmacotherapy*. 2006 Aug;26(8):1190-2.
- 195 Wagstaff LR, Milton MW, Arvik BM, Dorasivamy PM. Statin-associated memory loss: analysis of 60 case reports and review of the literature. *Pharmacotherapy*. 2002 Jul;23(7):871-80.
- 196 Kucharski J, Gwozdz A, Simek S. Simvastatin decreased coenzyme Q in the left ventricle and skeletal muscle but not in the brain and liver in L-NAME-induced hypertension. *Physiol Res*. 2007;56 Suppl 2:S49-54.
- 197 Chu SK, Koh HS, Lee CJ, Lee KT, Chen SH, Yoon WC, Sheu SH, Lai WT. Effect of atorvastatin withdrawal on circulating coenzyme Q10 concentration in patients with hypercholesterolemia. *Biofactors*. 2006;28(3-4):177-84.
- 198 Berthold HK, Naini A, Di Mauro S, Hallikainen M, Gylling H, Krone W, Gouni-Berthold I. Effect of ezetimibe and/or simvastatin on coenzyme Q10 levels in plasma: a randomised trial. *Drug Saf*. 2006;29(8):703-12.
- 199 Molyneux SL, Florkowski CM, George MP, Pilbrow AP, Frampton CM, Lever M, Cozart M, Jones M, Richards AM. Coenzyme Q10: an independent predictor of mortality in heart failure. *Am J Cardiol*. 2008 Oct 28;102(13):1435-41.
- 200 Silver MA, Langsjoen PH, Szabo S, Patti H, Zelinger A. Effect of atorvastatin on left ventricular diastolic function and ability of coenzyme Q10 to reverse that dysfunction. *Am J Cardiol*. 2004 Nov 15;94(10):1306-10.
- 201 Yilmaz A, Reiss C, Weng A, Cicha I, Stumpf C, Steinkasserer A, Daniel WG, Garlicks CD. Differential effects of statins on relevant functions of human monocyte-derived dendritic cells. *J Leukoc Biol*. 2006 Mar;79(3):529-38. Epub 2005 Dec 30.
- 202 Shaw SM, Najam O, Khan U, Yonan N, Williams SG, Fildes JE. Ezetimibe and atorvastatin both immunoregulate CD4+ T cells from cardiac transplant recipients in vitro. *Transpl Immunol*. 2009 Jul;21(3):179-82.
- 203 Wahl PW, Warnick GR, Albers JJ, Hoover J, Walden CE, Bergelin RO, Ogilvie JT, Hazzard WR, Knopp RH. Distribution of lipoproteins triglyceride and cholesterol in cholesterol in an adult population by age, sex, and hormone use - The Pacific Northwest Bell Telephone Company health survey. *Atherosclerosis*. 1981 Apr;39(1):111-24.
- 204 Berthold HK, Naini A, Di Mauro S, Hallikainen M, Gylling H, Krone W, Gouni-Berthold I. Effect of ezetimibe and/or simvastatin on coenzyme Q10 levels in plasma: a randomised trial. *Drug Saf*. 2006;29(8):703-12.
- 205 Molyneux SL, Florkowski CM, George MP, Pilbrow AP, Frampton CM, Lever M, Cozart M, Jones M, Richards AM. Coenzyme Q10: an independent predictor of mortality in heart failure. *Am J Cardiol*. 2008 Oct 28;102(13):1435-41.
- 206 Silver MA, Langsjoen PH, Szabo S, Patti H, Zelinger A. Effect of atorvastatin on left ventricular diastolic function and ability of coenzyme Q10 to reverse that dysfunction. *Am J Cardiol*. 2004 Nov 15;94(10):1306-10.
- 207 Yilmaz A, Reiss C, Weng A, Cicha I, Stumpf C, Steinkasserer A, Daniel WG, Garlicks CD. Differential effects of statins on relevant functions of human monocyte-derived dendritic cells. *J Leukoc Biol*. 2006 Mar;79(3):529-38. Epub 2005 Dec 30.
- 208 Shaw SM, Najam O, Khan U, Yonan N, Williams SG, Fildes JE. Ezetimibe and atorvastatin both immunoregulate CD4+ T cells from cardiac transplant recipients in vitro. *Transpl Immunol*. 2009 Jul;21(3):179-82.
- 209 Jacobson TA, Todorov A. Pain-free* statin prescribing: clinical algorithm for diagnosis and management of myalgia. *Mayo Clin Proc*. 2008 Jun;83(6):687-700. Links
- 210 King DS, Wilburn AJ, Wofford MR, Harrell TK, Lindley BJ, Jones DW. Cognitive impairment associated with atorvastatin and simvastatin. *Pharmacotherapy*. 2003 Dec;23(12):1663-7.
- 211 Galatti L, Polimeni G, Salvo F, Romani M, Sessa A, Spina E. Short-term memory loss associated with rosvastatin. *Pharmacotherapy*. 2006 Aug;26(8):1190-2.
- 212 Wagstaff LR, Milton MW, Arvik BM, Dorasivamy PM. Statin-associated memory loss: analysis of 60 case reports and review of the literature. *Pharmacotherapy*. 2002 Jul;23(7):871-80.
- 213 Kucharski J, Gwozdz A, Simek S. Simvastatin decreased coenzyme Q in the left ventricle and skeletal muscle but not in the brain and liver in L-NAME-induced hypertension. *Physiol Res*. 2007;56 Suppl 2:S49-54.
- 214 Chu SK, Koh HS, Lee CJ, Lee KT, Chen SH, Yoon WC, Sheu SH, Lai WT. Effect of atorvastatin withdrawal on circulating coenzyme Q10 concentration in patients with hypercholesterolemia. *Biofactors*. 2006;28(3-4):177-84.
- 215 Berthold HK, Naini A, Di Mauro S, Hallikainen M, Gylling H, Krone W, Gouni-Berthold I. Effect of ezetimibe and/or simvastatin on coenzyme Q10 levels in plasma: a randomised trial. *Drug Saf*. 2006;29(8):703-12.
- 216 Molyneux SL, Florkowski CM, George MP, Pilbrow AP, Frampton CM, Lever M, Cozart M, Jones M, Richards AM. Coenzyme Q10: an independent predictor of mortality in heart failure. *Am J Cardiol*. 2008 Oct 28;102(13):1435-41.
- 217 Silver MA, Langsjoen PH, Szabo S, Patti H, Zelinger A. Effect of atorvastatin on left ventricular diastolic function and ability of coenzyme Q10 to reverse that dysfunction. *Am J Cardiol*. 2004 Nov 15;94(10):1306-10.
- 218 Yilmaz A, Reiss C, Weng A, Cicha I, Stumpf C, Steinkasserer A, Daniel WG, Garlicks CD. Differential effects of statins on relevant functions of human monocyte-derived dendritic cells. *J Leukoc Biol*. 2006 Mar;79(3):529-38. Epub 2005 Dec 30.
- 219 Shaw SM, Najam O, Khan U, Yonan N, Williams SG, Fildes JE. Ezetimibe and atorvastatin both immunoregulate CD4+ T cells from cardiac transplant recipients in vitro. *Transpl Immunol*. 2009 Jul;21(3):179-82.
- 220 Wahl PW, Warnick GR, Albers JJ, Hoover J, Walden CE, Bergelin RO, Ogilvie JT, Hazzard WR, Knopp RH. Distribution of lipoproteins triglyceride and cholesterol in cholesterol in an adult population by age, sex, and hormone use - The Pacific Northwest Bell Telephone Company health survey. *Atherosclerosis*. 1981 Apr;39(1):111-24.
- 221 Berthold HK, Naini A, Di Mauro S, Hallikainen M, Gylling H, Krone W, Gouni-Berthold I. Effect of ezetimibe and/or simvastatin on coenzyme Q10 levels in plasma: a randomised trial. *Drug Saf*. 2006;29(8):703-12.
- 22

19. Binkoski AE, Kris-Etherton PM, Wilson TA, Mountain ML, Nicolosi RJ. Department of Nutrition and Dietetics, Messiah College, Grantham, PA, USA. Balance of unsaturated fatty acids is important to a cholesterol-lowering diet: comparison of mid-oleic sunflower oil and olive oil on cardiovascular disease risk factors. *J Am Diet Assoc.* 2005 Jul;105(7):1080-6.

20. Allman-Farinelli MA, Gomes K, Favalaro EJ, Petocz P. A diet rich in high-oleic-acid sunflower oil favorably alters low-density lipoprotein cholesterol, triglycerides, and factor VII coagulant activity. *J Am Diet Assoc.* 2005 Jul;105(7):1071-9.

21. Perez-Jimenez F, Espino A, Lopez-Segura F, Blanco J, Ruiz-Gutierrez V, Prada JL, Lopez-Miranda J, Jimenez-Perez P, Ordovas JM. Lipoprotein concentrations in normolipidemic mice consuming oleic acid-rich diets from two different sources: olive oil and oleic acid-rich sunflower oil. *Am J Clin Nutr.* 1995 Oct;62(4):769-75.

22. Reuter W, Vorberg B, Sauer I, Krumpolt C. Changes in parameters of lipid metabolism and anti-oxidative potentials in elderly hyperlipoproteinemic patients treated with omega-3 fatty acids. *Z Gerontol.* 1994 May-Jun;27(3):204-7.

23. Kaul U, Sanghvi S, Bahl VK, Dev V, Wasir HS. Fish oil supplements for prevention of restenosis after coronary angioplasty. *Int J Cardiol.* 1992 Apr;35(1):87-93.

24. Will TJ, Logfrun RP, Nichol KL, Schorer AE, Crespin L, Downes D, Eckfeldt J. Fish oil supplementation does not lower plasma cholesterol in men with hypercholesterolemia. Results of a randomized, placebo-controlled crossover study. *Ann Intern Med.* 1989 Dec 1;111(11):900-5.

25. Harris WS, Dujovne CA, Zucker M, Johnson B. Effects of a low saturated fat, low cholesterol fish oil supplement in hypertriglyceridemic patients. A placebo-controlled trial. *Ann Intern Med.* 1988 Sep 15;109(6):465-70.

26. Cullinen K. Olive oil in the treatment of hypercholesterolemia. *Med Health R I.* 2006 Mar;89(3):113.

27. Cintra DE, Costa AV, Peluzio Mdo C, Matta SL, Silva MT, Costa NM. Lipid profile of rats fed high-fat diets based on flaxseed, peanut, trout, or chicken skin. *Nutrition.* 2006 Feb;22(2):197-205.

28. Vasil'ev AP, Strel'bova NN, Sekizova MA. Effect of omega-3 fatty acids on the serum lipid profile and microcirculation in patients with metabolic syndrome and hypertensive disease. *Klin Med (Mosk).* 2009;87(4):37-41.

29. Lin MH, Lu SC, Huang PC, Liu YC, Liu SY. The amount of dietary cholesterol changes the mode of effects of (n-3) polyunsaturated fatty acid on lipoprotein cholesterol in hamsters. *Ann Nutr Metab.* 2004 Sep-Oct;48(5):321-8.

30. Spiller GA, Jenkins DA, Bosello O, Gates JE, Cragen LN, Bruce B. Nuts and plasma lipids: an almond-based diet lowers LDL-C while preserving HDL-C. *J Am Coll Nutr.* 1998 Jun;17(3):285-90.

31. Neuvonen PJ, Kuusisto P, Vapaatalo H, Manninen V. Activated charcoal in the treatment of hypercholesterolemia: dose-response relationships and comparison with cholestyramine. *Eur J Clin Pharmacol.* 1989;37(3):225-30.

32. Tisdeler PV, Winston SH, Bell SM. Correlative studies of the hypocholesterolemic effect of a highly activated charcoal. *Methods Find Exp Clin Pharmacol.* 1987 Dec;9(12):799-806.

33. Kuusisto P, Vapaatalo H, Manninen V, Hutunen JK, Neuvonen PJ. Effect of activated charcoal on hypercholesterolemia. *Lancet.* 1986 Aug 16;2(8503):366-7.

34. Neuvonen PJ, Kuusisto P, Manninen V, Vapaatalo H, Miettinen TA. The mechanism of the hypocholesterolemic effect of activated charcoal. *Eur J Clin Invest.* 1989 Jun;19(3):251-4.

35. Theuvsissen E, Mensink RP. Water-soluble dietary fibers and cardiovascular disease. *Physiol Behav.* 2008 May 23;94(2):285-92. Epub 2008 Jan 5.

36. Brown L, Rosner B, Willett WW, Sacks FM. Cholesterol-lowering effects of dietary fiber: a meta-analysis. *Am J Clin Nutr.* 1999 Jun;69(1):30-42.

37. Streppe MT, Ocké MC, Boshuizen HC, Kok FJ, Kromhout D. Dietary fiber intake in relation to coronary heart disease and all-cause mortality over 40 years. *Am J Clin Nutr.* 2008 Oct;88(4):1119-25.

38. Davy BM, Davy KP, Ho RC, Beske SD, Davrath LR, Melby CL. High-fiber oat cereal compared with wheat cereal consumption favorably alters LDL-cholesterol subclass and particle numbers in middle-aged and older men. *Am J Clin Nutr.* 2002 Aug;76(2):351-8.

39. Ikegami S, Tomita M, Hara M, Mizukawa R, Yamaguchi R, Suzuki Y, Ishii K, Okawa S, Kiyooka N, Higuchi M, Kobayashi S. Effect of boiled barley-rye-feeding in hypercholesterolemic and normolipidic subjects. *Plant Foods Hum Nutr.* 1996 Jun;49(4):317-28.

40. Talati R, Baker WL, Pablonia MS, White CM, Coleman CI. The effects of barley-derived soluble fiber on serum lipids. *Ann Fam Med.* 2009 Mar-Apr;7(2):157-63.

41. Lupton JR, Robinson MC, Morin JL. Cholesterol-lowering effect of barley bran flour and oil. *J Am Diet Assoc.* 1994 Jan;94(1):65-70.

42. Xu Z, Hua N, Godber JS. Antioxidant activity of tocopherols, tocotrienols, and gamma-oryzanol components from rice bran against cholesterol oxidation accelerated by 2,2'-azobis(2-methylpropanoimidine) dihydrochloride. *J Agric Food Chem.* 2001 Apr;49(4):2077-81.

43. Zhang HW, Zhang YH, Li Tong WY, Cao J, Wang Y, Wang Y, Li Shi K, Ouyang M, Tashma Z, Katrich E, Feng S, Trakhtenberg S. Effect of boiled barley-rye-feeding in hypercholesterolemic and normolipidic subjects. *Plant Foods Hum Nutr.* 1996 Jun;49(4):317-28.

44. Lin LY, Peng CC, Yang YL, Peng RY. Optimization of bioactive compounds in buckwheat sprouts and their effect on blood cholesterol in hamsters. *J Agric Food Chem.* 2008 Feb 27;56(4):1216-23. Epub 2008 Jan 24.

45. McIntosh GH, Whyte J, McArthur R, Nestel PJ. Barley and wheat foods: influence on plasma cholesterol concentrations in hypercholesterolemic men. *Am J Clin Nutr.* 1991 May;53(5):1205-9.

46. Tinker LF, Davis PA, Schneeman BO. Prune fiber or pectin compared with cellulose lowers plasma and liver lipids in rats with diet-induced hyperlipidemia. *J Nutr.* 1994 Jun;124(1):10-6.

47. Tinker LF, Schneeman BO, Davis PA, Gallaher DD, Waggoner CR. Consumption of prunes as a source of dietary fiber in men with mild hypercholesterolemia. *Am J Clin Nutr.* 1991 May;53(5):1259-65.

48. Gallaher CM, Gallaher DD. Dried plums (prunes) reduce atherosclerosis lesion area in apolipoprotein E-deficient mice. *Br J Nutr.* 2009 Jan;101(2):233-9. Epub 2008 Sep 2.

49. Stacewicz-Sapuntzakis M, Bowen PE, Hussain EA, Damayanti-Wood BI, Farnsworth NR. Chemical composition and potential health effects of prunes: a functional food? *Crit Rev Food Sci Nutr.* 2001 May;41(4):251-86.

50. Gornstein S, Chatterjee A, Libman S, Chang HT, Huang D, Lerner M, Leontowicz M, Tashma Z, Katrich E, Feng S, Trakhtenberg S. Red grapefruit positively influences serum triglyceride level in patients suffering from coronary atherosclerosis: studies in vitro and in humans. *J Agric Food Chem.* 2006 Mar 8;54(5):1887-92.

51. Cerda JJ, Robbins FL, Burgin CW, Baumgartner TG, Rice RW. The effects of grapefruit pectin on patients at risk for coronary heart disease without altering diet or lifestyle. *Clin Cardiol.* 1988 Sep;11(9):589-94.

52. Backey PA, Cerda JJ, Burgin CW, Robbins FL, Rice RW, Baumgartner TG. Grapefruit pectin inhibits hypercholesterolemia and atherosclerosis in miniature swine. *Clin Cardiol.* 1988 Sep;11(9):597-600.

53. Lampe JW, Slavic J, Li L, Tong WY, Thompson GW, Decker EL, Szymura L. Effect of psyllium lipid and fecal bile acid changes with cereal, vegetable, and sugar-beet fiber feeding. *Am J Clin Nutr.* 1991 May;53(5):1235-41.

54. Anderson JW, Allgood LD, Turner J, Oeltgen PR, Daggy BP. Effects of psyllium on glucose and serum lipid responses in men with type 2 diabetes and hypercholesterolemia. *Am J Clin Nutr.* 1999 Oct;70(4):466-73.

55. Jenkins DJ, Kendall CW, Faulkner D, Vidgen E, Trautwein EA, Parker TL, Marchie A, Koumridis G, Lapsley KG, Josse RG, Leiter LA, Connelly PW. A dietary portfolio approach to cholesterol reduction: combined effects of plant sterols, vegetable proteins, and viscous fibers in hypercholesterolemic. *Metabolism.* 2002 Dec;51(12):1596-604.

56. Anderson JW, Gustaf B, Schmeeman BO, Bryant CA, Leontowicz M, Tashma Z, Katrich E, Feng S, Trakhtenberg S. Effect of carotid intima on cholesterol metabolism and on antioxidant status in cholesterol-fed rat. *Eur J Nutr.* 2003 Oct;42(5):254-61.

57. Zaleska-Fiolka J, Kasprzyk A, Kasprzyk S, Blaszczyk U, Birken E. Effect of garlic supplementation on erythrocyte antioxidant parameters, lipid peroxidation, and atherosclerotic plaque formation process in oxidized oil-fed rabbits. *Biol Trace Elem Res.* 2007 Winter;120(1-3):195-204.

58. Sobenin AV, Andrianova IV, Demidova ON, Gorchakova T, Orekhov AN. Lipid-lowering effects of time-released garlic powder tablets in double-blinded placebo-controlled J Atheroscler Thromb. 2008 Dec;16(6):334-8.

59. Reinhardt KR, Talati R, White CM, Coleman CI. The impact of garlic on lipid parameters: a systematic review and meta-analysis. *Nutr Rev.* 2009 Jun;22(1):39-48.

60. Augusti KT, Narayanan A, Pillai LS, Ebrahim RS, Sivadasan R, Sindhu KR, Subha I, Abdeen S, Nair SS. Beneficial effects of garlic (*Allium sativum* Linn.) on rats fed with diets containing cholesterol and either of the oil seeds, coconut or groundnuts. *Indian J Exp Biol.* 2001 Jul;39(7):660-6.

61. Gornstein S, Leontowicz H, Leontowicz M, Jastrzebski Z, Najman K, Tashma Z, Heo BG, Cho YJ, Park YJ, Trakhtenberg S. The influence of raw and processed garlic on rodents on plasma chloride and non-classical atherosclerosis indices: investigations in vitro and in vivo. *Phytother Res.* 2009 Oct 13. [Epub ahead of print]

62. Gabler NK, Osrowska E, Ismic M, Eagling DR, Jois M, Tatham BG, Dunshra FR. Dietary onion intake as part of a typical high fat diet improves indices of cardiovascular health using the mixed sex pig model. *Plant Foods Hum Nutr.* 2006 Dec;61(4):179-85.

63. Soudainik KK, Umrikhinska M, Soti KB, Kuttan R. Inhibition of lipid peroxidation and cholesterol levels in mice by curcumin. *Indian J Physiol Pharmacol.* 1992 Oct;36(4):239-43.

64. Mølgaard J, von Schenck H, Olsson AG. Alfalfa seeds lower low density lipoprotein cholesterol and apolipoprotein B concentrations in patients with type II hyperlipoproteinemia. *Atherosclerosis.* 1987 May;65(1-2):173-9.

65. Story JA, LePage SL, Petro MS, West LG, Cassidy MJ, Lightfoot FG, Vahouny GV. Interactions of alfalfa plant and sprout saponins with cholesterol in vitro and in cholesterol-fed rats. *Am J Clin Nutr.* 1984 Jun;39(6):917-29.

66. Tsi D, Tan BK. The mechanism underlying the hypocholesterolemic activity of aqueous celery extract, its butanol and aqueous fractions in genetically hypercholesterolemic RICO rats. *Life Sci.* 2001 Jan 14;66(8):755-67.

67. Tsi D, Das NP, Tan BK. Effects of aqueous celery (*Apium graveolens*) extract on lipid parameters of rats fed a high fat diet. *Planta Med.* 1995 Feb;61(1):18-21.

68. Tsi D, Tan BK. Effects of celery extract and 3-N-butylphthalide on lipid levels in genetically hypercholesterolemic (RICO) rats. *Clin Exp Pharmacol Physiol.* 1996 Mar;23(3):214-7.

69. Fujimura I, Geraldes SM, Ito LS, Matsuda CK, de Oliveira E, Povoia MF, Sclerarc EA, Zanotto A. Correlation between hypercholesterolemia and vitamin C deficient diet. *Rev Hosp Clin Fac Med Sao Paulo.* 1991 Jan-Feb;46(1):14-8.

70. Uchida K, Nomura Y, Takase H, Tasaki T, Seo S, Hayashi Y, Takeuchi N. Effect of vitamin C depletion on serum cholesterol and lipoprotein levels in ODS (oxidized oil) rats unable to synthesize ascorbic acid. *J Nutr.* 1990 Oct;120(10):1140-7.

71. Cey KF, Sistiéin HB, Fusch P, Evans A. Relationship of plasma level of vitamin C to mortality from ischemic heart disease. *Ann N Y Acad Sci.* 1987;498:110-23.

72. Ginter E, Zichyencová B, Holzerová O, Tichá E, Kobza R, Koziaková M, Černá O, Ozdín L, Hrubá F, Nováková V, Sasko E, Gaber M. Hypocholesterolemic effect of ascorbic acid in maturity-onset diabetes mellitus. *Int J Vitam Nutr Res.* 1978;48(4):368-73.

73. Ginter E, Černá O, Budlovský J, Baláz V, Hrubá F, Roch V, Sasko E. Effect of ascorbic acid on plasma cholesterol in humans in a long-term experiment. *Int J Vitam Nutr Res.* 1977;47(2):123-34.

74. Kaplan M, Hayek T, Raza, Coleman R, Dornfeld L, Vaya J, Aviram M. Pomegranate juice supplementation to atherosclerotic mice reduces macrophage lipid peroxidation, cellular cholesterol accumulation and development of atherosclerosis. *J Nutr.* 2001 Aug;131(8):2082-9.

75. Kamada C, da Silva EL, Ohnishi-Kameyama M, Moon JH, Terao J. Attenuation of lipid peroxidation and hyperlipidemia by quercetin glucoside in the aorta of high cholesterol-fed rabbit. *Free Radic Res.* 2005 Feb;39(2):185-94.

76. Ogino Y, Osada K, Nakamura S, Ohta Y, Kanda T, Sugano M. Absorption of dietary cholesterol oxidation products and their downstream metabolic effects are reduced by dietary apple polyphenols. *Lipids.* 2007 Mar;42(2):151-61.

77. Coburn HW, Sloop GD, PDAV Study. Glucose interaction magnifies atherosclerotic risk from cholesterol. Findings from the PDAV Study. *Atherosclerosis.* 2004 Jan;172(1):115-20.

78. Khan SR, Ayub N, Nawab S, Shamsi TS. Triglyceride profile in dyslipidaemia of type 2 diabetes mellitus. *J Coll Physicians Surg Pak.* 2008 May;18(5):270-3.

79. Griffin M, Frazer A, Johnson A, Collins P, Owens D, Tomkin GH. Cellular cholesterol synthesis—the relationship to post-prandial glucose and insulin following weight loss. *Atherosclerosis.* 1998 Jun;138(2):313-8.

80. Stinson JC, Owens D, Collins P, Johnson A, Tomkin GH. Hyperinsulinaemia is associated with stimulation of cholesterol synthesis in both type 1 and type 2 diabetics. *Diabet Med.* 1993;10(5):412-9.

81. Zavorani I, Bonini L, Fantuzzi M, Dall'Aglio E, Passeri M, Reaven GM. Hyperinsulinaemia, obesity, and syndrome X. *J Intern Med.* 1994 Jun;235(1):51-6.

82. Ladaei M, Adan L, Couto-Silva AC, Hiltner A, Guimarães AC. Lipid profile correlates with glycemic control in young patients with type 1 diabetes mellitus. *Prev Cardiol.* 2006 Spring;9(2):82-8.

83. Pettitt DB, Imperatore G, Palla SL, Daniels SR, Dolan LM, Kershner AK, Marcovina S, Pettitt DJ, Pihoker C, SEARCH for Diabetes in Youth Study Group. Serum lipids and glucose control: the SEARCH for Diabetes in Youth study. *Arch Pediatr Adolesc Med.* 2007 Feb;161(2):159-65.

84. Smith JB, Niven BE, Mann JI. The effect of reduced extrinsic sucrose intake on plasma triglyceride levels. *Eur J Clin Nutr.* 1996 Aug;50(8):498-504.

85. Winsa, Matson JE, Stampfer MJ, Holmes MD, Hu FB, Hankinson SE, Willett WC. Dietary glycemic load assessed by food-frequency questionnaire in relation to plasma high-density-lipoprotein cholesterol and fasting plasma triacylglycerols in postmenopausal women. *Am J Clin Nutr.* 2001 Mar;73(3):560-6.

86. Stanhope KL, Schwarz JM, Keim NL, Griffen SC, Bremer AA, Graham JL, Hatcher B, Cox CL, Dyachenko A, Zhang W, McEhan JP, Seibert A, Krauss RM, Chiu S, Schaefer EJ, Ai M, Otokozawa S, Nakajima K, Nakano T, Beyens C, Hellestein MK, Berghold L, Havel PJ. Consuming fructose-sweetened, not glucose-sweetened, beverages increases visceral adiposity and lipids and decreases insulin sensitivity in overweight/obese humans. *J Clin Invest.* 2009 May;119(5):1322-34.

87. Schaefer EJ, Gleason JA, Dansinger ML. Dietary fructose and glucose differentially affect lipid and glucose homeostasis. *J Nutr.* 2009 Jun;139(6):1257S-1262S.

88. Dhingra R, Sullivan L, Jacques PF, Wang TJ, Fox CS, Meigs JB, D'Agostino RB, Gaziano JM, Vasan RS. Soft drink consumption and risk of developing cardiometabolic risk factors and the metabolic syndrome in middle-aged adults in the community. *Circulation.* 2007 Jul 31;116(5):480-8.

89. Yaghoobi N, Al-Waili N, Ghayour-Mobarhan M, Parizadeh SM, Abbasali Z, Yaghoobi Z, Yaghoobi F, Esmaeili H, Kazemi-Bajestani SM, Aghazadeh R, Saloom KY, Ferns GA. Natural history and cardiovascular risk factors; effects on blood glucose, cholesterol, triacylglycerol, C-reactive protein, and body weight compared with sucrose. *ScientificWorldJournal.* 2008 Apr 20;8:463-9.

90. Friedlander Y, Aidi W, Sandor P, Peppas M, Golberger T, Vlassaras H. Diet-derived advanced glycation end products are major contributors to the body's AGE pool and induce inflammation in healthy subjects. *In vivo.* 2005 Jun;19(4):461-6.

91. Zhang WR, Hou FF, Liu SX, Guo ZJ, Zhou ZM, Wang BG, Fu N, Liu ZQ, Wang L, Zhou M. Advanced glycation end products accelerate atherosclerosis via enhancement of oxidative stress. *Zhonghua Yi Xue Za Zhi.* 2004 Jul 28;84(13):1066-72.

92. Makita Z, Yanagisawa K, Kuwajima S, Bucala R, Vlassara H, Koike T. The role of advanced glycosylation end-products in the pathogenesis of atherosclerosis. *Nephrol Dial Transplant.* 1996;11 Suppl 5:31-3.

93. Goldberg T, Cai W, Peppas M, Dardaine V, Baliga BS, Urbani R, Ghaffar J, Vlassaras H. Advanced glycation end products in commonly consumed foods. *J Am Diet Assoc.* 2006 Aug;104(8):1287-91.

94. Gugliucci A, Kotani K, Taing J, Matsuo Y, Sano Y, Yoshimura M, Egawa K, Horikawa C, Kitagawa Y, Kiso Y, Kimura S, Sakane N. Short-term low calorie diet intervention reduces serum advanced glycation end products in healthy overweight or obese adults. *Ann Nutr Metab.* 2009;54(3):197-201.

95. Sakata K, Matsumura Y, Yoshimura N, Tamaki J, Hashimoto T, Oguri S, Okayama A, Yanagawa H. Relationship between skipping breakfast and cardiovascular disease risk factors in the national nutrition survey data. *Nippon Koshu Eisei Zasshi.* 2001 Oct;48(10):837-41.

96. Boggioli H, Jeppesen HJ. Intervention in shift scheduling and changes in biomarkers of heart disease in hospital wards. *Scand J Work Environ Health.* 2004 Aug;30(4):233-8.

97. Ghiasvand M, Heshmat R, Golpira R, Haghanpanah V, Soleimani A, Shoushtariadeh P, Tavangar SM, Larjani B. Shift working and risk of lipid disorders: a cross-sectional study. *Lipids Health Dis.* 2006 Apr 10;5:9.

98. Copertaro A, Bracci M, Barbarelli M, Santarelli L. Role of waist circumference in the diagnosis of metabolic syndrome and assessment of cardiovascular risk in shift workers. *Med Lav.* 2008 Nov-Dec;99(6):444-53.

99. Dewailly P, Moulin S, Fievet C, Dedonder E, Sezille G, Jaillard J. Circadian meal-related changes in serum lipoprotein levels in normal subjects. *Nouv Presse Med.* 1981 May 23;10(23):1913-4, 1919-21.

100. Rössig B. The evening meal and atherosclerosis. *J Am Geriatr Soc.* 1978 Jun;26(6):284-5.

101. Kirby RJ, Howles PN, Hui DY. Rate of gastric emptying influences dietary cholesterol absorption efficiency in selected inbred strains of mice. *J Lipid Res.* 2004 Jan;45(1):89-98.

102. Murphy MC, Chapman C, Lovreggio VA, Isherwood SG, Morgan LM, Wright JW, Williams CM. Meal frequency, does it determine postprandial lipemia? *Eur J Clin Nutr.* 1996 Aug;50(8):491-7.

103. Sparks DL, Martin T, Stankovic G, Wagoner T, Van Andel R. Influence of water quality on cholesterol induced systemic pathology. *J Nutr Health Aging.* 2007 Mar-Apr;11(2):189-93.

104. Sparks DL, Lochteck J, Horstman D, Wagoner T, Martin T. Water quality has a pronounced effect on cholesterol-induced accumulation of atherosclerotic amyloid in the rabbit brain. *J Alzheimers Dis.* 2002 Dec;4(6):523-9.

105. Campbell NR, Wickert W, Wagner P, Shumak SL. Dehydration during fasting increases serum lipids and lipoproteins. *Clin Invest Med.* 1994 Dec;17(6):570-6.

106. Ishikawa-Takata K, Ohta T, Moritaki K, Gotou T, Inoue S. Obesity, weight change and risks for hypertension, diabetes and hypercholesterolemia in Japanese men. *Eur J Clin Nutr.* 2002 Jul;56(7):601-7.

107. Tressaco B, Moreno LA, Ruiz JR, Ortega FB, Bueno G, González-Gross M, Wärnberg J, Gutiérrez A, Garcia-Fuentes M, Marcos A, Castillo M, Bueno M, de la Hoya M, AENA study Group. Truncal and Abdominal Fat as Determinants of High Triglycerides and Low HDL-cholesterol in Adolescents. *Obesity (Silver Spring).* 2009 Jan 29.

108. Wiseman H. Vitamin D is a membrane antioxidant. Ability to inhibit iron-dependent lipid peroxidation in liposomes compared to cholesterol, ergosterol and tamoxifen and relevance to anticancer action. *FEBS Lett.* 1993 Jul 12;326(1-3):285-8.

109. Carbone LD, Rosenberg EW, Tolley EA, Holick MF, Hughes TA, Watsky MA, Barrow KD, Chen TC, Wilkin NK, Bhattacharya SK, Dowdy JC, Sayre MR, Weber KT. 25-Hydroxyvitamin D₃ cholesterol, and ultraviolet irradiation. *Metabolism.* 2008 Jun;57(6):741-8.

110. Grimes DS, Hinde E, Dyer T. Sunlight, cholesterol and coronary heart disease. *QJM.* 1996 Aug;89(8):579-89.

111. Lippi G, Schena F, Salvagno GL, Montagnana M, Ballesstreri F, Guidi GC. Comparison of the lipid profile and lipoprotein(a) between sedentary and highly fit individuals. *Ann Clin Biochem.* 2008 Jun;45(6):422-6.

112. Williams PT. Relationship of running intensity to hypertension, hypercholesterolemia, and diabetes. *Med Sci Sports Exerc.* 2008 Oct;40(10):1740-8.

113. Halverstad A, Phares DA, Wilund KR, Goldberg AP, Hagberg JM. Endurance exercise training raises high-density lipoprotein cholesterol and lowers small low-density lipoprotein and very low-density lipoprotein independent of body fat phenotypes in older men and women. *Metabolism.* 2007 Apr;56(4):444-50.

114. Shaw I, Shaw BS. Relationship between resistance training and lipoprotein profiles in sedentary male smokers. *Catabolism J Afr.* 2008 Jul-Aug;19(4):194-7.

115. Hata Y, Nakajima K. Life-style and serum lipids and lipoproteins. *J Atheroscler Thromb.* 2000;7(4):177-97.

116. Boreham CA, Kennedy RA, Murphy MH, Tully M, Wallace WF, Young L. Training effects of short bouts of stair climbing on cardiorespiratory fitness, blood lipids, and homocysteine in sedentary young women. *Br J Sports Med.* 2005 Sep;39(9):590-3.

117. Murphy M, Nevill A, Neville C, Biddle S, Hardman A. Accumulating brisk walking for fitness, cardiovascular risk, and psychological health. *Med Sci Sports Exerc.* 2002 Sep;34(9):1468-74.

118. Lefevre M, Redman LM, Heilbronn LK, Smith YJ, Martin CK, Rood JC, Greenway FL, Williamson DA, Smith SR, Ravussin E; Pennington CALERIE team. Caloric restriction alone and with exercise improves CVD risk in healthy non-obese individuals. *Atherosclerosis.* 2009 Mar;203(1):206-13.

119. Kuchdochter BK, Sodhi HS, Mason DT, Borhani NO. Effects of acute caloric restriction on cholesterol-metabolism in man. *Am J Clin Nutr.* 1977 Jul;30(7):1135-46.

120. Skripchenko ND, Sharafetdinov KhKh, Plotnikova OA, Meshcheriakova VA. Influence of caloric restriction diet on clinical and biochemical parameters in patients with type 2 diabetes mellitus. *Vopn Pitani.* 2002;71(4):13-7.

121. Kerkhofs M, Boudjelita KZ, Stenuit P, Brohée D, Cauchie P, Vanhaebeeck M. Sleep restriction increases blood neutrophils, total cholesterol and low density lipoprotein cholesterol in postmenopausal women: A preliminary study. *Maturitas.* 2007 Feb 20;56(2):212-5.

122. Bjorvatn B, Sagstam JM, Oygane N, Wages S, Fetveit A, Pallesen S, Trisli R. The association between sleep duration, body mass index and metabolic measures in the Hordaland Health Study. *J Sleep Res.* 2007 Mar;16(1):66-76.

123. Kerkhofs M, Boudjelita KZ, Stenuit P, Brohée D, Cauchie P, Vanhaebeeck M. Sleep restriction increases blood neutrophils, total cholesterol and low density lipoprotein cholesterol in postmenopausal women: A preliminary study. *Maturitas.* 2007 Feb 20;56(2):212-5.

124. van den Berg JF, Miedema HM, Tulen JH, Neven AK, Hofman A, Wittman JC, Tiemeier H. Long sleep duration is associated with serum cholesterol in the elderly: the Rotterdam Study. *Psychosom Med.* 2008 Nov;70(9):1005-11.

125. Kaneita Y, Uchiyama M, Yoshikie N, Ohida T. Associations of usual sleep duration with serum lipid and lipoprotein levels. *Sleep.* 2008 May;31(5):645-52.

126. Kitano-Higashiguchi K, Morikawa Y, Miura K, Sakurai M, Ishizaki M, Kido T, Naruse Y, Nakagawa H. Burnout and Risk Factors for Arteriosclerotic Disease: Follow-up Study. *J Occup Health.* 2009;51(2):123-31.

127. Watoo FH, Memon MS, Memon AN, Watoo MH, Tirmizi SA, Iqbal J. Estimation and correlation of stress and cholesterol levels in college teachers and housewives of Hyderabad-Pakistan. *J Pak Med Assoc.* 2008 Jun;58(1):15-8.

128. Muldoon MF, Bachan EA, Manuck SB, Waldstein SR, Bricker PL, Bennett JA. Acute cholesterol responses to mental stress and change in posture. *Arch Intern Med.* 1992 Apr;152(4):775-80.

129. Berk L. Laughter May Lower Heart Attack Risk in Diabetics. *HealthDay News.* Friday, April 17, 2009.

130. Friedlander Y, Kark JD, Stein Y. Religious observance and plasma lipids and lipoproteins among 17-year-old Jewish residents of Jerusalem. *Prev Med.* 1987 Jun;16(1):70-9.

131. Friedlander Y, Kark JD, Kaufmann NA, Stein Y. Coronary heart disease risk factors among religious groupings in a Jewish population sample in Jerusalem. *Am J Clin Nutr.* 1985 Sep;42(3):511-21.

132. Holy Bible, Matthew 11:28, King James Version.

If you desire to support this health ministry donations may be sent to:
 Northern Lights Health Education,
 P.O. Box 752
 Skowhegan, ME 04976