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Does High Cholesterol REALLY Cause Heart Disease?

Posted by: [Dr. Mercola](#)

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An Interview with [Uffe Ravnskov, MD, PhD](#)

When did you begin to suspect that the cholesterol theory of atherosclerosis might be wrong? What led you to this conclusion? Before then, had you believed in the cholesterol theory? Was this part of your training?

I have never thought that it was true. I heard about it for the first time in 1962 shortly after getting my MD. My biochemical knowledge was still intact at that time and I knew that cholesterol was one of the most important molecules in your body, indispensable for the building of your cells and for producing stress and sex hormones as well as vitamin D.

The idea that cholesterol in the blood should kill us if its concentration is a little higher than normal, as they wrote in the Framingham paper, seemed to me just as silly as to claim that yellow fingers cause lung cancer.

Would you tell my readers about your training, publications, university appointments, other professional activities?

The first seven years as a doctor I worked in different medical departments in Denmark and Sweden. In 1968 I started my academic career at the Department of Nephrology, University Hospital in Lund, where I got my PhD. After a few years I organized a research team to investigate the association between hydrocarbon exposure and glomerulonephritis

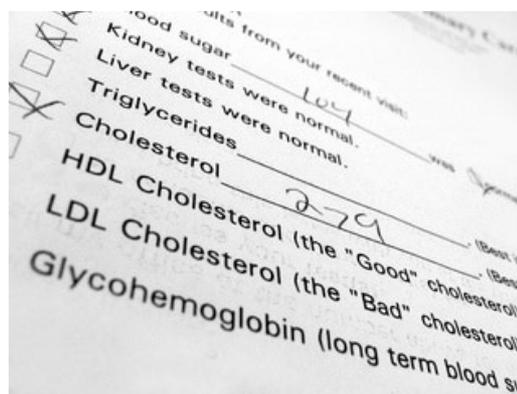
Unfortunately I caught one of my coworkers in producing a fraudulent paper. It was unfortunate, because it is risky to be a whistleblower in the academic world. Instead of excluding the fraudulent researcher it was *my* research that was questioned. The resistance against my research from my superiors became intolerable, and I therefore decided to go into private practice.

Nevertheless I succeeded in publishing the main part of my research in major medical journals after having left the department. I have summarized [my findings and conclusions](#) on the web as well.

In the late eighties the cholesterol campaign was started in Sweden. I was very surprised because I couldn't recall anything in the scientific literature in support of it. I started reading it systematically, and I soon realized that I was right.

Since then I have published about eighty papers and letter, and also books, translated into five languages, where I present my arguments and criticism.

How has your work been received by your colleagues; by healthcare professionals and consumers around the world?



In the beginning nobody took notice. To ignore criticism is the most effective way to maintain a false idea. My first book was published in Sweden in 1991 with a Finnish edition shortly afterwards. The Swedish one made no impact whatsoever, and the Finnish one was put on fire in a television show.

Ridicule and slander have been used as well, as a means to muffle me

After I had aired my warnings against statin treatment in Dutch television, for instance, Dutch researchers described me in a following show as a crackpot who had been kicked from the universities of Copenhagen and Lund. The directors of the show offered my critics a possibility to discuss the issue with me on television, but all of them declined. On his blog, Michael Eades has described how one of them later on belittled me in a scientific paper.

But I have also realized that I am not alone.

Seven years ago I started THINCS, The International Network of Cholesterol Skeptics (www.thinCs.org), which by now includes about eighty doctors, professors and other researchers from all over the world, who share my skepticism, and I have received two international awards for my contributions.

Also encouraging is the hundreds of emails that I receive every year from patients, who have regained their health after having stopped their cholesterol-lowering treatment.

Your work seems to validate what many integrative health care professionals have been saying for decades. How does the alternative community respond to you?

There is a much more open attitude from these people.

If the cholesterol hypothesis is an error, does this mean that all of its therapies – low cholesterol diet, cholesterol lowering natural therapies and medications -- are wrong?

Absolutely. This kind of treatment is meaningless, costly, and has transformed millions of healthy people into patients.

Specifically, what are your views on statins?

Their benefit is trivial, and has been seen only in male patients who already have heart disease.

Worse is that their many adverse effects are ignored or cleverly belittled by the trial directors. Independent researchers have found many more and in much higher numbers. If they are true it means that today millions of previously healthy people probably consider their weak and painful muscles, their bad memory, their sexual failure, and their cancer to be a consequence of increasing age, and so do their doctors.

The risk of cancer is most alarming. Both animal experiments, epidemiological studies and several of the statin trials have shown that low cholesterol predisposes to cancer.

The widespread use of statin treatment probably explains why the decrease of the smoking habit that has been going on in many countries hasn't been followed by a decrease of cancer mortality. We should have seen a decrease because smoking predispose not only to bronchial cancer, but to all kinds of cancer.

Drug companies market vigorously the highest, strongest doses of statins. Lipitor is pushed at the highest dosage, 80 mg. This dosage is the most powerful for lowering cholesterol and LDL, but it also causes more adverse effects and costs more than lower doses. What are your thoughts about this?

The outcome from these trials is a further demonstration that the small benefit from statin treatment has nothing to do with cholesterol.

For instance, although cholesterol plummeted and remained at about 50 percent below the initial value during the whole SEAS trial, it did not change mortality, but it increased the number of cancer with statistical significance.

Even worse was the result of the ENHANCE trial, where atherosclerosis in patients with familial hypercholesterolemia *progressed the most* among those whose cholesterol was *lowered the most*.

If statins can be helpful in reducing the incidence of heart attacks, who should take them?

In my view, nobody.

When I was practicing, I used to describe the benefit in this way: Considering your age and your previous heart attack, your chance to be alive in five years is about 90 percent. You can increase that chance to 92 percent if you take a statin pill every day, but then you may also expose yourself to its many adverse effects.

From the data I have seen, statins have not produced a reduction in overall cardiac deaths. Do you have any idea of why this is?

You are right. Heart mortality in Sweden is going downwards, but the reduction started already in the 1960's. The cause is most probably that treatment of acute myocardial infarction has improved, because the mortality curve has not changed after the introduction of the statins.

The reason may be that their small benefit is counteracted by an increasing frequency of heart failure.

As you know, the statins block not only the synthesis of cholesterol, but also of other vital molecules, for instance coenzyme Q10, and muscle cells, including those of the heart, can't function properly without Q10.

Do you think mainstream medicine will ever relinquish its view that elevated cholesterol causes heart disease, and that statins are the magic bullet?

I hope so. The failures of the most recent statin trials have been commented on by several journalists in the major U.S. newspapers. In Sweden a revolution is going on. Here, a general practitioner treated her own obesity successfully by eating a low-carbohydrate diet with a high content of animal fat. When she advised her obese and diabetic patients to do the same, she was reported to the National Board of Health and Welfare for malpractice.

After a two-year-long investigation she was acquitted, as her treatment was considered to be in accord with scientific evidence.

At the same time, the Board dismissed two experts, who had been appointed for updating the dietary recommendations for diabetics, because it came up that they were sponsored by the food industry. Instead the Board has asked independent researchers to review the scientific literature.

The subject has gained general attention due to a number of radio and television shows, where critical experts including myself have discussed the issue with representatives of the official view.

Most important, thousands of patients have experienced themselves that by doing the *opposite* as recommended by the current guidelines they have regained their health!

The effect has been that the sales of butter, cream, and full-fat milk are increasing in Sweden after many years of decline, and a recent poll showed that a majority of Swedish people today think that the best way of losing weight is by a low-carbohydrate, fat-rich diet.

Further progress was achieved this spring. Several times, colleagues of mine and also I, have asked the Swedish Food Administration for the scientific basis of their warnings against saturated fat. We have been met with the argument that there are thousands of such studies, or by referrals to the WHO guidelines or the Nordic Nutrition Recommendations.

As the main argument in the latter two -- that saturated fat raises cholesterol -- we were not satisfied with their answer, and finally the Food Administration published a list with 72 studies that they claimed were in support of their view on saturated fat, and twelve that were not.

We scrutinized the lists and found that *only two of the 72 studies supported their standpoint*, eleven studies did not concern saturated fat at all, and the unsupportive list was incomplete, to put it mildly.

We published a short report with our comments to these lists in the Swedish medical journal *Dagens Medicin*. A response from the Food Administration appeared seven weeks later in which they pointed out that their recommendations were directed to healthy people, not to patients. They maintained that they were based on solid scientific evidence, without mentioning anything about saturated fat, and without answering our critical comments.

But this is not all. Earlier this year [Sachdeva et al](#) reported that the mean cholesterol in 137,000 patients with acute myocardial infarction was lower than normal.

As usual, the authors didn't understand their own findings, but concluded that cholesterol should be lowered even more. A few months later [Al-Mallah et al](#) came up with the same result and conclusion, although they also reported that three years later, *mortality was twice as high* among those who had been admitted with the *lowest cholesterol*.

These results created a fierce debate in one of the major Swedish newspapers. It was opened by ninety-one-year old Lars Werkö, the 'Grand Old Man' in Swedish medical science, retired professor in internal medicine and former head of The Swedish Council on Technology Assessment in Health Care, together with Tore Scherstén, retired professor in surgery and former secretary of the Swedish Medical Research Council.

"Now it is time to sack the cholesterol hypothesis and to investigate the reason of this scientific breakdown" they wrote.

They also criticized American researchers in AHA and NHLBI and their followers for sloppy and fraudulent science.

They were of course attacked by two professors and representatives of the current view, but none of them came up with any substantial evidence, only with personalities.

Are there other risk factors that should be followed? Such as: C-reactive protein, fibrinogen, homocysteine, lipoprotein A... Any other factors?

Such analyses may be helpful for doctors to put the right diagnosis in patients with a disease of unknown origin.

But to check healthy people's blood to find deviations from normal is the freeway to unnecessary medication.

Are there other alternative therapies besides statins that people might consider?

There is no reason for healthy people to take drugs, or anything else to prevent heart disease, as long as we do not know the very cause.

Don't forget that people who die from a myocardial infarction have on average lived just as long as other people. In my talks I used to ask people, who put the same question to me, if they know a better way of dying?

What diet do you recommend people follow?

I do not give medical advice to people I haven't seen and examined myself, and as I am retired, it means that I give no advice at all except to my family and nearest friends. I inform people by writing and lecturing. Then they have to decide themselves what to do.

In 20 years, do you expect changes in how we view heart disease, its causes and treatments?

I am confident that we will see a change in the next few years. There is a growing skepticism among medical scientists. What is happening in Sweden these days may hopefully inspire researchers in other countries to air their skepticism openly.

Recently, experts selected by WHO and FAO published a [new report](#) . Here the authors concluded that there was *no satisfactory or reliable evidence to support the idea that saturated fat causes heart disease, or diabetes or obesity.*

A revolutionary change of direction, you may say. However, they did not change their recommendations!

Together with Kilmer McCully, the discoverer of the association between homocysteine and atherosclerosis, I have presented [another hypothesis](#) (You can [read that paper in its entirety at this link.](#))

We think this hypothesis is much more likely because we are able to explain the many observations that do not fit with the present one.

Finally, I assume that much of what I have mentioned here may seem incredible, but all the facts, including references to the scientific literature, are available in my new book [Fat And Cholesterol Are GOOD For You!](#)

About Uffe Ravnskov, MD, PhD:

Dr. Ravnskov graduated from the University of Copenhagen with an M.D in 1961.

1961-1967: Various appointments at surgical, roentgenological, neurological, pediatric and medical departments in Denmark and Sweden.

1968-1979: Various appointments at the Department of Nephrology, and the Department of Clinical Chemistry, University Hospital, Lund, Sweden.

1979-2000: A private practitioner and independent researcher, specializing in internal medicine and nephrology. Honored with the Skrabanek Award 1998, and author of: [The Cholesterol Myths](#).

For more information, see [Dr. Ravnskov's Web site](#).

Related Links:

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- » [The Truth About Cholesterol-Lowering Drugs \(Statins\), Cholesterol and Health](#)
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