

# THE SURPRISING BENEFITS OF CHOLESTEROL AND THE HARM CAUSED BY LOW FAT DIETS

Presented by

**David Getoff, CCN, CTN, FAAIM**

**Vice President:**

**Price Pottenger Nutrition Foundation (ppnf.org)**

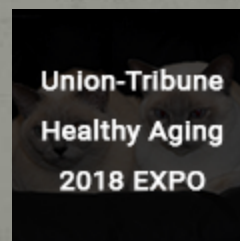
**<https://naturopath4you.com> or simply**

**<https://DavidGetoff.com>**

**Town and Country Convention Center**

**2019 Successful Aging Expo**

**San Diego Union-Tribune**

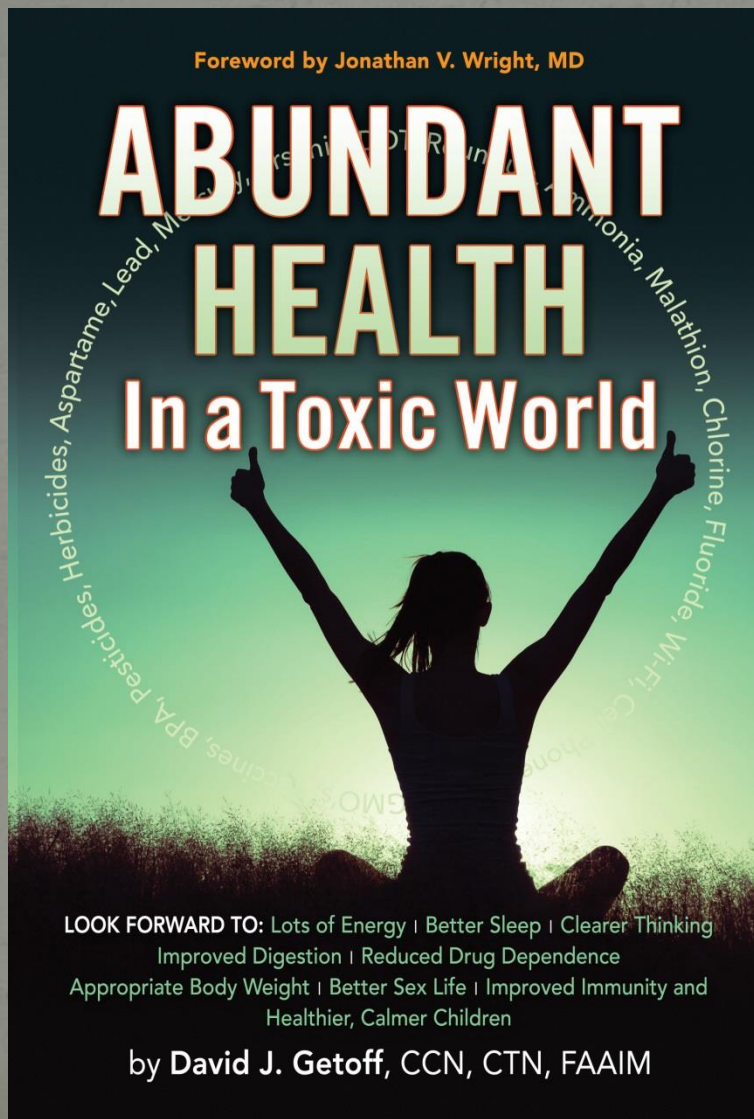


# My 10 week 30 hour health class

- ❖ I have been teaching a 10 week class titled **Attaining Optimal Health** for the past 25 years
- ❖ My class covers diet, nutritional supplements, protein, fats and oils, blood sugar control, vaccinations, environmental health issues, healthy soaps/cleansers/shampoos lotions, dental health, and a whole lot more.
- ❖ For more information on my class, either the call Price Pottenger Foundation at 619-462-7600 or
- ❖ Go to my website, the information is under **Additional Resources** near the top right of each page in the classes, seminars, etc. area



# My book is available from Amazon



## ABUNDANT HEALTH In a Toxic World

The American Cancer Society, the American Heart Association and others all claim that their diseases are mainly caused by diet, nutrition, lifestyle and toxic exposures. Sadly, they would rather send you for drugs and surgery than addressing these causes. If you are someone who would rather eliminate the causes and watch the symptoms go away by themselves, this book is for you. David specializes in reducing or eliminating causes to help his patients and students improve their health. Drugs are generally suppressors of symptoms while the condition gets worse.

"David Getoff is first an original thinker and is a well-respected nationally known clinician. I have had the pleasure of knowing him for 15 years. He approaches health education with both dedication to the well-being of his patients and with an adherence to scientific principles. The science is clear, we are all poisoned to varying degrees by our toxic environment."

..... ~ **Steven Haltiwanger, MD, CCN** .....

"About twenty years ago I witnessed an elderly next door neighbor of mine make an amazing recovery from a serious form of cancer that was resistant to medical treatment. That's how I initially found out about David Getoff. She was a patient of David's."

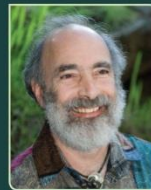
..... ~ **Layne Golan, MD** .....

"This book could be your life changer because it contains solid information and strategies to regain and maintain your optimum health. It did for me."

..... ~ **David M. Corbin, Author of ILLUMINATE THE NEGATIVE** .....

"David cuts through confusing health food hype to provide easy-to-use information for people whether they are very ill or seeking better health. More than detoxification, David Getoff shows us how to rebuild the brilliant life force that is our birthright."

..... ~ **Amanda McQuade Crawford, MA, Dip. Phyto., RH (AHG), MNMIM, MNZAMH, MCPP** .....



**The Detox Professor™**, David Getoff is a nationally Board Certified Clinical Nutritionist, and Traditional Naturopath. He is an elected member of both the American College of Nutrition and the International College of Integrative Medicine. Most importantly, David is a voracious learner, attending and lecturing at scientific conferences around the U.S. This keeps him up to date with cutting edge information which often takes decades to reach the medical profession and the public. David has been helping his patients and students improve their health for over 25 years.

authorHOUSE®



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# Cholesterol is very misunderstood

- ❖ Cholesterol is like firemen, it is brought onto the scenes of the inflammation which can cause heart disease
- ❖ Like firemen, it has been brought in to help -- to patch the blood vessels that are being damaged by:
  - The chlorine & fluoride in our water
  - The oxidized polyunsaturated fats in our diet
  - The inflammatory toxic cleansers we use in our homes
  - The inflammatory preservatives in our foods
  - The preservatives in our soaps, shampoos & toothpastes
  - The solvents and pollutants in our air
  - The inflammatory effects of our wireless technologies
  - Our antioxidant deficiencies of A,C,D, and E complex



# The amount of cholesterol in our food has been shown to be meaningless

- ❖ After hundreds of published scientific research studies, the facts are now totally overwhelming
- ❖ Dietary cholesterol does not matter AND
- ❖ Neither do total or LDL blood cholesterol levels
- ❖ Just a few of the numerous excellent books on this subject, many written by physicians, include-



# Cholesterol is Not the Culprit

A Guide to Preventing Heart Disease



Fred A. Kummerow, Ph.D.  
with Jean M. Kummerow, Ph.D.

# Cholesterol and Saturated Fat Prevent Heart Disease

Evidence From 101 Scientific Papers



David Evans

# LIPITOR® THIEF OF MEMORY

Statin Drugs  
and the Misguided War  
On Cholesterol

BY DUANE GRAVELINE, M.D.

INTRODUCTION BY KILMER S. MCCULLY, M.D.

FOREWORD BY JAY S. COHEN, M.D.

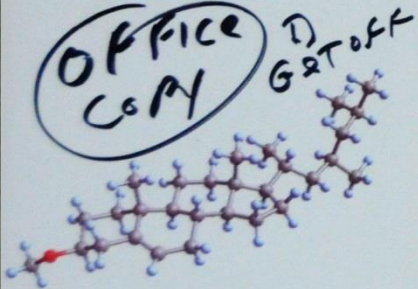
# The Statin Damage Crisis

By Duane Graveline M.D.



# The Cholesterol Myths

EXPOSING THE FALLACY  
THAT SATURATED FAT AND CHOLESTEROL  
CAUSE HEART DISEASE



Uffe Ravnskov, MD, PhD

"This book confirms a nagging fear that the current cholesterol obsession may be utterly misguided"

Tony Copperfield, Medical Editor,  
Doctors Magazine

# the Great Cholesterol Con

THE TRUTH ABOUT WHAT REALLY CAUSES HEART  
DISEASE AND HOW TO AVOID IT

DR MALCOLM KENDRICK

# The Cholesterol Conspiracy

by  
Russell L. Smith, Ph.D.  
in consultation with  
Edward R. Pinckney, M.D.

"Saturated fat and cholesterol in the diet are not the cause of coronary heart disease. That myth is the greatest scientific deception of this century, perhaps of any century."

George V. Mann, M.D.

# CHOLESTEROL CLARITY

WHAT THE HDL IS WRONG  
WITH MY NUMBERS?





Jimmy Moore  
with Eric C. Westman, MD

New York Times best-selling author of *The New Atkins for a New You*



# Some of the best websites include

- ❖ <http://thincs.org>
- ❖ <https://spacedoc.com>
- ❖ <https://DavidGetoff.com>
- ❖ And the section on fats, oils and cholesterol on my web site which  
- ❖ Contains some excellent articles, most are written by MD's and some even by enlightened cardiologists

# Dr. Graveline, MD - NASA flight surgeon

- ❖ When I graduated from medical school in 1955, cholesterol was a regular blood constituent with a normal range of 100 - 300 mg/dl. Now the upper limit of normal for this completely innocent substance has become 200mg/dl and many want it even lower
- ❖ The food industry saw millions to be made from conjuring up low cholesterol foodstuffs while the pharmaceutical industry was giddy at the prospect of developing cholesterol lowering drugs from which they would make fortunes. Even doctors were excited about another chronic disease to treat.
- ❖ This turned out to be one huge con-job **in which cholesterol was innocent. Inflammation is the cause of atherosclerosis**
- ❖ If you want to screen for something, screen for hs-CRP. If too high, it indicates arterial inflammation and a higher risk for atherosclerosis.”



# Little Change Between 160 and 265!

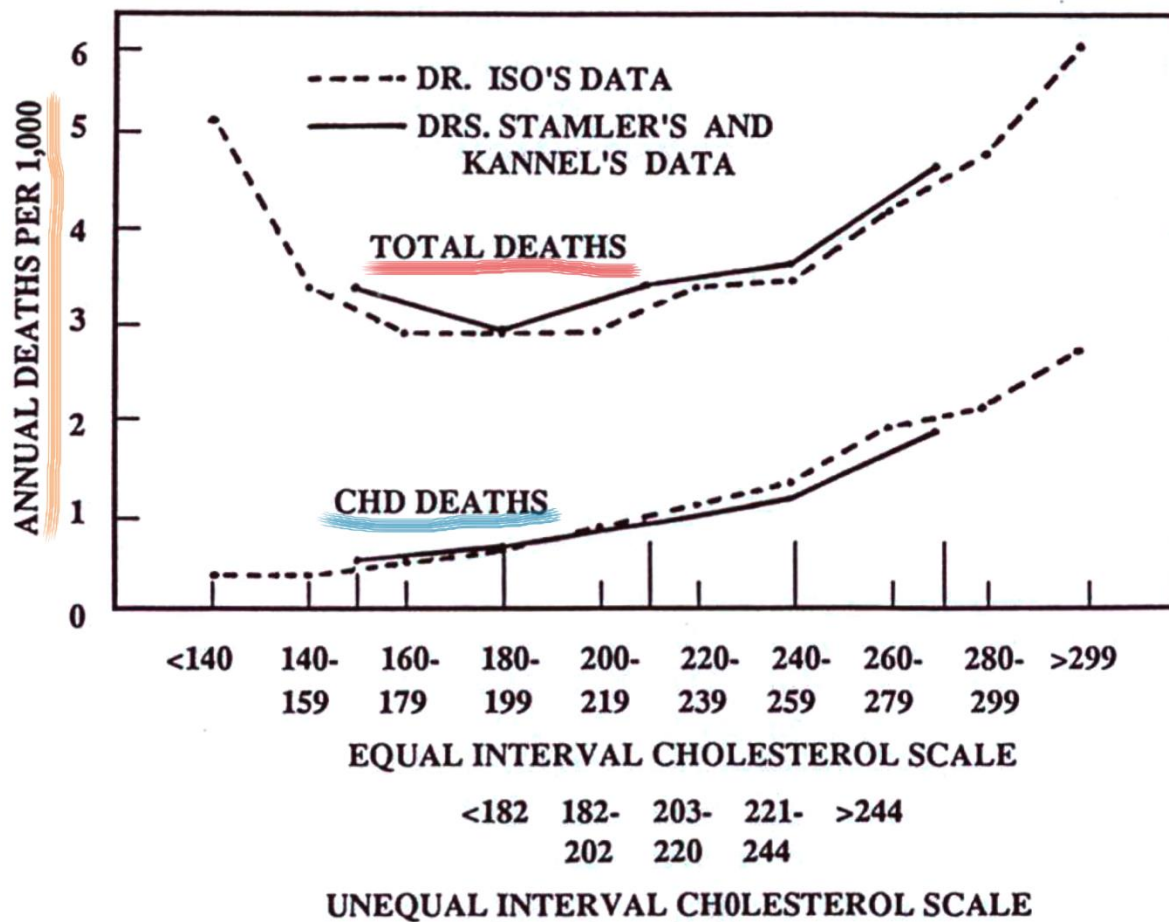


Figure 6-2. Total and CHD death rates plotted in terms of equal and unequal interval scales (adapted from Stamler et al.,<sup>263</sup> Kannel et al.<sup>527</sup> and Iso et al.<sup>1866</sup>).

Increased from 3 to 4 **total deaths** per 1000 from 160 to 279mg/dl of cholesterol

The same range in **CHD DEATHS** went from ~ 1/2 death to 1 death

These differences are about 1/10<sup>th</sup> of 1 percent

**Absolute versus relative risk is VERY IMPORTANT – for example with**

**1/1,000 to 2/1,000 it is a 100% relative increase but actually it's 1/10<sup>th</sup> of 1% per 1000 deaths. Even if it were per 100 deaths it would be a 1% increase at 1 in 100 to 2 in 100.**

They report it as a doubling to totally mislead and scare the public into a statin Rx

The drug companies don't want you to know that this was proven and released to the public



## **Scientific Report of the 2015 Dietary Guidelines Advisory Committee**

**Advisory Report to the Secretary of Health and Human Services  
and the Secretary of Agriculture**

**Cholesterol. Previously, the Dietary Guidelines for Americans recommended that cholesterol intake be limited to no more than 300 mg/day. The 2015 DGAC will not bring forward this recommendation because available evidence shows no appreciable relationship between consumption of dietary cholesterol and serum cholesterol, consistent with the conclusions of the AHA/ACC report. 2, 35 646 Cholesterol is not a nutrient of concern for over-consumption. PS. AHA ACC is the American Heart Association and the American College or Cardiology**



# Adequate cholesterol is essential for memory and muscle function

- Numerous published studies have proven that total cholesterol levels below 240-265ng/dl are associated with decreased:
  - Overall lifespan
  - Healthy muscle (including heart) function
- And with increased:
  - Dementia of all types and Alzheimer's disease
  - Hormonal imbalance (it is used to make sex hormones)
  - Anxiety and depression (hormone disruption)
  - Seizures disorders
  - Neurological conditions

# Cholesterol levels in women

- The published medical research on the benefits of higher cholesterol levels in women 55 and older, is so clear, that it should be illegal for any physician to put a woman over 55 on a cholesterol lowering drug
- In my classes I teach that the two best ways to make certain that you will lose your memory sooner than you would have, are to either eat a low Good fat and high Bad fat diet or to be taking cholesterol lowering drugs
- Doing both together is far worse
- Beatrice Golomb MD, PhD UCSD medical center is one of the scientists who has investigated this and the Statin/drug/dementia link for years. You should watch---
- Dr. Mercola Interviews Dr. Beatrice Golomb on Big Pharma 7 part series on YouTube



# What has a high starch & sugar & low fat diet been shown to accomplish?

- Huge increase in numerous hormonal disorders
- Massive increase in numerous skin conditions
- Massive increase in emotional disorders and ADD/ADHD
- Increased cancer rates
- Increased diabetes rates
- Increased obesity rates and an inability to lose weight
- Increased heart disease rates
- Aggravates all neurological diseases and seizure disorders which was how the Ketogenic diet was discovered decades ago as it greatly reduced seizures in epileptics
- Which fats are the healthy ones and which are the harmful ones and how do we know for sure?

# These healthy fats were used for centuries before our epidemic of heart disease

- ✓ Coconut oil
- ✓ Palm fruit oil
- ✓ Butter (from grass fed cows)
- ✓ Ghee (from grass fed cows)
- ✓ Lard (from heirloom and pasture raised pigs)
- ✓ The skin, fats, and butterfat in and on the dairy or meats from pasture raised organic beef, lamb, eggs, and poultry
- ✓ All preferably organic of course
- ✓ And of course the anti-inflammatory fats in wild caught fish like salmon and sardines



# The much newer unhealthy fats which are now known to raise disease risks

- ❖ Canola oil (always made by genetic manipulation)
- ❖ Soybean oil (most is also from GMO soybeans)
- ❖ Corn oil (most is also from GMO corn)
- ❖ Cottonseed oil (very heavily sprayed – not a food crop)
- ❖ Vegetable oil (huh, there is no such vegetable, so this is when they want to hide the cheapest oil they can package for us this month)
- ❖ All of these are processed at high temperatures and turn rancid, and then are heated even higher in a deodorization facility to burn off the smell that indicates they are now harmful and should not be consumed

# Fat is our best blood sugar normalizer

- A low fat meal means we will be hungry sooner
- Eating many meals does not give the body the regeneration and repair time it was meant to have between the 2 or 3 meals we were designed to eat
- Fat is required to nourish our brain and nerve cells
- Fats and cholesterol nourish the myelin sheath to protect our nervous system and reduce our risk for numerous neurological conditions like Multiple Sclerosis



# Fat is our best energy equalizer

- The human body can derive energy from either sugar and starch or from fats and oils (which supply ketones)
- If it is from sugar and starch:
  1. it is short term and requires frequent replenishment
  2. It does not give adequate rest time between meals
  3. It forces the pancreas to work harder than it was meant to in order to produce insulin to try to hold our blood sugar level
  4. With an overworked pancreas, we are far more likely to develop diabetes, pancreatitis, and pancreatic cancer as we get older

# Some great books to read on fats & oils but also on attaining good health

- The Big Fat Surprise by Nina Teicholz
- Eat Fat Get Thin by Mark Hyman, MD
- The Paleo Cardiologist by Jack Wolfson, DO
- Misguided Medicine by Colin Champ, MD
- I recommend that you read all four as the knowledge could change the outcome of your health for the rest of your life and the lives of your loved ones
- If you would rather sit and listen than read a book many are on Audible.com as audio books **OR**
- My 10 week course has been taught twice a year for over 25 years. Go to [PPNF.org](http://PPNF.org) for more information



# Why do I say starch not carbohydrate?

What do all these foods have in common?



Adzuki Beans



Heirloom Barley



Pearl Barley



Black Quinoa

# Let's see what our low fat, high starch & sugar diet has done to obesity in the U.S. **in just 30 years**

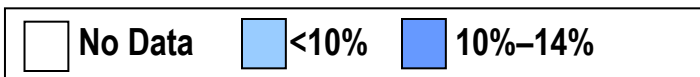
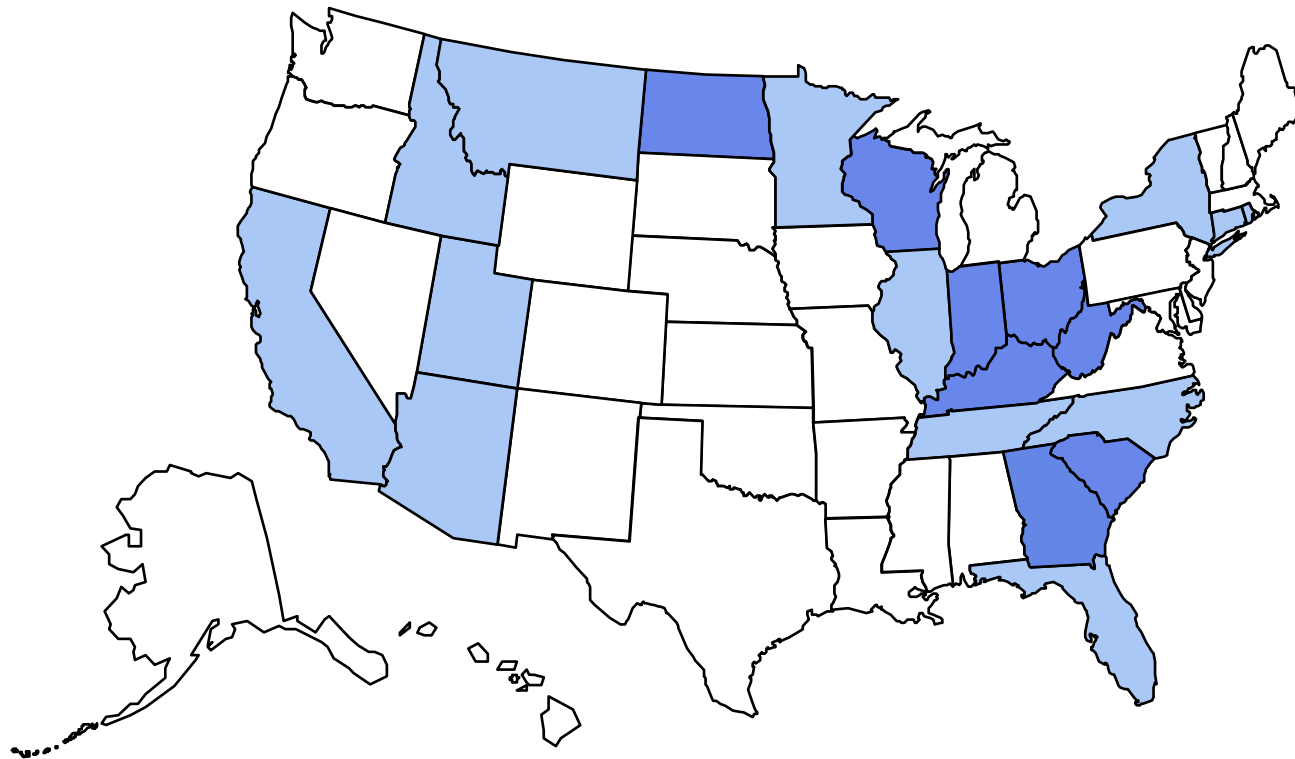
- From 1985 through 2014 the United States Government Centers for Disease Control (CDC) carried out a huge comprehensive study all across the U.S.
- As more and more people have been listening to their physicians, dieticians and the media about eating less fats, switching away from saturated fats, and eating more whole grains and fruit--they wanted to keep track of the benefits that we all received from these changes
- **Since obesity is linked to numerous diseases, they decided it would be a good marker to keep track of from year to year as the majority of us (But not my patients) followed more and more of these recommendations.**
- **So what happened????** 🙄 🙄 🙄 🙄



# Obesity Trends\* Among U.S. Adults

## BRFSS, 1985

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



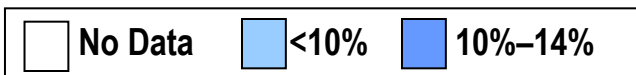
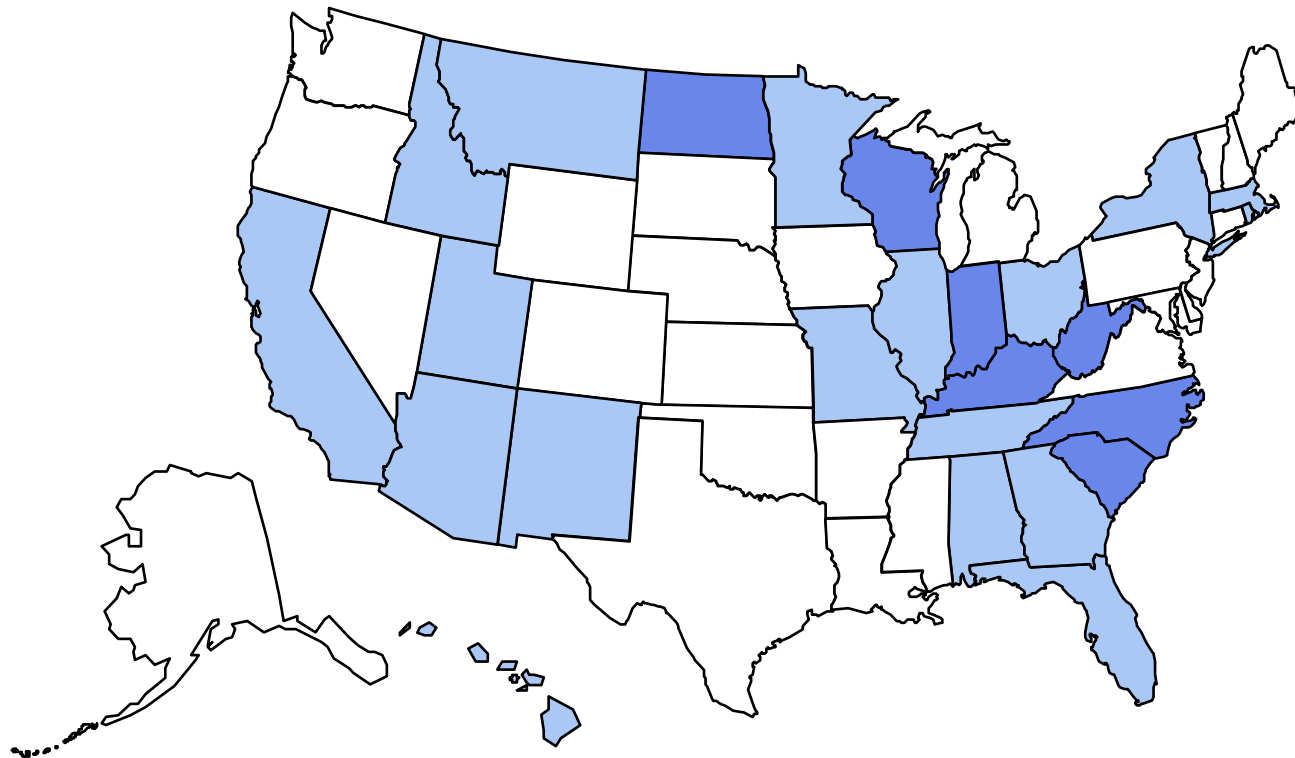
Source: Behavioral Risk Factor Surveillance System, CDC.



# Obesity Trends\* Among U.S. Adults

## BRFSS, 1986

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



Source: Behavioral Risk Factor Surveillance System, CDC.

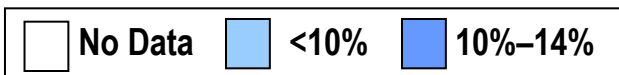
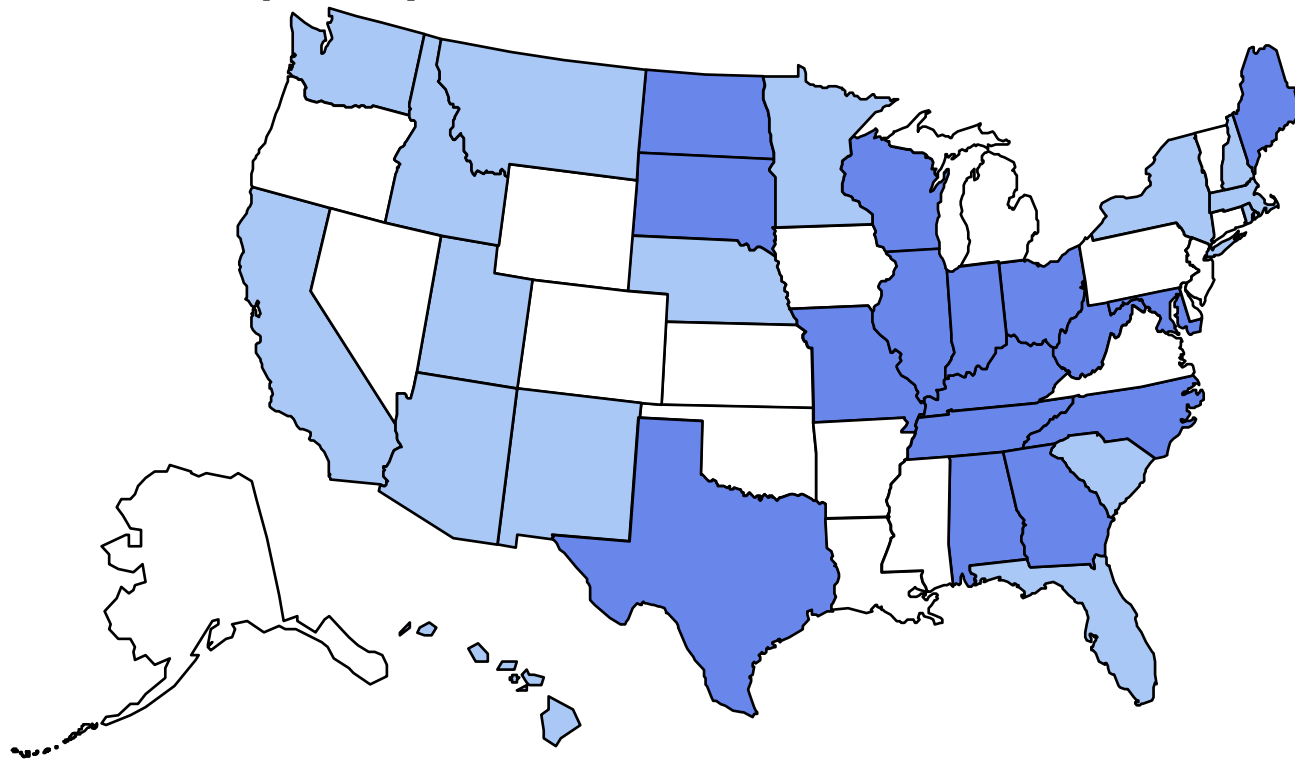




# Obesity Trends\* Among U.S. Adults

## BRFSS, 1987

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



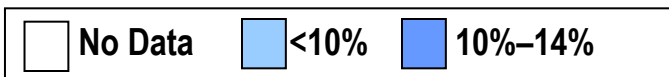
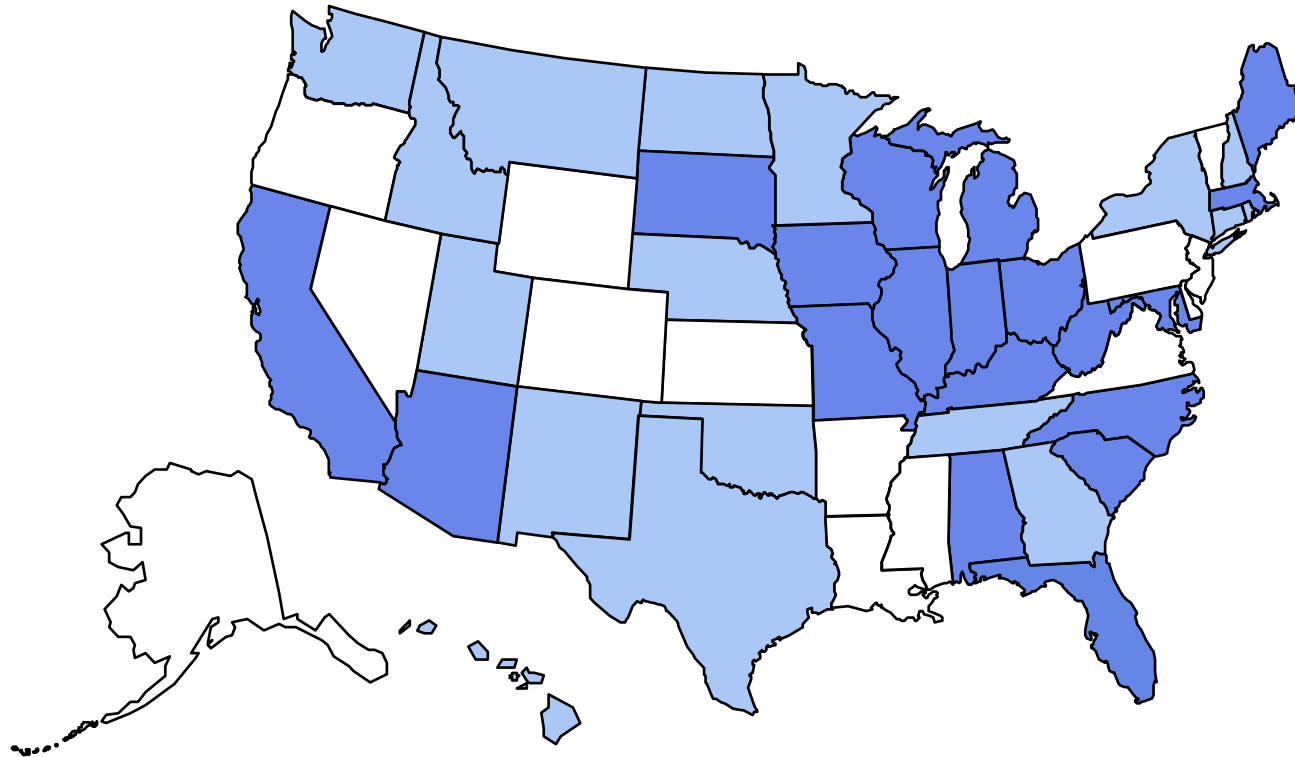
Source: Behavioral Risk Factor Surveillance System, CDC.



# Obesity Trends\* Among U.S. Adults

## BRFSS, 1988

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



Source: Behavioral Risk Factor Surveillance System, CDC.

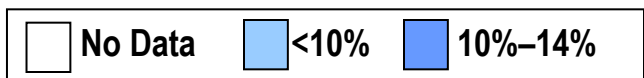
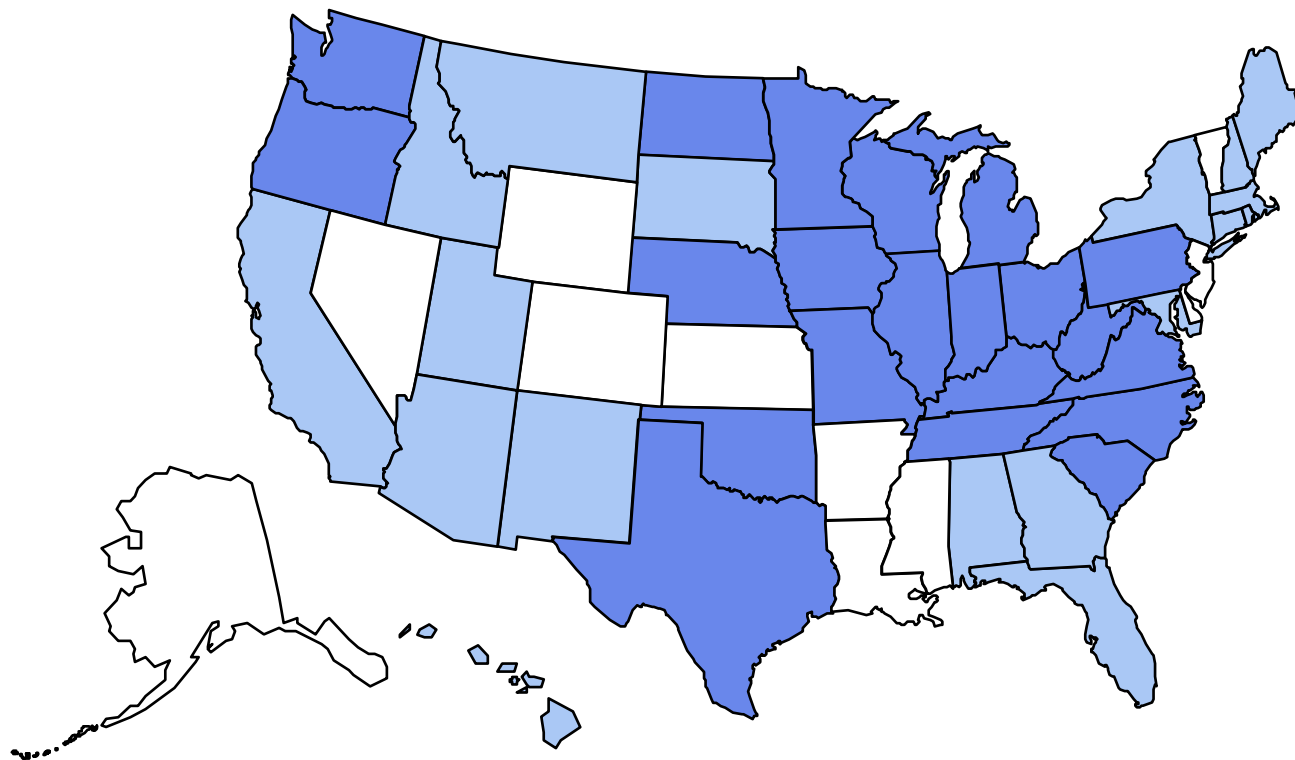




# Obesity Trends\* Among U.S. Adults

## BRFSS, 1989

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



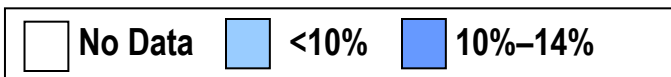
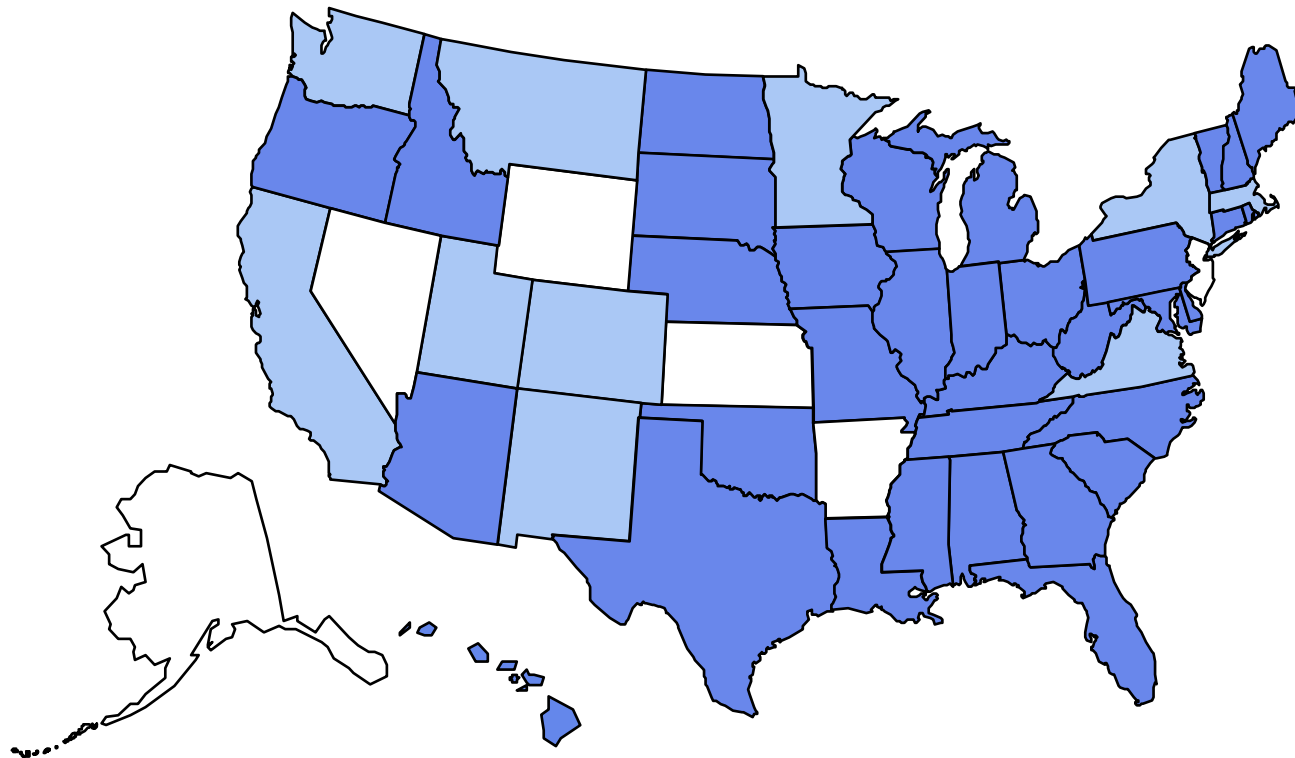
Source: Behavioral Risk Factor Surveillance System, CDC.



# Obesity Trends\* Among U.S. Adults

## BRFSS, 1990

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)

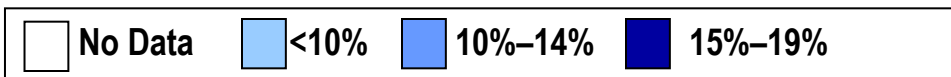
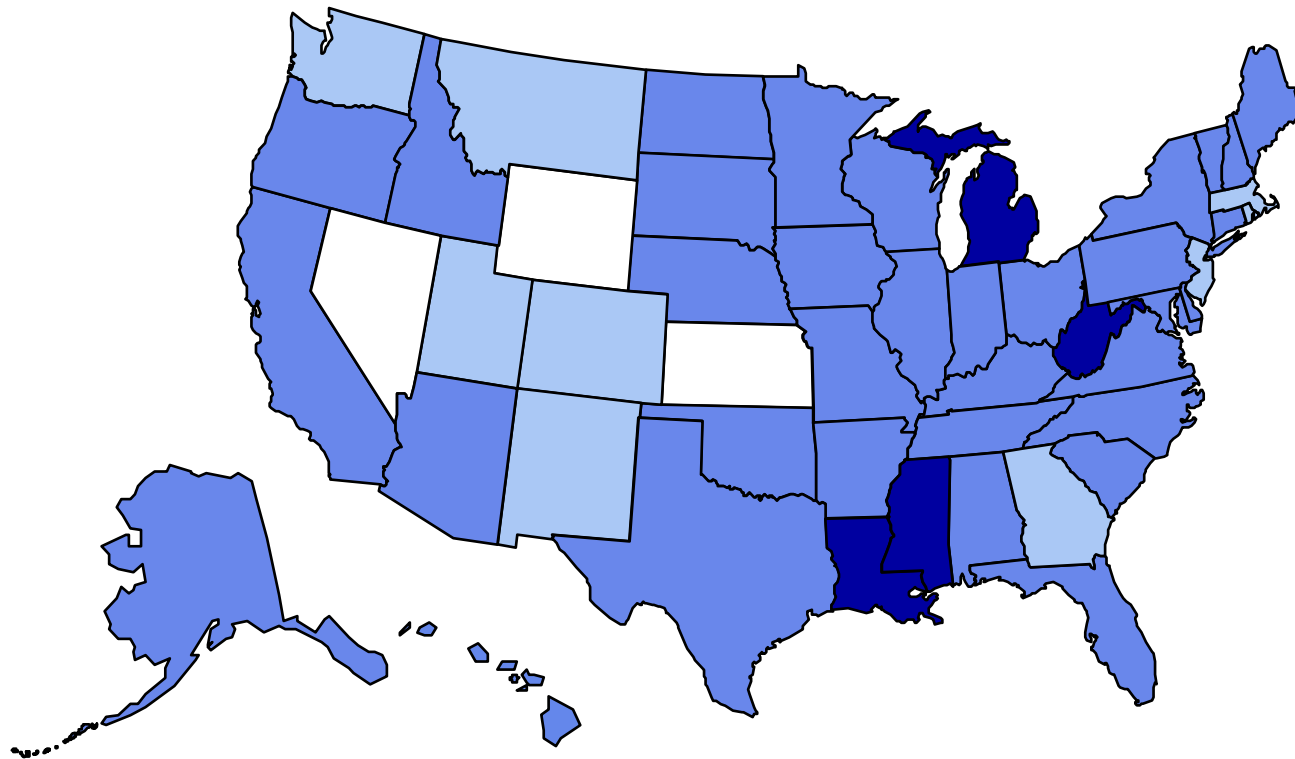


Source: Behavioral Risk Factor Surveillance System, CDC.

# Obesity Trends\* Among U.S. Adults

## BRFSS, 1991

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



Source: Behavioral Risk Factor Surveillance System, CDC.

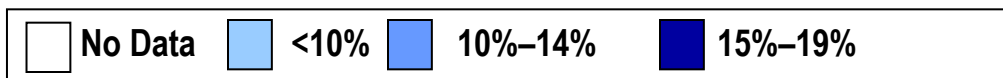
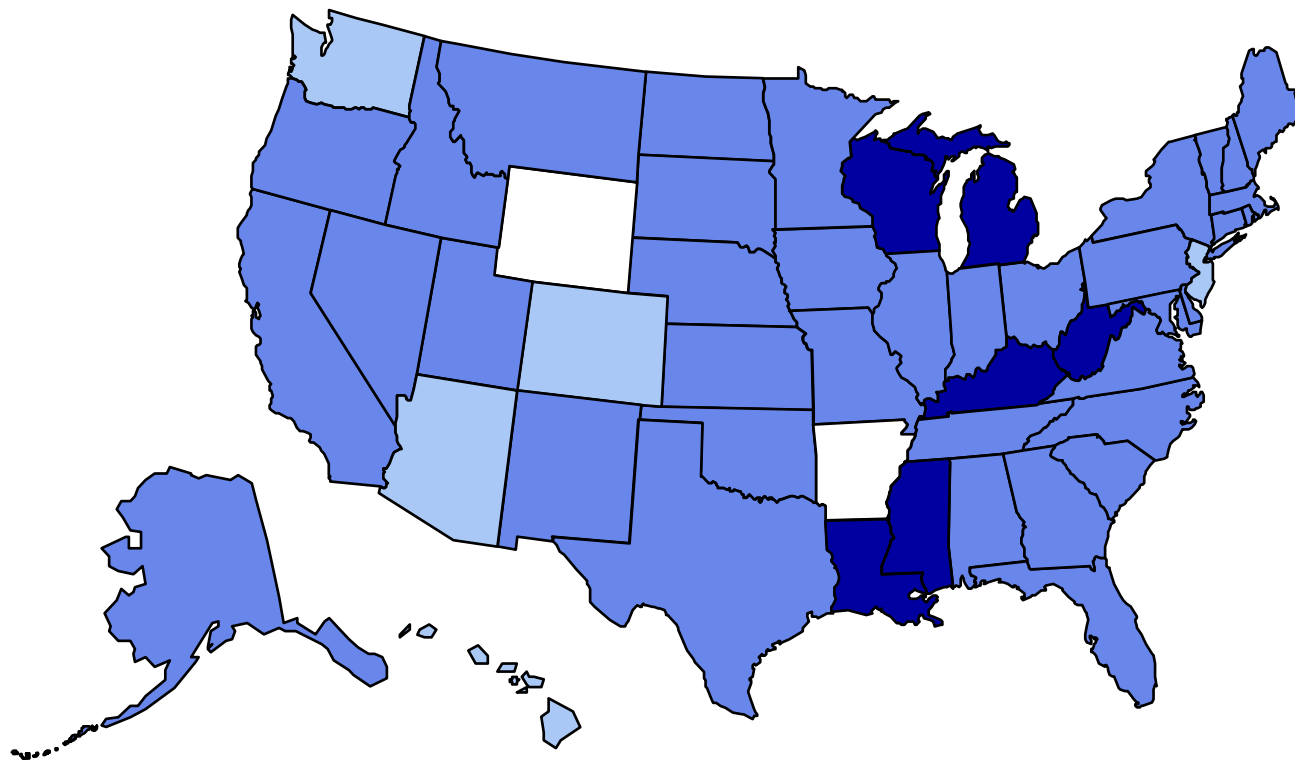




# Obesity Trends\* Among U.S. Adults

## BRFSS, 1992

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)

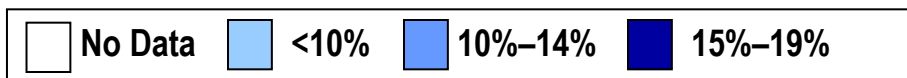
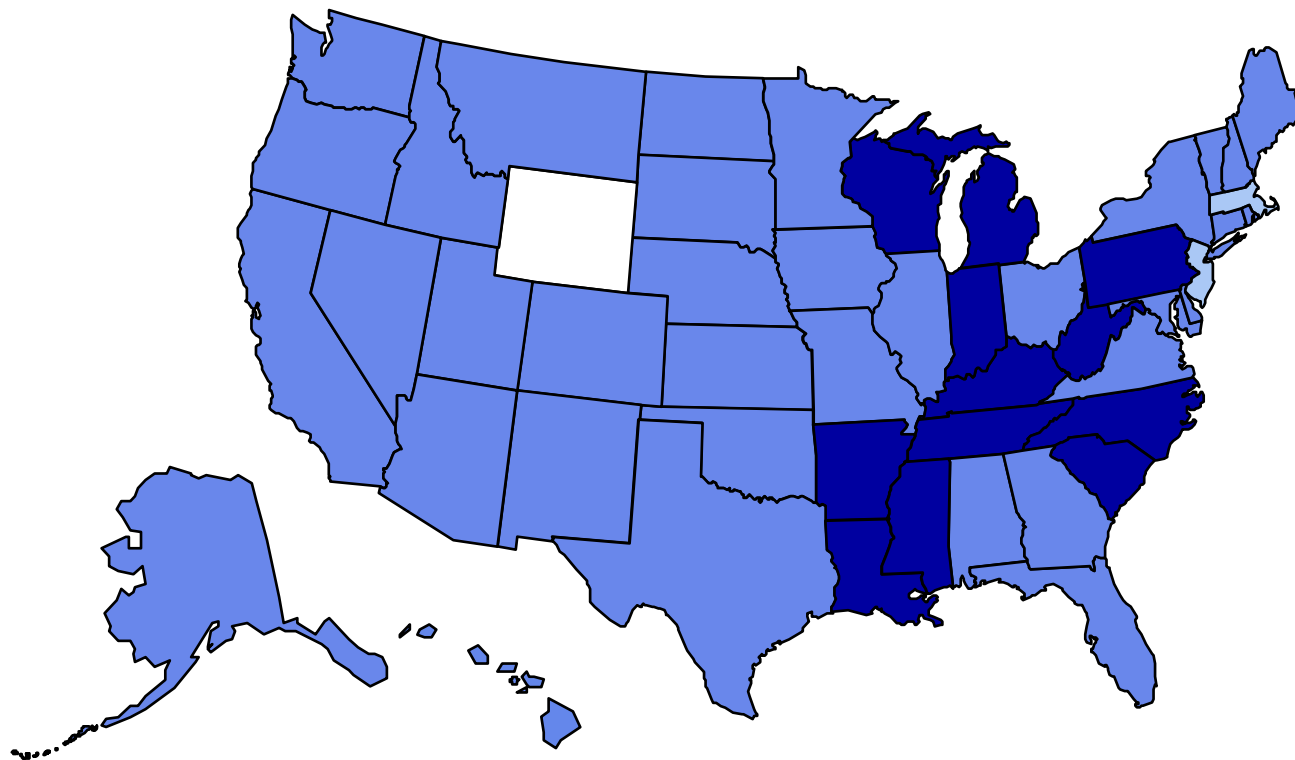


Source: Behavioral Risk Factor Surveillance System, CDC.

# Obesity Trends\* Among U.S. Adults

## BRFSS, 1993

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)

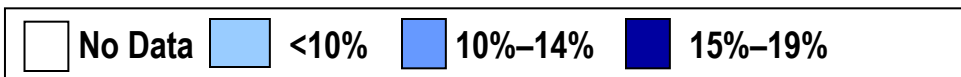
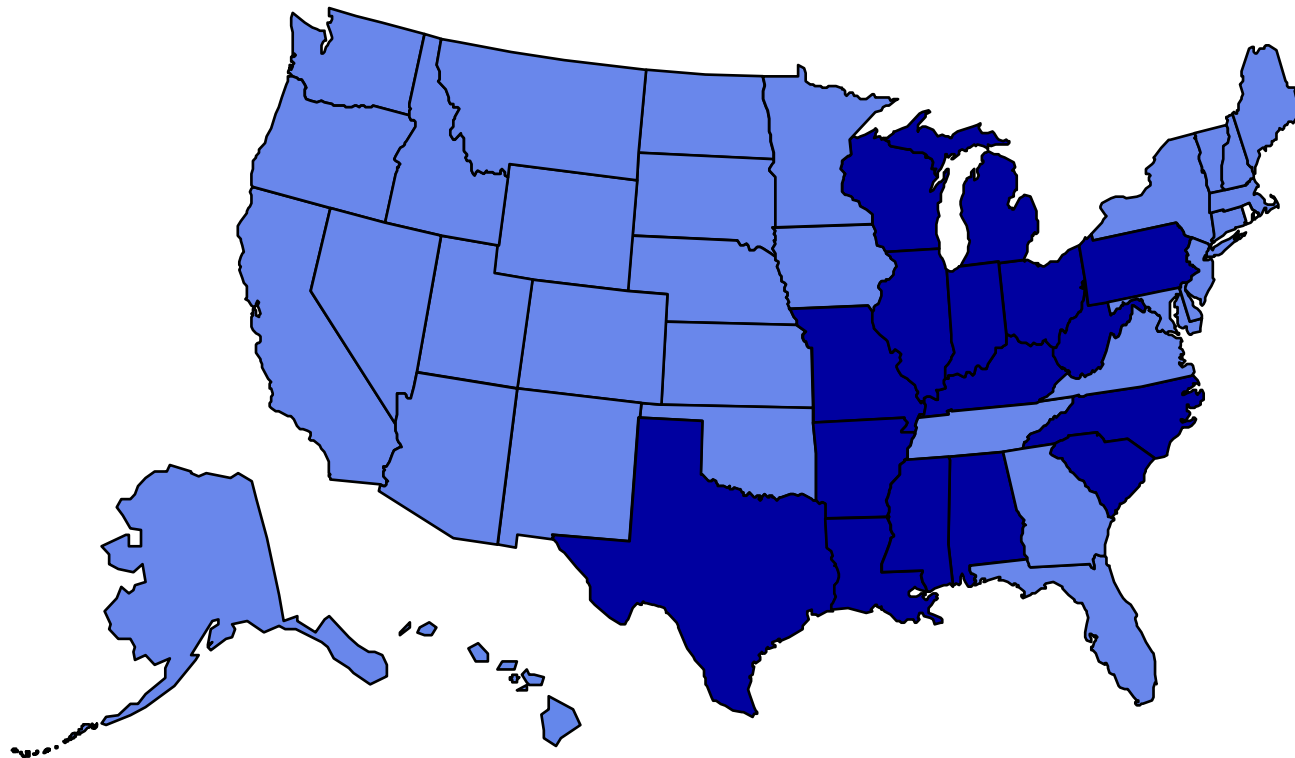


Source: Behavioral Risk Factor Surveillance System, CDC.

# Obesity Trends\* Among U.S. Adults

## BRFSS, 1994

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



Source: Behavioral Risk Factor Surveillance System, CDC.



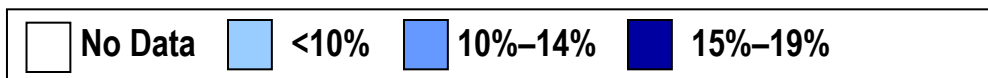
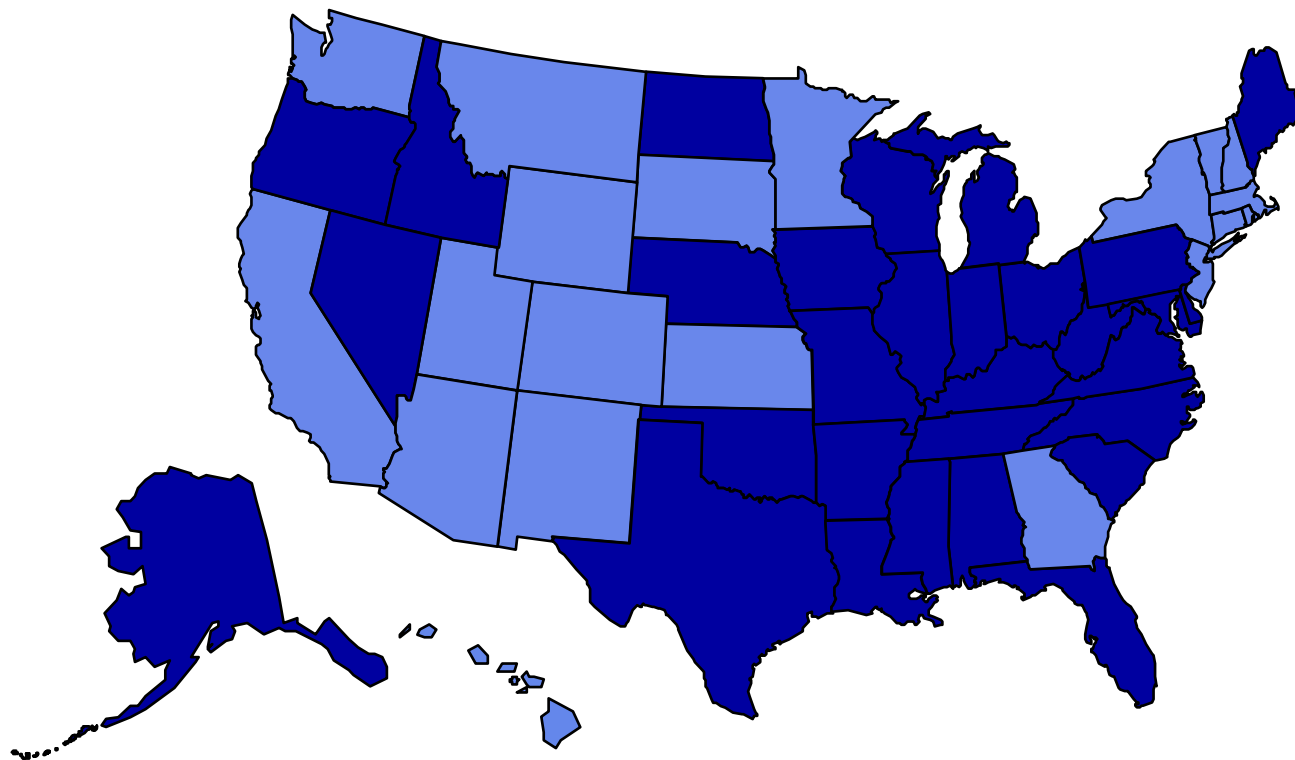




# Obesity Trends\* Among U.S. Adults

## BRFSS, 1996

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



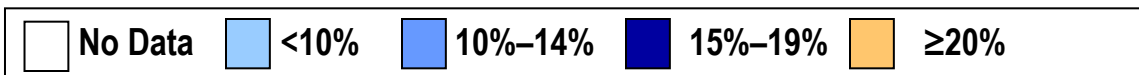
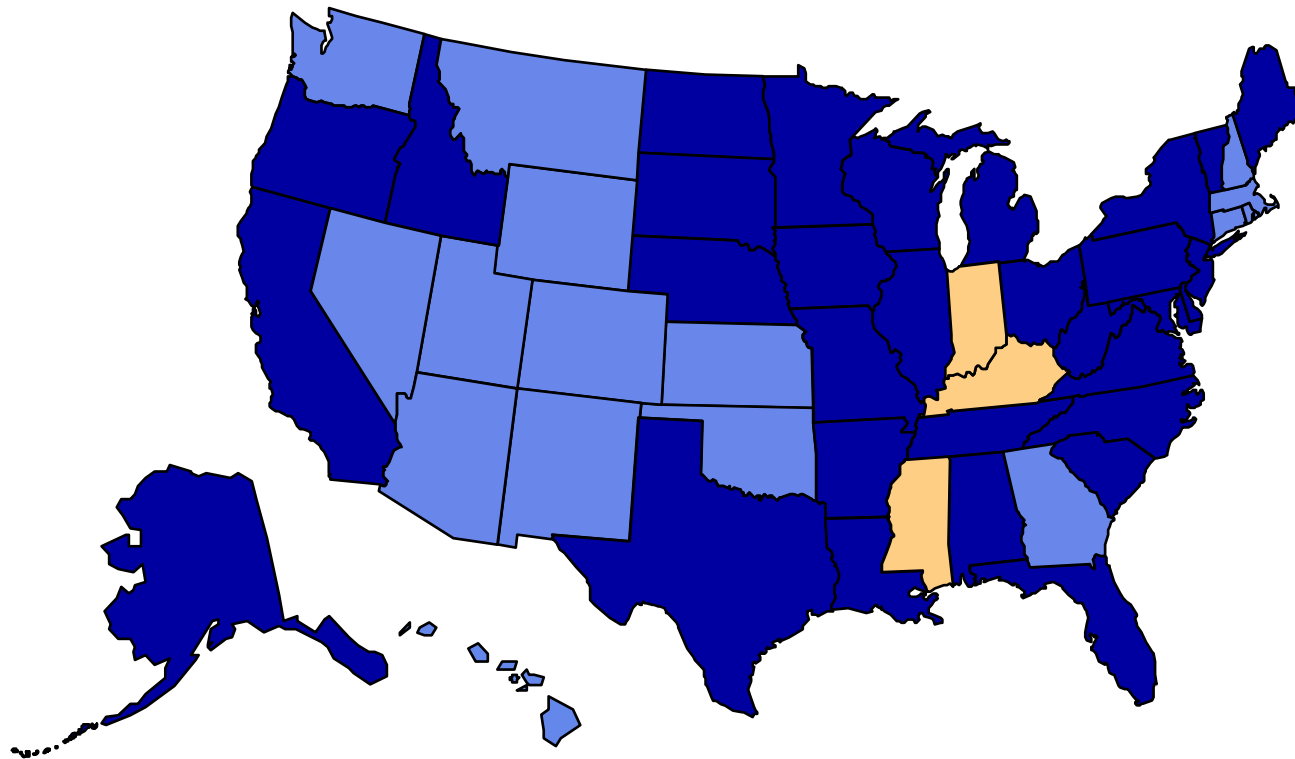
Source: Behavioral Risk Factor Surveillance System, CDC.



# Obesity Trends\* Among U.S. Adults

## BRFSS, 1997

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



Source: Behavioral Risk Factor Surveillance System, CDC.

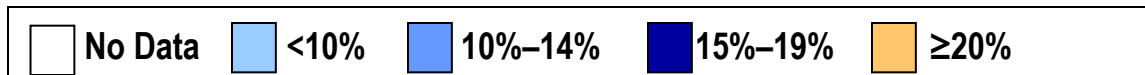
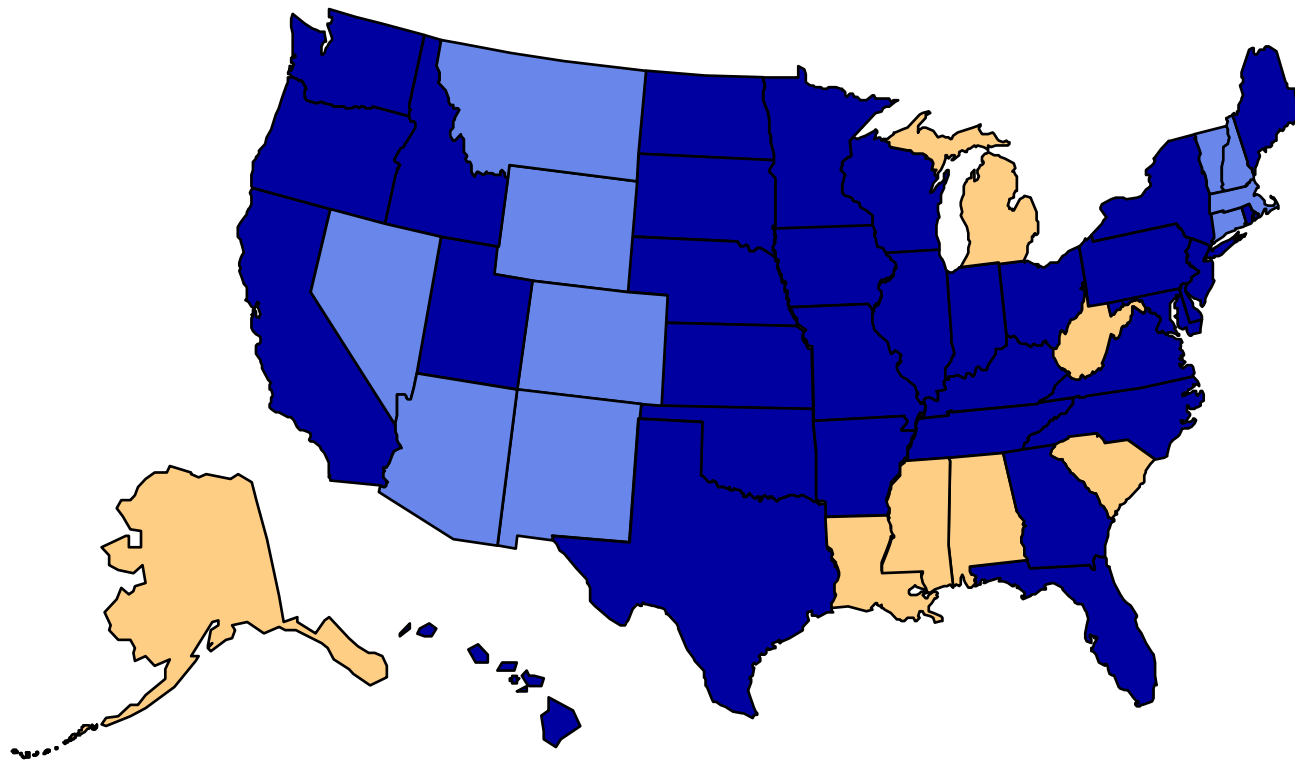




# Obesity Trends\* Among U.S. Adults

## BRFSS, 1998

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



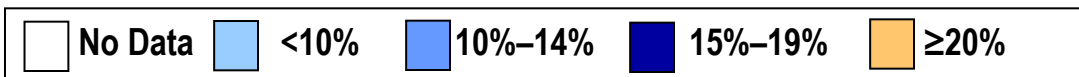
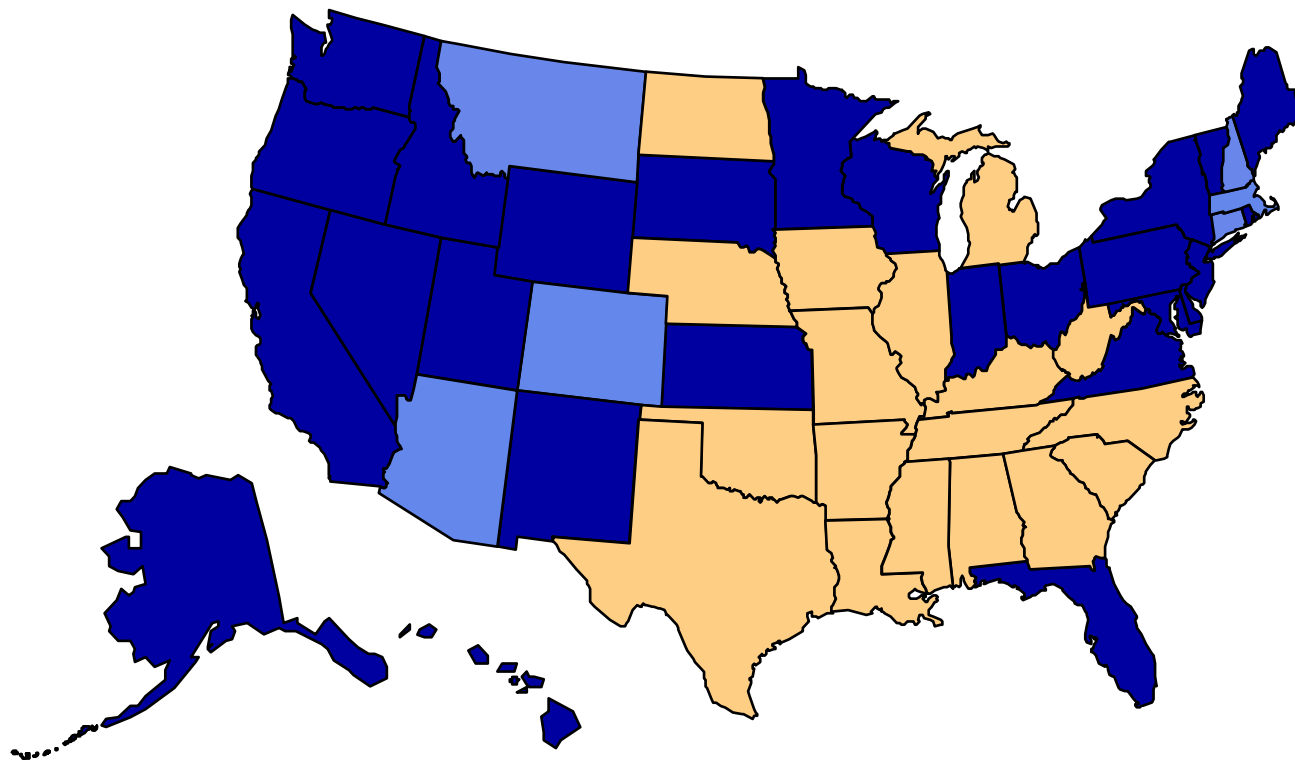
Source: Behavioral Risk Factor Surveillance System, CDC.



# Obesity Trends\* Among U.S. Adults

## BRFSS, 1999

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



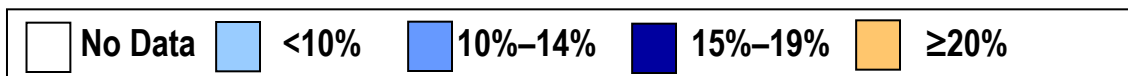
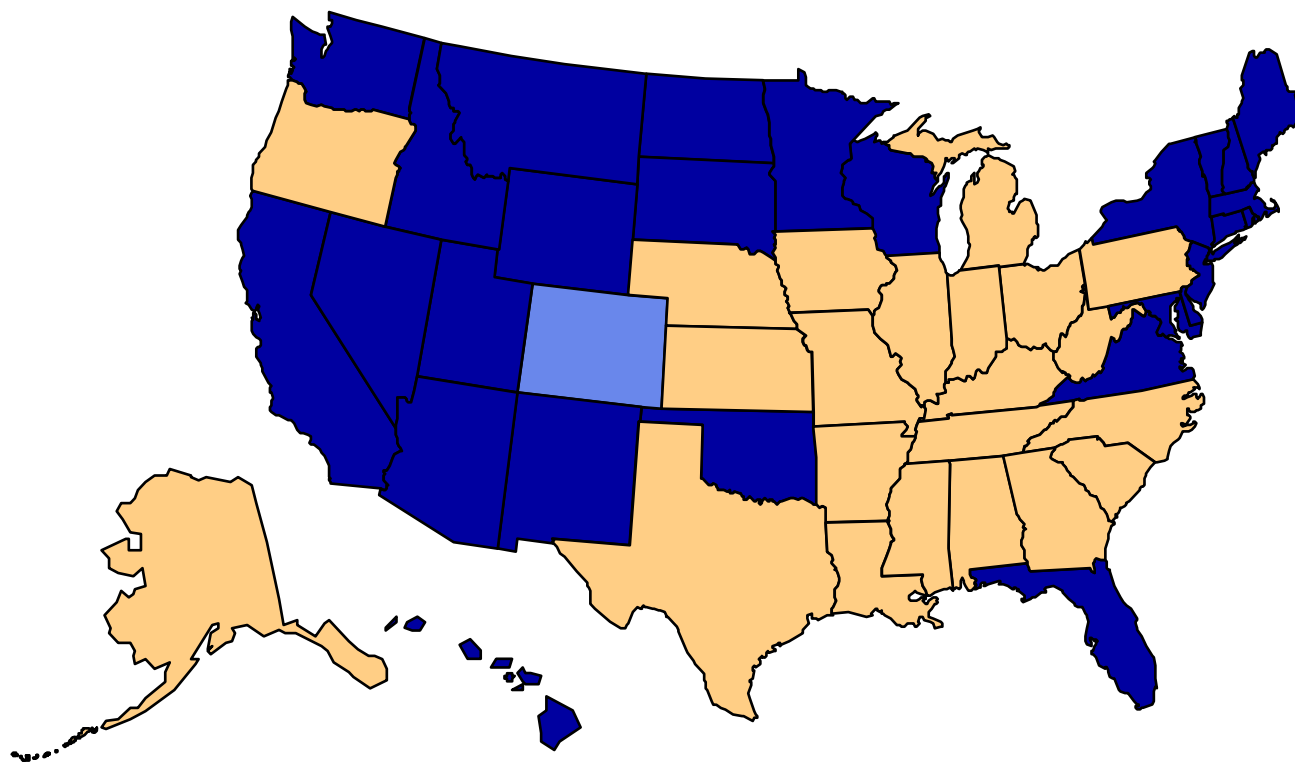
Source: Behavioral Risk Factor Surveillance System, CDC.



# Obesity Trends\* Among U.S. Adults

## BRFSS, 2000

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



Source: Behavioral Risk Factor Surveillance System, CDC.



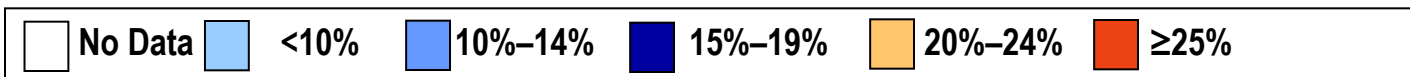
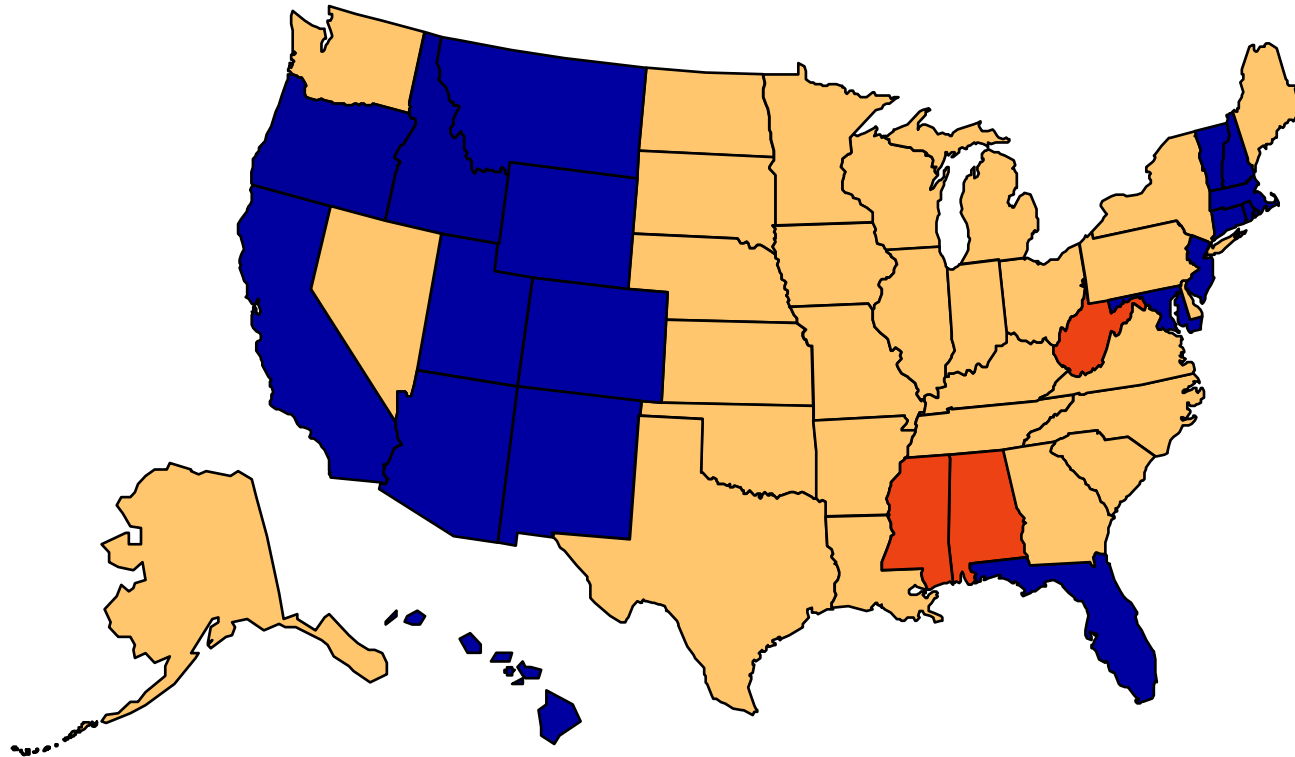




# Obesity Trends\* Among U.S. Adults

## BRFSS, 2002

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



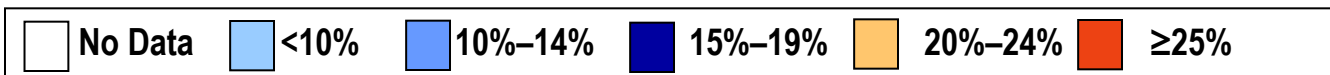
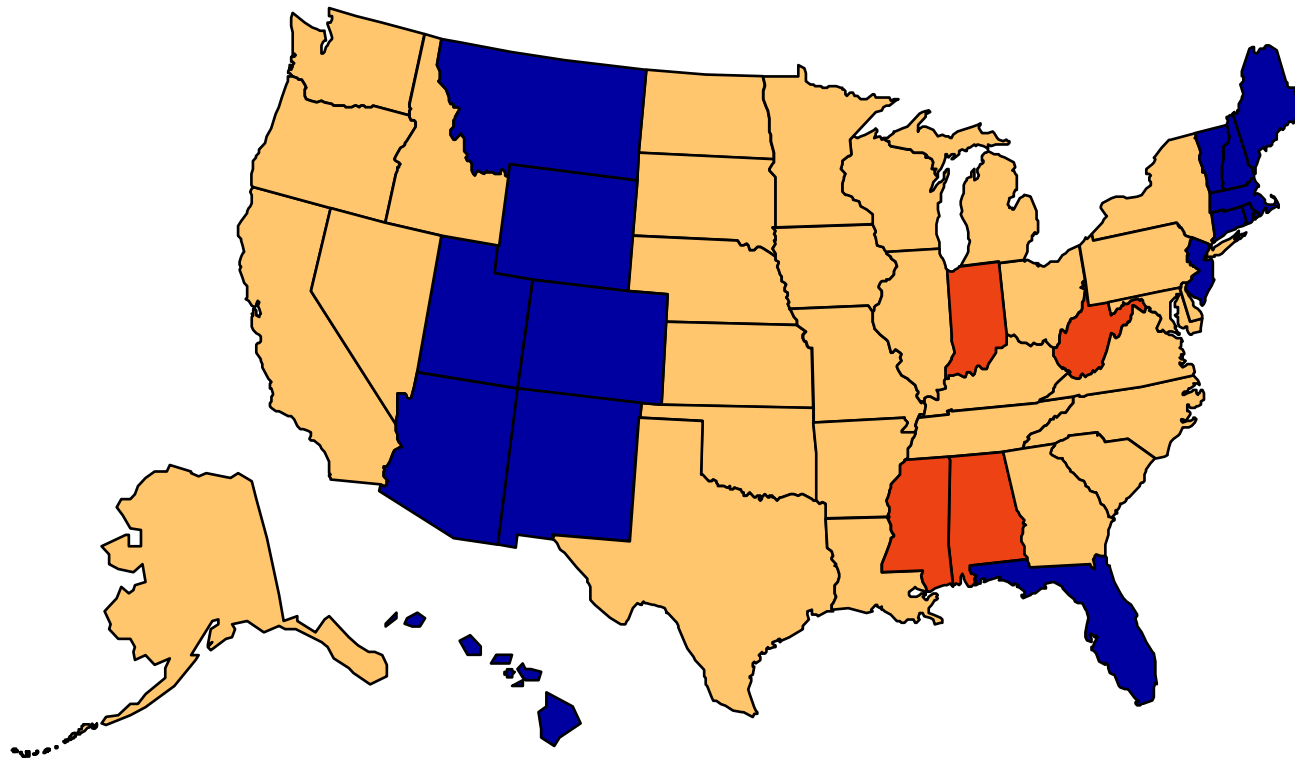
Source: Behavioral Risk Factor Surveillance System, CDC.



# Obesity Trends\* Among U.S. Adults

## BRFSS, 2003

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



Source: Behavioral Risk Factor Surveillance System, CDC.

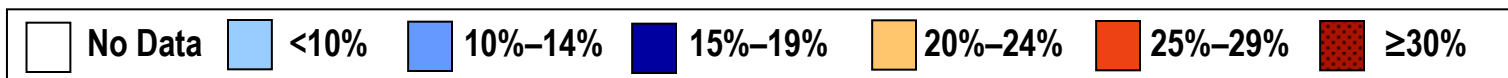
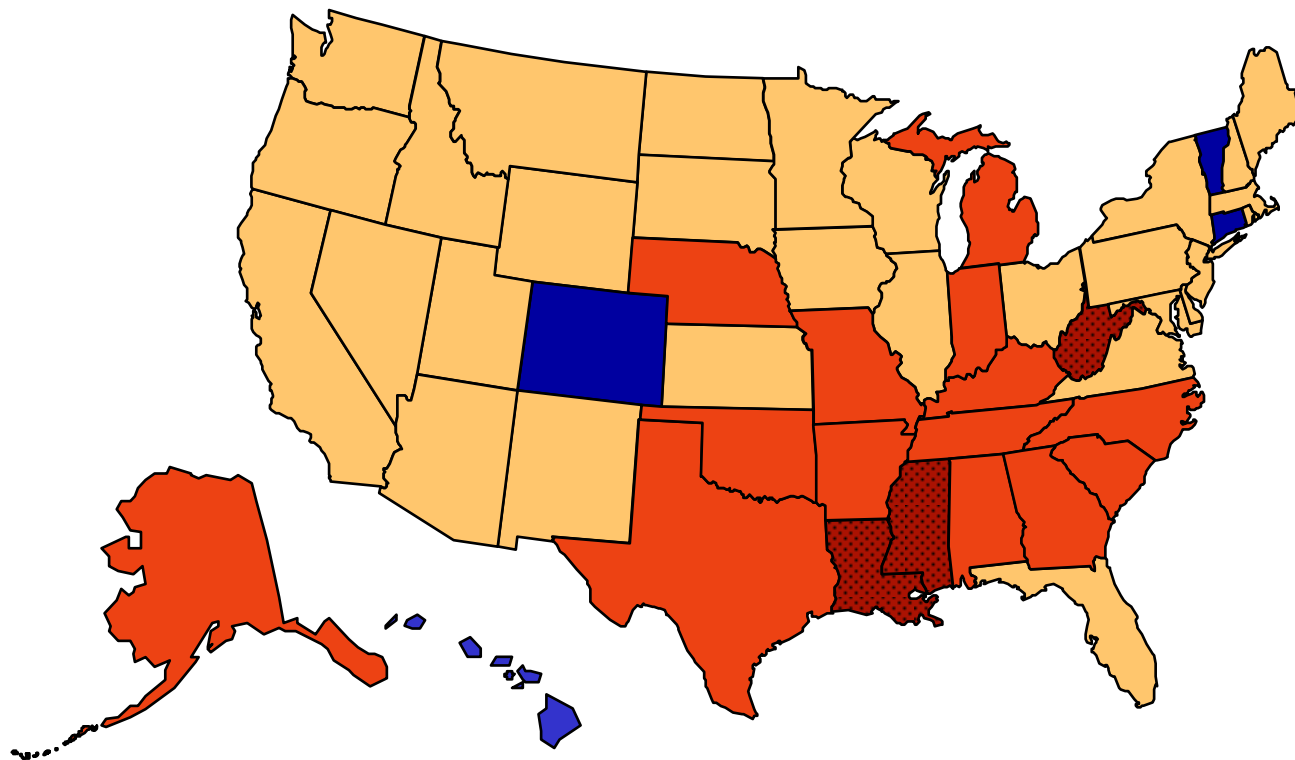




# Obesity Trends\* Among U.S. Adults

## BRFSS, 2005

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



Source: Behavioral Risk Factor Surveillance System, CDC.

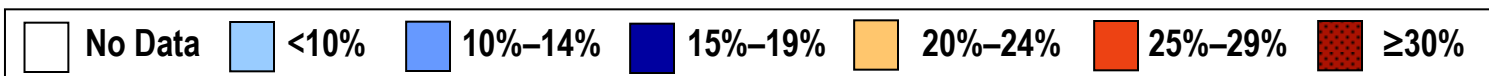
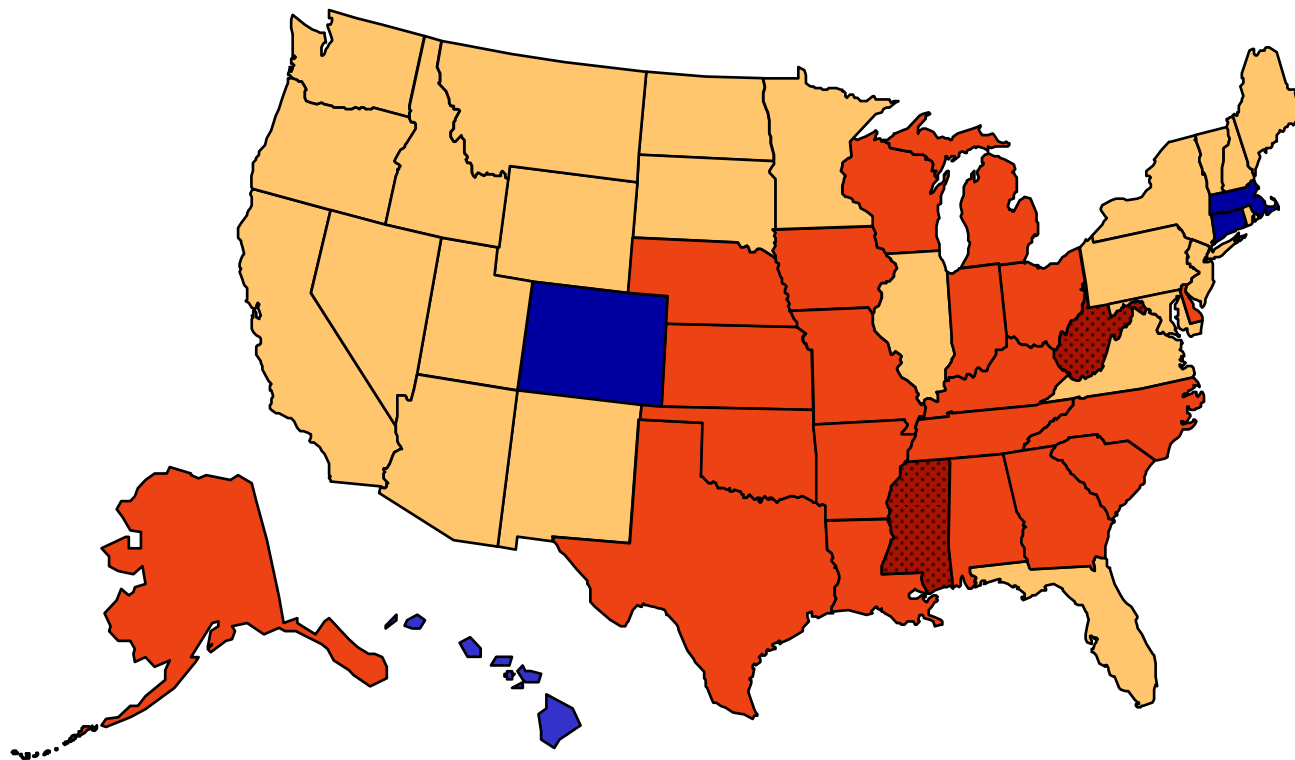




# Obesity Trends\* Among U.S. Adults

## BRFSS, 2006

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)

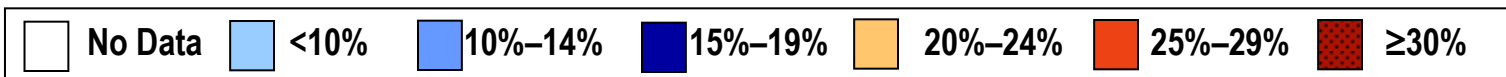
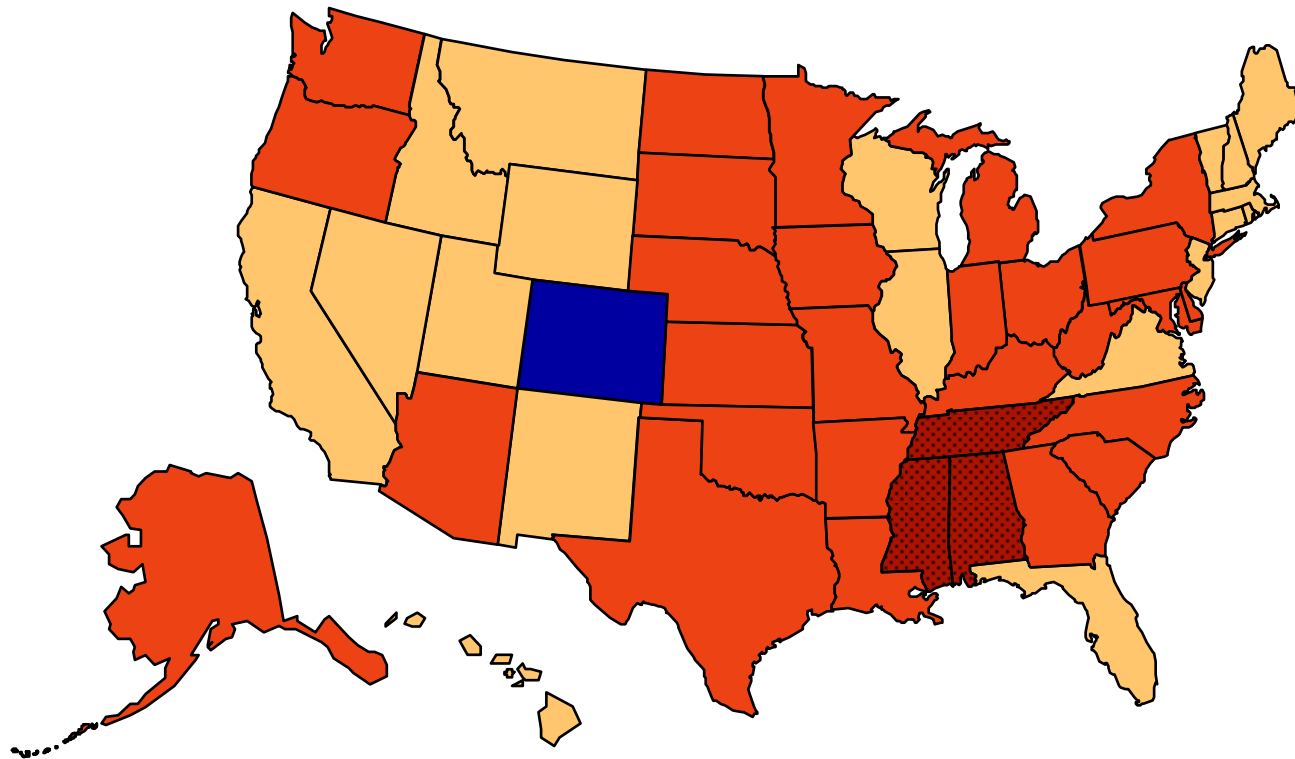


Source: Behavioral Risk Factor Surveillance System, CDC.

# Obesity Trends\* Among U.S. Adults

## BRFSS, 2007

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



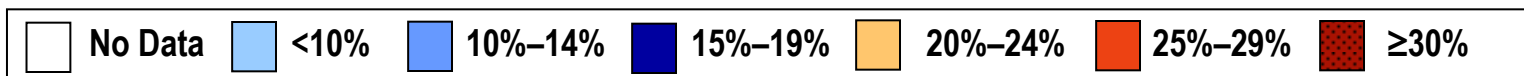
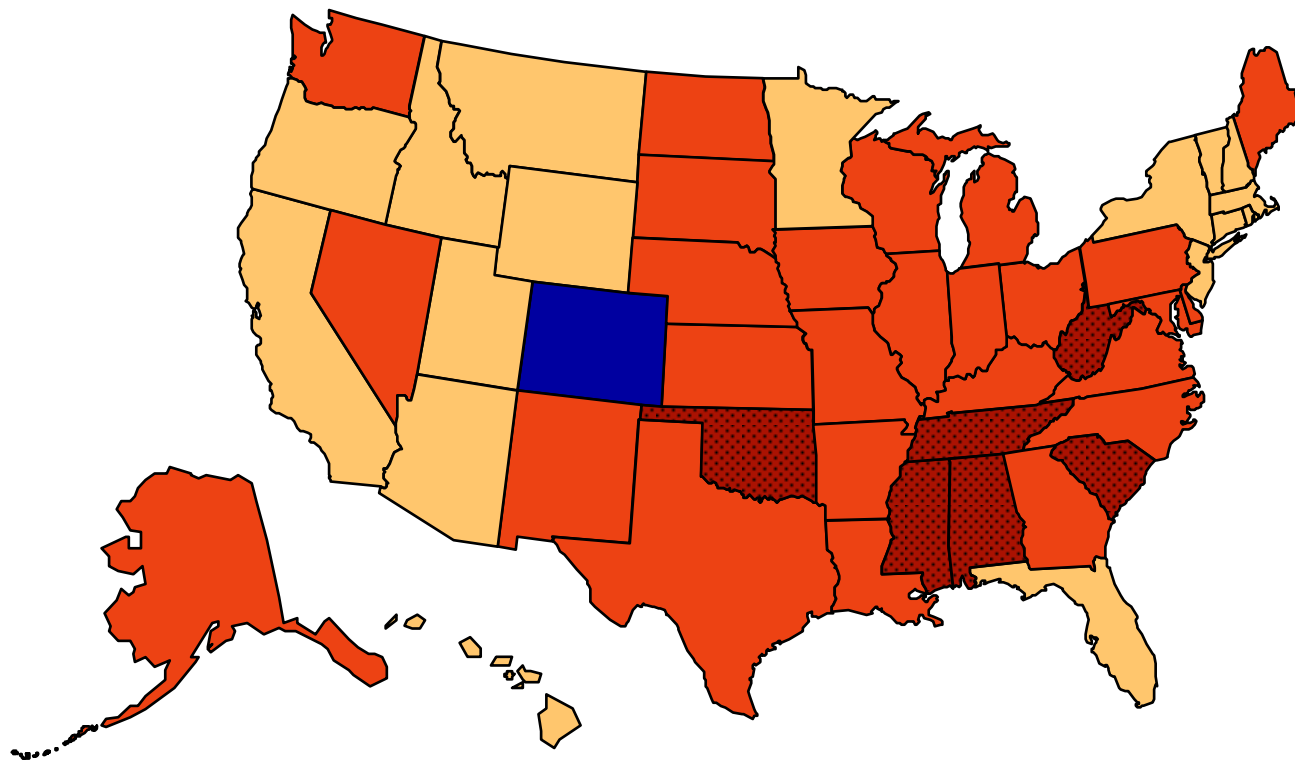
Source: Behavioral Risk Factor Surveillance System, CDC.



# Obesity Trends\* Among U.S. Adults

## BRFSS, 2008

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



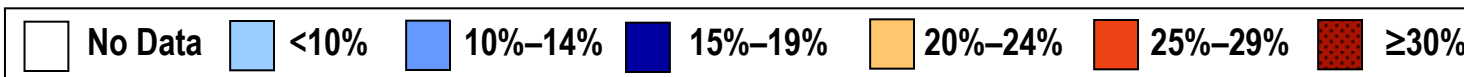
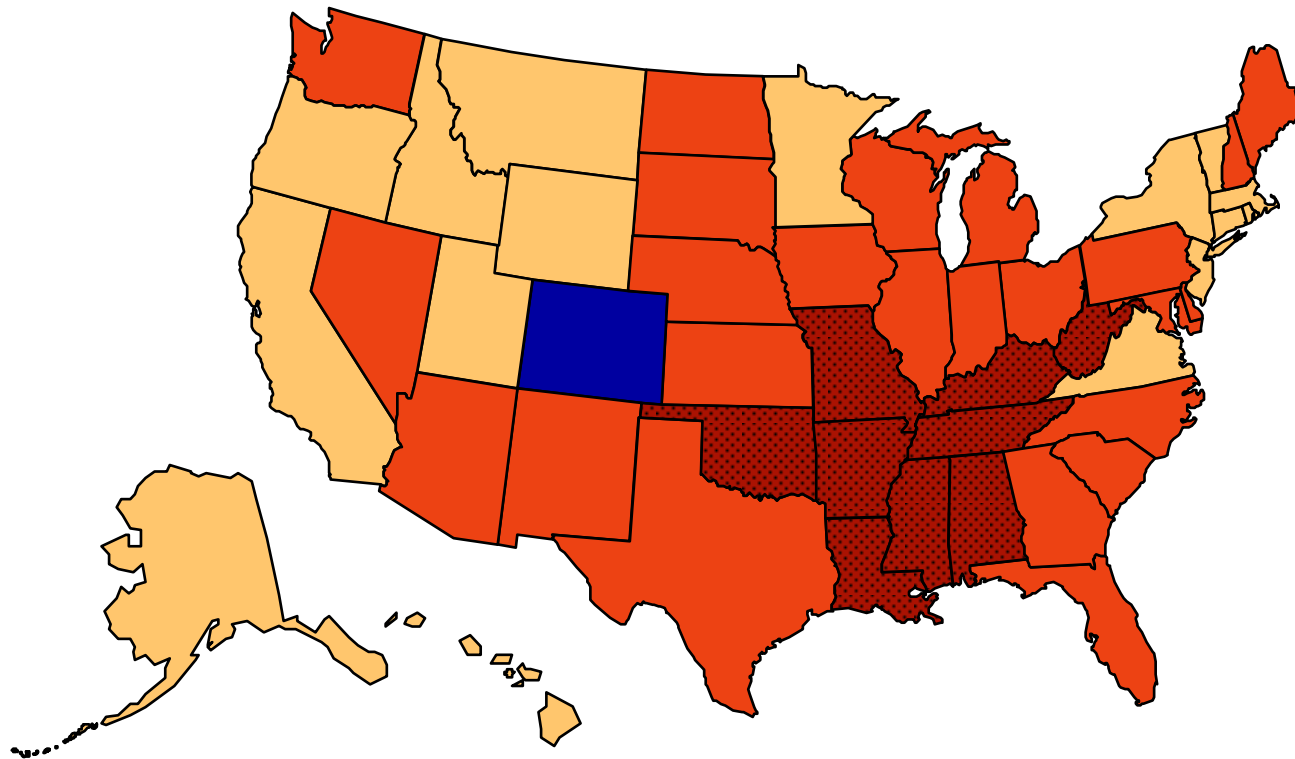
Source: Behavioral Risk Factor Surveillance System, CDC.



# Obesity Trends\* Among U.S. Adults

## BRFSS, 2009

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



Source: Behavioral Risk Factor Surveillance System, CDC.

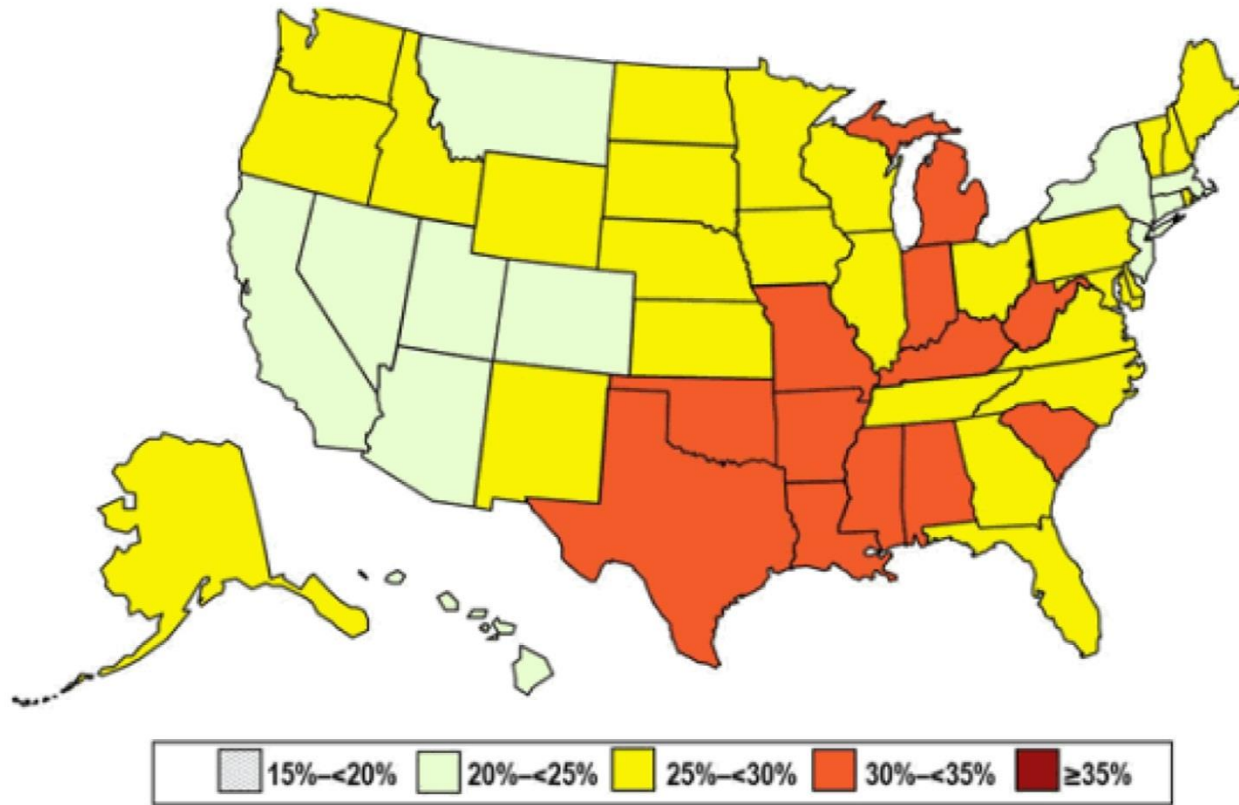






# CDC Changed their Charts new Colors and percentages but the 35% group is not here yet

Prevalence of Self-Reported Obesity Among U.S. Adults  
BRFSS, 2011

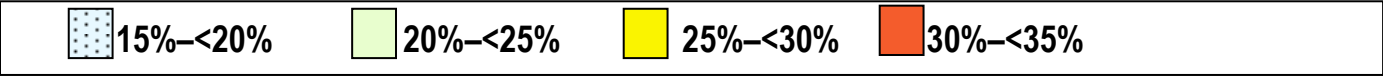
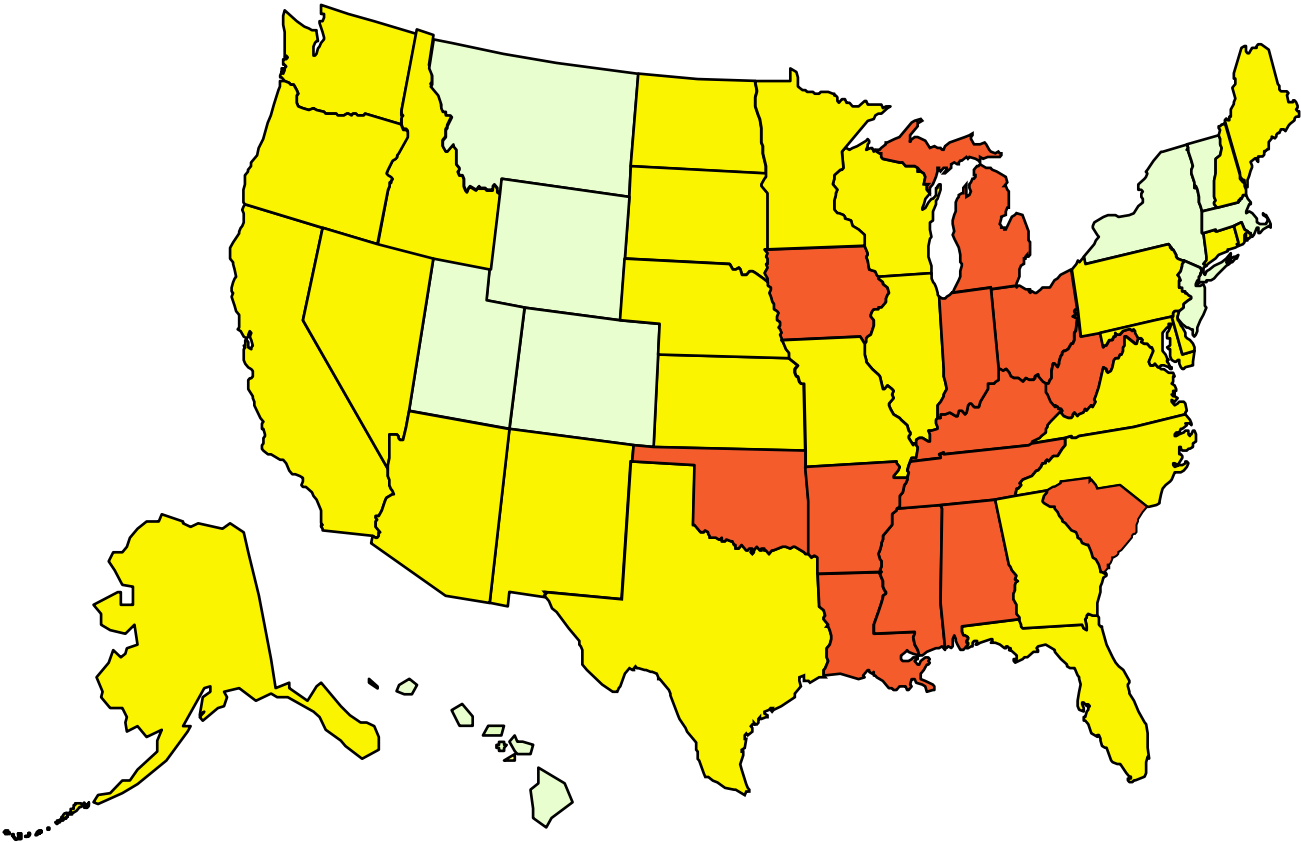


**They removed <10% and 10-14% ranges & added in 35% and above!!**

# Prevalence\* of Self-Reported Obesity Among U.S. Adults

## BRFSS, 2012

\*Prevalence reflects BRFSS methodological changes in 2011, and these estimates should not be compared to those before 2011. **NONSENSE**

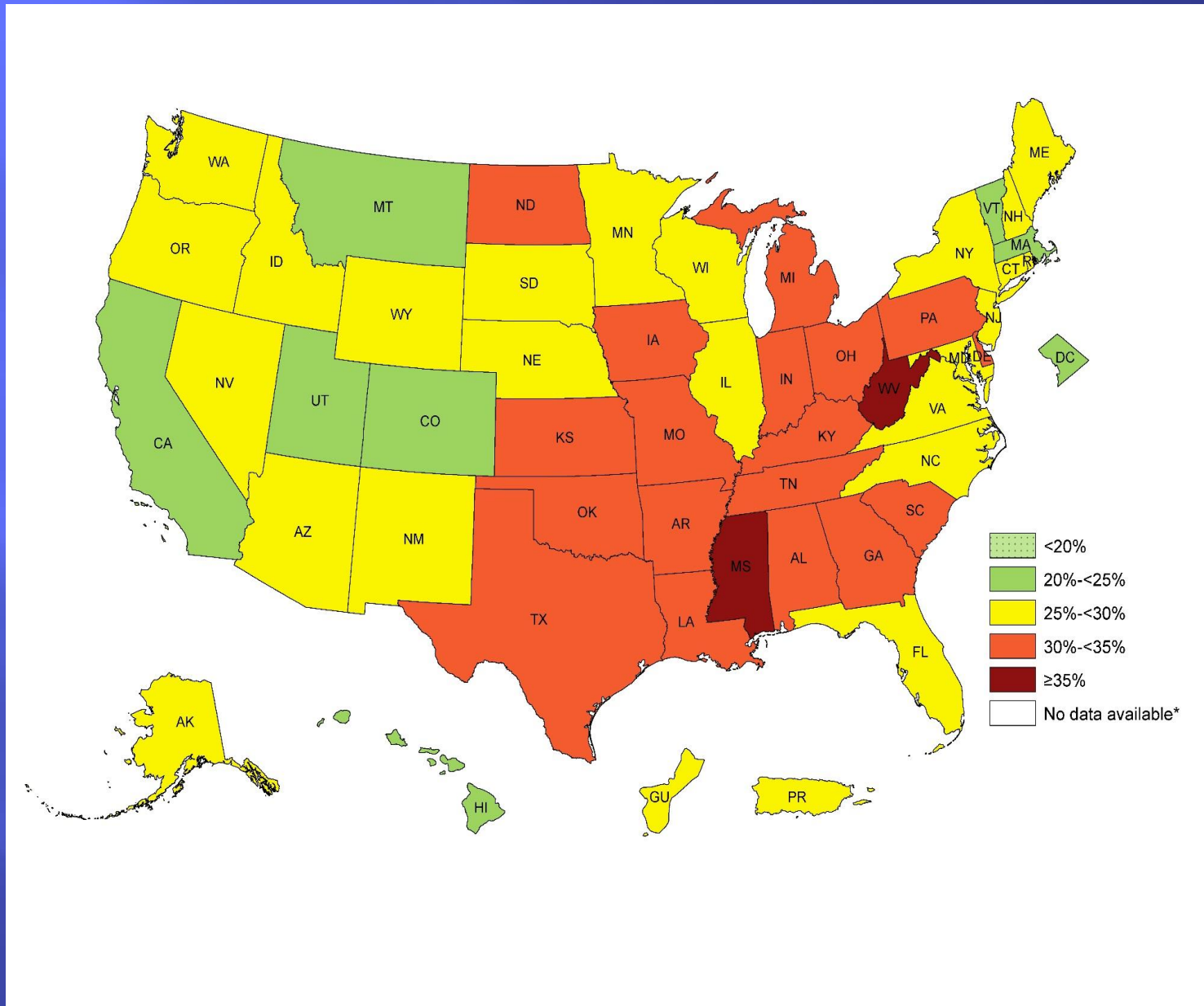


Source: Behavioral Risk Factor Surveillance System, CDC.



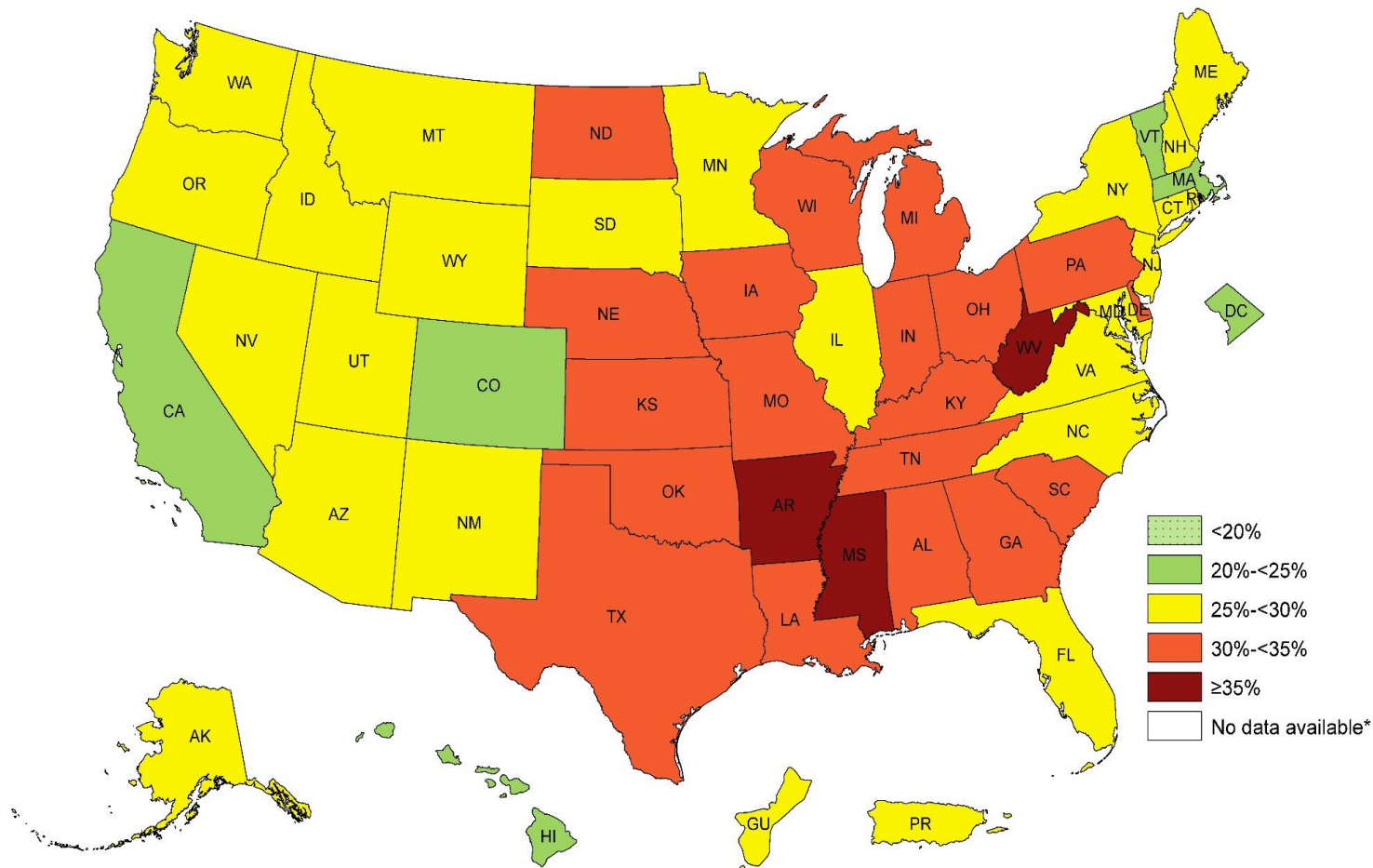
# U.S. Adults by State and Territory, BRFSS, 2013

20 to 25% is now shown in green to make it look good –What a misleading JOKE





# U.S. Adults by State and Territory, BRFSS, 2014







May I answer some of your questions?



***WE GOT RID OF THE KIDS, THE CATS WERE ALLERGIC***