

# Outspoken Cardiologist Sets the Record Straight

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

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## STORY AT-A-GLANCE

- › Saturated fat and cholesterol have little to do with the development of heart disease. Data shows two-thirds of people admitted to hospitals with acute myocardial infarction have completely normal cholesterol levels
- › Fats can be harmful, but it's important to be specific. Fats that contribute to heart disease are primarily trans fats and highly refined and/or heated polyunsaturated vegetable oils (PUFAs), which are high in damaged omega-6
- › For optimal health, seek to get 75 to 85% of your total calories as healthy fat, primarily monosaturated and saturated. Limit PUFAs to 10% and omega-6 fats to 5%

***Editor's Note: This article is a reprint. It was originally published June 5, 2016.***

Is saturated fat really the health hazard it's been made out to be? Dr. Aseem Malhotra is an interventional cardiologist consultant in London, U.K., who gained quite a bit of publicity after the publication of his peer-reviewed editorial<sup>1</sup> in the British Medical Journal (BMJ) in 2013.

In it, he seriously challenges the conventional view on saturated fats, and reviews how studies have failed to find any significant association between saturated fat and cardiovascular risk.

In fact, Malhotra reports that two-thirds of people admitted to hospitals with acute myocardial infarction have completely normal [cholesterol levels](#). Malhotra, founder of Action on Sugar, also works as an adviser to the U.K.'s National Obesity Forum.

*“My focus has been, ‘what can we do as individuals collectively (the medical profession) to help curb demand on the health system?’” he says. “A lot of that is being driven by diet-related diseases.*

*According to the Lancet Global Burden of Disease Reports, poor diets now contribute to more disease and death than physical activities – smoking and alcohol combined ...*

*As an interventional cardiologist, we can do life-saving procedures with people who have heart attacks through heart surgery. But to be honest, rather than saving them from drowning, I’d rather they wouldn’t be thrown into the river in the first place. This is really where my focus has shifted.*

*I think for many of us, as clinicians moving more towards intervention, I think the realization that what we can do in medicine is really quite limited at the treatment end and actually the whole ‘prevention is better than cure’ phrase is very true.”*

## **Hospitals and Medical Personnel Are Not Paragons of Health**

Malhotra’s epiphany that something was wrong with the system came rather early. While working as a resident in cardiology, he performed an emergency stenting procedure on a man in his 50s who’d recently suffered a heart attack.

The following morning, Malhotra spoke to the man, giving him the usual advice about quitting smoking and improving his diet.

*“Just when I was telling about healthy diet, how important that was, he was actually served burger and fries by the hospital. He said to me, ‘Doctor, how do you expect me to change my lifestyle when you’re serving me the same crap that brought me in here in the first place?’”*

Looking around, he realized that a lot of healthcare professionals are overweight or obese, and hospitals serve sick patients junk food. He believes one of the first things

that really needs to happen is to set a good example in hospitals.

“The hospital environment should be one that promotes good health, not exacerbates bad health,” he says. His journey began with an email to celebrity chef Jamie Oliver, who did a lot of work campaigning for improved food in school canteens. Malhotra asked Oliver for ideas on how to improve hospital food.

*“A couple of years later, I ended up going to the British Medical Association Annual Conference. I put a motion forward saying there should be a policy from the BMA to ban the selling of junk food in hospitals. It got an overwhelming majority vote.”*

Diet and lifestyle changes are particularly important in light of the fact that medical errors and properly prescribed medications are the **third most common cause of death** after heart disease and cancer. Overmedication is a particularly serious problem among the elderly, who tend to suffer more side effects.

*“Part of that is because there are very powerful vested interests that push drugs,” Malhotra says. “They even coax academic institutions and guideline bodies. People aren’t getting all the information to make decisions, whether or not they should take medications ...*

*This is a major problem, especially [since] we’ve neglected or detracted from lifestyle changes, which are going to be much more impactful on your health and without side effects.”*

## **For Past 60 Years, the Wrong Fats Have Been Vilified**

For the past 60 years, the conventional wisdom has dictated that saturated fat is dangerous and should be avoided. This flawed notion was originally promoted by Dr. Ancel Keys, whose Seven Countries Study laid the groundwork for the myth that saturated fat caused heart disease.

It's true that heart disease rates began spiking in the beginning of the 20th century, and for 50 years, heart disease has been progressively increasing. It really wasn't an issue prior to the 20th century. But were saturated fats really to blame?

My belief is that it was in fact due to fats, but contrary to popular belief, saturated fat wasn't the problem. It was all the other harmful fats people were eating.

In the 20th century, the average person probably had less than 1 pound a year of refined, processed omega-6 vegetable oils. By the 1950s, probably about 50 pounds a year, and by year 2000, it increased at about 75 pounds a year. It seems "fat" in itself isn't the issue; it's the type of fat that's crucial.

This massive amount of highly refined polyunsaturated fat is far in excess of what we were designed to eat for optimal health. And I suspect that's what catalyzed Keys to devise his research to come up with a justification for his recommendation to lower fat intake.

*"What's interesting is if you look in the United States, between 1961 and 2011, 90 percent of the calorie intake has been carbohydrates and refined industrial vegetable oils," Malhotra says. "I think you're absolutely correct.*

*The heart disease epidemic peaked between 1960 and 1970. It started to rise about 1920. When we look at our data, it's quite clear that the so-called fats responsible for that are trans fats and very likely polyunsaturated vegetable oils high in omega-6 fatty acids.*

*We know now that they oxidize LDL and are pro-inflammatory. The other issue was smoking. Smoking was very high. When smoking reduction occurred from regulatory efforts, heart attack admissions dropped very rapidly. That's because just 30 minutes after smoking, platelet activity increases.*

*A quick example: Helena, Montana 2002 brought in a public smoking ban.*

*Within six months, there was a 40 percent reduction in hospital admissions for*

*heart attack. When the law was rescinded, the hospital admissions came back to preceding levels.*

*When you combine all those things, it's very clear. The dietary factors – trans fats, refined polyunsaturated vegetable oils, and smoking – are probably the three most important factors.”*

## **What Are the Real Risk Factors for Heart Disease?**

By failing to differentiate between trans fats and saturated fats, massive confusion has arisen. There's also confusion about the relationship between saturated fat and cholesterol. Adding to the complexity, there are also different types of saturated fats, which may have different biological effects.

Many saturated fats will raise LDL, the so-called “bad” cholesterol. But LDLs come in various sizes. Large type A particles are less atherogenic and are influenced by saturated fat. Saturated fat also increases HDL, the “good” cholesterol.

*“What's interesting is the saturated fat, even though it may raise LDL, your lipid profile may actually improve [when you eat more saturated fat], especially when you cut the carbs. On top of that, LDL has been grossly exaggerated as a risk factor for heart disease, with the exception of people who have a genetic abnormality (familial hypercholesterolemia),” Malhotra says.*

*“Certainly when you get over the age of 60, the cardiovascular association between LDL cholesterol and cardiovascular mortality diminishes. It becomes almost negligible. For overall mortality, there is an inverse association with LDL. The higher your LDL, if you're over 60, the **less** likely you are to die.*

*So what is the major issue when you look at heart disease and heart attacks? Insulin resistance ... The reason it's being neglected is partly this flawed science on cholesterol. But also because there's never been any effective drugs that target insulin resistance.*

*Therefore, because [there isn't a] big market around something to sell, there aren't many people that know about it. As you and I know, if you target insulin resistance through the right kind of diet and lifestyle changes, stress reduction, right kind of exercise, that's going to have the biggest impacts on your health."*

## **Gauging Your Heart Disease Risk**

Factors that can help gauge your heart disease risk include:

- A fasting insulin level above 3
- A **triglyceride to HDL ratio** above 2
- A waist circumference indicating overweight or obesity
- High blood pressure

If you have 3 out of the following 5 indications of metabolic syndrome: insulin resistance, high triglycerides, low HDL, hypertension and increased waist circumference, then you are at high risk for heart disease. Another major risk factor for heart disease that receives virtually no attention is high iron levels.

In menstruating women, this is not an issue since they lose blood on a monthly basis. This is actually part of why premenopausal women have a decreased risk of heart disease.

In men, iron levels can rise to dangerously high levels. In my experience, the majority of adult males and postmenopausal women have elevated levels that put their health at risk. Checking your iron levels is easy and can be done with a simple blood test called a serum ferritin test.

I believe this is one of the most important tests that everyone should have done on a regular basis as part of a preventive, proactive health screen. If your levels are high, all you have to do is donate blood a few times a year.

# The Connection Between Saturated Fats and Diabetes

Malhotra cites a 2014 Lancet study looking at the association between dietary saturated fat, plasma saturated fat and Type 2 diabetes. Interestingly, while dietary saturated fats found in dairy products were strongly inversely associated with the development of Type 2 diabetes (meaning it was protective), endogenously-synthesized plasma-saturated fat was strongly associated with an increased risk.

Endogenously-synthesized plasma-saturated fats are fatty acids produced by your liver in response to net carbohydrates, sugar and alcohol. These findings suggest eating full-fat dairy products may protect you against Type 2 diabetes, whereas consuming too many net carbs (total carbs minus fiber) will increase your risk of Type 2 diabetes – in part by raising the saturated fat levels in your bloodstream.

That said, I believe a caution may be warranted. Milk, even raw milk, is actually high in net carbs, which your body converts to glucose. So as a general rule, I recommend avoiding milk. Butter is an exception, as it's almost pure fat and has virtually no net carbs.

## Healthy Fat Tips

Here are a few tips to help ensure you're eating the right fats for your health:

- Use organic butter made from raw grass-fed milk instead of margarines and vegetable oil spreads.
- Use coconut oil for cooking. It is primarily a saturated fat and more resistant to heat damage than other cooking oils. It will also help improve your ability to burn fat and serve as a great source of energy to help you make the transition to burning fat for fuel.
- Sardines and [anchovies](#) are an excellent source of beneficial omega-3 fats and are also very low in toxins that are present in most other fish.

- To round out your healthy fat intake, be sure to eat raw fats, such as those from avocados, raw dairy products, and olive oil, and also take a high-quality source of animal-based omega-3 fat, such as krill oil.

## Why Statins Are a Bad Idea for Most People

In addition to the recommendation to follow a low-fat diet, many doctors are still avid prescribers of statins, which help lower your cholesterol. In fact, 1 in 4 Americans over the age of 40 are on these drugs; soon to be 1 in 3. Malhotra is greatly troubled by these kinds of statistics.

*“This is a drug that was marketed over the last three decades as being a wonder drug. It’s driven a multi-trillion dollar industry. We’re only now realizing that the benefits of statins have been grossly exaggerated and the side effects underplayed. One of the reasons for that is that most if not all of the studies that drove the guidelines, and the information around statin prescription, were industry-sponsored studies.*

*One of the things we have neglected in medicine is this issue around absolute risk and relative risk. The reality is if you look at the published data ... if you have heart disease and you’ve had a heart attack, then taking a statin every day for five years, there’s a 1 in 83 chance that [statin] will save your life.*

*That means in 82 of 83 cases, it’s **not** going to save your life. That information isn’t given to patients, but it’s really important. Actually that’s a much more informative and transparent way to understand the benefit they’re going to get.*

*On top of that when you look at people with lower risk, otherwise healthy people, there is **no** mortality benefit. People should know that if they haven’t had a heart attack, according to the published literature, they are not high risk and they’re going to live one day longer from taking statins.”*

## Statins Are Associated With Serious Side Effects



Then there's the issue of side effects. According to Malhotra, between 1 in 3 and 1 in 5 patients suffer unacceptable side effects (which he qualifies as side effects that interfere with or diminish the quality of your life). Muscle pain is the most significant side effect reported followed by fatigue (mostly in women). This isn't very surprising, considering the fact that statins are essentially a metabolic blocker and mitochondrial poison.

They inhibit an enzyme called HMG-CoA reductase. This is how they lower cholesterol. But that same enzyme is also responsible for a number of other things like making coenzyme Q10, which is why muscle pain and fatigue are so common. This is in fact a sign that your CoQ10 is being depleted, and you don't have enough cellular energy.

Statins also block the formation of ketones, which are an essential part of mitochondrial nutrition and overall health. If you can't make ketones, you impair the metabolism in your entire body, including your heart, thereby raising your risk for heart problems and a variety of other diseases. It's also been established that within a few years of taking statins, the drug causes Type 2 diabetes in 1 out of 100 patients.

That too can be a significant tradeoff that needs to be taken into account, as diabetes is a risk factor for heart disease and other chronic diseases. Dr. Michel de Lorgeril, a well-respected French cardiologist at Grenoble University reopened the debate about statins after publishing a review in which he questions whether statins actually have any benefit at all.

*"He pointed out several discrepancies in the original trials ... statistical manipulation, conflict of interest ..." Malhotra says. "He's actually suggested that maybe nobody benefits from statins; even people on statins for prevention.*

*He says that unless we get access to the raw data, independent analysis, the actual claims about the benefits of statins are not evidence-based. Now, I'm not personally saying that. I'm saying this is really intriguing and certainly raises as many questions ... This is something that people need to know about. Even if we use the published literature at face value properly, people would be better informed. That's the way forward in my view."*

## More Information

In 2017 Malhotra finalized a film called “The Big Fat Fix,” which presents a dietary protocol that incorporates many of the components of the Mediterranean lifestyle to help you reduce your risk of obesity, reverse Type 2 diabetes and improve your cardiovascular health.

*“We went to visit the village where Ancel Keys spent six months each year for 30 years doing his research. They had very high longevity. We try and find out what the secrets were and how things got misinterpreted,” Malhotra says. “This is really what the film will show. Where did things go wrong and where do we go from here?”*

For more information, please visit Malhotra’s website, [DoctorAseem.com](http://DoctorAseem.com), where you can find his blog, academic publications, newspaper articles and interviews.

## Sources and References

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- <sup>1</sup> [BMJ October 2013](#)