

# Can Cholesterol Be Too Low?



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By **Stephen T. Sinatra**, M.D., F.A.C.C., F.A.C.N., C.N.S., C.B.T.

When I was a young cardiologist, I lectured on behalf of pharmaceutical companies, praising statin drugs and earning myself the nickname of “cholesterol choirboy.” Several years later, I discovered the dark side of statins – that they cause coenzyme Q10 depletion – and changed my tune.

Coenzyme Q10, you see, is absolutely essential for health – we need it to make cellular energy (also known as adenosine triphosphate, or ATP). A heart without enough energy eventually fails. So, any drug that prevents the body from making the energy it needs to stay healthy is not a good primary prevention therapy in my book.

But there’s another dark side to [statins](#) – they can lower cholesterol too much.

## The Great Cholesterol Myth – Why Statins Are Not the Preventative Answer

Through extensive research, I discovered that cholesterol is *not* the primary cause of heart disease– as we’d all been led to believe, and eventually coauthored a book about it, [The Great Cholesterol Myth](#). In a nutshell, cholesterol is, at best, a minor contributor to heart disease – it’s found at the scene of the crime, but isn’t the perpetrator. The real smoking gun – the one we really need to hone in on – is [inflammation](#).

And, despite the fact that doctors have been prescribing statins like candy, cardiovascular disease has steadily maintained its position as the number one killer of adults in their 40s, 50s and 60s. Should some Baby Boomers and [Generation Xers](#) be on

statins? Sure – statins are highly effective anti-inflammatories, and I'd still prescribe them for middle-aged men with documented arterial disease and for very high risk women.

So you might be scratching your head now, wondering, “if statins are anti-inflammatory, and inflammation is the true cause of heart disease, aren't statins a good solution?”

No – with statins come too many negative side effects. Besides coQ10 depletion, cholesterol levels can drop too low.

## Is Having Too Low Cholesterol Dangerous?

In short, yes. There's a reason your body makes cholesterol. You need it to maintain equilibrium in your body and stay healthy.

Cholesterol is a vital component found in every cell in our bodies. We need it to produce cell membranes, hormones, vitamin D and for overall nerve function. When our cholesterol levels are too low, our bodies and brain pay the price. As the authors of [this Psychology Today article](#) so succinctly put it:

“Low serum cholesterol has been linked in numerous scientific papers to suicide, accidents, and violence...and depleting the ability of the brain and body to make cholesterol through aggressive cholesterol-lowering medication could cause a change in how the brain works.”

Your brain is made mostly of fat, and needs cholesterol to regulate your mood and help you think. Memory loss is another frequent side effect of statin use, most likely due to cholesterol levels being too low.

I don't know about you, but I'd take higher cholesterol over cognitive decline any day.

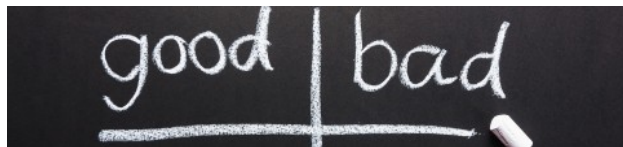
## What is Considered Low Cholesterol?

Many conventional medical doctors will tell you that your total cholesterol should be less than 200 mg/dL. I strongly disagree, and wouldn't worry about your total cholesterol unless it's nearing 300 (at which point your risk of stroke increases). I also wouldn't worry about an LDL number that is less than 130 mg/dL.

What you really need to know about LDL, is what LDL *subtype patterns* you're dealing with. Since LDL is only dangerous when it oxidizes, what you really want to know is if you have an LDL subtype pattern that is more prone to oxidation. Standard cholesterol testing won't give you this information. You need to have cholesterol particle size testing done, something doctors don't usually do.

And many doctors are still following the advice of the American Heart Association (AHA), which in 2004, updated its LDL guidelines, and lowered the recommended level of LDL cholesterol from 130 to less than 100, and regardless of LDL subtype.

Oh boy, this is one of those instances that really makes me question the direction Western medicine is moving in...



## Types of Cholesterol

There are all sorts of pages on the Web right now that still reflect outdated, overly simplified information about cholesterol, and your doctor may also be telling you the same things. Here are the basics of cholesterol that ... Continue reading



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## Normal Cholesterol Levels

I believe heart-healthy, [normal cholesterol levels should fall within these ranges](#):

- Total cholesterol – 180–240 mg/dL
- LDL cholesterol – 80–130 mg/dL
- HDL cholesterol – 40–90 mg/dL for women; 35–90 mg/dL for men.

At what point is cholesterol too low? I would say when your LDL gets below 80 mg/dL, you're entering abnormally low cholesterol territory. It's important to also note that very high HDL over 90 can be dysfunctional. And if your total cholesterol is less than 120 mg/dL, it could indicate a problem with your metabolism; definitely check with your doctor if this is the case.

If your LDL is somewhere between 130 and 160 mg/dL, try weight loss and other anti-inflammatory lifestyle interventions like moderate, regular exercise, and targeted nutritional supports (see below).

## Triglyceride-to-HDL Ratio: A Better Risk Indicator than Cholesterol Levels

Even though I don't focus on cholesterol numbers unless they're extreme, I wouldn't forgo the standard blood tests your doctor orders. There are two numbers you can get from standard testing that are very important to know: your triglyceride (blood fat) and HDL cholesterol numbers. The ratio of these two is a much better indicator of cardiovascular risk than standard HDL and LDL cholesterol levels. Twenty years ago, [a Harvard study](#) showed that people with the highest triglyceride/HDL ratios had sixteen times the risk of developing heart disease, than those with the lowest ratios! To get your triglyceride to HDL ratio, you just divide your triglyceride number by your total HDL number. For example:

- If your triglycerides are 200 and your HDL is 50, your ratio is 4
- If your triglycerides are 100 and your HDL is 50, your ratio is 2

If your ratio is 2, you're probably just fine, no matter what your cholesterol numbers are. A ratio of 5 is problematic, and you really need to start making some changes in the way you live.

## Anti-Inflammatory Lifestyle – A Better Heart Disease Prevention Plan

Adopting an anti-inflammatory *lifestyle* is the key to heart disease prevention (or reversal!) – here are some of the major areas you want to cover:

## Eat the PAMM (Pan-Asian Modified Mediterranean) way!

We all gotta eat, and a healthy diet is one of the easiest, most effective ways to combat inflammation. PAMM combines the best foods from traditional Japanese and Mediterranean cultures, both known for their health and longevity. And, yes, moderate amounts of saturated fat – the kind that is linked to higher cholesterol – are allowed. Eating the PAMM way is anti-inflammatory because: (1) insulin response is limited, (2) free radical activity in the body is minimized, and (3) you get lots of fiber to help quickly move toxins and food through your digestive tract. [Get the details on PAMM here.](#)



### Mediterranean Diet: Optimal Body and Brain Fuel

Let's face it: most of us "eat with our eyes." We tend to choose food for ourselves and our families that is easy to grab and which looks good. Same with foods that taste and smell great; who ... [Continue reading](#)



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## Regularly engage in moderate (not strenuous) exercise

Just 20 to 30 minutes a day of something you enjoy will boost your heart health in so many ways: walking the dog, dancing, playing with the kids, not-too competitive sports – whatever you do, do it for you!

## Keep your stress levels down / effectively manage your stress

Like bad fats, toxins, and sugar (what I call "the Villains In Your Body"), emotional stress inflames your arteries, through constant stress hormone release. Managing stress is such a huge part of an anti-inflammatory lifestyle, I've dedicated a whole section at HeartMD to it – you can read all sorts of [articles about the effects of stress and how to manage it here](#). I've also just published an [ebook about stress](#).

## Detox

As with Stress, I cannot underestimate the importance of detoxification to keep inflammation at bay: avoid toxins and detoxify through the foods you eat, exercise, sweating and other methods – [learn more about detox here](#).

## Targeted Nutritional Supports

Bolstering a healthy, anti-inflammatory diet with targeted nutritional supplements is a knockout punch against inflammation. [Here are my top 6 recommendations.](#)

## Earthing, or Grounding

It's so simple, but somehow we've lost touch with it – direct connection with the Earth. [Walking or standing barefoot on the Earth's surface](#) – grass, sand, in the ocean, and even on stone or unpainted concrete – plugs us back in to the Earth's healing energy, which has a normalizing effect on our nervous systems (and also helps us counteract the inflammatory effects of stress).

Together, all these lifestyle habits can help you prevent or reverse heart disease because you're tackling the true cause - inflammation.

And if your doctor insists that you take a statin to treat your "high" cholesterol, I would ask for a cholesterol particle size test like the VAP test. Without knowing what subtypes of cholesterol you're dealing with, statin therapy is a shot in the dark. Think about it...are the side effects of abnormally low cholesterol worth it?

#### References:

- Deans E. [Low Cholesterol and Suicide](#). *Psychology Today*, March 21, 2011.
- Sinatra ST, Bowden J. *The Great Cholesterol Myth* (Fair Winds Press, 2012).
- Sinatra ST. Heart Tests: The Sinatra-Smart Zone Scores. Drsinatra.com, accessed Jan. 31, 2018 at <https://www.drsinatra.com/heart-tests-the-sinatra-smart-zone-scores>

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Ginny

on April 21, 2018 at 11:22 am

Hello,

I recently had a Boston Heart test done and it said I have non-HDL-C level of 214. I'm reading your book *The Great Cholesterol Myth* and don't see non-HDL-C mentioned. Can you tell me what this is?

Thank you.

Ginny

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DAVID W.

on July 13, 2018 at 1:33 pm

Five months ago in March 2018 I experienced A-Fib which resulted in no symptoms. therefore I do not know when the A-Fib occurred at its onset. The discovery was at my Primary Dr.s Intake visit for myself new patient. She sent me to the E.R. and the E.R ran test and released me to a Cardiologist that ran three test. E.K.G. Ego-Gram, P.E.T. Stress, and ultimately an Angio-Gram. The final test showed I.H.D. in the Branch Arteries. An Internal medicine was started immediately which consisted of Eliquis 5mg twice daily, 81 mg aspirin enteric coated once a day, Lipitor 80mg once a day, B/P medicine . My heart Converted on its own about one month post the initial discovery. I have since been stabilized. I read your book about four years ago. So I refused the Lipitor, and the B/P medicine. I currently do not know of any side effects. My Cardiologist got upset at my disclosure. He stated that I will be on Eliquis for the rest of my life. I would like to wean myself off of this drug. Any Ideas or suggestions?

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