

# FACTS ABOUT THE FATS

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**THE COCONUT DIET, BY CHERIE CALBOM**

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## THE BIG FAT MISCONCEPTION

For decades we have been told to cut back on the fats in our diet if we want to maintain a healthy weight and prevent heart disease. Marketers of low-fat foods have championed this concept. But according to the U.S. Centers for Disease Control (CDC) statistics, the results have not been what we were promised. In 1999-2000, an estimated 30 percent of U.S. adults aged 20 years and older – that's nearly 59 million people – were obese, defined as having a body mass index (BMI) of 30 or more, and 64 percent of U.S. adults aged 20 years and older were either overweight or obese, defined as having a BMI of 25 or more. (The BMI is a measuring system that determines obesity based on body-fat content rather than weight.) That accounts for almost two-thirds of the U.S adult population being classified as overweight. And heart disease is still the number one killer in Americans.

Health and Human Services Secretary Tommy G. Thompson said, "We've seen virtually a doubling in the number of obese persons over the past two decades and this has profound health implications. Obesity increases a person's risk for a number of serious conditions, including diabetes, heart disease, stroke, high blood pressure, and some types of cancer.

Obviously, low-fat diets have not helped Americans lose weight. Isn't it time to stop this insanity about fat? Fat is not the substance making most of us overweight. Not that overeating fats wouldn't put weight on, the major culprit for most people is refined carbohydrates – foods like sugar, potato chips, soda pop, pasta, pizza, breads, and other products made with refined grains.

These type of foods are without doubt the major reason Americans are fat. And it' no wonder! They are a big part of the typical American diet.

Consumers have heard for years that they should avoid fat as much as possible. Some people have been on a torturous low-fat regimen, trying to avoid all fat in their diet. Now folks are learning about the dangers of low-fat diets. Health professionals have had a chance to observe the results of years of eating low-fat and no-fat diets- results that have been very detrimental to our health. We need good fats, especially the essential fatty acids, to stay healthy. And we need a certain amount of fat in our diet to prevent overeating.

We are also learning that the saturated fat scare has turned out to be – a "big fat lie"! Gary Taubes wrote a startling article in the New York Times magazine, July 7, 2002, titled "What If It's All Been a Big Fat Lie?" In it he stated:

The cause of obesity [ is] precisely those refined carbohydrates at the base of the famous Food Guide Pyramid – the pasta, rice and bread – that we are told should be the staple of our healthy, low-fat diet, and then add on the sugar or corn syrup in the soft drinks, fruit juices, and sport drinks that we have taken to consuming in quantity if for no other reason than that they are fat free and so appear intrinsically healthy. While the low-fat-is-good-health dogma represents reality as we have come to know it, and the government has spent hundreds of millions of dollars in research trying to prove its worth, the low-carbohydrate message has been relegated to the realm of unscientific fantasy.

Over the past five years, however, there has been a subtle shift in the scientific consensus. Now a small but growing minority of establishment researchers have come to take seriously what the low-card-diet doctors have been saying all along. Walter Willett, chairman of the department of nutrition at the Harvard School of Public Health, may be the most visible proponent of testing this heretic hypothesis.

Willett is the de facto spokesman of the longest-running, most comprehensive diet and health studies ever performed, which have already cost upwards of \$100 million and include data on nearly 300,000 individuals. "Those data," says Willett, " clearly contradict the low-fat-is-good-health message and the idea that all fat is bad for you; the exclusive focus on adverse effects of fat may have contributed to the obesity epidemic."

## **FATS THAT HEAL**

Fats have always been a part of human nutrition, until the late twentieth century that is, and they were even recommended in days of yore for treating serious medical conditions.

Rex Russell, M.D., writes: "It was 1944, and World War II was roaring. A young mother was wasting away with an infection diagnosed as tuberculosis. Antibiotics were unavailable. Her doctor prescribed (1) isolation, (2) bed rest, (3) exercise (eventually), and (4) a diet high in fat. Surprising, but true! High-fat diets were often the recommended protocol by the medical profession during those years. Before you scoff, you might want to know that this lady recovered. She has stayed on this diet through the years. Presently she is enjoying her great-grandchildren.

While the experts claimed, "fats are good," prior to World War II, consumers have heard just the opposite in recent years. What actually constituted a "high-fat" diet prior to the late 1940s was mostly butter, cream, eggs, lard, and beef tallow. Today, just mentioning some of these fats makes many people gasp, but they made up the typical diet of yesteryears. Margarines, which were introduced in the U.S. in 1871, were butter substitutes made with animal fats such as lard and beef tallow or the saturated vegetable oils from coconut oil and palm oils, with yellow dye added to make them look like butter. They were much healthier than the margarine today made of hydro-generated or partially hydro-generated vegetable oil that contains trans fatty acids.

Today, saturated fats are considered by many people to be the worst fats one can consume. However, drastically reducing saturated fats from the modern diet has not solved the nation's health problems. Statistics show that obesity rates are at an all-time high as is heart disease, cancer, diabetes and stroke. The low-fat diet using coconut oil are discovering that many of their ailments as well as excess weight are disappearing and cholesterol and triglycerides are lowering.

## **ABOUT FATS AND OILS**

Fats and Oils are technically known as "lipids." If a lipid is liquid at room temperature, it is called oil. If it is solid, it is called fat. Fats can be found in many food sources in nature: animal products (butter, cream, tallow, and lard), fish (fish oil), vegetable and fruits (olive, avocado, corn), nuts (walnut, coconut, macadamia nut), seeds (grape seed, sesame seed), legumes (peanut, soybean), and whole grains (wheat, rice, rye). Grains must contain all of their components, which we call *whole grains*, to benefit from all the oils present. A diet rich in natural whole foods will be a high-fat diet. It is virtually impossible to eliminate fats from our food unless we refine them. Fats are an essential part of life. Without them, we could not survive.

Four vitamins – A, D, E, and K –are fat-soluble vitamins, meaning they are soluble in fat and fat transports them in our body. When fat is removed from a food, many of the fat-soluble vitamins and other healthful compounds are also removed and the carrier of fat-soluble vitamins is unavailable.

Fat also gives rich flavor to food. It adds satiety to a meal- a feeling of having had enough to eat. Fat-free and low-fat foods are one of the reasons some people overeat carbohydrates, which really packs on the pounds. These people just don't feel as if they've had enough to eat many times, even when the volume has been more than ample.

One very good reason to add coconut oil to your weight loss plan is that it satisfies hunger better than any other fat, as well as most other types of food. For this reason, many people say they feel full eating less food at a meal and can go longer periods of time without getting hungry. This helps prevent unnecessary snacking.

## THE BENEFITS OF SATURATED FATS

Saturated fats have not only been major part of our forefathers' diets, they have been a big part of the diets of traditional cultures. Tropical diets, for example, obtain much of their fats from coconut and palm oils, which are rich in saturated fats. These cultures have not had the obesity problems that we see today in American culture, even though they've had a diet high in saturated fats.

Saturated fats have a long history of use in traditional cultures because they are very stable fats that do not easily oxidize (turn rancid). Virgin Coconut Oil, for example, will not turn rancid at room temperature in the tropics for up to two years. Conversely, the refined oils that many Americans use are very unstable and turn rancid(Oxidize) quickly. Heating polyunsaturated fatty acids (PaFAs) tends to polymerize these oils(form chemical compounds known as polymers). Oxidized oils are very toxic to the body and they can cause widespread free-radical damage.

In addition to their shelf stability, saturated fats have many important roles in the body's chemistry: for example:

- Saturated fatty acids constitute at least 50 percent of cell membranes. They give necessary firmness and integrity.
- Saturated fats play a vital role in the health of bones. For example, at least 50 percent of dietary fats need to be saturated for calcium to be effectively incorporated into the skeletal structure.
- Saturated fats lower Lp(a), a substance in the blood that indicates proneness to heart disease.
- Saturated fats protect the liver from toxic effects of alcohol and certain drugs.
- Saturated fats enhance the immune system.
- Saturated fats are needed for the proper utilization of essential fatty acids. Elongated omega-3 fatty acids are better retained in tissues when the diet is rich in saturated fats.
- Saturated 18-carbon stearic acid and 16-carbon palmitic acid are preferred foods for the heart: the fat around the heart muscle is highly saturated. The heart draws on this reserve of fat in times of stress.

## TOXIC OILS

Walk into any major grocery store or retail food chain and visit the cooking oil section – you will not find much in the form of saturated fats such as coconut or palm oils. Oils, known as *polyunsaturated oils*, have replaced saturated fats in modern cooking.

Unfortunately, polyunsaturated oils are not stable; they are very prone to oxidation. Modern commercial oils are a recent addition to the diet. After World War II, manufacturers developed a process to make them more shelf stable. Hydro-generating, or partially hydro-generating these oils also makes them more solid (mimicking saturated fats) and useful for baking and deep-frying.

The most common polyunsaturated oils commercially processed in United States are soy, corn, cottonseed, rapeseed, and safflower; 90 percent of all margarines are made from soy oil and are loaded with toxic fatty acids. Research shows that the hydro-generation of these polyunsaturated oils creates a whole new subclass of fats called *trans-fatty acids*. These trans fats are not found in any appreciable amounts in nature and are very toxic. Studies are now showing that trans-fatty acids are linked to cardiovascular disease, diabetes and cancer.

In January 2004, Denmark became the first country in the world to ban the manufacture of trans-fatty acids in its foods. In Europe, the consumption of trans-fatty acids is decreasing. In the United States, the FDA is requiring all food manufacturers to list trans-fatty acids on the nutrition panel of their labels by the year 2006. the FDA website gives the following warnings:

On July 9, 2003, FDA issued a regulation requiring manufacturers to list trans-fatty acids, or trans fat, on the Nutrition Facts panel of foods and some dietary supplements. With this rule, consumers have more information to make healthier food choices that could lower their consumption of trans fat as part of a heart-healthy diet. Scientific reports have confirmed the relationship between trans fat and an increased risk of coronary heart disease. Food manufacturers have until January 1, 2006, to list trans fat on the nutrition label. FDA estimates that by three years after that date, trans fat labeling will have prevented from 600 to 1200 cases of coronary heart disease and 250 to 500 deaths each year.

## **WHICH FATS MAKE US FAT?**

The fatty acid chains in polyunsaturated oils are predominantly long-chain fatty acids (LCTs) while the fatty acid chains in coconut oil are mostly medium-chain fatty acids (MCTs). The scientific community has known for the long time that LCTs tend to produce fat in the body, while MCTs promote weight loss. People in the animal feed business have known this truth for quite some time as well. If you feed animals vegetable oils, they put on weight and produce more meat. If you feed them coconut oil, they will be very lean and active.

In a study published in the *American Journal of Clinical Nutrition*, for example, rats were fed MCTs and LCTs for six weeks. At the end of six weeks the rats were killed and dissected, and the total dissectible fat and fat cell size and number were determined. MCT-fed rats gained 15 percent less weight than LCT-fed controls. Their conclusion was that "overfeeding MCT diets results in decreased body fat related to increase metabolic rate and thermo-genesis.

Polyunsaturated oils can also contribute to weight gain by suppressing thyroid function, causing a lower metabolic rate that leads to packing on the pounds. Dr. Ray Peat Says:

Linoleic and linolenic acids, the "essential fatty acids," and other polyunsaturated fatty acids, which are now fed to pigs to fatten them, in the form of corn and soybeans, cause the animals' fat to be chemically equivalent to vegetable oil. In the late 1940s, chemical toxins were used to suppress the thyroid function of pigs, to make them get fatter while consuming less food. When that was found to be carcinogenic, it was then found that corn and soybeans had the same anti-thyroid effect, causing the animals to be fattened at low cost. The animals fat becomes chemically similar to the fats in their food, causing it to be equally toxic, and equally fattening.

## **THE SLIMMING FATS**

Coconut oil is nature's richest source of MCTs, which increase metabolic rate and leads to weight loss. MCTs promote what is called thermo-genesis. Thermo-genesis increases the body's metabolism, producing energy. Many studies in the scientific literature support this.

In 1989 a study was completed in the Department of Pediatrics, Vanderbilt University, Nashville, Tennessee. Ten male volunteers (ages 22 to 44) were overfed (150 percent of estimated energy requirement) liquid formula diets containing 40 percent fat as either MCTs or LCTs. Each patient was studied for one week on each diet in a double-blind, crossover design. The researchers noted the following: " Our results demonstrate that excess dietary energy as MCT stimulates thermogenesis to a greater degree than does excess energy as LCT. The increased energy expenditure, most likely due to lipo-genesis [ formation of fatty acids] in the liver, provides evidence that excess energy derived from MCT is stored with lesser efficiency than is excess energy derived from dietary LCT.

In another study recently conducted at the School of Dietetics and Human Nutrition, McGill University, Ste-Anne-de-Bellevue, Quebec, Canada, the effect of diets rich in MCTs or LCTs on body composition, energy expenditure, substrate oxidation, subjective appetite, and ad libitum energy intake in overweight men was documented. Twenty-four healthy, overweight men with body mass indexes between 25 and 31 kg/m<sup>2</sup> consumed diets rich in MCT or LCT for 28 days, each in a crossover randomized controlled trial. The researchers concluded: "Consumption of a diet rich in MCTs results in greater loss of AT [adipose tissue] compared with LCTs, perhaps due to increased energy expenditure and fat oxidation observed with MCT intake. Thus, MCTs may be considered as agents that aid in the prevention of obesity or potentially stimulate weight loss.

One “slimming fat” is a little known fatty acid called conjugated linoleic acid (CLA) found almost exclusively in ruminant animals and dairy fats. Research has shown that CLA tends to normalize body fat deposition. Without CLA, dietary fat tends to be stored in fat cells. Because CLA is negligible in most American diets, we can have trouble controlling our weight. The body cannot produce CLA; it must get it from food, the primary sources being beef and dairy products.

Americans do tend to eat a lot of meat products, so why are our CLA levels so low? People who study such things have found that the CLA content of these foods, if produced in the United States, is low. CLA count started falling around 1950, about the same time that farmers began feeding cattle and dairy cows in feedlots, rather than allowing them to graze in pastures. Eating grass is what produces CLA in dairy cows and cattle.

We can, however, make CLA from the tran-vaccenic acid that comes from milk fat. But most of us don't eat much butter, cheese, or cream. And that's a good idea because most of the animals in this country are not organically raised; indeed, they are injected with or fed antibiotics and growth hormones and pesticide-sprayed food. Toxins tend to be stored in the fat more than the muscle, and therefore, eating a lot of animal fat from factory farm-raised animals isn't the best idea.

In light of these facts, it is best to purchase grass-fed beef that has been raised organically(not injected with hormones and antibiotics), and to purchase dairy products from cows that are grass-fed and raised organically.

Best of all, you can include one of the most effective slimming fats, Virgin Coconut Oil into your daily diet and watch the pounds melt away.

## **MORE SCIENTIFIC EVIDENCE ON THE WEIGHT LOSS EFFECTS OF MCTS**

Scientific studies have reported that the fatty acids from MCTs are not easily converted into stored triglycerides and that MCTs are not readily used by the body to make larger fat molecules. One animal feeding study evaluated body weight and fat storage for three different diets—a low-fat diet, a high-fat diet containing LCTs, and a high-fat diet containing MCTs. All animals were fed the selected diets for 44 days. At the end of that time, the low-fat diet group had stored an average of 0.47 grams of fat per day; the LCT group stored 0.48 grams per day, while the MCT group deposited only 0.19 grams of fat per day – a 60 percent reduction in the amount of fat stored. The authors concluded: “the change from low-fat diet to a MCT diet is attended by decrease in the body weight gain.”

This study points out two important facts: First, when MCTs are substituted for LCTs in the diet, the body is much less inclined to store fat. Second, when we eat sensibly, a diet containing MCTs is more effective than a low-fat diet at decreasing stored fat.

In a human study, researchers compared the metabolic effects of 400- calorie meals of MCTs and LCTs by measuring metabolic rates prior to six hours following the test meals. The results showed that the MCT –containing meals caused an average 12 percent increase in basal metabolic rate as compared with a 4 percent increase with the LCT –containing meal. The authors concluded that replacing dietary fats with MCTs could “over long periods of time produce weight loss even in the absence of reduced [caloric] intake.

## **ESSENTIAL FATTY ACIDS**

Two fatty acids are considered essential to human health and cannot be formed in the body – omega-3 (alpha-linolenic acid) and omega-6 (linoleic) fatty acids; they must be supplied through diet. Because it is believed that our body cannot manufacture these fatty acids, they are considered essential fatty acids (EFAs).

Although these fatty acids are essential, our bodies do not need a lot of them. It is believed we need only about 2 to 3 percent of our caloric intake from omega-6 fatty acids and about 0.5 to 1.5 percent of our caloric intake from omega-3 fatty acids. Omega-6 fatty acids are primarily found in foods such as corn, soybean, sunflower seeds, and cottonseeds. Omega-3 fatty acids are found primarily in flax and hemp seed, fish, and fish oils.

Because of the amount of polyunsaturated oils in a contemporary diet, most people consume a much higher ratio of omega-6 to omega-3 fatty acids. In addition, research shows that a proper amount of saturated fat is needed in the diet to enable the body to adequately utilize omega-3 fatty acids, leading to potential health problems such as sleep disorders, depression, memory problems, weight gain, dry hair and skin, hair loss, brittle fingernails, allergies, poor concentration, arthritis, and fatigue.

One of the best ways to increase intake of omega-3 fatty acids is by supplementing the diet with a good brand of cod liver oil. (Look for cod liver oil that comes from cod caught in the waters around Iceland or Norway.) Fish oil provides two essential fatty acids found in the omega-3 family called EPA (eicosapentaenoic acid) and DHA (docosahexaenoic acid), which are found in plant sources. Some studies have linked EPA and DHA to certain health benefits, such as improved vision and mental awareness, as well as prevention of diseases like cancer and heart disease. Cod liver oil is also high in vitamin D, a nutrient many people are lacking, especially during the long winter months when there is little exposure to sunlight. It is also a good source of vitamin A, which may be particularly helpful for people with a hypothyroid condition.

## **CHOLESTEROL AND SATURATED FATS**

There is a question as to whether cholesterol causes heart disease. Uffe Ravnskov, M.D., Ph.D. (*author of The Cholesterol Myths*); Malcom Kendrick, M.D.; Mary Enig, Ph.D.; George Mann, M.D.; Sc.D and many other top researchers have written extensively on the flaws of the “high cholesterol causing heart disease” theory.

More than 60 percent of all heart attacks occur in people with normal cholesterol levels. The majority of people with normal cholesterol levels. The majority of people with high cholesterol levels never have heart attacks.

Looking beyond cholesterol as a cause, researchers are now focusing on the following contributors to heart disease: (1) damaged fats—particularly trans fats, (2) high blood pressure, (3) inflammation, (4) blood clots, (5) the use of oils high in omega-6 fatty acids (polyunsaturated oils), and (6) high levels of homocysteine. The American Heart Association has discovered that people with heart disease all have one thing in common --- inflammation.

Coconut oil and saturated fats have been implicated for many years as a cause of increased cholesterol levels. People often ask whether coconut oil will raise their cholesterol levels.



In an article published in the Indian Coconut Journal, September 1995, Dr. Mary Enig stated, "The problems for coconut oil started four decades ago when researchers fed animals hydrogenated coconut oil that was purposely altered to make it completely devoid of any essential fatty acids. The animals fed the hydrogenated coconut oil (as the only fat source) naturally became essential fatty acid deficient; their serum cholesterol increased. Diets that cause an essential fatty acid deficiency always produce an increase in serum cholesterol levels as well as an increase in the atherosclerotic indices. The same effect has also been seen when other highly hydrogenated oils such as cottonseed, soybean, or corn oils have been fed; so it is clearly a function of the hydrogenated products, either because the oil is essential fatty acid (EFA) deficient or because of trans-fatty acids".

Studies show that coconut oil actually increases (good) HDL cholesterol. When measurements of serum cholesterol (cholesterol levels in the blood) were first done, only the total of both good (HDL) and bad (LDL) cholesterol were read. Now that testing has become more sophisticated, researchers look more at the balance of these two types of cholesterol. They note whether a substance raises cholesterol levels of HDL or LDL levels. In some cases, certain foods lower total cholesterol, but only by lowering good HDL cholesterol, while at the same time actually raising levels of the bad LDL cholesterol.

In studies where animals were fed unprocessed coconut oil, Enig says: "Hostmark et al. (1980) compared the effects of diets containing 10 percent coconut oil and 10 percent sunflower oil on lipoprotein distribution in male Wistar rats. Coconut oil feeding produced significantly lower levels ( $p = 0.05$ ) of pre-beta-lipoproteins (VLDL) and significantly higher ( $p = <0.01$ ) alpha-lipoproteins (HDL) relative to sunflower feeding." She also cited a study by Awad (1981) on Wistar rats fed a diet of either 14 percent (natural) coconut oil or 14 percent safflower oil. Commenting on that study, Dr. Enig says: "Total tissue cholesterol accumulation for animals on the safflower [oil] diet was six times greater than for animals fed the [un-hydrogenated] coconut oil. A conclusion that can be drawn from some of the animal research is that feeding hydrogenated coconut oil devoid of essential fatty acids (EFA) potentiate the formation of atherosclerosis markers. It is of note that animals fed regular coconut oil have less cholesterol deposited in their livers and other parts of their bodies.

A study published in 1973 in the *Journal Nutrition* Reported that long-term feeding of medium-chain triglycerides (MCTs) at fairly high doses was able to reduce cholesterol levels. And as stated earlier, coconut oil is nature's richest source of MCTs.

A study conducted by the Wynn Institute for Metabolic Research, London, examined the composition of human aortic plaques. This study found that the "artery clogging fats" in those who died from heart disease were composed of 26 percent saturated fat; the rest (74 percent) were polyunsaturated fatty acids, such as those found in vegetable oils commonly consumed in today's modern societies. Their conclusion was that "no associations were found with saturated fatty acids." These findings imply a direct influence of the dietary polyunsaturated fatty acids on aortic plaque formation and suggest that current trends favoring increased intake of polyunsaturated fatty acids should be reconsidered.

## **FACTORS THAT CONTRIBUTE TO HEART DISEASE**

One of the solutions to heart disease is to reduce the cause of inflammation – one of the primary being *homocysteine*, a harmless acid-like waste product produced by the consumption of red meat and other protein foods. Homocysteine is normally broken down rapidly by some of the B vitamins, and so under normal circumstances it does not pose a problem. But when adequate amounts of B vitamins are lacking in the diet (which is the case for many people today), homocysteine will build up to dangerous levels and injure the delicate tissue of artery walls. Plaque is then formed at the site of the injury as the attempts to heal the damage.

Studies show that a high level of homocysteine is one of the most dangerous risk factors for heart disease. It increases a person's risk of heart attack by 300 percent. Including extra B vitamin in one's diet could do a lot to prevent heart disease. Not many people do get adequate B vitamins in their diet and still have deficiency. So what's the cause? An under active thyroid gland can be at the root of the problem. When the thyroid gland malfunctions, absorption of B vitamins is inhibited, causing homocysteine levels to rise.

In 1976, Dr. Broda Barnes wrote a book titled *Solved: The riddle of Heart Attacks*, which pointed to the connection between thyroid malfunction and heart attacks. His research was ignored by most of the medical community. But the Third National Health and Nutrition Examination Survey published findings in 2001 that confirmed this connection; they found a definite correlation between high cholesterol, elevated homocysteine, and hypothyroid. It has been found that when thyroid function is correct in patients, homocysteine levels normalize.

An under active thyroid can cause a number of other health problems as well, such as Alzheimer's disease, depression, memory loss, and obesity. Symptoms can include weight gain, loss of sexual desire, cold hands and feet, a weak immune system, constipation, allergies, and much more. Many Americans suffer from under active thyroid gland. Yet the standard thyroid tests don't detect the problem for many people.

The problem is widespread because of the significant agricultural changes over the past five decades that have created alarming mineral deficiencies in our food supply. One of the minerals is iodine, essential to thyroid health.

In the end, heart disease may result from any number of causes. What contributes to heart disease in one individual may not affect another person. It is so important to look at all the factors and make the necessary changes in your lifestyle.

## **FATS FOR LIFE**

For centuries saturated fats have been a healthy part of traditional diets—healthy fats from free-range, grass-fed animals and oils such as coconut oil, which are heavily saturated.

On the other hand, expeller-pressed and solvent-extracted seed-based oils have around for less than 100 years. These polyunsaturated oils are very susceptible to rancidity (oxidation) and easily turns to trans-fatty acids when hydrogenated and oxidize when heated to high temperatures. They must be heavily refined and then hydrogenated to become a solid fat like margarine, which is loaded with toxic trans-fatty acids. Many studies now show that these oils lead to modern diseases and sicknesses that were not common among people eating traditional diets.

The much-maligned saturated fats—which many Americans have tried so hard to avoid—do not appear to be the major cause of heart disease or obesity. They have been a part of healthy traditional diets for centuries and have not been a part implicated in weight gain. Coconut oil, in particular, has been particularly helpful for weight loss and beneficial for people who suffer with hypothyroid, diabetes, chronic fatigue syndrome, irritable bowel syndrome (IBS), Crohn's disease, and other digestive disorders.