

News & Views >

Re: Saturated fat is not the major issue Aseem Malhotra, 347:doi 10.1136/bmi.f6340

Education ~

Research -

Artery Disease. Re: Saturated fat is not the major issue

In the mid-1990s, as one of the reviewers for the American Heart Association, the first author introduced a then controversial theory stating that Coronary Artery Disease (CAD) is the result of an inflammatory process which impairs the ability of the coronary arteries to dilate and increase coronary blood flow when needed, thus producing regional blood flow differences resulting in angina [1-3].

In recent years, individuals promoting various dietary and lifestyle changes – particularly those promoting LowCarb-Keto diets have focused on obesity. They justify this dietary approach by showing potential weight loss, and showing reductions in cholesterol levels – or when that fails – stating that cholesterol and saturated fat are myths and not responsible for inflammatory coronary artery disease [4].

This claim - that saturated fat and cholesterol are not responsible for the development of inflammatory CAD - cannot be taken seriously, and completely ignores the fact that the Inflammation and Heart Disease Theory itself, includes and explains the impact cholesterol and saturated fat have on this inflammatory process [3,5]. Such claims introduce yet another misconception regarding the frequently misunderstood process of "clogging of the arteries" as the narrowing of the coronary lumen so frequently referred to, is actually a late process in the inflammatory change of CAD [6-12].

Further work has also demonstrated that the relationship between weight loss, changes in lipids and other blood tests, do not correlate well [13] with actual tissue changes – viz. CAD – thereby limiting the discussion and emphasizing the need for quantitative measurements [14, 15] of the impact of LowCarb-Keto, and other diets, before physicians and others, can claim health benefits from these or other diets [16,17].

References

thebmi

- Fleming RM. Chapter 29. Atherosclerosis: Understanding the relationship between coronary artery disease and stenosis flow reserve. Textbook of Angiology. John C. Chang Editor, Springer-Verlag, New York, NY. 1999. pp. 381-387.
- 2. Fleming RM. Chapter 30. Cholesterol, Triglycerides and the treatment of hyperlipidemias. Textbook of Angiology. John C. Chang Editor, Springer-Verlag, New York, NY. 1999, pp. 388-396.
- Fleming RM. Chapter 64. The Pathogenesis of Vascular Disease. Textbook of Angiology. John C. Chang Editor, Springer-Verlag New York, NY. 1999, pp. 787-798.
- 4. Malhotra A, Redberg R, Meier P. Saturated fat does not clog the arteries: coronary heart disease is a chronic inflammatory condition, the risk of which can be effectively reduced from healthy lifestyle interventions. British J Sports Med 2017;51:1111-1112.

16 February 2020

Archive

lobs v

Campaigns v

Fleming Fleming, Ph.D., M.D., J.D.

For authors

Physicist-Cardiologist
Matthew R Fleming, BS, NRP (FHHI-OI-Camelot); Tapan
K. Chaudhuri, MD (Eastern Virginia Medical School)
FHHI-OI-Camelot
Los Angeles, CA

Hosted

Search

Respond to this article

Read all responses to this article

BMJ 347:doi10.1136/bmj.f6340



Research - Edu

Education - Ne

News & Views - (

Campaigns v

Jobs v

Arc

- 5. 20/20 Segment on Heart Disease and Inflammation. https://www.youtube.com/watch?v=Hvb_Ced7KyA&t=22s
- Glagov S, Weisenberg E, Zarins CK, Stankunavicius R, Kolettis GJ. Compensatory enlargement of human atherosclerotic coronary arteries. N Engl J Med 1987;316(22):1371-1375.
- 7. Fleming RM., Kirkeeide RL, Smalling RW, Gould KL. Patterns in Visual Interpretation of Coronary Arteriograms as Detected by Quantitative Coronary Arteriography. J Am Coll. Cardiol. 1991;18:945-951.
- 8. Fleming RM, Harrington GM. Quantitative Coronary Arteriography and its Assessment of Atherosclerosis. Part 1. Examining the Independent Variables. Angiology 1994;45(10):829-833.
- 9. Fleming RM, Harrington GM. Quantitative Coronary Arteriography and its Assessment of Atherosclerosis. Part 2. Calculating Stenosis Flow Reserve Directly from Percent Diameter Stenosis. Angiology 1994;45(10):835-840.
- 10. Fleming RM. Shortcomings of coronary angiography. Letter to the Editor. Cleve Clin J Med 2000;67:450.
- 11. Fleming RM. Coronary Artery Disease is More than Just Coronary Lumen Disease. Amer J Card 2001;88:599-600.
- 12. Fleming RM, Harrington GM. TAM-A.7 Sestamibi redistribution measurement defines ischemic coronary artery lumen disease. 56th Annual Meeting of the Health Physics Society. (American Conference of Radiological Safety) West Palm Beach, FL, USA, 30 June 2011. http://hpschapters.org/2011AM/program

/singlesession.php3?sessid=TAM-A

- 13. Fleming RM, Harrington GM. What is the Relationship between Myocardial Perfusion Imaging and Coronary Artery Disease Risk Factors and Markers of Inflammation? Angiology 2008;59:16-25.
- 14. The Fleming Method for Tissue and Vascular Differentiation and Metabolism (FMTVDM) using same state single or sequential quantification comparisons. Patent Number 9566037. Issued 02/14/2017.
- 15. Fleming RM, Fleming MR, Chaudhuri TK. Replacing Cardiovascular Risk Factors with True Al and Absolute Quantifiable Measurement (FMTVDM) of Coronary Artery Disease. Inter J Res Studies Med & Health Sci. 2019;4(11):11-13. ISSN:2456-6373.
- 16. Fleming RM, Fleming MR, Chaudhuri TK. Are we prescribing the right diets and drugs for CAD, T2D, Cancer and Obesity? Int J Nuclear Med Radioactive Subs 2019;2(2):000115.
- 17. Fleming RM, Fleming MR, Chaudhuri TK, Harrington GM. Cardiovascular Outcomes of Diet Counseling. Edel J Biomed Res Rev. 2019;1(1):20-29.

Competing interests: FMTVDM issues to first author. First author developed the Inflammation and Heart Disease Theory.