

THE HEALTH NUGGET



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Peeling Back the Layers

In the 1970s, as he was dying of cancer, the premier of China initiated a nationwide survey of death rates for twelve different kinds of cancer in more than 2,400 counties. It involved 880 million Chinese citizens. The results revealed intriguing differences in disease rates among different localities, "...some cancers were more than 100 times greater than counties with the lowest rates of these cancers."¹ Drs. T. Colin Campbell and Junshi Chen, scientist from China, were prompted by this research to ask questions which led to the now famous China Study. They wondered what the reasons were for the discrepancies in disease prevalence. How did differences in dietary habits and lifestyle weigh in?

The fact that overall China had much less cancer than the U.S. also triggered curiosity especially in view of the fact that only 9-10% of their total calories came from protein and only 10% of that was derived from animal sources. Compare this to the U.S. where 80% of our protein intake comes from animal sources. Interestingly, the Chinese consume more calories, less fat, less protein, less animal foods, more fiber and more iron. From his past lab research and experimentation, Campbell had shown powerful connections between dietary components and disease risk, but would it run consistent in real life with what was found in the Chinese?

From the 48 different diseases assessed, two groups emerged, disease of affluence in developed areas and disease of poverty in agricultural areas. Above all else, Campbell concluded that, "the strongest predictors" of the diseases of affluence, seen in

developed areas all over the world, was blood cholesterol. As blood cholesterol in certain Chinese counties increased so did Western disease. The average blood cholesterol in China was 127 mg/dL. The average in America is 215 mg/dL, nearly 100 points higher!

Cholesterol levels are often thrown around like scores on the latest football games. We assume when our doctor tells us that our cholesterol of 275 is too high, dropping to 200 is sufficient. While this drop is an improvement, "*we know that 35% of heart attacks strike Americans who have cholesterol levels between 150-200 mg/dL.*"² Three of the most prominent heart disease researchers and physicians in America, one, the director of the famous Framingham Heart Study, a surgeon, and the other, an editor of the prestigious medical journal *Cardiology*, claim to have never seen a heart disease fatality in those whose blood cholesterol levels were below 150 mg/dL.

Elevated cholesterol levels are most commonly linked to heart disease, and for good reason. Heart disease is our nation's leading killer. For example, "Women's death rate from heart disease is *eight times higher* than their death rate from breast cancer."³

But Dr. Campbell and his team were amazed to find blood cholesterol had a significant relationship with much more than just heart disease. "*Lower blood cholesterol levels are linked to lower rates of heart disease, cancer and other Western diseases, even at levels far below those considered 'safe' in the West. . . .* As blood cholesterol levels decreased from 170 mg/dL to 90 mg/dL, cancers of the liver, rectum, colon, male lung, female lung, breast, childhood leukemia, adult

leukemia, childhood brain, adult brain, stomach and esophagus (throat) decreased.”⁴

Not only did Campbell identify blood cholesterol as the main culprit in Western disease, he also pinpointed the main dietary contributor of elevated blood cholesterol levels. First, it was observed that consuming animal based foods was strongly correlated with increased levels while plant based foods were correlated with low blood cholesterol. Then, more specifically, it was found that animal protein was a leading culprit to this association. In the Chinese observations as well as in smaller studies conducted by other researchers in the U.S., plus dozens of experimental studies with animals, animal protein, including casein from dairy, was found to considerably raise cholesterol levels whereas plant protein, like soy, was found to lower cholesterol levels. “Several studies have now shown, in both experimental animals and humans, that consuming animal-based protein increases blood cholesterol levels. Saturated fat and dietary cholesterol also raise blood cholesterol, although these nutrients are not as effective at doing this as animal protein.”⁵

On average, a mere 7.1 grams of animal protein are consumed a day in rural China. In America, we average 70 grams a day. This very fact must be taken into consideration when comparing the dramatic differences between the health status of the Chinese and the Americans. The heart disease rate was, at the time of the study, 17 times higher in American men than among Chinese men.

The over-consumption of animal foods has done more devastation to our hearts than many have realized. Campbell concludes though that no one nutrient should be blamed or isolated as the supreme cause. “*Everything in food works together to create health or disease.* The more we think that a single chemical characterizes a whole food, the more we stray into idiocy.”⁶ Yet, I think that he would agree that in order to see the broader picture, it is often helpful, and even necessary, to dissect the individual

aspects of lifestyle and the disease process. Scientific research involves peeling back layers of information—the true, false, believed or hypothetical—seeking to get closer to the heart of the matter.

Often, many of us are daily dealing with distressing, hurtful situations that seem to have no answers, and only seem to increase in intensity. To hide the pain, we start ‘adding layers’ to cover it up. Peeling back those layers on interpersonal, emotional and/or spiritual matters, getting to the core of the problem, exposing it for what it is, is often a path that involves intense pain, vulnerability, at times frustration and overwhelmed feelings of failure and insecurity. We are aware of this to some degree and as a result consistently settle for the easy path of not dealing with an issue, of hiding behind a wall. We fear to bring it up, avoiding the conflict, the drama. But what is the result? The wall we erect, and at least partially hide behind, becomes a barrier to experiencing the true desire and need of our hearts—intimacy. The unresolved, unexplained, undealt with leads to impaired emotional heart health. Thankfully, both physical and emotional heart disease is reversible.

The Bible says that, “. . .the word of God is living and active. Sharper than any double-edged sword, it penetrates even to dividing soul and spirit, joints and marrow; it judges the thoughts and attitudes of the heart. Nothing in all creation is hidden from God’s sight. Everything is uncovered and laid bare before the eyes of Him to whom we must give account” (Hebrews 4:12-13, NIV).

His word is one of the means by which God seeks to experience deeper intimacy with you. He desires to go deeper than mere externals. His heart longs to commune with yours. “Deep calleth unto deep. . .” (Psalms 42:7). The resulting level of intimacy is the incredible reward of peeling back the layers.

¹ Campbell, T. Colin. *The China Study*, p. 71.

² *ibid.* p. 132.

³ *ibid.* p. 111.

⁴ *ibid.* pp. 78-79.

⁵ *ibid.* p. 80.

⁶ *ibid.* p. 106.

