vI am a Board Certified Internist and have passed the Lipidology Boards of the National Lipid association.
I think this book is important because it gets half of it right.
Kudos for promoting LDL-P, CAC and CIMT.
Jimmie has not yet had a CIMT.
He also did not publish his **HDL-P** of 30.7.

As Jimmies writes, **it is about the particles not the cholesterol.**

His high **HDL-C** is meaningless as he has a small amount of HDL particles loaded with cholesterol. This has no bearing on the **functionality** of his HDL-P.

The 5 quoted lines are from the two references listed below:
a) " It has also been demonstrated that *small, dense,* spherical HDL particles are *more effective* in mediating the
1- antioxidant,
2-anti-inflammatory,
3-antiapoptotic, and
4-anti-infective properties of HDL."

b) "Importantly, the cholesterol content itself of HDL particles is not atheroprotective.
Thus, **HDL-C should not be considered a surrogate marker of HDL functionality."**

c)"Unlike LDL cholesterol, HDL-C appears **not** to be associated with varying levels of cardiovascular risk nor to have a causal role in the atherosclerotic disease process."

d)"In the current issue of Circulation, Mora et al14 present further data highlighting the potential clinical distinction between cholesterol- and particle-based measures of HDL.
In an analysis of 10886 patients from the JUPITER study (Justification for the Use of Statins in Primary Prevention: An Intervention Trial Evaluating Rosuvastatin), the authors reported *that the on-treatment concentration of **HDL particles,** as measured by nuclear magnetic resonance spectroscopy, was inversely associated with adverse cardiovascular events both in patients given placebo and in rosuvastatin-treated patients.*
This contrasts with a previous report by this group in which **HDL-C** was found to **not** be significantly associated with cardiovascular events in the statin-treated group"

My major concern with the book is that in patients with
1-elevated LDL-P greater than 1,000
2- positive CAC (coronary arterial calcium done with CT scan) and/or
3- a positive CIMT (carotid intimal media thickness by Ultrasound)
are told by Dr. Bowden to treat the plaque with (page 164):
1- magnesium
2- co-enzyme Q,

3-resveratrol,
4-curcumin,
5-vitamin D,
6-vitamin C, and
7-citrus bergamot
8- Dr Fred Pescatore advises **Chelation therapy** 165.

On page 163 a chapter is titled:
"The Risks from Statins outweighs the absolute risks of having a heart attack."
However in the chapter Dr Ravnskov says (p164)
"there is a minuscule **increase of two percentage points in your survival." (on statins)**
No matter how he couches it, he says there is decrease of mortality on statins.

Thus a patient with a
1- calcium score above zero and/or
2-a CIMT of 75% tile
has found out he has sub-clinical plaque.

A vulnerable plaque can rupture and cause sudden coronary death.
There are 100,000 sudden coronary deaths a year with
50% of those people having death as the first sign of the disease.

The best way to regress the plaque and reduce the inflammation is by getting the LDL-P less than 750.

My video explaining the hidden plaque 9 minutes

Glagov theory of coronary remodeling shows why any sub-clinical plaque on CAC or CIMT should be treated as below.

Here is a protocol for people that resist taking statins for their plaque.

1-At least Jimmie could advise a **wax matrix over the counter niacin** at the low dose of 1,000 mg. No prescription needed for this.
2-Then **Zetia(one half tab)** is a good non-statin alternative to add on if the LDL-P goal is not reached.
3-Finally this anti-statin crowd needs to consider to break the lowest dose of **atorvastatin** in half and take 5 mg.
4- If they think the statin is affecting them, they can take atorvastatin 5 mg every other day.
5-Then follow the CIMT every two years.
If plaque is larger see a lipidologist.
This Protocol is a low dose and inexpensive (except for Zetia) and very safe because the combination allows for low doses.

So far I found only **one endorsement of statins** in Cholesterol Clarity.
page 70:
Ronald Krauss
“It’s entirely reasonable to try everyone on diet first, although people who have had a coronary event or procedure **should be on statins** out the door.”

Jimmie does not highlight **Malcolm Kendricks** advice for people with heart disease to take statins.
thelivinlowcarbshow.com/shownotes/271/dr-malcom-kendrick-debunks-the-great-cholesterol-con-episode-263/ …

References:
Circulation Sept 10,2013 Nicholls and Puri
Circulation Sept 10, 2013 Rosenson et. al.

Summary of two references conclusions