

Editorial

Times are Changing: the Great Cholesterol Con

Cholesterol, the main sterol [modified steroid] synthesized by animal cells, with the chemical formula $C_{27}H_{46}O$, is an organic molecule which is essential in the structural integrity and fluidity of animal cell membranes. It, also, serves as a precursor in the biosynthesis of steroid hormones and bile acids. It is, thus, a very important factor in the very lives and existence of all animals, especially, the *homo sapiens*.

Some 40 years ago, this great organic molecule was unfairly foisted with a notoriety that was least deserved. High levels of cholesterol became a topical issue in health. Cardiac diseases became railroaded, almost without any questioning, into a constellation of the most notorious outcomes of high levels of cholesterol in the diet. The red news rapidly caught fire. Consequently, it became accepted as a medical principle that, in order to significantly degrade the scourge of cardiovascular diseases, cholesterol levels must be unquestionably reduced. Drugs, conceptualized to ensure the optimal reduction of high cholesterol levels in the circulation, became the toast of the world of cardiac medicine. And the drug companies made quite a fortune in the four decades following that lie. Statins were the main drugs reputed universally to hold the magic wand for cholesterol reduction, until, of course, this time around.

Just recently, something suddenly happened. Dr. Malcolm Kendrick, in his research, revealed to humanity the scientific fact that, in reality, diets loaded with lipids – saturated or unsaturated, irrespective of type – did not result in hypercholesterolaemia, and also, that hypercholesterolaemia, as a distinct entity, does not cause cardiac diseases as erroneously conceived, all these years. And the implication of these research findings were just simple – that agents, like the “celebrity” statins, targeted at the reduction of cholesterol levels, have little to offer in the prevention of cardiac diseases.

Meanwhile, billions of dollars had been made by drug companies that were producing statins, and their marketers, from this gargantuan medical fraud, originated in the developed worlds. Kendrick’s work, thus, effectively debunked the numerous assumptions on the theory that connected cholesterol straight to our hearts, and the fallacies of what should constitute a healthy recipe in a man’s daily diet. More unfortunately, some years on still, most clinicians, especially in the developing worlds, have been actively shielded from this latest revelation. Our hope is that Nigeria’s medicine, neigh Africa’s, should quickly wake up to this shocking reality that emanated from an inquisitive, not gullible, clinical practice.

In the 28th volume of the Orient Journal of Medicine [Issues 1 and 2], we have an impressive spread of publications across the various specialties of medical practice.

A review article on thoracic endometriosis syndrome came from Kesieme, *et al*, while a rare discussion on the digestive system complications of sickle cell anaemia was the contribution by Eke and his team. The epidemiology of limb amputations in a private setting was reported by Ukibe, *et al*, and instrumental vaginal delivery was evaluated by Shehu and Omembelede. The [now] illegal act of female genital mutilation was assessed by Okunade, *et al*, and the practice of prophylaxis against thromboembolism amongst clinicians was investigated by Makusidi, *et al*. Our case reports were all very revealing as well, and included a thyroglossal duct cyst in an adult by Aliyu, *et al*, malignant melanoma by Emegoakor, *et al* and tension pneumocephalus by Jimoh and his group.

Our Editorial Board is working fervently to uphold the statutes of the Journal, and work towards her wider indexing beyond the African horizon. Our expectation and prayers are that these efforts will sail through.



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