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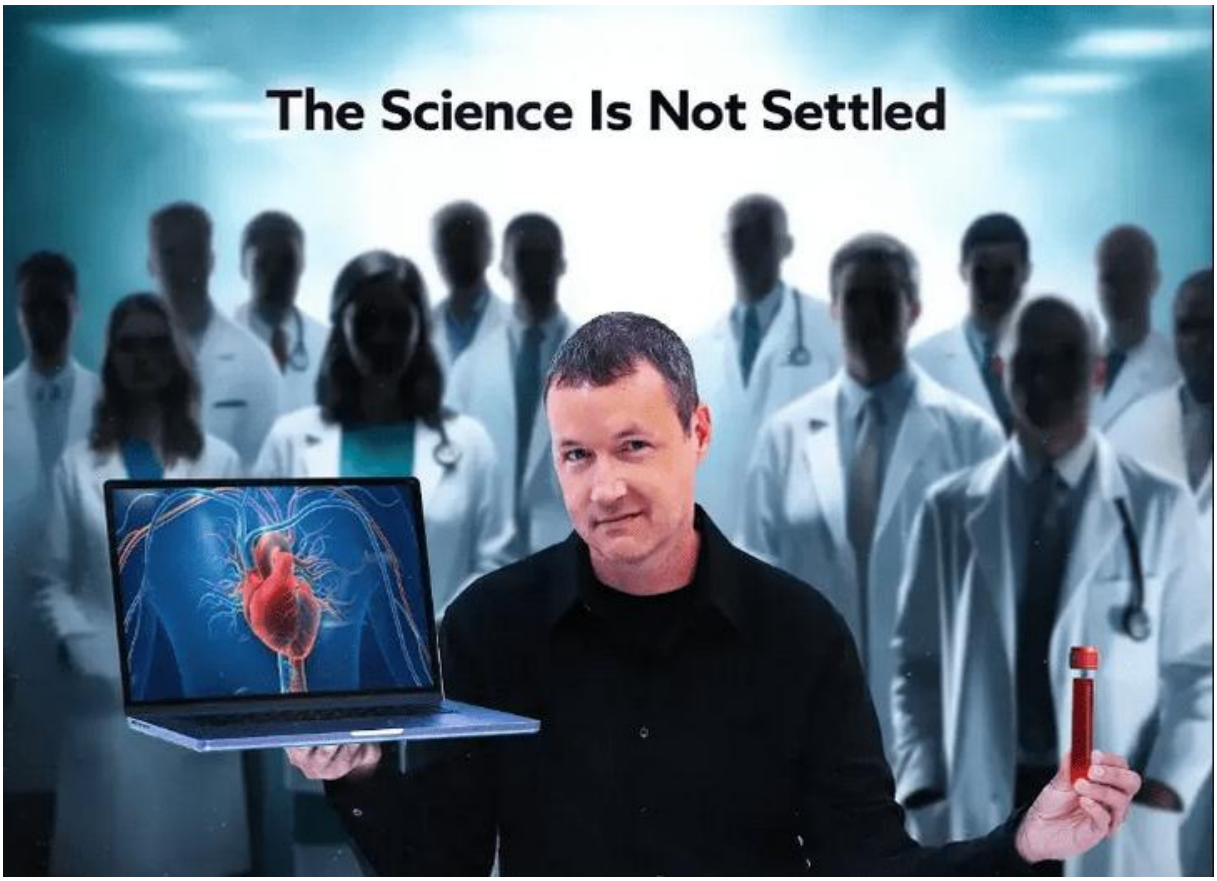


The Cholesterol Code: An Engineer Dismantles the Lipid Cartel

May 28, 2026 by Dr. Peter F. Mayer 10.8 minute read

The cholesterol hypothesis is the cash cow of the pharmaceutical industry and the foundation of decades of nutritional misconceptions. Its persistence despite contrary evidence has solid economic reasons. A new documentary and the work of an indomitable engineer could finally shatter this dogma.

The doctrine is deeply ingrained: cholesterol—especially so-called "bad" LDL—clogs arteries and leads to heart attacks. The lipid hypothesis is the perfect business model: define a lab value—for example, LDL cholesterol—as the cause of disease, develop a drug that lowers this value, and then treat perfectly healthy people for decades whose only "illness" is an elevated lab value. The new US guidelines from 2026 take this perversion to its extreme: they recommend lipid screenings for children aged 9 to 11 and extend the criteria for statin prescriptions to adults over 30.

The message is clear: everyone should start taking cholesterol-lowering drugs as early as possible and for as long as possible. The fact that the absolute risk reduction offered by statins in primary prevention is a paltry one to two percentage points is conveniently ignored.

The engineer who became his own laboratory

Software engineer Dave Feldman had reversed his prediabetes with a ketogenic diet and felt better than ever – until a routine blood test revealed a total cholesterol level of 357 mg/dl and an LDL level of 271 mg/dl. His doctor immediately urged him to start statins and end the "dangerous" low-carb diet.

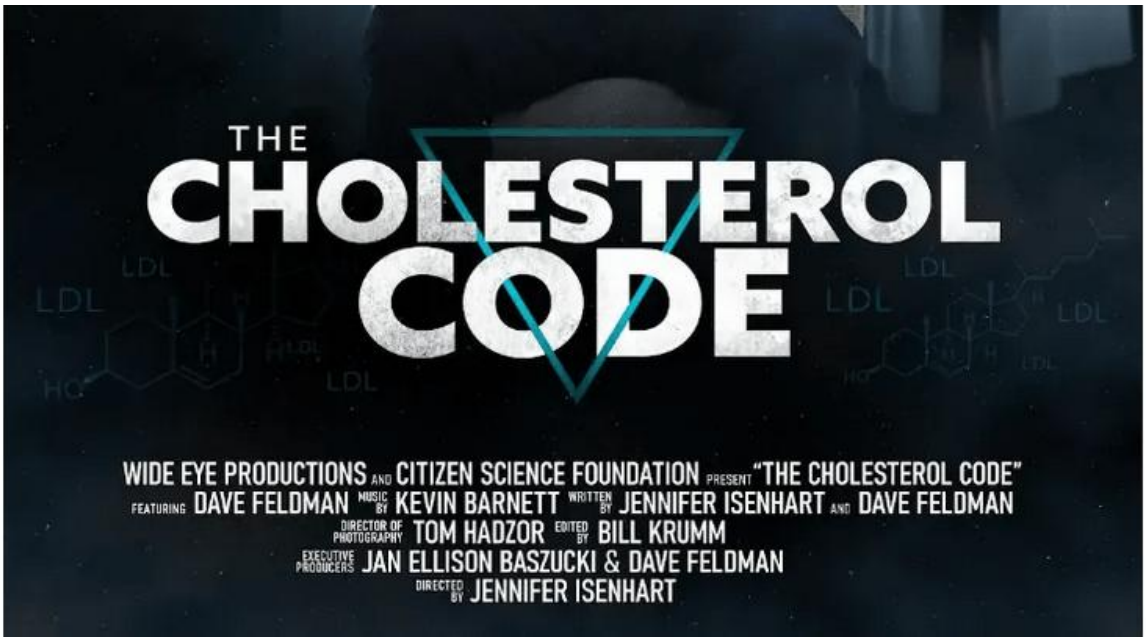
But Feldman, an engineer accustomed to questioning systems rather than blindly following authority, did something rare in modern medicine: he started to think. If LDL really was the killer described in textbooks, why did he feel more vital than ever? Why had all his other metabolic parameters improved dramatically?

Instead of taking on the usual patient role, he became a citizen scientist . He had advanced NMR lipid profiles of his blood created every one to two weeks, meticulously documented every meal, and began systematically manipulating variables – a self-conducted N=1 experiment that surpasses some published studies in methodological rigor.

The result was striking. Feldman discovered that his LDL cholesterol was in an extremely close temporal relationship with his fat intake – but **inversely** . More fat in the diet, *less* LDL in the blood. And this occurred with a delay of only three days. A three-day average of fat intake correlated almost perfectly with LDL levels.

This phenomenon simply could not be explained by the conventional lipid hypothesis. Therefore, Feldman developed the Lipid Energy Model : the hypothesis that LDL does not increase as a pathological risk factor in a low-carbohydrate diet, but rather serves as a physiological transport vehicle for fatty acids – a metabolic adaptation, not a sign of disease.

The film that makes the cartel nervous



This work resulted in the documentary film *The Cholesterol Code* , which is now being screened internationally. The film interweaves Feldman's personal story with the experiences of others whose lives were transformed by the ketogenic diet: a young athlete with type 1 diabetes, an MD/PhD student who was unable to work due to chronic inflammatory bowel disease, and people with severe psychiatric illnesses, including anorexia. They all share the same experience: dramatically improved quality of life—and dramatically increased LDL cholesterol levels.

The film poses the crucial questions that the lipid establishment has been unable and unwilling to answer for decades:

- Why would the body produce LDL at all if it were just a poison?
- How dynamic are LDL levels actually?
- Are there more reliable markers for cardiovascular risk than isolated LDL?
- What does an elevated LDL level actually tell us about plaque formation?

The answers given by Feldman and the experts appearing in the film – including a lipidologist who was himself surprised by the results – paint a fundamentally different picture than the official narrative.

Why the dogma doesn't die

In her recent article, Maryanne Demasi has precisely formulated the question: Why doesn't the lipid hypothesis die despite the mounting evidence against it?

The answer lies in the revolving door between regulatory authorities, professional associations, and the pharmaceutical industry. The American Heart Association and the American College of Cardiology—all are largely funded by industry grants. Statins were the world's best-selling class of drugs for years. Atorvastatin alone generated over $125 billion for Pfizer before its patent expired. With the new PCSK9 inhibitors, the next generation of high-priced cholesterol-lowering drugs is already on the horizon.

This system has no interest in the truth. It has an interest in the continuous medicalization of the population.

The demonization of saturated fats – meticulously analyzed by Demasi in her comprehensive study – was never evidence-based. It was the necessary ideological framework to serve the margarine industry and later the statin manufacturers.

A central message of the film is the need for better diagnostics. The isolated LDL value is a blunt instrument that creates more confusion than clarity. What could be described as "mammography for the heart"—imaging procedures such as coronary artery calcium scoring (CAC score) or CT angiography—allows for direct visualization of the actual atherosclerotic plaque. These methods are not a thing of the future; they are available. The fact that they are not used universally, while at the same time millions of people are expected to take medication for life based on an isolated blood test result, is not a coincidence, but rather systemic.

Cholesterol – the scapegoat continues to crumble.

Demasi recently addressed the issue of residual cholesterol in an article. Whenever a theory is no longer scientifically tenable, a new one is presented.

- First it was the **total cholesterol.**
- Then the **LDL**
- Then **ApoB**
- Then **Lp(a)**
- And now – the **remaining cholesterol**

Each of these "discoveries" was sold with the bombastic promise of finally closing the last gap in the risk explanation. Yet, despite decades of mass cholesterol-lowering medication, cardiovascular events remain at a consistently high level. This is no coincidence. It is an admission of failure, packaged in marketing.

As I *in my article "Residual Cholesterol – The New Villain?"* explained in detail **, what the industry calls "residual risk"** is in reality the failure of its own theory. Instead of questioning the hypothesis itself, a new marker is simply defined as a "new treatment target"—naturally, conveniently timed to coincide with the next generation of patented drugs.

Demasi reviewed 43 large clinical studies and came to a clear conclusion: **Lowering residual cholesterol does not provide any measurable benefit in terms of heart attacks, strokes, or overall mortality.**

This is remarkable – because even lowering LDL cholesterol showed at least a small effect in some studies. So residual cholesterol fares even worse. The lipid hypothesis isn't dying – it's just constantly shifting the goalposts. This exposes the entire cholesterol debate as ideologically driven, not scientifically sound.

Cholesterol: Lifeblood for the brain – not poison

While the pharmaceutical industry has declared cholesterol public enemy number one for decades, neurological research paints a fundamentally different picture. **American neurologist Dr. David Perlmutter** In his 2013 bestseller *of Brain Disease,"* : The Science *" Grain Brain* already demonstrated what mainstream cardiology continues to ignore.

Cholesterol is **not a poison – it is vital** . It forms the basis of:

- **Cell membranes** – without cholesterol, no functioning cells
- **Hormones** – all steroid hormones are synthesized from cholesterol
- **Vitamin D** – the “sunshine vitamin” – is a cholesterol derivative.
- **Myelin sheaths** – the brain consists of 70% fat; cholesterol is essential for neuronal signal transmission.

in my article *"Brain Brain – How Carbohydrates Damage the Brain and Promote Alzheimer's"* As I explained in detail **: A diseased brain suffers from cholesterol deficiency. Low cholesterol levels correlate with a higher risk of dementia** – not with "protection" against heart attacks.

Mother-of-pearl provides the crucial connection:

"Even in prediabetes, where blood sugar problems are just beginning, brain functions decline and the memory center in the brain shrinks, which is why prediabetes is considered an independent risk factor for the full-blown picture of Alzheimer's disease."

In advanced research, Alzheimer's disease has long been described as **type 3 diabetes** : a type of diabetes affecting the brain.

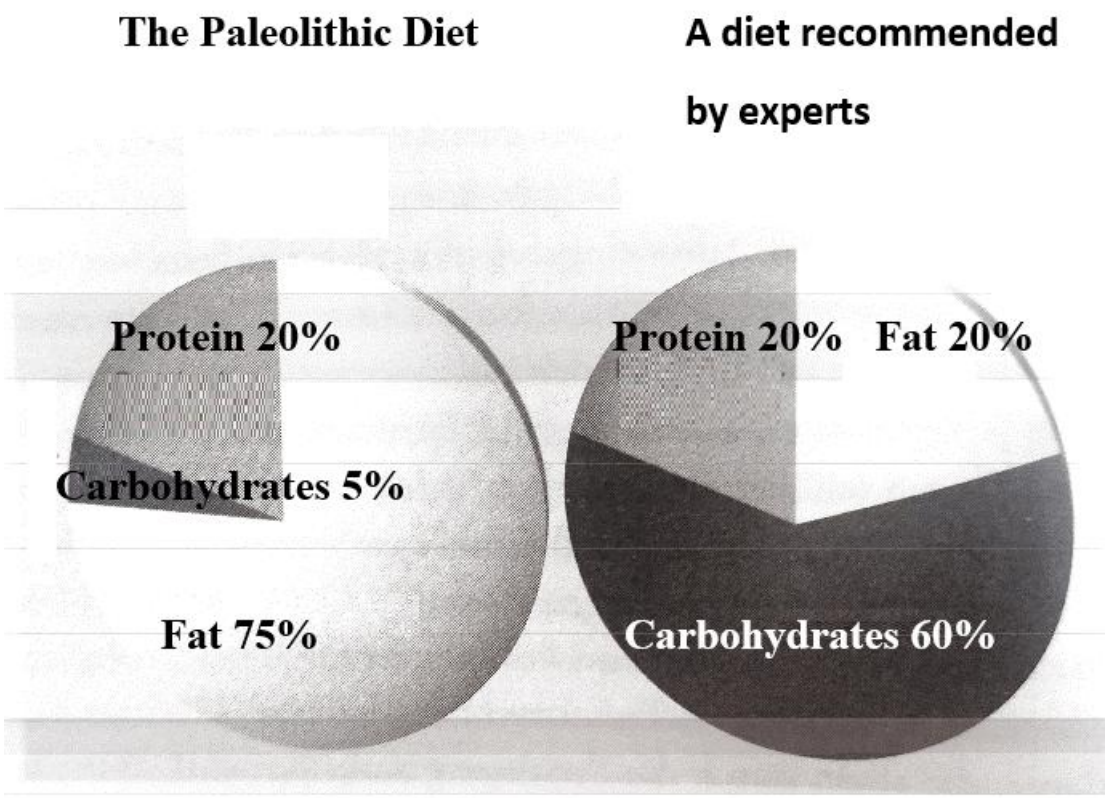
The real culprits: carbohydrates, insulin resistance, and chronic inflammation.

What Perlmutter, Demasi and also the molecular medicine specialist **Dr. Ulrich Strunz** have been preaching for years is being confirmed more and more clearly by the data: **It is not fat and cholesterol that are the enemies, but carbohydrates – especially wheat and sugar.**

The biochemistry behind it is crystal clear:

1. A diet high in carbohydrates causes blood sugar levels to rise.
2. Chronically high blood sugar leads to insulin resistance.
3. Insulin resistance creates systemic inflammation and oxidative stress.
4. These inflammations damage the vessel walls – not the cholesterol itself.

The glycation reaction – in which glucose reacts with proteins and fats, hardening tissue – is the primary driver of arteriosclerosis and brain degeneration. The brain is extremely sensitive to this glycation. And gluten further exacerbates the risk by fueling inflammatory processes – even in people without diagnosed celiac disease.



Permutter vividly demonstrates in his book that the Stone Age diet consisted of **75% fat, 20% protein, and only 5% carbohydrates** . This is the food for which our brains, which are 70% fat, are optimized. What "experts" like the German Nutrition Society recommend today is the exact opposite – sugar for diabetics.

The statin balance sheet: A few days of life versus massive side effects

The figures on the "success" of statins are devastating – if one looks at them honestly:

- After **five years of daily intake,** the average person gains **three to four additional days of life.**
- Approximately **20% of users** suffer from severe damage such as muscle atrophy, liver damage, and nerve dysfunction.
- **Almost half** of patients discontinue statins within a year due to side effects.
- The often-advertised "47% risk reduction" is a statistical sleight of hand: The **absolute risk reduction** amounts to a meager 1.3%.

The method is well-known: Relative risk reductions are sold, sounding impressive, while the absolute figures are meaningless. Before the invention of statins, the acceptable cholesterol level was **200 plus age** . With the introduction of statins, age was simply eliminated – and suddenly millions of people were considered "ill".

Strunz calls it what it is: **"A fraud against 5 million Germans who take statins daily."**

Vegans and cholesterol

Recently, Daniel Sandmann drew my attention to an article by Paul Schreyer in Multipolar Magazine about meat. It contains the sentence: " *That cholesterol is a burden on the heart has long been known, but the multifaceted connection to cancer was distressing news.* " You usually only hear such things from statin manufacturers. The claim is simply false, as explained above.

The starting point for this Multipolar article is T. Colin Campbell's 2005 book, "The China Study." It deals with long-term studies conducted in China. The study, carried out in the 1980s, investigated the impact of an animal-based versus a plant-based diet on health. The assertion that people in China obtained almost all of their protein from plants created a comparison group with the USA, where protein comes overwhelmingly from animal sources. " *The difference between dietary practices in rural China and Western dietary practices, and the resulting disease patterns, is enormous* ," Campbell states.

Multipolar quotes the following result:

"How does food affect blood cholesterol? In short, the consumption of foods of animal origin correlates with *rising* blood cholesterol levels. Almost without exception, the intake of nutrients from plant-based foods was associated with *decreasing* blood cholesterol levels."

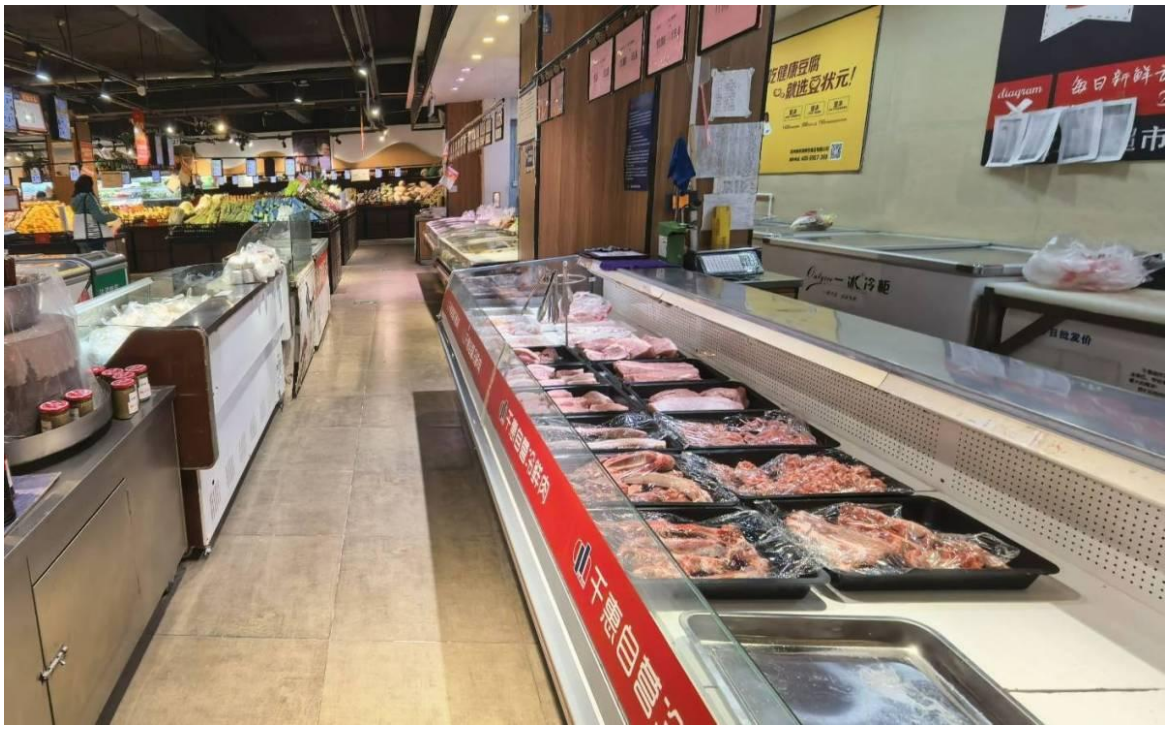
And:

"Even these small amounts of animal products in rural China increased the risk of Western diseases."

Plant-based foods include carbohydrates, wheat, bread, and similar products. For more information on their effects, see above under *"Grain Brain* ."

Malnutrition and hunger may still have existed in China in the 1980s. The consequences of decades and centuries of wars waged by Western colonial powers, World War II, and the US intervention had not yet been completely overcome for the Kuomintang.

last October , I During my last visit to China ate vegetarian food at the restaurant of the Shaolin Mother Monastery. At the Zen House Hotel, which also belongs to the Shaolin Monastery complex, they offered eggs and chicken.



The supermarkets offer a wide selection of meat – here's one in Dengfeng. At the Kung Fu school, also in Shaolin, beef, pork, or lamb was always included in the meals. Children aged 5 to about 15 usually eat there. In addition to fish, all kinds of meat were also available at the hotel and restaurants in Shanghai, including those in Shanghai's Chinatown. I've experienced similar things on previous visits to other Chinese cities.

Incidentally, Multipolar is an excellent magazine that I have been following with great respect and attention for years.