



**THE MESSAGE BOARD**  
*A Newsletter from*  
**A. Roy Medley, General Secretary**



Personal Reflections

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**Can We Better the *Better* Health Care Concept?**  
**(Commentary by Kenneth V. Dodgson MD)**

**Part 4**

This is the next segment of a seven-part series on personal responsibility as a part of churches' response to the health care crisis. Kenneth V. Dodgson MD is a retired general surgeon, who spent 24 years with the Board of International Ministries, American Baptist Churches USA, serving at the Jorhat Christian Medical Centre, Jorhat, Assam, India. Dr. Dodgson is a graduate of Franklin College of Indiana, Colgate Rochester Crozer Divinity School, and Temple University School of Medicine. Upon returning from India, he became the Director and Staff Surgeon of the Occupational Medicine Program of the University of Rochester Medical Center. He and his wife, Sally, reside in Rochester, New York.

**4. The Good News About Cholesterol**

We hear and read a great deal about “good” and “bad” cholesterol. The good news is there is no “bad” cholesterol. Cholesterol is one of the most essential and most important building blocks in our bodies. We cannot live without cholesterol. With it the body synthesizes all of our sex and muscle building hormones—testosterone and the steroid hormones, progesterone, and estrogens. Cholesterol is the basic building block for calciferol, an essential component of thyroid hormone, and is also the base chemical from which the body forms cortisone and all the corticoids which are the body's naturally occurring “calm-downers” and pacifiers.

The difference between good and bad cholesterol is not cholesterol but the transport system that carries cholesterol through the blood stream. The difference is the difference between small delivery vans and semi-trailer trucks. “Good” cholesterol is transported by a smaller transport mechanism (a delivery van) that carries cholesterol to the liver, which metabolizes what is needed and excretes any excess. “Bad” cholesterol is carried by a larger transport system (a long distance, semi-trailer truck) that continues to travel through circulatory systems until captured by mast cells that line blood vessels, their function being to filter out large particles that have the potential to block distal blood vessels. The difficulty arises when mast cells cannot metabolize the larger transport molecule so cholesterol builds up on the sides of blood vessel walls, over time restricting and eventually blocking the vessel. We now know some foods are inclined to attach themselves to the smaller transport system.

The other important part of cholesterol control relates to exercise. Apparently any exercise regimen—walking, jogging, stair climbing, house and yard work—drives cholesterol toward the smaller transport system so the body can excrete the excess more easily, thus maintaining desirable blood cholesterol levels—what the medical laboratory measures as high density (or “good”) cholesterol. As an added bonus, muscle activity releases endorphins, a naturally occurring morphine-like substance that accounts for the fact that individuals can actually get a “high” from muscular activity.

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**Can We Better the *Better Health Care Concept?* Part 3  
(Commentary by Kenneth V. Dodgson MD)**

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During the Great Depression years of the 1930s, the people who ate the best were the farmers who grew much of their own food. The men rose early to pitch hay, to feed livestock, and to milk cows. The women prepared breakfast, rang the dinner bell, and sat their men folk down to breakfasts of lard fried eggs and sausage, biscuits and gravy, potatoes laced with full cream butter, and whole cream milk. The 3,000-4,000 calorie count and the cholesterol loading were astonishing. In part they were saved by ignorance. Cholesterol was an unknown commodity. But what really saved their arteries was the tremendous amount of manual labor that burned off the excess calories and drove cholesterol to the small transport system.

Today there are a number of medications that control cholesterol levels. More positively, many are beginning to eat more sensibly. People are increasingly aware of foods containing little or no cholesterol and are more aware of the foods that are naturally attracted to the smaller transport system. The fact remains: any preventive medicine regimen must include an active exercise program along with a rational, controlled diet.



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