Why BP is an unreliable indicator of arterial health

As build-up of arterial plaque increases BP is (normally) expected to increase. But if Cortisol is low, then BP will fall. Any rise in BP due to an arterial blockage is therefore nullified and offset by any fall in BP due to low Cortisol. Hence, BP cannot be relied upon as an indicator of arterial health in subjects with low Cortisol.

High potasium = increase aldosterone = kidneys filter-out potasium Low potasium = reduce aldosterone = kidneys save potasium High salt = increase vasopressin = less urine = higher blood pressure and lower salt = reduce vassopressin = more urine = less salt potassium potasium regulation salt regulation blood pressure and higher salt (ADH) aldosterone vassopressin Low salt water regulation thirst urination thyroid hormone Low BP = increase thirst = add water to blood = higher BP heartbeat **BLOOD** High BP = increase vassopressin = more urine = lower BP PRESSURE stress/fear adrenaline

Why extreme thirst is an indicator of low Cortisol

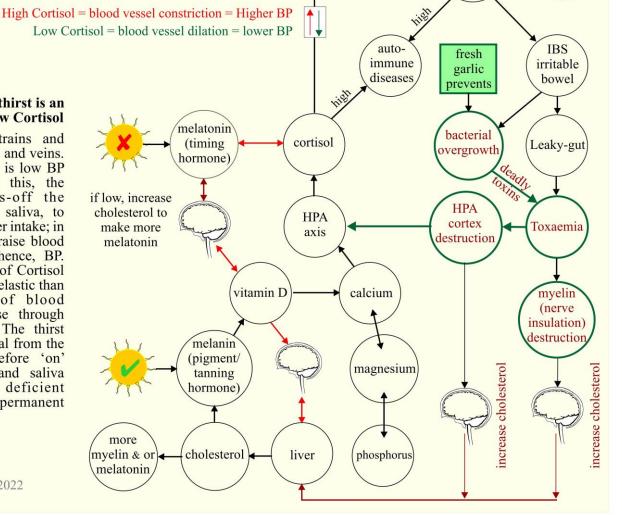
Cortisol constrains and relaxes arteries and veins. When Cortisol is low BP falls. Sensing this, the brain chokes-off the production of saliva, to encourage water intake; in an attempt to raise blood volume and, hence, BP. But the effect of Cortisol on BP is more elastic than the ability of blood volume to rise through water intake. The thirst activation signal from the brain is therefore 'on' continuously and saliva permanently deficient resulting in permanent thirst.

via feedback mechanism

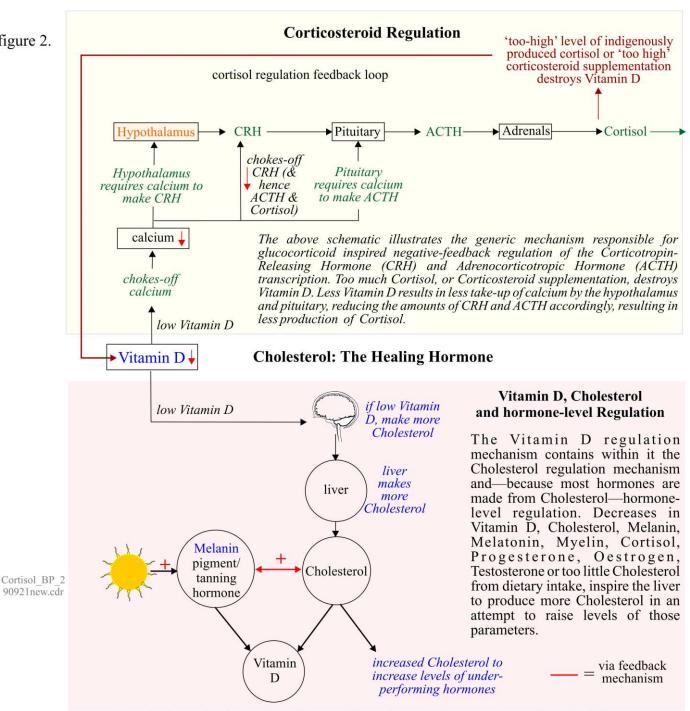
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CORTISOL REGULATION







- Explains how Cortisol and Corticosteroid supplementation are auto-regulated (within limits) by Vitamin D and Calcium.
- •Explains how Vitamin D is auto-regulated (within limits).
- Explains how and why corticosteroid supplementation increases Cholesterol levels.
- Explains how Melanin (the pigment/tanning hormone)—the precursor of Vitamin D—, Melatonin (the biorhythmic timing hormone), Myelin (the nerve-insulation making hormone), Vitamin D, and dietary Cholesterol, regulate Cholesterol levels (within limits). Note; other contributory variables also affect Cholesterol regulation: For example; all steroid hormones are made from Cholesterol, including Aldosterone, Cortisol, Anabolic steroids, Oestrogen, Progesterone and Testosterone. Deficiencies in any of these will likewise inspire changes to Cholesterol production, to make-up any shortfall or reduce overproduction.

Conclusion: Cholesterol is, arguably, the most important substance in the human body. The liver produces more Cholesterol to repair the body—whenever the body requires repair. High levels of Cholesterol are therefore indicative of the body attempting to repair and or regulate itself. Switching-off the Cholesterolrepair mechanism (with statins) will inhibit repair of defects and preclude repair of the body leading to an increase in the level of damage. The schematic above shows it may also lead to loss of Vitamin D regulation and, with it, loss of corticosteroid regulation, loss of melatonin regulation, and loss of biorhythmic regulation; giving rise to diseases such as Retinosis Pigmentosis, Cancer, Menstrual problems, and gutlining regeneration problems. It may also lead to Myelin degeneration and, consequently, Dementia, Alzheimer's, Parkinson's or Multiple Scelerosis.