

Here's the Truth About:

Saturated Fat



**FOR YEARS, YOU WERE TOLD
TO AVOID SATURATED FAT...**

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OVERVIEW

For years, you were told to avoid saturated fat — that it's "bad" for you.

And if you're still carrying a little anxiety around butter, eggs, or red meat... that makes sense. You were taught to fear it.

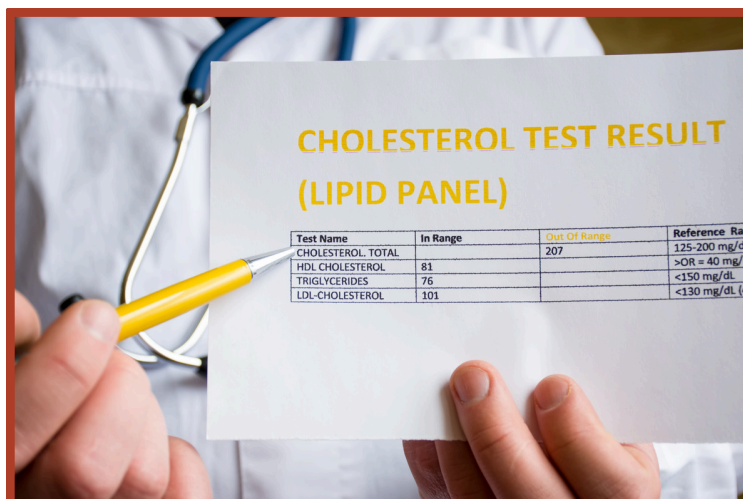
But here's the truth most women were never told:

Research has never clearly proven that saturated fat, on its own, is the villain it was made out to be.

The original advice came from the idea that foods higher in saturated fat raise LDL cholesterol — which is considered a risk factor for heart disease.

Only it's not that simple.
Not even close.

Let's slow this down and talk about what actually matters — and how to tell whether the way you're eating is truly supporting your health.



THE TRUTH ABOUT SATURATED FAT

When it comes to saturated fat and your health, here's what most people were never told:

The source of the saturated fat matters. *A lot.*

Context changes everything.

For example, if someone is eating a diet high in sugar and refined starches, adding a lot of saturated fat on top of that isn't a great idea. (And honestly, the bigger issue there is the sugar and refined starches.)

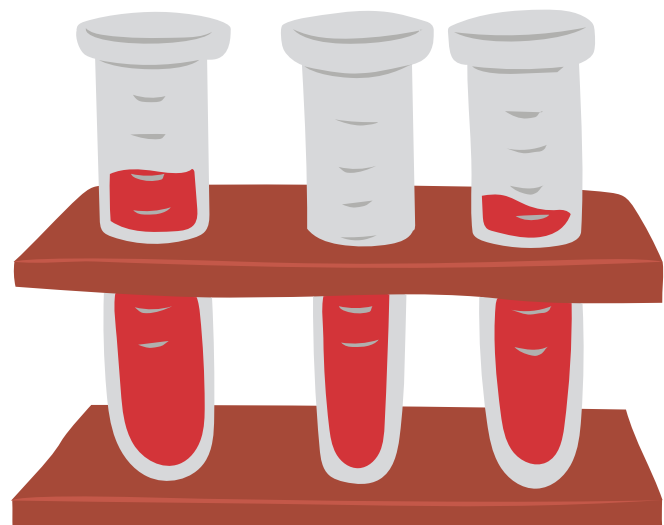
But if someone is eating mostly whole foods — and keeping sugar and refined starches low — they often don't need to worry about the saturated fat that naturally comes with those foods.

Now, this isn't universal. There is significant genetic variation in how people respond to saturated fat.

That's why I don't believe in assuming.

Instead, **I always recommend testing and tracking your full cholesterol and heart panel** when you make dietary changes — so you can see how your body responds.

(I'll walk you through which markers matter most in a moment.)



WHY THE KIND OF FOOD YOU EAT MATTERS

Saturated fat itself isn't a food.

It's just one component of certain foods — mostly animal foods. When you eat saturated fat from whole foods, you're eating things like meat, dairy, and eggs — not fat in isolation.

Those foods **also** come packaged with:

- High-quality protein
- Essential micronutrients
- Other beneficial fats

And that matters.

When saturated fat comes from highly processed foods, **it's packaged very differently.**

These foods typically combine saturated fat with refined starch and/or added sugars — often in amounts you'd never find in nature.

Think:

- Chips
- Cookies
- Ice cream
- Fast food
- Packaged snack foods

This combination drives bigger blood sugar spikes, increases inflammation, and negatively affects metabolic health.

It also makes foods hyper-palatable — meaning they're easy to overeat and hard to stop. And yes, that pattern can send cholesterol levels soaring. **But saturated fat alone isn't necessarily the problem.**

ALL SATURATED FAT ISN'T THE SAME

Another important nuance: There are many types of saturated fatty acids — and even whole foods contain different mixes.

Coconut, for example, has a very different saturated fat profile than beef.

Dairy has a different profile than both.



Some saturated fatty acids impact LDL cholesterol more than others.

Stearic acid — found in foods like cocoa and some meats — typically has little to no effect on LDL cholesterol.

And emerging research suggests that **pentadecanoic acid**, a specific saturated fat, may actually support healthy aging at the cellular level.

Here's another key point that often gets missed:

Research shows that replacing saturated fat with added sugar and refined starch does not reduce heart disease risk — and in many cases, it actually makes it worse.

This is exactly what happens when people remove full-fat foods, but replace them with “low-fat” processed foods that are higher in sugar and refined starch.

**The label changes.
The metabolic impact doesn't improve.**

ONE MORE THING THAT MATTERS

Most foods aren't eaten in isolation.

They're eaten as part of meals.

So the effect of saturated fat depends on the entire meal context, not just the fat itself.

Consider this:

Steak + broccoli + brown rice



Steak + fries + soda



Same saturated fat.
Very different physiological outcomes.

And what matters most isn't one meal — it's the pattern you repeat over time.

THE BIG TAKEAWAYS

Yes, saturated fat can raise LDL cholesterol — but whether it does depends on several factors, including:

The source of the saturated fat

whole foods  highly processed foods

The overall diet pattern

high in added sugar and refined starch  fiber-rich whole foods

Total calorie intake

overeating  eating to satisfaction

And importantly — responses vary from person to person. **Baseline metabolic health matters.**

For example, when individuals who have obesity and metabolic dysfunction follow a very-low-carb diet that's higher in fat (including saturated fat), they often see improvements in LDL cholesterol and other cardiovascular risk markers.

Interestingly, people who are lean and metabolically healthy don't always respond the same way to that approach.

Genetics also play a significant role. Some people tolerate higher saturated fat intake well. Others don't.

This is why the future of nutrition is precision nutrition — not blanket rules. **Personalized recommendations based on genetics and real-world lab markers will always outperform one-size-fits-all advice.**

DON'T JUST HOPE FOR THE BEST

One final — and very important — note:

When it comes to saturated fat and heart disease risk, LDL cholesterol alone doesn't tell the full story.

To truly understand what's happening in your body, you need a more complete picture, including:

- **Apolipoprotein B (ApoB)** – An estimate of how many atherogenic particles you have (particles capable of penetrating the artery wall and contributing to plaque).
- **LDL particle number** – A direct count of how many LDL particles are circulating in your bloodstream. Generally, more particles = greater long-term risk.
- **LDL particle size** – Whether LDL particles are mostly Pattern A (larger, more buoyant) or Pattern B (smaller, denser). Pattern B is associated with higher cardiovascular risk.
- **Lipoprotein(a)** – A largely inherited LDL-like particle that can raise cardiovascular risk even when other markers look “normal.”
- **High-sensitivity C-reactive protein (hs-CRP)** – A marker of systemic inflammation.
- **Fasting glucose** – Your baseline blood sugar after an 8–12 hour fast.
- **Hemoglobin A1c** – Your average blood sugar over the past 2–3 months.
- **Fasting insulin** (or another insulin resistance marker) – A window into how hard your body is working to keep blood sugar in range.

We are all different — and this is how you see what's actually happening inside your body, rather than guessing.

I'M HERE TO HELP

Meet Brenda

Checking in with your doctor to get this kind of data helps you understand whether your current food choices are supporting your health — or quietly working against it.

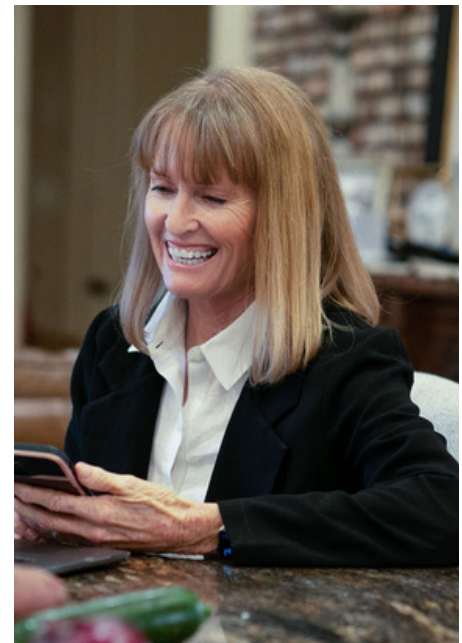


For many women, going gluten-free feels like the hardest first step — especially when label-reading is confusing, meals feel unfamiliar, and you're not sure what to eat instead.

That's exactly why I created the *Lazy Girl Comfort Food Course*. Binge it in a weekend, and you'll have everything you need to start eating healthier right away — with simple swaps, familiar comfort foods, and zero overwhelm.

👉 **Get the Course Here:**

<https://www.highwindshealth.com/offer-455019-872791-1912>



And if you want deeper support as you put this into practice, the *Gluten-Free Made Easy Community* gives you real-time guidance, accountability, and women who truly understand the everyday “is this safe?” moments.

The *Course* gives you the tools — the *Community* helps you use them without slipping back into confusion.

👉 **Join Here:**

<https://community.highwindshealth.com/community>