DR. CABRAL'S GUIDE TO KNOW YOUR HEART HEALTH MARKERS

13 Numbers That Can Help You Better Understand Your Cardiovascular Health

Dr. Stephen Cabral
Board Certified Doctor of Naturopathy

YOUR CHOLESTEROL NUMBER DOESN'T TELL THE WHOLE STORY

For decades, most people were taught to look at one or two numbers when evaluating their heart health:

Total cholesterol and LDL cholesterol.

Those numbers matter but they're only part of the picture.

Two people can have similar LDL cholesterol and very different levels of cardiovascular risk depending on their **ApoB, triglycerides, HDL, inflammation, blood sugar, Lp(a), blood pressure, and other metabolic factors.**

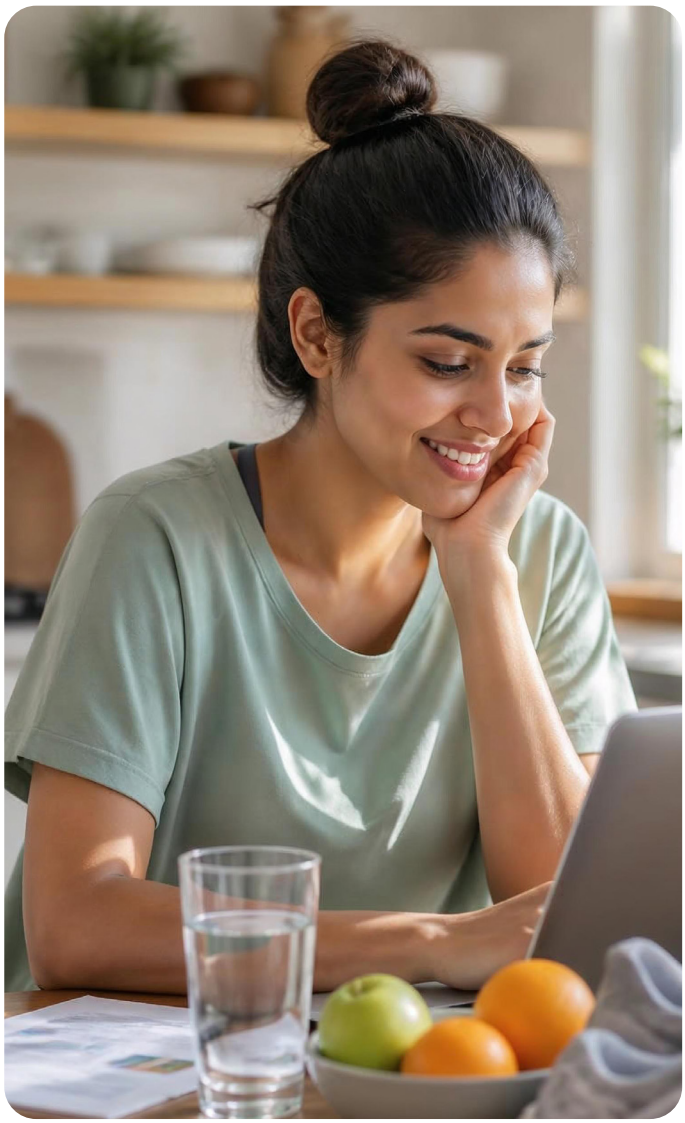
That's why I prefer to look at cardiovascular health as a **pattern rather than a single number.**

In this guide, I'm going to walk you through 13 markers I believe are worth understanding, why they matter, and what you can do when they're not where you want them to be.

The goal isn't to obsess over every lab result.

It's to know your numbers so you can make better decisions about your health.

Wishing you a long healthy life (Ayubowan),



Stephen Cabral
Board Certified Doctor of Naturopathy
Author of the Rain Barrel Effect & Personomics
Founder of Personomics Coaching

01 TOTAL CHOLESTEROL

Total cholesterol measures the overall amount of cholesterol carried in your blood, primarily across LDL, HDL, and other lipoproteins.

Cholesterol itself isn't inherently bad.

Your body needs cholesterol to create **cell membranes, steroid hormones, bile acids, and vitamin D.**

The problem is that total cholesterol alone tells us very little about how that cholesterol is being transported or your overall cardiovascular risk.

Someone with a total cholesterol of 220 mg/dL and high HDL, low triglycerides, low ApoB, healthy blood sugar, and low inflammation may have a very different risk profile than someone with the same total cholesterol but an unfavorable metabolic profile.

That's why I never evaluate total cholesterol in isolation.

Your Action Step

Know your total cholesterol but don't stop there.

Use it as the beginning of the conversation, not the final answer.

If it's elevated, look at **LDL, HDL, triglycerides, ApoB, Lp(a), blood sugar, inflammation, blood pressure, family history, and overall cardiovascular risk** before drawing conclusions.

02 LDL CHOLESTEROL

LDL-C measures the amount of cholesterol being carried inside low-density lipoprotein particles.

You've probably heard LDL called **"bad cholesterol."**

That's an oversimplification, but elevated LDL-C particularly when it reflects a high burden of atherogenic particles is an established cardiovascular risk factor.

Here's an important distinction:

LDL-C tells you how much cholesterol is inside LDL particles. ApoB helps tell you how many atherogenic particles you have.

Those two numbers often track together, but not always.

That's one reason I prefer looking beyond LDL-C alone when assessing cardiovascular risk.

Your Action Step

Know both your LDL-C and ApoB whenever possible.

If LDL is elevated, don't automatically panic but don't dismiss it either.

Look at the entire picture, especially **ApoB, triglycerides, HDL, Lp(a), blood sugar, blood pressure, inflammation, family history, and other risk factors.**

03 HDL CHOLESTEROL

HDL is commonly called your **“good cholesterol.”**

HDL particles participate in transporting cholesterol and have several functions related to lipid metabolism.

Generally, low HDL-C is associated with greater cardiovascular risk, particularly when it appears alongside **high triglycerides, insulin resistance, excess visceral fat, and poor metabolic health.**

But higher isn’t always automatically better.

HDL is another marker that needs context.

Instead of trying to artificially increase HDL simply to improve a laboratory number, focus on improving the underlying lifestyle and metabolic factors associated with a healthier lipid profile.

Your Action Step

If your HDL is low, focus first on the fundamentals:

Exercise regularly. Improve insulin sensitivity. Reduce excess visceral fat if needed. Don’t smoke. Replace highly processed foods with whole foods and healthier unsaturated fats.

Then recheck your complete lipid profile rather than focusing on HDL alone.

04 TOTAL CHOLESTEROL / HDL RATIO

Your Total Cholesterol-to-HDL ratio provides another way of looking at the relationship between cholesterol carried across your lipoproteins and HDL cholesterol.

You calculate it simply:

Total Cholesterol ÷ HDL = TC/HDL Ratio

For example:

Total Cholesterol = 200 HDL = 50

200 ÷ 50 = 4.0

In general, a lower ratio has historically been associated with a more favorable cardiovascular risk profile.

However, modern markers such as **ApoB** can provide more direct information about atherogenic particle burden.

Think of this ratio as another piece of information, not a replacement for more advanced markers.

Your Action Step

Calculate your ratio the next time you receive a lipid panel.

Don't try to improve the ratio simply by chasing higher HDL.

Instead, improve the underlying factors that influence your entire lipid profile: **nutrition, exercise, body composition, insulin sensitivity, smoking status, and overall metabolic health.**

One simple way we help clients to improve their overall cholesterol profile is to include this breakfast: 2 scoops **Daily Nutritional Support**, 1-2 cups of berries, 1 serving of **Organic Psyllium Husk**. The B-vitamins, antioxidants, fiber, polyphenols, and much more favorably improve a healthy cardiovascular system.

05 TRIGLYCERIDES

Triglycerides are essentially **energy packages** circulating in your bloodstream.

When you consume more energy than your body immediately needs, some of that energy can ultimately be packaged into triglycerides for transport and storage.

Persistently elevated triglycerides commonly occur alongside **insulin resistance, excess refined carbohydrate intake, excess alcohol, obesity, poorly controlled diabetes, and metabolic dysfunction.**

That's why triglycerides can tell us a great deal about someone's metabolic health, not simply their fat intake.

Triglycerides are also particularly useful when interpreted alongside HDL.

Your Action Step

If your triglycerides are elevated, start by addressing the most common drivers:

Reduce excess sugar and refined carbohydrates. Limit or eliminate excess alcohol. Lose excess visceral fat if needed. Exercise consistently. Improve blood sugar regulation. Consume adequate EPA and DHA Omega-3s.

Then recheck your fasting triglycerides after implementing your plan.

06 TRIGLYCERIDES / HDL RATIO

This is one of my favorite simple calculations because you can derive it from a standard lipid panel.

Simply divide:

Triglycerides ÷ HDL = TG/HDL Ratio

For example:

Triglycerides = 100 HDL = 50

100 ÷ 50 = 2.0

A higher TG/HDL ratio often travels alongside **insulin resistance and an unfavorable metabolic profile,** although it should not be used by itself to diagnose insulin resistance.

The beauty of this marker is its simplicity.

You probably already have both numbers sitting on your standard blood work.

Your Action Step

Calculate your TG/HDL ratio today.

If it's elevated, don't simply focus on cholesterol.

Look deeper at your **fasting glucose, HbA1c, fasting insulin, waist circumference, diet, alcohol intake, activity level, and overall metabolic health.**

Then work on improving the underlying metabolic picture. Nutritional supplements with 2g of Omega-3s and 500-1000mg of Berberine are clinically proven to help with triglycerides if you're looking for some added help

07 hsCRP

High-sensitivity C-reactive protein or **hs-CRP** is a blood marker used to help assess inflammation and cardiovascular risk.

This matters because atherosclerosis isn't simply cholesterol accumulating inside a pipe.

Inflammation is intimately involved in the atherosclerotic process.

An elevated hs-CRP doesn't tell you exactly why inflammation is present. Infection, injury, obesity, metabolic dysfunction, autoimmune conditions, and many other factors can raise CRP.

That's why context matters.

But when hs-CRP remains elevated, it's a signal worth investigating.

Your Action Step

Ask for an hs-CRP on your next cardiovascular blood panel.

Don't test it when you're acutely sick or injured if you're trying to establish your usual baseline.

If it's unexpectedly elevated, repeat it when appropriate and work with your healthcare practitioner to determine potential causes.

Then address modifiable drivers such as **smoking, excess body fat, poor metabolic health, inactivity, inadequate sleep, and diet quality.**

08 APOB

If I could add only one advanced lipid marker to a standard cholesterol panel, **ApoB would be high on my list.**

ApoB is found on the major atherogenic lipoprotein particles capable of contributing to plaque formation.

Because each of these particles carries one ApoB molecule, measuring ApoB gives us a useful estimate of the **number of circulating atherogenic particles.**

That's different from LDL-C.

LDL-C tells us how much cholesterol those particles are carrying.

ApoB helps tell us how many potentially atherogenic particles are circulating.

When LDL-C and ApoB disagree, ApoB can provide important additional information about risk.

Your Action Step

Add ApoB to your next lipid panel.

If ApoB is elevated, don't focus solely on making the LDL-C number look better.

Work with your healthcare practitioner to reduce your **overall atherogenic particle burden** through the appropriate combination of nutrition, exercise, body-composition improvement, metabolic health.

09 HOMOCYSTEINE

Homocysteine is an amino acid produced during normal methionine metabolism.

Your body normally recycles it using nutrients involved in methylation, including **folate, vitamin B12, and vitamin B6, and TMG (trimethylglycine).**

Elevated homocysteine has been associated with cardiovascular and cerebrovascular risk.

But there's an important distinction: Association doesn't necessarily mean that simply lowering homocysteine will automatically eliminate cardiovascular risk.

I still find it useful as part of a broader health assessment because elevated levels may point toward issues involving nutrient status, genetics, kidney function, medications, or methylation pathways.

Your Action Step

Consider checking homocysteine as part of a comprehensive cardiovascular and healthy-aging assessment.

Evaluate potential contributors, including **B12, folate, B6 status, kidney function, medications, diet, and genetics when appropriate.** We use **Activated B-Complex** and **Advanced Cell Force** in our clinical practice to get our clients the results they are looking for.

10 HBA1C

HbA1c estimates your average blood glucose exposure over approximately the previous **2–3 months.**

Why include a blood sugar marker in a heart-health guide?

Because metabolic health and cardiovascular health are inseparable.

Chronically elevated glucose can contribute to **glycation, oxidative stress, vascular dysfunction, inflammation, and accelerated atherosclerotic risk.**

HbA1c isn't perfect. Certain conditions affecting red blood cells can influence the result.

But when interpreted alongside fasting glucose and, when appropriate, fasting insulin, it provides a valuable window into long-term glucose regulation.

Your Action Step

Know your HbA1c every 4-6 months. In our practice we aim for 4.8-5.2

If it's trending upward, don't wait until you reach a diabetes diagnosis to take action.

Start with **daily movement, resistance training, post-meal walking, better sleep, reducing excess refined carbohydrates, increasing fiber, and losing excess visceral fat if needed.**

Then retest and see whether your plan is working.

11 CORTISOL

Cortisol is your body's primary glucocorticoid stress hormone.

You need it.

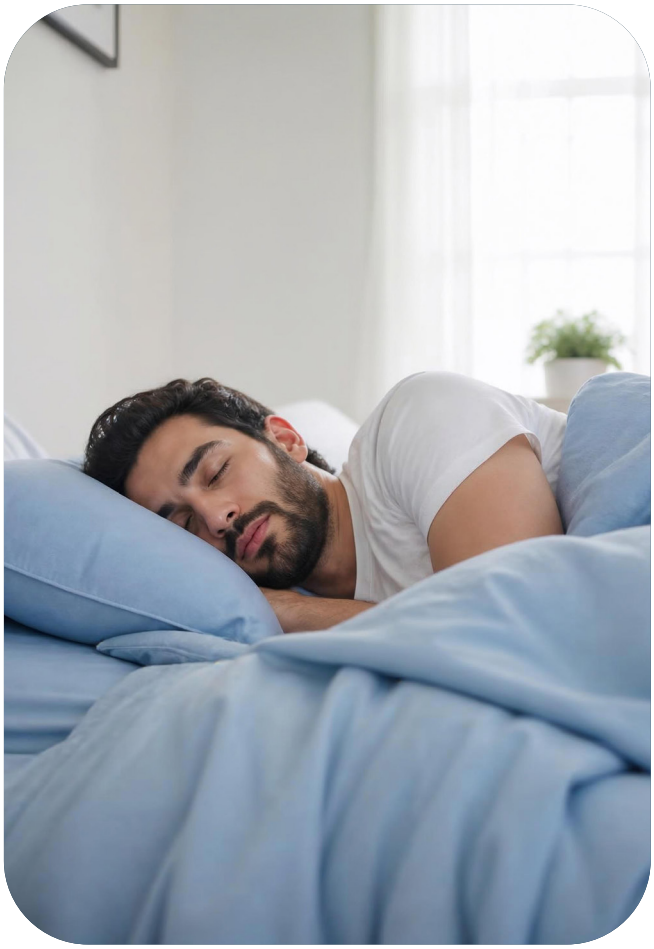
The problem isn't cortisol itself, it's **chronic dysregulation of your stress response.**

Long-term stress can influence cardiovascular health indirectly through **blood pressure, glucose regulation, sleep, appetite, body composition, inflammation, and lifestyle behaviors.**

However, a single cortisol measurement is not a direct heart-disease test, and cortisol naturally changes throughout the day.

That's why it needs to be interpreted differently from markers such as ApoB or LDL-C.

I look at cortisol as part of the **larger stress and metabolic picture**, not as a standalone cardiovascular-risk marker.



Your Action Step

Before worrying about your cortisol number, evaluate your **stress, sleep, energy, exercise recovery, and daily rhythm.**

If **cortisol testing** is clinically appropriate, interpret it based on **the type of test and time of day it was collected** rather than using one universal target.

Most importantly, build daily stress management into your heart-health plan: **sleep, exercise, meditation, breathwork, time outdoors, and recovery.**

12 LIPOPROTEIN(a) – LP(a)

Lipoprotein(a), or **Lp(a)**, is one of the most important cardiovascular markers most people have never tested.

Lp(a) is an LDL-like particle with an additional protein called **apolipoprotein(a)** attached to it.

Unlike many other cardiovascular markers, your Lp(a) level is **largely determined by genetics** and tends to remain relatively stable throughout your life.

Elevated Lp(a) is an independent risk factor for **atherosclerotic cardiovascular disease and calcific aortic valve disease.** And because lifestyle changes generally have much less effect on Lp(a) than they do on triglycerides, glucose, or blood pressure, someone can live a very healthy lifestyle and still have an elevated level.

That's precisely why I believe it's important to know.

You could be doing almost everything right and still carry an inherited cardiovascular risk you don't know about.

Your Action Step

Get your Lp(a) tested at least once in adulthood.

Because Lp(a) is largely genetically determined, a single measurement is often enough to identify whether you have an important inherited risk factor, although repeat testing may sometimes be appropriate.

If your Lp(a) is elevated, don't panic and don't assume there's nothing you can do.

Instead, work with your healthcare practitioner to become **more aggressive about the cardiovascular risk factors you can control**, especially ApoB/LDL, blood pressure, blood sugar, smoking, exercise, and body composition.

13 BLOOD PRESSURE

High blood pressure can quietly damage your arteries for years without causing obvious symptoms.

Over time, that increased pressure places additional stress on the heart and blood vessels and increases the risk of **heart attack, stroke, heart failure, kidney disease, and other cardiovascular problems.**

That's why blood pressure is often called a **"silent" risk factor** you generally can't feel when it's elevated.

Unlike many laboratory markers, it's also something you can easily monitor at home.

Your Action Step

Know your blood pressure and track it regularly.

For most adults, a blood pressure below **120/80 mmHg** is considered normal.

If your readings are consistently elevated, don't rely on a single office measurement. Discuss **home monitoring** and appropriate evaluation with your healthcare practitioner.

Focus on the fundamentals that can improve blood pressure: healthy body weight, regular exercise, whole-food nutrition, adequate potassium-rich foods when appropriate, good sleep, stress management, limiting excess alcohol, and not smoking.

YOUR HEART HEALTH MARKER CHECKLIST

Know Your Heart Health Markers — Cheat Sheet

MARKER	TARGET / FAVOURABLE LEVEL
Total Cholesterol	<200 mg/dL
LDL-C	<100 mg/dL *
HDL-C	≥40 men / ≥50 women; ~60+ favorable
Total Cholesterol / HDL Ratio	<4.0; ideally ~3.5 or lower
Triglycerides	<150 mg/dL; ideally <100
Triglycerides / HDL Ratio	<2.0; ideally ~1–1.5
ApoB	<90 mg/dL; <80 is a strong optimization target *
Lp(a) / Apo(a)	<50 mg/dL or <125 nmol/L; lower is better
hs-CRP	<1.0 mg/L
Homocysteine	~6–9 µmol/L
HbA1c	<5.7%; optimization target ~4.8-5.2%
Cortisol	Lab/time-of-day dependent — healthy diurnal rhythm. Bedtime cortisol should be low.
Blood Pressure	<120/80 mmHg. Take at night.

Don’t Chase One Perfect Number

The biggest lesson I want you to take away from this guide is simple:

Heart disease isn’t diagnosed, prevented, or understood through one number.

Look at the pattern.

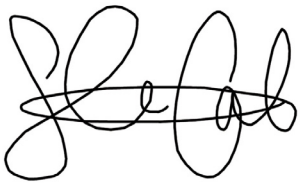
Look at how your numbers change over time.

And most importantly, use those numbers to guide **what you actually do next.**

READY TO TAKE THE NEXT STEP ON YOUR HEALTH JOURNEY?

Your future health is shaped by the choices you make today. By committing to even a few of these evidence-based lifestyle practices, **you begin shifting your trajectory toward a longer, healthier life.** The best time to start was years ago. The next best time is today. And, if you ever need help in achieving your health & wellness goals, my team and I are here whenever you are ready. Simply contact us **here.**

Wishing you all the best of health & happiness,



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READY TO START YOUR OWN HEALTH & LONGEVITY PROTOCOL OR PERSONALIZED PLAN?

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