insulin resistance, diabetes, those are the big markers of the artery health. That's what damages the vessel wall, which we talked about earlier. Those are things that can hurt the lining of your artery wall.

Cholesterol is not even there. Not even. It comes to a site and gets used up in a negative way. it's part of that process, but it is NOT the culprit. cholesterol does not cause heart disease.

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Welcome to another episode of Mold Microtoxins and More, where we explore the many factors that can influence human health and bring together physicians, researchers, environmental professionals, and other experts working to provide good, positive patient outcomes.

I'm your host, Jon Bode, co-founder of The Mould Pros. Our little podcast is entitled Bold Microtoxins and More, and today we're going to focus a little more on the more part of it.

We have a great conversation that takes us to an area that affects millions of people, but is oftentimes discussed in very simple terms, heart disease.

According to the American Heart Association, cardiovascular disease accounts for over 915,000 deaths each year in the United States. That's a lot. One person dies from cardiovascular disease in the US about every 34 seconds.

And it's not just a US problem. Cardiovascular disease accounts for over 19 million deaths globally each year. So we hear a lot about cholesterol and genetics and we here about medications and stents and bypass surgeries and lifestyle changes.

But understanding cardiovascular health requires looking at the bigger picture. Our guest today is Dr. Diamond Fernandez, whose work has focused on cardiac care and cardiovascular heath, and who is the author of the book, Beating Heart Disease.

Dr Fernandes, welcome to Mold Mycotoxins and More. Glad to have you on the episode today. Yeah. Diamond Fernandez is fine. Thank you. I'm not a physician, so.

Oh, okay. Perfect. All right. Thanks. Yeah, and so I have an allied health professional. Have been involved in the field for many years and have fellowships in metabolic medicine and cardiac modules and all the certificates you have after a position doesn't make me want that.

So, but yeah, I built these clinics where we focus on prevention and reversal of cardiovascular disease in Canada. And the intention is to help people.

provide, you know, help people who are concerned about their health by providing heart assessments and treatments that bridge a gap in the healthcare system to prevent and reverse heart disease.

So, so that's our big focus at the heart. Very good. Very good. Yeah. I guess when we get started today, a couple of things. Um, I'd like to learn about what inspired you to get into cardiac care and what led you do the, you know, the work that you're doing today.

And then somewhere- Yeah, right. Uh, yeah, um, Yeah I was headed into field of sports medicine and then what happened was I ended up, uh, taking a detour because my father ended having another heart attack.

And so his first heart attack was at 38 years old and 42, he ended up with bypass. And, so I kind of remember those situations, but the intention was, okay, well, let me find out about, they already had bypass already done.

They're like, oh yeah, what else can we do? And so you got, I got in the field of cardiac rehab and longevity focus was later, but I understand I worked with a group of cardiologists and as an allied health professional, you know, get really intimate with that side of things.

And I learned the foundations of what it takes or understand cardiovascular disease very well. Right away, I saw problems in how we test and what we do and how treat.

The issue was that a lot of people were going down this path of understanding cardiovascular health, but they were missing. They kept on coming back. Cardiac rehab was like, okay, you got people healthy, and then they came back, came And so it goes beyond people taking their medications and beyond these things.

And there are three things that I think are important that i'll talk about today is that number one, that cholesterol is not the cause of heart disease.

You're on the right path with understanding environmental health because that's what damages the vessel. So you got to think about what hurts the lining of the other well.

That's number 1. It goes Beyond cholesterol and most people think cholesterol accumulates to this pipe. and you have a last cheeseburger and fries, you end up with a heart attack.

So that's number one. Number two is that, and he said it already earlier, is heart stents and bypass surgeries, they're not a cure. I witnessed it firsthand in my early childhood and saw the issues with that.

My father, he's turning 80 this year. Been living with heart disease longer, has been living without. That's the second thing. Heart stent and by pass surgeries are life-saving if you are only having a hear attack, And if that's so, I've had people that have not had stents and refused them and still managed to live long lives.

It's about understanding that the artery is a muscle, not a pipe. And the third thing is that, um, the conventional

testing we do in the healthcare system, such as stress tests.

And that's why I wrote the book death of the stress test is, is the wrong way of, of diagnosing and treating cardiovascular disease. So those are the three premises when we talk about cardiovascular.

Yeah. I've read one of your, I guess your quote, your favorite quote is arteries are muscle and not a pipe. It's so I wanted you to kind of dig into that.

Haven't heard that before, but, uh, It seems common sense, but we don't view it that way. No, I think we're still stuck in the 80 dogma where it's like cholesterol accumulates this pipe and watch out for your foods and eggs and bacon and you know foods that you eat are gonna Accumulate to this piping you have a last piece of pizza and end up with a heart attack.

It doesn't happen that weight So yeah, we still suck in that world You've cleaned, repainted, and replaced filters. And still, you're not getting better.

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Because wellness doesn't start in the doctor's office, it starts where you live. Very good. Yeah. And I can't wait to tear into it. I mean, there's so, and we'll get to it a little bit later on, but there is so much conversation around it, especially with the diets that have been changing around paleo and keto and caveman and the turning of the upside down of food pyramid.

So I definitely want to circle back and get your thoughts there. But let's start with your new book that you wrote, Beating Heart Disease. What was your motivation to write the book and what's the main message you want readers to take away from it?

Yeah, that was my first book. I wrote that about a decade ago and that book was designed to help people understand the fundamentals as to what you can do.

So it's about five pillars of health that I think are important. Exercise, nutrition, stress, and mindset. Those things are all important to be able to The hidden one is really mindsets.

So exercise, nutrition, stress. The heart is a love muscle. It wants to connect with people. And it loves to connected with the people and that's important.

That's why we fall in love. I had a lot of fine relationships with that. Then the last one was mindset. Set in the right mindset for success. This was my first book.

But the second book I wrote was Death with a Stress Test. The reason I wrote that one is because we're using the wrong tools to understand cardiovascular because most people think that it's a plumbing problem.

I got to see the best cardiologist and it is no longer about that anymore. A cardiologists got it completely wrong. It's not that they're wrong that don't understand it.

It's just that what's involved in their toolbox is from 1980 and we're still using it today because that's what insurance bills for. And so it's not really getting to the root as to why someone has heart disease and more important doesn't tell you where your risk is of a heart attack or stroke because it is a biology problem.

It is not a plumbing problem Ah, very good. So what we hear so much about the cholesterol, you talk about it being not a plumbing problem. And so the kind of the conventional understanding that I think that a lot of people have is that, we get these plaques that build up in our arteries and that comes from the food that we have and it's found in the primarily through Some of it can be genetics, of course, but it's through what we eat, right?

And so let's talk about the role, if you can kind of clarify some things about, the roll of cholesterol in this whole equation, how does that factor into it?

That's a question coming from someone that historically, genetically has high cholesterol, so I'm interested in your answer. So there are some genetic factors like lipoprotein A that come into effect and there's, you know, hypokalastremia that comes into fact with people that have high cholesterol as a genetic factor.

And there're people who have just high cholestrol. So those are things that happen. When we look at the order of wall, whatever genetic fact, it has to go through these, like the estrogenic or the plaque causing process has But to keep it simple, it has to get inflamed.

The vessel has get damaged. And when it gets damaged, small particles sliver through. When it get through, then it got infected. That process has happen.

It's always what occurs on to the vessel while. Only thing that we focus on in the healthcare system is just number two, when we talk about it, is cholesterol.

And that's the only reason why is because there are drugs to fix that. And there're drugs now that we can take that, for example, the Fourier trial shows that hey, we could take cholesterol pills or injections, lower your cholesterol by 75% and barely see a reduction in cardiovascular disease.

Now, it does, hell, is better than nothing, but that study should tell us as clinicians that, hey, if I just lowered something by 75% and wiped it off as a risk factor, then it should see a significant difference and just shows that it goes beyond that.

And that's why it's important to understand the plaque building process. It's not a pipe. There's a lot of biology that happens the best of all. You can feel it expand and contract in different spots in the body.

This is important and this is why its important. The other side of that, of course, is genetics, right? So I personally, in my family, my grandparents, everybody has always historically had high cholesterol numbers.

And so I guess, and we've talked about this in other health issues, that I think the thing is that genetics kind of loads the gun, but there's other factors that actually fire the What role, in your opinion, does the genetic side of that thing for heart disease, how does that play into the equation?

And is that the bigger part of it or not? It does play. I mean, the intention is to find out what genetic markers you do have. And if you have them, then you just want to put them in a dark closet and not turn the light on, if that makes sense.

You don't want activate them. So it's the environment that you put your genetics in is what can trigger that stuff. Okay. Yeah. Makes, makes perfect sense.

Um, I mean, go to the hospital and see all the people that have had a heart attack. You'll see that, you know, it's like less than 20%. It's less, than how much?

Less than. 20% actually studies even less. Than 10%. When we think about whenever you do suffer from these

sorts of, uh, of things and you go in, you, go to the hospital, right.

And you're getting treated. It seems like it's always a very, um, I would call like almost like an extreme mechanical intervention. We have stents, we have bypass surgeries and all these sort of.

Things that go into help quote unquote, resolve the problem. Um, so that's, that a pretty intimidating thought. What, what's your, What's you take on how we address that?

You mentioned earlier that it's those those interventions so to speak or when someone's having an episode primarily, is that correct? Yeah, I think okay, so I Think this is very important for for listeners to hear heart attacks can kill you If you're able to survive it Opening up that artery as quick as possible is life-saving So that's number one.

And the data is there, it's clean, and it shows that. Now, if you need surgery, then you needs surgery. You've got to look at risk benefits and all that stuff.

The surgeons know their stuff there because that is what they deal with. So, that what we call unstable or what would call an acute coronary syndrome.

That's an emergency situation. The problem is that people think that if I am preventative, I can do that emergency thing to fix that vessel. And so what happens is that if it's non-emergent, well, the path is, and this is why I wrote the book, Death of the Stress Test, is because people do a stress test and they're like, I don't, it sounds like I hate the stress tests, because you could tell someone, hey, everything's fine.

And that's not true. You'll miss 90% of heart attacks that way. Or wait a minute, we found a plumbing problem. So let's go do more nuclear testing and radiation to confirm that.

So only find yourself in an angiogram and then, Hey, wait a minute. We found the blockage. Let's open that up with a stent or bypass. And that's coming down the stable arena.

So there's stable arena and then there is acute coronary, that's emergency arena. So those are two different paths. It doesn't mean that they should lead to the same, oh, let's go open this vessel up with bypass surgery or a stent because you could do more damage than good.

One of my best friends, his mom ended up getting elective bypassed surgery, almost died. Unnecessary needed a pacemaker needed whole bunch of other things and it's unnecessary to be able to do that bypass surgery.

You got to look at the pros and cons as to what's happening what beneficial to people because It's fine if that's what you need. If that, hey, look, I can't walk around, and I cannot do my daily act.

I would do everything else first. And that stuff like we do at the HeartFit Clinic is external counter pulsation, growing new arteries, hydrogen therapy.

Do everything you can non-invasively. Then if you meet that surgery, then yes, that is an option for you. But do that first, right? It is not an emergency.

So when you are coming down the stable route versus the unstable route, those are two different paths that should not lead to the same thing right away.

And so stents and bypasses are not cures. Interesting. They're life saving. If you're having a heart attack, coming down the unstable, they're not, if you come down, the other way.

And that, and the trials show that because people still think, Oh, well, I already use a pipe. I have a 70, 80% blockage. Let's go open that up, doc. That's a plumbing problem.

No, no, it's not a problem problem Heart disease is not a problem. You can have 100% blockages. Walk around still and there'll not be a problems. Ooh, wait a minute.

I just said something that sounds funny because think of it where it's like a 10 lane highway system. That closed one lane gradually every month. By the time it gets to seven lanes closed, I'm going to be finding new routes, new highways.

Am I going be successful, unsuccessful, but eight lanes close, nine lanes closes and all 10 lanes can close out. And when they all close up, then that's like, okay, well, that a heart attack.

Well, not necessarily. If I built enough highways around it, or side roads around, it then I'm good. Your body's resilient. What doesn't work for your body is if you have like one or two lanes closed, and all of a sudden you'll have an accident at that junction, That's a hard attack, you didn't give a chance for you body to heal.

Interesting, interesting. So with with I think more and more with medicine in general and we do you know, we we have this podcast every other week and We have a practitioner on that again as some sort of specialty and the advancements that are being made in all sorts of medicine we just got there doing a podcast two weeks ago about the use of AI and And how that's impacting the field of Medicine.

Let's let's specifically focus on cardiology and What are your thoughts on the kind of field today? And I'm sure that it is evolving just like other forms or other practices of medicine today.

So I don't think it's evolving. I Don't Think It's Evolving in terms. No, I dont think its evolving because if we're still going to look for a plumbing model, i don' think we are evolving I think outside of the healthcare system we're evolving because that's what we can bill for.

Like I can build for a stress test, I could build ECG. I don't think we are evolving. In fact, we were devolving because we just getting better at finding a plumbing problem.

What's the advantage? Always follow the money trail? In a way. Look, insurance pays for you doing a stress test, ECG, echocardiograms. They pay for your doing nuclear tests, they pay you for doing angiogram.

they don't pay the extra blood work to understand the biology of the artery well. Because if you're trying to treat millions of people, this is how it's designed.

Our healthcare system is designed to treated millions people. What drug can we give them and save a few lives? Right? Is the number needed to treat? How many people need to be coming into a doctor's office to prevent one heart attack or stroke?

Those are numbers you should ask your doctor. Hey, I got this medication. I'm going to take it every day. How much will I lower my risk by? Will it lower?

My blood pressure will lower. My cluster? Okay, great. Okay. Great. If I take this, then how much? What percentage will it? Or my rest of a heart. Or stroke or anything else?

I think the number one thing people should focus on is blood pressure for sure. But cholesterol is not the culprit. We went through that already. Blood pressure is a culprit, right?

Having hypertension can be damaging to many big organs, so that's important. So diabetes, another one. Important. You can reverse it. It can revert diabetes but you've got to be able to diligent and know that.

Don't want to become diabetic. Insulin resistance, diabetes, those are big markers for the artery health. That's what damages the vessel well, which we talked about earlier.

Those are things that can hurt the lining of the arteries well. Cholesterol is not even there. Not even here. It comes

to a site and gets used up in a negative way.

cholesterol does not cause heart disease. I say it all the time and I get a lot of kickback from it. It's not what causes heart disease. It is part of the plaque building process, and if you look at the benefits versus risks of lowering that risk of a heart attack, it's minimal.

And that where it is just educating people to go, hey, just because you're taking a pill doesn't mean you are protected. You got to find out why you had heart disease.

And that's about a personalized approach, which we do at the HeartFit Clinic to be able to personalize approach to understanding your cardiovascular health.

Do you think that probably that mindset is or that understanding is one of the most common things that people get wrong about heart. Is that they can just pop a statin and.

I think so. I go to cardiology conferences all the time. It's like, make sure you take the medications, that's it. The medication is not going to save your life.

it's better than nothing. Oh, I'm not telling you to stop your medications here. i'm just saying it goes beyond that. And just to show you the study that came out, it started in 2005. Trials started that if we do a heart stent with someone with stable heart disease, and we give on the other side, we just give them medical therapy, so stent versus medical, therapy we see the same outcomes.

How is that? Because the artery's not a pipe. Just because you open it up doesn't mean you live longer. It's life-saving if you're having a heart attack.

This is a hard concept for people to understand because they think of the arteries like a… pipe, it's a muscle. Right. And I got people debating on me all the time.

I think I've got a few YouTube videos on, on online and such talks about how long does a heart stem last and thousands and 1000s of comments, people going against this and like, you're wrong.

No problem. Show me them the data. The data is there's a courage trial. There's the ischemia trial, there are these trials that come out to show that it goes beyond like the artery is not a pipe.

So if we know it's not on a pike, then why are we treating it still like that? Well, let's take medical therapy. A statin, a beta block, or aspirin. An ACE inhibitor, blood pressure pill.

All those things are just as good of a treatment option versus doing a stent. How's that? Because at least you're paying attention to biology. But what if you were to go further?

What if we were go to further and find out, okay, how can we grow new arteries? How can reverse disease? how we can get to the biology of the artery? Well those are the things that are very important to personalize each person that understands cardiovascular.

We spend, obviously, a lot of time in this program talking about the environmental factors that certain like, whether it's bacterial toxins or mycotoxins, bull toxins, and other chemical exposures inside of environments that can create these issues.

Whether it is inflammation in the body or we talk about toxic burden and toxic overload, in the occupants. So we've talked about, you know, genetics and we talked a little bit, cholesterol and those sorts of things.

Are there any environmental linkages between heart disease? Absolutely. Think about anything that can hurt that vessel wall that causes inflammation. You're absolutely right.

Like if you're exposed to toxins, if exposed mold, exposed exposures, and it damages the vessel, then cholesterol has an opportunity to use up in a negative way if we have the small particles.

And then if you don't pay attention to the infection response, that can happen. So you're starting the cascade of artery health issues too. That's why autoimmune diseases is, it can affect the artery walls so much.

Yeah, we've come to learn that, of course, the body is a lot of moving parts. It's a system, right? So when one area gets impacted, whether it's being immunocompromised or having inflammation and those sorts of things, It is going to have a residual effect all throughout.

Shoot, we talk about gut health all the time, and we talked about, of course, the need for immune system bolstering that. And we talking about mental health and other flammagens and so on.

Now that perfectly makes sense. So if someone's listened to the podcast today and they're thinking about okay, I have some of these things. I've been told I'm at a high risk for heart disease or a cardiovascular event.

When is it that someone should take action? And then I guess my follow-up is going to be, okay, and, you know, when should they take it seriously? What are your recommendations on doing just that?

I recommend not getting a stress test done. That's one thing. But if you're feeling normal, I mean, the reason why I say a stressful waste of time is because it's looking for a plumbing problem.

Most people can do their stress tests on their own. They can climb a few flights of stairs and see if you get chest pain. And if do, then okay, now a stress test would be valuable to see that's coming from there, but then stop there.

Because there's other things that we can to do to reverse disease. Or test for disease, even for that matter. But if they're trying to find out, like you're asking me the question about how, what testing should people be doing?

And a lot of people say, oh, let's get a calcium score and get CT angiogram, because that is looking at the artery like a pump. pipe and calcium scores are being over overrated.

I mean, the amount of people I hear telling people to get calcium score is stupid because all that leads to is taking a stop and you got to understand the artery biology.

So I think that's important part is you gotta understand your biology And a lot of people are like, oh, now you got these AI clearly, you know, CT angiograms to look at the plumbing problem.

Yeah, it's cool. It's good that I get to my arteries of my heart were very well and the technology is getting better and radiation's getting a little bit less.

Its still radiation. Both calcium scores and CT andrograms are radiation and so again, your looking at your arteries like a plumbing problems and it leads to always my concern when you go into this world of You know, these longevity clinics trying to do calcium scores and CT angiograms, you're looking at the artery like a plumbing problem.

So guess what that leads to? A statin or a cholesterol lowering pill. Right. You're like, okay, we found some calcium, take a cholesterol pill. Oh, you got moderate calcium.

Let's do, oh, he got high calcium let's a CT angiogram, see where the plumbing problem is. Or you've got a plumbing, let do a conventional, lets get a stent in there.

Lets do bypass surgery. And you're heading down a pathway, it's completely unnecessary and the trials show us that. This is where is the ischemia trial shows us, that that surgery for blocked arteries is often unwarranted.

That medical therapy is just as good of a treatment option than doing a stench or bypass. So why are we doing all

that testing? Because that's what insurance pays for, right?

And it's looking at the conventional plumbing problem. It's not that. And so this is where I lean our listeners to, hey, understand your biology better.

Understand what we can do, like inflammatory markers and particle size, infection. That's way more valuable to you. But if you're having a heart attack, that's where we talked about that in the first pillars.

Okay, That's an emergency problem. But, if your not, hey, there's better ways you can do it and this is where I think we're stuck. Still looking and talking about cholesterol, still talking a plumbing disease model and so on.

You're in Calgary, and a lot of our listeners, of course, are in the US. So how can someone learn more about the work that's going on in your clinics?

If they want to understand how they can reach out to you, can you share a little bit about that? We offer consultations where we can find out what's going on with you and discuss.

If we get into depth, the consultation is an inexpensive way to personalize what is best for you, and what available to you in your area. And then we can come up with, I mean, we coach a lot of people all over the world to get them on the right sources of things to be able to help them with their heart health that way further.

So, um, that's another half, probably a few half hour conversations is the best supplements to have and the things that have, and all that part of it.

And that really depends on what your blood work shows us and what's going on with you, what is your situation, all of that. You got to look at that differently.

So it sounds like a very personalized approach as opposed. Yes. If you want generalized, I mean, that's what your family doctor's for, right? Right. Or your cardiologist.

That's a generalized approach and it's better than nothing. Right? Yeah. But if you're looking for better-than-nothing, then that where clinics like ours, like longevity clinics on focusing on cardiovascular health, That what we do really well.

Very good. So can you walk them through? So someone can walk him through not to make it a linear process, right? But kind of walk through the reach out to you.

What can they expect? A conversation first. Yeah. It's just getting to know somebody. Know what's happening. What's on there. Everybody is different. You can't treat everybody the same just because they have, I mean, you can have buckets of things that you treat people the Same in, that's fine, but you Can't read all of them the say, right?

And so that thing is that I think we want to personalize people's approach to understanding cardiovascular better. And we've got, there's things that we do all over the world, like from Canada, but we got people all the over world like where we can give them monitors and make sure they're exercising safely, sleeping well, making sure their rhythm is not ischemic or lacking blood flow.

That's really good data to make Hey, and the number one thing back in the day was, can I, am I safe enough to exercise? Am I save enough have sex? am i safe to go climb a mountain, go hike, or am safe not to play with my kids, grandkids, whatever.

Like there's these questions that go through people's heads and now we can monitor people and make sure they can do things safely and effectively. It doesn't matter where you are in a world.

Those are simple things that we could do. Yeah, very good. And I think there's power in that, right? So one of the

things that we're going through our journey with, you know, we work with a lot of functional medicine docs and do you go to A4M?

Are you Norman, are you part of that? Yeah. That conference? Okay. Yep. Very good, maybe we'll see you there next time. But it's about empowering people.

If you, in my humble opinion, if you wait for the system and you kind of follow what the systems does, those outcomes aren't always great outcomes, right?

So it is really about empower yourself. Get informed. You drive your healthcare approach with, you know, Good information, right? And you have to own your health and doing things, actually, just like this.

So that's fantastic. If we're going to leave today, listeners, with a couple things. Just a few bullet points. What would you like to If they want more information, we're on YouTube.

So HeartFit Clinic on Youtube, got a good website, heartfitclinic.com. Those are good sources to be able to help people out a little bit further. Um, but yeah, I mean, just be proactive, like be productive about your health is the normal thing.

Like if you know that you're in this path or you, you are on another path, or something dangerous happened coming down the road, do everything you can to fix it.

That's where I talk about do, everything. You can't make sure you could make a difference. All right. Very good. Um, is there a pathway that differently, did you, that you see prevention going?

I mean, other than what's kind of been prescribed. No, I don't think so. I think, we're in a world where I, think prevention is going to have to be voluntary.

And hey, i'm going sign up for it. Yeah. Actually want to prevent a disease, whatever it is. So, it's going get there because we are in an age where, the amount of research coming out now is exponential from what it was just a couple of decades ago.

It's exponential. So things are changing. Things are moving. And to try and change a, a healthcare system or a sick care system is challenging to change the people that are focusing on healthcare, functional medicine, longevity, focus on that.

That's where I think that's going to be, but you have to sign up. You have put your hand up and say, I want them. Yeah, no, it makes sense. It sounds like you, you some optimism about.

you know, the future for cardiovascular health. Um, so it's not, um, hopefully things are changing and there, there's some positivity that that's coming through and more awareness.

I don't see it. We're still stuck in the plumbing disease model. And you're right. The technology is getting better just on that same. That's that wrong trajectory is related.

Are there warning signs? Last, last question. that individuals should not ignore. I know you've talked about, hey, if we're at this emergency point, that's one thing.

You know your body best. People know their body when they can't perform. And so if you can perform, just get tested, get fixed. If you know yourself best and exercise is medicine and you cannot do simple things like that, then get it fixed, so.

And it's baby steps. It's just baby step. There's no magic pill that you can take that fixes everything. Doesn't work out. Yeah, no. We're a microwave society.

Always want these instant baked answers. I think you're starting to move away from microwaves because you realize how bad it is. Yeah, but it's the instantaneous, you know, we want to be able to take a pill and just go on and solve things and it just doesn't work out that way.

I really appreciate you carving out time and sharing with, like I said, this is a completely new area. We've never had this conversation around cardiovascular health on our show before.

And I think it, I mean, it it a major issue and one of the leading causes of disease and death in North America, not just the United States. So I think kind of some of the takeaways is that, you know, cardiovascular disease isn't simply about a number or one test or a procedure.

You know, certain things matter. Um, yeah, cholesterol, genetics, blood pressure, lifestyles, sleep, stress, other factors as well. Yeah. Yep. But, um, I guess the main takeaway that I got from our conversation is that this understanding your cart, your congressional risk gives you an opportunity to have better conversations with healthcare providers and make informed decisions.

So you mentioned you have YouTube that's out there. What else? Is there a shameless plug for a website? How can people get your book? Heartbreakclinic.com is how you reach us and yeah, just sign up and get understanding as to what's happening with us or subscribe to YouTube channel.

It's fine. That's simple. Simple win. We always put out good education on that side of things too. Very good. Yeah. Information is power. Is your on audible or is it?

I don't think it is on Audible yet. I think we're about to put that on there, so. Yeah. Ah, perfect. Perfect. Well, I appreciate if it gets on Audible.

I travel a lot. Always got a book going, so I would love to listen to it. Sounds good. Really appreciate you sharing your experience and your perspective on cardiac care and the message behind beating heart disease.

So we'll make sure that all the socials get posted up and listeners can find more information. For everyone listening, if this conversation has raised questions about your cardiovascular health, speak with your healthcare provider, reach out to Diamond and his team, and we'll make that information available to you so they can learn a little bit more.

As always, we appreciate you listening to Mold Microtoxins and more, please subscribe to the podcast, wherever you subscribe the podcasts, whether it's iHeart, Spotify, Apple, YouTube, all the rest.

And if you think this has been helpful, share the episode with someone who may benefit, certainly leave us a review. Your support brings us all together, And we certainly do appreciate it.

I'm Joe John Bode, co-founder of The Mold Pros. Until next time, remember, understanding your health starts with asking better questions. And so next.

You've been listening to Mould, Microtoxins and More with John Bodie. If you're ready to take the next step towards a healthier home, follow the show and visit themoldpros.com for your free consultation.

Because clean air is the first step to true healing.