Heart Disease Beyond the Plumbing Model

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We'll just keep it simple. If you put your thumb and finger together, that's what the inside of it looks like. It's all skin, well that skin gets damaged, particles get through, builds up.

archery disease builds up inside that lining of the artery wall. There's no such thing as cholesterol building up in inside an artery. So it's always building functional medicine and integrative health simple, practical and fun so you can restore balance, boost vitality and enjoy a healthier life every single day.

Hello, this is Dr. John back with another edition of The Balancing Point and I've got a very interesting guest today, one that I'm really excited about.

He talks about some things that I've been fascinated with for years, and that's Dr. Diamond Fernandez. Dr Fernandes is an integrative cardiac health specialist and the founder of the HeartFit Clinic.

His work is driven by a deeply personal story. His father suffered a heart attack at 38, very young, and then had bypass surgery at 42. And that actually sparked Dr.

Fernanda's mission to understand how to truly prevent and reverse heart disease beyond the kind of traditional paradigm. Dr. Fernandez has clinics across major cities in Canada.

He focuses on going beyond the traditional plumbing model of cholesterol and block pipes. Uh, he uses extensive testing, advanced cardiac rehab programs and therapies like external counter pulsation to improve artery health, grow new vessels and reduce the risk of plaque rupture.

His books, Beating Heart Disease and the upcoming and I love this one, Death of the Stress Test, he wrote them to challenge outdated approaches and highlight the roles of lifestyle, infections, autoimmunity, mindset, and emotional health in protecting what he calls the love muscle at the center of our lives.

So welcome, Dr. Fernandez. It's really nice to have you. I speak a lot at conferences, I educate a lotta physicians, but I'm not a physician. So I always like to start off by talking about that.

Oh, that's fascinating, okay. I've been involved in the field of cardiac health, so as a cardiac rehab physiologist, you know, done that for almost 30 years, and it's something that, when I started my career, was working with a group of cardiologists, the intention was for me to go to med school, And I never did it, because I hated the sight of blood.

That's all we do. We do that a lot in our clinics now, but you know, I, it was amazing because I was in a thousand square foot facility with all these docs and I got to be able to.

Be a sponge to learn everything that you need to know from the foundations, from a cardiology perspective. And so I started my career in 99. doing that part.

And all I would do doing a lot of them was stress tests, stress test one after another. Gosh, whatever. A lot. That's where my book, Death of the Stress Test came out because I still see it today is that people use that as a diagnostic tool and forget about the healthcare side of things.

In the financial markets, they stole that term from the medical community saying, hey, we stress-test this market and that market. So the word stress in our healthcare system, in my opinion, has to go away.

And the reason why I wrote that book, and it's out now, after the stress test, is because the intention is, how we evaluate heart disease and to see where your heart attack or stroke risk is.

People are using this outdated method to look at the artery like a plumbing model.

Dr. Fernandezu2019s Background and Clinic Origins

The arteries aren't a pipe. It's not like we're You know, cholesterol accumulates in this pipe and you have a last cheeseburger and fries and the last piece of cholesterol attaches and all of a sudden you had a heart attack.

It does not happen that way. And the idea behind understanding why that happens, we talk about it all the time. I talk all my books all time is that these arteries, they're a muscle.

They're not a pipe. How many people think like that cholesterol analogy? And so cholesterol is not what causes heart disease. Yet, you know, there's all these drugs to lower cholesterol.

Well, if that's the case, we should see no more heart attacks. So it goes beyond cholesterol, great point. And the second thing is, is that if we're, If we know it's not a pipe and we now it is a muscle, like you feel these things expand and contract, it expands and contracts.

It's a Muscle. And if it expands and contracts, we know it's a muscle, then using the stress test to find out if you have a plumbing problem is the wrong tool to use.

I actually love the stressed test because you get some valuable data from that test. What I don't love are the outcomes. Hey, you got clean pipes, continue as you are.

Well, you could have a heart attack walking into the parking lot, which has happened before. Or you can have, I've heard hundreds of cases where people have done a stress test.

Months later, ended up with a hard attack. Weeks, later months later or whatever it is. I got a clean bill of health. They told me I thought I was good.

So that's outcome number one. And outcome. Number two is, Oh, we found the plumbing problem. Let's get a, let's go do more testing to see if you need a heart stent or bypass surgery.

and the data shows that we don't do that either. What if, you could grow new arteries? What, if could improve the artery health so that you don' t need those interventions, like a hard stents or a bypass.

That's why I don t like the stress test is because of the outcomes. Yeah. That's a great point. You know, it's, I think that you, that point is really great because you're not saying it doesn't do what it is supposed to the test.

It's just, It can lead in the wrong directions, right? Correct. Either too much or too little. Its a valuable tool, but the problem is we just use that one tool when there's so much more you could use now.

Like we're in, you know we are in a new era now, It's not 1960, 70 anymore where we found the stress test and this is the test to use. And then we adopt that in the eighties and nineties and talk about cholesterol as a problem.

It is not. How we understand heart disease goes well beyond what we think it is. Well, one of my kind of aha moments, you know, there are so many things in life that you kind know.

But then one day it's like, oh, my God, of course. Right. It's I can't believe I didn't think about that. And I was reading Tom Cowan's book. And he said, now, do you think a pump the size of your fist can pump a semi viscous fluid through, I think he says 70,000 miles of blood vessels.

And if you ask that question to a hydraulics engineer, they just laugh at you. And I was like, well, of course, but you

know, I hadn't really put it together that way.

So that's not a pump like we think it is. Right. It's got a, for this part of my body, the big toe stop there, exchange gases and then return back to that.

If anywhere I need a bump is that every ending of. As well. Exactly. Yeah. And of the blood flows at different rates in different areas. At least that what I've been told.

I'd never measured it. That's fascinating. I did a class probably 20 years ago, and it was a cardiology, at that time it, was live program down in Southern California.

And one of the speakers got up and he was in his sixties and said, you know, It's all about inflammation, it's, all, about, inflammation. And he put this slide on, he said, I'm going to show you something simple.

He put the slide, on the board, and there must've been 500 things on that. So this is what happens with inflammation? He said I presented that at the college that I was an instructor at, 20 years ago, when they fired me.

for saying that it was inflammation was the problem more than cholesterol. So, you know, it wasn't that long ago that you couldn't even question these ideas.

And so you started the HeartFit Clinic because you just wanted to make a bigger difference because, with your father's illness and then seeing all these interventions that weren't really working very well.

How long ago did you start the clinic? The HeartFit Clinic? What really was the push, the motivation? I think the idea why I started the Clinic is more, okay, so my inspiration, as you mentioned, I have a family history of heart disease.

My father had a heart attack at a young age, you know, in my thirties and forties, and I was like, oh, well, this is going to be something I had to deal with.

You know, and what made me start the clinic is I was working with a group of cardiologists in Calgary and it was in, you know 99 to 2005. And I kept on seeing these patients come back.

And it's like, okay, well they had a heart stent, they have a bypass and I saw my dad end up with another event. And so it was like we're doing the wrong thing to help these people.

I go, people require a little bit more time and attention when they've had this, especially a hard attack or going through a stents or bypass surgery, sometimes a lot of trauma to it.

There's, there's a whole thing that happens where I'm like, okay, people require this personalized care. So I left that clinic in 2005, I was introduced by a cardiologist in Montreal about external counterpulsation.

I loved it. And I went to Dubai, opened up a clinic there, not my own. with one of the cardiologists. And then I came back. I'm like, look, I got to do this back home at my hometown in Calgary.

So I started to see the benefits for myself. When I started to get deeper and deeper into it, I had met a bunch of mentors along the way that it's like diamond, like it is not cholesterol.

External Counterpulsation and Artery Health

And if it was cholesterol and we can lower cholesterol to almost zero, then why are we still seeing problems? And, and this is where I think it gets important to have that curiosity, stake in that, curiosity side of things.

So why I, started the clinic is because I wanted to see, to be able to, be the steerment to how we can help prevent and reverse heart disease. Because people, and even if you go on chat bots and this bots in this chat engine, it'll

always say, make sure you seek medical help from the top of the cardiology chain.

But if the topic of cardiologist chain is doing it wrong, now it's not that they don't love you. It's just that their job is to make that if have a heart attack or if heart complications, you need a pacemaker, or you a bypass surgery, a stent.

You need to get on the right medications for maybe you're on heart failure. Whatever the pillar that's concerning wrong with you, they're amazing when you have that emergency situation.

But if you are trying to prevent it, whether it be another event or prevent a first event, The cardiologist is looking at the artery the wrong way. And this is why stress tests, you know, it's got to go away.

We talk about calcium scores and CT angiograms as people doing that as a preventative basis. It's not the right tool. I mean, It is better than the stress test, but it is not right because you're looking still at your artery like a plumbing problem.

An artery disease will progress, the intention is to lower it. Got you. I would think would have known for a very long time and treated the arteries as a muscle because anyone who's in medicine knows you do a venous blood draw.

You don't do arterial unless you have to because arterio blood draws are very difficult because there's the artery is so muscular, right? But still, you know, I still hear that the heart, and they're still teaching in a lot of schools that, the arteries are just there to carry the blood.

They don't really do much of the pumping action. And so you're saying they are really, yeah, Chinese medicine, we do pulses all the time, feeling everything and making diagnostic decisions based on that.

So we're pretty clear about that And that's where, look, cardiologists, they love you, but they're not good at preventing heart attacks unless they've gone into that side of things.

Right. If they are staying in the conventional arena under generalized insurance, whatever it is, government insurance. They're going to be inside an umbrella that is guideline focused to It's just the wrong thing.

And that's why I wrote the book is because we have to rethink how we treat artery disease. On our website at heartfitclinic.com, you can go and get the books.

It is inexpensive, just so you could understand the gaps in the healthcare system. Because if you're trying to prevent or reverse a disease, There's some things that are important to look at.

Gotcha. Absolutely. And so you mentioned external counter pulsation. I got fascinated with that a few years ago and there's only one center here in the San Francisco Bay Area, at least on my side of the Bay area, that does that.

Can you tell us a little bit about that? So it's a safe painless treatment for people to improve The artery wall. So I think before I get into external counter-pulsations, it's important to understand the artery well, because we've been talking about it now is that these arteries are a muscle, not a pipe.

They expand and contract, they do their job. And so the intention is, that inside the audit wall, has got this endothelium. This lining of the skin, we'll just keep it simple.

And if you put your thumb and finger together, that's what the inside of your looks like. It's all skin. Well, skin gets damaged, particles get through, builds up, archery disease builds inside that lining.

There's no such thing as cholesterol building up inside an artery and just flapping in the wind. So it's always building inside the lining, like a pimple on our face.

So with external counter-pulsation, we know how artery disease happens. With external contra- pulsation we're trying to strengthen the endothelium. People are like, okay, well, how do you do that?

Well, when you're increasing a massive amount of blood flow, so we were pushing bloodflow. So there's these cuffs that go around your calves, thighs, and buttocks.

It sequentially pushed blood back up to the heart when the hear is in a relaxed state. When the hard contracts, the cuff relax. When the heart relaxes, the cuffs contract.

That's the counter pulsation that's happening. So it's acting like a second heart, if that makes sense. So we're retrograding blood flow. We're pushing it up.

So, we are pushing more blood volume in the cardiac cycle or retrograde blood flows. All this stuff is happening while we were pushing bloodflow. Now, when we pushing this blood-flow, it's important to look at when were starting to those things, the artery has to expand and contract.

With external couch pulsation, were strengthening the endothelium, lining of the order wall. And think of it like if you have artery concerns or blood flow concerns, or microvascular disease or whatever be the situation.

Think of that like a 10 lane highway system and one lane closes up every month and that's your route to the office. By the time you get to seven, eight lanes closed, you're going to be like, forget this congestion.

I'm going start to find a different round. You might be successful and not. And you can have all those lanes close. All 10 lanes closed and still that's a heart attack specifically, but you've managed to develop these collateral flows.

And when you start to developed the collateral flow, that that, where that where you started to see the benefits. In fact, if you look at it, um, I think it'd be Googled.

If you say what percentage of people that have heart attacks are silent, meaning you didn't even know about it. The data will show anywhere, anywhere between 20 and 50%. And let's go to the low end, 20%. That means one in five people are having a hard attack and didn' even.

the whole population, but when they do have it, only 20% actually feel it. And that's how they could get away with it because they managed to build collateral flow or they manage to dissolve things quickly.

to be able to do that because your body, if it does it gradually, that's a benefit, right? If it doesn't gradually I can give my chance for my body to what we call angiogenesis, which is growing new vessels.

Now, the problem happens is if you close one or two or three lanes closed, you still have seven lanes open, so still getting good flow. But what happens if a pimple pops in the artery wall?

All of a sudden, all those lanes close right away. That's a heart attack. that's what gets you to the emergency room where we want you, to go to emergency very quickly.

Awesome. Yeah. So your cardiologist will excel in it and save your life. Gotcha. Exactly. And so you do a lot of functional medical stuff in your clinics, right?

And one of the things that I found, for example, there was an article came out sometime in the past called predicting female heart attacks 30 years in advance.

And they said, if you look at LDL, Cardiac C reactive protein and lipoprotein a you can make those are predictors I'm 75 years old. I've never had one of my doctors run an HS CRP on me I never have any of My doctors, run a lipo protein a I mean I run them on myself, but it's fascinating that that isn't getting out to the mainstream doctors the GPs well now Because there are medications that are coming out to treat lipoprotein A.

Yeah, that's what I've heard. So the only test, and this is what's upsetting about the whole thing is that they test. things because there's a drug for it.

Oh yeah. Like we used to walk into doctor's office, let's call it a decade ago and be like, okay, I'm overweight and they wouldn't even think about it twice.

But now you walk in a doctor, you're overweight. And guess what? There's these GLP-1s now that everyone can take. Right. The marketing campaigns are just beautiful to, hey, just ask.

So everyone's asking for these glp-ones now and it's like okay well, It wasn't a problem. It was always been a. Being overweight is not okay. Right. And now there's the GLP ones that can automatically fix it for you.

Inflammation, Testing, and Prevention

So overweight was, always has been an issue. and now, there is a drug now everyone's measuring your weight so that we can give you that drug. Exactly.

Yeah. Lipoprotein A has always, been, an, issue and, now we're going to start measuring because there, is going, to be a, drug, right? Yeah, that's, the way the system works.

That's for sure. And in terms of inflammation, what kinds of things do you see that trigger a lot of information that affects the arteries? I mean, there are hundreds of, yeah, hundreds things that can hurt the lining of the artery wall.

And when you talk about the fire analogy, like that's so important. Right. I, and I'll say it again, is that there're hundreds that things can cause damage to the lighting of your wall and cholesterol is not even one of them.

Yeah, I remember reading a few years ago that, or actually there was a doctor that was very, very great doctor down here. He had a radio show and he said that the danger of influenza is that very few people die of Influenza.

A few more die have pneumonia, but he says the heart attack risk goes up dramatically for the next six months because of the damage that's done to the artery wall.

Okay, so there's a few other things that happen. So I'm going to keep it simple for our listeners. Okay. We talk about the lining of the artery wall is all skin, right?

So we know that the arteries are muscle, not a pipe. And so, there is inflammation that happens to the vessel wall on the outside. Something hurts the skin.

You asked me what they are, hundreds of things. Yes, there are hundreds of markers that you can look at, but if we're talking about markers, yes, high blood pressure, or yes diabetes, poor nutrition, environmental health, toxins.

You can go down the list, a lot of things. Obviously poor nutritional is a big one that can damage the endothelium. what we call inflammation. But when it gets damaged, then cholesterol comes into play.

And cholesterol only comes in to play with particle sizing. So then those small guys get through the lining of the artery while not these large ones. It's important to get that particle size testing.

When it gets through, then there's another, let's just call it a source of inflammation that happens there. It's where it affects the immune response.

And so these immune cells, white blood cells get involved, all these activities start to happen inside the lining of the outer wall. We know, and this is just, we know when you end up with any autoimmune or you start a vaccination that has that immune response, it can affect the immune responses to the artery wall or the inflammation inside the lining of the outer wall.

And so we know that can happen. So it could disrupt a plaque or potential plaque, or pimple popping inside of vessel wall So one of best things you can do just to keep it simple for everyone is just eat foods that could help lower that inflammatory response.

And do you have a particular anti-inflammatory diet or do really tailor it to the people? I think it's tailored to people, but I, think one generic thing that I can say, and I wrote about it in my books is that if anything has to advertise to you, just stay away from it.

I mean, that's a simple rule. That's great. You have to turn something over and look at the ingredients and it just stays away. Yeah. I do a lot of gut health work and I was very pleased a few months ago when a study came in and said that the basic Mediterranean diet was just as effective as the almost impossible FODMAPS diet for IBS.

And it's like, okay, anybody can eat Mediterranean. That's great. Yeah, right. Do you have a list, like the top things that you'd suggest to prevent heart disease?

I wrote about it in my first book, you know, and, I think, exercises, medicine, what you put in your mouth is medicine. So nutrition is important. I talk about relationships.

The heart is the love muscle. It wants to give love. it wants, to receive love and doesn't mean that, Hey, have to be in a relationship with a partner or that you have, stay in relationship, with the partner, but it's, You can find that love connection.

in community, you can find it in family, in loved ones, a lot of places in friendships. There's a place where you could find this. Don't think about, hey, I have to find a partner of life and not everyone is fortunate to, and some people are fortunate, to the love of their life.

If, you know, I was reading some studies out of the Godman Institute that it's like, when you look at partnerships, long-term partnerships that, only, it is a small percentage of people that actually get that connection that way.

And, this is why divorce rates are high. Conflicts are higher that way. But so my point is, you don't always have to get it from that because everyone, judges and say, well, I'm not married or I don' have a partner or whatever it is.

You can find it in different sources and be in community. It could be, in, volunteering for people, the service of gratitude is so powerful to the heart.

Right? So that's where the Heart wants to love and connect. So I love to go off on that. And you can read the chapter on, that it's really great, but stress is another one.

We get stress all day long thrown at us. The only time that we don't is when we're dead, right? And so the idea is, is that when you get stressed thrown out, you, how do you cope with it?

What are the mechanisms as to how you end up functioning with stress? and that's where you have to have outlets for yourself, whether it be in the form of meditation or exercise or yoga or breath work or whatever might be the situation.

You have be able to do things to combat with. And then the last thing is mindset. When you talk about mindset, it's more about, you have to have the right mindset to be able to do that.

And so this is where, when we talk, yes, your intelligence is important, but your emotional it would call it EQ, I guess, is very important. Like how you see yourself and how badly do you want to be able to prevent or reverse something you will.

And that then feeds your mind into opening up these neurons to say, okay, i'm looking, on finding. Cause when you search, you'll find on anything, right?

You'll fine people that are able help you. So that's why I talk about setting the right mindset. You have to have the belief like we're a step, like when we look at our clinics, You know, we have at the HeartFit Clinic, our focus is more to, okay, help you with the healthcare system, right?

We're not an emergency center. Hey, deal with that when that comes out. And then we're, not, your cardiologist that you see on a routine basis, because it's not that they don't love you either, is that we fall below that in terms of getting to the root as to why you're in that issue or that problem.

Right. And so that's the thing that we focus on at the HeartFit Clinic is to get more into that side of things. and you only find that when you're looking for it.

If you think that your doctor is going to help you and that it's going be the one that helps you, that fine. You're going gonna be right. But when do you start to understand there are gaps in the healthcare system and not that the cardiologist doesn't love you but they're waiting, unfortunately, for, hey, we're gonna give you these meds to make sure you don't have a heart attack, but when, you do, I'll be there.

Right? Right, and so most people don' want to wait till that. What's interesting, I just was reminded Malcolm Gladwell in his book Outliers, he was looking at a particular area in Italy where people were very long lived.

Lifestyle, Mindset, and Longevity

And so they researched it and they came to a conclusion. They said, well, A, they grow all their own food. But B, they live in a very hilly area and they have to walk to their fields.

So every day they're going out and getting this exercise. Now they don't even call it exercise, it's just, I'm going to work. He said, but what he thought was maybe the most important aspect is that along the way.

to their fields as they're walking on these hilly paths, they might run into 20 or 30 people that they know in the village and they'd stop and have heartfelt conversations, real conversation.

He said, so you put those things together and you get longevity. Right? So kind of exactly what you're saying. The Chinese medicine, there's a pyramid, like a inverted like a food pyramid, but at the bottom is really drug-based medicine.

It doesn't mean that's bad, it just means that it's crude, right? You've got side effects, and then it is instrument-based medicine where someone is doing something to you.

Could be surgery. Acupuncture even is in that category because someone is doing it to you or for you. And then as you go further and further up, it's you taking care of yourself.

Like you said, mindfulness, Tai Chi, yoga, whatever that is. and then at the top is really spiritual mindedness and just below that as family. So you're really talking about the Chinese longevity pyramid.

I love it. That's awesome. Yeah. And so you've mentioned stents and surgeries and when do you, is there a time that you think stints are an important part or do think they're out?

When you're having a heart attack, I think that's the most important. Okay. Yeah, that makes sense. Still like coronary artery bypass things. Do you see those being done still or just mostly stent?

I think stents are life-saving when you're actively having a heart attack. The problem is people think that they're, they found a blockage, so they got to put a stent in and think about it.

It's a metal object going inside an artery that's alive. And so there's gotta be a time and place as to when that gets inserted. Same thing with bypass surgery, like bypass.

You're knocked out. They'll crack your chest open. There's ways that, and they can do it without doing that now, but It doesn't save lives unless it's an emergency situation.

And so it depends on the location of it and all that part of too. Those are important things to look at. I have a

question for you for my own curiosity.

You know, I'll see people will bring in coronary calcium scores or any number of things. Mayo Clinic now does some really fun, interesting tests, but you'll completely clear arteries except in one spot, right?

And then one-spot, it might be 80% closed, But the other arteries are pretty healthy. So why would that happen? It's kind of, so there's a lot of sheer force that happens to a vessel.

And I also doubt that it's actually clear because you're looking at a two dimensional artery and a three dimensional, it is a, three-dimensional artery in a dimensional image.

Uh-huh. Good point. So, okay. Let's, let's talk about this because this is an important thing. That's you know, what you were asking is that when you look at.

A vessel we're, looking how open that artery is. Well, if the vessel starts to disease, but the opening stays the same. So it's like having construction on the side of the road.

It's kind of going, it not getting into the traffic, But there's construction. I think a vessel has a lot of construction on the side of the road that you can't see.

Got you. In a two dimensional image. Thank you, thank you very much. Because an artery is a three dimensional artery, right? Yes, we've got imaging, but now even with imaging we can go in with cameras and see the vessel wall and what it looks like all the way through.

You're going to start to see a lots of things that are happening. Remember these vessels. There's a lot of things that happen to it. And yes, good things can happen.

But it's all about what flows into it is a very important thing. Well, I wish you were closer. A couple of years ago, end of 2023, I had atrial flutter, which was fascinating actually, because I passed out, went to the emergency room, they did an EKG and all kinds of scans, and it was really busy.

Small emergency rooms, every room taken up. And I saw the PA come up to doctor with the strip, the EKGs strip and they both looked up at me. And then he shook his head no.

So I assumed my EKG was perfect, right? I get home and I got my records and it was in atrial flutter four to one, 288 to 72. Nobody told me. I understand they're busy, but someone could have said, hey, there's a problem on your EKGs strip.

You should see a cardiologist. Right? Nobody said a word. And so a little later, I've got a good cardiologists, he did a catheter ablation. And everything seemed great.

Next day I had atelectasis, you know, and developed pneumonia and congestive heart failure. So they did a heroic job of saving me. First they saved me, then they almost killed me then, they save me and they said, okay, after four days you can go home now.

And no tests, no recommendations. So of course I did a bunch of inflammatory testing on myself and my cardiac CRP. Of course they just been, and they're messing around, but I tracked it over time and I got no instructions.

They did their job. But they did just said, okay, go home now. Yeah. And it's tough. Like, I mean, you go to school for years to do a specific narrowing, but you don't go school to understand all the other stuff.

And that's why, You know, a lot of cardiologists that have been in my groups, we've done advanced cardiology modules. We've been fellowships in metabolic medicine.

That's the stuff that I think every doctor should be doing in med school, But they don' Right. Yeah, We got our

certifications in that side of things and that is important to look at.

I've found in my practice that the brightest people around nutrition are often medical doctors or PhDs who've really looked into it.

Stents, Bypass, and Closing Takeaways

But the worst advice I ever see is coming from their GPs often, you know, because they didn't study nutrition, basically. And so they're just kind of throwing things out there.

So my recommendation is to people is always to have Have a GP, you have to have a doctor. You want to want a relationship, but also have someone else that's not an MD to look at your stuff.

Someone like you to do some preventive stuff or an acupuncturist, naturopath, somebody that is going to be taking a little deeper look on a more of a micro level.

Anything else you can get, any more words of wisdom, pearls of knowledge? I think it's. Three very important things that we talk about at the HeartFit Clinic and in my books is that it goes beyond cholesterol.

It goes, beyond stress tests. Like stress, tests are looking like a plumbing problem. And heart stents and bypass surgeries are not cures because the artery.

Yes, it can be life-saving when it's an emergency, but they're not cures. And so that's, I think the three big things I always like to have people walk away with, because that so important to know.

and if you've had that or you're trying to prevent it, you know, this is a conversation that you can have at the heart of the clinic and we can go more in depth to see what's happening and so we're going to help people prevent and reverse heart disease.

Awesome. Well, I must admit I have not purchased your books yet, but I will this week for sure. And I want to encourage the listeners to pick those up because again, these are things that are life-saving, just these basic concepts that Diamond's talking about, very important.

So I wanna thank you very much for coming on and sharing your wisdom with us. My pleasure. Thank you for your time. All right. Take care. Thank you for joining me on The Balancing Point.

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We'd love to hear from you.