Cholesterol May Not Be the Real Cause of Heart Disease: What We Need to Know Transcript

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Cholesterol, Inflammation, and Artery Damage

So think about that for a second, hundreds of things that can damage the lining of the artery wall, cholesterol is not one of them. So yes, there are some common ones that we know of like blood pressure and diabetes and overweight and poor nutrition and toxins and environmental exposures that were like, if you look at the people that have had a heart attack today and we go to the hospital and look and all the other people have We look at the percentage of people that are there, their family history, it's very minimal.

The majority of the people have put themselves there. And, you know, we're exposed to a lot of things and toxins that, are out there that. Are damaging the vessel wall.

and now where and how we put our genetics into play is we try and put them in a dark room and not turn that light on. So those are the important things to be able to look out when we talk about cholesterol.

Have you made it past menopause, or are you going through it now? I'm Dr. Pat McShane, and on the Women's Health Span Voices podcast, I'll guide you through the menoppausal transition and beyond.

helping you to thrive in this powerful time of your womanhood. Welcome to Women's HealthSpan Voices today. We have a very important voice to hear, and I'm delighted to have with us today Diamond Fernandez, who has a background in physiology, health physiology and sports medicine, cardiac rehab and now is the manager and owner of a number of heart fit clinics in Canada.

And I believe you're planning to move to the U S as well. At some point, yes, yeah. Yeah, and Diamond has a rather, I would call, fresh approach compared to what most of us are used to hearing from our primary care people or even from a cardiologist.

And so I'm delighted to have him with us to explain that a little bit more today. Diamond is also an author. Beating Heart Disease was your first book and Death of the Stress Test is more recent.

Is that, that's already out now, right? Correct. Yeah, both published books. So the Death Of The Stress test kind of is a provocative test and maybe you could Start by telling us your overall reaction to the current state of management of prevention and control of heart disease by the primary care community and the cardiac community in the US.

And I imagine Canada is not terribly different. So maybe tell us kind of the approach that you think needs adjusting or reformatting. If your audience is, you know, if you're trying to prevent that heart attack or you trying There's not much really out there to prevent a heart attack or stroke.

You know, because if you go to your general physician, it's still the guidelines are pushing, okay, well, what's your cholesterol? If it is high, go on a cholesterol lowering pill.

If its low, you should consider a Cholesterol lowering Pill. It's just, It still about cholesterol. causing the issue. And the thing that we focus on, especially when we talk about at the HeartFit Clinic and what we talked about with all our things, whether it be virtually with somebody or a person in our clinic, is the idea is that cholesterol is not the cause of heart disease.

When you look at data and you start to prescribe cholesterol-loving pills to people who've never had a heart attack, or a stroke or stent or bypass, and you start to give these medications to people, well, you end up having a chain of effects that can happen, because any medication, whatever it is, there are three very important questions that I talk

about in my second book, which, obviously, the death of the stress test.

And the three questions are very importantly are, okay, if I'm going to be prescribed a medication like a statin or cholesterol-loving pill, How much longer will I live?

That's a valid question to ask. If you're gonna ask me to take this for the rest of my life, and I wanna live a long time, let's say, I don't know, it's 100 years old or 120, whatever number that is, how much long will live if I take that medication?

Number one. Number two is then, if take these medication, what are the actual benefits that I can receive from taking that medications? Will it lower cholesterol?

100% of the time. But will it really lower my risk of a heart attack or stroke?

Introducing Diamond Fernandez and His Heart Disease Approach

Or quality of life, day-to-day quality is also very important. The whole goal of taking anything is, will it lower and lower my risk? So cholesterol, I'll take something that's very importance.

Blood pressure we know is a big risk factor to heart disease, right? We know if we give a medication to lower blood pressure, it will lower our blood.

However, if I lower a blood, pressure will make an effect on my artery health? And the answer is yes. And it'll tell, okay, what percentage of the time, but it's not just about blood pressure.

So you can still end up with a heart attack or a stroke in spite of you taking a blood-pressure pill. And I'll get into this in a second. Same thing with cholesterol.

Cholesterol will, if you take a cholesterol lowering pill like a statin or whatever it might be, 100% of the time it will lower cholesterol, but the question is, will that make a difference to reducing the risk of a heart attack or stroke?

And the answer is barely. So why I say this is because it goes beyond cholesterol and then the third thing that is very important to understand is that if I'm going to take this medication, what are the harms that you were talking about?

What are harmful things that can happen? So could I, if I lower cholesterol, would it affect my hormonal imbalance? Very important with women, especially, specially menopausal.

Will it effect my risk of dementia or liver concerns or muscle enzymes, whatever. There's always a risk, there's a benefit. And then how much longer will I live as a result of me taking that?

Those are three very important questions. So that's number one that I talk about in the book is that cholesterol is not the cause of heart disease. We think that.

Cholesterol accumulates to this pipe and you have a whatever our last cheeseburger and fries and he ended up with a heart attack, you know, that last greasy meal and end up at heart.

It doesn't happen. And if we understand that these arteries are a muscle, they're not a pipe, you can feel them. These arteries expand and contract in different spots in the body and all these artery expand contract.

If you know that these arteries can expand and contract and make sure that they're doing well, what we're looking for when we talk about the expansion and contraction of an artery well.

We know there's a muscle to it. It's not just a pipe. And to keep it simple, if you make that A-OK sign and put your thumb and finger together, that's what the inside of the artery looks like.

it's all skin, just like the skin on our face. So something has to damage that skin. Then particle cholesterol have to sliver through that lining of the skin.

And then the third part is then if something slivers in the, skin, you're not able to poke it out with tweezers. It gets infected and it builds up like a pimple on our face, but inside the artery wall.

And if you lower cholesterol, it doesn't mean that you've lowered your risk of a heart attack. There are two very important things to focus on as well, is to lower inflammation and lower the infection response.

Because if we look at the hospital and you look all the people that have had a hear attack, the majority of them have normal cholesterol profiles. So this is where it goes beyond cholesterol.

Yeah, I read recently that in women in particular, C-reactive protein is more predictive of a cardiovascular event, a negative event than cholesterol level, which again, just reinforces what you said about inflammation.

And there are hundreds of markers that you got to look at for inflammation. HSCRP is just one of them for sure. That's the one that is most commonly used by docs and other healthcare practitioners.

But there's no medication to lower HS CRP. Right, right. Yeah, lifestyle. Right. And that's the key on that. Which brings me to my next question. If it's not cholesterol that is causing these events in our muscular cardiac arteries, what is it then?

There's hundreds of things, literally hundreds and hundreds. When you look at that, cholesterol is not one of them. So think about that for a second, hundreds of things that can damage the lining of the artery wall, cholesterol is not one of them.

Why Stress Tests and Stents Miss the Bigger Picture

So yes, there are some common ones that we know of like blood pressure and diabetes and overweight and poor nutrition and toxins and environmental exposures that were like, if you look at the people that have had a heart attack today and we go to the hospital and look and all the We look at the percentage of people that are there, their family history, it's very minimal.

The majority of the people have put themselves there. And, you know, we're exposed to a lot of things and toxins that, are out there that. Are damaging the vessel wall.

Now where and how we put our genetics into play is we try and put them in a dark room and not turn that light on. So those are the important things to be able to look out when we talk about cholesterol.

Cholesterol is not the cause of heart disease. Inflammation is. Hundreds of things that can inflame the artery. Well, the big ones, like I said, are those.

And yes, exercise is important. Yes, eating well is, important yes. Keeping stress under control is an important, yes connecting with people and loved ones is always important and of course I wrote those five pillars and that's what I was just going through in my first book is that you want to set the right mindset for success.

That's all the things you wanna be able to focus on to reverse that process and understand those numbers. But then you asked me earlier as, okay, well, what about, I'll just go to the cardiologist and they'll check me out.

And, and not that they don't love you too, but on a preventative level, this is why I wrote the book, death of the stress test. It sounds like I really hate the stressed test, really don' like the outcomes because outcome one is, Hey, everything's fine.

That's not true. The worst thing you can tell somebody because you just didn't find a plumbing problem. And it's about half accurate for finding a plumbing problem that's over 80%. So the stress test is you'll miss like 90% of

heart attack risk.

That's not a good tool to do, but everyone's adopted the stressed test, right? Cause it covered in insurance and it was covered through this. But it is the wrong test to see where your risk is of a heart.

And then the next step is, okay, well, if I pass with flying colors, then that doesn't mean you're clean. What really should happen is a cardiologist should, once you finish the test saying, look, everything, you know, the tests looks good.

However, You could still be on the path of a heart attack or stroke. This test is not for that. So please make sure you pay attention to your lifestyle.

this test just shows me that you don't have advanced stages of disease that I need to do something about. That's really what should be said. That took me 30 seconds to say, no one says that.

Then the next step is that, okay, well, you end up doing all these things. What happens if I fail a stress test? And that's where I take people through the journey as to, what are the steps that can happen?

Do I need to do more radiation and radioactive dyes just to find out and confirm that there was a plumbing problem? And heart stents, then that takes me to the third thing is, is that is very important that heart stance and bypass surgeries are not a cure.

People think that just cause I opened up the artery with a, it's a metal object going inside an artery. Well, how long does it last? Well it depends on what you do.

Right. It's life saving. If you're having a heart attack, It is not life-saving. if you go see your cardiologist, fail stress test, now go and do a hard stand bypass.

The data says, don't do that anymore. So why go and investigate and test and do more? Because it's just what we're used to doing. And the trials have shown that, hey, we don't need to do this anymore.

Treat that person's biology of the order of law. You'll get to see better outcomes just as versus going to a heart stent or bypass. That's not me talking.

These are large, large federal trials. of the ischemia trial, the courage trials, of fame trials that orbiter trials. These are all trials at showing that, look, these heart stents and bypass surgery should be used when someone's actively having chest pain or they're presented in the hospital with a heart attack.

That's it. And, you know, anything that brings you into the hospitalized emergency situation, that's where this is life-saving. It's not life saving if you go through that pathway.

the death of the stress that comes into play is that we gotta be a little bit more critically thinking each patient to be able to go through that. But our healthcare system's in crisis.

I mean, I'm from Canada, we spend $400 billion on healthcare a year. And we're, don't know how many million people, but 40 something million. If you look at 400 billion, that's a lot of money.

What's worse about that is 120 billion is wasted. Even in my lifetime, you're not much different from yours. Yeah, I've seen huge changes in conventional medical care in MY lifetime as a physician, which is, 50 years almost, and there will be more.

And what you are talking about is a major shift in our focus, but in cardiology we've seen a number of them even in my short lifespan here as a physician.

I remember when I was an intern we used to do cabbages all the time, coronary bypass through the chest wall, and

that was a an extremely aggressive and difficult process to get through with very high rate of complications and so on.

So I'm glad that that era has passed and what you're suggesting is that the era of stents should be passing as well, except for a narrow range of individuals.

Yeah. If you are not able to go along your daily living or if your heart function is getting compromised, there's certain times where surgery is warranted.

The problem is that if you fail a stress test, it doesn't mean that you're going to benefit from having a stent or bypass. And this is where our treatments that we do in our clinics, reverse heart disease, this the conversation that can get into a lot more in depth.

But yeah, it's very important to be able to look at those things so we can see what's going on in terms of cardiovascular threats.

What to Do If Youu2019re on Statins or Have Calcium

So let's imagine that in our audience, many of us, and I include myself here, are on statin and may or may not have calcium seen on a calcium CT scan, coronary artery scan.

What would you advise such individuals, women in particular, who are at, it's the major cause of mortality and women is heart disease or stroke. cardiovascular disease still in most of the developed world.

So it's not like we're not at risk even though we may be on these measures. What would you advise such a person? Well, if your goal is to make it to a certain age, whatever that age is, you have to be able to look at what happens to cholesterol as you age because cholesterol is vital for a lot of functions in your body.

Hormone production is a big one and hormones communicate between cells and this is why risk of diabetes can be there, risk brain health concerns can there.

Risk of muscle enzymes, liver enzymes. All those things can happen because you're lowering cholesterol. You need cholesterol in your body. There's a time and place where I feel cholesterol-lowering pills are a benefit.

benefiting someone a little bit more is when they're actively or when the have artery disease. When they have had a heart attack or stroke. Because then the wall of the artery wall is unstable and that's where that benefit is.

But lowering cholesterol to the toilet now, which we can do with injectables and all those, you know, these different types of injectable now. You can lower and wipe cholesterol off as a risk factor to anybody who has high cholesterol.

We're in that world now. And if you look at the data, like the, you know, the in cholesterol trials with the you, know with that medication or Fourier trial for the other ones, but basically shows that we can more cholesterol like 50, 75%, which is quite a big number.

Yeah, we're still seeing heart attacks and strokes. So what I'm trying to share with people is it goes beyond cholesterol. And just because you've lowered your cholesterol, it doesn't mean that you're more benefit off or you are benefit.

It's just more about understanding that it. Goes beyond cluster and many people think, well, I'll just take this cholesterol and pill. Well, think about it, if you never had a heart attack or stroke, If I am going to take something for the rest of my life, there better be some really darn good benefit.

And more importantly, if I lower cholesterol, will it lower my risk of a heart attack or stroke? Well, If you look at that percentage, that's, you want to get it under, like it's less than 1% benefit, so I'm going to take a drug for, I am 50

today, and I will take it for the next 50 years.

Will it lower my risk? Well, it'll lower. My risk by 1%. Well that's not exciting to me. So then what's exciting me is the, Hey, why does it, is it high?

Where's the fire in the Aruwa? What's, what the reason why my liver is producing more cholesterol is because it's going to battle. What can I do just by stopping that?

You're not really stopping the. The fire. Right. Because like I said, the majority of people that have heart attacks and strokes have normal cholesterol profiles.

You know, people have the means to be able to go do calcium scores and CT angiograms and they're nice tests to get done. But you know I've got some good YouTube videos on that part of it to.

Get more in depth, but those are, those things at the YouTube site is HeartFit Clinic and In those videos, I talk about, hey, the artery's a muscle, it's not a pipe, and I've seen people with calcium scores that are zero and still end up with a heart attack.

And I have seen in the thousands that have never had a hear attack! And so then, okay, well, let's go do an angiogram to see where the plumbing problem is because cardiologists are trained to not tolerate ischemia or lack of blood flow.

So they're trained. I want to what the anatomy of the artery wall is. And the answer is, who cares? If the patient is stable, it doesn't matter. And this is where, it's nice to see, don't get me wrong.

But people are like, oh, where's the plumbing problem? And it doesn't matter. It's about growing new arteries, shrinking the plaque, and strengthening the skin over that plaque so it does not rupture, which is a heart attack or a stroke.

So you mentioned alternative measures to improve the health of your arteries. And maybe you could tell us a little bit more about that. Well, I mean, lifestyle has a huge impact on that.

Obviously exercise is important. Diet's important, but I think it's just as important as that if you have the means to understand your biology of the order wall a lot better.

Remember there are hundreds of markers. You know, you got to look at at least the top 15 or 20 for sure.

Reversing Heart Disease Through Biology and Lifestyle

But you gotta look all these markers that are hurting that lining of this kit. And fix that because that skin can be fixed. So that's the first thing.

And then the second thing is that if that lining of skin is damaged, then what is going through it? And people think, well, we're past. the world of cholesterol clogs to the artery wall, right?

Back in the seventies, they opened up a cadaver and then it was all news seven years later because the statin drugs had been released and say, okay, we got to stay away from eggs and anything cholesterol and butter versus margarine and all that stuff went on for years, decades.

Still to today, gotta stay away from those bad fats and you know, that's all nice and dandy, but it's about understanding, personalizing your approach to understanding what is happening to the vessel wall.

So things that are hurting that vessel walls, so you, know what to fix it. Cause like I said, it goes well beyond cholesterol. All right. And in your clinic, you have particular methods of reversing.

If you know you, have a plumbing problem already, and maybe you could tell us a little bit about that beyond lifestyle. Yeah. I mean, we use treatments like external counter pulsation and a lot of treatments to be able to change the vessel wall biology.

and I'll come back to the anatomy, I've come to this because this is the important part. if you make that A-OK sign inside the artery wall is all skin.

That skin has to heal. We have to put out that fire. That's inflammation. Then you want to get rid of the small particles in the body, in a small cholesterol particles, because the way we check cholesterol is too generic.

You want look at particle sizing, not just, you know, what cholesterol it is. What are all those slivers that can sliver through the lining of your skin?

And the last thing is, when those things get through, they get infected and you activate a bunch of immune cells to go and gobble it up, to seed up. And that's the next thing you want to be able to do.

There's a lot of things that we can do to be able to, then that builds up inside the lining of the artery wall, like a pimple on our face, but inside, the vessel wall.

So you want to shrink the pimples is by addressing the biology. You want a strengthen the skin of that, of, that artery well with more biology, treatments, and then we can grow new arteries.

And that's stuff that we do at our clinic, external counter-palsation therapy. so those are the things that. We do to help reverse our disease. Good. Excellent.

One of the things that you talk about in some of your other materials are mitochondria and how important that is in the whole physiology of cardiovascular disease.

Maybe you could say a word about that and then how we can foster healthy mitochondrion. So the mitochondria is a powerhouse of the cell. And a lot of times, I'd say one in three people are walking around with poor mitochondrial.

So they're not functioning like they are supposed to. To keep that simple, you're getting not getting enough energy inside the cells. A lot it has to do with genetic factors such as MTHFR, which stands for methotetrahydrofolate reductase.

call that mother effer gene and that is people are walking around about let's say 25-30% of people walking with that gene not even knowing it where their energy and their mitochondria is being affected.

And things like coenzyme Q10 are very important for improving mitochondria function and knowing if you have that genetic step, then you want to be able to take methylated things to help improve that part of it.

So that mitochondrial function is important. The heart's full of cells, the arteries are full cells. Endothelial cells is what protects the lining of the artery wall.

All that plays an important role when we're trying to prevent reverse heart disease. So that's one of the things that you would test for at the outset with a person coming in to see you.

Yeah. Okay. Good. Thank you wearables. We've talked about different kinds of indicators of heart disease in different settings. Nowadays, many of us have on our watches are indications of our heart function.

Maybe you could comment on that a little bit. So wearables are nice because you can look at heart rate variability. You can see the quality of your state.

We can some data that's happening with you. But those are very important to be able to look out when we talk about wearable. I think now we have the ability to check your ECG really quickly.

You know, we've got some stuff that is nice, and I think it's just going to get better. And the technology can get. We can check blood pressures off of wearables now.

It's going. To get, better and that's what's exciting is it. Going to. Get better, then yes, I. Think there are nice tools that you can be able to, get some metrics on this show.

Mitochondria, Wearables, and Personalized Risk Tracking

You. Know, there's some warning signs here. Your blood sugar is elevated. You know, that's something that we're going to be at. And I think wearables are just going get better to look at it.

We're just scratching the surface of wearable. The stuff that you can be able to do from a heart perspective is just getting amazing. Like you could take the watch, put it to your chest, and you see if the heart is having any structural concerns.

How valuable is that? That's huge. Yeah. We're getting to that state where we're just going to be a lot better and people want smaller, quicker things to understand without going into a doctor.

It's time consuming to go to a Doctorate. You got to wait in a waiting room and go through that part of it. And it's, it' time-consuming to see that, but this is where understand what's going on further.

That's great information. What else would you tell a menopausal woman maybe who hasn't any obvious risk factors for heart disease? I think it's important to understand your risk first.

Wherever you are located, there's a lot of options that you can see as to what more. Know your risks because the first sign of a heart attack is usually the heart You don't get always these nice warning signs.

I consider that a blessing. And if you survive that first heart attack, that's even more of a blessings because that doesn't happen often. So you have to be able to know that testing is important and people think stress tests and calcium scores and CT angiograms is that.

You got to understand the biology of the vessel wall. That's the more important part. Which is what we've been talking about so far. So, okay. And lifestyle, this podcast is all about what can do to keep ourselves healthy.

You've mentioned a whole bunch of diet, exercise, presumably avoidance of a lot of alcohol and good sleep. I don't know if we talked about that today, but, and toxic exposures maybe for our last little moment here we could talk about avoiding toxic exposures from your perspective.

I mean, we're exposed to so many different toxins on a daily basis and, and your, your body is going into repair and heal mode. And I think it's very important that as we age, if you're looking truly for cardiovascular longevity, which is what we do at the heart clinic.

If you're looking for that, you have to be able to supplement better because our foods are not gonna be good enough. Like you could eat perfect with your foods, but if you don't supplement appropriately to what is exposures, what exposuries we have, that's important.

So, I mean, we're exposed to… pollution, we're exposed to microplastics, were exposed, to, you know, mercury fillings and there's a lot of exposures, heavy metals, toxins, and even stuff that's affecting our gut health that is very important because many diseases start in our, in out gut as well.

Toxins, Supplements, and Closing Thoughts

You want to be able to heal those parts appropriately. And so if you are toxins think about that as that things that can hurt or damage that vessel wall.

And so this is where we're trying to put out the fire and it's important to know what you can do to pull out that fire. And that's what we talk about at the Hartford Clinic.

Great. And folks can access you remotely as well, right? Not just in person. Yeah. Excellent. All right. Well, this has been, again, a fresh approach.

A little bit contrarian, I would say, but fresh is a more positive viewpoint. I think the direction that things will be going in not only cardiac disease, but many of our other conditions that affect us coming up immediately in my mind.

So, thank you so much for this great information and for being able to chat with us today. And for our audience, if this is the kind of information that you value, please like and subscribe and tell your friends so that we can reach more people who are in need of this.

Great information. Thanks so If this episode spoke to you, please share it with a friend ready to take charge of her health. And please leave a review.

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