Cholesterol, Heart Disease, and the Plumbing Myth

We're still stuck in this plumbing model where cholesterol accumulates in this pipe and you have a last cheeseburger and fries, you end up with a heart attack and it doesn't happen that way.

And most people still think that. And even the practitioners still think of that. They're like, okay, well, just get your cholesterol down as low as possible.

Well. The data doesn't show that. And so when you start to look at the data more closely, you realize, okay, cholesterol is not the culprit. And it's seen at the sight of a plaque, but it's not the reason why people end up with heart disease.

And we've got stuck in this model. What happened in the 70s is they opened up this cadaver of a heart disease, cadaver artery, and they found two things in there, cholesterol and fat.

Well, guess what happened next? Big Pharma jumped on that because they only could jump on the cholesterol, but cholesterol and fat, lower that in your diet, and you got rid of everything that had to do with cholesterol and fat.

What if aging isn't about slowing down, but leveling up? I'm Dr. Izzy Jones. This is the Longevity Leaders podcast. Hi, I'm Dr. Ashley Beckman here with the Longevity Leaders podcast.

And today I have Diamond with us. And I'm really excited about this topic because you're dealing with all aspects of the heart and cardio care. Yeah, it's been really fun.

I've been having my own clinic since 2007 and been in the space since 1999. So it's been a fun process. Understanding what it takes to truly prevent and reverse heart disease has taken me a long time because it's not the same thing as what we get done in conventional health care.

Right, and probably a lot of what we're doing is a bit outdated. It is. Yes. So tell me how you got interested in this. Well, I got into the field of cardiac rehab in 1999. My father, he ended up with another, so he had bypass surgery at 42 years old.

At 38, he had his first heart attack. So he was pretty young. And I was going through this and I'm like, okay, at 38 years old, okay, I can pass it. And at 42, okay, it's in my head because it's this family history of disease.

And you don't wanna go down the same path as, you could prevent that stuff. And so what happened was he was told that he ended up with another heart attack.

And I remember him telling that, hey, I got a new heart, so everything's good. And it wasn't. So he ended up getting referred to cardiac rehab. And that's where I got into that field.

And I worked with a group of cardiologists from 1999 to 2005. And I proposed, hey, look, I'm learning this stuff. There's more reasons. We're still seeing people come back with recurring problems.

We're not really doing anything here. And so that's where it got me into the field of integrative cardiac health. And one of the cardiologists would open up a clinic in Dubai.

Dr. Diamondu2019s Background and Cardiac Rehab Journey

So I opened that one up with him and got to learn about integrative cardiac care. And I'm like, okay, this is interesting. And I came back home to Canada.

That's where home is for me. And I opened up HeartFit Clinic in 2007. And it's been a great journey because it's been a platform for allowing me to to understand what truly puts people at risk and how to reverse it becomes more important.

So we don't see recurring heart events or heart attacks that happen. So are your clinics all in Canada? Correct. OK. In a lot of the major cities, or are you spread out?

We're in Vancouver, Calgary, Edmonton, and Toronto, and then London, Ontario. Oh, OK. Great. So pretty spread out. Yeah, pretty spread out. Good. And so tell me a little bit about the model of care that you provide and how it's different.

Our clinic's based on three different philosophies. So when we look at what gets done at your cardiology level, it's cholesterol doesn't cause heart disease.

Right. And we're still stuck in this plumbing model where cholesterol accumulates in this pipe and you have a last cheeseburger and fries and you end up with a heart attack.

And it doesn't happen that way. And most people still think that. And even the practitioners still think of that. They're like, okay, well, just get your cholesterol down as low as possible.

So the data doesn't show that. And so when you start to look at the data more closely, you realize, okay, cholesterol is not the culprit. And it's seen at the sight of a plaque, but it's not the reason why people end up with heart disease.

And we've got stuck in this model. What happened in the 70s is they opened up this cadaver of a heart disease, cadaver artery, and they found two things in there, cholesterol and fat.

Well, guess what happened next? Big Pharma jumped on that because they only could jump on the cholesterol, but cholesterol and fat, lower that in your diet and you got rid of everything that had to do with cholesterol and fat.

You know, the whole butter, margarine debate, the whole eggs problem, that everything came from the 80s and 90s. And cause that there was a big article that came out and it said, you know, cholesterol is clogging arteries.

And by the way, we have a solution. So if you have high cholesterol here are statins and that's where the birth of statins came into play. Now I think there's a place for them and there's a time and place when you can use them.

But wow, did that ever get over prescribed? And so do you run blood, like extensive blood work in your panel? We do. Yeah, we do extensive blood work that's not covered through our government health care.

So the first thing when you talk about is cholesterol doesn't cause heart disease. Okay, that's number one. Number two is if I want to prevent a heart attack, most people think, well, My family doctor's not going to do anything because they're stuck in cholesterol world.

Well, what about cardiologists? Well, hey, I'm going to go see, they're the master of their art. They're top of the field. And so they're going to help me prevent a heart attack.

And that's not true either. And this is where my next book is coming out in November of this year. And it says basically it's death of the stress test.

Because most people think, well, and the whole, you know, many people use that terminology in stress testing to see, you know, what's happening with it.

Like, I passed a stress test, so I should be good. And that's not true. You'll miss 90% of heart attacks that way. So it's quite, it's not the right tool to use.

Or what's worse, hey, wait a minute, I failed that stress test. I need to do more investigation. I need to do more radiation testing and possibly do a heart stent or bypass.

Why Conventional Cardiology Misses Prevention

And we don't do that anymore either. But cardiologists aren't following that data because this is all trials that come from the COURAGE trial in 2005 to even the Schemia trial in 2020. It's showing that, but we're still living in an archaic plumbing model.

And okay, well, where are cardiologists useful is when you're having an emergency problem. You know, if I'm having the heart attack, you want to open up that artery as quick as possible.

If you're having a valve problem or some structural abnormality, you want the heart surgeon to be able to take care of that. And if you're having an electrical problem, you know, that's where, hey, it's an emergency.

I need to be shocked or ablated or a pacemaker. So when we talk about heart disease, If you're trying to prevent that, that's not where you go. You don't go to the cardiologist.

And so where do you go? And that's where the HeartFit Clinic comes into play. And that's where I've built this model where we can help people understand where their risk is and more importantly, reverse it by understanding because arteries are not a pipe, they're a muscle.

You can feel them. Expand and contract in different spots in the body. It expands and contracts. There's a lot of biology that happens to the artery wall.

And if you're trying to prevent or reverse heart disease, it is so important to look at that biology. So what have been some of the most impactful things that you implement in your clinics, do you think, with the clients?

If you can share them. I know that it's probably highly personal and customized. It is. The idea is to personalize each person when you come into the clinic.

And so yes, there's extensive testing that we do and blood work that we do and all that is very extensive. And then based on that, it gives us a whole bunch of metrics on that person.

So we know, okay, what happens now. If someone's trying to prevent a heart attack, it's a lot easier than someone who's trying to reverse it. Because now if they're reversing it, they already have a problem.

So now we're trying to unpeel the onion to find out what's going on with them. And that's what integrative and functional medicine is about, is that unpeeling that onion to find out why.

And it's no different, but you're trying to get more specific to why the arteries are a problem. why I'm having atrial fibrillation or why I have some structural heart failure or whatever it might be.

So it's getting an unpeeling that onion as to why, but then our treatment modalities we use obviously is cardiac rehab programs and external counter pulsations.

One of our treatment options that where we grow new arteries, improve that artery health and artery function. So we get to any, you, your body can grow new arteries and most people are like, well, what does that mean?

Well, Inside the artery wall, it's got this lining of skin. And when that skin gets damaged, well, we want to repair it. So if we can strengthen that skin, shrink plaques, like shrink the consistency of a plaque, grow new vessels around problems that are there.

Just like if you're stuck in traffic. Right. You know, you want to find a different, yeah, you got another way to go or a river was narrowing. Like you can find different, you know, avenues for that river streams or whatever to go around

that level.

And your body does the same thing. So we provide your body and environment to heal itself. And it can do that. So what does it look like to come to your clinic?

I mean, I'm sure the severity depends on what's going on with you, right? But what's kind of a typical client who maybe has had some not stellar heart results, not a heart attack yet, but is looking to prevent?

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Well, we look at what's been done right now. And I feel, you know, calcium scoring and CT angiograms are the way to go to understand where risk is. And I don't agree with that.

OK, that's it. And that sounds contradictory to a lot of things that are out there. And stress tests, same idea. And that's where I talk about it in the book is like, look, these modalities are great to look for advanced problems.

Right. Yeah, we're looking at the 90 block Yeah, you know if you have the plumbing problem, right, but you you know, uh A plaque builds up like a pimple on our face, but inside the lining of an artery wall You ever have that pimple pop on your face and you know pusses and anyway Not to get gross, but that's what happens.

And so inside the artery wall if that pimple pops there's a heart attack and so that pimple will rupture or or block, most of the time it will never happen with a blockage.

It'll happen less over the blockage that's less than 50%. Oh, okay. On a carotid, is that what you're saying about? On a coronary artery, any artery, right?

So when you look at these arteries, we want to look at the risk of a plaque rupture. And this is where we get it all wrong, like doing stress testing and CT angiograms and calcium scoring, because calcium scoring shows a high calcium score.

I've seen people with a calcium score, gosh, under 50 and have had a heart attack. Oh, wow. And then there are people in the thousands, high thousands that have never had a heart attack.

Plaque Rupture, Inflammation, and Hidden Risk

We mentioned one. And so, yeah, and so we talked about that and it's like, okay, well, how does someone in the thousands not have a heart attack and someone under 500 have, or under 50, sorry, have a heart attack?

Yeah. It's because there's, think of it like the pimple again, there is different consistencies of that pimple. And calcification is more of a healed pimple.

It's showing the healed version of it. So it doesn't show the vulnerability of a plaque rupture. Interesting. So the other thing, so in my line, I work with a lot of clients with Lyme and Strep and things like that.

So some of those play a role in heart attacks, right? I've had clients who've had multiple heart attacks in their 30s, right, from these infections. Do you see this much in what you're working with?

So I'll explain the artery in three simple steps. And we've already talked about these arteries are a muscle. They're not a pipe. And most people think of them like a pipe and smart doctors are still talking about it like a pipe and it's not that.

So inside the artery wall, it's all skin, just like the skin on our face. So something has to damage it. That's number one. Something has to sliver through.

So that's usually cholesterol particles and that type of thing. There's different types of cholesterol particles that you wanna look at. And then number three, it gets infected.

You remember a sliver in your hand and goes in and you're not able to poke it out with tweezers, it gets infected. And that infection response is very high in people that have autoimmune problems.

And that infection response also shows the risk of a plaque rupture very high. So this is why we're starting to see a lot of autoimmune conditions having heart attacks.

And a lot of people that have viral infections or whatever might be, they end up with heart attacks a lot earlier than they ever should because of a plaque rupture.

Interesting. OK. So hopefully that answers your question. Yeah, I wanted to ask just because we're seeing it more and more, right, with people with complex cases.

Of course. I mean, we're seeing younger people. And then they're in their 30s. I have one of my clients who's already had three heart attacks, and he's under 40. I mean, it's interesting, from a medical perspective.

But I know that there are answers, and that's why we need new information to really help. I think it's just moving away from the conventional model, because that is shifting.

And it takes a couple generations to do that, because in the cardiology community, it's like, hey, I have mentors that are now retiring. And now there's a new group in there, like, OK, well, that's how I was mentored.

And I'm going to mentor you the same way, until it gets to a point where you've got to be curious. You've got to be like, OK, well, why am I seeing this?

To prevent heart disease, the last person you want to go to is a cardiologist. And that sounds funny, but if you're having that emergency, this is where cardiology is your best friend, right?

That's what they're trained to do. That's what they do very well. And they love you, but they're trained to deal with the emergency. If you're trying to prevent it, yeah, the cardiologist is not the place to go to.

Well, that makes it very tricky as a practitioner because people are so afraid not to go on statins, right? That they're very afraid to get heart attacks or just have massive cardiovascular events.

And I mean, this is where you have to critique that side of things, but this is where you have to very individualize it. Because if you look at the pros and cons of being on a statin, so the number needed to treat on a statin for someone who's never had a heart attack is well over 100. Well, that puts me at less than 1% benefit.

There is benefit still. So let's not ignore that. But what really that tells me is it goes beyond cholesterol. That's what really that number tells me.

It's like, okay, if there's a less than 1% chance of me having benefit from being on a statin and I've never had a heart attack, Then why am I taking this?

Well, because it goes beyond cholesterol. And we already talked about that. But then if I've had a heart attack, we know there is better benefit. There's about three times more benefit, but you're sitting at around 3%. Yeah.

Not really. Now, there's these PSA-K9 inhibitors that have been around for about a decade, and they can lower cholesterol and wipe it off as a risk factor to heart disease.

But guess what? We're still seeing heart attacks. Right. So again, that shows us it goes beyond cholesterol. And this is where I feel that it's important to be able to go beyond that marker.

Personalized Testing and Integrative Treatment

And our conventional healthcare system doesn't do that. And again, whether you're trying to prevent a heart attack being your first one or even your second one.

Right. Because most people see, well, I'm seeing my cardiologist regularly every year and they're doing the stress tests and echo and ECG and they told me I'm fine.

Well, gosh, what a waste of time that is. Right. Because that's not going to prevent that heart attack. It just shows you're not having an advanced problem again.

And so we've got it all wrong and insurance is covering the wrong problem. And we're stuck in this model where people are like, well, what do you mean?

I just saw my cardiologist like three months ago. It just happened to me yesterday or before I came here. But it was like, I saw my cardiologist three months ago.

They told me I was good and I ended up with another heart attack. Why is that? Because you don't get into understanding the biology. You don't get into understanding markers that are showing you advance and things that can keep track of your disease progress in the right way.

Again, going beyond stress tests. And then the third part of our clinic, going through that side of things, is that heart stents and bypass surgeries, they're not cures.

Right. People think, OK, well, I got new arteries. My father went through this. They barely last. So how long a heart stem lasts, how long a bypass surgery lasts, it's vital if you're having that heart event.

But to prevent it, my goodness, people think they're all cured, and it's not the truth. Why? Because it comes back to the basics. Arteries are a muscle.

They're not a pipe. So then what are a few of the things you have your clients work on then? Obviously lifestyle becomes very important and I think it's important that you know Obviously exercise is important.

Good sleep is important eating the right foods for you addressing your imbalances in your body right from a nutrition to micronutrients that everything all that stuff is vital the sugar but sugar like I mean we've moved away from cholesterol and fat, I think it's starting to shift now.

Finally. Yeah, but it's taken us like 20, more than that, sorry, 50 years. It's the sugar. It's a big impact. And it's like, okay, well, we've seen now more insulin resistance and diabetes than ever because, hey, just keep having your carbs and your sugar and you're okay, but just stay away from eggs and butter and that's the wrong thing to say to somebody.

It's about balancing it, right? And changing the mindset as to where people are at. And then of course addressing where their markers are off, right? And so again, going beyond cholesterol and beyond stress tasks and thinking that you've had a heart stent or bypass, you think you're okay.

Right. That's what happens. A lot of people feel, right? They've been cleaned out. Now they can still eat their cheeseburgers and milkshakes because they're all because I'm clogged or, you know, they put in something and I unclogged my arteries.

Again, I can't stress this enough. These arteries are muscle. They're not a pipe. And people think that I've unclogged my arteries or I bypass them. So I'm good to go.

If that's the case, then why do we see people back in the hospital with the same problem? Right. Right. And then to keep track of that, your cardiologist is not the person that you want to go to.

And that's that sounds funny, but it's just the way it is. Do you have plans to open up in the States? I do. Okay. Yeah, I do. And obviously my books are available to everybody.

And, you know, it's it's really we're trying to operate into a virtual arena to be able to help people that can't be helped, that are close to our cities and stuff like that, because that happens often.

Lifestyle, Emotional Health, and HeartFit Resources

Like even in Canada, we're very vast. And we get a lot of virtual care already. And so people might fly into one of our clinics, get tested, and then we virtually take care of them afterwards.

And so there's a little bit of combination, yeah. Of a hybrid. Absolutely, yeah. And so if someone was just starting out to dive into this information, which of your books is best to start with?

Well, my first book is Beating Heart Disease. That's available for sure. But the new book, Death of the Stress Tests, is excited to launch that one there.

In November? Yeah. Right? Yeah. So even if someone was new to this, would you start with your new book? Absolutely. Yeah. Absolutely. And where can everybody find you?

Heartfit.ca. OK, perfect. And all the social that way too, but heartfit.ca is the main website. This is great. It's extremely helpful. The amount of people, either our parents have heart disease, some of us are in our generation are on the way, even with healthy lifestyles, right?

But these are new things that we're looking at in a different way. And again, I just find it fascinating. Do you guys deal with the emotional side of the heart?

It's so important, especially like how many people we've seen that have. Afib or electrical problems or palpitations, you know, you go see a cardiologist.

I mean, everyone can do an ECG on their phone now. Right. And so it's about understanding the connection between the brain and the heart. And so when you talk about that sleep, emotions, they play a difference in how you control the autonomic nervous system.

So that becomes very important for sure. So in Chinese medicine, because that's part of my background, we have something called the shen. Absolutely. And that's your heart and mind as one.

Of course. Right? Yeah. I would say if you're dealing with the heart, you have to know about the shen. Of course. Yes. And then the same, when you're dealing with these physical manifestations of the heart, we have to look at the emotional side or heartbreak or things like that.

The heart's a love muscle. Yes. And the reason why that's called that is because it wants to connect, it wants to be loved, it wants to give love. And so when you have those blocks, that's where the emotional side of things comes into play quite a bit.

So people go through things like life is life. Right. And so we always go through that. And this is where you have to be able to control that side of things, control your autonomic nervous system.

And that's why meditation is so powerful. You said that 20 years ago, people would like kind of whatever, but now it's getting, okay, well, I can say that.

Like there's metrics that we can look at this stuff and be able to see that aspect of things. So that's very important.

It is. I can do a whole power talking about that, but that's so important.

It is, yeah. In my first book, I talk about mindset and I talk about that aspect of it and relationships. And so, you get into that side of things because the heart is a love muscle.

Yes. Well, that's a perfect place to end on, I believe. So thank you so much for joining us. Thank you. And I look forward to reading the book and hearing more.

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