Introduction and Doctor Origins

Welcome to the Health Fix Podcast where health junkies get their weekly fix of tips, tools, and techniques to have limitless energy, sharp minds, fit physiques, or life.

Dr. Alan Rosanski, welcome to HealthFix Podcast. Thank you. It's a pleasure to be here. Well, when I first was asked to have you on the podcast, I saw behavioral cardiology and I was like, yes, please, help me and help so many folks in my practice.

So of course I have to ask, you know, because it brings me back to the basics of medicine. What brought you to wanting to be a doctor? What's the story?

How did you end up here? That was almost predetermined. My dad was a doctor and he was the tremendous role model. So my brother and sister and I all became doctors.

I knew I wanted to be a doctors since I was five years old before I could even think about it. But it was right choice. Nice. Nice. And I'm sure you've probably learned about all the psychology background and if we're doing life, that wasn't what we really wanted to do, how that affects us.

So I am glad to hear that you are loving every minute of it. That's so important. Now, of course, behavioral cardiology. A lot of folks are going to be like, when did you first realize that connection?

Well, this was totally by accident. I mean, it is true that actually my dad was a psychiatrist, so in early life I thought I'd want to be a psychologist.

But once I got to medical school, I get exposed to cardiology, and I had a love and a passion for that right away. It was so much we can do for patients, but I really loved taking a history of chest pain in patients and figuring out is this really angina, or is it something else and so forth.

So I went into cardiology, and I didn't have any interest in psychology from that point on. However, after I finished my fellowship, I got into a technical field called nuclear cardiologist, which is where you image the heart doing stress.

One day there was certain research coming out, I could explain it to your audience if you'd like, but it caused me to look at, hmm, instead of just exercising patients and when we'd exercise them, we look the wall motion of the heart and everything should be more vigorous with exercise.

But if they have a blockage, one of your cornea arteries, that one the walls subtended by the blockages will start to close down. I began to wonder what would happen to a mental stress.

Discovering Behavioral Cardiology

So we devised a protocol with patients We put them under a series of mental tasks, but one of them was to simply ask him to speak about the personal stress in their lives.

And that turned out to be voila, amazing, because the second patient we did remember the patient quite well, he was about to lose his job, and he's talking about this stress.

As he is doing that, about a third of his heart stopped moving. while he was having this conversation about his stress. And this we saw in a lot of patients and it's been reproduced.

By the way, this is just something you see in people with advanced heart disease, not in normal people. I just want to make that clear. So that was my aha moment.

From then on I began to study the mind-body relationship and that's a 40-year journey. Yeah, yeah, I see. We've gotten, and we'll definitely, in the podcast notes, link to your research because you have that strong link that you developed there between the psychological stress and heart disease.

So of course I'm gonna be like, okay, the heart had areas that stopped. And a lot of people, when they're under stress, will tell me they feel like their heart's squeezing or they like something is sitting on their chest, much like what's described in an anxiety attack.

Would that type of what you witnessed in these books, would that give that squeezing feeling or that pressure feeling, or can it develop differently for folks?

Well, classic angina, which is chest pain that's usually described as sub-stern line and a kind of a squeezing or a heaviness in the chest, can also be induced by emotion.

There's no question about that. The pain can be atypical because it can in your arm, for example, instead of your chest. Now, the first thing that is most important to say about all that Heart disease can come on all of a sudden.

Symptoms can also come. It's a disease, a silent disease for decades. So when you first have pain and you're not sure what it is, first thing you do, just like an airplane is about to take off, leaving this one light going off and the airplane pilot says that's probably nothing, he doesn't say it's nothing.

It's always checked out. So you've got to check out pain if you are not by calling your doctor or going to an emergency room. Let me just state that. But it is also true that stress can cause symptoms like we would see with angina, and it can be very typical.

It can occur with rest, it could be for even hours at a time. And it's kind of interesting because, well, you can get pain in your ankle, or you could get it in other parts of the body.

But what happens is that we pay attention to symptoms that attach significance to it. So if you're developing pain and it's in your left arm, you may say, uh-oh, maybe this is heart disease, and worry about that, that can cause a whole cycle.

But if it had been occurring in you right arm you'd say that's my right, I'm not attaching significance to it. So the upshot is that this is one of the challenges, and that's why you often need a doctor, because the pain could be a manifestation of heart disease.

And there's so much we can do. We wouldn't want to miss any symptoms for it. But on the other hand, stress symptoms can cause anything in the body, practically.

So they can cost chest pain, arm pain and so forth. Okay, so of course, being a doctor myself, my first thing is, yes, if someone has chest pain, we're always going to send them over to cardiology.

We're going get an EKG, you know, that first look, and then maybe a halter monitor, something of that nature. For those who are listening, what's a Halter Monitor?

It's way we can look for more than a week at what is going on. When we send someone for those kind of things, and I'm curious as to your opinion, is that the best way to really, in the moment, look at things?

And then if that comes back negative, then how do we evaluate from there when folks may be told, hey, your EKG is normal, no big deal, but they want to know if something's brewing?

So there is a general approach. The first thing is to always rule out that something acute is going on. And that

would be with an electrocardiogram and measuring enzymes, cardiac enzymes and so forth, making sure there's nothing there.

Chest Pain, Angina, and Cardiac Testing

then we usually will do something non-invasively with the patient, which could be today as simple as a calcium scan to look if there's any corny calcium in the heart.

Or we have something that's a non-invasive angiogram of the heart today called a coronary CT angio-graphy study, which is with very low dose radiation exposure, quickly done, and gives amazingly beautiful pictures.

Or, we might do a stress test. And that stress might be a simple stress or done with echocardiography or nuclear imaging, there are a wide variety of options that are available.

So what we would end up doing, probably the younger person, is getting some measurement that looks at whether they have atherosclerosis or not. And if they do, we would look at the lipids and we have many good ways to arrest the progression of the atherosclerosis.

So that's one thing we'd do. On the other hand, it could be you having symptoms and what you have on these scan findings may be true, true and related.

In other words, you may find that there's some athroscleroses and might benefit from lipid-lowering medication, for example, but that may also be the cause of your pain.

So you have to be more holistic and look at the patient broadly. Great, great way to state it, and that's definitely, you know, the way I want folks to be thinking, too, is, we have to look at the whole body, not just the heart, but definitely somewhere to start, because I am asked often, hey, I went to my doctor, or I to urgent care, cause my chest pain, nothing came back, what are our next steps?

So definitely the calcium arteries going, CICTs, those are great places to go. Now, of course, i'm gonna turn now to the psychological side of things, And also look at pain too because you mentioned you could have pain in your ankle and it could be the start of a cardiovascular type of situation.

Now for folks who are listening, they may be thinking like, my ankle is this, is something, what is going on there? How would you explain the ankle pain related to the heart to someone that is maybe a woman over 40 trying to figure out what's going here if my ankles Well, I don't think it is related to heart disease.

What I meant to say is that we're going to attach more significance to pain, pay more attention to it, if we think that it might be an underlying heart-disease.

So you'll pay attention more to the pain on your left arm than you will on you right arm. And certainly, compared to your ankle, you know that something must be a skeletal.

So that was my point with that. Okay. I was starting to think like, is there something, of course, my brain's going towards clots and, you know, peripheral artery disease and things of that nature, but I'm like okay, Is there's something I missing?

All right, good, we're not missing anything there. So psychologically then speaking, Do you think like because of your research, I'm guessing you're going to be thinking this way, but I always think of it putting someone under a sort of stressor to provoke the heart a little bit because sometimes we'll have folks go in for testing, nothing shows up and they get really frustrated because they're like, it does happen.

And even on a halter monitor, they may not catch more than just a, let's say, PVT, yeah, PVC, sorry, something of that nature, which is for folks listening to premature ventricular contraction.

Do you think, like, it might be wise for people to push for a stress test, or what do you thing? Well, the reason we do stress tests is that you can have the buildup of plaque, there's blockage in the cornea arteries, And the body has all these compensatory mechanisms, and you can develop, for example, collateral blood flow.

And it can be beyond the stenosis, beyond a blockage of getting supply from collaterals, vessels which are formed from above the blockages to below the blocks.

So the reason we stress people is that we want to, we know that people who can have advanced heart disease may have normal blood flow at rest, normal wall motion at risk.

And so that's why we perturb the system. So we want to increase micro-oxygen demand. When that happens, the cornealities have to dilate to meet the demand, but if you have a significant blockage, it can't.

For example, look at the wall-motion. That's when the war motion will start to slow down under stress where it didn't do at-rest. so, that is the concept of why do stress testing.

You know, when do we need to do it? Well, this is a clinical decision by cardiologists. Not every person who has chest pain by any means needs a stress test.

If the pain is more typical, if it's someone more middle-aged as opposed to a younger person, we're going to do that. There is a movement in cardiology today among younger people to start with anatomic tests like a calcium scan or a CTA study, which is an angiogram, not invasive again.

That's what we call a cta study. And then if those are normal, you would generally not do a stress test. So it could save doing that. When people are older and atherosclerosis tends to be quite prevalent, sometimes you might stress test might be the first test you do.

So there's no specific one formula. It depends on considering the nature of the chest pain, the patient's age, their risk factor profile, and also the patients need to know.

In other words, sometimes the doctor may suspect this is not heart disease, but the that they don't have it, and that reassurance can be extremely valuable for people.

So that's the mindset, if you will, of a cardiologist. Great to hear how it flows because I think for a lot of people it's kind of a mystery, right? Like, what are they thinking?

But the need to know side of it, I will often see that, especially in athletes who want to make sure they're not doing some harm to themselves. Now I have a question about the psychology, officially I'm getting to the Psychology now, I promise.

Electricity of the heart. I am guessing you've probably looked quite a bit into the electricity of heart and how much just the organ itself can respond to someone's belief state and whether they're in a depression state or they are just thinking in negative spirals that are stressing them out.

Tell us a little more about what you have seen there. Well, that's very interesting.

Stress, Arrhythmias, and Heart Responses

I personally didn't do that work myself, but in the era that I was looking at factors like depression and work stress and social isolation, this relationship to heart disease, there was a person in Boston at the I really regret not having ever met him, but he did a tremendous amount of work looking at the relationship between psychological stress and the propensity to cause the potential for arrhythmias.

So the actual electricity kind of the heart can be affected when people are under stress. He showed that. And he did a lot of work experimentally in animal models with that, showing that this was so.

So there is a relationship that can had between psychological factors and arrhythmias as well. And this is something that definitely when I'm working with clients and trying to help them to get through the, okay, we've got through, the test, nothing's wrong.

Now we got to move to this side of things and really start to dive in. I am curious at Mount Sinai, you have your history of your preventative rehabilitative cardiology.

program at Cedar Sinai, so I'm curious now, what are you doing over at Mount Sinia there in Manhattan? How are working with folks? What, how are convincing folks that there's really nothing wrong?

It's okay. Well, I'll tell you, on a personal level I've had a very unusual career because I started off in conventional cardiology, then nuclear, and then after I did this initial work I had two years sabbatical from the Cartho Foundation to study health promoting and health damaging behaviors, at which time I was actually on campuses of many medical centers around the country, meeting people at that time, this was in the 1980s, who were doing novel work in behavioral medicine, which was just beginning as a formal discipline at that time.

So I came back to CEDARS and then I started the Preventive and Cardiac Rehab program, and that was fantastic, an amazing experience for me over like six years.

But then family reasons, my parents were getting older and I felt I needed to move to New York. I actually went back in New york, actually back at nuclear cardiology, got involved in training up fellows in administrative positions, eventually became chief of cardiology.

And then after that, the last number of years, I have been really integrating all of this in terms of lifestyle medicine curriculum I'm trying to develop for the public.

So I've really had five or six careers in one. Makes sense, makes sense. Now, of course, you had mentioned a little bit about the social aspect of how that affects the heart.

You have your six domains of health, and I'm guessing that's involved in what you've been putting together in terms of your program for the public. Will you speak a bit to folks in term of what kind of things should we be thinking about for our psychological health to protect our heart?

Well, that's a great question. So I'll summarize this in a minute or two, because I'm sure you have a lot of questions. But I do think it's important to put the framework together.

The research I did looking at the effects of acute stress led me to look at effects chronic factors, such as depression and social isolation and undue work stress in its relationship to heart disease.

And data was coming out in the 1980s, epidemiological, hardcore data, indicating that when people were suffering in those ways, they were at increased risk for heart disease.

No question. Back in 1980, in fact, there was a lot of skepticism that depression could be a hard risk factor. Now everyone accepts it because the data is so profound.

So I became interested in looking at this in a very objective way. And I said, wait, we don't have to debate anything. Let's just look at what the body testifies as to what's healthy and unhealthy.

Anything that promotes longevity, anything that protects the physiology, everything that decreases your risk of disease, that's health. So exercise does that, a good diet does, adequate sleep, healthy sleep does.

Whereas let's say something like smoking or being sedentary, or just being on a very bad diet, those things are unhealthy, objectively. So that's in the physical domain.

But then it turns out that, gee, the quality of your thinking affects your health too. We know that optimists, and this

data now is very reproducible.

Optimists live longer than pessimists. They have less heart disease. There's data with gratitude showing similar findings. So there is the cognitive piece.

Then in terms of the emotions, I just mentioned with depression, the body really goes haywire with the depression.

Career Path and Preventive Cardiology

Basically, all the major physiological systems start to become dysfunctional, whereas people who are happy actually have less disease, they live longer.

So, there's the emotional piece, then the fourth domain would be in the social domain, that people, we've known this since the 1970s, people have the largest social network, and have higher quality relationships, also live longer, have less heart disease.

That data is pretty reproducible. The fifth domain would be your sense of life purpose. And that is a newer area of study. I mean, the first hard data on that came out about 15 years ago, but again, reproducible.

We've actually done a meta-analysis of about 11 studies which we showed that were people who We have a high sense of life purpose, live longer, again, less heart disease.

And the fifth area, sixth area is how you manage stress. That's a bit of an interesting area because it turns out that there is something called toxic stress, but we do thrive best with a moderate amount of stress not when we have no stress No stress is usually associated with lack of like goals, boredom, and so forth.

Whereas if we stress that's good, it's stress usually something challenging. something that's building us, something where we have a sense of growth, sense increased self-esteem, confidence, optimism.

So those are your six domains of health right there. A lot of them are in sync with what we've seen with the Blue Zone studies and what I'm hearing from a lot folks that are studying aging in general.

And it makes sense. I think what run into just being a practitioner myself is that negative thought, the pessimistic kind of thought process. A lotta folks are isolated as well, unfortunately, or their social networks are kind also negative.

So I'm very curious in your programs and what you've seen with research, how are you helping folks to really change their minds? Some folks call it rewire, maybe we call changing their mind, reprogramming.

How are how you suggesting folks work on that? Great question. So think about it like this. Of course, there would not be any one single answer, right?

There are these six domains of health, which means there are six on ramps. to improving your sense of well-being and health. By the way, this gets into a larger question.

What do we mean by health? How do you define it? Everybody intellectually understands health is not the absence of disease. But I've gone around. I actually go to a medical paper on this.

It's when I wrote about two years ago. And I really put a whole lot of thought into that. How to we define health and basically What I said is that the medical system understands on an intellectual level that health is not the absence of disease, but it works as if health was the absent of the disease.

And by the way, there's nothing wrong with that. We don't have enough doctors in this country. If you're going to a urologist, or you are having some abdominal pain, you want a doctor focused on what's that problem.

When you go to the doctor, they play detective. They'll do what we call a review of systems. They'll ask about all your bottling systems. They will ask if you have headaches, if have had nausea, vomiting, diarrhea, chest pain, shortness of breath.

And we're so well trained in that we can zip through all of that in a minute. Okay? But we are trained to be detectives. But what is health? You know, to say health is This is like saying that happiness is the absence of depression.

Just because you're not depressed doesn't mean you are happy. It means you just not depress. Health is a sense of vitality. Its a pleasurable sense, of feeling energetic.

And by human nature, because we have this inner desire for meaning and purpose, when you have a strong sense vital, most people want to be active, they want to do things with that.

So that's some subjective measure of good health, that I feel vital, I fell energetic. And that is the tip-off that you can ask yourself, how energetic do I fill these days?

If I'm not feeling energetic, what's off? It's something in one of these six domains. Maybe you're lonely, maybe you are very stressed, up being very pessimistic, and maybe have a bad diet and haven't been exercising.

The Six Domains of Health

And that's affecting your vitality. The good news is that once you see that, hey, wait, I can do better with this, you've got these six honor ramps, if you will.

And once should begin working in one of those areas, it usually leads to some improvement in the others, what we call like a virtual cycle, positive virtual psyche.

Okay. I think it makes perfect sense. That we need to look at not just one area, but all the different areas like you're mentioning. One of the things I bring up a lot on my podcast, my dad's going to be 90 this coming year.

He had a quadruple bypass about 15 years ago. he has it in his head that he's getting to the point where that bypass may not last any longer because they told him that time frame.

But yet, but yet i still am around bugging him and so i think he has a little sense of purpose um to hang out with me but he also has quite a social group the guy goes you know and meets with friends for coffee he he goes most people wouldn't you promote this but, he does go to the bar and hangs out, with his friends now In your programs, are you looking at everyone's kind of individual settings, you know, maybe after they've come out of a bypass surgery or something of that nature?

And is that how you're integrating? Because I'll tell you, when he did this 15 years ago, it was basically like, okay, let's ride the bike. Let's do this.

And he's like let me get back to my property and I will do my own things. But there was no, hey, get out with your friends, do these things, he already did it.

So I don't know if they did an educator. What happened on that? Sure. Well, first of all, I would say that when you talk about programs or program in hospitals, to tell you the truth, most of these things we're talking about are not addressed by programs in the hospitals.

Hospitals are dealing with, you know, patients coming with chronic problems. And a lot of this is things that it's on the responsibility of a person to understand what promotes vitality.

And that's a lifelong opportunity. And as you get older, it's always an opportunity to be better there. However, there are some specific programs such as Code Equibab.

I will tell you something related specifically to your dad, because the fact that he has friends and he's doing this at age 90, this is one of the most powerful things you could wish for your father to do.

When I first became aware of this, I was like the third week, fourth week when I started the cardiac rehab program, maybe two months into it, at Cedars.

And we were a very small program. As a result of that, we had a small amount of space. The patients only had like barely 35, 40 minutes at a session. We needed a whole hour.

So I campaigned for larger space successfully. And as soon as we built out, what we did is we reassigned the patients into our slots. The next day I go into my office and as I get off the elevator I am mobbed by a series of yelling, loud patients.

It was actually a very dramatic moment. And finally when things calmed down I was able to have them talk to me and they were angry because they had bonded with each other in the time slots they have.

And if someone wasn't showing up, someone else was calling them, hey, why didn't you make it today? Now, when that happened, I went to the nurses and I said, what did you tell me about this?

I was new on the job. They didn' t know. they didn t' know that the patients were doing this. But this was such a profound imprint upon the importance of social support.

that when we finally were able to expand the program tremendously, and we did, we eventually got this whole 13,000-foot floor. We built out a lot of extra space for the patients to just come in and hang out before the session, after the sessions and encourage that, because we knew that was part of health.

And that certainly, as people get older, is a huge part I look at it now, and a lot of people will join group programs. A lot people join the gym and meet with people at the same time.

They go because they like who's there at that particular time, or like my father, he goes to the bar because he likes who is there or the coffee shop.

And so it sounds to me like having this kind of bonding experience within a rehabilitative center or whatever it may be, may one of the secrets to help folks kind of bond over what they're experiencing.

It's one Yeah. And so what, what do you guys have something at Mount Sinai? Actually, there are some very good programs at Sinay. There is a cardiac rehab program there.

there is wellness program. I think there's a lot of practitioners in different, Mount sinai has a big healthcare system. It's about six hospitals and there a ton of attunement to all of that.

I find that with our, you know, I kind of went a little virtual back and forth. And obviously with COVID, a lot of stuff ended up going virtual, but I found that I really enjoyed the one-on-one connection.

I think a lotta patients do love to come somewhere and meet. Right now with the way the world is, we have a lots of online group programs, But I'm thinking that the in-person, probably if we're looking at how the heart might respond, and I bring this back to cardiology for everyone that's like, wait, what happened to your heart?

heart might respond better to having the interactions with people in person. Well, that's absolutely true and I am very encouraged, first of all I'm an optimist by nature, but I've been encouraged by what I see.

Social Support and Cardiac Rehab

There's a whole new field called lifestyle medicine and this field has become very popular very quickly and these are physicians who are dedicating themselves to working in a practice setting with patients where they're

advocating for better health habits, exercise, resistance training, which is so important, explaining to patients better how to deal with a diet, explaining that you could actually reverse diabetes with an aggressive lifestyle program.

And dealing with the stress component, which I think is extremely important as well. So this is a whole new subspecialty. That's really great news. Yeah, we definitely need I mean, I think a lot of people know what they need to do.

They just don't do it. And it seems that if you've got a crew of People to to support you, it works just so much better that way. Well, you know, that's part of the human condition is you just say, You know we're all in that that There's things we all know that we should be doing that were not getting to.

It may not be in the health arena, it might be some area, but that is part of the human condition. And one of reasons why it's so prevalent with health is when you think about it, gee, you know, if you've got a busy job or you may be a homemaker or, or have other things, with your children, and they press upon you.

And there's a certain urgency or importance that comes to mind. And you can have your health as important, but it's never today the most important thing to do.

So today you don't get to it. Tomorrow that same thing happens. In other words, health is something that feels important to us but not urgent. Unless you're intentional about it, you may put off these things you should be doing and you know, for months, years and decades, and actually that is what happens.

And when you think about it, even though we know for example that being sedentary is really unhealthy, it's really because, we can explain why, Your body doesn't have an alarm system about it.

If you're just on a chair, you get used to it, and it's not like hunger or thirst or sleep, that's how I'm sleepy. You feel it! But if you are just being sedentary, there's nothing telling you, oh, I am being a sedentarist.

And people, by the way, who get used to exercising regularly, they are quite aware when for one reason or another they have been sedentary for a while, that they're missing some of the vitality.

A hundred percent. I can tell you, myself and my father included, the two of us will be going, man, we gotta go do something today. You know, it's been sitting around too much.

So I'm curious, though, because I think a lot of people maybe do question, you know. We're in a space where a lots of are at desks all day. we have to work, right?

We have sit and do those things. What kind of impact is being sedentary having on the cardiovascular system? What demands does it put on this system and what are you recommending to folks if they do have to sit for work, what kind things can they to maybe negate or counter a little bit of those effects?

of being sedentary? A wonderful question, actually, a couple of questions here. So let's break that down. What does sedentar behavior do? It's not just that you're not being physically active.

Being sedentiary means that your going to be increasingly developing inflammation, insulin resistance. Beginning at age, you think by age 30 we're losing a certain amount of muscle, mass and strength per year.

In your 30s it's probably about 3 to 8 percent of your muscle mass per decade. And after age 60 it accelerates. Well, that's for the general public. If you will be doing resistance training, if you'll be exercising, you would reduce that rate of decline.

And that is going to make a big difference as to whether, when you are 70 or 80, your getting out of a chair freely, whether you're holding up your grandchild or things like that.

Exercise also affects the brain. Organically, it affects to brain in terms of the protection against dimension and

cognitive function and in term of our psychological well-being.

Exercise has been shown in actually randomized control studies where they compared it to antidepressants to be as effective in causing an acute reduction in depressive symptoms, which is pretty impressive data.

This was worked out by Jim Blumenthal at Duke University in three different randomized controlled studies, NIH sponsored. But there's a lot of data that supports that.

So being sedentary is unhealthy. Now, what can you do about it? Well, the great news is even doing a little bit makes a huge difference. The biggest difference in terms of the bank for your buck is going from nothing to something.

It turns out because there's an exponential decline in mortality risk and disease risk once you start moving. So if you take someone who's sedentary, and that's been my work over many years, dealing with sedentaried people.

Sedentary Living and Exercise Snacks

If you can get those people to commit to 10 minutes of a brisk walk per day, you will get somewhere between 10 and 20 percent decline in mortality risk over the follow-up period, let's say over next 10, 15 years, which is paralleling the effects of using, say, statin for preventive measures in people with heart disease.

In other words, it's a powerful effect. There's new data showing that resistance training also has that kind of benefit in terms of not losing, as I say, muscle mass and in term of well-being and health outcomes.

So what you can do if you're very busy as we all are is you could actually break up your exercise or resistance, you know, exercise into what we call snacks.

You could have exercise snacks or resistant snacks, or activity snacks and there's data that has actually, even many, Doctors don't know this. In 2018, there was a change in the physical activity guidelines for Americans.

That comes out for every 10 years. And before then, it was this notion that you had to get exercising within 10-minute bouts, had at least 10 minutes bout to be beneficial.

Based on newer data, because now we had accelerometer data. We know that's no longer true. we know any amount of physical activities that we do contributes to your health.

and decreases mortality risk and heart disease risk, which means that, gee, if I go to the shopping center and I park furthest from the entrance as opposed to navigating to find the closest entrance, first of all you probably get in the store just as quickly, but that little trek of five minutes is contributing to your health.

If you're taking the stairs instead of the escalator, it's contributing to your health. And let's say you can't go to the gym. Well, you could do simple resistance snacks.

You can do barbell exercises. you go from a sit to stand in your chair. That's actually something that's a very good exercise. From sitting to standing you have your hands over your chest, and you are going from sit-to-stand as quickly as you let's say a minute, that's a resistance exercise and it also breaks down the sitting.

You see, we now know that prolonged sitting promotes insulin resistance and inflammation and breaking that up decreases the risk of sitting as a risk factor for heart disease.

So these little things we can do and should do that promote our health. So important. I like what you mentioned about the insulin resistance because a lot of people will tell me, well doc, I don't eat that much sugar.

My diet's pretty good. But then I'll be like, what do you do for work? Oh, a computer programmer. Well, how much time are you sitting on the computer?

And that's a huge, huge factor I think this day and age, even as doctors. And so of course I'm gonna ask you, obviously you probably get to sit a little bit with patients and then you're up and moving.

For your day, how do you get in your exercise snacks? What are you up to? what's your favorite? Do you do the chair squat and stand? Or what are what?

Are you? You know, see, there is a balance here that people have to say for themselves. Am I psychologically a person who's going to do that? you know exercise snack.

So I talk about that. Or, you, know am I the sort of person, who would you better just go to the gym? and taking out an hour and whatever. I love going to the gym.

The minute I walk in, I feel the beat. You're among people. Even if I don't know people, it still feels social. But you get to know the people so I'm a gym guy.

By the way, The data shows that if you work out but you're completely sedentary the rest of the day, that's not as healthy as still walking around and being active the next day.

So I am not intentional about it, but, you know what, I'm just thinking about in terms of exercise part, pretty good on unintentional snacks. I will park further away from the entrance to the stores.

I will walk to post office often, not today, it's like 16 degrees outside here in New Jersey. Don't blame you. But especially in the spring, summer, and fall, I'm pretty active during the day as well.

So I don't have to be intentional about it. It's just by nature. You can be, and you can start small. Start with five minutes a day. That's how I start with patients with sedentary.

I say, can you give me five-minutes a-day? And they'll say doc, you know, that's all. But many people don't get to do that because it's still, I got all these other things to, do I'll start tomorrow.

And then the inspiration wears off. that part of human nature. We're all there in that way. Oh my gosh, yep, we certainly are, now of course I think folks are probably also kind of wondering like, alright you're a cardiologist, you've seen the nuclear studies, the combination of what goes on with stress in the heart, what are you doing for stress management?

What are doing you for diet? Because that's the number one question so many people ask me, is it individual or do I need to go carnivore, do i need go vegan, this, that and the other?

What is your take on it? Well, obviously two very different questions, right? Stress management, diet management. Which one do you want first? Whatever you're called to go for.

I know I have so many questions for you. Well, the diet management part is actually simpler in a way. You can make it very complex. It's unfortunate, I think we've created a message in society which makes this very complicated to people.

Should I be vegan? Should be low carb? our eggs good, our egg's bad, is butter good? Is butter bad? And so forth. When you look at this, first of all, a lot of this is, you know, clean the forest from the trees.

I would say we have areas where we are clear this a very healthy food. And we an area where were clear that it's very unhealthy. The highly processed foods that are very high in sugar and starch content.

the cakes, the candies, and the soft drinks. That's really unhealthy. The highly processed meats, pastrami and so forth, which are highly salted and highly process, that's unhealthy, on the other hand, are you getting the good nutritious stuff you need?

The vegetables, fruits, legumes, nuts, you know, it's important to have, especially getting enough protein, and so forth.

Diet and Stress Management Strategies

So is there enough of that in your body? The fact of the matter is, is that the data shows that Americans get about 60% of their calories from highly processed foods.

And it's close to that and children too. Now, not all highly-processed foods is unhealthy, you know. Why do we have that, in the first place? Because, first of all, if you go back to 1949, If you were making pudding, you would like sitting in front of a pan, and it was like a two-hour fare.

In 1950, there was instant pudding. Voila. The convenience of it made it a hit overnight. But over time, we developed microwaves and all these highly packaged foods.

And people don't have time, you know? And so you have to make an equation, how important this is. What I say is, again, I use this concept of the power of first step.

Two things I'd say about that. Do you the healthy stuff in there? If not, can you start putting some more of that in? Don't worry about the negative stuff first.

Worry about putting in the good stuff, first, You know, and having large salads, you know there's a lot of people who are stress eaters, I am myself. I know that I do a lotta cognitive work.

And especially if I happen to be home, for some reason, because at work I'm always distracted, but at home I don't get to eat more. So I actually get bags of lettuce and I put some olives, some raisins, Some nuts on it.

and feeding that desire to munch that way. So it's a healthy snacking. Is that something in the guidelines? These are strategies you figure out. The other thing I'd say about diet is just pay attention to how you feel about it.

If you go off sugars for about a month, get off those protein bars that people claim to be healthy, but a lot of those are candy bars. But go of that for a months and then see, how do you when you had it again?

And pay because if we pay more attention to how we feel after we eat, I think it'll give us more of a clue to that. One other thing I'd say about that is that this was classic work done by a guy named Robert Thayer about 30 years ago.

He actually took people and he measured how they were feeling in terms of tension and energy. And then he gave them a candy bar on one occasion and had them do a brisk five minute walk on another occasion.

And he had them remeasure their energy and tension level afterwards and then like an hour or two hours later. And what he found was, gee, after the candy bar and after brisk walk that they did, they felt more energetic.

But about an hour later they were crashing after the candy bar, but their energy stayed up after exercise. So if you can try to do that once a day and see how it works for you, you might be surprised.

I'm feeling tired, I want my quick fix. Of course I am going to go for the Candy Bar, especially if I feel tired. But that tiredness belies the fact that if you exercise, you will actually feel more energetic.

So you can try that too. Those are some general tips in terms of the diet portion. Do you want to go to the stress portion? Let's go for it. I love your tips for the the Diet portion, yes, I'd love to hear what you're doing for stress management.

Yeah. The stress management piece is also very interesting. The general rule with stress-management is that stress can throw us off, and you can make an analogy between the body physically and psychologically.

So your body has what we call homeostasis. If your heart rate of blood pressure gets elevated for whatever reason, the body has mechanisms to bring it back to normal pretty fast.

And the goal is, how does it do that through multiple regulatory mechanisms? Well, if you're under stress, you've thrown off balance, How do you get back the baseline?

So it turns out the more coping skills you have, The larger your repertoire, And more you are able to flexibly switch from one to another, better you as a stress manager.

So putting in things and building a repertoire of stress responses is good. So on my website I have some blogs on this where I talk about these six buckets of stress management basically.

There could be the physical things which are meditation, it could yoga, exercise, deep breathing, and those sort of things. Then there's the cognitive piece, learning how to reframe stress, because very often we're blowing things up.

Then there's the emotional regulation part. Turns out that when our moods are down, very often our problems seem to us larger than when our moods are up, but yet when mood are down our problem create a sense of urgency like we want to solve them and that's the wrong time to solved them.

For example, you had some issue with your spouse and you know it's late at night. That's not the best time that to resolve the problem often. Very often it is best.

And that is not an iron clad rule. But generally it's better to wait till you are feeling better and very often the problem doesn't seem like a problem anymore, you know.

So that's kind of learning like emotional timing. That's a kind a stress management response. It turns out having multiple sources of meaning. If something is, let's say, not working your job and it is not the end all or be all of your life, then you have other things to tap into that's a coping mechanism as well.

So there are different ways to cope with stress and it's the lifetime of work and working on developing your stress repertoire is a great thing to do.

It's so important. I wish it was part of the curriculum in grade school. Oh, me too. You know, I mean, we learn geometry, trigonometry. And I think learning more about health in school would be great.

It would really great, absolutely. Do you have grandkiddos that you've shared any of this with? With who? Grandkids. My grandkids are young. But my children have heard a mouthful.

Well, hopefully, it's sunk in. Dr. Rosanski, what's next for you? What are you researching next? Where are up to? Oh, I am having a ball right now with what I'm doing, you know, in terms of the last few years.

I had been writing medical papers all my life and I, and still doing that. And I still do a lot of academic research. It was kind of fortuitous where I started, just interacting more with the general public.

with the lectures and things like that, and one thing led to the next and led me to develop my website and doing podcasts with people like you.

Purpose, Aging, and Staying Vital

I mean, it's an absolute joy. And I think we're at a time where there's so much more that people can do and want to do. People are living longer, but there is a lot of chronic illness.

What I say is you can't have the same physical energy as you get older, but you can be every bit as vital and energetic. And when you hear people like, who isn't Tig Van Dyke who just turned 100 years old, that to me gives

me a lot of pleasure to see.

You said your dad is 90. That gave me pleasure. I want to people, I have a friend who's like 74 and he's got a negativity about his health, and I'm doing a personal coaching with him.

And I said, look, my goal with you is I want you to be highly vital when you're 94. And he was just thinking about retiring. I say, no, you can't retire.

You know? I mean, people can retire, but you cant retire you need to vital and energetic and have a sense of purpose. So that's what's in it for me right now. I mean I wanna reach out more to the public and just share 40 to almost 50 years of medical work and work in psychology and what I've done.

So it's so important and definitely, you know, lifting up our colleagues and friends. I think we do get to a point where a lot of folks will be dreaming of retirement and they'll talk about how they're going to do nothing.

And then unfortunately what we see, and I'm sure you've seen as well, people retire and then they pass away, soon after retiring. and, I don't want that for anybody.

Well, what I've seen is friends who retired and then two years later they were absolutely looking for or had to get back into the ring somehow. It's like going to the beach and the first morning you're there and like, oh, it's great.

But after like a half day, how much can you lie in the sun? You've got to go out and do things. That's us as human beings. We thrive when we have things to do.

Well said, well said. Well, Dr. Allen, I'm so glad that you were able to come on and share so much information with us. Now, of course, we got to tell folks about alanrosansky.com.

That's your main website. And if someone is in the Sinai hospital area, the system, can they find you? How do they found you, how does it work to work with you.

been more in the administrative end. I still am running our stress laboratory to some extent, but there's more people doing that now. And I'm still a fellowship director, so I don't have a private practice at this point.

But I am also active on LinkedIn. People can connect with me if they like there. Happy to talk to people and be available. Awesome. I'm thinking about some colleagues of mine that might want to hang out with you and learn kind of the lay of land out there.

So we'll definitely make sure that we put the notes there and get linked to you on LinkedIn as well. Well, thanks again for your time. Hey fellow health junkie, thanks for listening to the health fix podcast.

If you enjoyed tuning in, please help support me to get the word out about the podcast, subscribe, rate and review and just get that word. Thanks again for