Introduction and guest background

Hi, everyone. Dr. Audrey Wells again. And this is the Sleep Deep Summit. New Approaches In Treating Sleep Apnea And Insomnia. I'm really excited about our next guest.

His name is Dr. Philip Ovadia. He's a heart surgeon who's performed over 3000 procedures. And this and his personal experiences have taught him that good health comes from lifestyle and nutrition, not from surgery.

So he's now on a mission to give people the tools and the mindset to never need a heart surgeon. He has a recent book coming out called Stay Off My Operating Table.

And in it, Dr. Ovadia discusses the principles of optimizing metabolic health to prevent heart disease and other chronic diseases. Welcome, Dr. Ovadia.

Hi. It's great to be here with you, Audrey, and really looking forward to having this conversation with your audience. Let's figure out how we can sleep better and what role that plays in improving our overall health.

Amazing. You know, we're going to talk about the cross-section between metabolic health and cardiovascular health and sleep. So I wonder if we can just start by having you orient us to these three different spheres of health.

Yeah, definitely so. So, you know, as a heart surgeon now for over 20 years, obviously, I have a focus on cardiovascular health, cardiovascular disease.

And as I'm sure much of your audience is familiar with. You know, heart disease is the number one killer here in the U. S. and worldwide and has been the number one killer here in the U. S.

for each of the last 70 years. So obviously, it's an it's an important problem.

Metabolic health as the root of chronic disease

And, you know what I have come to recognize over the past few years and, you know, this has to do with my personal as well as my professional journey that will get into a little bit is that, you know, heart disease shares a common root cause with many of the other chronic diseases that plague our society.

Things like cancer, Alzheimer's disease, diabetes, they all share a common root cause in what we call metabolic health. And metabolic health at a most basic level is your body's ability to properly utilize the inputs that you are giving it.

And food. The food we eat is the primary input that we give our body. So metabolic health underpins a lot of the chronic conditions that we deal with.

And, you know, we then turn to what are the important pillars that help people to that determine people's metabolic health? The food that we eat, which I mentioned, is first and foremost.

But the other pillars or how you manage your stress, your activities and your sleep. So I think that's where this all comes together. And we see strong interrelationships between, for instance, sleep problems and cardiovascular disease.

You know, that's so true. And I think that we're always trying to bring this into the conversation for the public to consume that sleep and cardiovascular disease are by directionally related, meaning cardiovascular disease problems can interfere with sleep quality and sleep quantity.

And then the reverse is true. Someone who's not sleeping well or not sleeping enough can be put at risk for cardiovascular disease. As a cardiothoracic surgeon, I'm wondering how do you talk to people about sleep as part of the greater lifestyle conversation?

Yeah. So this is where we kind of circle back to metabolic health and I use metabolic health as sort of the basis of our discussion because ultimately if we want to prevent cardiovascular disease or if we're trying to manage cardiovascular disease, focusing on metabolic health, I believe is the most important thing that we can do.

Now, the unfortunate thing is our medical system doesn't necessarily see that. And we have other focuses when it comes to cardiovascular disease and not saying that those other focuses are unemployed and they're just not the most important and they're not addressing the root cause of the cardiovascular disease.

So as I said, when we start talking about metabolic health, which is what I discuss with my patients, that invariably brings in sleep as one of the pillars that we need to, you know, diagnose first.

Figure out, you know, are you getting good sleep or not? If you're not getting good sleep, why aren't you getting good sleep? And then working on optimizing sleep as one of the pillars that we use to optimize metabolic health?

Perfect. I love that. And you know, I think there was a real pivot in the last maybe five, ten years or so where I started seeing a lot more referrals as come from the cardiac world, whether it was a cardiac surgeon or a cardiologist treating people medically, because we learn more about how conditions like atrial fibrillation, high blood pressure, refractory to multiple medications, heart attack, risk for stroke, all of those things may be a flag for an underlying sleep disorder.

So I just love it that this is kind of a pairing of cardiac health and sleep health. And I know that you've had some personal experience with metabolic health, which kind of overreaches everything.

Do you mind telling us a little bit about the things that you've gone through? Definitely so, because it's an important part.

Personal health turnaround and questioning medical dogma

I think of my view of health these days, and that was my own personal journey. And, you know, when we go back ten years ago, I was a very unhealthy heart surgeon.

I was morbidly obese, I was pre-diabetic. And I kind of recognized that I was going to end up on my own operating table, so to speak. I was traveling that same journey that so many of my patients had gone through, and like so many of them, I really didn't know what to do about it because I was following the advice that I had learned to give them.

And it's the advice that most of us have heard eat less, move more, eat a low fat diet. It wasn't working for me and it wasn't working for my patients.

So, you know, I started to ask some different questions. I started to get exposed to some different information. And I ultimately came to recognize that, you know, the reason that that advice wasn't working is because it really doesn't address the underlying root cause of cardiovascular disease.

Ultimately, I was able to lose 100 pounds. I've been able to maintain that weight loss now for, you know, seven years and ongoing, which is is definitely different than it had been in the past.

And along the way, I discovered the importance of metabolic health, you know, what we call in the medical world, insulin resistance, sort of the biochemical process that we're dealing with and that it's important to the prevention and management of cardiovascular disease, as well as many other of these chronic diseases that we've mentioned.

And that has become my focus. I do continue to work as a heart surgeon, but I also now actively work to keep as many people off my operating table as possible.

Yeah, you know, I, I so resonate with that story because I have one that's sort of parallel. I was asleep doctor, that had poor sleep for about ten years because I was in a very difficult period in my life with a lot of grief and kind of that disconnect between what, you know, academically or cognitively and what's the reality of being a human being.

I think in a way makes you a better physician or better surgeon because you're able to walk in step with your patients, kind of having gone through those struggles personally.

Yeah, I think that's a big part of it. And I think the other part of it is just being a much more effective physician because I can now help them address the underlying root cause, even the patients who, you know, I end up operating on, they need that operation.

But I'm now able to explain to them that the operation doesn't really change. What led to you needing the operation in the first place? And if you don't address what led to you needing the operation in the first place, you're going to end up with more problem than is related to, you know, cardiovascular disease as well as the other related problems.

So I can be a much more effective physician for them now because yes, I can do the surgery that they need to deal with the acute problem, but I can also help them address the underlying root causes so that it doesn't continue to be an ongoing problem moving forward.

Got it. Yeah. And I'm also hearing from what you're saying that, you know, you you were using your medical training, but then when you came up on these problems from a personal perspective, you kind of went outside of your medical training looking for different solutions.

Can you walk me through that process just so that people watching can have kind of idea how you went from £100 overweight to where you are today, even maintaining that massive weight loss?

Yeah, and I think that process is very important. And it really started with the willingness to admit that, you know, the advice must be wrong because as I said, I knew what I was doing.

I knew I was following this advice and I knew it wasn't working for me. And, you know, all too often in the medical system, we tend to put the blame on the patient when the advice that we're giving isn't working.

And we say, well, they must not be following it, you know, correctly, or they're not doing it hard enough or whatever it is. And, you know, I came to recognize that I was doing it and it wasn't working.

So something must be wrong here. And thankfully, you know, there were some, I guess I would say, fortuitous events that led me to a different pathway.

And ultimately, I got to exposed to the, you know, low carb diet, metabolic health. I went on a low carb ketogenic diet, ultimately evolved now to really a carnivore diet, an animal based diet.

And of course, this is very much counter to the, you know, the dogma around cardiovascular disease. And it really opened my eyes as I started looking into this more because I am scientific based.

Defining metabolic health and how to measure it

I am you know, I went to the medical literature and I saw that there is evidence that supports this approach. And of course, I saw the results that I was getting first and foremost.

And then, you know, as I started giving this advice to my patients, to my friends and family, I was able to see the

results that they were getting from it as well.

So, you know, one of the key concepts here, I think, is is willingness for us as clinicians to question the dogma to really, you know, open our eyes to the results around us to see what we're achieving.

Because, you know, one of the things that kind of became obvious to me but wasn't obvious back then is, you know, we've been giving this advice, low fat diets, you know, using the medications to reduce your cholesterol, all these things.

This has been the predominant advice around heart disease now for 50 years. Mm hmm. And we're not seeing heart disease go away. So, again, you have to step back and say, why might that be?

And the conclusion that I have come to and many others is the advice that we're giving is wrong and it's ineffective. And that's why we're not seeing the results that we would expect to see from it.

Yes. And, you know, I wanted to tell you, I'm boarded in obesity medicine, what you described of, you know, this characterization of people who are having difficulty with the disease of obesity and kind of characterizing them as lazy or gluttonous or not doing enough to adhere to the diet.

That is bias. That's external bias. Mm hmm. And that gets absorbed and turned into internal bias, which is incredibly destructive for the person who's struggling.

Yeah, I would certainly agree with that. And as I said, you know, and hopefully this will give hope to people that are listening to this and that are struggling with this.

I mean, I was a heart surgeon, you know, so obviously very educated. You can't really become a heart surgeon without being kind of tenacious and dedicated.

You know, so I again, I looked at myself and said, I'm following this advice. I have, you know, the willpower, the knowledge that all of this stuff had, you know, all the resources available to me, you know, from my colleagues and whatever it is.

And I couldn't solve the problem following this advice. So there must be something wrong with the advice. Yeah. And you had the bravery to step outside and do something different.

I love that. You know, I'm wondering, as we talk about metabolic health, I really want to crystallize it for people. What do you mean exactly when you're using that term?

And what would be the best way to assess one's metabolic health? Yeah, great question and very important. So, you know, ultimately the simple way that I explain metabolic health to people is that when we are metabolically healthy, our body properly utilizes the inputs that we give it.

And as I said, the primary input is the food that we eat. And when we eat, one of three things happens to that food. Some of it gets turned into energy for immediate use to fuel all of the activities that are going on within our bodies.

Some of it gets broken down into component parts that then are used to build and rebuild tissues. Another process that's always going on within us and then some of it gets turned into energy and put into storage.

Because historically, food was actually challenging to obtain. And, you know, our bodies evolved in a way to be able to deal with periods when food wasn't available.

We can store this energy and then use it when energy and food isn't available. Unfortunately, you know, our modern environment has created a situation where we end up storing too much energy and we never give our bodies the opportunity to use that stored energy.

And that is what then causes a whole host of Downstream problems. From a practical standpoint, figuring out if you're metabolically healthy or not. I usually ask people to start with five basic measures.

Two of the measures you can do at home, you're you're waist circumference. So all you need is a tape measure just right above your belly button, measure it first thing in the morning and your blood pressure again, very easy to check these days.

You go to any pharmacy, grocery store, they usually have the kiosk. You can get inexpensive monitors to check it at home or just about any time you go to a doctor's office, you're going to get your blood pressure checked.

And then the other three metrics we look at come from some very basic blood work. And most doctors do this blood work as part of their routine exams. They just don't look at it in the context of metabolic health.

So we want to look at your fasting blood glucose level. You can also use your hemoglobin A1 to see, but basically the amount of sugar that's in your blood when you haven't eaten for 8 to 12 hours or the hemoglobin A1.

C kind of gives you an average blood glucose level over about a 90 day period. And then we do look at the cholesterol panel, but we're not focused on the number that your doctor is probably focused on the LDL, so-called bad cholesterol.

We look at two other numbers, the HDL cholesterol. What many doctors will call good cholesterol and your triglycerides. And you use those five measures to figure out if you're metabolically healthy or not.

People can go to my website. I fix Forbes.com right on the front page. There's a free quiz that you can take. It will mar you through those five numbers you put in your numbers and it will tell you if you're metabolically healthy or not.

Wow. That's a really actionable step. And I just want to repeat these measures for the audience to have handy.

Improving blood pressure, glucose, and cholesterol markers

So there's waist circumference, which is how how many inches around your belly at the level of your belly button or you can sort of feel your hip, the top of your hip and you want to measure there your blood pressure, your A1, C or HB, A1, C, your HDL number and your triglyceride or TG number.

So all of that can be entered into your website. And then what do you get? What is the output for that? Yeah. So you're going to figure out how many of those metrics are abnormal for you and ideal is that all five metrics are going to be in the healthy range.

Now, the statistics around this are pretty shocking. It turns out that the, you know, kind of most recent data we have on this shows that 88% of nearly nine out of ten adults in the United States do not meet all five measures of optimal metabolic health.

Only 12% of us essentially are metabolically healthy. The more of those components that are abnormal, I know the worse shape you're in. If three or more of those are outside the healthy range that actually diagnoses you with the metabolic syndrome.

It's a medical diagnosis. And what it means is that you are at high risk of developing things like heart disease, many forms of cancer, Alzheimer's disease, diabetes, city diabetes.

These have all been associated with the metabolic syndrome. If one or two of those are abnormal, it's kind of a warning sign because they tend to get worse with time.

So you need to take some steps to address that and to reverse this process of worsening metabolic health. And that's the good news. That's the hope that I want to give people.

Metabolic disease is reversible with diet and lifestyle interventions. And so the earlier you figure out that you have a problem, the more effectively we can help you to reverse that problem.

So it doesn't continue to progress. Yeah, it's sage advice and you've really just outlined a person's why why would they care? Why would they want to go through this process?

I think it's a way of kind of looking into the future to see what kind of metabolic and related diseases you're at risk for. And it kind of determines how you spend the rest of your life, but especially the last ten years of your life are really available for change if you're trajectory is not going in a great place.

I want to review some of these. So waist circumference, of course, is probably going to go down with weight loss. Blood pressure has many things that contribute to it.

What are some actionable steps a person might take to reduce blood pressure? Yeah, so we are now seeing that blood pressure. Hypertension is a very reversible condition and I now routinely work with people and are able to reduce or eliminate their need for medication while normalizing their blood pressure.

And again, this comes down to that. The basic principles that we talked about, paying attention to the food that you eat. Getting enough activity throughout your day.

Getting adequate and good quality sleep and managing stress. Those are really the four pillars to pay attention to. I in most situations, what you're eating is the first thing to pay attention to.

The most important thing to pay attention to. But you do want to be, you know, kind of looking at all of these. And we now have accumulating evidence to show how effective, low carbohydrate diet can be in improving insulin resistance, which, like I said, is kind of the biochemical process that underlies metabolic health and reversing things like high blood pressure.

Yeah, really commonsense principles there. And I think that a phrase comes to mind that one of my old professors used to use, she would say Garbage in, garbage out.

I mean, the food you eat is absolutely critical. And, you know, for A-1 C, which is a measure of blood glucose, as you said, average over the last 90 days or so.

So a low carbohydrate diet would improve the A1. C I'm wondering if you also recommend any time restriction for eating or keeping your glucose levels low even in between meals?

Yeah. So both are important strategies that can be utilized, you know, time restricted eating or intermittent fasting. It can be a very powerful tool to help improve metabolic health.

And I am a big fan of using continuous glucose monitors as a tool to guide this process because knowing what your blood sugar is doing on a continuous basis gives you that insight, gives you the feedback about the foods that you are eating to help you start to make changes.

But certainly the less demand that we put on our bodies to deal with glucose coming in and this is sugar and all carbohydrates that we eat that get turned into glucose, you know, the easier it is to start to reverse some of these conditions.

Yeah, and I think that's a good point. A lot of people equate glucose with sugar, but it's really all types of carbohydrates from what you find in beans and lentils to the wonder white bread that we can buy when it comes to HDL.

Now, if I remember correctly from med school, HDL can be increased with exercise. Is there anything else that increases HDL? Yeah. Well, again, what we're discovering is, you know, therapeutic carbohydrate restriction is an effective tool to help people raise their HDL.

Exercise is certainly an important part of it. And, you know, but I now routinely see people that as they improve their metabolic health, as they reverse their insulin resistance with these dietary and lifestyle interventions, their HDL goes up even if they don't add exercise.

And, you know, a lot of patients that I work with, they don't add exercise at the beginning. You know, that's not the first lever that we pull over time.

Most of them do tend to incorporate that. But even before they do that, and even without doing that, they can see meaningful increases in their HDL cholesterol.

I tell patients the same thing. You know, if you're embarking on some life style changes that are meant to reduce your weight, you're going to get way more mileage out of changing your diet than you will with exercise.

So keeping the changes kind of smaller and accessible is really important to just start establishing these new habits. And then the last metric was triglycerides.

So this is a measure of fat in the body. And I'm wondering with a carnivorous diet, with a sort of animal based diet, how do you reconcile that with triglycerides and LDL?

Yeah, so triglycerides actually tend to plummet on, you know, a carnivorous or low carb diet. The triglycerides are very closely related to our carbohydrate intake.

So low carb diets are clearly the most effective way to lower triglyceride levels. And this can be sometimes very dramatic. You know, myself and other practitioners have now shared case reports.

Some of these are in the published literature of people dropping their triglyceride levels from over a thousand to under 100 by and by, you know, instituting a low carbohydrate diet.

Sleep, energy, and metabolic health feedback loops

And there is a bit of a misunderstanding, I think, among the public and really a lot of practitioners as to, you know, that it's the fact that we're eating that's affecting our triglyceride levels when in fact it's the carbohydrates that we're eating that have the most significant effects on our triglyceride levels.

You know, I think it's really interesting to to think about the fact that we don't actually need carbohydrates to survive at all. There's essential amino acids.

There is essential fatty acids that we need, but we don't need carbohydrates. Full stop. And, you know, they're more palatable. They sort of taste good.

And they're in some of the ultra processed foods. They're cheap. But, you know, it's really incredible that a lot of people have diets that are so carbohydrate rigid practically makes up their whole food plan.

Yeah. And in fact, again, when you look at the food pyramid and the and the dietary guidelines, they really do emphasize carbohydrate heavy diets. You know, the low fat diet, which by necessity is going to be a high carbohydrate diet because we we only have three things that we can eat fat, carbohydrates and protein.

And so a low fat diet, by necessity, is going to become a high carbohydrate diet. And that is exactly worsening the very process that we were trying to fix in the first place.

And that's why I believe these dietary recommendations have been so ineffective. They've pushed people to consume more processed food, which is clearly worse for our health and a higher carbohydrate diet, which also is, you know, worst for our health.

People can't once you are on this spectrum of metabolic disease and insulin resistance, you become intolerant of

carbohydrates. Your body cannot properly process carbohydrates.

And the way to fix that is to take out the carbohydrates. And unfortunately, you know, the messaging around this has been differently. We get the whole message about balancing, you know, what you eat with what you do.

Diabetics are told to consume enough carbohydrates to balance their medications. Instead of being told, if you stop eating the carbohydrates, you won't need the medications.

And again, that's the common clinical experience that I now see. And many other practitioners who follow this see that again, type two diabetes is a very reversible disease and we can get people off medications while normalizing their blood sugars.

What a message of hope. You know, I. I see it from a sleep perspective when people come to me and say, okay, my sleep apnea is treated or, you know, I'm sleeping better with the behavioral techniques that you gave me for insomnia.

But I'm still tired during the day. And this is what motivated me to go and get certified in obesity medicine, because I started looking at people's diet and exercise program and finding that the food that they were eating was low quality.

And for the most part, they're sedentary with little exposure to light outside in nature. And so all of these things kind of conspire to leave someone feeling tired and still kind of sick during the day.

And I'm wondering if you've had a similar experience in working with people who improve their metabolic health. What have they reported to you in terms of their energy level and their sleep quality?

Yeah, so very interesting, you know, experiences around this. And as you said, there's a bi directional relationship between metabolic health and sleep.

If you're metabolically unhealthy, that's going to tend to worsen your sleep. But if your sleep isn't good, that's going to worsen your metabolic health.

And we see this clearly again, I'm a big fan of continuous glucose monitors. I love using them because they give you the data that you need to see that.

And one of the patterns that I'll sometimes see is people will go on a low carbohydrate diet, they'll improve their glucose control, but, you know, they'll see these spikes in the morning or there have certain days where despite eating a low carbohydrate diet, they're still having some issues with their glucose control.

And one of my first questions in that situation is how well did you sleep the night before? And we can clearly correlate nights of bad sleep. And it only takes one night of bad sleep.

There has been, again, the scientific studies looking at this one night of bad sleep has signified against effects on your glucose metabolism, your insulin resistance levels, and your body's ability to, you know, control glucose levels.

And, you know, so, again, the continuous glucose monitor gives us the window to look at that, but sleep becomes very important. The good news being, as you alluded to, when people do improve their metabolic health, their sleep tends to get better with that.

Now, there are other factors, of course, that go into good sleep quality and good sleep hygiene. But you certainly get improvements in energy levels, you get improvement in mental clarity.

And many people report to me that they were having sleep difficulties. They went on the low carbohydrate diet and their sleep improved just by doing that.

Yeah, I'll tell you, there's almost nothing better than a good night's sleep for my point of view. So I think that's fantastic news. And again, just really congruent with a message of total body health.

Daily diet, practical takeaways, and where to find Dr. Ovadia

You need to eat, you need to exercise and you need to sleep. That's all we really need to do as human beings. Final question. I wonder if you can give us a snapshot of your diet, just kind of a 30,000 foot view of what you typically eat in a day.

Yeah. So I, as I said, have kind of evolved over the past seven or eight years. And for the past four years, I have maintained a primarily carnivore diet, and the vast majority of my diet consists of eating red meat.

I eat on most days, once or twice a day. And I do that not because I'm intentionally, you know, kind of doing the time restricted eating that we talked about before.

I do that because I'm only hungry once or twice a day. It's really amazing when you give your body nutrient dense food that it needs. How much your hunger starts to lessen.

So for me, you know, on most days I'm going to eat between a pound and 2 pounds of red meat. And that might be steaks, that might be ground beef, that might be something like lamb.

I'll incorporate some seafood and some other, you know, meats into my diet, but it's primarily red meat. And like I said, I'm typically going to divide that up into one or two meals and that's what keeps me feeling my best, you know, satisfied and satiated, not hungry.

All the time. And, you know, one of the things that I've come to recognize is that you don't have to think so much about what you eat. It turns out it ends up being very simple, which is one of the things that has been most attractive to me about the Carnivore diet is it's just very simple.

I come home, I grab something out of the fridge or the freezer, I throw it in the pan or throw it on the grill for a few minutes. I eat. There's no cleanup, there's no recipes.

There's not a lot of planning that goes into it. So it does fit well into my busy lifestyle. And, you know, in my book I go into the carnivore diet isn't the only approach to metabolic health, it's just the one that I have found works best for me.

But certainly the underlie in principle, the key principle I want people to be thinking about when they're kind of constructing their diet, their way of eating is to eat real food.

I do that first and foremost, eat real food, cut out the processed food. And you know, you can decide on your balance between meats and vegetables, but that is the overarching principle that's going to help you to improve your metabolic health.

Man, I completely agree. Like, look at your food, determine whether it's unprocessed or maybe a little bit of processing, like canning or, you know, some kind of stabilization of shelf life.

But stop it with the strange ingredients. Any food that's blue aside from blueberries, abnormal, and, you know, really focus on high quality food as a way to health.

You know, I think we've had a great discussion today. I want to thank you for letting us get a window into what your lifestyle looks like. And if people want to connect with you or learn more about you, how would they do that? Yeah, sure thing.

So you can go to ifixhearts.com my website. As I mentioned, you can take the free quiz right on front page, figure out if you're metabolically healthy or not.

And you can find out, you know, find out all the ways that we work with people. We have coaching programs. We have courses that people can do on their own.

And I do have a telemedicine practice that I work with people across the country on staying off my operating table, preventative cardiovascular health and metabolic health issues.

And then on social media, I'm most active over on Twitter and again, you'll find me there at I Fix Hearts You can also find me on Instagram @Ovadiahearthealth.

Just put my name in and it's uncommon enough that you'll come across me these days. Sounds great. Thanks so much for the discussion today. Thank you.