## Introduction to the Heart Prevention Summit

But the vast majority of what I do as a heart surgeon every day shouldn't need to be done. And this is all preventable disease that we're dealing with.

The vast of majority patients that get treated for heart disease with something like a stent or bypass surgery, they still end up dying of heart diseases.

We've improved their quality of life in the meantime, but they Welcome to the Natural Heart Doctor show. I'm cardiologist Dr. Jack Wolfson. Heart problems don't come from a drug deficiency.

They come root causes where cardiologists never look. On this show, I sit down with experts who challenge the mainstream rhetoric and talk about what actually builds a heart built to last.

Get ready for a dose of cardiac longevity. Welcome everyone to another episode inside of the Heart Attack and Stroke Prevention Summit, where we bring on the best guests to provide you with the information you need to prevent a heart attack and stroke or to recover from a Heart attack or stroke, prevent the second one, whatever it may be.

And who better than a cardiovascular surgeon? to talk about heart health, then Dr. Philip Ovadia, and I've got him on here and his website is ifixhearts.com.

We're gonna talk to him about this stuff. And you know, Phil, I'll address you as Phil during this year, with all due respect, that I used to run, if you will, a cardiovascular surgeon out here in Arizona.

When we were both young single guys, fresh out of training, we would be out somewhere And, you know, maybe we'd be talking to, let's just say, a couple of women.

And I always like defer to him, kind of like, well, we're both doctors. I'm like I am a cardiologist, but he's the surgeon, like he is the cardiovascular surgeon.

He's at the pinnacle. That's a guy. So Phil, welcome to this episode of the Heart Attack and Stroke Prevention Summit. Yeah, great to be here with you, Jack, really excited to have this conversation.

You know, it's interesting. I mean, certainly cardiac surgeons I think are known for their maybe God complex. And you're probably familiar with the. Old joke, you know, what's the difference between God and a cardiac surgeon?

God doesn't think he's a Cardiac Surgeon, but I like to think that I'm a little bit more humble. I know many of the nurses and staff that have worked with over the 20 plus years that i've been doing this now.

## Dr. Ovadiau2019s Health Wake-Up Call

They always comment, they're like, are you sure you're actually a heart surgeon? Because you don't behave like the typical heart surgery. And, you know, I like to think that that sort of humbleness, that open-mindedness, not thinking that I knew everything, has allowed me to get to where I am today.

Where I'm today is increasingly focused on keeping people off my operating table. I think one of the great sort of truths that I've had my eyes open to over the past couple of years is that the vast majority of what I do as a heart surgeon every day shouldn't need to be done.

This is all preventable disease that we're dealing with. I know you talk so much about that and you know, this

summit, right? The heart disease and stroke, heart attack and, stroke prevention summit.

And that's what it should be all about. That's, what I believe we as physicians should, be focused on is keeping people off of our operating tables as it is and helping them to prevent these diseases.

rather than just being there to treat them when they occur. So you're still in the trenches, you are still cracking chests, if you will. Still doing bypasses, still doing valve surgeries, all that stuff.

But what was your epiphany moment or I guess, kind of like your superhero origin story about how you go through all this training to be a cardiovascular surgeon?

You go through all these years. What was your moment of clarity? Yeah, my epiphany moment really came about 10 years ago when I recognized that I was headed for my own operating table because I a morbidly obese, pre-diabetic heart surgeon, right?

And here I am trying to help people with this and get I was headed the same direction, right? And I following the advice that I had learned to give them, all of the advise that, you know, both of us learned, eat less, move more, and eat a low fat diet.

And it wasn't working for me and it was not working my patients. So I started to ask some different questions. was fortunate to start to come across some different information and really started to learn about things like insulin resistance, things, like metabolic health and what they really have to do with heart disease and to understand that, you know, again, the way that we were educated It's all about cholesterol.

It is not all cholesterol and I was first able to overcome my own health challenges, right? Lost, you know, a hundred pounds, have been able maintain that weight loss for a long period of time now, reversed my pre-diabetes and along the way came to understand how I could be better helping my patients.

Like I said, trying to keep them off the operating table. Or at least, you know, maybe after they've been on the operating table, addressing those root causes.

Because the surgery, right, putting in the stents, doing the bypass surgery. It does nothing to change why the patient got there in first place. And if you don't address that, they're going to be back and we know it, we've both seen it.

From our years, you know, working in this field, the vast majority of patients that get treated for heart disease with something like a stent or bypass surgery.

They still end up dying of heart. Yes, they die later. We've improved their quality of life in the meantime, but they still die of disease because we don't address the underlying root cause.

And that's what I think you need to have a greater focus on. All right, so let me tell you this story. Back in 1999, I go to a meeting as a cardiology fellow at the American College of Cardiology meetings and it's in Orlando.

And there they had a debate between the late Robert Adkins of, you know, high fat, low carb fame. against Dean Ornish, the low-fat guy. And, Phil, I gotta tell you, these guys hated each other.

After 45 minutes of debate, back and forth, and I walked out of there and said, everything Atkins is saying just makes total sense. Now I was still, you know, a 20-something year old cardiology trainee, still a Chicago guy, didn't really follow at that time, that type of message, but tell us kind of like, you know, your understanding and how you're teaching people.

You obviously lost all that weight. How did you do it? And what's the diet you are recommending to people in order to prevent a heart attack or stroke?

Yeah. And, similar to you, one of my epiphany moments was actually at a meeting as well, Society of Thoracic Surgery.

## Diet, Insulin Resistance, and Root Causes

I was in your neck of the woods in Phoenix, Arizona. And Gary Taubes was the invited guest lecturer, right? And you know how these things are, you're sitting there and it's a couple of thousand, in this case, heart surgeons and they're in a big room and you kind of looking at the schedule and your looking outside and its nice Phoenix weather.

And I'm thinking, what's this journalist like talking to us about, right? And no disrespect to Gary and I've met him since and relayed this to him. But you know, I kind of like, okay, this is a heart surgery meeting.

Why are we hearing from some journalists? But at that time he had just written the case against sugar and he started talking about how the types of food that we eat is more important than the amount of the food we.

And for the first time I was hearing about these concepts about carbohydrates being particularly dangerous, sugar, refined carbohydrates. And so that's what I did.

I cut out sugar. You know, along the way rediscovered the work of Dr. Atkins and so many others. And, uh, you know it was right at first, like many people you're just focused on the weight loss, right?

And you were like, okay, great. I lost weight. But then you start to get into the issue around heart disease and heart health. And coming across the work of physicians like Dr.

Revin, right? And understanding that Gerald Reven and insulin resistance is the root cause of heart disease. And then starting to ask why I didn't learn this, why this isn't the stuff that we learned in school and in training.

Insulin resistance as something I remember. You know, maybe being mentioned in one of those like biochem courses, you know early in medical school, but certainly as I was spending every day, in the hospital treating heart disease, never heard insulin or insulin resistance mentioned and yet.

There it is, the root cause of heart disease, probably the most important thing along with inflammation. So seeing the gaps in our understanding is really what led me to where I am.

And, you know, at a simple level, my approach, what I tell people, Um, is no, first and foremost, we need to get back to eating whole real food, right?

Um we can, you can maybe argue about, various things in the diet, but one of the things that's most consistent, and one other things I would say that Dean Ornish and Dr.

Atkins would have agreed on, right, was eating real food. And so that's really what I focus on at a high level, eat whole real foods. I think, you know, for anyone who's dealing with metabolic disease with insulin resistance, Right?

You can't get away from, You got to lower the carbohydrates. Again, as I look back as to how we got into this mess, what you see is this focus because of the kind of misguided concept that dietary fat was what was causing heart disease.

And you take out the fat and you put in more carbohydrates. and we look at everything that came after that, right? The food pyramid and all of diet guidelines, and they keep pushing us towards higher and higher carbohydrates and more and process food.

The answer in my mind is pretty simple. Go back to what we used to do when heart, disease was essentially non-existent. eat whole real food, highly refined carbohydrates, again, were, you know, really non-existent or very minimal part of the diet.

Carbohydrates in general were a lower part the of diet and eating natural fats, animal fats was the majority of our diet And that is what is going to prevent and manage heart disease most effectively.

And then we have to, the problem today, right, is when you say that, just like Dr. Atkins was facing back then is, but your cholesterol, and that's where we start to get into the nuance of what cholesterol is what role it actually plays in heart disease and what roll it may not play in hearth disease.

And that just having high cholesterol isn't really the problem. Having the wrong type of cholesterol is the problems, but that again, ties back to the types of fat that you're eating and the amount of sugar and processed food that your eating.

know, there's a lot of conversation these days going on about seed oils. You know Bobby Kennedy is talking about, a lotta people are talking it. I think, you know my opinion is that as you mentioned, whole real food, I guess in the sense of like if you're talking whole, real, food well seed oil would not be part of whole food.

But why would olive oil be a part whole real food. Why would, uh, I mean, and even, you know, coconut oil, things that frankly I think are good and I like olive oil.

I got no problem with olive. And my personal opinion regarding seed oils is I don't really consume a lot of it. and i don' want people to be like the big problem here is seed oil when there's all the artificials, there is all of the chemicals.

So give me your take on like oils in general and where do you think they come in or not come into play?

## Seed Oils and Whole-Food Fats

Yeah, so I think that seed oils are problematic, right? But I don't know that they're problematic because of what they are or how they get incorporated in the diet, and what I mean by that is they in processed food.

Like you don' get seed oil outside of processed So it becomes a little tough to separate those two things. Now, I think there are a lot of things that mechanistically about seed oil or biochemically about seeds oils, right?

The polyunsaturated fatty acids and those unstable bonds that are then prone to oxidation. And you can see on a biochemical level how these can then lead to the inflammation, the reactive oxygen species that we can demonstrate are then leading to blood vessel wall damage and the subsequent buildup of plaque in those blood vessels walls.

Again, like you mentioned, if you're just eating whole real food, you are not going to be exposed to these things in large amounts. I prefer, when we're talking about fats in the diet, I think that the natural animal fats come first and foremost.

I that plant fats that are easily extracted, things like coconut oil and olive oil, are fine when you start to get into these highly processed fats. And that's what they are.

The seed oils are just another processed food. They're what happens when you highly process fats, just like sugar is what happened when highly processed carbohydrates, and I view them both as problematic.

And I believe that we should be minimizing all of this in the diet and just getting back to eating whole real food first and foremost. What if your heart could actually get better, not just managed?

What of your recovery didn't depend on adding more prescription drugs, but on finally understanding why your hear is struggling in the first place? I'm Dr.

Jack Wolfson, cardiologist at Natural Heart Doctor, and we believe heart disease isn't random, it's a message. It's message that inflammation, toxins, nutrient deficiencies, or lifestyle stressors are driving your symptoms beneath

the surface.

That's why our approach goes far beyond the band-aid typical cardiology approaches. What we do is if we want to prevent treat and reverse cardiovascular disease, we help you develop a natural evidence-based plan to help your heart recover.

So if you're ready to move past fear, past confusion, and past just take this and wait, you deserve real answers. visit naturalheartdoctor.com forward slash discovery and get the answers you've been searching for.

The answers that can help you achieve your best heart health. Your next chapter with a simple free discovery call should start now. Yeah, most certainly agree.

I think a lot of the problem too, and you can tell me if you disagree, is that it's just like most people are so heavily consuming these processed oils and they're not consuming the good, high quality fats.

Like they are not eating the avocados. They're are eating wild seafood loaded with omega-3 fatty acids. So it's almost like, you know, it is not that the consumption is us.

It's just the ratios are so far off. And it almost is like if we tell people, hey, eat a lot of seafood. Eat these quality animal fats, Eat the eggs. If you consume dairy, make it raw and you're getting in all these good healthy fats that Two things happen.

Number one, your ratios get better as far as consumption, but when you're eating all this good stuff, you kind of pushing out the other bad stuff as well.

So it's kind like a twofold approach that could be helpful. Yeah, no, I do certainly agree with that. Now we can look at, okay, the standard American diet, right?

What are the problems there, right? Is it the excess of the processed food or is it, the lack of, of whole real food? Um, and so again, it becomes tough to separate out.

You, you really can't do one without the other. When I'm talking to people about how to modify what they're eating, I do emphasize the positives, right?

Eat more of this stuff, eat more animal protein and the fat that comes with it. And over time, you're less and less hungry for the other stuff. And I think that's a better approach than trying to just cut things out.

And the real problem we run into is things like meat have been so villainized. So when you go to people and you say, you got to cut out that processed food and the sugar and vegetable and seed oils.

They're like, well, what do I eat? Because I've been told that red meat is going to kill me and eggs are going kill and dairy is bad for it.

## Hospital Food and Surgical Recovery

And they're kind of like, okay, what do you eat, right? So you have to do some of that re-education around the fact that red meat is not harmful for your health.

And this is one of the things that I think maybe carries the most shock factor, when the heart doctor, like ourselves are out there saying, No, red meat is fine for your health and you know, you don't have to worry about the saturated fat.

This is some of the uneducating that we need to do to get people to a place where they understand, okay, I can just eat whole real food, right? I could eat the meat, the veggies and that's what's going to me to.

best health. Dr. Philip Ovadia, he goes through four years of medical school. He grows through his general surgery residency. It goes to cardiovascular surgery, you know, fellowship.

How often did you guys talk about diet? Yeah, none. I can confidently say I don't remember One conversation around what patients were eating the whole time during the training and the superficial education we got around diet in medical school was basically understanding what a carbohydrate is, understanding a fat is.

and the biochemical processes that these things undergo. And then, you know, basically some platitudes around the food pyramid and eating low fat diets in the context of disease.

But we never talked about what the patients were eating and why it got them there. I certainly never had the sort of realization, right, that I now have on a daily basis, unfortunately, where, for instance, in heart surgery, we have known for a long period of time, this isn't like breaking science or anything, the better you control a patient's blood sugar, around the time of surgery, the less prone to complications they are going to be, especially infections, right?

So we've had these sort of standards of care in heart surgery. Now for almost the whole time I've been a heart surgeon, so 20 years, that you need to tightly control the patient's blood sugar around a time a surgery and to do that usually involves putting them on an insulin, you know, IV insulin for the first 24 to 48 hours after surgery.

And it never may be strange up until a few years ago that you walk in the morning of surgery after surgeries and the patients they're in, the ICU and they have their insulin going and nurses, you know, checking your blood sugar every hour.

And their breakfast tray comes and is almost pure carbohydrate because fat is so villainized in the heart healthy diet. You can't have any fat there. So you have your oatmeal and you're low fat pancakes and your low-fat syrup with the pancakes.

And it's all carbohydrates. And, you know, and we're literally putting the sugar in as we are trying to take the Sugar out of the system with the insulin.

And it's just, simple things like that, right? That the average doctor just honestly doesn't have time to think about it. It's not even on their radar.

Like you said, we don't mention what the patient's eating, even though it is probably the primary cause of why they're there. And these are the things that we need to start to change in the medical system.

And for those people that are looking to stay out of the Medical System, right? It starts with what you eat. Yeah, you know, I was thinking about that, because here we've got Dr.

Philip Bobadia, and he's a cardiovascular surgeon. You know the guys like Michelangelo, with his hands. He puts in these four brand new graphs into the person.

Everything's flowing, you know, amazingly. And you put the personal back together again, and now they're in the recovery area. Now it's, day two and day three post-operatively.

After you've done all that amazing work, You walk into to the room. How does that make you feel when you see the stack of pancakes? with sugar-free syrup on the person's plate.

Yeah, no. It really, honestly, at this point, it kind of sickens me, right? Patients doing fine eating that food. I can't even look at it. You know, more and more I just shake my head and, and I have become increasingly outspoken about this and my patients understand this often.

Right. And, you know when I operate on people these days, they all get a copy of my book and tell them, I don't want you coming back from my operating table.

And they now start to recognize it, right? Because a lot of them, they've read it before the surgery. And then they're like sitting there looking at me and like, what's this food in front of me?

Why don't we have better food? And so, you know, that's certainly something I'm optimistic will improve over time. You know, you mentioned RFK and some of the, at least it's in the discussion now, right?

That we're talking about the food that we are eating and the influence that it is having on our health. And I am hopeful that things are going to start to get done about it.

Because the honest truth is we can't continue the way we've been headed, we all know how it bankrupting society essentially and what a big problem it And it's time that we start talking about it and start doing something about.

I think it is a good actually marketing thing that hospitals could do that. If you're a hospital, uh, you'd have to outweigh the cost benefits and say, Hey, wait a second.

And if we tell everybody that if you need a procedure done, whether it was a new hip, or a bypass surgery or your gallbladder, something on your skin or whatever it may be.

Like if you come into the hospital here, we're going to make sure you get fed this. So people have a choice very often on where they want to go and doctors have choice.

This seems like a good opportunity for people.

## Medical Culture and Physician Responsibility

I used to, towards the end of my hospital career, wrapping up in like 2011, 2012, and I would write in the chart, write the orders, organic, A gluten-free, free-range, grass-fed meat, wild seafood diet.

And then, of course, dietary would call me up, and they're like, oh, Dr. Wolfson, you know, we don't have that stuff. I'm like I know you don t, that's why I m quitting, I can't wait to get out of the hospital system.

Kudos to you for making those changes and those recommendations. Listen, cardiovascular surgery, can be extremely, extremely lucrative. You know, and I'm sure as you found out too, even if you were at those fellows, you know meetings and you we're talking about nutrition, I mean you would be ostracized.

Like your colleagues didn't want to hear that. The attending didn' t want t hear. That the, uh, brothers and sisters, who you, know who were training with who run the trenches with that oftentimes, that was nobody wanted to discuss that they wanted talk about new surgical technique, right?

Or, different ways to do certain things or new pharmaceuticals in the case of You know, cardiologists, it just wasn't part of the whole process. And I'm so happy to meet you and know you to just to see another brother in arms really trying to make a difference.

Because I think the biggest crime, Phil, is when people like us know the truth, but you suppress it and you don't share it, and then you won't teach it or don' acknowledge it.

That's the real criminal act. Yeah, no, I agree with that completely, right? I know how much effort it's taken, for me to educate myself on all of this.

And I that's hard and I knew that most doctors don't have the time or want to put the energy into doing that. So I think most of them are truly ignorant when it comes to this stuff and they just don' think about it.

But there are, like you, do come across some. that, you know, we start talking about some of this stuff and they're like, yeah, that's how I eat, right?

You know? And I'm like okay, do you talk to your patients about it? Then they are like no, and that is harder for me to forgive. Now I understand, the system doesn't necessarily treat this kindly, it's hard in a lot of ways and unfortunately, so many of our colleagues are trapped by the systems, they were employed doctors, they're being told what to do and of course you know we saw this in relation to other contexts over the past few years that when you speak out against something there's a very real threat that you could be fired, you can be of whatever it is just told to not talk about that anymore and have no choice but to follow it because, you know, listen, we're all trying to make a living and feed our families and, and you have our existence.

And so that is scary for physicians, but I'm hoping. more and more that physicians start to talk out about this because I do think it is our obligation as a physician.

My obligation, as physician, isn't to do heart surgery. What I'm trained to, I feel blessed every day I have those skills, but my obligation is to take care of the patient in front of me the best way I can.

And we can go back to the Hippocratic oath, right? It's in there, you know, that we're going to treat, food is medicine. Nutrition, it was one of the first things that HiPPocrates talked about in how we should be treating our patients.

And, we need to remember that as physicians. We need get back that. That we, need do what is best for our patient, first and foremost. Not what's best for the hospital or our employer or the insurance company.

We need to do what is best, for that patient in front of us every day. Yeah, most certainly. And again, kudos to you for making that leap. I mean, there's so few of, us, you know, who are out there and you, know again that crime of just knowing the truth.

and like you said, I, mean how do you go to work? And like, You know all this stuff, but you don't tell it to your patients. It really doesn't make any sense.

So listen, your book is called. I stay off my operating table. It is Amazon bestselling book, tens of thousands of copies that are out there and that's just changing lives every moment of every day.

What are your favorite lab tests to avoid heart attack and stroke? Like what are the things that you're practicing in your clinic? Yeah. So for me, it really insulin resistance and inflammation.

are really the two big areas of focus. The inflammation front, you know, probably C-reactive protein, simple, most labs, a lot of doctors get it, right?

They just don't think about it in the right context, but C reactive protein and then some way of assessing insulin resistance. And, this gets a little bit more complicating depending on uh, you know, what app you're working with and, and what your doctor understands or doesn't understand.

Um, but if you could just start with an insulin level, right?

## Testing and Preparing for Surgery

And if get your insulin levels and you get you fasting glucose level which every doctor gets these days, uh and go online and plug it into the HOMA IR calculator.

That'll give you a sense of whether or not you're insulin resistant. If you are able to get some more advanced tests, I'm a big fan of the, it's called the lipoprotein insulin resistance score, the LPIR test.

And this looks at the size of your cholesterol particles. And it uses that to determine how insulin resistant you are. And that's a great test to help you understand where you stand.

Because I do believe that it's the quality of your cholesterol that matters, not the quantity of the cholesterol. helps

you to figure that out. Excellent.

If someone is facing maybe a cardiac surgery, what are some steps that they can, I mean, oftentimes you can't prepare for it. It happens, you know, very quickly, but you kind of like, let's say someone, say, someone needs a new valve, and you're going to put a valve into someone.

So you got a few weeks on this, typically, or more. How do you prep someone in that sense? How you optimize someone prior to surgery? Yeah. So again, if you can identify and start to address the insulin resistance, that's going to be a great way to get started.

And what I usually tell people, eat whole real food, right? And if your preparing for surgery, you probably want to overemphasize the protein part of this, because protein is great for healing, rebuilding those tissues.

And so I'll usually tell people, you know, high protein eat, mostly animal proteins, eat the fat that comes with it, reduce your carbohydrates. And if we can start to get that insulin resistance under control, that's going to put you in much better shape leading into and recovering from the surgery.

As I mentioned, right. your ability to control blood sugar around the time of surgery is one of the most important factors in avoiding complications. And so if we can do that with a dietary approach, that's even better than having to do it with, you know, using high doses of insulin.

So let's get started working on that. Then, again, it's talking to your physician about, okay, You know, not just are you going to fix the problem, right?

Because that's what doctors do. We're great at fixing problems. But start to have that conversation around why did I get this problem in the first place?

And that is what I think leads us to these deeper conversations and leads towards things like insulin resistance. so that we can, you know, again, keep you from coming back from the operating table or hopefully not have you still die of that disease that were trying to treat with this operation.

I think in the vast majority of cases, bypass. and it's gotta stay that way. Good man, spoken like a true surgeon through and through. Phil, it was a pleasure to speak with you.

I could pick your brain all day long and get these discussions out there, but people can go to your websites, iFixHearts. You got an amazing book, you got a thriving practice.

From what I understand, a beautiful young family, so some great things ahead for you and again, the Pinnacle. We're interviewing the pinnacle right here, cardiovascular surgeon.

He's telling you the best ways to stay off his operating table. So thank you again Phil. Yeah. Thanks for having me, Jack. Really been an honor to participate in this, you know, your work.

You know you've been doing it for so long and talking about these things for long. And it's a lot of the work that I've drawn upon and I learned from.

So great to be a part of this and connect with you and great be on this shared mission with. Well, thank you again. Cause together we're going to just help save a lotta people, a lots of lives.

You know, listen, God bless the men and women who work in emergency rooms and trauma centers and urgent surgeries and stuff like that. But as you know when it comes to the prevention treatment, reversal of chronic diseases, the medicine side is nothing.

So again, thank you for another wonderful episode of the Heart Attack and Stroke Prevention Summit. We'll see you next time. Thanks for listening to the Natural Heart Doctors show.

If this episode challenged what you thought you knew about heart health, make sure you follow the show so you don't miss what's next. And if you're ready for a deeper personalized approach, you can schedule a complimentary discovery call at naturalheartdoctor.com forward slash discovery.