Why Your Heart Deserves More Than a Cholesterol Test Transcript

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Introduction and cardiovascular risk basics

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Like a pimp on our face, but inside our vessel. If that pimples pops, no big deal on my face. But if it pops inside your vessel, there's your heart attack.

You'll miss 90% of heart attacks looking at a stress test. The doctor just has to say the right things to the patients. Look, you have a good fitness level.

Seems like your heart can work well under loads. Doesn't mean that you're not immune to a heart attack. You could have one leaving this office. So please make sure you pay attention to your lifestyle.

Welcome to Lifestyle Medicine Podcast. I'm Dr. Ivan Rosilko, and we are brought to you by Access Labs. If your doctor's not checking your labs, they're not a doctor.

Today we've got Diamond Fernandez. He's the owner and operator of HeartFit Clinic and a well-established author. So we're going to talk about everything cardiovascular today.

How you doing, Diamond? Doing very well. Thank you for asking. Well, thank you so much for stopping by. And again, this is one of the things I tend to see in all of our podcasts.

It always comes back to cardiovascular health. Whether we're talking about ED or we are talking cholesterol medication, so there's a lot of stuff I'd love to chat with you.

So I hope you are ready to rock and roll. Let's do it. Alright. Well first, tell us all about your clinic. I'm very curious. The HeartFit Clinic in Canada, we were in a public healthcare system and so what we do is we bridge a gap in our healthcare systems to help people prevent and reverse heart disease.

We provide heart assessments, treatments to be able to help people bridge this gap in the healthcare system because going to your family doctor, even in The U S it's too basic.

It's like, okay, well follow the Framingham heart score. We'll check for cholesterol, blood pressure, diabetes, and you know, important markers and cholesterol is not what causes heart disease and we'll get to that in a bit, but it is about understanding what the gaps are in healthcare systems to prevent and reverse heart diseases.

So that's what we do for our clinics here. And yeah, so we've got clinics across the country to help prevent reverse hearts.

HeartFit Clinic and preventive cardiology

I think that's fantastic. And again, I love who you brought up. I mean, cholesterol is probably one of the most important things in our body. 25% of our brain, all your sex hormones, vitamin D and things like that.

It's been bastardized and just chopped up so much about how it's bad for you, this, that, and the other. Could you give me kind of, the abridged version of your thoughts on cholesterol and how the industry has kind taken it and demonized it?

Well, it started on purpose because. Well, here's the thing, they opened up a cadaver of an artery in the 70s. And when they open up the cadavers of a diseased artery, and they found two things in there, cholesterol and fat.

That's where our nutrition got geared in 80s, 90s early 2000s even to today. It's like stay away from cholesterol, stay way from fat, it's clogging our arteries.

That was all not scientifically based. And, and that sounds silly, but how can a whole food industry be geared to it? It had zero scientific basis behind cholesterol and fat is clogging our arteries.

That's not what happens. But what got pushed along the way is that statins got produced at that time. How convenient, right? And so, well, it's like, Hey, if cholesterol is inside this vessel and if we lower it, Then we can lower heart disease.

And by the way, that did show. So, I mean, if we're going to be research focused, If we lower cholesterol, we'll lower risk of heart. That's true. But very minimal, like it's not true to the extent, because if it is true, now we can have, we have drugs out there that can lower with that and statin, and we could lower, you know, LDL cholesterol, to like the toilet now.

We can get it to toilet. But even if we do get down to a toilet, meaning nothing, almost zero, or back to where you were born with, We're still seeing heart attacks and strokes.

So really what my point is, is it goes beyond cholesterol. And so pharmaceutical did a good job of pushing that narrative that cholesterol causes heart disease.

Food industry jumped on it. Every label was about lower cholesterol, lower fat, you know, everyone remembers that. Everyone remembers, that was that age, 80s, 90s 2000s.

Even to today, we're still, it's still about people think that, cholesterol accumulates to this pipe and you have a last piece of pizza and he ended up with a heart attack and it doesn't happen.

No, very true. When it comes to looking at the actual heart markers, because again, it's a very diagnostic driven world these days, you obviously have HDL, LDL total cholesterol triglycerides, which are kind of the overall aspect of what cardiologists and even regular family practice doctors look at.

Cholesterol, statins, and artery wall biology

What we personally look in our clinic is HSCRP, PLAC, the apolipoproteins, SDL and LDl. Are you looking to that stuff too in Canada? Of course I am. We have more advanced markers.

Just coming back to where I was coming from there, going to your family doctor is too basic because they're still stuck in Framingham world, meaning there's this Frammingham Heart Study that showed that if we plug in all these formulas, we get a risk profile.

Too basic. And if you go to a cardiologist, people are all like, well, let's get calcium score and a CT angiogram and see what, and that's too advanced and you don't need to go that far.

and especially not worth the radiation as well when we're talking about it from that perspective. So it's like, okay, well, where do we fall? And that's where HeartFit Clinic bridges that gap.

And so when talk about the artery wall, there's a lot of biology to this vessel wall. It's not, so you already talked about inflammatory markers, particle sizing that happens.

All those things are way more important than just looking at cholesterol alone. But then there's infection and immune response. So I always like to keep it simple.

Imagine the lining of the artery wall. It's all skin, it's called the endothelium. That's the largest organ in our whole body. If we open up all our vessels, they would go around the world a few times.

And now we're talking about the inside of a vessel. The end of thillium is large and so that can get damaged. Things can go through like a sliver on our hand.

A slither can be infected when it goes inside our hands. We're not able to poke it out. Similar process happens. It's not cholesterol accumulates to this pipe every time we have a piece of whatever cheeseburger.

It doesn't happen that way. And so that that's where it's important to change that narrative. This is where cardiologists think that they're, they are smart by just giving and prescribing stands.

But really like I have very good friends that are, are cardiologist and the data shows it. So I'm not going to deny the. Yeah, no, for sure. Very minimally.

And so you have to be able to say. Like there are guidelines and when you talk to doctors in the conventional healthcare system, they have to stay in that guidelines.

And don't get mad at them. Like you can't, get at someone for staying in guidelines because if you don, we're in a world now that if, if fall out of guidelines, and you tell me to do X, Y, Z, when.

You should really be doing ABC. Well. And I have a heart attack over on this side. Well, guess what? I lose my life. I went to school for X years and now all of a sudden everything's gone.

So it's not getting mad at it. It's the process and how the system is pushed. And so how you fix it is, is hard. It goes beyond your family doctor and a cardiologist are trained to deal with ischemia or lack of blood flow or an advanced stage of a heart problem.

And we're thankful for them. When you do have that, if you're having a hard attack, go to the hospital. Don't skip that. Go to hospital, it's life-saving.

If you having, uh, a valve rupture, to go the hospitals, you know, arrhythmia, those are things that are life saving. Yep. That's what they're trained.

They're not trained prevent. No, very true. And again, so when it comes to your patient walks in the door, fresh off the street, you can look at them.

Obviously they smell like cigarettes, there's an issue. If they're morbidly obese, then there is an issues right there. But when comes the actual testing of them, is it more intake?

Is it lab testing you guys are doing? What's the process for you guys? All of the above is important. There's lab tests to be done. It's important to look at the artery health and function and stiffness and do a version of a test to see what's happening in terms of.

A CPAT or something like that to able to test the arteries health very well. So those are all important things to do. Those are the important ones. Yeah.

What about my goodness, looking at nutrition, the hormones to genetics, there's a lot of things that you can get into to Well, what are your thoughts on hyperglycemia?

It's a big deal, but insulin resistance is the marker that actually gets missed. Now is that when we talk about insulin, resistance, that's the bigger deal.

And that where the birth of GLP ones have come out and played to help people with that part of it. So now we've got these GLB ones, GLT threes, and they're all coming out because it lowers.

Well people are using it, it was a diabetic drug. Then there was this study that came out a few years ago. And it talks about how the use of semi-glutides in patients that are not diabetic with cardiovascular disease had good

outcomes.

What does that tell us? Is that overweight is an issue, insulin resistance is issue. So those are factors that very important in that. Now, the problem with GLP-1 is that you'd have to stay on them and people may not be able to tolerate a dose or a high dose of it.

But the benefits, like people will go. and walk across the earth just to lose weight, right? No pun intended. You probably could do that if you did that, but it's like, people will go to extreme measures to loose weight.

And you know, now you have a drug that'll do it and they won't care about the side effects because of the benefits of weight loss. The problem is if you gain it back, that's the issue.

Advanced biomarkers and personalized testing

So my concern is not for the people. It works. The data shows it works, but you got to be able to, you gotta be to prescribe these really smart, meaning you have to make sure the patient's doing strength training.

You have make that other lifestyle habits are at play. And so. that is, it becomes way more important than even not being on the drug. Because if you're going to be on a drug and you come off of it, that's where the data is not, is going catch up with us and show more harm than good.

No, no, true, sure, now you wrote a book called The Death of Stress Testing, correct? Can you expand on that? I'm very curious because everything stress test is going to save your life and it's kind of a conundrum here.

I am curious. Well, gosh, the stress task was invented years ago and its really a great test to understand artery health advanced stages of disease. So what it was meant for, if someone was having angina, which is chest pain or some kind chest discomfort, The idea was the stressed test was used to confirm whether that was anginar or not.

So that was the intention behind it. The problem is that every executive and everyone on Wall Street wants to get a stress test because they're like, well, gosh, I get stressed doing whatever.

And so they used it so much, they actually incorporated the terminology in financial markets and stress tests, the markets, and all that is the same idea.

It came from the medical side of things. And so the stress test sounds like I wrote the book, Death of the Stress Test, and it sounds I really hate it.

And I actually really loved the test. I think it provides the practitioner or the clinician a lot of valuable insights as to what's going on, especially from a cardiovascular fitness.

What I hate are the outcomes. Okay, cool on. Yeah. And so this is why I wrote the book is because it should die as a test to be used to find out where your risk is of a heart attack or stroke.

The stress test, so I said I hate the outcomes and the outcome are everything looks good or, you know, we need to do more testing if we're going to, like, it's just the wrong test.

To see where you're risk of heart attacks. It's designed to look for a plumbing problem. So imagine you have a five lane highway system. You have to have four out of five lanes closed for it to show up on the stress test.

Oh, okay. That's the Stress Test. So if you don't have it, then you're getting a clean bill of health. Well, let's go down that path a little bit more in depth.

The majority of heart attacks occur with blockages that are under 50%. So it's like a pimple that's built up inside the vessel wall, inside of the oral wall.

Like a pimp on our face, but inside, if that pimble pops, no big deal on my face. But if it pops inside. There's your heart attack or stroke. Yeah. So you'll miss heart.

Looking at a stress test. So the doctor just has to say the right things to the patients and say, look, you have a good fitness level. It seems like your heart can work well under loads.

Doesn't mean that you're not immune to a heart attack. You could have one leaving this office. So please make sure you pay attention to your lifestyle.

That took me seconds to see that never gets set. Second is that Houston, we found a problem. We've got four out of five lanes closed. we got to go do some more testing.

Insulin resistance, GLP-1s, and weight loss

You got a go now investigate this further. Got to do more radiation. And we've gotta maybe find ourselves doing an angiogram where we find out where the plumbing problem is on your arteries.

and then you'll do a stent or a bypass surgery. Now the trials have shown since 2005 to even to today, it shows that doing stents and bypass surgeries, doing surgery for blocked arteries is often unwarranted.

Okay. No, I'll bite. That's curious. Medications is just as good of a treatment option than going in and intervening. I'm talking two different things here.

So this is very important. We talked about the stress test outcomes. If you failed it, this is what you call stable heart disease. I'm not talking about same thing where you're getting angina, chest pain, go to the hospital and you actually having a heart attack.

That's emergency. Heart stents, bypass surgeries are life saving then. I'm talking about walking to your family doctor's office, finding out you have a plumbing problem, and then going to get it fixed in the emergency room just because that's the way it's supposed to go.

The data shows that we don't do that. Okay. That's why the death of the stress test is there is because it's the wrong outcomes. Now what you should do it.

No, the stresses is valuable. I already mentioned it, but if you found the plumbing problem, fix it with medications right away, especially if the patient has angina or chest pain.

So you can fix. Right away and do something. You don't have to go in and intervene in stents and bypass. But again, this is where insurance companies and lawyers get into play is that if you didn't, the old date, old data shows that, Hey, why didnít you do this test to see where the plumbing problem, because they ended up with a heart attack.

So there's always, thereís always a fear of to the physician level, what is it the best option? What are the guidelines? And the guidance don't always show they're up to date.

Makes a little sense. I mean, it's almost prescribing scared in a way. You know what I'm mean? Like we're told to do one thing, follow the thing or it was going to be an issue.

And there's things that you can do. There's addressing the biology, get all the blood work, blood markers, see where it is going on. Get all of the biological address, whether they be medically or naturally.

That's one. Then two is to heal that vessel wall, exercise, external counter pulsation. These are all treatment options, hydrogen therapy, ozone therapy.

All these things can help the artery wall function better. So there's all these natural things that you can do if you

choose to to be able to heal the vessel wall without opening up your heart or getting in a metal object inside the best wall.

Again, that is life saving. If you're actively having a heart attack, it's not if we have what you say. The best type of cardiovascular exercise is high intensity, low intensity for somebody who has an active issue with their heart.

If they have an active issue with their heart, I always try and lean towards zone two training. I think that's always important, but from that, then it's important to be able to do strength training and I, think strength, training is the best exercise.

Great. Well, why is it? I'm curious. Just because of what it does from an insulin resistance to the benefits of strength training are huge. And, and so patients can do that exercise relatively in a good range of motion, still maintaining breath without any huge contractions to be able to see a, good benefit to, the artery wall.

Cause the arteries are muscle. uh, you know, uh training it, training your muscles is also going to be a benefit that way too. So doing a combination of both, but.

You know. Strength training is going be your priority. High intensity is probably not, not the best type, right? Well, it depends on the person. I think this is where you got to personalize people and just not generalize everybody.

But probably to generalise people it'd be, Hey, get zone, do training under you and then start structuring. What about diet? Are you a big person against red meat and things like that?

Or.

Why stress tests miss heart attacks

blood tests, you gotta test yourself. You gotta know your genetics, You got to be able to see what's happening to try and try, and generalize everybody into a Mediterranean diet or, a paleo diet, or plant-based diet.

you got be to look at your numbers and your genetic and see, what you can metabolize well. I think that becomes important. Eat to your micronutrient imbalances, eat to im balances that way.

But I, think if I were to just give a general rule of thumb to everybody, that's this thing. And I say it in my first book, beating heart disease is that If anything has to advertise to you, stay away from it.

That's very good. I actually liked that. It's a good point. So I'm curious, but back to the actual, the, actual test in itself, um, you know, what are your thoughts on the inflammation tests and the PLAC and HSCRP?

Yeah, all of them were markers. And I have to understand that the endothelium, which is the inner lining of the artery wall, that gets damaged. If it gets damage, That where problems can occur.

There are markers that can look at it and you can heal that, so once you get to knowing those markers, it can help. You want to close that lining of the skin that nothing can get through.

And so that's why, you know, I can't stress enough the benefits of vegetables and fruits there. There's so many antioxidants and power inside of those things that people don't get enough of it.

People are lucky that they get a few servings a day. Also, when it comes to blood pressure, this is also a big one. You know, I've read a couple of studies.

I forget, thinking about two years ago, they said the amount of people who are on blood, pressure medication that shouldn't be on it is pretty astronomical just because they have a blood-pressure high one time.

Or did you follow that suit as well? Did you find that too many people might be in blood pressures medications that

can cause a lot of side effects? Every pill has benefits and risks.

And I think it's always important to understand both of them. So you can come off of anything in my opinion, if you give your body the environment to be able to do so.

So at your clinic, how does it work? Somebody comes in, you test them right away and then you got to put them on a program of diet, exercise and different medications and pills?

Yeah. We personalize everybody that comes through. So yes, we do testing. we get extensive labs on them and see what's going on with them so we can understand what the next steps are.

Yeah, it's about personalizing everybody that comes in. It's not just generalizing, everybody. And yes, we could generalize people because we've been doing this for a while, but not everyone falls into the same bucket and not every one needs to be able to do the thing.

So some person has to work on their gut health more than the other. Someone has work their hormonal imbalances, someone has address their genetic factors, whatever be the situation, you got to know what's happening.

You only know that once you test it. And you guys do all that at your clinic. Oh, that's awesome. Do you have people who work with your patients who do actual custom diet plans, custom exercise plans as well, or is that something the patient wants?

Yeah, it's all personalized to their blood work. That's fantastic. Well, very, good. Not many people do that here. Now, do you find that Canada is an easy place to practice those kinds of things because those don't really fall under government-based Yeah, it's, yeah, I mean, that's yeah.

It's a private focus. And so it, a little bit more. You get to go more in depth and people are looking for answers now, especially since. I'd say since COVID for sure.

it has just been, you know, people, are, looking, for, answers and looking. Hey, what more can I do? Cause you, know I, been told something and I don't believe it or I.

Don't told like there's there, there is a lot of questioning that is happening. Okay. That's good to know. You know, and a lot of podcasts like this are coming out and talking and like, it goes beyond cholesterol.

It's not to say that cholesterol is not part of the plaque building process. But it's, if you look at a plaque, its 30% of a plaques. And so you got to be able to think outside the box to see what else there is that you can do.

Especially if have a disease process or you're trying to prevent it, or your trying get cardiovascular longevity, which is our focus as a clinic. You there are different things that can be do to understand what's happening.

Do you guys do a, a a with sleep as well? Of course. Yeah. Sleep is a big inflammatory marker. So we do test for sleep. Did you tell, are you doing at home testing or how are we doing that?

Yeah, we send that off to a referral company that does that. Okay, very cool, so I'm curious, to give advice to anybody who's in the practitioner world, doctors, nurses, whoever it could be, who is looking to get more specialized like you are, more personalized, which again, not many people really focus on that, what's some of the best advice you could actually give to these people?

If they're getting into this field, I think it's… If their physicians are healthcare practitioners who are looking at kind of go beyond traditional just cholesterol and that and the other.

Treatment options and exercise for heart health

I got a lot of friends that are physicians and you know, back when they started practicing, let's say early 2000s, they would not let anybody go on the internet before coming to see them.

And now everyone's got a phone where they can pick it up and say, Hey Google, what's happening? Like, you know, tell me about this drug or that drug, or side effects, whatever.

So we got instant, we're at instant access and now we are in the world of, the chat bots that are getting out in that AI world. And, now that's going to be even better.

My point I'm trying to make is, is that you have to accept that the person that your going see is going be a lot smarter than you. And that's okay. The goal is not to be smarter than AI.

You can't be. So don't, don' be the goal. Is to help people navigate things appropriately so they can get the best outcomes that they're looking for. And with the world of, you know, chatbots and AI and all that stuff.

practitioners should be using that to help them be a better practitioner. And so for someone who's coming inside of this, it has to, you have to understand there's a good balance and we'll go into this all the time is that, Western medicine has some great benefits.

I mean, look at all that studies and the benefits and things and vaccinations that have come out to health people. But there's also the Eastern side of world where there are some alternative practices that doesn't get the money to be able to help understand what, you know, diseases that you can reverse and then stomping it for years.

Now you're starting to see a lot more balanced. And it's because we are, we, again, have instant access to things. We've got instant social media, instant people talking about podcasts.

Instagram reels, whatever, Facebook, TikTok, wherever you want to talk about. Now it's brought that a little bit more into the middle. And so if you're a conventional practitioner and you are going through that world, you have to open your eyes over here because you can't just omit them.

And understand, I get it, we talked about it from a legal perspective, but that, you know, it's no longer imbalanced anymore. I think we're getting a little bit more of that balance, what it should be Eastern, the best of West and best Eastern Addison.

And as a practitioner, if you're on the Eastern side of things or Western side, understand that there are benefits on both sides and you can play both side to the coin.

And, and fairly and safely and understand, Hey, this medication might help me over here, but this supplement or, or herb or nutrient might helped me overhear and I'll get my desired outcome to what I'm trying to achieve.

And so if you're a new practitioner, I think it's important to be able to understand and, have an open mind and a open heart to see the differences of what's happening and not.

I, uh, think what you know. I remember a doctor telling us like, you know, they quit smoking and they quite smoking in the weirdest form. Who cares how they.

Diet, inflammation, blood pressure, and sleep

They quit pretty sure. You know who cares? Like I, I remembered this doctor early in my career. He's like he got mad at someone for quitting smoking because they did something really stupid.

And I'm like who care. How they, quit the finish line. Yeah. Like, if someone loses weight and, and the like. And yes, there's medications and stuff that can do it, but if they did it in the most bizarre way, who cares?

Give them some props that they feel better. They look better, they, you know, give them. We can change the things

that you don't want, like, okay, we've got to start some strength training now.

And we got maybe get some micronutrients back inside of you or whatever it be the situation or get release of some toxins that might have. we can now fix that, But you can't, really.

Like people, one thing that's never going to change is people's psychology. True. Very true. For years. Since whatever, us as cavemen, the psychology of us hasn't changed.

No, it's very true. It's nice to sit there and see. I think you're 100% right. There needs to be a mesh of Eastern and Western medicine because there's good aspects of both.

And there are also bad aspects opposed. So yeah, I definitely agree with you on that one. Second question I have is if you are a patient or somebody who is listening to this and is like, what are the top five things I can do right now to change my heart biochemistry, my health?

Things that I could do at home and it is free. Well, that's my book. The first book, Beating Heart Disease. I mean, I'll give it to you is like, obviously movement is important.

Exercise is very important, the second one is obviously eat well, talk about, you know, if someone has to advertise to stay away from it, like that. vegetables, fruits, they don't advertise to you, you know, fish, meats, that they only advertise you.

So stay away from someone that has to advertise. That's always important. Stress is a big one. We're in a world where a lot of stress happens and not that you can ignore it, but the problem is as humans, we like to take it and make and compound it.

And so if you have good stress coping strategies, the heart's a love muscle. So that's my fourth one. And it wants to give love, it want to receive love.

So relationships are very important. I'm not asking for everyone to fall in love that is not easy for everybody. You can fall out of love and a lot of complications can happen from that.

But just having a good community around you, friends, relationships, whatever it is, society.

Advice for practitioners and patient lifestyle tips

that whatever that heart can connect with and can receive that connection back to. So it doesn't have to always be love per se. I love that. Good advice for a lot of people.

Love is always a good thing. And then the last one is mindset. You want to be able to set the right mindset for success because without that, you're just going to walk around blind anyways.

I love that, my man. Well, good. So where, where could people find out more information about you and your books? Yeah. Heartfitclinic.com is where we have our books.

Great name, by the way, Heart Fit Clinic. Kudos on that one. Yeah, thank you. And so the books are there as well? The books that are available on the website too.

I'm sure you might find them on Amazon too, but yeah, they're all there. heartfit clinic. com has it all. Awesome. Well, Diamond, thank you so much for stopping by.

It's been an absolute pleasure. Again, this is the Lifestyle Medicine Podcast. I'm Dr. Ivan. If your doctor's not checking your labs, they're not a doctor.

And again, access, rock and roll. But again. Thank you. So much time for stop and buy. Thanks for joining us today

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