Your Arteries Are A Muscle, Not A Pipe Transcript

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Podcast Intro and Episode Overview

If we were to attach all these vessels together, it would go around the world a few times. The brain heart connection is very, very important, especially when they talk about the autonomic nervous system.

When we talk There are three pillars. There's the electrical, there's structure, and there is the plumbing. But arteries on a pipe, they're a muscle. And when we look at that side of things, all of those play a role with each other.

When you get to understand all those markers, then you put it together. sense for that person. Welcome to the TBD Fit Podcast on Dr. Talks. I'm your host, Daniel Keeley, and I will be guiding you through this wellness journey in terms of optimizing health and longevity, where we unpack the science, the dos, and everything in between.

Come join us. Look forward to see you inside. Welcome back to another episode of the TBD Fit podcast, where we cut through the noise and we highlight the science, the strategies and the evidence to bring you very real conversations that will transform your health.

I'm your host, Daniel Keeley, I am a functional medicine practitioner. And my goal is simple, and I want to highlight who's doing best in their category, bring those conversations to light.

Today's episode is one I've been looking forward We're talking about cardiovascular longevity, not just avoiding heart disease, but optimizing heart health for decades of quality life.

My guest today is Diamond Fernandez, founder of the HeartFit Clinic. Diamond has worked extensively in cardiac rehabilitation and cardiovascular prevention bridging the gap between traditional cardiology and lifestyle based data driven heart.

So super excited to jump in Diamond. Welcome to the show. Thank you very much. And yeah, I've been in this field for a long time. So 27 years now we're into this.

It's been fun. Time certainly doesn't stop. The good part is we can control the quality of our time, so I love starting every episode with understanding the origin story of art guests.

How did you get to doing what you do today? My father had his first heart attack at 38 years old, pretty young. I don't really remember that. But at 42 years old, he ended up with bypass surgery.

And I do remember that because I was a young kid in school and I think I'm 14 or 15 at the time. I came back for Christmas holidays and found out that my dad already had bypassed surgery so they kept it a secret from me.

and I was really like, oh, okay, well, that's crazy. And I remember this one thing that just kind of sticks with you is that the cardiologist was talking to my dad and myself.

My dad's like hey, I got a new heart and you know, new arteries. The cardiologists are like yeah, you got new pipes, everything's good. I'm like okay well that was awesome.

You know I am a young kid, what do I know?

Diamond Fernandez's Origin Story

It wasn't about maybe seven years later, he ended up having another heart attack and I was already finished school. So I had an intention of working with elite athletes at that time, doing a lot of blood work and VO2 max and fun stuff from a physio perspective.

And that was really rewarding. It's like, hey, trying to add seconds onto people's lives. Then my dad had this heart Attack again. I remember I'm like wait a minute.

He was told that he had new pipes and new arteries. What the hell is he having another heart problem again for? And this is where the doctor told me, he goes, yeah, we're going to send him to cardiac rehab.

And I'm like, what's cardiac? It's like where we go to help people with their heart health. I ended up exploring that field and I got into the field of cardiac.

Rehab as a result of that event. Ended up doing some more certifications to get me into that cardiac, rehab realm. And I started working with a group of cardiologists here in Calgary.

And that's where I was exposed to the foundations of cardiovascular health, which is so important because as a clinic and as our mindset is, is that we're trying to prevent and reverse heart disease, you have to know all facets of it.

So that what got me into the field. When I with that in a conventional arena, so as you know, the Field of Functional Medicine is just starting to scratch the surface in terms of what it can do to help people with their heart health overall.

Most people rely on cardiologists and not that they don't love you. It's just that their traditional testing and the stuff that do is just not aligned with really trying to reverse or prevent heart diseases meant to use for emergency situations.

And that was the reason why I wrote my second book, Death of the Stress Test, which just got released here just quickly late last year or so. Death of the stress test, let's definitely uncover kind of, the top level takeaways.

But before we go there, in terms of a cardiac incidence, heart health, why cardiovascular disease is kind the number one killer globally? We've got it wrong and not the HeartFit Clinic, but as a society, we got wrong.

And to me, it all starts when everyone remembers that, hey, cholesterol accumulates to this pipe and. You have a last cheeseburger and fries, you end up with a heart attack and it does not happen that way.

And I think we're still stuck from decades of past misdirection, I'll say. The reason why I wrote my book is a very quick read so people can understand the artery wall and what they're trying to prevent and go through on that side of things.

And so we just got it wrong. Everyone remembers big times and claims and newspapers all talking about cholesterol in the eighties, like stay away from bacon and egg.

The truth, it doesn't happen that way. So I'm going to educate the listeners so that they understand that these arteries are a muscle. They're not a pipe.

hammer that point in over and over again, because it started then where people got the hold of this literature and it showed, oh gosh, we've got to stay away from butter and eggs and go to margarine and.

Go to low fat, this and low cholesterol, that, and everything was advertised from that perspective. And so this is where we had decades of misdirection and then all of cardiology, cause I got in this field is all looking at like a plumbing problem.

Hey, let's wait till it's clogged enough to put in a stent or bypass and you don't do that anymore. You only do if it is an emergency situation where cardiologists become very important.

And I know them because I sit on, I'm Canadian, so I sat on the Canadian Cardiovascular Society member committees there. I am past president for the cardiovascular prevention side of things, rehab.

So, you know, sit onboard with all these cardiologist and They are very valuable and they're very passionate about trying to prevent disease, but they are trying do it in a healthcare system that is not supportive of preventing heart disease.

So, this is what the book is called. I actually love stress tests. It's just the outcomes I really hate. And that's why I wrote the book so people can understand what the two outcomes are and what you can do because outcome number one is like, whoa, we got an emergency and you need to go do a nuclear test and more radiation testing and go look at the plumbing.

when that's not what we should do anymore. We should just go and treat the vessel. And this is what do at our clinic to grow new arteries, improve the artery function, change the already health.

So that the emergency. That's when cardiologists panic that, hey, we failed that stress test. so we got to throw everything at you. and that not true anymore, or what's worse is he tells somebody, Hey, you passed the stress tests.

Everything looks fine. Your arteries look clean and so many doctors say that after a test and all it takes is just the words of, Hey, I did this test, it doesn't show advanced stages of disease, which is okay, but it does mean that you can't be on the path of a heart attack or stroke because I will miss 90% of heart attacks doing this tests.

Please make sure you pay attention to your lifestyle, all the best. And the stress test is designed to look for a plumbing problem and artery disease is not a problem.

Rethinking Heart Disease and Stress Tests

Yeah, there's so many misconceptions and unfortunately, I think heart health and cholesterol probably ranks amongst the highest because if you look at the prescription of statins, it's the number one kind of prescribed medication.

So needless to say, the question is, well, does the utility justify, you know, at administration and then number two in terms of. how we're looking at it.

Is it actually accurate? And so I love that you uncover that in your book. Let's dive into the rehab component. So when you mentioned, you know, the arteries and how are you, what are guys doing in terms of cardiac rehabilitation?

So cardiac rehab has always been about making sure you get people recovered just well enough so they can feel confident to do exercise, to get back to eating.

And this is where it's very important because if you go to the hospital today and you look at all the people that are in the ward with cardiac problems, The majority of them have normal cholesterol profiles.

It's all over the place. They're old, they're young, They are overweight, and they are underweight. You know, if they have high blood pressure, then they'll have low blood.

If they've got high cholesterol, the majority will have lower cholesterol. And so, it's like, their female and their male, right? It is like who is this heart disease persona?

And it is not the same thing that we used to think anymore. We're exposed to so many things that can damage the endothelium or the lining of the already well, which I'll get into.

And when we talk about that inside the lighting of your already wall, it's all skin. There are hundreds of things I could damage that lining in the skin, you know, and cholesterol is not one of them, but it is about understanding the inflammatory and the plaque building cascade.

So it builds up like a pimple would on our face. The intention about rehab for us and reversing heart disease, which is what we do at the heart clinic, is the idea behind that is reverses that disease process is about understanding the biology of the artery wall.

Understand that there's a lot of biology to the audit wall to be able to see what's going on from that perspective. Let's go one step deeper then. What are you doing in order to specifically reverse any sort of risk factors that you see?

What does the process look like maybe from start to finish when someone comes to see you guys? It's all skin. Hundreds of things can damage it. Obviously, we know inflammation is a big deal and it's a problem.

There are hundreds of thing that we can get exposed to in the environment that can cause that because Most people are like, oh, I don't have to worry about it.

It's a genetic disease and it's not like if you go to the hospital and you look at all the people that are having heart disease. I think it is only maybe 10%, less than 10% 8%, even 6% depending on the study are there due to a family history of heart.

And so that means that 90% or more people are there, they put themselves there. And, so when we talk about the biology of the vessel wall, I'll keep it simple.

It's that lining of skin that's important, what gets damaged, it goes through a plaque building process that things build up inside the lining. Just like a pimple went on our face, but it's building up the inside of lining the Oduwaf.

It's like the caramel chocolate bar. How do you get the Caramel in the chocolate? Well, it's by going through a plaque building process and that Caramell, our biggest concern is if the Chocolate breaks and it ruptures, that's a heart attack.

So in reversing disease, we want to strengthen that endothelium, That lining of the oral wall. We want a shrink the caramelle so it doesn't come in who's out.

And then we have the ability to grow new arteries and at stuff that we do at the Hartford Clinic to grown your arteries to improve that vascular function better.

So how are you guys doing that? What's the secret sauce? It's about personalized approach. That's all it is. It is about a personalized to understanding cardiovascular health.

Now, yes, the high risk factors such as high blood pressure and diabetes and, and even cholesterol, it's important to understand the types of cholesterol.

So those are important things, but it about personalizing you. What is the reason why you ended up with a heart attack is first step. And if you're at risk of a hard attack, we do the same thing from that perspective too.

And once we personalize you, then we target proper nutrients, supplements, medications to help you with that, to lower that risk of heart disease. So it's personalization.

I mean, we're going to run a cardiometabolic panel. We're gonna look at lipids, very, specific lipid markers, not, you know, the traditional cholesterol panel that people come to us, were running a omega-3 profile.

Obviously, inflammatory markers. Were looking at environmental toxins, pollutants. You said inflammation obviously be a huge driver. All of that above is so important.

All that because you're now targeting, especially cholesterol. You know, you just can't look at total cholesterol like they mostly do in our healthcare system.

you got to uncover the particle sizing and that is affecting it from that perspective. The cardiometabolic panels, the heavy metals, toxins, micronutrient imbalances, gut health, all that plays a role into what's going on.

So that's exactly what we do is when you talk about functional medicine, now we're integrating that into the cardiovascular space. I don't think people often make that connection.

So my focus for the last decade has been our microbiome or microbial health and the interplay of our microbes and every biological system. And often enough it starts there.

When we see intestinal permeability or what's colloquially now known as leaky gut, we very, very distinct markers that are reflective of leakey heart.

or obviously blood vessel damage, endothelial damage. Obviously you know cholesterol begins to shift and the problem or the biggest misnomer to me is cholesterol is a solution.

I had a patient who came to the other day and he's like how are you going to improve my LDL? And I go, what if your LDL is a solution? It's an antioxidant and it helps with immunity to help deliver fat soluble nutrients.

I mean, What if you're body doesn't make mistakes and actually what it's doing is these are building blocks that are trying to put out a fire and the fire is inflammation.

And the fires your lifestyle. So I understand what you were saying in terms of the personalization component. Everyone is different, but is there any sort of, you know, specific rubric that you guys run someone through?

And you mentioned a stress test, VO2 testing, any, sort, of strength testing. How are you looking? like things now globally then in terms of the full picture of building out a personalized program.

It's about testing very well and on purpose so you can understand markers. And so we're looking at blood flow, we are looking the artery function, the stiffness.

Yes we do VO2 max or PET scans or fitness testing to be able to see what's happening when we push somebody. So those are all important things on that end of it.

I think that physical testing is very important because it tells us how we look at artery health, but then looking at the biology, advanced metabolic panels, looking particle size testing, and looking the gut.

When you talk about arteries, specifically with arteries if we were to attach all these vessels together, it would go around the world a few times. He got a lot of arteries.

and they go everywhere. And the brain heart connection is very, very important, especially when they talk about the autonomic nervous system. So then what are things that can be imbalancing the autonomic system when people have atrial fibrillation or palpitations or extra beats.

What's happening for the reason as to why that is and then looking at some advanced structuring of the heart. So when we talk about heart disease, there are three pillars.

There's the electrical, the structure, and there's plumbing. But arteries on a pipe, they're a muscle. And when you look at that side of things, all of those play a role with each other.

When you get to understand all those markers, then you put it together and make sense for that person. So yes, there's artery health, but artery imaging.

When we talk about these arteries, they have to go everywhere. And guess what? When the brain says, okay, I'm eating food. Now I got to send more blood flow to the gut.

These arteries go all over your gut too, right? They're everywhere and if you have gut concerns and microbiome concerns, leaky gut to that simple user, it's I could send toxins right inside the vessel.

And that vessel wall takes it and it can be damaging. And when it damages where we're concerned about those gut markers as well. So gut microbiome becomes so important when you even just trying to deal even with people's side effects from medications as while that can really be an effective thing, a concerning thing when we talk about the guts.

Yes, improving your gut is very important. One of our partners in our clinic is a nutritionist and that's our big focus. When we talked about that, it's so to heal that gut microbial.

People don't understand that the body is already producing the signal. We are just muting that with medication. So I'd love to maybe uncover kind of in terms of medication use, what are some do's and don's?

Cardiac Rehab and Artery Biology

We silence the noise and mask the problem by treating the symptom, right? But people aren't making that connection because the physicians aren´t tying those data points, right?

When you come in with slightly elevated blood pressure. Oh, you know, let's monitor that. Okay. Well, there's already a signal there. There's a, palpitations, arrhythmia, and that to me is a product of toxicity or infection.

I call it my unlucky seven, going back to the microbiome in the inner place. So someone is dealing with bacteria, fungus, parasite virus. heavy metals, environmental toxins because of our modern environment, and then stress or trauma.

And it's my unlucky seven that's driving disease. But yet with medication, we aim to kind of silence things, but then it sounds like this slow progression until what is that straw that broke the camel's back?

So in terms of medication how are you guys considering or what are considering and not considering? I think medications are important for specific things at specific times.

I always say it's very important to ask three questions when you're taking a medication. So number one, if I'm going to take this medication, how much longer will it make me live?

Fair question, right? It's like, okay, well, I am X years old, have you asked me to this for the X year? For the rest of my life, How much long is it going make you live.

That's a fair question to ask your doctor if you're able to describe that. And I'll get into the other things that we as a clinic talk about. The second thing is that, we talk what the number needed to treat this and meaning that how many people truly benefit from that medication.

take once people have a heart attack while taking that medication versus three out of a hundred. So I can technically tell you that because that's two percent versus 3%. I Can technically you tell that you're 50% better off taking medication vs not.

So you're being told in relative risk. So what I always ask our patients to do is, what is the number needed to treat? How many people need to be walking into a doctor's office to prevent one event?

And you can see that that number, needed a treat is 100. We saved 1%. So one out of 100 people benefit from taking that medication, which is better than nothing, but it's important to understand what the numbers needed the treat it.

How may people needed benefit? What is benefit of me being on a medication for the outcome I'm trying to achieve? Cause you got to also look at the benefit because cholesterol, since we're on this topic of cholesterol

cholesterol 100% of the time will get lowered.

If you take a cholesterol lowering medication, it does its job. The question is, does that lowering of that cholesterol yield the outcome that we are trying to achieve, which is preventing a heart attack or stroke.

Big difference. Right. And then the third thing that, we get our, uh, our. our patients to talk about making sure what is the number needed to harm? How many people take this medication and receive a harmful benefit from it?

So those are the three things I always get people to ask when they're taking medications. And I think it's important, okay, when do we use these medications?

When the numbers needed treat is more beneficial than the numbered needed harm. And if you have to take the medication, understand what the number needed to harm is.

We get a lot of patients that are on blood dinners for various conditions, right? So they're taking a blood dinner, you know, and I know that that's going to affect your gut microbiome 100% of the time.

And so what is it that I have do then heal that microbiomes as a result of being on that medication? Because you're not going be told that in the conventional stream.

That's the problem too, is people don't recognize the impact of drug induced nutrient depletion. So our ability to repair or drug-induced microbiome depleations.

And we see now that, you know, 79% of our immune function is that. Let the level of the gut. and if you're have over activation of immune system or dysfunctional microbes, which then triggers intestinal permeability.

Now you have this heightened burden of. The immune activation, Which is the aggressive systemic failure of aging. is the overall immune activation which drives inflammation which now you have a risk factor.

So obviously the root of all disease is inflammation. I remember when we first opened up the clinic almost a decade ago and I would have out right in front is what I consider to be the best shotgun formula of reducing inflammation and some of my patients said Daniel like this stuff is a godsend.

But the premise is why I had it that way because it is reversing disease. It is really changing the needle in terms of improving microbial health, quieting down the burden, shifting the internal ecosystem.

So I love how you paint a picture in term of medication because people don't realize there's two sides of the coin, right? Some things are going to help you, but there is also a consequence, so it can be life-saving.

But often enough, it's masking the change necessary within lifestyle medicine. So I love that you guys are taking a precision-based approach. When is imaging prudent?

Is it essential for everyone to get imaging? Yeah. I'm a huge fan of no radiation. And when we talk about imaging and we talked about conventional, I'll keep it from the stress test.

Like that's what I write about in the book is, okay, if I fail a stress tests, what's my next step? And the next up is a nuclear stress. Well, let's talk about that for a second because that gets prescribed like crazy, especially here in Canada, is that a lot of people are doing where you walk on a treadmill, they inject a radioactive dye inside of you.

So it's a radioactive dye. And it is so potent that you actually get a letter that if you're traveling, you are going to set off alarm detectors without going off.

Personalized Testing and Functional Cardiology

It is a big deal. So you get this radioactive dye inside of you, but then you then look at the imaging under a CT. So

there's a lot of radiation that happens in there.

It's about 500 to 800 chest x-rays to be precise. And so that type of exposure is not worth it. Well, then if you fail that, you go to an angiogram, which is They come in through your wrist and they take fluoroscopy radiation.

So there's continual imaging of the chest. Again, a lot of radiation and it's not worth doing on a preventative basis. I'll get into the prevention side of things in a second, but most people, if you fail, fail.

Then you end up doing this angiogram and you're like, okay, what now doc? Or we found a 90% blockage or we 100% blockage, we're going to go and open this up with a heart stent.

Sounds good? Okay, sounds good. And you're under, you know, in the table and you all of a sudden getting this heartstent and we don't do that. We should not be doing that anymore.

The trials have shown that we do not touch an artery anymore if you're preventing it. If you are coming in there, we're stable, what we call stable arteries.

Now, there's some times where we might consider doing that. is getting such bad angina or chest pain and that would help their symptoms. Maybe I'd consider that with them, but I would still want to try our natural treatment options to do what we do in our clinic.

Now, a lot of people are doing calcium scores. They're like, okay, get a calcium score done. Well, that's good. It's better than nothing, But it doesn't tell us non-calcified lesions.

So you could be duped thinking that you have a low or zero calcium and you're at risk of a plaque rupture. you're not going to be able to tell the caramel on the Caramel Bar.

You're going not to look at the gooeyness of a plaque. That's the most dangerous part of the plaque, that's what we call the lipid-rich necrotic core, the consistency of plaque or the pimple inside the lining of artery wall.

And so I'm not a huge fan of calcium scoring because it gives people a false sense that everything's okay as well. And that's you want to stabilize it.

How you stabilize is by getting to the biology, which we've been talking about a lot. Then there's CT angiograms where there are virtual angiograms, where you can see what the plumbing is and they're using AI models to be able to see that.

That's not the test that you wanna do unless you have failed a stress test. And even if you fail that, I don't really think you need to do it either because you already know from the test how aggressive treatment you should be focusing on.

But to me, it's about personalizing someone when they're going through that. When someone comes and sees us at the HeartFit Clinic, we're seeing someone maybe who's failed the stress test or told that hey, were waiting for an angiogram and I tell them no.

And I explain to them why most of the time that I'll be like, no, you don' want to that because of X, Y and Z. And that's a hard concept for people to understand.

If you're having a heart attack, if you have what we call unstable heart disease or what you call acute coronary syndrome, which is an acute event, now doing an angiogram is life-saving to see that cardiologist.

You want to get that stent or bypass put in as quick as possible because that is lifesaving. And I'll explain this in an analogy that it makes sense to people.

Think of it like you have a 10 lane highway system. And what happens if you're driving down the highway and that's

your route to the office every day and you are driving that highway, and then you see, you know, maybe there's some construction on the side of the road.

What happens to that flow of the highway? Well, it slows down a bit because people are like, oh, what's that construction that's slowing it down? It's not going as, as well as it could.

And then we start to close one lane gradually. Let's say it's every month and every months we started to one line. You get to five lanes at five months, six lanes, seven lanes.

My goodness, it's eight lanes closed now this month. There's just two lanes trickling through. Dan, what are we going to do? You're going as probably say, forget this.

It's getting more congested. Every time I'm going into the office, I am getting later. You are going find a new way to get to work. Your body is going do the same thing.

Is going try and find new ways. Going to push. May not be successful at start. So nine lanes closes. 10 lanes closed, and if you have the good highway system set up already, you won't even notice it.

What percentage of heart attacks are silent? Meaning you don't know has happened. And around, let's say it's about 45%. Think about that. 45% of people walk around not even knowing they had a heart attack.

They have artery disease, but they don' even know they even had heart. It's as low as 20% on some studies. So that's still a big number. Like they put their body in a position to heal itself.

Yeah, so I definitely want to highlight prevention, but we're going to get to that because you mentioned genetics. How deep are you guys going in terms of genetics?

Because I'll provide a very interesting anecdote for you. So I do genetic testing or neurogenetic neuro genomic testing with almost all my patients and that to me enables us to.

practice what I call the epitome of precision-based medicine because now you can plug any hole in your biology. So really quickly, my great grandfather died in his sleep in Sicily who lived on the farm, toiled his land, lived a very natural lifestyle, died and asleep at 104, no natural diseases.

My grandparents moved from Sicily to urban Rome, worked in the industry and both passed some cardiovascular incidents at 84 and 86 respectively. I did a genetic test on myself and my father and we have the very highest risk factor for cardiovascular disease.

We have a propensity for high blood pressure, for cholesterol. You name it, we had factor V Leiden. All the genetic kind of implications, but what people don't realize is that this is an epigenetic driver.

Genes are not deterministic, right? It's our environment and our lifestyle that ensures success or failure or drives dysfunction. And so in terms of genetics, how much does this play into a role with what you guys are?

How you're addressing cardiac rehabilitation and or prevention? It is so important to look at genetics so that you can exactly say, be more precise in how you treat it.

And so when you talk about nutrigenomics, I really love that, especially when start to tell somebody, Hey, you're more likely to be deficient in X. and by the way, then we look your micronutrient profile and you are, Then we got to start balancing these things up or take nutrients or nutrition or supplements on purpose on a daily basis to able to do that.

It doesn't always have to supplements. Gosh, if it's selenium and you have no concerns with that, you can just have Brazil nuts, handful of Brazil that's every day.

And that sure your medication for the day as an example, or it like, okay, well, I'm going to take a bunch of extra virgin olive oil every as my medication.

Medication, Gut Health, and Inflammation

That's going help me with my artery health further. You got to be on purpose with. Exactly what allows you to do that from a genetic perspective. People will say, well, I don't have a family history of heart disease, or I Don't need to worry about my genetics because I know already.

Well, whatever your genetic profiling is. I always talk about this. You just want to put it in a dark room and not turn the light off because the moment you turn that light on, that's where you are exposing it.

So if I decide to smoke, Well guess what? That's going to turn a light. On on a few of my epigenetics. so then that puts my environment of, my, genetics in, a very bad situation.

Or if, decide, to have, you know, a higher fat when I wish not be a high fat meal or if I decide to have more carbs and go more metabolic and add more sugar that's going to turn on.

So you got to realize what's turning on and off with you and I love the idea of getting personalized with your genetics. I love that you use prescribing natural nutrients as natural medicine.

That was remarkable. Very, very rare to have that amplified within anyone discussing or it's interesting because when I went to, I was looking to partner with a local cardiology Institute and I, went there to visit.

It's a line out the door. I didn't realize that. how bad it is. And needless to say is I look at the team of who was monitoring the front desk and doing the intakes.

You look these physicians, I mean, they sometimes look on healthier than the patients and I'm not trying to undermine their intellect. I like to practice what I preach, but in terms of looking at genetics, it's certainly a critical and a core component.

that there's a light switch because we look at nrf2 and i explain that as a master light which is a transit transcription factor so i was just invited recently to speak in terms of long covid at one of the local universities and what's interesting again looking at you know my risk factor is when you are exposed to infection or inflammation it hits us where we are predisposed the most so the prudence becomes What natural nutrients, what natural medicine can we be prescribed to be able to mitigate against the holes within our biology?

I had a patient that came in to me yesterday. She's on a statin. even though whole cholesterol was slightly elevated. And at no point did the physician decide to suggest, well, hey, this is impacting your mitochondria and it's depleting yourself of CoQ10.

Then I look at her genetics and realizing Coq10 is insufficient. She needs the reduced more bioavailable version of ubiquinol, which is going to help move that needle to mitigate against the stent effect.

But needless to say, the goal is to understand why is your cholesterol elevated? that you're being prescribed to stand in the first place. And what are some of these natural nutrients that can you do instead?

So you mentioned, you know, Brazil nuts and selenium or extra virgin olive oil, obviously. So I love that. You, went down that route in terms of prevention.

What else are you guys integrating? When does prevention start? How, how are guys navigating prevention with your, with patients or are people just automatically coming when they have a problem?

Yeah, I think most people come when there is a concern and yeah, we do get busy executives that come in and be like, hey, i'm running a X business and we're doing X whatever millions and I got to make sure I'm around and a lot

of people depend on me and it could be even just a busy.

a mom at home or a house dad at a home, whatever it is, and everybody's busy. I think it's more, what are the triggers to be able to make you come in and be proactive about this?

Because if you truly want to have cardiovascular longevity, if it truly a goal for you, then start early. The earlier you start, the better it does. And yes, understanding your genetics early is always nice so that you know you can guide that.

I've seen so many concerns where people have, I think the biggest genetic is, and you and I know this, is MTHFR, which is that methotetrahydrofolate reductase.

Many people had that genetic snip, but if you don't pay attention to that, that could be a problem that can be affecting you downstream very quickly. Are my nutrients balanced properly?

Because as you age and yes, you're allowed to be human. You're not to go and enjoy a birthday party or a celebration and. Enjoy the foods or whatever it is.

It's not that it's, it your daily habits in what you do is where you see the daily changes. And the quicker you start earlier, start the better it isn't especially, most people aren't thinking, they still think they can live forever at 40 years old, maybe even.

Maybe 45 and then 50 is like, Ooh, I mean, that's a half decade number that I got to start maybe being on top of this a little bit more. And then a few years goes by and all of a sudden, wow, high blood pressure or diabetes.

I see that path quite a bit where we see people. early and then, you know, it creeps up, age creep up with us. And if you're not doing your daily habits, what are you doing on a daily basis?

And just keeping it simple, like exercise. If I were to put that in the form of a pill, I'd be the most prescribed pill in whole world. It has that many benefits.

So, exercising, and what do you do for activity? What are your doing for nutrition? One of the habits are doing from that. What is your supplement regimen look like that you are not getting balanced properly in your nutrition.

supplements become important there and on purpose, not just I'll throw spaghetti at the wall and hope it sticks and take this, this and that. And then next thing you know, I've got people coming in with 25, 30 supplements and they're like, oh, i heard this there, heard that here.

Which is good, but you want to be more targeted is really what I'm trying to say with that And then you talk about it in terms of a toxin, environmental toxins, my goodness.

We are exposed to stress as an organization all the time and as human beings, we're exposed stress all time. And humans are the only ones that can take a stressful response, stressful foci and make it worse.

So I talk, I always say the story about a dog and This guy is driving out of his house and he's late for work and screeches out in the driveway and then slams the brake and almost hits the dog.

And this dog gets a big stressful response.

Imaging, Genetics, and Precision Prevention

As soon as the human gets the big, stressful, spike of stress response, Then the human goes to the next light and, gosh, I almost hit this dog and died and tells everybody at work about it when he gets to office about and comes home and stresses about more and then tells the family.

In the meantime, the dog has just had that one-time stressful response and went on his way for the rest of the day. Whereas humans, we're the only ones that can take that stressful and make it 10 times worse.

So moral of the story is be the dog. It's easier said than done. But the idea behind it is, is that if you can know that you're doing it, making sure that, you breathe, make sure you have that time for quiet time recovery, sleep, all those things are very important so that we can not have stressful responses compound.

that's where it comes into our daily habits is the what are we doing to have me time, relaxation time recovery time meditation time you know you talk about meditation gosh 20 years ago people look at you sideways funny and now it's just like everybody's doing it right and so even just having a quiet time and having you now watching the sunset come down that that helps right all that help to just be connected I think we gotta ground ourselves and be connect at some point whatever that is for you that works But that has to be a routine.

It's the daily things that we're doing on a daily basis that compounds the benefit. Yeah, I think it's, the purpose here is living intentionally, living mindfully, understanding that your choices as a consequence, both positive and negative and sometimes unintended consequences that too can be positive or negative.

To take the dog step or analogy even one step further is often enough in allopathic care, you know, if you're stepping on the dogs tail, it is going to bark.

We treat the bark rather than the tail. But what you and I are trying to do, obviously, is understand, okay, where's that bottleneck, right? Where is that actually happening?

It's from someone stepping in the tail. So you mentioned methylation, isn't it? That's super interesting. Why? Because obviously knowing my genes and, I have so many patients that come to me saying, you know, have the MTHFR and want to uncover that for just a moment because I've a 66% reduced capacity to methylate.

How interesting, but my nutrition helps me offset that. So when I look at methylation and understanding, it's, you know, a core biochemical process where your body has a methyl group and it impacts DNA expression and neurotransmitter balance, toxification, energy production, inflammation control.

There's another key component of their inflammation. Control. I looked at, uh, Sammy is kind of the body's main methyl donor being made from methionine driving ATP and energy.

and maybe that's where your bottleneck happens, right? There's not enough methionine on board, you're not producing enough SAMe. Now you could build up a homocysteine and now you have a cardiovascular risk factor that is often overlooked or not run by a standard panel.

How interesting even further, which then further exacerbates poor methylation, can cause depression. You have mental health issues, but they're making that connection.

So MTHFR and methylation has a huge impact in terms of heart health as well. But if you look at glucuronidation as being one of the main drivers for detoxification, perhaps even more so than methylation, right?

In phase two and looking at like 1B1 genes or in phase one, cytochrome P450. When I have a patient that comes in to me and they say, you know, I've MTHFR as if that's like a, uh, he's destiny.

Right. It's like, and I pull out a huge chart. I'm like okay. MTHFR sits here. What about the other 99 pieces of the puzzle? And certainly as you said, you know, lifestyle medicine, um, being far more impactful, which will allow to, to offset that.

And if I look at my Italian heritage, an example, that's what's happening with Mthfr. We have this very elevated reduced capacity, but if you look the foods that we're eating, even the wheat.

very high in B vitamins, which you need a healthy microbiome to synthesize. So it's like, did God made a mistake?

Well, he actually, I don't know if I, don' think there are any mistakes.

I think nature has the solution, right? But we've become so disassociated with living in congruent with our evolutionary biology. We don''t understand what it means to eat right anymore.

That's my prevention program, that's also my, you know, road to recovery program before we rebuild our road, to longevity program. So I love that you're looking at all the pieces of the puzzle in order to ensure optimal success.

But again, what's predicated upon precision based medicine, and you are making it super personalized and understanding, okay, What are the various bottlenecks so that we can make a shift?

very quickly in terms of insurance. I'm super curious. Um, cause I know we're kind of approaching almost on time here, uh, in, of. Insurance is everything covered where you guys are doing it?

Is it all cash based pay? What does that model look like? Because obviously, you know, the biggest kind gripe against functional medicine is cost. How are you, guys navigating that?

We have low cost options for people. It is a cash paid business and, and we have We have 100% financing that's available and even zero percent financing, as she said, available for some people as well.

And so we try and make it a barrier to entry so that you can get the data. Once you have the date, then you could make the steps as to what you do and target your nutrition, supplements, exercise, all that stuff.

Especially coming in New Year here is that everyone wants to exercise and get back to activity. A lot of people, there's a psychology behind it. as to, you know what?

I haven't exercised, so I'm not going to start because I don't want to end up with a heart attack. That's literally their thinking. It's like, well, I didn't wanna exercise.

I was like why is that? And they're like well I have high blood pressure and I am worried that if I, if don t trouble my snow, don We're in Canada here, so we've got a lot of snow, but it's, uh, you know, we, We don't do these things and because we're scared, there's a fear that goes on in people's minds.

And so how can we put that at ease? And that's where exercise is so important. Like you got to be able to do it and do a safely and effectively. Those are very important things that you can do to make sure that are you on track?

But people are scared. People are as scared as to what they can, do safely, and affectively. And rightfully so, but you want people to have the confidence so that they can do that.

The things they, they love with the people they loved. And a lot of people are trying to get back to sport or activity and golf or tennis or pickleball, whatever sport it is that, and that stuff that Hey, can you exercise safely and effectively?

Cause everybody can. Movement is medicine. The three pillars in our clinic, we do functional medicine, functional rehabilitation, and functional fitness.

And that fitness is a core component because we've become sedentary. You and I have this conversation not out in nature, not moving, under the sunlight, or under artificial LED lights, which I don't have here in my home.

trying to get this sunlight. When you said earlier too, you don't believe in any form of radiation, immediately I thought except for solar radiation which is again natural medicine.

Very therapeutic and grounding and moving and if you look at the blue zones, to me those are the two most common themes. One is movement and then the second is building a healthy community.

Lifestyle, Mindset, and Closing Thoughts

We're a product of our environment, we're product to our peers. We don't recognize that our social interaction dictates often the quality of health too and that could be someone's Achilles heel as well.

In terms of tying everything together, any sort of other misconception, anything you want to Yeah, I think that's the stuff that we talk about. I talked about in my first book and it's very important.

It's Beating Heart Disease in My First Book. And I talk a lot about five powerful pillars to prevent and reverse heart disease. When I'm talking about those five things, number one is exercise.

Number two is nutrition. What you put in your body is important, stress is also another one. The heart is a love muscle. So it wants to have connection, it want to be loved, and wants give love.

But I feel the most important pillar when I talk about heart disease is setting the right mindset. Because if you think you can or you you, you're right.

And so this is where mindset becomes super important to be able to get to where you want to go. The people that are most successful in our clinic are the ones that have determined and have set the mindset that, hey, I'm going against the flow of what my doctor said.

It's not like we're just getting more precise with you. That's all we are doing. And it's just that, again, it is not like your family doctor doesn't love you.

It's that without public medicine, hey, what is the simplest thing I can do to make sure I keep you alive? And people aren't happy with that anymore. We're not in that world anymore where, you know, when I was a kid, the doctor said, AI chat said.

are a lot smarter than us coming into the clinic. And so they just want someone that has all that knowledge so that you can put it all together and put all their labs together, and, put, all, their data together so, that they can help them prevent or reverse disease.

I can't tell you how many countless patients that come in through our office that already have progression. They already, have risk factors present, right?

And yet I asked them what their physicians are doing and they're saying, well, let's just monitor this. And I go, what? Like the problem has already started.

We need to be aggressive in terms of our approach. And. I use national nutrients, national medicine, and we make a shift very, very quickly. My goal is to get my patients better yesterday and were able to do that.

But again, plugging the holes in their biology, plug in the hole in there lifestyle, getting them as you said, it's, um, Eating right, sleeping right.

I love that you said the love component because love is a choice. Love is an action. Certainly will in part impact on our physiology. And so I don't believe in the camps to me as a swear word, right?

It's a limiting belief. It sounds like that all the time. I think it's not a word. Yeah. Right. So once we can make that shift, the body wants to heal.

We just need the right tools and program and roadmap, which you guys are doing. It sounds like at a very high level. I applaud you for. Okay. Well, I genuinely appreciate your time today, imparting your wisdom, your clinical success.

Where can people come find you or see you guys or engage kind of in, in your process of cardiac rehabilitation or

prevention? Our focus is on obviously cardiovascular longevity.

One word or sentence that I tell people. To walk away from is to understand that these arteries are a muscle. They're not a pipe. And that's a hard concept to change with a lot of people.

But when you understand. This is where you get cardiovascular longevity. So that super important to find us. Yeah. We're available at heartfit.ca or heart fit clinic.com.

And yeah, I look forward to, you know, talking to people, explaining to what we're doing. And I love the analogies you brought today because when you redefine your paradigm in terms of thinking, right, it is a muscle.

It is modifiable. This has been awesome. Last question I end up every episode with is if you could have one superpower, what would it be? That's a very good question and I would like to have many superpowers.

One superpower would be always have ultimate super health. You know, how I end every conversation and episode here is stay healthy, stay wealthy, my friends, because health is wealth, right?

A man who has no health, is one wish. Right. And so ultimately the prudence is upon us to safeguard that, to live mindfully and intentionally, because in our modern world, it's almost like the cars are stacked against us, unfortunately in specific locations.

Right? But the reality is the body is very resilient and we can make a change and everything that you know, you discussed today in terms of even thinking, in, our thought process and how we make that shift very quickly.

So thank you again for your time. We'll definitely follow up with you guys in the future here. But until next time, for all those who have listened, please like, review and subscribe.

Share this with someone who you think needs to hear this message. Spread the love. And as always, stay healthy, Stay wealthy, my friends. Thanks so much.

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This allows us to have a greater reach and help others on their health & wellness journey.