



## Heart Disease

*What it is and how not to get it*

If you have spoken to me for at least 5 minutes, you already know what I am going to say next...the number one killer in America and the world today is NOT AIDS, cancer, TB, hunger, or any other exotic illness/condition. The number one killer is heart disease, including heart attacks and strokes. For 50% of the people who have heart disease, the very first symptom is **sudden death**. As I like to say, when you are falling to the floor and you hear angels' wings fluttering around you, that is *not* the time to be thinking, "I should have done what Dr. Work wanted me to do!"

What causes heart disease? Many believe (wrongly) that high cholesterol is the one and only cause of heart disease so that if you control your cholesterol with diet/medications, then you are in the clear. To believe that would be a lethal (literally) error. Heart disease has many causes, including high cholesterol, hypertension, diabetes, hypothyroidism, hyperthyroidism, insulin resistance (not necessarily diabetes), obesity, smoking, drinking more than two servings of alcohol per day, a diet rich in refined carbohydrates and fried foods and poor in fresh fruits and vegetables, a sedentary lifestyle, not enough cardiovascular exercise, not enough weight resistance exercise, low testosterone (andropause), menopause, and chronic inflammation to name only a few of the most known causes.

So who has heart disease? In brief...everyone does from about the age of 10 years old. Before you dismiss me as a nut, I need to give you a more strict definition (or loose, depending on how you look at it) of heart disease. Heart disease is not an "all or nothing" disease. It has a spectrum of severity from the very minimal to the extreme that leads to death. Therefore, when autopsy studies were done on young men killed in Vietnam, they were found to have signs of atherosclerosis (hardening of the arteries), which was surprising to us then, since we thought that only "old people" get that. What was even more surprising was a study that was done on young children killed in automobile accidents. Children less than 10 years old were shown to have fatty streaks in their major blood vessels. Fatty streaks are a precursor to atherosclerotic lesions. Could those young men with the beginnings of atherosclerosis still run even a marathon? Of course, they could. The beginning stages of atherosclerosis do not interfere with functioning of the heart, so there are no outward effects seen. But he still

has heart disease. Waiting to treat heart disease until it becomes evident is a foolish policy and reminds me of the horse and the barn door analogy. If we know that you have lesions, minor though they may be, then we should treat you to prevent them from spreading/worsening. If we wait until you are in heart failure, even minor, then we need to recover a lot of ground lost in the battle.

So how is it treated? Well, we used to treat it in "parts", dividing up the components of the disease and treating each one as a separate entity. For example, your cardiologist may have kept control of your blood pressure and cholesterol, while your family practitioner (or endocrinologist) kept your sugar under control. Your urologist/endocrinologist would treat you with testosterone for your failing penis (for guys) but would not give it for your heart strength. Your gynecologist may have given you oral testosterone with estrogen (Estratest®) if you complained of a low sex drive, but didn't consider the heart, since the heart was not part of the female reproductive system. But this approach, I believe, is inadequate because it does not take into account the *whole individual*, for we are more than the sum of our "parts". What is needed is a holistic (in the strict definition of the word and not the "fu-fu" meaning) approach to treating heart disease (and any other chronic condition). To be specific, you should have your heart disease **treated in all spheres** or aspects and it should be coordinated and not a haphazard approach with one physician not knowing what the other one is doing for a mutual patient. I believe that the following areas should be addressed simultaneously to appropriately treat heart disease in a comprehensive and more successful manner:

1. **Treat the cholesterol aggressively.** This means that your cholesterol levels need to be *very* low. We know that the lower the "bad" cholesterol, *i.e.*, LDL, is, the lower the risk of coronary events. The most common treatment is a "statin" drug. Our goal should be an LDL <100 (lower if you have had heart problems or you are a diabetic.) Also very importantly, the "good" cholesterol, *i.e.*, HDL, must be high (>40 in men and >50 in women). Niacin and aerobic exercise are the two main components to raise your HDL and lower triglycerides. See the cholesterol write-up for further information.
2. **Correct the sex hormone levels.** If you are male, you need testosterone under certain conditions,

e.g., over age 50, diabetic, obese, on chronic opioids, suffer with chronic pain, or feeling very fatigued or have a low libido. Once the diagnosis is confirmed with a blood test, your testosterone levels are returned to the levels of a healthy 30-year-old male. When your testosterone is at that level, then your cholesterol improves. If it goes much higher, then your cholesterol gets worse. We also need to keep your estradiol (a form of estrogen) low to help avoid weight gain. If you are female, you should also get your hormones corrected, if needed. If you are in menopause, then you at least need testosterone supplementation. If you so desire, you can have and benefit from bio-identical transdermal/subcutaneous hormone replacement therapy. (See my write-up on testosterone for women and bio-identical HRT for further info).

3. **Eat properly.** If you are overweight, you must lose the weight. If you want to lose it with Medifast, make an appointment. If you want to do something else, try a strict Atkins. Frankly, it doesn't matter, ***IF*** you get the weight off. Once it is off, then you must keep it off by eating a low glycemic index diet, as outlined in numerous books, including Atkins for Life and The Glucose Revolution Life Plan. Both can be found in your chain bookstores or online at amazon.com. Why this way of eating on a lifelong basis? Simple, when you eat a low glycemic index diet, you are eating in such a fashion that your body does not need much insulin to help get the food absorbed. The less insulin secreted in your body, the better. Insulin is inflammatory and will accelerate the aging process. This is why insulin resistance is so bad for you, even if you don't become a diabetic.
4. **Keep your blood pressure low.** How low should it be? As low as you can tolerate it. The idea that your blood pressure should be 120/80 mm Hg or 115/75 mm Hg, or something of that nature is now outdated. We know that the lower your blood pressure is, the less wear and tear is on your cardiovascular system and the less your heart has to work. Now if you lower it too low, you will get dizzy when you stand up and you may faint. If that occurs, you can injure yourself, so we don't get stupid with this idea. How do you get it low in that range? Diet and exercise (especially cardiovascular) will lower it, but sometimes you will need help with medication. If you so desire, medication can be prescribed for you. The two classes that I favor are the beta-blocker/alpha blocker combo (Coreg<sup>®</sup>) or an ARB (Angiotensin Receptor Blocker, Type II) with either Diovan<sup>®</sup> or Benicar<sup>®</sup> as my two ARBs

of choice. If you do have high blood pressure, then you actually may need both Coreg<sup>®</sup> and an ARB.

5. **Exercise...exercise...exercise.** You must exercise. I will repeat it again...you must exercise. Exercise must consist of both an aerobic component (elliptical cross trainer, treadmill, stationary bike, jogging, or aerobics class) and a weight resistance component (weight lifting or Pilates). Do you notice that the activity of walking is not in the list above? Why is that? ***Walking is for sissies!*** Unless you are very much out of shape and you need to start with the walking, don't consider walking to be exercise for your heart. It does help keep you limber and your joints moving but there is no aerobic component and little weight resistance component (even if you carry those itty-bitty weights). In addition, ***it does not matter how strenuous your job is, it is not exercise.*** I know that some of you have some very hard and intensive jobs, but it isn't sustained so it is not exercise. If you work at a very strenuous job, look at your coworkers (especially the older ones). Are they fit? Would they look good in a Speedo swimsuit? Do they have a beer gut? If so, then you can see the results of the job on the human body. Take heed from your observations.
6. **Take your medication that is prescribed for YOU.** The most frustrating thing that happens to a physician is when a medication is prescribed for a patient after talking it over and thinking it through for the treatment of a condition and then when the physician asks later about the medication, the patient has stopped it or never even started it. It is one thing for a patient to try a medication and have adverse side effects and stop, but some just stop anyway. I have heard the reasons like, "I thought I didn't need it anymore since my cholesterol is now so good," "I don't want anything that is not natural in my body, and drugs are not natural," "I am taking too many pills now. I don't want to take anymore," and my all-time favorite, "My neighbor/friend/coworker/newscaster/stranger says that this medication will kill me, so I stopped taking it." The medications that are prescribed for you are ***guaranteed*** not to work if you do not take them. Keeping them in a bottle and looking at them doesn't make you exercise more, eat better or drop your blood pressure or cholesterol. **Your health is my top priority when you are in the examining room with me.** I do not get paid to write for any particular medications and when I do make money on some recommendations, e.g., Juice Plus+<sup>®</sup>, I will tell you ahead of time and also why I

still will tell you to take it. In addition, I am a bit greedy. If you die early, you won't be able to come see me and allow me to bill your insurance. So I like to keep my patients alive a long time so that I can pay my bills and keep my wife in a manner of style that she has grown accustomed to.

7. **Take your supplements as directed.** If you wish to live longer or lead a more productive and active life, you must make many changes in your life and that includes taking more supplements. A rule of thumb is that the older you are, the more supplements you will need to take to counteract your decreasing ability to synthesize or absorb certain compounds.

Some supplements are simple and universal to everyone. [Juice Plus+®](#) is the one that is for all ages, from very young children (Flintstone vitamins don't cut it) to the oldest patient in my practice. It benefits each and every one of them.

The next supplement that is important is for those over 30 years of age...fish oil. Fish oil contains EPA/DHA<sup>1</sup>, which are two omega-3 fatty acids in deep sea fish. Our diet is now lacking in the proper amounts of omega-3 fatty acids and therefore we must supplement our diet with these capsules. You should get a brand of EPA/DHA that has a high EPA amount per capsule (*at least 300 mg/1000 mg capsule*). EPA is an anti-inflammatory omega-3 and will help calm the internal inflammatory response that is going on inside your body on a daily basis. The proper amount to start with is two capsules twice a day with food. If you take it on an empty stomach, you will get "fish burps" and not have fun. You will not "feel" anything while on it, but you must take it *twice daily* if you want to lower your risks of having a coronary event in your lifetime.

The last supplement that is for men over 30 years of age and women over 18 years of age is calcium and magnesium. While you may think that calcium is only for your bones, it is used by the body for many things, including your heart. Magnesium was found to help reduce the rate of coronary events. Magnesium can be found in many supplements or by itself. Don't take a lot at once because it can cause diarrhea. Calcium should be taken in either the form of yogurt or tofu daily or pills. If you are

a woman past 40 years old, you should be taking at least 1200 mg daily divided up. The best form to take calcium is **calcium citrate**. It is the most bioavailable. You can get CitriCal® at a grocery store, or you can go to *The Vitamin Shoppe* and they will be able to set you up with your mineral supplements with both calcium and magnesium.

A final word about this type of therapy – as you can read, I try to manage heart disease in multiple spheres simultaneously and we have had great success with those who wish to change their lives in a radical way. But if you are not willing to change your lifestyle in a radical way, then every little bit helps keep you alive longer and perhaps still functioning better. Generally speaking, the more you do the program, the higher the functioning will be in your lifetime. It is that simple. But if you can do one of the above now and then six months from now add the next one and continue trying to add another one every six months, you will have a much better success than someone who feels overwhelmed with the above and tries to do it all and the moment they fail, they chuck the whole program and think that nothing will work for them. If you want to make changes in your life, you can. Just do it slowly. If you need help...just ask. That is one of the reasons why we are here.

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<sup>1</sup> Thies F, et al. Association of n-3 polyunsaturated fatty acids with stability of atherosclerotic plaques: a randomised controlled trial. *Lancet* 2003 Feb 8;361(9356):477-85.