The Lynchpin Podcast

Episode: Curing Heart Disease with Dr. Peter Megdal

Note: Speaker labels were added with best-effort heuristics. Please review any edge cases.

NORA: The Lynchpin Podcast with Nora Lynch-Smith

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NORA: Note: The following is an edited transcript with corrected spelling and formatting. Medical information discussed is not medical advice; please consult your physician.

NORA: "Welcome to The Lynchpin Podcast with Nora. I'm your host, Nora Lynch-Smith. This is going to be your go-to destination for insightful conversations at the crossroads of business, personal development, and the ever evolving world of real estate.

NORA: Hosted by Nora, me, each episode is going to bring you face to face with the trailblazers and luminaries at the top of their game. Whether it's delving into the strategies of successful entrepreneurs uncovering the secrets of personal growth or exploring the nuances of real estate dynamics, I'll help you navigate it all with finesse and curiosity.

NORA: Well, welcome to The Lynchpin Podcast. And today, this is a long time coming, Peter Megdal, or shall I call you Dr. Megdal?

PETER: You can call me Peter. I do have a PhD. I'm not an MD.

NORA: And we'll put the disclaimer on, this is not technically medical advice. I guess it would be, but please consult your physician. Do you want to do that whole thing too, when we're talking about this?

NORA: Because we are going to get right into curingheartdisease.com, which is your website. And Peter, this has been a long time coming. I think five years ago, I've mentioned this to you.

NORA: I didn't really continue that podcast. Now we have The Lynchpin Podcast. And finally, here we are.

NORA: And you've been really busy the last couple of months, setting world records, national records. I don't know. You've got to tell me more about this.

NORA: "But let's get started with how we got here. You've been my health coach too, have really helped me a lot with getting my health back on track. So talk to me about how you got started and why you went to get your Ph.D.

NORA: at 45 years old and all that. So give me your little life story here in a couple of minutes. We have time.

PETER: So I'm 65 years old. I am a two time world record holder in cycling for what's called the hour record, which is considered the most difficult and prestigious world record in cycling. And it's age grouped.

PETER: So they go five year age group. So it's 60 to 64. I had the 60 to 64 world record traveling at just under 30 miles an hour for an hour.

PETER: "It's on a track. This year, actually two weeks ago, almost to today, I broke the 65 year old world record, which is almost the same speed. I was about 200 meters shy of what I did when I was 60 years old.

PETER: This was done at altitude in Aguascalientes, Mexico. Part of my pursuit for the world record had to do with my heart disease. And I've been an athlete my whole life.

PETER: But my whole family has either perished or is currently very ill with heart disease. And I was expecting this to happen to myself. So I've been health conscious my whole life, but figured I was athletic and cycling and exercising and competing.

PETER: "And thought that I was basically immune. And then over about a five-year period, I noticed that my power started falling in competition. I got weaker even though I was training harder.

PETER: And then I was suspecting something was wrong. So I went to the cardiologist. I went to Mass General Hospital and saw the top athletic cardiologist in the United States who works there and they put me on a bicycle ergometer and tested me.

PETER: And sure enough, I had a signal that was not good. I was essentially asymptomatic. I really didn't have any chest pain or anything like that.

PETER: It was just getting slower. A year or two before that, he said, just go home. You're fine because I had such good power output.

PETER: And I went back. Then they said, well, in order to really tell what's going on, we have to do what's called an angiogram where they stick a dye into your artery. And they found out I had five major blockages in my arteries and my heart.

PETER: Of course, that was very disturbing to me. And you're awake during the procedure, and they ask you, and my wife is in the other room, if you want to have this procedure called putting a stent in, which is where they actually put a scaffolding in to prop open the artery. And they were going to do the most clogged artery, if you will.

PETER: And they did it. And I was like happy because my dad had it before he died. And it seemed to help him.

NORA: How old were you at the time?

PETER: This was in 2014, so 11 years ago. This is all on my website. I have videos and everything like that on there.

PETER: But I thought, oh, I'm cured, you know, because it's got the major part of it. I didn't know anything about specific diets for heart disease. And I had the procedure done in September.

PETER: And I went back for a retest in December on the bicycle ergometer where they look at your heart rate and all that stuff. And I got worse. And, you know, December is the off season, but I trained really hard.

PETER: I was actually training for my test. And that really shocked me. And I was like, well, I thought this was going to be better.

PETER: And then a friend of mine brought me a book by Caldwell B. Esselstyn Jr. called Reversing Heart Disease. And I was like, oh, this is interesting. And anybody can write a book.

PETER: So I was like, I don't know about this book. But it had references in it. And so being the scientist that I am, I started looking at all the references.

PETER: And then I found out that, oh, this is a real thing. You can reverse it. So my doctor never talked to me about any of the specific medicines or techniques to do this.

PETER: The literature at that time, the scientific literature, really only talked about nutrition or drugs. There was one doctor that was talking about drugs and just nutrition. He basically said that he reversed it.

PETER: And he had several patients that went through this procedure of just eating a vegan diet, low-fat diet. But only, I think he had like 50 subjects and only about five of them really stuck to the diet well enough to really have a result. I also looked at all the studies that looked at drugs, and there was a whole lot more drug studies that showed you could reverse it, too.

PETER: On that note, the drugs weren't working as well as the diet. And I thought, well, maybe if I combine the two. So I basically designed my own program where I went on a low-fat, whole food, plant-based diet, eating basically no meat and cutting back on all the fat.

PETER: It was extremely strict about it. I researched all the top drugs, and at that time, there's a drug that came out called Repatha. It came out about 10 years ago.

PETER: "And you had to get on to basically a wait list, or you had to go through all kinds of hoops, because the drug at that point cost $10,000 a year. It's called the Biologic, so you inject it twice a month, and it goes in and it knocks out a protein that they found raises your cholesterol. So it attaches to this protein.

PETER: It's an antibody, and it eliminates it from being absorbed in the blood or in the liver, and your cholesterol drops. And they've done a ton of studies. They found out about this on people that naturally had low, the protein is called PCSK9.

PETER: They found out that people that have low PCSK9, the only side effect they have is no heart

attacks, very low cholesterol. And so it's a very targeted therapy, unlike statins, which are kind of a shotgun approach, which they act in a completely different way. So this drug basically lets you eliminate the cholesterol that's produced.

PETER: "Statins stop the cholesterol from being produced, and there's a lot of problems with that because of the way that it works. So a lot of people with high dose statins have a lot of side effects, and there are really no known side effects for PCSK9 except injection, site irritation. If you look at the medical literature and the published data on it, both by the drug company and independent data, show that there's basically no side effects.

PETER: I mean, in rare cases, you can have allergic reaction to the drug or some of the components. So I've been on it for about 10 years. And in addition to that, low dose statins actually have very low side effect profiles, which is quite interesting.

PETER: So if you take the lowest dose of a statin, you get the most benefit in terms of percentage. So for example, if you take the lowest dose of pravastatin, which is what I was on, 10 milligrams, you get about a 20 or 30 percent drop in your cholesterol. If you go to 100 percent of the dose, which I can't remember what the dose is for pravastatin, but if you take the largest dose of statin, your side effect profile goes way, way high, and you only get another 10 or 20 percent benefit.

PETER: So you can keep increasing the dose of the statin and increasing your side effect profile, but then you don't get that much benefit. So what I decided to do was take the lowest dose of the statin along with the injectable, and there's three other drugs that I take, and you would think that this would have a lot of side effects, but they're all very low dose. It takes niacin and Zetia.

PETER: Zetia is a drug that stops the cholesterol from being absorbed in your intestine, because there's a loop. You secrete excess cholesterol into your bile. It goes out into your intestines, and you eliminate that through going to the bathroom.

PETER: "And this other drug, Zetia, stops it from being reabsorbed because you have this cycle where you reabsorb it. And all in all, I have my cholesterol total go from 200 to about 70. So if you know your cholesterol numbers out there, you think 200 is actually just around the normal limit.

NORA: I wish I was at 200.

PETER: Right. So, you know, it's like the normal limit.

NORA: But don't you think, like, my mom is super thin, and she's in her 80s, and she has high cholesterol, but she's healthy and fit and thin. Isn't there something about having too low cholesterol?

PETER: That's an interesting question because there is a group of people, physicians, that have been harping on, oh, you really need cholesterol. And I'm not really sure what their tact is. They even wrote a book, and they've even gotten published through some of the big medical journals.

PETER: "And this has been a big question that I've had repeatedly. So I've really studied it. And it turns out that there are some products that these individuals are selling.

PETER: And through these products, they have really sort of brought up some poor studies. And the basis of the studies is this, that there are people that have very low cholesterol, that have very poor health. But they're not clinical trials that show this.

PETER: And it turns out that smoking and being relatively decrepit and having muscle atrophy and being overall fragile tends to lower your cholesterol. And there is a certain group of individuals that are very unhealthy. For example, severe cancer can lower your cholesterol.

PETER: "There are certain illnesses. So if you actually look at population studies in the United States, for people that have very low cholesterol, there's a U-shaped curve, meaning if you're very low cholesterol, at the very top of the left-hand curve, you have high death rate. And as the cholesterol goes down, you tend to have better health.

PETER: And then as you go up, there's a higher death rate for very high cholesterol. A good way to look at this is you can look at people that have familial hypocholesterolemia, which is a very deadly genetic disease where cholesterol goes to a thousand or higher. If you look at the studies on these typical type of people, they generally have heart attacks when they're children.

PETER: And it's quite interesting because when a seven-year-old presents with chest pain in the emergency room, the last thing that they think of is this child's having a heart attack. So the death rate for these individuals is nearly 100% because they go in, they're having a heart attack at the age of 7, 8, 9, 10, 13, and they're completely undiagnosed. They don't look at it.

PETER: "And before they can treat them the way they would a 50-year-old, they die. The longest-lived individuals with cholesterol over a thousand, usually I think the oldest I ever saw was 21, 22, maybe 27 years of age, untreated. So cholesterol definitely causes atherosclerotic heart disease, which is narrowing to the arteries.

PETER: On the other end of the spectrum, if you look at certain illnesses, like certain types of cancer and other types of illnesses, like really old, fragile individuals, they can have very low cholesterol and be extremely unhealthy. So what you really have to do is look at clinical trials. And there are literally thousands of them.

PETER: If you go on PubMed, which is the repository for medical literature, there's probably somewhere in the neighborhood of 1 million studies that talk about statins or cholesterol-lowering drugs. And of course, a lot of these are biased because they're published by drug companies, but there are thousands of independent studies, university studies, which is where I did my publications. We are basically completely independent.

PETER: "In all of those studies, it's universal that lowering cholesterol through either medication, diet or exercise has a universal, incontrovertible decrease in heart disease and heart attack events. So whenever you hear the argument that you need some cholesterol, that's absolutely true. Cholesterol is an integral part of cell membranes and of hormones like estrogen and testosterone.

PETER: You absolutely need it. But here's the deal. As I said earlier with people that have normally low cholesterol because they have this protein that's eliminated from their system called PCSK9, which is the injectable drug that attacks that protein.

PETER: Those individuals have zero other side effects. They don't have increased cancer. They have perfectly normal sex lives.

PETER: "They're fertile and everything else. And they have zero heart attack risk, zero, because their cholesterol, there's a homozygous and they have both alleles, a double gene dose, which is actually, they basically don't have PCSK9. Their cholesterol runs well under 50.

PETER: Their LDL cholesterol is basically undetectable, meaning the bad cholesterol, which they say is LDL cholesterol, they don't even have it. And these people are completely normal. These don't have heart disease.

PETER: And in broader studies, looking at the amount of cholesterol that populations have all around the world, because remember the United States isn't the only country in the world. There are countries that eat much healthier, like in China. A lot of studies in populations like the blue zones that you've heard about, that have very low cholesterol, they're all healthy.

PETER: "So you produce enough cholesterol and it's really virtually impossible unless you go through a procedure called electrophoresis, where they remove your blood and filter the cholesterol out. There's almost no way to get, not get enough cholesterol. I'm a perfect example of an N of one, because I have reduced my cholesterol down to, it balances between 20 and 30, because when I'm in the competitive season, I have to dose because I'm training so hard, but my LDL cholesterol is around 30, okay?

PETER: So being around 30 is, well, let's see, the normal range according to literature is around 100 to 120. If you have heart disease, the American College of Cardiology recommends that you go under 70 if you had a heart attack for secondary prevention to stop you from having a second heart attack, and not until PCSK9 inhibitors or Repatha, injectable drug I talked about in combination with statins. Until you have that combination of drug, including Zetia, they've never been able to get cholesterol that low.

PETER: "And it's been about 10 years now since studies have come out, and the data is absolutely incontrovertible. And I can't show you on the screen here, I have it on my website. You can see a linear decline in what's called major adverse cardiac events.

PETER: It's a linear decline down to almost zero the lower the cholesterol goes. So in other words, as you take the drug and you combine the drugs and you see the cholesterol going down, as the cholesterol goes down, there's a linear decline in cardiac events. So right now, there are updates about every two years through the Society of Cardiology and other educational bodies for medicine.

PETER: "And all these updates are always dropping the cholesterol levels, particularly for secondary meaning you've already had a heart attack. Now, having said that, the broader literature shows that the lower your cholesterol, the less chance you have. And they've done some really cool studies where they've looked at people that had LDL cholesterol between 100 and 50.

PETER: And what they found out is that if your LDL cholesterol is below 50, you don't have any heart disease. And that's been absolutely clear. The best way I can phrase this and having myself as the guinea pig here, which I wouldn't do anything that would hurt myself, I was trying to not only save my own life, but also be athletic.

PETER: "To drop my cholesterol this low, you would think, well, okay, so you say, okay, people say, well, you need high cholesterol, you need some cholesterol. There's plenty of cholesterol in my blood, and I've been able to do athletic things that I couldn't do at all before. And as a matter of fact, if you go to my website, I do have a video on there where they angiogrammed me twice, once before and once after my own treatment, that I designed this program.

PETER: You can actually see that I had five arteries that they couldn't stent, and thank God they didn't. All of them are opened up now. So my heart is functioning at 100%.

PETER: So at 65, I started recording my data for my power output on the bicycle starting in 2006. You know, I was only, how old was I in 2006? 46 years old.

PETER: "So it was almost 20 years ago. And this year I had three different power outputs that were the highest that I've had since, I'm trying to think now, since I was 50. So, you know, 46 approaching the power outputs that I had.

PETER: And actually one of my power outputs that I had was for a four hour event was the highest ever recorded on my power meter since I started recording when I was 46 years old. And generally speaking, if everybody knows as you get older, you definitely don't get stronger. That's why in the Olympics, you don't see 65 year old weight lifters, and there's nobody 65 in the Tour de France.

PETER: However, if you compare myself to myself, I've improved over the years, and that's strictly due to the improvement of my heart function. And so you can put a lot together and, you know, if anybody wants to go to my website and email me and ask me questions, I could certainly clarify that information. But the data on cholesterol and heart disease is incontrovertible.

PETER: "It's about as close as you can get to saying that it's the same incontrovertible evidence as gravity or bacteria is to infection. In the medical community, there absolutely is no question. The big question is, how do we get the population to reduce their cholesterol?

PETER: There's a joke that we weren't all born with a statin deficiency. But if you look at studies where they've put large swaths of people that haven't had a heart attack on statins and lower their cholesterol, the same thing comes true. The lower the cholesterol in the population that they've treated, the better off they are.

PETER: And in clinical trials, where they combine all these drugs, they'll combine two, three or sometimes four different drugs. What they have found out is that the heart attack rate just keeps dropping, and there's no adverse health effects. Now, having said that, statins do have an issue, an issue called rhabdomyolysis, which can be a deadly disease where the statins attack the muscles.

PETER: "Those really only happen on the high doses. I really don't see that type of thing on lower doses, because PCSK9 inhibitors, otherwise Repatha, which is the brand name of the drug, those drugs are very expensive, so insurance companies, payers will not pay to have you on that drug. If you fail on a statin, because when I first started statins, I was on high dose, I couldn't even ride my bike.

PETER: I was so weak that it really affected me. And on the low dose, on the lowest dose, the reason I got on the drug was because the injectables, because I was intolerant to statins. What we found out if I have the lowest dose, so if you take 10 milligrams, and pravastatin is the weakest statin there is,

there is like Atorvastatin, Lipitor, and some of these others are extremely powerful drugs, much more powerful.

PETER: This is a water soluble, very weak, has a low side effect profile. I was cutting the lowest dose in half, taking it with the Repatha, and I had a huge benefit because they work synergistically. So you can modify some of this through medical study.

PETER: "You know, I did, I read the original studies, the clinical trials, and figured out how to basically dose this. And if anybody wanted to work with me, which Nora, you didn't have to go through this, but I do have clients that I work with, and because I'm not a physician, I can't really give medical advice. I advise the physician with the patient, and Nora knows this because I've been with her.

PETER: Right. You can share.

PETER: With the physician. But one of the things I do is I go on and translate the complex language. As you know, if you've ever seen a physician, they usually limit you to five or ten minutes.

PETER: They don't give you a lot of time to explain this sort of thing. And so in my coaching, what I do is I spend some time with the individual, and then I also coach the physicians, because physicians, unfortunately or fortunately, are trained in medicine. And medicine is medicine.

PETER: "You take medicine. They're not really trained in lifestyle. They're not really trained in nutrition.

PETER: And they're certainly by practice guidelines. So if you're in a physician practice and you're being paid by a hospital or a practice that is a corporation, they have what's called physician guidelines. And those guidelines are how to treat a patient.

PETER: You cannot go AWOL or you'll get fired if you decide, oh, I'm going to just give this guy niacin and play around with the dosing outside the guidelines. And you can also get sued. And this is why I'm very careful to say, these guidelines, this is what I did for myself.

PETER: This is something you have to discuss with your physician. Here is the medical evidence. I will present the medical evidence.

PETER: "And then you have to make your own decision on this because the way that we're a very litiginous society. But I go by the current medical evidence. And what's interesting is the medical evidence that your physician is working on is generally about a 5 to 10 year old database because they have to process the study and read the study, assimilate the study into the practice guidelines, then present that to a committee, which I've read these committee reports.

PETER: It takes years to go through committee. So by the time the practice guidelines come out and the American College of Cardiology gives us guidelines, it's based on data and studies that were done 10 years ago or five years ago. And so that wasn't good enough for me.

PETER: So what I did was I decided to look at the current medical literature, which anybody can do, by the way. You can go to Google Scholar, you can go to PubMed, 30% of the studies on PubMed you have free access to. If you want to get the whole study, you just email your library and they can

generally get it for you.

PETER: "Oh, I didn't know that.

PETER: Yeah. And a lot of them are free in Google Scholar, and you can actually read the abstracts, which is usually good enough. Some of these are technical and hard to read, but at the same token, you can get a medical dictionary, use AI to translate it for you, and you just spend a little time, you can read these for yourself.

PETER: The problem is that you also have to, what I use my PhD for more than anything right now, is actually finding what the biased studies are. Because unfortunately, there is biasing, and nowadays you have to have disclosures. So if Abbott Labs is sponsoring your study, you have to say, I'm being paid by Abbott Labs.

NORA: Doesn't that make sense though?

NORA: They didn't use to do that. So in the past, you could just basically do whatever you wanted to do. Now there's disclosures and that sort of thing.

PETER: "And then you have to read the disclosures, see where the funding source is coming from. Whenever I see something really weird, that doesn't go really with the way that the medical literature has been going, then I start to really look and focus on disclosures. And the food industry is absolutely the worst in terms of sponsoring studies.

PETER: I actually was a PI, Primary Investigator for a study on peas, to see if the genetically modified pea was better. And a food company sponsored me, and they wanted me to go back and redo the studies because it didn't show them what they wanted to do, and I refused to do that. It wasn't in my contract that I had to, so I didn't.

PETER: But that's the kind of thing that you can find out, that people and studies will tend to be a little bit more biased. That actually takes PhD level study, because in the medical database, unfortunately, you can actually pay to have a study published. I get solicited every day in emails to publish in my journal for $5,000.

PETER: "And if I pay you $5,000, you'll publish basically anything. It's not a true peer review study. And so this gets extremely complicated.

PETER: So when you're out there as an individual and you don't have a PhD and you're just trying to understand something, and you see online in Google News Feed that butter is good for you, and then you go, oh, wow, I could start eating butter again. And I was guilty of that before I got my doctorate because there was an interesting review that LDL cholesterol really isn't as bad as they say it is, and that butter and fat really doesn't have an effect. This was published in the American Journal of Clinical Nutrition 10 years ago, 20 years ago.

PETER: And I was like, okay, and so I just started eating, I was eating hamburgers and everything else and thinking it didn't have any effect. That's one of the things that really keyed me into thinking, I couldn't even, you have to be so well vetted to publish in the, it's the number one journal in the world, the American Journal of Clinical Nutrition, and they're publishing this stuff that is just

outrageous. So if you get sponsored by the right people, you're at the right university, you can get a lot of things published that really aren't.

PETER: And I'm writing a book on this right now, and I'll just sum up this long discussion because I'm looking at time.

PETER: I have another question. I have a couple of million dollar questions for you.

PETER: Let me just finish this one thing. If you look at heart disease in one setting, in one study, it's difficult. There are really five different things.

PETER: "You look at the blue zones, population studies. There are clinical trials, which I've read that show that if you go on a low fat, whole food plant based diet, it reduces the plaques in your arteries. And I went back 30, 40, 50 years ago and looked at animal studies.

PETER: There's certain monkey that has exactly the same cardiovascular disease that we get in models. They feed them McDonald's, they get heart disease, they feed them the normal low fat chow, they don't get it. So the data is universal on this stuff.

PETER: Interesting. Well, here's my question. Let's talk about GLPs.

PETER: Zepbound, Ozempic, tirzepatide, semaglutide.

PETER: "Those are really good drugs. And I'm not an anti-drug person by any means. I'm in among five drugs.

PETER: Before we get into semaglutide and tirzepatide or whatnot, can you do this on your own if you really have a low fat strict diet without medication, do you think? I mean, again, we're not giving any advice.

PETER: There are some studies now, and cardiologists that work on this will agree that you have to do both. And the reason meaning take the top of the line drugs and do the diet. And the reason I'm saying that is if you do the drugs, it's like if you had an infection that you didn't have covered and you kept getting it dirty, you took antibiotics.

PETER: "The antibiotics may keep the infection under control from spreading, but you're going to have an infection on your arm. And there's actually a type of infection that you get that form a biofilm around say implants, shoulder implants, artificial limbs inside the body. And those people have to take antibiotics for the rest of their life because the infection will get out of control.

PETER: If you are eating a bad diet and a diet that increases your risk for heart disease, such as what we call SAD, the standard American diet, which is high in cholesterol, fat and fried foods and the like, and not a lot of vegetables, you're going to continue with heart disease. And actually, if you look at the studies, it's quite interesting. Statins reduce your residual risk of a heart attack by 30%.

PETER: "That means you have a residual risk of 66% still having a heart attack. It doesn't eliminate it. The studies that show if you do a whole food plant-based diet and these drugs, your chance of a heart attack is virtually zero.

PETER: And so for me, given my family history, I wanted to wear suspenders and a belt on this. So the fact is you can take, you know, Ozempic, which actually lowers your heart attack risk, reduces your weight and eat an absolute normal diet in the sense of eat your French fries, eat your hamburger, eat your steak, put blue cheese just in all over your salad and eat what you've normally been eating. And, you know, hey, look, a lot of people do eat five vegetables a day.

PETER: "You can have your broccoli and, you know, your salad and everything else. That is somewhat of an inoculation against what you're going to get with heart disease. But if you have a dose of genes like I do, where both parents have the heart disease genes, you have to change the diet.

PETER: I know people, and I think Nora, you're one. We did a angiogram on you as a virtual angiogram, a CT angiogram. You're one of the few people, I think that was five years ago, that had zero plaque noticeable in the arteries, but you were only in your lower fifties.

PETER: "As you get older, that stuff builds up, and you can actually be overtaken within five or ten years with a heart attack. So you have to either periodically get your arteries scanned, and here's the whole other flip side of this. I'm not just talking about heart disease.

PETER: There is a sort of a universal law of health that if you have poor eating habits, you also have poor health that can manifest itself in a myriad of different ways. That could be cancer, dementia, low energy, brain fog, all sorts of different things. You know, Alzheimer's, there's like 20 different types of dementia you can get.

PETER: Your skin tone can look different. Your skin will not look as good. You can actually look at people and tell if they're healthy.

PETER: "I routinely get accused of being 50 years old. And I have a lot of competitors that I race against who are not on this diet, that if you see me side by side, you wouldn't believe I'm the same age group.

NORA: What does your daily diet look like?

PETER Well, I'm sitting here in front of a Quaker Oats oatmeal box that my computer is sitting on. So for breakfast, I have oatmeal and raisins. And I do use a little bit of sugar, you know, a teaspoon of sugar.

PETER: I don't load up on the sugar. I have coffee. I use a non-dairy creamer, just a little bit, and a little bit of sugar in my coffee.

PETER: "And that usually carries me through lunch. And I'll ride typically 30, 40 miles in the morning on that. And then for lunch, I'll have a meatless sandwich or two on whole wheat bread, so it'll be fake meat.

NORA: No cheese?

PETER: Generally, I don't eat cheese. I sometimes, you know, I've loosened up my diet a little bit over the last 10 years, where I'll allow myself a little bit of Parmesan on my spaghetti, and sometimes I'll have a little bit of yogurt. But I calculated out that my diet is 99 to 98% plant-based in terms of calorie

intake.

PETER: So less than 2% of my calories are cheese, milk, meat, or anything like that.

NORA: "You were telling me get rid of the juice or plant-based whole food or whole food, plant-based, right?

PETER: Yeah, whole food, plant-based. And my suggestion is that everybody read about it. I mean, there are a lot of really good videos on my website.

PETER: I have a list of some of them, but Forks Over Knives is a documentary that was done by Caldwell B. Esselstyn Jr. about 10 years ago. There are several videos on plant-based diets. The problem is that anybody can do a video, and there's all sorts of videos about the carnivore diet.

PETER: "So when I was saying I was writing a book and looking at all these different things, if you look at population studies in blue zones, universally for the people, remember, it's hard to do a 100-year study when you only live 100 years. So they have to look at the longevity of people that eat these types of diets, like in rural China or Crete, where they eat a largely plant-based diet or some of the other blue zones. People routinely live to 100 years of age.

PETER: In the United States, it's about seven people for 100,000 live to 100 years. In Okinawa, it's like 25. So there's four times the number of centurions per population in some of these blue zones.

PETER: "Somebody told me the other day, oh, I don't want to live long, I want to live a healthy life. They go hand in hand. Looking at me again, I broke a world record.

PETER: I was trying to show that it's not just that you can survive and reverse heart disease and live, which is really what most people are gonna do. I went out and got better. I mean, my VO2 max went up, my oxygen capacity, carrying capacity went up, my energy level went up.

PETER: I was able to train harder. They've done mouse studies where they feed them a lower fat diet and more of a whole food diet and measure their activity, your activity and energy level goes up, your sleep's better. It's funny, you can look at bad food like this.

PETER: "If you want to eat ice cream, which I'll eat ice cream one time every two months or so. If you want to eat ice cream or bad food, you may like the food, but the food doesn't like you is a good way to put it. And if you have heart disease and you want to reverse it, if you watch some of these videos and study and read some of these books, because the cardiologist is not going to tell you this.

PETER: So Dean Ornish is the other guy I was trying to tell you about the doctor that started a lot of those. But there's some people in India that have done clinical trials, just like Dean Ornish. They show the same thing, that more strictly stated the diet, the better off you are.

PETER: "So when I was reversing the disease and before I got measured, I was 100% vegan and 100% low fat, Amazon, all these drugs. And you can see in four years, I had a complete reversal for the arteries that they did not set. So the arteries opened up.

PETER: My suggestion to individuals is that you can do this. And it's the leading cause of death, heart

disease is the leading cause, it still beats cancer. And if you were to go on this diet, cancer rates would drop too.

PETER: Dean Ornish did a study on the recurrence of cancer and prostate using a plant-based diet with drugs versus just staying on a standard American diet. And it was astounding, the amount of reduction in recurrence of prostate cancer. It actually didn't even come back when people were plant-based.

NORA: "What has your doctor said when you've gone back?

PETER: Well, you know, it's kind of funny because you would think, and our doctor is the same doctor, and I'm not going to announce his name on the internet here, but I think he is astounded. He routinely is happy to see me. Sometimes he says, just come in to see me, because, you know, I'm a patient that actually taught him.

PETER: And interestingly, I was a physician educator before I started my own company, Curing Heart Disease, and I used to teach doctors how to treat patients for various drugs that the drug company sold. I was not a salesperson. I was a medical educator.

PETER: "I taught him how to do this sort of stuff, and now he sees patients that I refer to him. I go in and I actually advocate for patients with him, and he sort of understands it. But doctors are so busy, and they're dealing with the triage of dealing with people that are having heart attacks right away.

PETER: And the prevention aspect of it is something that physicians don't really get reimbursed for or paid for. And so it's not something that they really, really focus on. And that's what I'm here for.

PETER: I love it. I love it. We didn't really go into what I'm really curious about right now is the GLP, like Ozempic and all that.

PETER: "Yeah, we talked about that. We got sidetracked. Those are excellent drugs.

PETER: I mean, the data on those is phenomenal. A lot of people can't control their appetite, and part of that is the food that we eat. And some people's appetite suppression centers, when you eat, you normally, if you look at wild animals, you don't ever see a fat deer.

PETER: Normal animals in their normal living state don't really get fat. We have created foods that have what's called hyper-palliability. Potato chips have just the right amount of salt and fat that you can't just eat one, and they even have commercials, like you can't eat just one lazy potato chip.

PETER: "And so we, and plus the calorie content is so high in these foods that you eat them so fast, you eat them before your appetite suppression catches up. And I think that many people in the United States, probably most people have a damaged appetite suppression center, it's a very complex system of neural control and stretch receptors in the stomach. And these newer drugs that came out really compensate for that and can really help.

PETER: They reduce heart attack rates. 50% of the people that get on Ozempic and these other drugs though, quit within a year because about 50% because of severe side effects, stomach pains, diarrhea, cramping, nausea, vomiting. And some people have even more severe where they die because they

get testinal blockage because their intestines stop working.

PETER: "So they're not at all without side effects. For the people that can tolerate them and you can get on them, I totally recommend them. But here's the other aspect of that.

PETER: If you're eating a poor diet and you're eating 30% less of the food that you're eating, and you don't have a lot of nutrients in the diet, then you're going to get even fewer good nutrients with the bad crap that you're eating. And what they found out that most of the people that are on these drugs are still eating the same type of diet, which is not really nutrient-dense, and they have massive muscle loss, they don't get enough protein, and they actually get withering diseases. And the long-term effects over five years isn't really pretty for the people that stay on it, because they actually physically get weaker and they have all sorts of other frailty types things.

PETER: "So people that are on this drug, I recommend that they actually supplement with protein and make sure that they eat a very nutrient-dense diet, which is slam the broccoli, slam the blueberries, and do not eat fried foods, do not eat a lot of fat. Fat does not have nutrient value in it. So don't add olive oil to stuff, even though olive oil is said to be really healthy.

PETER: Five billion dollars a year in the olive oil industry. Multiple thousands of studies have been published by sponsorship by the olive oil industry. I'm not saying olive oil is necessarily bad for you.

PETER: I don't use it, though. I think that the fat content is too high for people particularly that aren't exercising. If you go on more, at least on the spectrum, as high as you can whole food plant-based, and you get on those Zempigran and these other drugs, you can have a perfect balance of healthy living, lose weight and be healthy.

PETER: "If you're not getting enough nutrients, and I'm not talking about taking a multivitamin because there's tens of thousands of nutrients in vegetables and other types of foods like fruits that you do not get in a vitamin. And so you actually have to eat food, surprisingly.

PETER: And what about eggs? Because I like to have my hard-boiled egg or an egg. You know, no egg guy.

PETER: So there is a study done in Canada, and I'm trying to remember the physician's name. He runs a clinic in Canada. It's a stroke clinic, and he basically studies people.

PETER: And over a 20-year period, he looked at egg intake and carotid artery, intimal thickening and plaque built up in the neck arteries. It was a direct correlation between how many eggs you eat and how much plaque. And there's a lot of conflicting data on this.

PETER: "Again, the egg industry is a billion-dollar industry, multi-billion-dollar industry, a lot of studies. When I was in University of Massachusetts, the lab next to me was sponsored to show that eggs were actually not that bad for you. And so I know about how all this works.

PETER: In my opinion, particularly if you have a propensity for heart disease, just stay away from eggs. If you have to eat eggs, reduce it to once a week, once every two weeks. That's really not going to hurt you.

PETER: And the reason that eggs can be so bad for you is because there's about 300 milligrams of cholesterol. And there's a whole ton of studies that show, oh, well, if you eat cholesterol, it doesn't really change your blood cholesterol levels. Well, of course not, because you're not going to get a cholesterol test right after you eat an egg.

PETER: "But if you eat cholesterol, let's just say not eggs, but meat, which has cholesterol in it, and worse yet, oxidized cholesterol. So if you fry an egg, it's oxidizing the cholesterol. It kind of ruins the cholesterol and it makes it really sticky.

PETER: That cholesterol sticks to your arteries. Boiling an egg would be better. Do I eat eggs?

PETER: Over the last year, I've probably had 10 eggs in the last year. And that's because I've loosened my diet a little bit, because my last test showed completely clear arteries. But again, I'm 99, 98% plant-based.

PETER: If you're eating a regular standard American diet, you're eating eggs and you have heart disease in your family. And I will say this about that too. About 20 years ago, there was a study called PDAY, which is the abbreviation for pediatric cardiac disease.

PETER: "They were looking at young people. And they actually went up to 35 years of age. There was just under 3,000 people that they looked at.

PETER: These were cadavers, people that had died from infection, car accidents, suicide, not heart disease. They looked at their arteries, perspective study, meaning they had it mapped out what they were gonna look for in the study. Before these people died, they got the study approved.

PETER: They went to various morgues and hospitals and got these deceased individuals. And they looked at the arteries and found out that every single person from the age of 1 to 35 had heart disease. By predefined definition of fatty streaks, what was the pathological situation in the arteries.

PETER: "Some people say, well, everybody had it, so it's normal. No, it was a pathology that was defined by pathology. Why did babies have it?

PETER: Because of the mother's eating eggs and cholesterol and fat. It gets through the placenta into the baby and affects the neonates arteries. What they found was a linear increase in plaque and fatty streaks up through the age of 35.

PETER: And the number of arteries that were affected. So we did a CT angiogram on you, Nora, and it showed that it didn't have any overt pathology. Remember, it's looking at narrowing in arteries.

PETER: "But if you were to take anybody's arteries, including you, and dissected them and looked under a microscope, you would see something there. The only people that didn't have this are people in these societies that don't eat fat and don't eat animal products. And they have zero heart disease, zero plaque, zero pathology in the arteries.

PETER: When you look at normal ranges, for example, when they say normal range in the United States is 50 to 200 cholesterol, in Japan, it's 100 to 150. They eat mostly plant-based, and they do have some fish. But in most societies, other than most Western societies, like in Germany, for

example, or England, it's the same thing.

PETER: "Everybody has this pathology. It's not a big surprise that people have heart attacks. All of a sudden, one day you have a heart attack.

PETER: This disease started when you were a baby or even in utero. And it's just a very pernicious, slow growing pathology that catches up with you as you get older. And the way you can look at it is the worse your genes are.

PETER: You have parents that have heart disease, no matter what age, but particularly at young age. Both my parents had heart disease at a very young age. My uncle had a heart attack when he was in his 40s.

PETER: My younger brother died in his 40s. Basically, if you have a sibling that dies young from a heart attack, then you're really screwed. And for me, I was pretty screwed.

PETER: "I had lesions all over my arteries. So eggs, I would say, you can say everything in moderation. That's a term that was invented by the food industry.

PETER: So you can eat everything. It's a very vague term. And it's completely meaningless in science.

PETER: Because what's moderation to you, if you're eating two eggs a day, that's very moderate. Ten eighths eggs for you might be excessive. I mean, everybody has their own definition.

PETER: This is why I also don't like the Mediterranean diet. The Mediterranean diet is a modified American diet. I mean, it's basically eating more vegetables and less meat.

PETER: "Well, what does that mean? Well, I only have meat once a day. I was talking to my physical therapist the other day, and he says, I eat meat three times a day.

PETER: And he doesn't think that's excessive. And the other thing about eggs and the cholesterol, which I didn't finish, is that, yeah, it doesn't raise your overall blood cholesterol, but every time you eat, that gets digested, goes into your blood, and then gets sequestered in your arteries over a period of three or four hours. So if you eat meat and cholesterol three times a day, remember, you have your cholesterol tested when you're fasting.

PETER: If you're constantly having cholesterol circulating from the food that you eat, you're adding to your already blood cholesterol. And the way you can look at it is, blood cholesterol is the building blocks for plaque in your arteries. It's the building blocks.

PETER: "The worker bees that make that cholesterol become part of the structure of your arteries. In other words, it's circulating in your blood, it's flowing through your arteries. How does it get into the arteries and stuck in your arteries?

PETER: Your immune cells do that. Your actual immune system attacks the cholesterol and tries to eat it, literally eat it. The phagocytitis, monocytes, grab it, eat it.

PETER: And you have these monocytes in the arteries, and they're inside the artery wall, and it grabs

that cholesterol, and then it chokes on it essentially and dies in the artery. And that creates a foam cell, which is the beginning mechanism of cholesterol. If you don't have cholesterol, you can't get plaque.

PETER: "And of course, you need some cholesterol, so you want to reduce that cholesterol. You're not protected if you have high HDL cholesterol necessarily because 30 to 50% of the people that have HDL cholesterol, the HDL cholesterol is known as the good cholesterol. That cholesterol removes the cholesterol from your arteries.

PETER: It's called reverse cholesterol transport. 50% of the people don't have functioning HDL cholesterol. So you could have very high HDL cholesterol, and it operates just like bad cholesterol.

PETER: So we don't even look at HDL anymore as a positive thing. We just look at how low your LDL cholesterol goes. And actually, they look at apolipoprotein B and A, which are the proteins that are attached to the cholesterol, which is even more accurate.

PETER: "Don't worry about any of that. Just get your LDL cholesterol really low is the key feature. And if you eat eggs, if you have parents that are diagnosed and you're undiagnosed, get a CAT scan angiogram.

PETER: It's what I recommend. You can ask your doctor for it. They generally don't do it.

PETER: Sometimes you have to say, oh, I have chest pain to actually get them to do it, or you're feeling really bad. And if you can get a CAT scan and get the insurance to cover for it, do not get a calcium score. Calcium score, you suffer from the same radiation.

PETER: It's actually a little bit less radiation from the CAT scan, which are actually now the CAT scans are so low. It's like getting just a couple of check size arrays or whatever. They're digital.

PETER: "They're very low radiation content to them, much less than if you got a standard angiogram. I don't know the direct conversion of how many chest x-rays, but it's very little, very safe. But the calcium score, 40 percent of the plaques you have don't have calcium.

PETER: Plaques or the narrowing of the arteries, they won't show up. So you can have a perfectly clear, and nor you had a CAT scan angiogram. You did not have the calcium score, although you can get the calcium score from the CT angiogram.

PETER: You can't do the reverse. You can't get the CT angiogram from a calcium score. So both of those use a CAT scan to look at the arteries, but the CAT scan actually puts a dye in the arteries through vein, and you can contrast it and actually see the hole in the artery to see if it's narrow.

PETER: "When you get what's called a calcium score, the calcium reflects back and all you can see is a shade. You can't see whether or not there's a narrowing. And like I said, something like 30 to 50 percent of the people that have plaques, they're soft plaques that don't have any calcium.

PETER: I feel like I have to re-listen to this whole thing, just get my LDL and my HDL. I didn't know this is going to be a big cholesterol thing, which is really fascinating. You're getting me back on the wagon, as they say, I think.

PETER: I don't know about eggs and a better diet and it's constant.

PETER: It's hard to do. And there's a joke, everybody says everything, everything he kills you. And you know what?"

PETER: "It's like, it's actually true. Because we live in a toxic society. If you just sit back for a minute and think of yourself as a fish in a fish tank, and you remove yourself from the fish tank and you look down, and you know, let's say you're a goldfish and the water's cloudy, you don't know any different.

PETER: But if you just step back and say, you know, read a book about the blue zones or watch some of these videos and say, when you go to the supermarket, like I went to Italy a few years ago, I was on a bike ride and I wanted some junk food just to supply me with some energy. I needed some carbs. I wanted a candy bar.

PETER: I wanted anything. You go on the gas station there, you get gasoline, you don't get cokes, sodas, anything that you could pump yourself up with sugar. You go to a big gas station there and they'll have fruit and vegetables.

PETER: "In the United States, everywhere, you got to send Home Depot. And right at the counter there, they had Mars bars, baby roos, and cokes right at Home Depot. Even Whole Foods has candy right there next to the counter.

PETER: So you can grab that. It's really crazy. And these types of foods, people give up.

PETER: They think, well, you know, it's just so confusing. And it's meant to be by design to be confusing. The actual reason I got my Ph.D.

PETER: was because I was confused. And I have a very curious mind. And believe it or not, I went through and got a Ph.D.

PETER: and I got my diploma. And I was so proud of myself. And then two years later, I was diagnosed with heart disease."

PETER: "I didn't know anything about plant-based diet. And my Ph.D. was in nutrition.

PETER: How did that happen? Because all the studies, all the professors, all the direction that I got was, you know, looking at my new parts of nutrition. So we looked at insulin response to foods.

PETER: We looked at various types of mechanisms of how nutrition affects the body. But we didn't look at the whole picture. And when I got diagnosed, I got another Ph.D.,

PETER: which was, oh, well, how do I fix myself? Because obviously I was not well. And so a smart person, going back to school when you're 50 and still not getting the message, it's not easy to figure out.

PETER: "When food companies want to sell you, there's a really good book by a woman named Marion Nestle. She's in her 90s, I think. She was at New York University, wrote a fantastic book that I recommend to everybody called Food Politics.

PETER: And she compiled everything she went through with food companies, contacting her to get her to publish and this sort of thing. One of the chapters in the book talks about the markup for corn to corn chips. It's like, I think it's 100 or 1000 percent, like an ear of corn costs half a cent.

PETER: And by the time you convert that corn to a corn chip, you're looking at $2 a bag, thousands of percent of getting food into people's mouths. And if you think you got 300 million people, people are born and die every day and the population is growing a little bit. But if you want to make a profit in your general mills or any large company that manufactures processed food, how do you sell more?

NORA: "You have to get people to eat more. And how do you get people to eat more? You make foods that are hyper-paddleable.

NORA: And they look at food additives, for example. If you look at any label of any processed food, they'll always say maybe natural or artificially flavored. And by the way, the way the labels are written now in the laws, natural flavorings can be artificial.

NORA: And these flavorings cause you to override your natural appetite suppression. You just eat more. And I'm guilty of it."

NORA: "As a cyclist, sometimes I eat packaged foods because I'm burning 10,000 to 15,000 extra calories a week over and above my base. So I'll double my caloric intake over a standard person. I have to eat foods that are very high in calories and power bars.

NORA: They'll have artificial flavorings. And that is not good for me in terms of regulating my own appetite. And yes, my body fat is much lower than the average person, but it's not as lean as a Tour de France cyclist.

PETER: So I even have to be very careful about having my appetite increase by eating foods that are hyper palatable. When the saying goes, everything kills you, and it doesn't matter what I eat, the actual reverse is true. If you go to a whole food plant-based diet, eat foods more in their natural state, you're in a much better place.

PETER: "And it's just difficult because you get addicted to these foods. And a true addiction, because there have been pet scans or studies looking at brain activity. If you eat these foods, it lights up the addictive neurons that you get just if you took cocaine or smoked a cigarette, like nicotine.

PETER: So you have to actually either wean yourself off these foods or go cold turkey and remember to stay away from them because they're going to increase your appetite. And everywhere you go, if you go to any nice restaurant, they're going to give you foods that are laden with salt, have a lot of fat. You know, they always ask you, do you want protein with that?

PETER: I mean, salad, spinach, plant-based foods have tons of protein. You only need between 30 and 50 grams of protein a day. You don't need a gram of protein per pound of body weight unless you're maybe a bodybuilder.

PETER: "So, you know, when they say protein, they mean meat. You can get plenty of protein. A slice of bread is five grams of protein.

PETER: Two slices of bread is 10. Four slices of a whole wheat bread is 20 grams of protein. If you need 50 grams a day, you're halfway there just on four slices of bread.

NORA: So you don't need meat. You don't need eggs. Eggs taste good, you know.

PETER: Like I said, I ate 10 eggs this year.

NORA: All right. Well, I definitely won't be frying any eggs. You convinced me of that.

NORA: Just limit it and we got to maybe get you back and have another angiogram."

NORA: "Yeah. I mean, hey, listen, like I said, I'm back on track. I actually have to go have my fasting blood work done this week.

NORA: You've been riding your bike, Nora? You got two bikes now and you're not riding them?

NORA: I ride it down to Florida and I've got my Peloton here, but I've not honestly been riding it. So now I've got to get back on. Like I said, I got to get back on the bike.

NORA: How about that? Instead of on the wagon, I'm on the bike.

NORA: Too busy working, selling houses. I know you sold my house.

NORA: I've been busy, busy, busy, but it's all good. But I'm just glad. So, I mean, congratulations again on all your world records."

NORA: "And do you have any coming up now? Are you kind of on the off season?

PETER: It's my off season now, but last year I had foot surgery and moves. I didn't get a train through the winter and I'm going to actually try to improve on my world record. I broke the world record by a kilometer.

PETER: I did 47.2, 29.1 miles in an hour from a standing start. I'm going for 30 miles next year, so I'll be training all winter. And working on that, I'll be going to Canada.

PETER: There's a track, a velodrome, the wooden track in Canada. My website is curingheartdisease.com. You can follow me there."

PETER: "It has videos on there. It also has a lot of educational material on there. And you can contact me on my info at curingheartdisease.

NORA: We'll have that on the information at the end of the podcast. Thank you so much, Peter. And I look forward now to connecting and maybe getting to see you, if not New Hampshire, Boston, maybe down in Memphis.

PETER: thank you for having me. Yes, thank you very much."