



Expert Voice - Dr Ross Walker CONTENT.mp3

Victor Hello I'm Victor Tuballa and this is Expert Voice Eagle Natural Health's podcast and your partner in natural health well-being. Joining us on the line today from Sydney is renowned cardiologist Dr. Ross Walker. Dr. Walker is a leading practicing cardiologist with over 35 years' experience in integrative cardiology with a focus on heart disease prevention and optimal heart health. He has built a reputation for his extensive research and advocacy for sustainable healthy lifestyle changes, and using beneficial supplements to reduce one's risk of modern-day diseases, such as cardiovascular disease. Dr. Walker is also the author of several books including *The Life Factor* and *Five Stages of Health*. It's my absolute pleasure to welcome Dr. Walker to today's podcast. Dr. Walker, thank you very much for your time today and welcome to Expert Voice.

Dr. Walker My absolute pleasure Victor. Thank you.

Victor The area of heart health is a major concern here in Australia with the Australian Heart Foundation stating that cardiovascular disease is a major cause of death in Australia. Recent stats suggest that 43,477 deaths in a single year is attributed to this. This roughly equates to one Australian killed - due to cardiovascular disease - every 12 minutes. This is a staggering, yet extremely concerning statistic. Needless to say it's one of Australia's largest health concerns. Today's podcast will not only cover heart health but also reveal how factors such as food, a good diet, appropriate supplementation and other lifestyle factors could help maximise our chances of optimal heart health. We'll kick off with the first factor, which is food. Dr. Walker, can you explain why our heart health is so related to the foods we eat and where do you see this field moving in the future?

Dr. Walker Firstly Victor, can I make the point that I think we overdo the place of nutrition and heart disease. Can I make this rather startling point that all heart disease is genetic? Seventy per cent of heart disease is directly related to the insulin resistant gene; 20% to lipoprotein (a) which occurs in one in five people; and 10% to less common things. If you have the genes, then bad lifestyle will bring out the condition. Your genes load the gun, but your environment pulls the trigger. And that's where diet is important. I'm not saying for

those of us who don't have those genes we can eat what we like, because nutrition is very much related to all diseases, not just heart disease. It's related to cancer, it's related to Alzheimer's, and it's related to osteoporosis. It's important for all of us to have a good sound diet. But diet doesn't cause heart disease, genetics does.

Victor In terms of food, what are some foods that can reduce our risk of heart disease and are there certain diets that offer a way to integrate these foods into our daily lives?

Dr. Walker That's a great question Victor. We hear a lot about all these ridiculous fad diets. The reality is the only diet that has proven long term benefits is the Mediterranean diet. The Mediterranean diet is nothing magical. It's very straightforward. It's two or three pieces of fruit and three to five servings of vegetables per day. A serving is about a half a carrot, so you don't need to be eating buckets of vegetables. That gives people who follow that sort of dietary program the lowest rates of heart disease and cancer in the community. It's pretty easy. Yet, less than 10% of people have two or three pieces of fruit and three to five servings of vegetables per day.

The Mediterranean diet also includes a lot of fruits and vegetables and then little bits of meat, eggs, dairy, chicken, fish, nuts and olive oil.

The problem in Western society is that processed packaged 'muck' is masquerading as food. You'll often see graffiti [words] written on the box – words such as 'low fat' or 'no cholesterol'. These do absolutely nothing for you. If you can read the box, you know you shouldn't be eating the stuff in the first place. It should be good natural food.

Nutrition is easy. It's called eat less, and eat more naturally.

As far as the Mediterranean diet goes, I think the olive oil component is very important. In the Mediterranean, they dip their whole grain bread in olive oil. They put it on their salads, and they cook in extra virgin olive oil.

Here's one of the con jobs of the food industry, they have the term 'extra lite'. They can't even spell light properly. Extra light olive oil is where they've taken all the polyphenols - the strong plant chemicals, which has the same fat content - out of it. If you're going to use olive oil, use the most natural form, which is extra virgin olive oil.

Have 10 or 15 natural nuts every day. Five different epidemiologic studies have shown that [doing this] reduces the risk for cardiovascular disease by up to 50%. It's better than these drugs we're throwing at people!

And there's your diet. Forget about all these fad diets. I am concerned about people who go on radical diets over the age of 50. As I mentioned in the introduction, 70% of heart

disease is related to insulin resistance. Insulin resistance is the most common genetic abnormality in the world. Thirty percent of Caucasians are insulin resistant. Fifty percent of Asians are insulin resistant, and close to 100% of people with darker or olive skin are insulin resistant.

When you then expose them to processed foods, we're talking about white death. White death is sugar, white bread, rice, pasta and potatoes. It goes straight to the belly. Belly fat, or abdominal fat, it's not just an ugly lump of lard, it's a toxic reservoir that's held under all these dreadful chemicals over the years. If you break that down rapidly with one of these rapid weight loss diets, all the crap goes into your central circulation and can overload the circulation.

I've seen a number of people have heart attacks and strokes when they go on the Atkins, paleo or one of those diets, rather than just following a good sensible diet such as the Mediterranean diet.

Victor You talk about packaged foods and so forth. I was always told that when you go to the supermarket to always shop at the extreme end of the supermarket. This is where all the fresh produce is, rather than in the middle where all the boxed and processed stuff is: where you're better off eating the box rather than eating the contents. You probably get more nutrition that way.

Dr. Walker Absolutely, I want to bring in a couple of points here. Firstly, we've been conned into this low-fat nonsense for 50 years. I want to quote a recent trial called the 'Pure Study'. The Pure Study had two components. The first component was where 135,000 people were followed for nine years in 50 different countries. It showed that people with the highest carbohydrate intake had a 28% *increase* in death.

People with the highest fat intake had a 23% *reduction* in death. Those who had the highest saturated fat intake, i.e. meat, eggs and dairy, had a 14% *reduction* in death. If you hear any health professionals say that saturated fat is linked to heart disease, they're not keeping up with the modern evidence.

The second component of the Pure Study was released last year, in 2018. They incorporated more patients into the trial (bringing the number of patients to 220,000). This showed that those who had three servings per day of high fat dairy and 100 grams a day of red meat had a 25% *reduction* in cardiovascular disease and death.

We've got to put this nonsense about saturated fat being bad for you into the dustbin of bad medical history. It's just not true. If people want to look at the foods that are bad for

you, look at the foods that put fat on around your belly, such as white carbs and all the processed packaged foods. Get those out of your diet. Get the processed carbohydrates, and the processed fats out. Processed fats are trans fats, which are used to thicken and harden foods, so the foods can sit in a box for three months. How could that be good for you?

Victor Terrible. One of my favourite analogies of trans fats is when you're comparing peanut butter brands. Simply look at the packaging and check to see if it's natural. More importantly, check to see if the actual oil content is still oil, not solidified fat. That's the problem with a lot of the trans fats in our foods - they don't change shape at all. They don't change their nature, and they'll remain solid. You can imagine that sort of fat potentially being one of the factors in heart disease, in terms of blocking arteries etc.

Dr. Walker If it can thicken and harden the food what is it doing to your arteries?

Hardening of the arteries is called atherosclerosis.

Another con job: when you see these cholesterol lowering margarines on the television. They lower LDL cholesterol. And here's the big con job. Everyone thinks that LDL (low-density lipoproteins) is bad and HDL (high-density lipoproteins) is good. That is complete nonsense.

LDL and HDL are divided into small bits and large bits, and this is where size is important. The small bits are bad. The large bits are good. Small LDL is the bits of the LDL that are easily oxidized by free radicals and get into your arteries. Large LDL is vital for the production of healthy cell membranes, healthy cell metabolism, steroid metabolism, basal metabolism, and vitamin D metabolism. We need large LDL.

When you take a cholesterol lowering margarine, you're only getting rid of the good bits of the large LDL. When you're taking a statin, you're just pulverizing the LDL - both small and large. So yes, you're getting rid of some of the bad bits, but often you're getting rid of some of the good bits as well.

There's a lot of misconception out there. The public still believe this LDL/HDL nonsense, and they don't understand the small versus large details, which is really important.

When I hear about anything that lowers LDL, I ask myself: 'What part of LDL is it lowering?'. I know what parts I don't want lowered, and that's the large LDL.

Victor Do you think because of a lot of the hormonal issues that we're seeing both in males and females, particularly as they're aging, and with the introduction of such foods

such as cholesterol lowering margarine or even statin drugs, that these having an impact on our hormonal levels?

Dr. Walker Let me tell you an anecdote: not a clinical trial, an anecdote. A 35-year-old man came to see me as a patient because his cholesterol was high. A doctor had put him on 40 milligrams of Lipitor [a statin]. I said, 'What are you taking this for?' He said, 'To lower my cholesterol'. I said, 'What are you taking this for? You don't need it.' There was no reason a 35-year-old man, in this particular case, needed to be on Lipitor. He had no other risk for heart disease, and no family history of it. But because the doctor saw his cholesterol nudging up, he was immediately put on a statin. I think this is medical negligence. He went on to tell me that his wife had been through three unsuccessful cycles of IVF. I said, 'It's the Lipitor pulverizing your sperm.' He goes off the Lipitor, and within six months she gets pregnant naturally. I think it's a disgrace that a young woman had to go through IVF because her husband was inappropriately put on a treatment he didn't need.

Victor And obviously subsequently affecting such an important part of his physiology. Who would even imagine that connection is there in terms of infertility and heart disease? On paper it doesn't show a link, but when you look at it that way...

Dr. Walker My view as a practicing cardiologist, is that the only people who should be prescribed statins are people who have a high coronary calcium score. A coronary calcium score is the best way to detect early heart disease. This involves having a CT scan to take a non-invasive picture of your arteries – there's no dye or injections. If your test comes through a needle then they're doing the wrong test.

All males at 50 years or females at 60 years should have the coronary calcium score. If your calcium score is high, which means you've got a lot of atherosclerosis, I think it's legitimate to be on a statin. If you've already had a stent, a heart attack or a bypass, I think it's legitimate to be on a statin. But no one else, in my view, should be on a statin.

Victor Is the coronary calcium score technique is that freely available?

Dr. Walker Freely available. Any good radiology practice has a CT scanner with the software package that can do this test. This should be routine for all males at 50 years of age, or females of 60 years of age.

For example, I have a 32-year-old female patient who has a cholesterol of 12.4. The only way you can get a cholesterol at 12.4 is by picking the wrong relatives. It's a condition called familial hypercholesterolemia. And it is absolutely genetic. It's got nothing to do with your lifestyle. You can be on the most boring diet and you'll still have a cholesterol at 12.4, if that's what your genetics are telling you. This patient's father died at 31 of a heart attack. I did a coronary calcium score on her. (Typically, I don't do calcium scores on women until they reach 60 years of age.) Her calcium score showed that she already had a significant amount of muck in her arteries. I put her on statins and got her cholesterol down as close to 4 as I could.

Equally, I had a female patient, aged 58, who had a cholesterol of 9.5. She had tried statins, and couldn't lift her arms from muscle pain. I tested her calcium score, which came back as zero. I told her that I didn't think that she needed treatment for cholesterol. I told her to ignore any scaremongering doctor who told her she needed Lipitor. That's just ill-informed nonsense. After eight years, she came back to me. At the age of 66 her cholesterol is still 9.5 and her calcium score is still zero. She doesn't need statins.

Victor It's reassuring from someone in your position, Dr. Walker, to discuss these very important points about cholesterol, because there's a stigma still out there, isn't there?

Dr. Walker A study done in the *Journal of the American College of Cardiology* (in 2015) looked at 5,000 people in the US, over the age of 50 and followed them for 10 years. Seventy-seven percent of the people in their trial fitted the US criteria to be on a statin. But half of them had a zero-calcium score. Their heart attack rate over the 10 years was so low, the conclusion of the trial was that statins are worthless for people with zero calcium scores.

Victor That's the concern. When I talk and educate pharmacists, they're still saying to me that statin drugs are amongst their top five, or even their top two, of drugs that they prescribe on a regular basis.

Dr. Walker No Victor, number one. Statin drugs are the most widely prescribed drugs in Australia. There are 19 million scripts written every year for statins in Australia. That's 12 scripts per person, per year. That means just under two million people have been prescribed statins on a yearly basis by the medical profession.

There is another study of 68,000 people, over the age of 60, who were followed for 10 years. This study found that there is absolutely no link over the age of 60 between LDL cholesterol and heart disease. Yet, once you're over the age of 60, the higher your LDL the longer you live. Also, the less cancer, gastrointestinal disease and infectious disease you have. Why? Because if your LDL is going to get you, it's the smaller LDL that gets you before the age of 60.

Once you're over the age of 60, LDL cholesterol is not a risk factor for heart disease if you don't have existing heart disease.

Victor I would imagine then in that situation - over 60 years of age - that LDL would be the large LDL.

Dr. Walker That's why they've made it to 60 without heart disease. But I've got a 35-year-old man who's already had three stents in his coronary arteries. His only risk factor for heart disease is that he has a high small LDL cholesterol.

Victor It's refreshing to know that it's not the be all and end all when you get results back from your doctor suggesting that your cholesterol levels are high. It's all about speaking to your doctor further to get more appropriate advice.

Dr. Walker Statins are being prescribed everywhere. What disturbs me is when people get the inference that the key to good health is lowering a number in your bloodstream with a drug. The key to good health is practicing healthy lifestyle principles. That's 80% of anyone's management, regardless of genetics.

The worst calcium score I've seen was for a 68-year-old man in the fitness industry. He has no standard risk factors for heart disease, and has normal cholesterol and normal blood pressure. He's never smoked, isn't diabetic and there's no family history [of heart disease]. But both his parents have joined together to give him an elevated lipoprotein (a) and his calcium score is 8,500. His arteries are like porcelain pipes. He needs bypass surgery, and I've got him on statins.

Victor In your opinion, is there a certain age at which we need to consume more healthy foods to help support our heart health.

Dr. Walker Yes, it should start at age 0. The more you look after yourself throughout your life, the healthier you are. I don't think there's any age where you should start thinking about it.

The problem is many people up to the age of 30 think they're bulletproof and don't even think about these things. I call the 40s decade the 'decade of your metabolism'. That's when things start to slow down. We're only designed to work well for 30 to 40 years, wandering around the jungle with a spear. Our thirties are the peak of anyone's life, and it starts going pear-shaped after that. When you hit 50 and the hormones go south, deterioration is rapid.

The more you look after yourself by following a healthy diet and having good exercise practice, you're going to have the greatest benefit for your health. It's important to start as early as you can.

Victor In your opinion Dr. Walker, is there a place for adding supplements which are designed for optimum heart health, to a diet?

Dr. Walker Absolutely. I think that in our 30s we should start taking a good quality multivitamin, and some form of omega 3 every day. As we get a bit older you can go to the other supplements available.

For example, one of my favourite supplements is the active version of Coenzyme Q10 (CoQ10), which is ubiquinol. If you took CoQ10 in your 20s and 30s you'll get a benefit. But when you hit 50 years of age, the enzyme that metabolizes ubiquinone, which is standard CoQ10, starts to drop off. That enzyme is called diaphorase. As diaphorase levels drop, the active CoQ10 in our mitochondria start to drop off as well.

Why not just go straight to the source and use ubiquinol? There's some good evidence base for ubiquinol: it's not just for cardiovascular disease, there's some evidence that it relieves stress. There's some evidence it's good for sports performances as well.

A study of 100 young German athletes with an average age of 19 were given 300 milligrams of ubiquinol. It was found that they had a much better performance at sport.

I take ubiquinol and magnesium orotate every day to give me energy, because it drives the mitochondria.

I put my patients – who are on statins – on 100 to 150 milligrams a day of ubiquinol. For my patients who have heart failure, I give them 300 milligrams a day of ubiquinol.

An interesting study in Sweden, which came out a couple of years ago, studied 443 elderly people, with an average age of 74. They were given 200 milligrams a day of straight

CoQ10 – not even ubiquinol – and 200 micrograms of selenium for four years. This group was followed up after six years, and it was found that there was a 50% reduction in death, just by taking those supplements. If you take the stronger ubiquinol I think you get even more bang for your buck.

Victor Could you imagine if a medication could do that? How many companies would be falling over themselves? How many pharmaceutical companies would be falling over themselves to want to patent such a drug?

Dr. Walker If ubiquinol was only available through a doctor's prescription, we'd be prescribing it for everyone. But these days it's a choice, and it's not covered by the pharmaceutical benefit scheme (PBS) scheme in Australia. I tell people to buy it, because it's a tremendous supplement, especially for energy. Tell me how many people over the age of 50 aren't tired? It's also idea for statin therapy, and certainly for helping with the prevention of heart failure. These are the places where it's really important, but I also think it's of general benefit for everyone.

Victor The general consensus, when you speak to fellow practitioners in our field, is that if someone's been prescribed statin drugs is to combine ubiquinol at the same time. Do you endorse that?

Dr. Walker Absolutely. I get all my patients on statins to take ubiquinol and magnesium orotate. The orotate and magnesium lifts the CoQ10 up in the mitochondria. That's why I use them together.

Victor I'm a big fan of the orotate version. You've also talked about the mitochondria and its support for energy production. Apart from cardiovascular health, what other health benefits does it have? Are there any other supplements you could recommend?

Dr. Walker There's a supplement called BergaMet PRO+. This has a profound effect on shifting from small to large LDL (which ubiquinol does as well). It has an effect on the GLUT4 pathways and therefore reduces the risk for diabetes. Some data we're about to publish involves research about bergamot polyphenolic fraction. We've shown reversal of fatty liver in experimental animals taking this. It also improves the micro circulation. It's a terrific supplement.

I'm a great believer in Kyolic aged garlic extract. It has been shown that two capsules a day can reduce blood pressure, in a similar way to a typical anti-hypertensive.

A study in California has shown that four capsules a day of Kyolic aged garlic extract may reverse coronary artery.

A dosage of 180 micrograms of Vitamin K2 can take the calcium out of your arteries and put it back in your bones where it belongs.

To me the workhorses are the multivitamins and omega 3s. All of these can give people extra benefit over and above a healthy lifestyle, which to me is non-negotiable.

Dr. Walker We keep using the term 'supplement'. I think that's the key here. We're not talking about a replacement to a healthy lifestyle. These substances are *supplements* to a healthy lifestyle. You've got to have the lifestyle changes first.

Victor Are there any other lifestyle choices we can make to reverse heart disease risk?

Dr. Walker Absolutely. There's what I call the Five Keys of Being Healthy. This comes from an evidence-based trial called the MORGEN study, from the Netherlands, about the five keys of health.

Number one, you cannot be healthy and have any addiction. You can't be healthy and smoke, drink too much, or snort cocaine.

Number 2 is to get good quality sleep. The study shows that seven to eight hours per night of good quality sleep is as good for your body as not smoking.

Number 3 is nutrition. Eat less and sleep more naturally.

Number 4, which I call the second-best drug on the planet, is three to five hours every week of moderate exercise. You don't have to go overboard.

Number 5, which beats everything else, is happiness. This MORGEN trial showed that people who practice these five things the best had an 83% reduction in cardiovascular disease.

We talk about statin drugs giving a 20% to 30% reduction in a heart attack. I've just given everybody a technique: it's just a matter of putting the effort in to get an 83% reduction in cardiovascular disease. Tell me one medical intervention that's as good as that.

Victor Why don't you and I package that into a pill or something Doc.

Dr. Walker I'm sure the public would love the pill. A man, called Napoleon Hill, wrote a book called *Think and Grow Rich*. The two success principles, he said which would help you think and grow rich, are discipline and perseverance. That's exactly what we're talking about with the five keys: healthy discipline and perseverance.

Victor People want that quick fix, that magic bullet. They don't want to wait five, 10 or 20 years. They want their relief, or their symptoms or diseases cured right now. It's all about taking it back to basics and persisting.

Dr. Walker People want to think that there is a pill solution to every problem, or a surgical solution to every problem. Yes, we can give you pills for every problem, and we can do surgical procedures for every problem, such as gastric reduction surgery or bariatric surgery for obesity. But there's another way of losing weight. It's called 'Don't eat as much and do more exercise.'

Victor But where's the money in that Doc?

Dr. Walker That's exactly the point.

Victor In certain parts of the world, centenarians have been studied, and this research is called the Blue Zones diets. We speak about the diets they follow, and also the other principles they practice. Would you like to share a bit more about the Blue Zones?

Dr. Walker The Blue Zones are actually quite spectacular: these people haven't heard of modern medicine. We're talking about these little pockets around the world where they are, in many ways, isolated from the rest of the world. The people of Okinawa in Japan, Ikaria in Greece, Sardinia in Italy, a certain province in Costa Rica and the Seventh Day Adventists who live in Loma Linda in Southern California.

They all have relatively similar characteristics. For example, the Okinawans practice a thing called 'hara hachi bu'. This involves eating until you're 80% full. They're also constantly moving. They eat only natural foods. They have a strong sense of purpose. They have a strong sense of family. They respect older people. There's just so many simple life principles that the people of the Blue Zones perform. Many of them have a glass or two of wine a day, but they don't drink to excess.

It's all about what the Buddhists call the Middle Path. This means you don't go overboard, but keep up activity. Interestingly, a lot of these places are rather hilly so they've got to walk up and down hills. They don't do any exercise per se, they're just constantly moving and going up and down hills. There are no gyms in these places.

Victor You wouldn't need [a gym] in a place like Sardinia, I've never been there but I've seen the photos of Sardinia. You've got treacherous cliffs and mountains.

Dr. Walker You've got to be a mountain goat to live there.

Victor That's the really fascinating part of it. When you look at the studies, [and read about] these centenarian still climbing and walking up these hills. These are shepherds who are still tending to their mountain goats. They look fit as a fiddle. They're still climbing such big hills and it doesn't disturb them at all.

Dr. Walker Because Victor, they haven't been exposed to modern rubbish of processed packaged food, or have sedentary jobs where you sit down all day, or the chronic stresses of living. They have very simple lives with simple principles. They have a very strong sense of family and sense of purpose in their life. So many people in our society feel lonely, isolated and disconnected from the world. They have these boring jobs where they sit all day. It's a completely different attitude to living.

Victor That's the key point: living. They're actually living. They're still out there doing their thing with a big smile on their face. That's the happiness factor you spoke about before. Also, you spoke about the foods that they eat. In Sardinia, for example, you'd never find a bottle of lite olive oil? That was the other fascinating part about the study. I saw that the foods they were consuming, whether it's the wine or the olives, are very rich in those polyphenols that you alluded to earlier.

Dr. Walker Polyphenols are so important.

Victor It's great that we have cultures that are living proof that activity, social engagements and a healthy diet can play such a massive role in general health and well-being. It's so interesting and fascinating to hear about the important role diet, in particular certain nutrients, can play when it comes to our heart health, not to mention a lot of lifestyle

factors. I'm very interested to see how this integrated approach to combating heart disease continues to grow as we become more and more aware of the impact that diet and lifestyle has on our health. Dr. Walker thank you so much for taking us through these critical points today.

Dr. Walker It's my absolute pleasure Victor. It's been great talking with you and I hope everyone's benefited from that discussion.

Victor We encourage you to consult with your health care practitioners for advice on whether supplements are suitable for you. If you've enjoyed what you've heard today we'd appreciate you jumping into iTunes to provide us with a rating and a review. If you have a topic that you'd like us to cover, we want to hear from you. Get in touch with us via the Eagle Natural Health website, which is www.eaglenaturalhealth.com.au in the Contact Us section. I'm Victor Tuballa. Thanks for listening.