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Megan [00:00:06] Hi everyone. It's Megan Ramos here with another episode of The Fasting Method podcast. Today, my co-host, Dr. Nadia Pateguana, and I have a special guest. His name is Dr. Stephen Hussey, and if you don't know about his work, you definitely need to learn it. I followed Stephen online for quite some time and he was kind enough to send me some of the other works that he's done previously and, well, with COVID and moving to California, everything's gone a little bit nutty. But in The Fasting Method Community, once a month we interview a guest who's outside of the Community, myself and Coach Larry on our team. And Larry does a great job reaching out and coordinating experts that are in line with what we talk about and who are often talking about things that are hot topics within our Community, too. So, you know, people are talking about different dietary trends, different cardiovascular trends or concerns. He'll always try to get those experts lined up. So very recently, Larry connected with Stephen, and I thought, "This is great." You know, I remember his work from before moving during a pandemic and my life being turned upside down. I think he's great and let's have him on. We were just chatting before recording and Nadia said... I shot her message and, Nadia, what did I say?

Nadia [00:01:30] Do you want me to read it? I'm going to read it [laughter] because I was pretty impressed, seeing as I didn't know Stephen as well as you guys did. So September 16th, Megan shoots me a message. This is kind of how we do our podcast, how we choose our people. "Hey Nadia, Larry and I just interviewed Stephen Hussey in the Community and he was probably our best guest ever." So that pretty much got me, although I've got to say, this is a pretty it's a pretty big one. You'll see some of these questions... Thanks to Larry because Larry definitely thinks outside the box and his brain just is on another level. So a lot of this, you know, is huge. I think a lot of the Community will appreciate this. And if you're anything like me, you're going to be doing a lot of learning today.

Megan [00:02:11] Yeah, I knew right away we couldn't keep this information exclusive to our Community members. We had to get Stephen and his messaging out there. So, we've talked a lot about him, but I'd like to formally welcome Dr. Stephen Hussey to our program. How are you doing today, Stephen?

Stephen [00:02:29] I'm doing well. I'm happy to be here. Thanks for having me.

Megan [00:02:31] So, for our Community, who might be new to your work, do you want to tell us a little bit about what it is that you do and how you got started on this journey?

Stephen [00:02:40] Yeah, for sure. So yeah, I guess, day to day, I'm a chiropractor and a functional medicine practitioner. I run a very neuro-musculoskeletal type practice in Virginia, but my passion is not just chiropractic, but is also kind of in heart health. And that's been, that was, I guess, stemmed from my own personal health journey.

[00:03:00] So as a child, I had a lot of inflammatory conditions. As a kid, I had asthma, I had terrible allergies, I had IBS, I used to break out in hives like the size of my chest, you know, and the doctors can never really tell me why I just had all this inflammation. Ultimately, I ended up with autoimmune Type 1 Diabetes where my body attacked the cells that make insulin. So I no longer make insulin, which is different than Type 2 Diabetes, where you're still making insulin, but you're resistant to it, you're not responding to it. In my

case (We tend to see it in younger people, but now it's happening in older people too.), my body attacked those cells; I no longer make insulin, so I have to give myself insulin.

[00:03:36] So I learned pretty early on after that happened (because my parents and I were kind of thrown into the world of Western medicine and were reliant on them to help manage these conditions that I had) that Type 1 Diabetes heavily predisposed me to heart disease because of the damage that can happen to the small arteries, the capillaries, and things. And so I've spent a long time now trying to figure out how to protect myself from heart disease and learn as much as I can about it.

[00:04:00] And in that journey, you know, I figured out that the way I live my life had a direct impact on my ability to manage Type 1 Diabetes and the other inflammatory conditions I had, which I found funny that no doctor really told me that as I was, you know, going to endocrinologists and other doctors. But yeah, I'm happy to say that all those conditions are gone now, aside from the Type 1 Diabetes; that's kind of that collateral damage that comes from that inflammation, or for me at least.

[00:04:25] And so yeah, I just kind of dove head first into the heart and just like had no filter whatsoever. Like, any information on the heart. I didn't care where it came from, I wanted to read about it. At one point, I looked up and I had all this information, a lot of it quite contrary to what we've been taught about the heart and what causes heart disease. I started sharing it on social media and people seemed to like it and then I eventually wrote a book about it, and that book came out in April. So here I am, you know, helping, you know, spread this information, which I think is really, really important.

Megan [00:04:55] I think it's so important. Thank you so much for doing so. I think one of the reasons why we're so aligned, or two very big reasons, is everyone on the TFM team (and I think that's why Larry was so drawn to having you as a guest), we have had to walk the walk through our own health experiences. We've had to devour all of the information that, you know, sort of pertained to us and then we came together to help share and collaborate that information. Like I struggled with Type 2 Diabetes, Nadia with PCOS. And our journeys, you know, really we had to become complete and total students because the information out there is just so baffling.

[00:05:31] Another thing is like you practice this. You are doing this with people, you're not just sitting in a lab and, you know, not just sitting at a desk in a library, writing or researching. All of that stuff's really important, but there's also that clinical aspect of it where you really see the science applied and what works and what doesn't work. So I think that's kind of where our strengths are, is having that clinical experience because that's what tells the true story.

[00:06:01] Anyways, I'll stop rambling. I know Nadia has got a question for you.

Nadia [00:06:06] Well, I've actually got just a couple of points here. Once I learned a little bit about your story, I can totally see why Larry (Coach Larry of our team) was so interested in speaking with you because he's got this big theme, and I think it's a theme that runs throughout our program. He often mentions the wounded healers. This is like a common theme that we all have here. You know, Megan mentioned her own background, my own personal health concerns. And then being able to bring this to the people that you work with, your patients, your clients, there's a special kind of passion that comes with being a wounded healer, as Larry would call it, somebody who's living through certain conditions. And we're touching upon some of the big ones here, right? Heart disease, all

these other inflammatory concerns. And, of course, then diabetes and insulin. So that's big. So, I mean, I'm just a little bit in awe now because there's just a lot.

[00:06:57] But Megan, you go ahead and ask Stephen our first question.

Megan [00:07:01] Yeah. Stephen, in your recent book, you discuss oxidative stress and reactive oxygen species in response to the foods that we eat. And you talk about mitochondria being conveyor belts. Can you tell us more about the importance of these terms: oxidative stress, oxygen species, mitochondria, and why our mitochondria might become so overwhelmed with modern snacking?

Stephen [00:07:27] Yeah. So, you know, everybody hears about mitochondria, like, "The powerhouse of the cell." They're what make our ATP and ATP is like our energy currency for the body. It's what, you know, fuels all the little processes that happen in the body. But that's not what mitochondria do and not the only thing mitochondria do. They also make water, and this water is in a structured state, which is very important. They also give off heat, which is very important because it's infrared heat (that the mitochondria give off) which is really important for the biophysics or quantum side of the body.

[00:07:57] But they also have, quote-unquote, waste products, and that is a free radical or an oxidative species, reactive oxygen species. These are just species that want to have a paired electron and they don't, so they will do anything to get that paired electron. This is just kind of a natural byproduct of making energy, just kind of like a car makes an exhaust. So we can call it the exhaust, but I call these things like the Looney Tunes' Tasmanian Devil, where they're going around like crazy trying to find a paired and they'll steal it from anywhere, including stealing it and damaging something else in a chain reaction sort of thing.

[00:08:30] These things are thought of, or they're spoken of, many times as being, "Bad," but really they're there for a reason. They act as signaling molecules to the body to trigger satiety and things like that. However, if we get into a state where there are too many of them made, then that can create an issue, especially for the mitochondria that directly make them; it can come back and damage those mitochondria and also damage the cell. They can get out to the bloodstream and damage the lining of the artery, things like that. And so we want to do things that decrease the likelihood that we get an overwhelming amount of these oxidative species, these Tasmanian devils, right?

[00:09:03] And one way that that situation happens, where we get this overflow, is if we have an inefficient metabolism, right? So if we're burning a fuel source that makes too little energy and we have to keep burning more of it, we're going to make more reactive oxygen species in the end. And so that, to me, that fuel source is glucose. If we're entirely dependent on a glucose-based metabolism, we're burning through lots of carbohydrate, which is why people who eat lots of carbohydrates, especially processed carbohydrates, in the morning are hungry two hours later because you burn through it really fast, you make a lot of oxidative stress. And studies have shown that, especially in muscle, that burning lots of glucose (primarily glucose) results in more oxidative stress, more of these free radicals being produced.

[00:09:42] And so when we look at a more efficient energy source where we can burn that fuel source and get more energy, more ATP and less oxidative stress, that is fatty acids and ketones. Those are incredibly efficient fuel sources. And so, you know, I looked a lot into the heart and that's especially true in the heart, where the heart prefers to burn fatty

acids and ketones, especially ketones in an organ that's constantly contracting, that is always using a high amount of energy, one of the most mitochondrial- dense tissues in the body. It prefers fatty acids and ketones because that's what keeps it efficient and it keeps it from damaging itself or creating these oxygen species that damage itself. So, I hope that makes sense.

Megan [00:10:24] It does. And it makes a good case for intermittent fasting [laughs] which falls in line with everything that we're talking about here.

Nadia [00:10:33] It totally makes sense to me as well. And of course, that ties it in, of course, with what you do and what we do and probably why Larry and Megan were so excited to have you here today and why our audience, you know, you're just bringing in a new element.

[00:10:46] So we've talked a lot about your work and a lot about your book, but I don't think that you've told us what it's called, and I think the name of your book, and I think that our listeners would love to know. And then if you could please summarize, based on that, what's in your book, the diet-heart hypothesis and why the conventional view (this is a big topic, again) of LDL, right, the quote-unquote, "Bad cholesterol," and the lipid panel interpretation doesn't actually reflect what you discovered.

Stephen [00:11:13] Yeah. So the book is called Understanding the Heart: Surprising Insights into the Evolutionary Origins of Heart Disease - And Why It Matters. I talk about a lot of different things in the book as far as, like, I take it way back to pretty much the origins of multicellular life and some of the things that we see formed during that time that are still present in us today that are important to know as far as the imbalances that happened today that lead to heart disease. So I talk about that. I talk about what humans ate through the evolutionary history of humans, which is about (modern humans) 300,000 years, but even before that. And I talk about, like you said, this diet-heart hypothesis process. How do we get from these humans that were literally made into what they are today by a diet high in animal fat and animal foods to, today, the conventional wisdom thinking being that high cholesterol causes heart disease and saturated fat causes heart disease? How did we get there?

[00:12:06] It goes back to the 1950s. So before the 1950s (even in the early 1900s), the field of cardiology was not even really there. There were a few medical doctors and researchers that were interested in the heart, and so they were looking at that, but this whole like, all of these cardiology associations and this field of cardiology, it wasn't that big of a thing. It wasn't until the 1940s, after World War Two, late forties and fifties, when heart disease began to rise that people were wanting an explanation. You know, people were scared about it, people were having heart attacks, President Eisenhower had a heart attack (very famously) in the White House. And so people were worried about it.

[00:12:42] And the idea that came out of that, from some poor quality science by a guy named Ancel Keys, was that higher amounts of saturated fat and cholesterol in our diets and high levels of cholesterol in the blood were what caused this. And, you know, by the time that theory was tested in the late fifties and sixties, the theory had kind of taken off. There was a lot of money behind the theory with the sugar industry and the grain industry. And so that theory kind of took off. And then when they actually did test it...

[00:13:11] Well, first of all, it was based on research that was the lowest quality research, epidemiology or associational research, which can only show that something is happening

at the same time as something else. You can't show that one is causing the other. And unfortunately, most of our nutritional recommendations from government agencies and academic institutions is based on this type of research. Ancel Keys also did some stuff where he kind of cherry-picked the data and he only used the countries with the data that gave him the association he wanted in his first couple studies. And so he kind of cherry-picked the data.

[00:13:41] And yeah, but by the time that was tested (they did some heavy testing on this, on this theory, and they started doing studies where they replaced saturated fat with unsaturated fat in the diet), they found that the more unsaturated fat people ate, that the more heart disease they had, the more cancer they had, the more all-cause mortality they had. But those studies were kind of hushed up and swept under the rug and published in small journals and things like that. Because this theory, that had a lot of money behind it (It was making a lot of people a lot of money.), had already taken off. You know, it was on the cover of Time magazine, the little frowny face with the bacon or whatever. And so yeah.

[00:14:15] But when we look at it from a physiologic standpoint, it makes no sense that this one molecule, LDL, which carries cholesterol around the body, would be the cause of heart disease, this one thing in the blood. Because our bodies are very complex biological ecosystems and, you know, it's very short-sighted to say, "Okay, there's this one thing. When it gets high, it causes this whole full-blown disease process." It's way more complex than that. When we look at cholesterol in general, it does a lot of very, very good things in the body. It's used for the making of our hormones, the making of vitamin D, it allows cells to communicate with each other. It does so many different things, muscle function.

[00:14:52] So when we start, you know, aggressively lowering that,

[00:14:56] a) we see that the systematic review studies show that it doesn't prevent heart disease or it's not preventing heart disease (that being our main treatment),

[00:15:03] but also we get a lot of side effects because you're preventing the body from making cholesterol and having that cholesterol available. So whether it's sexual dysfunction or muscle pain or cognitive issues or whatever it is, those drugs, they tend to cause those things because the body really needs cholesterol.

[00:15:18] And then, like I said, in treating, aggressively treating high cholesterol, we're not getting the result that we want because it was never the cause in the first place.

Megan [00:15:26] Yeah, it's actually the people with the lowest cholesterol levels that are at a higher risk for mortality from cardiovascular complications. So it's just so wild, and I really appreciate you addressing this because cardiovascular disease is not the main focus of The Fasting Method (we tend to work with more type two diabetics, PCOS, fatty liver conditions with our members), but we're asked this nonstop because they do not know how to engage with their doctors about this because it's like everybody's on repeat.

[00:15:56] And I experienced this myself. I'm 38, but on my 30th birthday, my annual check-up with my doctor, she is my whole family's doctor. So she had been my doctor since I was about four years old, so she was really well-versed with our family's health history. Well, so was I. So I made these radical changes in my mid-twenties to my lifestyle and was just thriving health-wise. I had, you know, really, functional medicine standards, optimal cholesterol levels. I was at the bottom of the barrel where my mortality risks would be great, but I knew that the foods that I was eating, everything, I was functioning

optimally. And when I went in to see her, she was like, "Okay, we're going to put you on five milligrams of Crestor." And I said, "Whoa, whoa, whoa! Hold up there. Why?" And she said, "Well, this is just the new practice. This is the new standard of care." And I said, "But my labs are phenomenal. My A1C is 4.7. Everything is fantastic across the board. My lipids are not *too* low, you know, but they're still, you know, even within traditional medical standards, within range." And she said, "But your family history, you have a family history. You're now 30 years old and people are developing cardiovascular disease earlier and earlier and earlier on."

[00:17:17] Let's take a look back at our diets, right? So I'll always use this as an example when it comes to Type 2 Diabetes. My grandmother had Type 2 Diabetes. She didn't get diagnosed till her late seventies. My father, her son, had Type 2 Diabetes. He got diagnosed in his forties. His daughter, me, developed Type 2 Diabetes in her twenties, or late twenties. So sure, okay, there's a genetic disposition to having issues with diabetes, Type 2 Diabetes in my family, but why did my grandmother get twice as many years as my father? Why did my father get nearly twice as many years as me before developing this condition? And prior to my grandmother, nobody had Type 2 Diabetes. Right? So you talk to your doctor, "Oh, genetics..." this and that, but really think about it. You know, our dietary changes, Ancel Keys, came in and did his villainizing of fats and cherry-picked his data, as you shared, in the late seventies. Well, that's when my grandmother's diet changed, that's when my father's diet changed. And then I was born in '84, so I just grew up eating garbage all of the time. And now we're seeing kids, under the age of ten, with Type 2 Diabetes, gastric bypass surgery, heart attacks, cardiovascular events, like diseases that were thought to be for the elderly, then the middle-aged, and now it's becoming the norm for younger kids. So I really appreciate you sharing all of this information with us.

[00:18:46] In your book, you went on quite a self-nutritional discovery when working in Ireland. Can you describe what to you is a heart-healthy diet and why, from that experience?

Stephen [00:18:57] Yeah, so I think, you know, from everything that I've found and what I've kind of I guess concluded is that it's any diet really that creates metabolic health. And so that can be lots of different types of diets that can do that. There are some diets that I think are better than others, as far as doing that, along with providing you with adequate nutrition. Because, you know, there's lots of talk today about vegan diets and you can eat a vegan diet that creates metabolic health. That's very possible. However, I think that long term you'll be deficient in things. But there's a lot of dogma today about different diets: it's got to be this, it's got to be that, it's going to be all animal foods or paleo, or it's got to be vegan, or whatever. And in reality, it's not about following this certain dogma and making sure you're eating that way or something and then making everybody else feel bad for not eating that way (lots of people do), but it's about - is the diet you're eating working for you? Is it achieving your metabolic health? Is it giving you your nutrient requirements? Then that's the most important thing.

[00:19:54] If that is a carnivore diet for you now, that's great. If it's not later, that's also great because your dietary needs and what diet works for you is going to change over time, just like it's going to change for other people, you know? So it's not about sitting here saying, "Oh, everyone has to do this type of diet because humans are this or humans are that," or anything like that.

[00:20:13] But I think the most important thing, I guess the things that I found for like pretty much all diets are eat whole foods. So stay away from processed foods, stay away from

things that have been processed all the way down to their individual constituents. That's when we seem to have a problem is when we take all the nutrient wisdom out of food and we process it down to things. So that's, you know, even for some people, I would say like, you know, because people have like MCT oil and things like that, it's like, well, that's a processed food and you may be able to use it for a certain benefit, but it's still a very processed food and overdoing it could be problematic, just like vegetable oils are a very processed food. It's one nutrient, it's unsaturated fat and there's very little else in it. And those are the foods that give us a problem.

[00:20:54] So when I think about this, it's one of the examples that I think we need to step back and have a little humility for the wisdom of nature. Right? What was available to us in nature? You know, so I could never make a vegetable oil if I was living in nature. I'd need complex machinery and all these different things. I could never make processed flour, you know? I could never do any of that stuff without the modern-day stuff that we have. And so sitting back and say, "Hey, nature got it right," or God or whatever you want to call it, got it right. And we need to eat the most whole foods possible, as close as we can, because there's lots of food available today that we would consider whole foods that maybe weren't available back then. But, you know, it's not being dogmatic, it's eating whole foods. It's making sure that the diet you're doing is working for you and being wise enough to realize that when it's not working for you need to change, rather than sticking to that dogma.

Nadia [00:21:44] Wow, I am absolutely loving this. I can totally see why Megan and Larry love talking with you. You know, everything that you've said about diet I think fits so nicely with our message, our approach within our Community: very much diet inclusive, but a very big focus on whole foods.

[00:22:03] Switching topics slightly, but a big topic for me. Funny that this is something that Larry and Megan enjoyed talking with you about so much. It is one of my five pillars. So just, even though we talk so much about diet and fasting in our program, this is a big one - stress management. Can you describe why stress management, healthy stress, and heart rate variability is so important to you personally in our overall heart health?

Stephen [00:22:31] Definitely. This is the thing that I think I want to draw the most attention to because in health circles, everybody talks about a diet, exercise, that type of stuff, and those things tend to dominate the conversation and we say, "Oh yeah, and manage your stress." It's kind of this thing that's tagged on to the end of everything. I think that when people say things like, "Stress kills," like they're not... They may think they're joking or whatever, but they shouldn't be because it does.

[00:22:55] Our body handles stress through this thing called the autonomic nervous system, which is just a system in our body that's consciously measuring our environment through our senses and telling your body if you're in a safe or threatening environment and, based on which one you're in, it has the appropriate response. So if you're in a threatening environment, it tries to get away from that, or run away from it, or fight it off, or whatever. And different systems in the body are activated to do that. But if you're in a safe environment, then your body says, "Okay, well, we can do things like eat and digest, or sleep, or procreate, or detox, or whatever. We can do those things effectively.

[00:23:28] Unfortunately, humans are the only species on the planet, that I know of, that can think their way into a stress response. We can literally see something happening halfway across the world on the news to someone else and think or fear that it's going to happen to us and think our way into that stress response. Or we can see something, you

know, like something that happened to a loved one a long time ago and we can fear that it will happen to us, or that'll happen again. Or something stressful could happen to us that day and, instead of having the normal physiologic response where we address the stress, get rid of it and then go back to baseline, we stress about it for the rest of the day.

[00:24:03] That's because of our big brains, which have gotten us amazing places as a species. However, it also makes it hard to handle the constant, unnatural stresses of the modern day, which are plentiful. There are so many different things that are not necessarily life-threatening things, but we tend to have life-threatening responses to them, or at least our physiology does. Like, if you live in a city and you hear all the traffic and the noise and the horns and the sirens and everything like that all day long, your brain is smart enough to say, "Okay, those things aren't life-threatening to me in this instance," but your body hears those unnatural noises and is having a life-threatening response. You may not feel it, but it is.

[00:24:38] And that's creating this imbalance in the autonomic nervous system where we get... We don't get stuck in one state or the other. People think, "Oh, I'm in sympathetic or I'm in parasympathetic," but really they're always happening at the same time and they're supposed to balance each other. And so when the balance gets off and we're having more stress signaling than we're supposed to, we can call that decreased vagal tone or an imbalanced stress response. And that is incredibly important for a lot of different things. It has been shown to cause inflammation and oxidative stress, when we have these stress responses we can't tone down. It's been shown to cause insulin resistance. And it's been shown to cause heart attacks or be the number one trigger for heart attacks. It's definitely been shown to cause different clotting mechanisms that happen. So when we look at what atherosclerosis is, it's not this buildup of cholesterol and LDL, it's clotting, and so we're encouraging the body to clot when we're in this stress state.

[00:25:31] And so this imbalance in the autonomic nervous system is a really, really big deal that I feel like not too many people are talking about because, I think, unfortunately, the main reason they're not talking about it is because it's hard to make money from telling people how to balance the autonomic nervous system. There are things you can do, but it's hard to be super profitable when you do that. We live in a capitalist society and that's just the nature of things. But, you know, helping balance the autonomic nervous system, especially to the heart because the heart, it's really in tune with our emotional state, with our stress. It's why we say things like, "I love you with all my heart," instead of, "I love you with all my liver," or something like that. Or we say, "We gave it all our heart," right? There's this emotional connection. There's also a heavy emotional connection to the gut. That's why we have gut feelings about things. These are not mistakes that we say things like this and our language conveys this.

[00:26:21] But the nervous system signaling to the heart, especially, needs to be balanced because if it gets imbalanced, that can force a shift in metabolism. It can cause heart-tissue damage (which I talk about in my book and I outline the mechanisms of how that happens), but it can also cause irregular heartbeats like arrhythmias and things like that because the nervous system is not communicating well to the heart. And so it's really important that we balance this.

[00:26:45] And it's no mistake that the way that we measure this is through heart rate variability. So the way that we measure this balance in our emotional state, this balance in our stress response, is done directly through the heart. So the best measure of balance in this is heart rate variability, which is basically just the time-interval difference between

heartbeats and it's supposed to be, generally, wider. We should have an ability to have a bigger heart rate variability.

[00:27:10] I like to describe heart rate variability better using something called respiratory sinus arrhythmia because I think it's a better illustration, but it measures the same things, it's just a different number. And so if people like took their pulse on their wrist or whatever and they took a deep breath in, like a slow, deep breath, they'd feel their pulse quicken. It would get faster. And then if they took a slow breath out, they would feel it get slower. And the difference between the fastest it gets when you breathe in and the slowest you get when you breathe out is the respiratory sinus arrhythmia. This is measuring balance and autonomic nervous system. So how ready or how able are you to go from a stressed to a non-stressed state? Because when you breathe in, you're creating a little bit of a stressed state, and when you breathe out, you're creating a little bit of a non-stressed state. It's really important to have balance in that, especially for the heart.

[00:27:53] The way we create balance in that is doing things that people may consider woo-woo or whatever, especially people like really versed in Western medicine. But it's like having positive social relationships, which sounds like it would be just like, yeah, of course, that's good, but it's like, no, it's actually really good for us. And having those toxic relationships create this imbalance. But also exposure to nature, being in the sun, you know, putting your feet on the earth, that kind of thing. And then there's things like meditation, or prayer, or things like that. Like infrared sauna use has been shown to boost autonomic nervous system. Just chewing your food properly has been shown to do it. So there's just so many things that stimulate the vagus nerve and create this balance. We can go on and on with it, but it's living a life that's, I guess, you know, away from, or divorces itself from, modern, most modern human life, you know, which has become so inundated with the wrong type of life, the wrong type of stresses. Our go, go, go mentality is not doing favors for our autonomic nervous system and this stress response that we're supposed to be balancing.

Nadia [00:28:57] Wow. I feel like you were just describing me there. [laughter] It's like, you know me! And you're right. I mean, just going back to your original point there, even when I talk about stress (and I do every single day when I mention it in my five pillars), it's always the fifth pillar. I always put it at the end. Maybe I need to switch that around. It needs to come to the front. So thank you for that reminder.

Megan [00:29:19] Lots of really great lifestyle practices there that we've... It's just really important to control stress. Something that's been glamorized a lot is busyness, too. And it's just... I used to think I needed to be busy in order to be successful until, you know, I was in the hospital with a blood pressure of 73 over 43, after losing the ability to stand, just from chronic busyness and the stress that it has on your body. And I've realized, no, being successful is, you know, is treating your body the way it needs to be and taking care of your body, your systems - mind, body, spirit, all of that stuff - and finding a balance. You know, I might work less now on paper, but when I do, I'm so much more productive and it makes a huge difference. I'll share some of the stuff that I do for me on social media and people say, "How do you have time for that?" Well, you can mix and match things. You know, I'll do meditation and breathing while I'm doing red light or do dry brushing. There are all different ways to combine all of this stuff, but if I don't take that time every day, then it all just kind of goes downhill. I saw this meme a few years ago on social media and it said, you know, "Stress undoes all of your good efforts with diet and fasting." And it's just so true.

[00:30:41] So we mentioned so many great things that people can implement, but one of the questions that Nadia and I, our whole team are asked the most are, "Which tests should we be advocating for from our healthcare practitioners to make sure that we're keeping an eye on important cardiovascular markers and metabolic health markers?"

Stephen [00:31:01] Yeah, I get this question a lot too, because, you know, people go and they want to assess their cardiovascular risk and their doctor's like, "Okay, we'll just take a lipid panel," and they think that's the end all, be all. Sometimes they'll take an inflammatory marker or something like that like hs-CRP, they'll actually get that one.

[00:31:17] In my book, I talk about the three imbalances that I think drive heart disease (and pretty much all disease), which are: poor metabolic health, high inflammation/oxidative stress, and then imbalance in the autonomic nervous system with heart rate variability and things like that. So along those lines, the best things I think that we should be looking at, as far as mitigating risk or assessing risk or for metabolic health, are a triglyceride to HDL ratio. So if we get that lipid panel, that's great. We just want to look at the triglycerides divided by the HDL, and that number should be, in my opinion, 1.5 or lower. That's a good indicator of good metabolic risk. But also make sure that you're fasting long enough before you take that test because they say, "Oh, 8 to 10 hours is good," but really I want you at at least 12 to 14 hours fasting to get an accurate triglyceride number. So there's that.

[00:32:02] And then the other, I think, most important one for metabolic health is a fasting insulin level because that can detect whether someone is insulin resistant way before they become diabetic. So even if someone has normal blood sugars, normal A1C and the fasting insulin's high, it means you're having to use more insulin to keep those numbers that way, which suggests insulin resistance. So you can detect it then before it becomes anything harder to correct. But yeah, fasting insulin level.

[00:32:28] So as far as inflammation and oxidative stress, I mean, you can really get into the weeds testing these numbers on things. You can test a lot of different things, but I think that, ultimately, the best test for inflammation is the high-sensitivity C-reactive protein, just for like general information. You get kind of an idea of what someone's state of inflammation is. And then I take a GGT number, which is a liver enzyme for looking at oxidative stress - like how much is the liver having to deal with?

[00:32:54] But in reality, I wouldn't go too far because you can test so many different things, like damage to fats or damage to DNA from oxidative stress and stuff. You can test all that stuff, but the way you treat those things and the way you get rid of that stuff is the same whether the test is high or not. So you might as well, instead of just spending all this money testing, spend your money on changing your diet and getting things that you need to help you combat that stuff. Even if it was not elevated, just do those things to *keep* it not elevated, you know?

[00:33:21] And then as far as imbalance in the autonomic nervous system, heart rate variability, which we've talked about. It's always going to be tracking. They say with heart rate variability, anywhere from 20 to 100 is normal. So it's important not to compare your number to somebody else. You get your baseline (so you have to measure it for a week or two weeks, something like that) and kind of get to know what your baseline heart rate variability is and then work to improve it from there. But don't say, "Oh, theirs is a 60 and mine's only 30," or anything like that. We just want to try and improve it from wherever your baseline is.

[00:33:50] And then, you know, people talk about scores like the calcium score or the coronary artery calcium score or the carotid intima score. These are just assessments of how much long-term calcified plaque there is in arteries. And those are those can be good scores. I'll just say that like with the CAC score, it's just measuring the calcified plaques. It's not measuring the soft plaque that's, quote-unquote, more dangerous and things like that. But it is a good number. It does seem to be predictive of whether or not someone's going to have a heart attack or heart disease in the future, but also realize that... Because I've had a lot of people say, "Oh, I'm going to make all these different changes to my lifestyle and diet," things like that. And then they go get a CAC score and it's like 600 and they're like, "What?" But it's like, how do you know it wasn't 800 and you did all these things and now it's 600, you know? So it's really hard to tell which direction you're going with just one benchmark. You know, you kind of need multiple ones along the way. I find myself explaining that to clients a lot, so I thought I'd mention that there. But those are some things that I think are good to kind of assess your risk and kind of keep tracking.

[00:34:48] But I also think that it's important to understand that testing is just one snapshot in time and usually just one tissue in the body. I think that it's really shortsighted to think that we could assess someone's total health by just bloodwork or just this one test or just one tissue in the body because there's so many different things. And I think that it, again, comes from our human brains thinking that we can control something or get a total understanding of something in this complex biological ecosystem that is the body. And so just kind of take that with a grain of salt that I don't think testing can ever tell you if you're unhealthy, like in general. It can tell you if there's something really wrong, like in an emergency situation. Like, "Oh, this number is not good right now." But I don't think it'll ever tell you if you're healthy or not. Because I get so many people that come to me and say, "Well, my blood work looks fine, but I feel terrible," right? Or, "This testing looks totally terrible and I feel fine." Yeah, so it's just like, what are the standards?

[00:35:44] And it's really important for people to know that with cholesterol, like when we first decided it was bad, which was a decision. There was no observation that it was bad, it was just a decision that they made that it was bad. They said, "Okay, well, LDL should be at 250," and then they lowered it to 200 and then 150 and then 100. That tells me that they really have no idea what cholesterol is supposed to be. [laughter] And just focusing narrowly on that doesn't really make sense, or focusing on any one test doesn't really make sense. We have to look at it in conjunction with someone's, really their entire life and their state of how they're feeling now with the testing and everything.

Megan [00:36:18] Thank you so much, Stephen.

[00:36:19] So, Stephen, before we wrap up here, tell everybody where they can find all of your great work. We're going to link everything for everyone, including Stephen's new book that came out this year, in the show notes. But Stephen, where can they learn more?

Stephen [00:36:35] My website is resourceyourhealth.com. I do my online coaching there, my books are there, my blog is there, and things like that. And then my book is on Amazon. People can order it from the publisher. They can get it from Barnes & Noble. They can get it in most places books are sold and it is an audiobook and e-book as well. And then I'm on social media, just Facebook and Instagram and Twitter - @DrStephenHussey. People can find me there and reach out if they want, or on my website.

Megan [00:37:01] Thank you so much. Thank you for joining us again, to a different part of our Fasting Method community. We're really so inspired by your work and just thank you for doing everything you're doing and spreading the word, and collaborating with us yet again on getting the message out there.

Stephen [00:37:18] Thank you so much for having me.

Nadia [00:37:19] Great meeting you.

Megan [00:37:21] All right, everyone, we'll see you back here next week. Happy fasting for now.

Nadia [00:37:24] Bye, everyone.