Dr. Steve Sinatra: I'm sure you've heard me talking about my best-selling book, *The Great Cholesterol Myth*. The book is about how cholesterol is not the most important indicator of heart disease. The truth is, folks, it's insulin resistance. And I am so delighted to be joined by my friend and co-author, Dr. Jonny Bowden.

Dr. Steve Sinatra: We'll explain *The Great Cholesterol Myth* in detail, and why we're so excited about our new version of it. All that and more on today's **Be HEALTHistic**.

Narrator: Welcome to **Be HEALTHistic**, the podcast that's more than just health and wellness information — it's here to help you explore your options across traditional and natural medicine, so that you can make informed decisions for you and your family. This podcast illuminates the whole story about holistic health by providing access to the expertise of Drs. Steve and Drew Sinatra, who together have decades of integrative health experience. **Be HEALTHistic** is powered by our friends at Healthy Directions. Now, let's join our hosts.

Dr. Drew Sinatra: Hi, folks…if you like what you hear today and you want to listen to future conversations on all things integrative and holistic health, subscribe to our podcast at **BeHealthisticPodcast.com**. Also, check out and subscribe to the Healthy Directions YouTube channel, which features video versions of our episodes, plus extra videos you won't want to miss. And finally, we have more with me, Dr. Drew Sinatra, my dad, Dr. Steve Sinatra, and other health experts at HealthyDirections.com.

Dr. Steve Sinatra: Hello, everyone…welcome to another episode of **Be HEALTHistic**. Today on the show, I'm joined by a very special guest and colleague, and my good friend, Jonny Bowden — the co-author of *The Great Cholesterol Myth*. And I got to tell you, folks…this book was a lot of fun to write, because there's so many myths out there. And I got to tell you, Jonny, I've been a co-author with a lot of different books. I guess you and I have written maybe 40 books between us, probably more. And I got to tell you, it was a real pleasure just to work with you. I want my audience to know that.

Jonny Bowden: Thank you.

Dr. Steve Sinatra: Some co-authors are an energy drain — you are an energy gain! In other words…

Jonny Bowden: Thanks, man.

Dr. Steve Sinatra: ...you were just a pleasure.

Jonny Bowden: Back at you, I feel the exact same way, you were my ideal co-author. Because we both knew what each other's strengths were, and we were able to stay out of each other's wheelhouse, and then collaborate in this great way, and then go back to doing what we do best…and then, it all came together beautifully. It was a really, really wonderful experience, I have to say. Both times, first in 2010 and then the rewrite.

Dr. Steve Sinatra: Yes, sir. Yes, sir. And I don't know if our audience knows this, but we both have degrees in psychology, so maybe that was the "secret sauce" that caused us to work together, so to speak.

Jonny Bowden: That is true, that is true. But I am so excited about this revival of the book, this revision, this really, new edition. And I've told you this 100 times, we've all discussed it offline, online. It's so relevant to now…it's not just about heart disease, it's about the underlying, metabolic brokenness of the entire population. And I believe, and I'm just speaking for myself here, we would not see quite the death rate we're seeing from COVID if the metabolic, underlying condition wasn't as bad as it is. And I believe that the way we talk about cholesterol, fat in the diet, the way we eat, the way we've been taught to eat — that is exactly relevant to the metabolic brokenness, this insulin resistance, which is a silent epidemic, no less real than the pandemic we're all experiencing right now, as of this recording.

Dr. Steve Sinatra: You're absolutely right, because the biggest risk factor or comorbidity going forward is really obesity and diabetes mellitus.

Jonny Bowden: Absolutely. And the whole cardiometabolic profile, and Steve, that's what I...when we were doing the research for this, and we began to…I'm going to just tell the audience, to uncover research that had been sitting there since the '70s and we started connecting the dots, seeing that this condition, insulin resistance, which I'm sure we'll get into and explain. But this condition, just take it as a label right now, it's called insulin resistance — 88% of Americans have it to some degree. Probably the conservative numbers are 52% of the world. I think that that's an understatement, I think it's closer to what it is in America.

Jonny Bowden: So you've got the most common metabolic condition in the world, and it is a very bad thing, because it leads to pre-diabetes, diabetes, heart disease, obesity, even Alzheimer's, which we're now calling Type Three diabetes. And when I saw that this particular risk factor, so much more than cholesterol, shows up 10 years before the heart attack. Shows up and can be tracked for a decade before your doctor says to you, "Mrs. Jones, your cholesterol is high," or your diabetes doctor says, "Mrs. Jones, your A1C is going up." This thing is visible years before, and it's treatable, reversible, preventable with diet — and

we're not talking about it. And why is it relevant now? Because that condition underlies every comorbidity for COVID.

Jonny Bowden: And that's why I think that if we handled this condition, if we stopped chasing an old-fashioned measure for cholesterol and started looking at this very serious underlying condition that makes us vulnerable, that makes us immunocompromised, that makes us fat around the middle, that makes us diabetic, sick, fat, and tired and depressed. If we started looking at that condition and taking simple steps to turn it around, which can be done so easily with a change in diet, we would probably wipe out half of the cardiometabolic diseases in the world.

Dr. Steve Sinatra: No, you're absolutely right. And while you're on a roll, why don't you give somebody the tips about the diet you recommend?

Jonny Bowden: I've been thinking a lot about this, Steve, because we go on these podcasts…the audience is not as sophisticated as your audience. Your audience has been listening to you for years, they know a lot of this stuff, they know way more than the average person. For example, at my family dinners on Sunday night, who do not know this stuff…and they're educated and smart, but they don't know what insulin resistance is. I've been thinking a lot, how do you explain insulin resistance to a fourth grader? How do you do that? Because most of our audience is very smart, but they don't know biochemistry or any of this stuff. How do you explain it? This is how I think it can be explained to anyone.

Jonny Bowden: When you're a child, when you're born, you're issued a bucket. It's not going to be the same bucket as every other kid, you're going to get your own bucket. It might be bigger than some other kid's bucket, it might be smaller. And over the course of the years, you might be able to change the size a little, maybe bring it up or bring it down. But basically, you're stuck with the bucket you got.

Jonny Bowden: Now, here's the rules of the game for metabolic health. You can eat all the carbohydrates you can get into your bucket, and as long as you keep your carbohydrate allowance for the day in the size that that bucket can hold, you will be fine. But as soon as you start stuffing more in than your particular bucket…not your neighbor's bucket, but your bucket. Once you start overflowing your bucket, metabolic things happen, biochemical things happen, and the body gets overwhelmed, and it cannot handle the sugar load. And you develop this condition called insulin resistance, and you are on your way, buddy. You have gotten on the train, and that train is going to California. You can get off, but that's where it's going. And California, in this case, is diabetes, heart disease, obesity, and ultimately, death. You need to look at that bucket.

Jonny Bowden: And that's the thing people always get wrong when we talk about carbohydrates. They say, "Well, what about the Chinese? They eat all this rice." That's not your bucket. And they eat a different rice, and they don't eat as much of it as you think — and they have an enormous diabetes problem that's now developing, so let's not talk about the Chinese. But there are certainly people we all know in our life who can eat a lot more carbs than we can. They don't seem to get fat, they seem to do very well. That's great, they were given a bigger bucket. You weren't, I wasn't. And I know that from 38 years of doing this stuff…but that's something that, I think, is the visual that people can actually get behind.

Jonny Bowden: That's why, in the low-carb world, there are people who cannot manage their weight, their health, their diabetes, unless they go to almost zero carbs. That's real extreme, they got a tiny bucket. Others, maybe 50 grams, 75 grams, 100 grams. I don't know anybody who can handle 300, 400 grams a day of carbohydrates the way the average American eats. Maybe there are some people like that. But when you look at the peoples across the world who did eat higher-carb diets — you look at the Bantu in South Africa, 80% carbs, they're lean as can be. How come?

Dr. Steve Sinatra: They're running?

Jonny Bowden: Well, because none of the carbs that they eat are anything you and I would recognize.

Dr. Steve Sinatra: That's right.

Jonny Bowden: Right? They're like, 50 grams of fiber a day, they're bitter, they're little nuts and berries that grow wild. So yes, it's the type of carbohydrates that we're eating — and what we're eating is processed garbage, and we're loading up on it, and we're ignoring the results of it. And those results are what are leading to heart disease — not HDL or LDL cholesterol.

Dr. Steve Sinatra: Absolutely right. And the other thing that our audience needs to be privy to is that carbohydrates create age glycation. In other words, it accelerates the whole aging response. This has been shown in multiple studies in Japan, Australia, even in Western Europe, that the more sugar, the more donuts you eat, the quicker you age. And the dermatologists have done skin biopsies on this, and it's absolutely incredible. Say a little bit about age glycation to our audience.

Jonny Bowden: I was going to ask you…I remember my grandmother used to talk about, they used to have these little skin tags, and they'd call them age spots. And 40, 50

years later when I studied this stuff and understood it, the thing you're referring to, advanced glycation end products, AGE — they really are age spots, because those are the visible signs of insulin resistance. Is that a fair statement? Would you say that the "age spots," which are really those advanced glycation end products that we can actually see on the skin, like skin tags — are they not some evidence that this thing that I just explained about eating too many carbohydrates for your bucket…

Dr. Steve Sinatra: Sure, sure, it can be. It's almost similar to the hypercholesterolemia, where people get xanthelasma on the eyelids. In other words, the age spots, it might reflect higher blood sugar over time.

Jonny Bowden: I did not know that.

Dr. Steve Sinatra: Yeah.

Jonny Bowden: I did not know that. That's the advantage of having a good co-author and friend who's a medical doctor.

Dr. Steve Sinatra: We're always learning from each other.

Jonny Bowden: Always, yes.

Dr. Steve Sinatra: It's really great. So anyway, Jonny, one of the reasons why we wrote this book was to dispel the myth. And in writing this book, you and I came across a lot of research that's really germane to what's happening in the zeitgeist of the times right now with COVID-19.

Jonny Bowden: Yes, yes.

Dr. Steve Sinatra: The Framingham study showed, for example, that people with the highest cholesterols had the longest lifespan. Remember that?

Jonny Bowden: Yes. I do, indeed!

Dr. Steve Sinatra: And doctors were going crazy, cardiologists in Boston were going nuts. How can this be? And then in the book, we discussed how children with gastrointestinal disease were more refractory to viruses, so to speak. But actually, children with MRSA staph were more resistant. In other words, these children who had MRSA staph — the higher cholesterol they had, the greater the resistance they had.

Jonny Bowden: The more protection…

Dr. Steve Sinatra: In other words, we were learning about the multiple protective effects of cholesterol. And this excited me as a cardiologist, because again…in my area of expertise, all my colleagues were saying, "The more cholesterol, the sooner you died." But yet, we were seeing resistance in bacterial infections, resistance from MRSA staph, people in Framingham living longer. So cholesterol is not the enemy it was. And basically, as you said before, it's all about sugar. It's all about sugar and sugar and sugar. I believe it just accelerates the aging process, and all of a sudden, we just age prematurely.

Jonny Bowden: Yes, I couldn't agree more. But I want to stop us, both of us, from going further until we clarify something about cholesterol itself, and the testing of it. Because I think one of the three primary take-home messages of this book is that the HDL-LDL test should be retired forever. It should never, ever, ever be used again as the basis of a prescription, and let me explain why.

Jonny Bowden: I know you have a million people, I certainly have a million people, come up to me almost daily and say, "Oh, my cholesterol is high, my cholesterol is low. Oh, my cholesterol is this," because they know we write about it, we think about it, we have some knowledge of it…so they want to run their cholesterol numbers by us. I stop them immediately, the conversation doesn't continue until I find out how they had it measured. Let me explain why for those who don't really get this.

Jonny Bowden: I live in California. California has very strict car emission standards. You get this letter from the Department of Motor Vehicles, you got to have your smog check. And everybody goes to an authorized smog check station, and they get hooked up to an authorized smog check machine, and then they get the bill of health on their car. They get to be told either, "You passed the test, Mr. Jones. Your car is not putting out any toxic emissions." Or you get a very bad notice like, "You got a lot of repairs that have to get done here, it's going to cost you about $1,800. But you got to do it, because you can't get the smog sticker if you don't." And you go, "Well, I want to be a good citizen, I certainly don't want to be a toxic waste dump. I'm going to have to spend that money and do it." Okay.

Jonny Bowden: Now suppose you suddenly found out that the machine they're using to measure emissions hasn't been calibrated since 1963. Suppose you found out it was broken, and that half the cars it was giving a stamp of approval to were actually toxic waste dumps, and some people who were being told they had to spend $1,800 to fix the damn thing actually weren't putting out any toxins. What if you found out that there are toxins that came out in the last 10 years that aren't even calibrated in the algorithm of this stupid machine? Wouldn't you be furious?

Jonny Bowden: Because that broken emissions machine is exactly like the HDL-LDL test. It was developed in the early '60s when researchers realized that cholesterol actually travels a couple of different ways in the body. "Let's call it one of them an HDL, high-density lipoprotein, and the other one we'll call an LDL, and we'll just tell the people, because it's way too complicated to really explain, we'll call one of them good and one of them bad." Okay, great. That's 1963. That's like the flip phone in an era when you have the iPhone 12 Pro Max. We now know there are 13 different subtypes of cholesterol…13! There's lipoprotein(a), there's oxidized LDL, there's LDL A and LDL B. They come in different sizes, they come in different shapes, they come in different patterns. Most of all, they come in different numbers.

Jonny Bowden: Those lipoproteins are the boats that are in the water — the cholesterol is the cargo. And in the last 10 or 15 years, we have learned how to measure that. We have nuclear magnetic resonance, we have NMR tests that look not just at good and bad cholesterol — but at all 13 different types! And what the pattern of the particles are, are they big or small, which predicts a lot of things. And how many boats are in the water, because that's where you have accidents, when there's too many boats in the water. Not when the cargo — cholesterol — is being measured. Why are we looking at the cargo? If you're trying to prevent boat accidents in a marina, you don't want to know how many towels the boats are carrying, you want to how many boats there are. Because the more boats, the more likelihood they're going to bump up into each other.

Jonny Bowden: So we have all this sophisticated measurement to look at modern-day cholesterol, blood lipids — and we're using the flip phone. So when people tell me, "My cholesterol is high," I don't care, I want to know, "Where'd you get it measured? You're talking about the old good and bad cholesterol test? Throw it out, get a real test." And I think that's a message we have got to take to the public. People are walking around getting prescriptions for drugs based on an antiquated test that doesn't work. And meanwhile, people like me — and we've talked about this and I'd be happy to share it — people like me are not getting treated, because we passed the stupid HDL-LDL test. But when we did the real test, the picture was very different.

Dr. Steve Sinatra: Absolutely right. It's stunning the way you explained it, I have to tell you. It was absolutely clear. And Jonny, what a lot of people don't realize, especially with the 100 million diabetics we have in this country, it's the triglycerides we need to focus on.

Jonny Bowden: And what drops triglycerides, ladies and gentlemen? This is like the one-on-one test that I gave my nutrition students when I was teaching at Equinox Fitness

Clubs. What drops triglycerides like a rock almost 100% of the time? A low-carbohydrate diet.

Dr. Steve Sinatra: A low-sugar diet. Absolutely.

Jonny Bowden: Every single time it works, we don't need medicines. You can see it in three days. Your triglycerides drop like a rock, because the body makes them out of sugar.

Dr. Steve Sinatra: Exactly.

Jonny Bowden: So if you had not eaten sugar…

Dr. Steve Sinatra: And I have to tell you, as a heart specialist, I saw a lot of diabetics in my practice. And basically, a lot of these diabetics had triglycerides of 200 and over. A lot of them had 300. And if they had an HDL, let's say 30, that would have the triglyceride-to-HDL ratio of 10. And I saw that time and time again, and that is a very serious risk factor. That's probably one of the worst risk factors to have, a low HDL and a very high triglycerides. And that was reported in 1998. It's amazing, it just fell by the wayside, that research. In other words, I don't know whether if people didn't believe it, people will hooked into the cholesterol story. But if your triglycerides are high, that's really a significant risk factor.

Jonny Bowden: Especially with low cholesterol, which is what I had.

Dr. Steve Sinatra: Low HDL, low HDL.

Jonny Bowden: Yeah, and the thing about that ratio, ladies and gentlemen, is that if you've ever had a blood test, you can do it yourself. You don't require another blood test. Every blood test that's ever been done has HDL and LDL, and every blood test that's ever been done has triglycerides. It's the basic four things they look at — glucose, triglycerides, HDL, LDL. So you simply take your triglyceride number and you divide by your HDL number, which is almost always lower. And I'll talk about it in a minute, in those rare cases when triglycerides are actually lower than HDL. Almost never happens, but it does. Most cases, triglycerides, let's say, will be 100 in a good blood test, and HDL will be 50 — you'll have a ratio of two. You ain't getting a heart attack. That's what the research shows.

Jonny Bowden: Now, if, as Steve says, you got a triglycerides of 200 and you have an HDL of 20, you got a ratio of 10 — you better get in an ambulance. So this is an incredibly good predictor, and doctors don't even talk about it. Why? Because we have a $30-billion-a-year industry with lowering cholesterol. We don't have any

industry lowering triglycerides, because you can do it by simply not eating sugar. And who's going to make $30 billion off of that?

Dr. Steve Sinatra: Well said, well said. And as a heart specialist, I agree 100%. I mean, 100%.

Dr. Steve Sinatra: So Jonny, let me ask you, what do you think an incredible "pearl" would be to give our listeners? In other words, the problem with people in this day and age is they still believe in this cholesterol theory of heart disease because a lot of the doctors believe it. I mean, let's face it…we wrote this book, how many years ago?

Jonny Bowden: Originally 10, and now again, this last…

Dr. Steve Sinatra: …and the revised edition. We reviewed the research, we reviewed the clinical studies. And I will say one thing, I think one thing is important before I give you the microphone again. As a heart specialist, I was privy to acute coronary heart syndrome, where people would come into the hospital with unstable angina, meaning that a heart attack was imminent, so to speak. It was like cutting a dog's tail off an inch at a time. They'd be getting this chest pain…not a massive heart attack, but a small heart attack.

Dr. Steve Sinatra: And the key here, this is very important, folks, that if you were on a statin or a cholesterol medication, like a statin, and that medication was discontinued because you came into the hospital…unfortunately, these people died. Because one of the advantages of statins is that it thins the blood. Statins thin the blood, and it acts like an antioxidant, as well. Drug companies can't sell that, so they'll sell cholesterol-lowering, because everybody believes that cholesterol causes heart disease. But I can tell you, as an invasive cardiologist who was treating heart attacks day and night, I learned very quickly that if they came in with preinfarction angina, or unstable coronary heart syndrome — and if I discontinued that statin, those people had worse outcomes.

Dr. Steve Sinatra: So Jonny, statins do something good, a little bit good. Look, we didn't throw statins under the bus completely. In other words, in middle-aged men...and listen, we're both in our early 70s, we believe 70 is the new 50, right? We've always believed that. So in middle-aged men under the age of 75, a low-dose statin — especially if you have coronary calcification, or if you have any evidence of heart disease, stent, bypass, previous infarction, anything like that — a low-dose statin, chasing that up with a lot of coenzyme Q10, is the way to go. We've been on a same page on that.

Dr. Steve Sinatra: Remember, folks, statins do some good things. And basically, thinning the blood is really important, because our blood in this day and age, because of all the

electromagnetics, all the mercury, all the insecticides, pesticides…we have red ketchup blood. And what we got to do, and I know you agree with this, Jonny, we got to make the blood thinner. And a red wine blood is the way to go.

Jonny Bowden: The only thing I'd add to that is I think that we were somewhat unfairly attacked as being anti-statin at all costs and in all situations. I think what we always were was anti-overprescription of statins. That they were handing it out like candy, that they weren't looking any further, that they were prescribing based on an old-fashioned test, and that they were ignoring the fact that everything that you just mentioned that statins do well that the drug companies would love to proclaim, "Look, we're a little bit anti-inflammatory. And look, we thin the blood little" — you can do with fish oil. You can do with vitamin E. You can do with ginkgo. You can do all those good things with supplements that have no side effects.

Jonny Bowden: So, not to trash statins. They have a place in medicine, there are people who will only take a medicine, they don't want to be bothered with nutritional supplements. They're so inflamed that even the little bit of anti-inflammatory power that a statin gives you and a little bit of blood thinning, yeah, it's going to show some benefit in older people who aren't taking supplements. But when you've got such a wonderful resume of nutraceuticals that can accomplish the same thing, why not at least give them a chance? Fish oil…I don't know any literature on side effects for fish oil, but Beatrice Golomb put together quite a literature on the side effects of statins. Not saying that I wouldn't use them if it was life and death — but why use them if there's no real benefit, and if in fact you can get the real benefits from something that's much more innocuous, much more beneficial?

Dr. Steve Sinatra: Oh, absolutely. Even in a COVID-19 era, I don't know if statins are going to be a good idea. I think somebody is going to do that research…

Jonny Bowden: At some point.

Dr. Steve Sinatra: ...coming forward. Will a high cholesterol protect you in a COVID-19 era? We still don't know the answer to that question yet.

Jonny Bowden: We know cholesterol is important for immunity, we know that.

Dr. Steve Sinatra: Absolutely, absolutely. And you know, we should talk about vitamin D, just really quickly.

Jonny Bowden: My favorite subject these days. I just wrote a newsletter on it, I called it "The Vitamin D Disgrace." You know what the disgrace is?

Dr. Steve Sinatra: No, tell us more. And folks, by the way, this is not pre-rehearsed. I just introduced vitamin D, I must've read Jonny's mind. But I don't know why I came up with that.

Jonny Bowden: It was sent out yesterday, I got a lot of love letters for it, I have to say. And it was called "The Vitamin D Disgrace"…

Dr. Steve Sinatra: Tell us more, tell us more.

Jonny Bowden: The disgrace is that in an era when every health professional — and I love Fauci, I love Dr. Birx, all of them — every one of these people, the CDC, are getting up and proclaiming from the rooftops that we should mask, that we should social distance, that we should wash our hands. I agree with all of them. Why are they not screaming at the top of their lungs, "Take 5,000 IUs of vitamin D every single day. Every one of you." Why are they not saying that? The research is showing between a 98 and 100% correlation with death from COVID if you're vitamin-D deficient. There are so many studies on this, the literature is so filled. I did a fast look of vitamin D and COVID on PubMed — 372 published studies, all of them positive. This is BS that we are not being told to take this incredible nutraceutical, no toxicity at that dosage. 75% of Americans are deficient in it or insufficient in it. Why are we not talking about it? That's a disgrace to me.

Dr. Steve Sinatra: No, I agree, I agree. And while we're on *The Great Cholesterol Myth*…I mean, people need to realize this, that the way the body makes vitamin D is sunlight hits the skin, and it's the cholesterol in your skin that forms vitamin D3. Folks, if you're on even a low-dose statin, but if you're on a massively high-dose statin and you're knocking your LDL down to 70, 80, 90, and you're knocking your total cholesterol down, remember you might have a negative impact on vitamin D metabolism, because of the cholesterol synthesis from the sunlight.

Dr. Steve Sinatra: So I'll tell you, I think with COVID-19...and by the way, COVID-19, I don't want to be pessimistic here, but a lot of these killer viruses and bacteria seem to be propagating over time. In other words, I saw killer influenzas in my career as a doctor, the SARS virus, the Ebola virus. There's so many different viruses out there. So I think one of the most important things for our listeners, and actually the whole world at hand, and you said it, is getting a strong immune system. Preserving your immune system is key. And some of the takeaways we can say here, Jonny, is that one of the best ways of rocketing your immune system is cutting out sugar. It's so simple.

Jonny Bowden: Well, it's simple. It's not easy.

Dr. Steve Sinatra: It's not easy.

Jonny Bowden: It's not easy for people. Everything in the world is set up to make us want it, to make it available, to put it in all our food. It definitely takes some doing, it is an addiction for most of us, and it needs to be treated that way. But people need to take it seriously…we have all these images of, "Oh, Thanksgiving, and apple pie," and they're all great. But this is a serious drug that is doing serious metabolic harm.

Jonny Bowden: I know you feel strongly about what I'm about to say, as well, Steve, so I'd love to at least mention that one-third of our book is not about cholesterol, diet, exercise, lab tests, and all the other stuff that we talk about. One-third of our book is about the important things that we tend to neglect in preventing chronic disease. And those are things like our relationships, our community, our family, our sleep, our digestion, the time we spend with our dogs and our pets and our cats and our parakeets, the time we spend with loving friends, the time we spend outdoors. These things have a profound influence.

Jonny Bowden: You wrote so eloquently about patients who died of a heart attack at a bank the minute they had a little bit of a stress, or a loan was refused, or something like that. Why? Because there were metabolically broken to begin with. And because their stress level, all they needed…it was the straw that broke the camel's back. A little bit of stress, a little bit of cortisol, bam, they're dead. We've got to work on all of those components of health that are not related to cholesterol. And I think we put far too much emphasis on a lab value when we're talking about a whole person here. And our risk for disease comes from a lot more than whether it's a good measurement or a bad measurement, than any lab measurement can really tell us about the quality of our life. And we need to accept responsibility for those things we can actually do something about, and to realize how important they really are.

Dr. Steve Sinatra: You're absolutely right. And we had a nice section on nutraceuticals, remember? We talked about coenzyme Q10, we talked about cinnamon lowering blood sugar, we talked about citrus bergamot and cholesterol, and then we talked about even chocolate. Remember? Cocoa and dark chocolate with mild flavonoids. In other words, we don't want to take away sugar completely from our audience. Look, if you want to have an 80% dark cocoa chocolate with a lot of high-polyphenol activity, I don't see any problem with that. A little dark chocolate as a reward a few times a week, that's okay. It's like having a little bit of red wine a few times a week. You don't want to have it every day, two or three glasses, because...we talked about this in a book, the French paradox. Remember that French paradox, Jonny?

Jonny Bowden: It's only a paradox if you believe saturated fat…

Dr. Steve Sinatra: …the French had the highest cholesterol in Western Europe, but yet, the lowest incidence of heart disease. But they had the highest incidence of cirrhosis in the world, because they're all drinking red wine. And the problem is a lot of the French are drinking red wine at age nine, 10, 11, and 12. Again, red wine is good, but it's in moderation.

Dr. Steve Sinatra: And I think, in this book…you're absolutely right. We talked about lab tests, we talked about relationships, we talked about all the good things, the bad things, and the things that we have to weigh very heavily. And certainly, emotions and emotionality…your psychology background, my background as a bioenergetic therapist, I thought we brought that out. And I'm telling you, I think this book is a gem. I reread this book again last night in preparation for this broadcast, and I got to tell you, we were really ahead of the curve. We were ahead of the curve 10 years ago, when we came together…it was absolutely amazing.

Jonny Bowden: I want to…thank you, and the same back at you. I'm very proud of this book, I'm very proud of the message — I want to put it in some context for the audience. We published that book in October. I don't know if it was October or November…Jason Fung, a magnificent doctor, a nephrologist who's kind of the father of intermittent fasting. Jason Fung published a book called *The Cancer Code*, in which he said, basically, that insulin resistance is the cause of cancer. Our book said insulin resistance is the cause of heart disease.

Jonny Bowden: And then a month ago, a terrific book by a PhD researcher named Benjamin Bikman came out, and it's called *Why We Get Sick*, and it's a global theory of chronic disease. And guess what he thinks causes all of it? Insulin resistance. So we are one of three books that came out in the last 90 days that have called attention to this theory, that this underlying metabolic disease caused by eating more carbohydrates than will fit in your bucket is underlying, according to Bikman, every chronic disease, according to Fung, cancer, according to us, heart disease, diabetes, obesity. We got to look at insulin resistance.

Dr. Steve Sinatra: Well, I would suspect that that would be your one "pearl" you wanted to give to the audience? When we do these podcasts, we always leave the audience with an incredible "pearl." In other words, what do you want the audience to remember, Jonny? What one thing, as a takeaway, do you want our listeners…?

Jonny Bowden: Can I have three fast ones?

Dr. Steve Sinatra: You can have three fast ones.

Jonny Bowden: All right, three fast ones. One is if your doctor gives you the old-fashioned cholesterol test, politely ask for the new one, the one that's been invented for

the last 15 years. Every lab gives them…LabCorp, Quest, they all give them — advanced lipid testing. Don't ever take a prescription based on HDL-LDL. Number two, the real danger in heart disease and all the other chronic diseases that you don't want to get later in life, they all have as an underpinning this condition that comes from eating too much sugar, not enough fat. Change your diet, you can reverse insulin resistance, and it's the number one cause of all these things, it's what all these doctors are saying. And number three, there's more to heart disease than simply lab tests, and there's more to all diseases. It has to do with your psychological resistance, it has to do with your immune system, your digestion, your sleep, your relationships. So, embrace all of those aspects of life, they all impact your health just as much, or probably far more, than your cholesterol reading.

Dr. Steve Sinatra: Well said, Jonny. Well said. I would just add one more personal thing to that. I have a malignant family history of diabetes. My grandmother had diabetes, my mother had diabetes, insulin-dependent diabetes. I don't have diabetes, nor any of my siblings, but to the audience out there — if you have a genetic history in your family, one of the most important things you can do going forward is to keep your weight down, get some daily exercise or just daily walking, and follow what Jonny says, a low-sugary diet. In other words, omit the sugar in your diet. You can reward yourselves sometimes with some special sugars like, for example, a high-polyphenol dark chocolate. But going forward, diabetes is something we can prevent. Unfortunately, with the American diet, 165 pounds of sugar a year per person, it doesn't work.

Jonny Bowden: And what he said! I couldn't agree with you more, these are really important things. And it's sugar and starch, by the way, because starch converts to sugar in the body in one second. So we really got to move away from the stuff that comes in boxes, and go back to what I think is the best nutritional advice I ever got in my life, which is eat real food. Food that your great-great-great-great-great grandmother would recognize, know what to do with, and food that would spoil if you left it outside. If you do that, if you eat food from what I call the four food groups — food you can hunt, fish, gather, or pluck — you're going to be fine.

Dr. Steve Sinatra: All right, that sounds great. I think we're both a little bit paleolithic, to a degree.

Jonny Bowden: Those are the foods the sustained the human genus for 2.4 million years, you can't go wrong there. We're genetically adapted to those foods, we're not genetically adapted to the foods that have been out since 1957. Sorry.

Dr. Steve Sinatra: You know, Jonny, I would love to get you in a debate with some of the vegetarian people, so to speak. Sometimes, I was at conferences where the pure

vegetarian doctors were speaking, and they're very, very charged about their particular diet. But as a heart specialist, I'll tell you, I really believe that pure vegetarian has its advantages, but it has some incredible disadvantages, as well. And one of the biggest disadvantages of a pure vegetarian diet is you do not, and I want to emphasize to my listeners out there, you do not get suitable amounts of coenzyme Q10 in the diet if you eat a pure vegetarian diet. If you are a pure vegetarian or a vegan, you must, you must supplement with coenzyme Q10. Because I saw disasters in vegetarians with heart failure, breast cancer, you name it. Because again, CoQ10 rescues a lot of people, and diet can be a situation that causes a lot of illness and disease.

Jonny Bowden: Yes, I couldn't agree more.

Dr. Steve Sinatra: So you must choose wisely.

Dr. Steve Sinatra: Jonny, this was great. I want to do this again with one of our vegetarian colleagues, and I hope we don't have a major battle on the set. But I think people need to know the good, the bad, the ugly, and finally, the truth. With that said, thanks for joining us.

Jonny Bowden: Thank you, Steve. Great to see you.

Dr. Steve Sinatra: This was great.

Jonny Bowden: Thank you.

Dr. Drew Sinatra: That's our show for today, folks. If you have a question or an idea for a show topic, please send us an email or share a post with us on Facebook. And remember, if you like what you heard today and you want to be an active member of the **Be HEALTHistic** community, subscribe to our podcast at **BeHealthisticPodcast.com**, or on Apple Podcasts, or wherever you download your favorites. You can also find more great content and information from us and the Healthy Directions team at HealthyDirections.com.

Dr. Steve Sinatra: I'm Dr. Steve Sinatra, and this is **Be HEALTHistic**.

Narrator: Thanks for listening to **Be HEALTHistic**, powered by our friends at Healthy Directions, with Drs. Drew and Steve Sinatra. See you next time.