



THE SPECTRUM OF HEALTH

— P O D C A S T —

Podcast Session #23

Healthy Heart Solutions for Women

with Dr. Mark Menolascino

Heart disease is the #1 killer of women—outpacing breast cancer, diabetes and stroke combined. One out of four women will receive a heart disease diagnosis in her lifetime! To help us understand how to take care of women’s hearts, we welcome Dr. Mark Menolascino, the author of the upcoming book “Heart Solution for Women: A Proven Program to Prevent and Reverse Heart Disease.” For the special goodies referenced in the interview, please visit

To learn more about Dr. Menolascino, please visit
<http://www.menoclinic.com/christine>

00:06 **Dr. Christine Schaffner:** Welcome to the Spectrum of Health Podcast. I'm Dr. Christine Schaffner and today I'm speaking with Dr. Mark Menolascino. It will probably be a shock for you to learn that heart disease remains the number one killer of women outpacing breast cancer, diabetes and the stroke combined, with one out of every four women receiving a diagnosis of heart disease in her lifetime, and the problem is only getting worse. Dr. Mark Menolascino has been on the frontlines of cardiac research for most of his life, running a highly successful clinic where he takes a holistic, personalized approach to reversing disease and jump starting health. Most of his patients are women struggling with symptoms and illnesses that stem from the most important life-giving organ in the body; the heart. Today, we'll be talking about why women's hearts are breaking, literary, and offer you some great bonuses to celebrate Dr. Mark's upcoming book, "Heart Solution for Women: A Proven Program to Prevent and Reverse Heart Disease". I hope you enjoy this podcast with Dr. Mark. Welcome, Dr. Mark. I'm so excited to have you on the podcast today.

01:08 **Dr. Mark Menolascino:** Thank you very much Dr. Christine. I'm very fortunate to be here.

01:10 CS: You have a new book called, "Heart Solution for Women: A Proven Program to Prevent and Reverse Heart Disease". I think this is such an important topic, and with your functional medicine approach, I think we're really going to uncover some root causes that are probably not talked about enough when we look at heart health. Like any book, for any

clinician, I know this is a combination of your life's work. What inspired you to write this book?

01:39 MM: Well, Christine, we just got it wrong. In medicine, we just thought men and women were the same, that their heart disease was the same, the risks were the same, they presented the same way, they should be treated the same way, and that's just not true. Women present differently. They should be addressed and diagnosed differently, and they should be treated differently. So this whole idea about heart health for women, we've missed it. As doctors, it's something I feel like we can do such a better job in so many parts of medicine, especially women's health, and then particularly in women's heart health. I was fortunate when I was a senior in high school to work with Dean Ornish and see that lifestyle medicine beat traditional medicine. He had 100 men, of course, because all studies have been done on men, that had heart attacks and the vessels to their heart were blocked. They were going to crack open the chest, do a cardiac bypass using blood vessels from the leg to bypass the veins in the heart. And he said, "There's a better way." He taught them how to eat right, how to exercise, how to cope with stress, how to have love and social support in their life. And guess what? 35 years later, his group has done better.

02:45 MM: So, I saw way back then that lifestyle medicine has so much power. But I wanted to know other medicine too. So I did internal medicine training, which is the most rigorous of the medical training. Along the way I got all of the other things they don't teach doctors at med school; nutrition, naturopathics, Chinese medicine, homeopathy, all of the different

disciplines, that when we all bring them together, they let us look at the body, particularly a female system, a little bit differently and a little bit more personally.

03:13 CS: That's wonderful that you had such an early exposure to lifestyle medicine. I know Dr. Ornish was ahead of his time, and what a good imprint on your medical training. What has tipped you off in clinical practice that you really needed to approach heart health and cardiovascular health differently between men and women?

03:34 MM: Well, first, I think cardiovascular health has been treated and looked at differently, period. The way we're assessing it, we're using four blood tests, the total cholesterol, the good, the bad and the triglycerides. It's woefully inadequate for anyone, particularly for women, because their good cholesterol tends to be a little bit better. And so, they get these ratios made that are predictive values, and we lump everybody into this bell-shape curve of prediction rather than personalize it to them. I think all of women's health needs to be really refined and personalized, but the heart issue particularly. Just in general, we're not doing heart health very well. It's still the number one killer of all people, the number one killer of women beyond breast cancer, diabetes, stroke combined, and we're just missing it, and if we do this right, women should not get heart attacks. They are completely preventable. The problem is that two of your three friends will die of heart disease. The first warning sign in half of them will be sudden death. You don't get a second shot. You don't get this warning that, "Hey, maybe something's wrong and I should do something about it." You have a

sudden death heart attack. In half the people that have heart disease, it's that bad.

04:47 MM: This is something that's preventable. It's the leading killer of women, and it also is something that we can help each other and do something about. What we're taught in medical school, and when I was taught 25 years ago, what we're teaching today is the same thing. The diagnosis is wrong. It's not deep enough. It's not personalized enough. Then there's the therapy for the cholesterol problem, using cholesterol drugs. They don't work pretty well for most people, and they particularly don't work well for many women.

05:16 CS: It's such a daunting statistic. I think when you survey women, they probably are more afraid of cancer or Alzheimer's, and don't really realize that they're probably more at risk for cardiovascular disease or a heart attack. I think that's a really important point. The empowering thing about all of this, as you mention, that this is really preventable, if we have the right information. We have so much that we can talk about here, but I would love to hear, what are your recommendations, and I know you really go deeper in your book, but as far as diagnostics? When we look at how to prevent heart attack, what are you looking for for women?

06:00 MM: Well the first step is to do the right blood tests. And Christine, I know you look at the whole person in your functional medicine model. It's a whole person systems approach, and that's really what we need to do. We really know that everything is related, so that when we address a woman's heart disease risk, we're also addressing her diabetes risk, her stroke risk,

her cancer risk and her Alzheimer's, dementia risk. They all have the same types of inflammatory underpinnings that can lead to these other diseases. The beautiful thing about it is that we're addressing the heart risk; we're really addressing the risk for all of those other diseases. The first step is to get the right blood tests, and the annual health testing of the traditional cholesterol, the good HDL, the bad LDL, it's just woefully inadequate to look at a personal risk. There's a test that takes those cholesterol particles and breaks them down into what I like to call, the small sticky ones and the big bouncy ones. The small sticky ones are the really dangerous ones.

07:01 MM: There's one called, Lipoprotein [a], that I encourage every woman to get checked, because that's the particle that you'll have friends that eat right, go to yoga every day, they're marathon runners, they have no body fat on them, and they drop dead of a heart attack, and everybody says, "Why?" Well, a lot of times it's this bad particle, this Lipoprotein [a]. So there are sticky small particles you need to identify, and at the end of the day, most disease in our world, most chronic disease, especially, is inflammation. There are new inflammatory markers of the heart that you can use to see if the fire's burning, and if the fire's burning, then we know where to put it out. This advanced testing, it's not incredibly expensive. It's a little bit more expensive than your healthcare type testing, but it's something that can give you an insight right away. Again, the Lipoprotein [a] is something every woman should get checked tomorrow, and if it's high, it should be addressed. Then, looking at the inflammatory markers of the heart. There's ones that are specific to the lining of the blood vessels of the heart.

08:00 MM: I thought in medical school that your heart artery was like a pipe, and that it was a plumbing problem, that the pipe just filled up with cholesterol plaque, there was one little space, you had a double hamburger, and it filled it up and knocked you off. That's not what happens. You could have a small plaque or a large one, but if it's inflamed, then it ruptures, it's kind of like a zit popping, and that popping causes this whole cascade of events that then leads to the blockage of the artery. So, it's not your total cholesterol that's the problem. It's not even your bad or good cholesterol. It's these small particles, these small sticky ones, then how hot or inflamed they are, and how likely they are to rupture. And if I may continue, with the three things, Christine, that every woman should know. Here's how you prevent a heart attack in yourself, your family and your friends. You get the right blood test, and no one's getting it and it's out there. We've been doing it for 15 years, and it's called the advanced fractionated cholesterol with the inflammatory markers. Look at the small particles, look at the inflammation.

09:01 S12: The second thing is a stress test. I saw so many people in my residency that had a stress test one day, that had a heart attack during surgery the next week. I had a uncle that died of a heart attack two days after a normal stress test. So, we can't just trust the stress test. For women, there's the test called a stress echocardiogram, where you get on the treadmill or you ride a bike, and you do your stress test, but at the end they use a ultrasound probe to look to see how well the walls of the heart are moving. Are they getting enough blood flow for you to ski as hard as you want or to bike as hard as you want or to go on a marathon run? So that's the stress test. So it's three parts, the right blood tests, the right kind of

stress test, and all I'd ask your listeners to remember is that, Dr. Mark said just a regular stress test probably isn't good enough. I need to add this other thing. For women, it's the ultrasound, because there's no radiation. For men, it's actually a nuclear scan. There are different sensitivities for tests.

09:58 MM: Then the third thing is this new technology called a CIMT, and that stands for carotid intima-media thickness test. It's an ultrasound, again, with no radiation. It's an ultrasound of the artery of the neck that looks at the small millimeter in width lining of the blood vessel of the neck, and based on that blood vessel lining, you can predict the age of the artery. The arteries of the neck predict the arteries of the heart. These are non-invasive ways to tell who's the canary in the coal mine, who's the person at risk. And your family history doesn't really tell you that. Your cholesterol total doesn't really tell you that. It's these other particles, these inflammation markers, then the CIMT test. And then, if you think you really are a risk, then you do a stress test. But so many people do a regular stress test, they pass it and think, "Oh, I'm totally safe." And then they have a heart attack a week later. No one understands that. So it's really trying to do this trifecta of early warning.

10:57 CS: What age would you recommend that women start getting this work up?

11:02 MM: I think you look at your particles and your inflammatory numbers early, in your 30s, because if the fire's burning, you want to put it out before all the damage is done. I think in the early 40s is a great time to do a

baseline assessment of these advanced tests with the blood tests, as well as look at this carotid thickness. And if it's low, it's predictive. You won't have a risk. If it's high, it's predictive. You better do something about it.

11:29 CS: I think that's great. Give yourself time before you're in worse shape, right? And if you start looking at these later in life, you miss a window of prevention. I think that's really great advice. I'm really happy you brought up a few things. I know that you've already shared a little bit about cholesterol and how we have to look at it between the types of cholesterol, not just looking at HDL and LDL. I still think there is this cholesterol myth, if you will, about cholesterol being the problem, and I still get a lot of questions, "Oh, and if I eat eggs..." Or "Oh, I need to go on a statin. My cholesterol's 220." Can you just give some more information around that? I really want to empower our listeners to give their doctors the right information if they're starting to get pressured into cholesterol-lowering medication, really for the wrong reasons.

12:29 MM: Well, that's a great question. Some people are surprised that I actually do prescribe the medicines, because there are a select group of people that benefit. But that group is very narrow and they tend not to be women. Men with heart attacks, that have known heart disease, they do benefit from the statin cholesterol drugs. The data's pretty clear about that. We try to use the lowest dose for the shortest amount of time to do the most benefit. But the data for women is not very clear at all. The most recent studies show that they don't work in menopausal or postmenopausal women, at all. And there's a risk, up to 60%, of causing diabetes just from taking the drug. So we know the drugs can cause diabetes in everyone, up

to 9% in all men and women, but it may be as high 60% in menopausal and post-menopausal women, without giving them a benefit. There are other studies that show that for women, particularly after age 65, the lower your cholesterol is, the higher your dementia is. So, I hate to tell all your listeners, but we're all fat heads.

13:32 MM: You need that fat for your nervous system, for your brain. So, this magic cut-off of 200 for your ideal cholesterol is really an arbitrary line. And there are people that do need cholesterol drugs. There are very few of them, much less than we're already prescribing to. For the women, particularly menopausal and post-menopausal, they may just plain be a bad idea.

13:55 CS: Thank you for going over that. I still feel I have a very educated patient population, but there's still so much misinformation around cholesterol. I'm glad you brought up that point. Dr. Klinghardt, my mentor, he had a German mentor who said, "When cholesterol goes, life goes." So we need to understand cholesterol is also this really important building block for our brains and our nervous system and our hormones and all of that. Mark, I have so many questions. This is such great information.

14:25 MM: Great.

14:26 CS: Let's go back to Lipoprotein[a]. I see a lot of increased Lipoprotein[a] in my patients, and so can you tell us a little bit about the risk factors? Is this a genetic propensity? Or are there environmental triggers

that increase Lipoprotein[a]? And then, what are some strategies that you have found be helpful for lowering Lipoprotein[a]?

14:51 MM: Great questions. And Christine, the way... I'm a visual person, so things are always easier for me to think of in pictures. Picture your total cholesterol as a big beach ball.

15:03 MM: Inside of that big beach ball you're going to have basketballs or marbles. The basketballs are protective. They don't plug up little holes, whereas the little marbles, will plug up the holes. The big basketballs are your HDL, or high-density good cholesterol. And the little marbles are your low-density, your LDL cholesterol; and the LDL is the bad one. That's the one that we all are trying to treat. But in that LDL there's even sub-marbles, the small sticky ones, which are dangerous and the big bouncy ones, which are okay. Now, Lipoprotein[a] is that small sticky LDL bad marble, with the nasty inflammatory tail on it. That's how I visualize, and that's how it looks like under the electron microscope. It's a little ball with a little curly cue protein tail on it. It's a little sticky marble with the nasty inflammatory tail wagging off of it. That thing likes to cause plaque to be more irritable or the zit to rupture, to cause more likelihood of heart death. It's actually not just related to heart attacks, but related to sudden death heart attacks. It is a hereditary marker. Now, so much was made in my training of family history, that if your mom had a heart attack and your mom had diabetes, then you're going to have diabetes and have a heart attack.

16:16 MM: There is this whole concept that you talk about in your clinic of epigenetics, that you can turn on and couldn't turn off genes based on your

information you give them. That's why you want to eat clean, because the clean food turns on good genes and turns off bad genes. That's where toxicity comes in. Exposing yourself to a toxic environment turns on bad genes and turns off good ones. So, this Lipoprotein[a] is hereditary. It's one of the few things in the cholesterol story that has a hereditary factor to it, and it can be a difficult thing to move. So, there's not a diet that fixes it. And in general, I don't believe in diets, because the first the letters are die.

[laughter]

16:56 MM: I believe in personal nutrition. What should you eat? And take some time to figure that out, not follow the latest fad diet. But some nutritional factors can help that. The omegas do seem to make a little bit of a difference. There are some supplements like Nattokinase, Lumbrokinase. Some people use niacin and... But that's something, number one, see if you have it. And then if you have to find someone who knows how to fix it, a lot of times some of these natural supplements can be the start. It's not an exercise fix, and it's not really a nutrition fix. But, just because you have a number on your test, it doesn't mean that number's going to manifest. So, it's the environment that that plays in. If you're in a very hot, inflamed fire environment of the heart, that Lipoprotein[a] is a really big deal. If everything else is calmed down, that one may not have the power that it does in the other person. So it's this whole-system approach. That's why everything you do helps; a little bit of exercise, a little bit of social support, preferably go walk, but do it with your best friend or a family member or your child or your dog. All of these things are synergistic. One plus one

doesn't equal two; it equals 10. That's the beauty of the kind of lifestyle medicine we both practice.

18:07 CS: Thank you for that. I think that's a really important marker that people should be aware of, and I'm glad you make such a point about that. And again, seeing that in the context of everything, if that's the only marker that's elevated in the context of all of these other factors, your risk is obviously lower. As you've said, we shouldn't just treat the number, which I think in medicine, we can sometimes go towards. I have this other question, Mark, around cardiovascular health, and I know you probably have lots of different ideas around blood pressure. What is your approach to blood pressure and what are some of the ways to identify risk for high blood pressure and also ways that you like to treat it?

19:00 MM: Well, this is another one of those urban myths of medicine; the blood pressure. I think, I'm not really quite sure, I was just talking to one of my friends who works in India, and he had one of his family members who worked with Mahatma Gandhi, whose blood pressure was 220 over 140.

19:18 CS: Wow.

19:18 MM: And everybody thought it would be low.

19:20 CS: Right.

19:20 MM: There are other people who have blood pressures of 90 over 60. So, what's right? The 120 over 80, and now we're talking about 130

over 90 as the cut-off to start treating. If you're a 90lb woman versus a 285lb linebacker man should you have the same blood pressure? I would hypothesize, probably not. So, I think it's got to be looked at personally. I think these numbers have been arbitrarily cut off based on population studies, and so I like to look at end-organ damage. Do you have high blood pressure that's causing problems? One of the tricks we do in my office, it's not really a trick but... There's so many things that the natural doctors learned 100 years ago that we developed tests for and forgot to do. So I follow the functional physical exam. Let's look at the nails. Let's look at the skin. Let's look at the eyes. Let's look for that ear crease in the ear, the 45 degree ear crease angle which has been linked to heart disease in both men and women. Let's look at the finger nails. Are they healthy or they have ridges and lines and pits, or white spots, things that indicate nutritional deficiencies.

20:29 MM: You actually have a window inside the body through your eye, just like when your eye doctor dilates your eye and looks at the back your eye. That's called your retina, and in the retina, you can actually see the smallest blood vessels, where the veins and arteries come together, called your capillaries. If you're collecting cholesterol in those small capillaries of the eye, you are collecting it in your heart. That's one of the first places I look. If your blood pressure is too high, then the arteries lay on top of each other and cause a nick. It's great, Christine, and I want to talk about blood pressure. When I tell someone, "Your blood pressure's 120 over 80." What does that mean to them? It's just a number, right?

21:09 MM: What I tell them is, "This is what it means. That 120, when you go to water a tree on your yard, and you're holding the water on the tree, and you crimp the hose and take it to the next tree, and un-crimp it and the water comes flying out, that's the 120 number. That's how much pressure your heart generates to move blood around your body. And when it's high, it can cause eye damage. It can cause stroke, and it can cause a heart attack. Then when the water's just sitting there watering the tree, that's what the 80 is. That's your resting pressure of the system. When that's high, it can cause kidney damage. That's why we're worried about blood pressure problems and that's what those two numbers mean." For some people, 100 is too low and 160 is perfect. So, I think these arbitrary numbers don't really apply to each individual, and I like to personalize it.

21:57 MM: I look at the guidelines. But two people that have markedly different body types may not need to have the same blood pressure. And then I look at, are there signs that the body is having some problems? You can also look at a urinalysis or an assessment of the urine in a traditional lab test, and it's something encourage every woman to do at each annual visit is to ask their doctor to check it, because it gives you a bladder and kidney screen. If there's protein in your urine, that tells you your blood pressure is too high. There's other things beyond the number that we can assess that are very inexpensive, very easy to do and to see if we really need to be worrying about blood pressure.

22:35 CS: I think you have a really great approach to this. I feel, maybe this sounds like a non sequitur, but I've also seen a lot of functional medicine doctors look at blood pressure and look at kidney health and also tie that

into how the environment impacts the body, especially with heavy metals. Do you have any opinions about how heavy metal toxicity or environmental toxicity ties into blood pressure, or overall cardiovascular health?

23:08 MM: Well, I think we're all a summation of our mentors and the wise people whose shoulders we stand on. I know you're working with Dr. Klinghardt, what a great mentor for you to have. Mark Houston is one of the leaders in functional approaches to cardiovascular disease and I heard him lecture 20 years ago about arsenic and mercury and blood pressure, as well as lead. And there are clear-cut correlations, one-to-one of your blood levels of these toxins and your blood pressure. So, we talk about blood pressure problems in the United States, really worldwide, as being essential hypertension, which I've always thought is kind of funny. It's like essentially your blood pressure's high and we don't know why.

23:48 CS: Right.

23:48 MM: In a lot of these people, their blood pressure may be high because of toxicity, and we see when the body gets clean, the blood pressure does come down. So that's one of the first things, address that gut health, help the liver health, allow the body to detoxify, look for those metals, try to get them out of the body, and once we see that, we do see blood pressures coming down. So, I think there's a one-to-one correlation of heavy metals and blood pressure.

24:12 CS: That's great. I'm familiar with Dr. Houston's work, and he was another pioneer in all of this. How about hormones? I know a lot of women

have concerns about their hormonal health. What is your opinion on how hormones tie into cardiovascular health?

24:33 MM: Well, hormones are good or bad, depending on which newspaper you read today.

24:37 CS: Right. It's very confusing.

24:39 MM: I really empathize with the women listening, because it's been hard to sort out. The first thing is to be very clear that synthetic hormones are not the same as bio-identical hormones. So the estrogen that we purified from pregnant horses and gave women was a mistake. The bio-identical estrogen we give may actually be protective. So it does look like there is a protective effect of estrogen, pre-menopause, in its normal state. There definitely is an increased clot risk, heart attack risk and stroke risk with synthetic hormones. Like the horse estrogens, like birth control. It depends on what kind of hormone we're talking about. In general, women just feel better when their hormones are balanced. It doesn't mean they need to take them, but it means they need to be balanced. And a lot of times by doing detoxification and getting the body cleaner, getting the gut healthier, providing the optimal foods, balancing the body with natural food, you can actually balance the hormones without having to give them, and that'll help a women not only feel better, but it'll help her heart be healthier, it'll help her brain be healthier. I think a lot of what their heart needs, the brain needs as well, and we're seeing there's a real tie and a correlation of the health of both the heart and the brain together.

25:53 CS: I think that's a great point, that you don't necessarily need hormone replacement, but it is wise to see what is out of balance. We do bio-identical hormone replacement with Dr. Rosenzweig. I don't know if you know him.

26:06 MM: I do.

26:06 CS: He taught us his approach, and I like his approach for some people, he uses transdermal organic oils. It's a titration method, so you don't end up overdosing anyone. They really find their dose for them. But the light bulb that he really shared with us is that you are risk for cardiovascular disease, dementia, and osteoporosis, if your hormones are not balanced. I like to share that with women, because I think there's still a lot of fear. Like, if you're low in estrogen and you give estrogen, you increase cancer risk, and there's just so much data to negate that. Of course, you have to take your family history and your genetics into play as well.

26:54 MM: You bring up a good point too, Christine, mentioning these experts, is that there are a lot of people that are doing hormone replacement therapy in the US and a lot of people are not doing it very well. There are people that go to a weekend conference and claim to be experts. I was certified 20 years ago in bio-identicals, and watching the data, what we're seeing is that women just feel better with them and my experience is that we just don't have heart attacks in our practice, because we're looking at all these different markers. I do think if you can get the body to support the hormone, it makes sense, but give as little as they need, for the

shortest amount of time for the most benefit. That's kind of a general rule for everything. The least you need, for the shortest time for the most benefit. That's a great way to make a decision on all supplements, vitamins, hormones or medications.

27:45 CS: I think that's a really great approach, and something very forgotten in medicine, right? A lot of people think that they have to be on these interventions for life. If we use even pharmaceuticals appropriately, it is really these short windows of time. And to that point too, I feel some functional or not even functional medicine, I should say, some "holistic doctors" will only treat hormones. I think that's obviously helpful for some people, but if you're not looking at all of the things that we're talking about in this podcast, it's such a short-sighted approach to really preventing illness, and I think we both probably see that unfortunately in medicine too often. So Mark, not to put you on the spot, I know that you mentioned this and I know that you're going to probably have a very individualized answer for people, but we can't talk about cardiovascular health without talking about gut health and diet. And we shouldn't say diet, but nutrition, right? What have you found to be a rewarding approach to nutrition for your patients in reversing cardiovascular health?

29:02 MM: Well, the clearest data, probably, is on the Mediterranean diet, the diets that lie in the Mediterranean Sea. The problem is every country is a little bit different, and the more I'm doing the work in nutrition, the more I'm wondering, is it really the whole foods, the fruits, the vegetables, the whole grains, the fish, the lean meats, maybe a little bit of red wine? Is that really what's helping the health? Or is that they're sitting down as a family

or with friends and sharing a meal in a social way? I'm not sure what has more power, the social connection or the food. I think it's a synergy, that one plus one equals 10. If you eat the same food by yourself after an angry, long, miserable day at work, versus eat it after an enjoyable, rewarding, day at work with the family and friends, I don't think they have the same nutritional value at the end of the day. So it's interesting, and I think it's really about whole foods.

30:00 MM: We do food sensitivity testing here and there's a lot of controversy about it on both sides. But at least it opens the window in the discussion towards, What's going on in the gut? The gut can be very porous in some people due to what they've been eating or to antibiotics or to medications or illnesses or stress. And that porousness of the gut is this leaky gut thing we talk about, which just is gas on the fire for inflammation in the whole body. I'm pleasantly surprised when we work on someone's heart health, and their arthritis goes away, their insomnia goes away, their libido comes up, their overall sense of vitality improves, their skin clears up. It's been so fun to work on nutrition, and whatever angle we come into it, we see these other up-side effects. I think it's really trying to figure out what someone can do. The ketogenic, the paleo, the intermittent fasting, these are all interesting. For some people, they come in interested in one of those, and so we start there with them, because they've done some homework. It's something they're interested in. Unless there's a direct contraindication we let them try it, and we support them through that.

31:06 MM: But at the end of the day, it's really about eating whole food, real food. And in general, most people don't do well with the processed

foods at all. The dairy and the breads tend to be the things that we will minimize a little bit of, because they tend to be, for most people, the inflammatory foods. Soy is another one that's a difficult one, because most is GMO soy currently, and soy is really a hormone disruptor for most women. A little organic edamame is fine, but if you have a soy latte for breakfast, some edamame for lunch, and some tofu for dinner, then maybe going for soy is not a great idea for you. I don't think we have a perfect test that tells us what everybody should eat. I think it's coming though. And in general, though, if you just get the processed food out of your diet, eat clean with someone you care about. That's 90% of the battle, I think.

31:57 CS: I think that's such a great point. I have a dear friend. He's originally from Greece, and we've gone over there visiting, and when you have food in this Mediterranean region, not only the actual ingredients but in this way of enjoying long meals with great conversations, that does something for the spirit and the heart that I think we can't quantify.

32:22 MM: I grew up in an Italian family. We had a round dinner table, six kids, four of us are doctors interestingly, all three boys are internists.

32:30 CS: Oh wow.

32:30 MM: Dinnertime was my favorite time, because my mom would ring the bell and we would come running, because that was our favorite time of the day, to sit as a family and talk about the day, our dreams, our failures, our experiences, our support. And so many people don't have that. I feel very fortunate to have had that growing up, and it's something everyone

listening, please do that tonight, do that with your family, with some friends. Find a way to share a meal with people you care about.

32:57 CS: That's such a great point. My husband and I just had a daughter. We have a four month old, and we talk about it...

33:04 MM: Congratulations.

33:05 CS: Thank you. We talk about raising her, and food is such a way that we connect with our community and experience connection with each other. My husband's name is Dan, and we both work a lot, and we really want to make it a point that we have dinnertime with her, no matter what is going on. I think it's these small things that are actually really important lifestyle habits that make a huge difference. Just curious, I know there's a lot of controversy around food allergy testing. But for the listener, what do you think is a great test to at least narrow down some foods that might be causing inflammation? Which test do you use currently?

34:00 MM: Well, just to be super clear, because a lot of people think these are allergies. They call them food allergy tests. This is how I explain it to my clients: allergies are obvious. Those are your friends that when ate peanuts they broke out in hives, had to go to the emergency room. That's not what we're talking about. Those are easily identifiable. That's a histamine allergic reaction. We're talking about the sneaky hidden food sensitivities or intolerances that what you eat today, causes your problem one to two days later, and they're very difficult. You can do an elimination diet. There's all types of programs on the internet that are free that can guide you through

an elimination diet, but they're kind of hard to do. I would say, pick one thing, maybe go off bread and see if your bloating doesn't go away, if your belt line doesn't come in a little bit, if you don't have a little more energy or sleep better. Or pick dairy, and go off dairy and see if your acne doesn't clear up, your skin's better, your joint pain go away. Those would be two easy things to try on your own.

35:00 MM: The next is the whole nightshade family, which I've learned from my naturopath friends 20 years ago, the tomatoes, peppers, eggplant and potatoes, particularly tomatoes for some people drive their inflammation, their arthritis particularly. So those are things you can just do on your own tomorrow. Just take them out of your nutrition and see if you feel different after two to three weeks. It won't be the next day, it'll be a couple of weeks. There are a lot of IgG which is the sensitivity versus IgE, which is the allergy. But these IgG food sensitivity testing, there's multiple companies that are out there, there's some marketed on the internet; they're all variable. I think that my recommendation is to find a provider that has confidence and one that knows how to interpret it, that can guide you through the results. Don't just buy it on your own and try to sort yourself through it, because again, you can get led down a rabbit hole with some of these online tests. I think they're coming, but they're not really rated for prime time. And having a guide through this, even if it's a nutritionist or a health coach, is really helpful, and for me I think this whole army of people that are helping people make good food choices is exciting.

36:05 MM: So, find one that's an expert on nutrition and health, that has some experience, that you connect with and have them guide you on the

right testing. I think there's a lot of companies out there. There's not one that's best of class right now. But it makes sense to do one with the practitioner that has experience in that test, because then you get a wisdom. I've got 25 years of experience doing them. So every time you do one, you don't just get the results, but you get my whole 25 years, because you have to read between the lines sometimes.

36:34 CS: Absolutely, and I think that's a lot of great information, I do think we look at food intolerances too in light of gut inflammation, so people have dysbiosis or an under-treated parasitic infection or a fungal infection, that can create more inflammation in the gut lining and then also make you more sensitive to food. I've seen people's food and tolerances improve once we clean up the gut. I think that you made a lot of great points. I'm sure that you and I both see that it's not only the food, but also a lot of our patients are reacting to whether it's genetically modified foods, the herbicide and pesticide exposure, just this other element that's creating and triggering more gut inflammation and food reactions as well.

37:26 MM: It's interesting, Christine, because if your listeners get my book they'll see my food panel in there.

37:34 MM: I have a severe dairy and egg sensitivity. Today I had a small vanilla latte, and I can tolerate that. But if I have a lot of cheese later or I have a yogurt or I have the second latte, then I won't sleep very well tonight. If I do it a couple of days in a row, my irritable bowel comes back. So I know now that I can have a little bit once in a while and my body can deal with it. But if I have too much, I'm going to pay the price. It was the

food panel that actually taught me that, because I couldn't quite figure it out on my own. There is a lot of value in them, and you're right, if you get the system balanced you can make a lot of other things better in your health.

38:14 CS: I know that you take really good care of yourself and so you can probably tolerate your food intolerance, not every day, but in a rotation fashion. I think that gives people hope, because for some people, it can be very daunting, "Oh my God, I never can have dairy again." Well, if your system is more balanced and healthy, maybe a little dairy sometimes is okay, right? I think that's mentally a little bit easier for people to handle. So Mark, we've covered so many things. What haven't we covered? Is there anything about your approach and that you walk women through in your book that we have not covered?

38:55 MM: Well, I think it's just stepping back and let's look at this beautiful symphony known as the woman.

39:00 MM: There's this little conductor in your brain called the pituitary. She's as big as your pinkie nail, and controls your whole endocrine system, your entire body. She's the conductor of this beautiful symphony known as your women's health. She talks to your thyroid. The thyroid's sister is your adrenal gland that sits on your kidney and controls so much of your energy systems. They interact with your female hormones. They're all controlled by the gut. So, it's thyroid, adrenal, hormone, gut. If you get all of those parts of the system happy, good things happen in women's health, like reduced diabetes, reduced heart disease, reduced dementia or reduced arthritis, cleaner skin, more energy, deeper sleep. I like to look at women as this

system, as this symphony, and I like to help them to balance their symphony, then put out the fires, and when we do that really good things happen.

39:47 CS: Absolutely, I think that's an important, a beautiful way to look at our health. I'm sure in your book you go over some lifestyle and nutrition recommendations, and do you highlight any of your favorite supplements or any nutrients that people should be thinking about when maybe interviewing a doctor or thinking about their own health to really support their cardiovascular health plan?

40:15 MM: Yes, I do, and the first thing I encourage all your listeners to go to their cabinet right now and look at the other ingredients in your supplements. I was shocked when I learned what the most popular item in the US, the other, the 46 other ingredients that hold it together, six of them were in the carcinogenic list actually currently. So there's a lot of bad supplements out there. They're very low quality. They're cheap. They have a lot of fillers, binders, dyes, preservatives, artificial ingredients, and I really encourage people and to stay away from those. Find practitioners like yourself that have vetted a line of supplements they trust, and take their recommendations, whether you buy them from a health food store or from that practitioner. I really encourage people not to buy them randomly online, because I've seen a lot of online supplements actually be bad. They've sat in overheated warehouses. They're expired. You can't trust what you buy online. So consider your supplements medications, and look for the highest quality you can, and be sure you get them from a good source. Most people benefit from omega-3s. Most people benefit from

vitamin D at the right amount. Many people benefit from a probiotic for periods of time, not chronically. All us are nutrient deficient at some point, so a multi-vitamin may be beneficial, particularly if you're on other medications where you have high amounts of stress.

41:35 MM: I like CoQ10, carnitine, omega-3s, ribose for people with heart conditions. We use a lot of the right kind of red yeast rice extract as a natural cholesterol or we use niacin in some people. The bad niacin causes flushing, which no one likes. The good niacin doesn't. So there's a lot of real nuances to the supplements. I just caution everybody, let food be your medicine. Take as little supplements as you need. But when you do take them, take the ones that are high quality, and be sure that you're taking ones that are safe for you, because a lot of the other ones have a lot of ingredients that are not good for you, they add to your toxic load.

42:16 CS: I think that's such a good reminder, like with any product, less is more, and it really interferes with absorption or can create more gut irritation if you're taking all of these fillers. I think that's a really good point, and especially with the oils, right? We really want good quality oils if we're going to be using that as an intervention.

42:39 MM: Right.

42:40 CS: Well Mark, I could pick your brain all day. This has been so fun. I guess my last question is, is there any important takeaway that you really want people to get from your book? Is there just one final note to leave them pondering?

43:00 MM: Yes, the message really is that heart disease is preventable, particularly in women, which we've not done a good job for. No one really should really die of a heart attack anymore if we do this right. And women are most at risk and the least served by this, and I'm frankly angry at what we did in medicine to ignore women and their hearts. We need to do a better job, and I encourage every woman to take a look at their health, and make their heart health first and foremost.

43:26 CS: Thank you. Thank you so much, and this rings true to my family history. My mother's family has cardiovascular disease, and I'm taking all of this information, literally to heart, for myself and especially now that I have a daughter, I want to keep myself really healthy and feeling good. I think this is invaluable information. And Mark, where can people find more about you and your book? We're going to be having some bonuses and a link in the show notes to your information, but please share where people can learn more about your clinic and this amazing book that you've created?

44:08 MM: I encourage everybody to go to the link you're going to provide them, because on there is a little seven minute clinic visit with me. It's as if you were sitting in front of me and getting in a clinic visit. So that's one of the bonuses that you're giving, which is great. Our website is menoclinic.com, and we have links to information resources, supplements and to the book on there as well.

44:34 CS: Great, and you're in beautiful Jackson Hole, Wyoming. I'm sure if our audience makes it to your clinic, it's going to be a very restorative place to get healthy.

44:46 MM: It is the power of place and the power of health. They come together while here.

44:49 CS: Yeah, absolutely. Well, this was such a joy to get to know you and to learn from you this morning and I really appreciate your time.

44:56 MM: Thank you, Christine.

44:57 CS: Thank you for listening to the Spectrum of Health Podcast, I hope you enjoyed this conversation today with Dr. Mark Menolascino, and please take a look in the show notes where you can find his book and some special bonuses that we've provided at menoclinic.com/christine. Thank you so much.