

THE

SIMPLE HEART CURE

**Dr. Crandall's 90-Day Program to
Stop and Reverse Heart Disease**

Chauncey Crandall, M.D.



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The Simple Heart Cure

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Disclaimer: The information presented in this book is not specific medical advice for any individual and should not substitute medical advice from a health professional. If you have (or think you may have) a heart problem or heart disease, speak to your doctor or a health professional immediately about your risk and possible treatments. Do not engage in any care of treatment without consulting a medical professional.

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PREFACE

Your First Step to Be Heart Disease Free

Welcome to *The Simple Heart Cure: Dr. Crandall's 90-Day Program to Stop and Reverse Heart Disease*. Congratulations on taking the initiative to reach out for information that will help you to guard your heart's health and live the life that God intended. I hope you'll find this book an invaluable resource.

No doubt you are reading this book because you have concerns. Maybe you've already had a heart attack. Or you've been suffering from angina and are wondering about new and improved treatments. You may be overweight, plagued by a smoking habit, or your doctor has told you that your cholesterol counts are through the roof. It's natural to worry.

Heart disease is the No. 1 killer in America, not only for men but women as well. In fact, heart disease kills more women every year than all cancers combined — including breast cancer. Nearly a third of all deaths are from heart disease.

It's not as if there's not enough information out there. In fact, there's almost too much: Internet sites, shelves upon shelves of books, pamphlets, newsletters, television shows, and advertisements for every treatment imaginable.

Understandably, many people suffer from information overload. We'd like just to trust our doctors, but they have waiting rooms crammed full of patients. Too often, the easiest thing to do is reach for the prescription pad, rather than teaching and leading patients to better health.

My Journey From Tribal Life to Modern Doctor

Who am I? I'm a Yale Medical School-trained, board-certified, interventional cardiologist (F.A.C.C., F.C.C.P.). I practice in Palm Beach,

Fla., and many of America's most powerful and wealthy people, including many billionaires, are among my patients. In fact, people fly in from all over America and from abroad to see me. Of course, I take care of many people of modest means but I am especially drawn to the care of the elderly and the poor.

From an early age, I was interested in medicine, but during my college and early graduate years, I also was fascinated by anthropology — the study of human beings and their cultures. This interest endures and has enabled me to see things other Western physicians often cannot see.

As an undergraduate, I traveled to the West African nation of Togo to study the Kabre tribe. The Kabre live on a diet of cereals, fruits, and vegetables, consuming meat only on feasting occasions. Heart disease is almost unknown among them. I became interested in specializing in cardiology during my medical training, so I volunteered to assist in cutting-edge research. This added to the workload, but it was well worth it.

From 1989 to 1993, I was on the clinical research faculty at the Medical College of Virginia in Richmond, Va. There, I ran the heart-transplant program. This involved assessing every transplant candidate's eligibility.

This was truly “holistic” medicine, in the sense that everything had to be considered — the patient's prior behavior, the presence or absence of other health conditions, the ability of his family to support his recovery — before a candidate received the green light for (or was denied) a new heart.

The Wake-Up Call: My Own Heart Battle

Then I had the most enlightening day in my lifelong study of heart disease: I became a patient.

In 2002, I was returning from a speaking engagement on Long Island. When I arrived at the airport in New York, I pulled my suitcase out of the car and felt a sharp pain in my shoulder.

But I was only 48, not a diabetic, I don't smoke, and I have no family history of heart disease. It simply didn't occur to me then that it might be my heart. I boarded the plane, and the pain went away. When I arrived in Palm Beach, I picked up my bag, and the pain in my shoulder came back, now with a little pressure in my chest. But I was fine by the time I arrived home.

Fla., and many of America's most powerful and wealthy people, including many billionaires, are among my patients. In fact, people fly in from all over America and from abroad to see me. Of course, I take care of many people of modest means but I am especially drawn to the care of the elderly and the poor.

From an early age, I was interested in medicine, but during my college and early graduate years, I also was fascinated by anthropology — the study of human beings and their cultures. This interest endures and has enabled me to see things other Western physicians often cannot see.

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I didn't want to tell my wife, Deborah. I kept going through possible diagnoses in my head, trying to convince myself that it couldn't be heart disease.

My wife runs in the morning. I thought I'd walk along behind her, but I couldn't even make it to the end of the driveway without severe pain. I sat on the entryway steps and waited until she returned.

It was hard to admit, but I finally said it out loud: "Deborah, you have to take me to the hospital. I've got a heart problem." By the time the medical team had me on the table, I was in severe pain.

My whole heart was crying out for blood, and it couldn't get any — my left anterior descending (LAD) coronary artery was 99 percent blocked! I had an emergency angioplasty and received two stents.

I learned from this episode that if I wanted to continue making a significant contribution to this world, I had to take care of my health. I had to get serious about exercise, stay on a restricted diet, get a periodic stress test, and pray for the healing of my body, for my own and my family's sake. That's why I'm so glad you are reading this book. Consider it a "virtual visit" with one of your doctors. (It should not, however, be considered a substitute for consulting with your personal physician. I would never advise that.)

I believe strongly that if you read this book and use the Three Keys — Learn It, Treat It, and Reverse It — you will focus on the changes you need to make and achieve victory over heart disease.

Let's get started!

INTRODUCTION

I dread the emergency calls that send me flying down the hospital corridor when patients are brought to the hospital in cardiac arrest. I know the news is not likely to be good; many times, patients brought into the hospital this late after suffering a heart attack don't make it. But nothing prepared me for the shock of seeing my good friend Jack lying there on the gurney.

Earlier that day Jack had started suffering discomfort after one of his customary indulgent meals, which he'd topped off with a cigar. He ignored the growing discomfort in his shoulder, brushed aside his wife's growing concern, as he grew pale and sweaty. But he waited four hours, until he was writhing in pain, his face contorted in agony, before he finally gave in to her pleas to call an ambulance. But it was too late.

Although oxygen was started as the ambulance screamed its way to the hospital, by the time Jack arrived there, he was gone. His daughter had cried out for me to save him, but there was nothing I could do. A sense of helplessness overwhelmed me.

This is the true story of a heart attack. Jack was only 54 years old. He was a hard worker, and had reached the pinnacle of his career, working for a world-famous luxury brand you'd recognize in an instant. He had a beautiful wife who loved him and two grown children upon whom he doted. They adored him right back. He was a man whom many people would have envied, had he not been such a nice guy. Instead, he was widely regarded as a pillar of our community, a distinction he had earned.

But Jack was overweight, and, because of that, he was saddled with all the health complications that come along with it: diabetes, high cholesterol and also high blood pressure. These comprise the

constellation of conditions known as “metabolic syndrome,” which drastically drives up heart attack risk.

Jack had come to me years before with complaints that turned out to be heart disease. I prescribed medications, along with diet and exercise. He took the medications but ignored the rest. His job called for him to wine and dine clients, which he did with gusto. His wife was powerless to help. I even called upon his secretary, who made his restaurant reservations (he often took clients to steakhouses for expense account meals), but all to no avail.

This went on, while he gained weight, and my sense of dread grew. And then, suddenly, just like that, he was gone. It’s been a year now since he died on that horrible night, but each day, when I walk past where he worked, I feel that deep, sharp pain that comes from loss. If only Jack had paid heed, and made some simple changes in his life, we’d be standing in his office today, laughing and talking the way we once did. I would have done anything to stop the tragedy that unfolded, but he simply refused to listen to me. I miss him deeply.

My decision to write this book comes from that wellspring of loss, futility and needless death, the plight that befalls so many families whose loved ones are taken from them too soon.

With today’s technology, if you get to the hospital in time, many heart attack victims can be saved. *The harsh fact, though, is that only 7 percent of the people who suffer cardiac arrest outside of a hospital can be saved.* Not only that, but about one-third of heart attack victims die without even experiencing symptoms; they succumb to a so-called “silent” heart attack.

But this doesn’t have to happen to you. Every day, I see patients who have become victorious over heart disease. They tell me that they feel healthier, and happier than they did even before their heart attack. This doesn’t surprise me at all; before their heart attack, they were sick, and just ticking time bombs. After they follow *The Simple Heart Cure* plan, they feel reborn.

Don’t wait to have that first heart attack to transform your life. It could be too late.

Before you get any further into this book, I want you to go to the computer and go to ***SimpleHeart411.com***. Once you’re there, complete the 19 questions and you’ll learn not only what your risk of heart disease is, but also the areas that you must change in order to save your life.

Really, don't wait — I tailored this book with this important first step in mind. This is the very first step you must take to save your heart.

After all, when you embark on any challenge, you need to know your starting point. Even when you start out to map a trip, you must know your starting point. Well, it is no different with the health of your heart.

Too often, people neglect to evaluate their risk factors, but how do you know what you need to change unless you do so? That's why I created the Simple Heart Test.

This was the easiest, quickest way I could think of that will give you an appraisal of where you stand, and what you must change to avoid that heart attack, the one that could be fatal, and take you away from your family.

So don't hesitate — just go to *SimpleHeart411.com* and answer the quick 19 questions. You'll receive an assessment back by email. Keep that alongside you, as you go through this book. And remember, as you go through this book, I'll be there every step of the way, to offer you guidance, tips, and to cheer you on!

So do it right now, and know that you're taking the first step to protect your heart, so you don't become a heart attack statistic like my friend Jack. Go to *SimpleHeart411.com* to assess your risk for heart attack in just minutes. It may save your life.

CHAPTER 1

The No. 1 Cause of Heart Disease – It’s Hidden and Deadly

Here’s a shocking statistic: 75 percent of all deaths from heart disease have a single cause that develops undetected over decades with no symptoms at all. The condition is atherosclerosis, commonly referred to as “hardening of the arteries.”

Even people who appear healthy can be struck down by a sudden, fatal heart attack due to atherosclerosis. In June 2008, popular newsman Tim Russert was busy preparing for his show *Meet the Press* when he collapsed and died. His personal physician later issued a statement saying that Russert had “coronary artery disease that resulted in hardening of his coronary arteries.”

Six years earlier, the same thing happened to St. Louis Cardinals pitcher Darryl Kile. At age 33, Kile died in his sleep of a heart attack. This was a man in great physical shape. But two of Kile’s coronary arteries were 90 percent blocked, even though he had no outward symptoms.

Hardening of the arteries develops over many years, often starting in childhood. Even very young children can develop fatty streaks and deposits in the lining of the arteries. One study found that 1 out of every 6 teenagers already has lesions, or damaged areas, in their arteries.

But this progressive condition has become an epidemic in the last 100 years. In 1900, coronary heart disease wasn’t even in the top 10 causes of death in the United States. Now it affects half of all Americans and claims 500,000 lives each year.

How did we get to this point?

The Inflammatory Response

The arteries carry oxygenated blood from the heart and lungs to other parts of the body, feeding the organs with oxygen and other

nutrients dissolved in the blood. When your arteries are healthy, they are smooth and elastic, allowing blood to flow freely.

But when fatty deposits start building up inside the arteries, the blood vessels narrow. This buildup is called plaque and it reduces the blood supply that an artery can process. The plaque also irritates the arterial wall and results in calcification, or “hardening” of the tissue.

The artery wall responds to irritation the same way skin does: It becomes inflamed. This is a good thing when you scrape your knee, because the redness, swelling, and warmth of inflammation keeps bacteria out of the wound, and increased blood supply brings extra white blood cells to begin the healing process.

The same thing happens when the inside of an artery is irritated and the body makes a “patch” over the irritation with cholesterol. However, in the limited space of the artery, that patch acts like a speed bump. When this happens repeatedly, arteries become riddled with lesions. They lose their elasticity and become narrow, and the heart has to work harder to push blood through — so your blood pressure goes up.

Worse yet, that patched area may grow, or a piece of the patch can break off and flow down the bloodstream until it reaches a smaller vessel and becomes a blockage. The artery might even rupture at a weak spot.

Understanding inflammation is important because it is the trigger that sets off artery damage. It also sustains the hardening effect. So what are the causes of inflammation in an artery?

The No. 1 source of inflammation in the body is a bad diet. That explains why hardening of the arteries has become an epidemic only in the last 100 years: Our diet has changed dramatically in that time.

For the great majority of human history, we were hunter-gatherers. That meant the human diet consisted of only what could be caught or harvested. The food supply varied from week to week and from season to season. There were times of plenty and times of need. The body had to store extra calories as fat to get through those lean times.

Today, we live a life of constant plenty. Everyone has a kitchen full of food all the time, and long before supplies get low, we drive to the supermarket for more.

And what do we buy when we get there? Refined foods that are convenient to store and eat, all of which are stocked with sugar, salt, and fat to make them taste good. Such foods are also high in omega-6

fats that promote inflammation. The body is forced to store all those excess calories as fat.

That’s what it’s supposed to do . . . but the lean times never come. The result? Lots of belly fat.

When you have a large, protruding belly, it means that you have what is known as visceral fat, which consists of fat deposits around your organs. That causes high risk for heart disease and hardening of the arteries.

Belly fat is dangerous because it releases what I call “inflammation mediators” into the bloodstream. These are chemicals that cause inflammation in the arteries, leading to artery damage. All the time you are maintaining belly fat, these mediators are circulating in your system and damaging your arteries.

When I travel to Third World countries on medical relief and mission trips, I rarely see people with belly fat. If there is a fat person, it’s usually the richest person in the village because they are the only ones who can afford to overeat. And they are the ones with modern diseases like hardening of the arteries.

Symptoms of ‘Global Devastation’

Hardening of the arteries doesn’t just involve the heart. I call it “global devastation” of the body because the arteries go to all the vital organs, and when hardening sets in, any of those organs can be affected.

When the arteries to the heart are affected, the result can be:

- Angina (chest pain)
- Shortness of breath, sweating, and anxiety
- Abnormal heartbeat
- Congestive heart failure
- Heart attack

When the arteries to the brain are affected, the result can be:

- Numbness or weakness
- Loss of speech or difficulty swallowing
- Warning stroke, or TIA (transient ischemic attack)
- Full-fledged stroke that causes death of brain tissue
- Dementia and Alzheimer’s disease

When the arteries to the extremities are affected, the result can be:

- Severe leg pain (claudication)
- Wounds that won’t heal

Hardening of the arteries can also affect the eyes or the kidneys, or cause erectile dysfunction in men.

There are a number of medical exams your doctor can perform to measure your risk of heart disease due to hardening of the arteries. But first, here is a test you can do in the privacy of your own home that is very revealing. It's called the "waist-to-hip ratio."

This simple test — which requires nothing but a tape measure and a calculator — has proven to be a better predictor of heart disease than body mass index (BMI).

Here's what you do:

1. Measure the thinnest part of your waist
2. Measure the widest part of your hips
3. Divide the first measurement by the second one.

This is your waist-to-hip ratio.

Let's say your waist is 36" and your hips are 47"; 36 divided by 47 equals 0.765. A healthy ratio for women is anything less than 0.8. For men, it's less than 0.9.

If your ratio is higher than that, it probably means you have excess belly fat. Studies show that people with excess belly fat have more plaque in their arteries, putting them at greater risk for heart disease.

Your doctor may also want to do blood work to check your cholesterol and triglyceride levels. I like to see total cholesterol under 150 with HDL greater than 45 and LDL less than 70. Triglyceride count should be less than 150.

An electrocardiogram (EKG) looks at how electrical current travels through the heart. A resting EKG tells the rate and regularity of the heartbeat. But be warned: Electrical currents in the heart can be completely normal even when someone has severely blocked arteries.

A stress EKG is conducted while the patient exercises on a treadmill or stationary bike. Someone with arteriosclerosis will usually show evidence of decreased blood supply to the heart during exercise.

If any of these noninvasive tests indicate probability of atherosclerosis, an angiogram can be done. In this test, special dye is injected into the arteries, and X-rays track the dye as it travels through the body. This test is the gold standard for determining how advanced hardening of the arteries has become.

Lifestyle Change Is the First Step

The goal in treating arteriosclerosis is to restore as much blood flow as possible. If you already have advanced hardening of the arteries, the first line of defense is to get your blood pressure, blood sugar, and cholesterol under control — with medication if necessary. The next step is to control your risk factors by getting to the source of the problem. That means lifestyle changes.

You hear this all the time: Control your weight and get regular exercise. It's not new information, but it's vitally important because 85 percent of heart disease comes from lifestyle. Too much processed food and too many sedentary habits are the recipe for hardening of the arteries and heart disease.

If you're carrying extra belly fat, you have inflammatory mediators circulating in your system all the time; over the years, these do a lot of damage to the arteries. The best diet you can eat is lots of fresh produce, less eggs and red meat, and modest portions of fish and poultry.

One popular anti-inflammatory diet is called the Mediterranean diet because it emulates the traditional diet of southern Italy, Greece, and other countries around the Mediterranean Sea. It includes olive oil and nuts (in moderation) for monounsaturated fat. Fresh, cold-water fish high in omega-3 fats are a staple. These types of fats actually help reduce inflammation in the body — as long as you don't overdo it.

The American Heart Association's Lyon Diet Heart Study was conducted to test the effectiveness of the Mediterranean diet. The study followed 600 patients who had survived a first heart attack; half were given a Mediterranean-style diet (replacing butter and cream with a margarine high in omega-3 fatty acid); the other half followed a typical American diet.

After a year, the Mediterranean diet group was doing so much better than the control group that the study was stopped so everyone could have the opportunity to change their diet. In a follow up almost four years after the study started, patients following the Mediterranean-style diet had a 50 to 70 percent lower risk of recurrent heart disease. That's a significant improvement based on diet alone.

I also recommend the **South Beach diet** and the **Dean Ornish diet**. Both easy to find at your local bookstore. Women should keep their daily calorie count at around 1,500; men around 1,800.

Other Lifestyle Choices

We all know that there is no safe amount of smoking. Tobacco smoke damages the arteries and causes them to narrow. People who smoke a pack of cigarettes a day have twice the risk of heart attack as non-smokers. But the good news is that your risk of heart attack decreases in as little as 24 hours after quitting smoking. After one year, risk of heart disease is only half that of a current smoker, according to research conducted by the Cleveland Clinic.

Exercise helps keep arteries elastic, even in older people. That's why I tell my patients to get an hour of exercise a day at least five days a week. It keeps the blood flowing and reduces blood pressure. It also reduces inflammation and stress.

Stress is another major factor in arteriosclerosis. Under stress, your body releases the hormones adrenaline and cortisol, which prepare the body for "fight or flight." The heart speeds up, blood vessels constrict, and clotting factors are activated in case of possible injury. Your body is ready for an emergency.

Chronic stress, however, induces the same situation even when there isn't an emergency. Having your system "on alert" all the time creates inflammation and makes the arteries less flexible.

Experiments have shown that arteries become more elastic in response to physical stress (such as a bicycle exercise test) and less elastic under psychological stress (such as public speaking). In a study of patients with coronary artery disease, those whose blood pressure increased during a public speaking test were more likely to die within three years. According to a study published in the Harvard Mental Health Letter, those who developed chest pain during public speaking were three times more likely to suffer a cardiac event in the next five years.

All of us suffer stress from one source or another. That's just a fact of life. What is important is how you handle it. I advise my patients to cultivate family closeness as well as strong faith. Keeping our souls nourished is healing for the arteries and the heart.

Studies have shown that people without a strong network of friends or family are at much greater risk of heart disease. Why does this happen? Lonely people have higher levels of cortisol and inflammation. Loneliness has also been shown to make it harder for blood to move through the arteries, which raises blood pressure.

The interesting thing is that loneliness is a "perceived" emotion. Some people don't have a lot of social interaction but don't feel lonely

because they need a lot of “me” time. Others have people around them all the time, but still don’t feel connected. The connection is what is important.

This fact was illustrated in a study that consisted of interviews with nearly 1,300 patients who were scheduled to have coronary artery bypass surgery. They were asked to respond “yes” or “no” to 38 statements regarding their mental and physical health, such as: “Things are getting me down,” “I’m feeling on edge,” and “I’m in constant pain.”

Later, researchers compared the responses to the mortality rates of the patients (after controlling for risk factors such as age and smoking). It turned out that only one of the 38 statements — “I feel lonely” — was associated with mortality in both the short and long term.

Whether you have just a few close friends or a large family, the important thing is feeling connected. Talking with your spouse or a close friend is a powerful stress-reducer.

Hardening of the arteries is the underlying cause of most heart disease, which is the leading cause of death in the United States. The primary factors behind hardening of the arteries are diet and lifestyle. That’s why it takes decades to develop.

So whether you already have arteriosclerosis or you just want to be sure that it never gets out of hand, pay attention to the lifestyle choices you make. It affects everyone to some degree, and results in heart disease in fully half of the population.

For some people, symptoms gradually develop as arteries become blocked and hardened. For others — like Tim Russert and Darryl Kile — the first symptom is a fatal heart attack.

Either way, controlling hardening of the arteries is the key to a healthy heart. And, as always, prevention is the best cure.