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PHILIP OVADIA MD

STAY OFF MY OPERATING TABLE



A Heart Surgeon's Metabolic Health Guide to Lose Weight, Prevent
Disease, and Feel Your Best Every Day

PRAISE FOR *STAY OFF MY OPERATING TABLE*

Stay Off My Operating Table is a must-read. This is the book for any physician or patient who wants to prevent disease if possible and to otherwise improve outcomes. Dr. Ovadia understands the central role metabolic health plays in the body, knowledge which enables him to keep potential future cardiac patients off his operating table. I am sharing this book with other doctors at the USC Keck School of Medicine so they can learn how diet affects everything we do in medicine.

ROBERT LUFKIN, MD

Chief of Head Neck Imaging/Neuroradiology, Prohealth Advanced Imaging Network
& Clinical Professor of Radiology, USC Keck School of Medicine

Working in clinical medicine for more than twenty years has demonstrated to me that we often overlook the root cause of chronic disease in an effort to manage symptoms. I firmly believe that if we could help identify the real etiologies and reasons for chronic illness, and the lifestyle contributors to inflammation, insulin resistance, etc., we would have a much healthier population. Dr. Philip Ovadia's book brilliantly identifies how best to empower our current medical establishment to help reverse current statistics and metabolic inflexibility.

CYNTHIA THURLOW

Nurse Practitioner, Intermittent Fasting and Nutrition Expert, and Two-Time TEDx Speaker

Like Dr. Philip Ovadia, I struggled with obesity throughout my life. I, too, learned almost too late that the root of many chronic diseases is not too high a fat or protein intake but often too many carbohydrates. Today, both Dr. Ovadia and I recommend patients and clients focus on getting meals that are rich in protein and healthy fats. For a system that makes metabolically balanced nutrition easy and sustainable, get *Stay Off My Operating Table*.

DR. TRO KALAYJIAN

Internal Medicine & Obesity Medicine Physician

Most so-called “health experts” have no idea what they’re talking about. In fact, their advice usually results in you getting sicker, fatter, and angrier. And you’re left with no clue about what to do different. Dr. Philip Ovadia changes everything. Not only is he an actual doctor who understands the problems with our sick-care system, he knows how the human body actually works. In *Stay Off My Operating Table*, Dr. Ovadia shows you how to get your metabolic health right and, in turn, get everything else right. Your weight, your blood sugar, your blood pressure, your cholesterol and triglycerides, your energy, everything. I recommend this book to anyone who is sick of being lied to by self-styled fitness gurus and professional dieticians who don’t know the first thing about being fit or healthy.

VINNIE TORTORICH

Author, Fitness Confidential

This is a comprehensive book on metabolic health—a book that covers all aspects of good health and addresses common myths which have contributed to ill health not only in the United States but also globally. The often-complicated science is explained in an accessible language that would appeal to all. It’s the perfect book to gift to a hesitant friend or a confused family member. My extended family members are going to receive a copy each!

NAYIRI MISSISSION

Managing Director, ntsprofessionaltranslations.com
Nutrition Researcher & Coach, lowcarbandfasting.com

If only I had read this as a young doctor! Instead, I wasted years using lifelong medication instead of lifestyle medicine, particularly a real food, low-carb diet as advocated in these pages. I spent years blindly following the myths debunked in this book. Since “seeing the light” I have helped over one hundred patients achieve drug free Type 2 diabetes remission. Don’t wait, read it now!

DR. DAVID UNWIN, FRCGP, RCGP

National Champion for Collaborative Care and Support Planning in Obesity & Diabetes,
2016 NHS Innovator of the Year

Dr. Ovadia's brave message is one that needs to be shouted from ORs everywhere: Many surgeries are completely preventable, and in order to stay off the operating table, we need to take responsibility for our own health, diets, and lifestyle by proactively addressing the root causes of disease. Spoiler alert: It all starts with eating real, whole food. Dr. Ovadia gives us the framework for how to improve our metabolic health, with flexible plans for different dietary preferences. This book will leave you empowered to take your metabolic health into your own hands so you can live your most vibrant, empowered, and healthy life.

CASEY MEANS, MD

Co-Founder and Chief Medical Officer of Levels

In a time where our world grapples with a health matter where morbidity relates to metabolic syndrome and insulin resistance, it is clear we as a people have both ignored warnings for decades and are in need of true and honest leadership from the medical profession. With the release of *Stay Off My Operating Table*, Dr. Ovadia has supplied our world a tour-de-force blueprint for both the average citizen and the medical professional to understand the role of metabolic syndrome and how to right the storm and nurture a legacy of health in their family as well as across the globe. Thank you, Dr. Ovadia. I strongly encourage all to read *Stay Off My Operating Table*.

JOHN K. DAVIES

JKD Asset Management

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A Heart Surgeon's
Metabolic Health Guide
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PHILIP OVADIA MD

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The conversations in the book are based on the author's recollections, though they are not intended to represent word-for-word transcripts. Rather, the author has retold them in a way that communicates the meaning of what was said. In the author's humble opinion, the essence of the dialogue is accurate in all instances.

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Please contact **philip.ovadia@ovadiahearthealth.com**

*To my amazing wife, Shelly, whose
support and inspiration has allowed me
to aim for the stars, and to my daughters,
Eva and Layla, who provide the “why”
for me to give them a better world.*

TELL ME WHAT YOU THINK

Let other readers know what you
thought of *Stay Off My Operating Table*.
Please write an honest review for this book
at your favorite online bookshop.



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WHAT'S NEXT? DR. PHILIP OVADIA'S

METABOLIC HEALTH TRACKING SYSTEM

This action-oriented course is a **companion** to Dr. Ovadia's *Stay Off My Operating Table*. The activities, spreadsheets, trackers, shopping lists, food guides, and downloads in this course help you quickly, correctly, easily, and sustainably follow Dr. Ovadia's metabolic health advice so you can:

- Track your 5 metabolic health markers and make continual progress
- **Put the 7 metabolic health principles into practice every day**
- Turn metabolically healthy eating into a habit
- **Find the exact foods at the grocery fast**
- Read and follow legitimate medical experts to support your journey
- **Remember which metabolically unhealthy foods to sub out of your diet**
- Know how to talk to any doctor about metabolic health



Make your health goals happen with the **Metabolic Health Tracking System**. The course retails for \$99, but you get **50% off** when you use discount code **COURSE**.

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FOREWORD

by JACK MURPHY

I met Dr. Philip Ovadia when he joined the Liminal Order, my all-men's professional network. He came with a big idea—starting a telehealth practice to help people become metabolically healthier. In his practice as a heart surgeon, he saw firsthand the dangers of unhealthy lifestyles, particularly food choices. Dr. Ovadia told me he wanted to keep people out of his operating room by giving them the resources they need to be healthy now, instead of after undergoing surgery.

That's how I knew Dr. Ovadia was the real deal. What kind of surgeon wants to limit his customers? Honest ones, that's who. The good kind. I had recently had negative experiences with orthopedic surgeons who had all wanted to put me under the knife right away. In reality, physical therapy was the answer. So when I heard Dr. Ovadia was a man of health and integrity, I immediately wanted to support him. Today, many Liminal Order members are Dr. Ovadia's private clients, myself included. I recommend his telehealth services without reservation. But if you'd like a preview of what the good doctor is all about, read *Stay Off My Operating Table*.

This book gives you the knowledge and tools to become healthier, happier, and even wealthier. People who are metabolically healthy feel great, look great, live longer, and have more productive lives than those who don't. Metabolic health puts you in a special category of people who

take control and elevate yourself to a new level. Dr. Ovadia's advice can take inches off your waist and put years on your life. Who doesn't want that? I know I do.

Dr. Ovadia is no longer a new acquaintance with big ideas. He's now a trusted friend, my personal physician, and an author with a powerful message. Stay off this man's operating table. Read this book, heed the words, and join us in an active rewarding life filled with many years and even more memories.

— Jack Murphy

PART I

THE STATE OF METABOLIC HEALTH

STAY OFF MY OPERATING TABLE

STAY OFF MY OPERATING TABLE

couldn't save her.

She should not have needed to be saved.

Two months before I began writing this book, I got called into the hospital for a surgical emergency. Corinne, a thirty-nine-year-old mother, arrived at the ER minutes earlier, presenting symptoms of an aortic aneurysm and dissection. That's when the blood vessel leading out of the heart tears. The torn wall of the blood vessel fills with blood intended for the organs, the limbs, and the brain. Abnormal blood flow like this carries a 30 percent mortality rate before the patient even reaches the hospital.

We had no time to waste. Corinne's only hope was rescue via the operating room, but the outcome looked grim as I spoke with her family. Corinne was still conscious as we wheeled her back for surgery.

"Will I be OK?" she asked me, fists clenched white at her sides.

TV doctors and the screenwriters behind them always know the perfect one-liner to deliver in a rush. Out here in the real world, when someone asks you—a member of the most trusted profession in the world—whether they will survive their medical emergency, no one perfect answer emerges. So you tell the truth. That and my two decades of cardiac surgery experience are all I could offer this woman.

"The damage could be severe, but we won't know until we go in," I said as calmly as I could. "If it is severe, there could also be damage elsewhere."

"Can you fix what's wrong?"

I took a breath and gave my honest assessment.

"I'll do everything I can."

"OK."

That was Corinne's last word to me. From the start of the surgery, I could see the damage was catastrophic. The tear in her blood vessel was so extensive, no routine repair would work. We knew that the longer we operated, more damage was being done. During parts of the operation, we temporarily interrupt blood flow to the brain and the body. The patient is essentially dead at that point, and we hope that we can bring them back to life.

That's not the harshest truth about the procedure. By the time a patient makes it to emergency surgery for an aortic aneurysm and dissection, it's sometimes too late. Delayed surgery isn't to blame, the tear itself is. Imagine a sailboat headed toward a raging thunderstorm on the horizon. The ship's only hope is its ability to steer away from a sailor's worst nightmare. Now imagine the sail is torn and the rudder broken. Onward the ship bobs in the waves into darkness. Even the world's most skilled navigators shudder at the thought.

That's how I felt with Corinne's life in my hands. For ten straight hours, from nightfall through morning rush hour, my team and I tried every tactic we knew. The mortality rate for aortic dissection surgery is as high as 20 percent, a statistic I failed to keep out of my mind. Of course, without surgery, nearly 100 percent of patients die. Compare these numbers to a more routine open-heart surgery, coronary artery bypass surgery, which carries a 2 percent mortality rate.

The truth had sunk in by dawn. Corinne had already been dying when she walked into the ER. She seemed alert during our conversation, but her body had already been shutting down on her. Still, my team and I fought like mad to give Corinne's heart every last chance medical science had to offer. In the end, no repair held. The high blood pressure and obesity I saw in Corinne's medical history had, years earlier, set her on a course we could not change.

I remember cleaning up after those ten gloomy hours. Minutes before I'd deliver the world's worst news to Corinne's children, husband, and parents, I stood alone in the washroom. I scrubbed my hands. And kept scrubbing. Kept washing, kept rinsing, kept soaping up. Over and over and over. The tactful, compassionate speech I'd give her family wrote itself in my head. So did a tweet. That would have to wait.

Walking toward the waiting area, seeing Corinne's kids shoot to their feet at the sight of me, I swallowed hard. The one message I most wanted to share with Corinne's family was the only one I knew wouldn't help:

It didn't have to be this way.

I offered the most sympathy I could. I'll spare the details and just say this—it was the toughest conversation I'd ever had. How do you explain to a child why her young mother left with you, the doctor, but didn't come back?

I stayed with Corinne's family longer than I usually do. Soon it seemed obvious my presence was no longer helpful. So I quietly exited to look for an empty utility closet. I just needed to think. Process. I also needed to get this all off my chest. So I sent this update to my online following of cardiologists, general practitioners, and healthcare professionals.

Difficult night into morning. Nearly 10 hours of surgery and was unable to save a woman in her 30s who presented after years of untreated hypertension/poor metabolic health with an aortic aneurysm and dissection. Healthcare needs to do better at promoting metabolic health!

I may be a doctor whose specialty is the heart, but I see the whole person. More than anything, what we put in our bodies determines when life itself leaves them. The tear in Corinne's blood vessel was the last in a long series of medical failures that compounded to create a fatal and irreversible problem. Corinne could have saved herself if she'd known how, but the system failed her. She'd been morbidly obese for years, according to her chart. Her doctors had thrown a range of medications at her to

manage the high blood pressure. And she'd taken them all. But the doctors and the drugs never addressed the underlying causes. No one had blunt conversations with Corinne about how to take care of herself, how and what to eat so she'd lower her blood pressure, lose the weight, and stay off the surgical table. There were so many opportunities to prevent death at age thirty-nine. At least . . . there should have been.

The real life-saving surgery would have been Corinne's own intervention ten years earlier, not a couple of hours after she began having trouble breathing. If Corinne had learned about metabolic health, what was happening inside her body, and how obesity and hypertension can permanently tear the heart, she might have been able to live past eighty. Her children might not have lost their mother so early in life. At the time of their mother's passing, two of them were under the age of four.

Corinne and people like her simply follow their doctors' advice. But it doesn't keep them from the operating table. Corinne had high blood pressure. She was overweight and had diabetes. Yet she was on all the medications and took them faithfully after they were prescribed. Still, she passed away. Heart disease is the leading cause of death in the United States. But the medical establishment just shrugs and says, "These things happen. Next patient."

After speaking with Corinne's family, I drove home bitterly angry. Not at her, no. Not at all. She'd merely done what the system told her to do. She'd followed orders. I was livid because her death was 100 percent preventable. For the first time in my surgical career, I made the heart-metabolism connection. And in an unforgettable way.

Aortic dissections are not necessary, I remember thinking that morning. I had access to information few doctors do because I had been on a health journey of my own.

I'm a surgeon. But I'll be the first to tell you—to beg you—to do whatever it takes to never, ever need me. Please stay off my operating table. Through this book, I hope to write myself out of a career. I want to make lifesaving heart surgeries unnecessary and untimely demises obsolete.

I don't want to see even one more preventable death because the situation held off until it was too late to be saved.

This book isn't just about heart health. It's about the whole body and all the diseases that we just take for granted. Someone dies of diabetes, of stroke, of Alzheimer's, and we shrug and say, "Aww, too bad. But hey, it happens." But *why*? *Why* does it happen?

Only **metabolic health** has the answer—and the prevention. The brutal truth is, our medical care system is not built to broadcast that answer, much less comprehend it. The system addresses only the symptoms of metabolic health problems as they arise, rarely if ever resolving the underlying causes.

As you're reading this book, maybe you've been diagnosed with type 2 diabetes or an autoimmune condition. There are signs of inflammation. Your joints hurt due to obesity, and you're unable to play with your grandkids. It could be that you're a survivor of heart failure and are looking for answers on what to do next. Or you're a young person who's struggled with weight and wants to learn how to avoid medical issues later on.

I want you to know I've been on both sides of the office visit, both as a heart surgeon and as a patient. I know what it's like to struggle and wonder if I would one day end up on the operating table.

HOW I LOST 100 POUNDS (AND FORGOT EVERYTHING I LEARNED ABOUT FAT)

I had never heard about the wider world of metabolic health before Gary Taubes gave a speech at a medical conference. The talk was based on his new book at that time, *The Case Against Sugar*. Taubes lectured not just about obesity, which we all knew was a problem, but also about the causes of it. I'd never heard that there could be a deeper issue than the common-sense "too many calories in, too few calories out" weight gain equation. Hearing Taubes speak about the addictive dangers of sugar, I realized I'd never been given the full picture of how fat works—and why it's so hard for cardiac patients to get their health back.

After the conference, I devoured Taubes's books. I was hungry for more. I needed to learn everything I could about this new, unfamiliar topic—metabolic health. I read low-carb books and keto diet books and everything else I could find with “metabolic” anything in the table of contents. Over time, a new way to help patients emerged, an education program that could teach the patients coming into my clinic how to save themselves before they even needed surgery. My nutrition and wellness coaching practice was born.

Let's stop and define exactly what I mean by metabolic health—it's how your body uses the food you put into it. It affects everything. If the body is not running on the proper fuels, and if there is an excess of toxic substances, that damages all the organs.¹ The fact we've become obese is a reflection of other processes that accompany poor metabolic health: inflammation that damages blood vessels, insulin resistance building to the point of needing medication, and so on.^{2,3,4,5} In fact, we often identify poor metabolic health with insulin resistance, because that's the easiest measurement of it in your body. But obesity, inflammation, and high blood pressure are all indicators as well, along with a host of unseen damage taking place below the surface that doesn't become visible until people are on my table and it's too late.

Insulin resistance has been known and described since the 1960s. That's approximately sixty years, but our treatments still focus on handling the outcomes from long-term resistance instead of addressing the root causes and preventing the damage in the first place.

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 - 2 Atilla Engin, “The Definition and Prevalence of Obesity and Metabolic Syndrome,” in *Obesity and Lipotoxicity*, ed. Ayse Basak Engin and Atilla Engin (Springer, 2017), 1-17.
 - 3 K. Esposito and D. Giugliano, “The Metabolic Syndrome and Inflammation: Association or Causation?” *Nutrition, Metabolism & Cardiovascular Diseases* 14, no. 5 (2004): 228-232, [https://doi.org/10.1016/S0939-4753\(04\)80048-6](https://doi.org/10.1016/S0939-4753(04)80048-6).
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 - 5 “Metabolic Syndrome,” Health, Johns Hopkins Medicine, accessed August 10, 2021, <https://www.hopkinsmedicine.org/health/conditions-and-diseases/metabolic-syndrome>.

People come to me with obesity, heart disease, diabetes, and other health conditions. What they—and even their doctors—don’t understand is the root cause of metabolic health. Improve that, and everything else improves.

I know this from personal experience. I had been obese since childhood, and by the time I was forty, I was morbidly obese. That’s right, I was one of those medical experts who was himself unhealthy. I had followed the advice, and it failed. In this case, it’s because the metabolic health advice I had been taught—calories in, calories out—was basically useless. And I didn’t yet understand the link between metabolic health and catastrophic outcomes.

Then I heard Gary Taubes’s talk on sugar, and it all clicked for me. I cut sugars out of my diet, then carbs, then processed ingredients, then artificial ingredients, then vegetable and seed oils. I dropped one hundred pounds and reversed my prediabetic blood markers. I’ve maintained the weight loss using the tools I’ll teach you in this book. But it all began with learning what I’d never been taught, even in medical school.

I no longer think, stress, or worry about food. When I was overweight I’d worry, “Is the cafeteria going to be open after this long surgery?” Now, if I’m hungry, I prepare my food simply, quickly, and cheaply. I don’t spend a fortune on premium ingredients the way that people worry that “clean eating” is going to require. If I am hungry and food is not available, I’ve stored enough healthy nutrients in my body that I won’t be starving. I can drive past all the fast-food temptations on my way home and eat a healthy meal I know will help me rather than threaten my life.

CARDIAC SURGEON, METABOLIC HEALTH ADVOCATE

Why on earth would I keep this knowledge to myself? Like I said, I’m a heart surgeon, but I’d rather put myself out of a job educating people than lose even one more patient who could have lived. So I’ve begun helping people ten years before they need surgery. With education, I can prevent them from ending up on my table, or being on insulin, or becoming obese,

or any of the other catastrophic outcomes that our medical system just shrugs and accepts. My medical practice focused on metabolic health is my way of keeping people off my surgical table.

Here are just a few examples of changes I've helped coaching students make in their lives through metabolic health education.

One nurse anesthetist, fifty-two years old, lost fifty pounds in one year. He was able to put on his uniform from basic training when he was eighteen, and it fit for the first time since his twenties.

A couple who lost seventy combined pounds in just four months reported having more energy for their six kids. The wife talks about how much better she feels, even though she hasn't lost as much weight as she thought she would have to. The changes were noticeable even with small improvements.

I've worked with a host of men on testosterone replacement therapy. We wean them off their medications without them having low-T symptoms anymore, all because improving metabolic health improves testosterone levels.

Preventing heart disease is a ten- to twenty-year journey, but we've seen improved heart scans as people stop feeding themselves poison and give their body what it needs to thrive.

I've even helped people reverse type 2 diabetes, something the medical system will teach you is close to impossible.

Metabolic health has achieved medical miracles. What can it do for you?

THE LIFESAVING POWER OF METABOLIC HEALTH

I want to disseminate this information to as many people as possible. This is what medical professionals do with their own research. A book is a more effective way of disseminating this information to larger numbers of people, particularly the general public, who follow the dictates of trusted physicians. A book is also more concrete than a podcast or a talk I could give, though I've done plenty of both.

My objective is to provide the last diet book you'll ever need. This book presents a lifelong framework for healthy metabolic living. But I encourage you to listen to other advisors or read other books, and you may want to gather additional tips and advanced strategies. The reason people are dying young (or younger than they ought to) is that they just don't know what they're doing wrong. Arm yourself with knowledge, educate yourself about the problem, and live a longer, healthier life. I'm begging you: Do *not* stop educating yourself. Keep yourself off my operating table. Take back control of your health. Don't allow the medical system that no longer allows your doctor to take the time to talk with you to prevent you from being healthy.

The metabolic health plan I teach in this book is not your typical diet advice. That's by design, because we must get away from the typical advice that fails over and over. Instead, I'm going to teach you sustainable life changes to make that can save your life long term. There is no "Week One, Week Two" eating plan. There is no "thirty-day plan to track, then you're done." And I'm not going to give you checklists of specific foods to eat or to not eat. I'm going to give you a system anyone can use.

I see the anger, frustration, and hopelessness at the end of the line. I talk to patients post-op about their metabolic health and am greeted by skepticism, because these patients were already listening to doctors who gave them advice that resulted in them landing on my operating table. Their doctors failed them, probably because those doctors didn't even know the truth.

I wrote this book to make sure no one misses the truth ever again.

HOW TO USE THIS BOOK (LIKE YOU'VE NEVER USED ANOTHER DIET BOOK)

The metabolic health principles in this book work when nothing else has. I know, because I tried everything else myself when I was struggling to lose weight. This is the system that finally helped me get fit, get healthy, and erased my growing medical problems. It's easier to follow and less

restrictive than anything else I tried, and it doesn't involve a list of must-buys marketed by the diet designer.

The truth is, if all those other diet plans actually worked, they'd go out of business. All their shakes and supplements and thirty-day programs would cure obesity, and every person would be too healthy to need those products ever again. But obesity is worse than ever before. I tell clients and patients improving their metabolic health that they can also expect to:

- Lose weight
- Get energy
- Find mental clarity
- Stop feeling bloated
- No longer need certain medications
- Become decisive
- Look good and feel great
- Enjoy their clothes again
- Improve their interpersonal relationships, become more themselves, and be more present
- Suffer fewer hormonal swings than before and enjoy a more stable mood
- Face no more fighting with their spouse and family about dieting

Consider the subtle benefits of improved metabolic health. When you lose weight, you become more confident. Becoming metabolically healthy has given me the confidence to author this book and start my own private consulting practice, all without being tired.

It feels like a miracle to finally get unstuck. You can get more respect and stop slinking away and withdrawing because you have to admit another diet failure to your family and friends when they see you gained back all that weight you lost. Ending that cycle of shame is almost as big a relief as taking the stress off your joints.

Do you feel tired all the time? When you control your metabolic health, you can maintain predictable, sustained levels of energy throughout the day, with no crashing. When I was overweight, I'd get exhausted just from work and routinely fell asleep at three in the afternoon for a nap. Now I can work in the operating room from eight o'clock in the morning to eight o'clock at night, spend a couple of hours on a live webinar, and work on my business, all without feeling exhausted.

You can achieve all of these effects in your own life. You just need to follow the system I'll present in the chapters ahead.

BUT FIRST, WE'VE GOT SOME DEBUNKING TO DO

To achieve the full metabolic health overhaul, we need to first unlearn the “facts” about nutrition, fitness, dieting, and the medical system that pushes them. Understanding what is false takes you more than halfway to the truth.

People like Corinne meet the fate they do in part because of the myths we're about to debunk. It's no direct fault of their own. Even family and friends cosign untrue, unhelpful beliefs that ultimately result in long-term medications, expensive surgeries, and golden years consumed by poor health.

The pervading narrative is so strong that you need a counter-narrative. That's up next.

STAY OFF MY OPERATING TABLE

THE TWELVE MYTHS THEY WANT US TO BELIEVE

For as long as I can remember, I was overweight. As a child, as a teenager, as a student at medical school, and even as a cardiac surgeon.

This was despite growing up in a household that followed official government health guidelines. I was an active child who played sports. My parents bought margarine, diet soda, and low-fat milk. We ate grains at every meal, beginning with cereal for breakfast. We followed the guidelines of the USDA and the food pyramid.

Yet I was always overweight. And I got heavier as I progressed through college and medical school.

While making rounds at the hospital at the age of twenty-seven, I was convinced that I was suffering a heart attack. I wasn't—it was probably just severe heartburn—but it scared me into action anyway. It was time to lose weight.

For months, I tracked everything I ate. I followed the “calories in, calories out” principle that I learned at school, making sure I was consuming less than I was burning. I also exercised for many hours each day. And it worked: I lost fifty pounds!

Of course, that's not the end of the story. You wouldn't be reading this if it was. Like many other people, I put all of that weight back on, and then added some more. Both of my parents were obese and underwent

gastric bypass surgery, so I resigned myself to being genetically destined for obesity. This was another concept taught to me at medical school.

Obesity stared me in the face every day, both in the mirror and in the hospital. I treated obese and diabetic people on a daily basis, and each time I gave them the same advice that I'd always been told: "Eat less. Move more. Choose low-fat foods." I believed this was the correct advice, and I continued to follow it myself. Over the years I tried everything, including Weight Watchers and Nutrisystem. Sure, I always lost weight, but I always put it back on. Plus extra.

Then, in 2015, things really changed for me—and I owe it all to my wife. She had suffered from severe heartburn since giving birth to our daughters, and she decided to try avoiding gluten to see if it helped. I joined her in a bid to be supportive, and I was stunned to discover that I immediately felt better. I had more energy, and some of my excess weight disappeared.

Sometimes life presents strange coincidences, and I experienced one a short while later. At a medical conference, I listened to low-carbohydrate diet advocate Gary Taubes deliver an alternative explanation for the underlying cause of obesity: sugar specifically and carbohydrates generally. His talk led me to his books, which inspired me to cut my own carbohydrate intake. This one decision changed my life.

Do you spend all day thinking about food? Feeling hungry from the moment you wake up until you go to bed? I did. But not anymore. For the first time since I could remember, I did not think about food constantly. I lost those one hundred pounds, and I *finally* kept them off.

Today, I'm in the best shape of my life. Physically, I have never been fitter or felt better, and I have a mental clarity that I have never experienced before. Some say that life begins at forty, and that was absolutely true in my case. My entire life had been spent battling my weight; focusing on it, losing it, and gaining it. Then, with a simple decision to support my wife and read a few books, that battle ended with victory.

As you might expect, this led me on a quest. I had serious questions:

- How did this happen?
- Why is this not in the food pyramid?
- Why was this not taught to me in medical school?

I researched obsessively into the effects of food on health. I learned that much of what I had been taught at school was based on a number of fallacies. And I came to realize that our poor diets cause poor metabolic health, which is why we suffer from so many chronic diseases.

Processed food is intentionally engineered to encourage people to eat more, creating a vicious cycle. Worse, our healthcare environment is overly focused on prescribing medicines and treating the symptoms of a condition instead of addressing the root cause and preventing the issue in the first place.

It became my mission to help people who were fighting the same battle that I had won. That's what put me on the path to writing this book.

EVEN DOCTORS BELIEVE THESE MYTHS!

I had a lot to unlearn about what it means to be healthy. If I as a physician had a lot to unlearn, you can bet the general public does, too.

For example, I was led to believe that margarine is “heart healthy.” It's not. It's poison. Because of its artificially produced fat profile, our body is not able to consume its nutritional value.^{6,7} The highly processed fat in margarine disrupts the mitochondria. Mitochondria are the powerhouses of the cell. They're the basic machinery that your body runs on, and if it doesn't run correctly, your body suffers.⁸ You notice the effects in your

6 “Butter vs. Margarine,” Harvard Health Publishing, Harvard Medical School, last updated January 29, 2020, <https://www.health.harvard.edu/staying-healthy/butter-vs-margarine>.

7 Scott Cuthbert, “Ask Dr Scott: I Can't Believe I'm Using Margarine,” Pulp, last updated October 12, 2017, <https://puebloupulp.com/i-cant-believe-im-using-margarine-ask-dr-scott/>.

8 Huei-Fen Jheng, Pei-Jane Tsai, Syue-Maio Guo, Li-Hua Kuo, Cherng-Shyang Chang, Ih-Jen Su, Chuang-Rung Chang, Yau-Sheng Tsai, “Mitochondrial Fission Contributes to Mitochondrial Dysfunction and Insulin Resistance in Skeletal Muscle,” *Molecular and Cellular Biology* 32, no. 2 (2020). <https://doi.org/10.1128/MCB.05603-11>.

metabolism first, when your body starts storing more fat than it should. Soon other chronic medical problems arise, like diabetes and heart disease.⁹

The “margarine is heart healthy” myth is just one of many you have to unlearn if you’re going to get (and stay) healthy. But don’t beat yourself up for believing these myths. As a highly educated adult, I believed all of them. So did my parents. They did everything they believed was right and still raised an unhealthy child who went on to become an unhealthy heart surgeon. There’s no shame in believing what we were all taught. Now that I’ve learned the truth, I’m going to help you learn it, too.

Let’s start the unlearning right now by shattering the twelve deadliest food lies you’ve been taught.

MYTH #1: “ONLY OBESE PEOPLE ARE METABOLICALLY UNHEALTHY.”

To address this myth, we need to define “metabolic health.”

Good metabolic health means your metabolism is correctly utilizing the energy you give it, mostly via food. When our metabolism functions optimally, we eat a certain amount of food and use that to build and repair our tissues, power our daily activities, and store a little in case food isn’t available later. Our ancestors often had times when food was unavailable; hence the need for a storage mechanism. Our bodies have actually evolved to endure periods of food unavailability. But we no longer tap into those energy stores, so they accumulate excessively. *That* is poor metabolic health.

Yes, obesity is one obvious indicator of poor metabolic health, but using weight as the sole marker is not only unhelpful, it’s dangerous. Some people are what is often referred to as “skinny fat” or TOFI (thin outside, fat inside) by medical professionals. TOFI individuals suffer from many

⁹ “Metabolic Syndrome,” Patient Care & Health Information, Mayo Clinic, last accessed August 10, 2021, <https://www.mayoclinic.org/diseases-conditions/metabolic-syndrome/symptoms-causes/syc-20351916#:~:text=Metabolic%20syndrome%20is%20a%20cluster,abnormal%20cholesterol%20or%20triglyceride%20levels>.

of the same health issues as a person who struggles with obesity. They also have poor metabolic health, it's just not as obvious.¹⁰

Everyone has a different personal fat threshold, which is how overweight they can get before their metabolic health goes off the rails. Sometimes that turns them obese, and other times it destroys their internal health without any external signs. That's why using external obesity is not a useful indicator of metabolic health. In science, we even have a term for this—metabolically healthy obesity.¹¹

We haven't always understood the deeper issues with metabolic health. Fifty years ago, the experts assumed that poor metabolic health was the result of carrying excess fat. To prevent excess fat, eat fewer fats, right? This led to the myth that you're automatically healthy if you don't have excess fat. Now that we understand a person can look skinny but still develop diabetes, it's time to let go of the tired stereotype that only obese people are unhealthy.

MYTH #2: "THE FOOD PYRAMID IS GOOD FOR YOU."

The food pyramid was designed around fifty years ago under the same initiative that equated poor metabolic health with obesity. The creators targeted the heart disease epidemic by limiting the amount of fat a person should eat. The stated goal of the food pyramid is to keep people healthy, specifically by preventing them from becoming obese. But as you just learned, preventing obesity doesn't keep people healthy. In fact, it's the other way around: maintaining good metabolic health prevents health issues, including obesity. As I learned from my own experience and the experiences of the patients I've treated, the high-carbohydrate, low-fat

10 Norbert Stefan, "Metabolically Healthy and Unhealthy Normal Weight and Obesity," *Endocrinology and Metabolism* 35, no. 3 (2020): 487-493. <https://doi.org/10.3803/EnM.2020.301>.

11 Jennifer Couzin-Franke, "Obesity Doesn't Always Mean Ill Health. Here's What Scientists Are Learning," *Science*, July 29, 2021, <https://www.sciencemag.org/news/2021/07/obesity-doesn-t-always-mean-ill-health-here-s-what-scientists-are-learning>.

diet that the food pyramid recommends keeps people in poor metabolic health.^{12,13}

We've had the same food pyramid for fifty years. Just look how the American diet has shifted. We eat more carbs with fewer meats and fats. "Skip the bacon and eggs and have a healthy bowl of high-carb cereal with skim milk instead." The food pyramid exists primarily to decrease your fat intake—at the expense of your metabolic health.

Research confirms the food pyramid doesn't make us healthy. For example, the University of North Carolina at Chapel Hill's Gillings School of Global Public Health surveyed 8,721 Americans. Their study revealed a shocking 88 percent have poor metabolic health.¹⁴ The food pyramid's guidelines, which the vast majority of Americans follow, has made most of us metabolically unhealthy.

MYTH #3: "THE FOOD PYRAMID IS BASED ON GOOD SCIENCE."

Most people who learn that the food pyramid is killing us ask something like, "How can this be? Isn't the food pyramid scientifically sound? The government uses the best studies to design it for us!"

As you'd hope, the food pyramid is studied and revised every five years by a committee.¹⁵ The members of the committee are mostly scientists, but they have deep ties to the food industry. Researchers and clinicians

12 Jeff S. Volek and Richard D. Feinman, "Carbohydrate Restriction Improves the Features of Metabolic Syndrome. Metabolic Syndrome May be Defined by the Response to Carbohydrate Restriction," *Nutrition and Metabolism* 2 (2005). <https://doi.org/10.1186/1743-7075-2-31>.

13 Sunmin Park, Jaouk Ahn, Nam-Soo Kim, Byung-Kook Lee, "High Carbohydrate Diets Are Positively Associated with the Risk of Metabolic Syndrome Irrespective to Fatty Acid Composition in Women: The KNHANES 2007-2014," *International Journal of Food Sciences and Nutrition* 68, no. 4 (2017): 479-487. <https://doi.org/10.1080/09637486.2016.1252318>.

14 "Only 12 percent of American Adults Are Metabolically Healthy, Carolina Study Finds," UNC Gillings School of Global Public Health, The University of North Carolina at Chapel Hill, last updated November 28, 2018, <https://www.unc.edu/posts/2018/11/28/only-12-percent-of-american-adults-are-metabolically-healthy-carolina-study-finds/>.

15 "Who's On the Guidelines Committee?" The Nutrition Coalition, last updated March 6, 2019, <https://www.nutritioncoalition.us/news/2020-dietary-guidelines-committee>.

get to raise their concerns, but the committee ultimately decides how to handle them.

At the risk of sounding cynical, I believe that many studies that would hurt committee members' stock portfolios get torpedoed. Science is applied selectively at best to the food pyramid. For more information on this ugly process, check out Nina Teicholz's books, as she delves into the medical and nutritional nightmare hidden behind the food pyramid guidelines.

Which brings us to our next myth . . .

MYTH #4: "THE PEOPLE WHO PRODUCE OUR FOOD WANT US TO BE HEALTHY."

Big Food is big business. The people who produce our food (and revise the food pyramid every five years) must create value for their shareholders by generating repeat customers.

Remember those 1990s Lay's chips commercials that ended with, "I bet you can't eat just one"? The executives of the company that used that slogan have a powerful influence over the committee setting the dietary guidelines for every American. This is a snapshot into the modern metabolic health epidemic.

The food industry is successful specifically because their food is unhealthy. The tobacco industry and sugar industry have borrowed each other's tactics. Even as early as the 1950s, research pointed at sugar as a serious heart health concern.^{16,17} So the sugar industry hired scientists to "prove" the problem was really dietary fat.¹⁸ Remember, the food pyramid was designed decades ago as a direct response to dietary fat being blamed

16 James Surowiecki, "A Big Tobacco Moment for the Sugar Industry," *New Yorker*, last updated September 15, 2016, <https://www.newyorker.com/business/currency/a-big-tobacco-moment-for-the-sugar-industry>.

17 Cristin E. Kearns, Laura A. Schmidt, Stanton A. Glantz, "Sugar Industry and Coronary Heart Disease Research: A Historical Analysis of Internal Industry Documents," *JAMA Internal Medicine* 176, no. 11 (2016): 1680-1685. <https://doi.org/10.1001/jamainternmed.2016.5394>.

18 Camila Domonoske, "50 Years Ago, Sugar Industry Quietly Paid Scientists to Point Blame At Fat," *The Two-Way*, NPR, last updated September 13, 2016, <https://www.npr.org/sections/thetwo-way/2016/09/13/493739074/50-years-ago-sugar-industry-quietly-paid-scientists-to-point-blame-at-fat>.

for poor metabolic health. The corruption, in my opinion, could not be more obvious.

For most Americans, the sweet tooth addiction cycle begins the moment we eat solid food. Baby food is processed with simple carbohydrates and simple sugars. If the food industry gets you hooked early enough, they know they'll have a customer for life.

How does the food industry get away with this? They justify their manipulations by basically saying, "It's what the consumer wants." People want processed simple sugars with artificial colors and flavors that make them feel good. It's an addiction, and the food industry is happy to feed it.

But what if you stopped drinking sweetened soda pop for a week and had a can of seltzer of the same flavor instead? After the horrendous withdrawal symptoms have passed, you won't miss it. You're probably addicted right now and you don't even know it. That's why you can't stop eating and drinking the things that are killing you. I'm going to enlighten you so you can break those addictions.

Now, this book isn't here to take down the entire food industry. Plenty of other authors have written about that. This book is here to help you break free from the lies you've been fed (literally) so you can improve your health.

MYTH #5: "LOW-CARB DIETS ARE BAD FOR YOUR HEART."

Remember Atkins? There's a commonly repeated story that Dr. Atkins, the creator of the low-carb, high-fat Atkins diet, died from heart disease.¹⁹ He actually slipped on ice, hit his head, suffered a traumatic brain injury, and suffered multiple organ failure. Who do you think funds the articles and encourages the rumors claiming that Dr. Atkins's diet killed him?

19 N. R. Kleinfield, "Just What Killed the Diet Doctor, and What Keeps the Issue Alive," *New York Times*, last updated February 11, 2004, <https://www.nytimes.com/2004/02/11/nyregion/just-what-killed-the-diet-doctor-and-what-keeps-the-issue-alive.htm>.

I'm a heart surgeon, and I'm here to tell you that low-carb diets are not bad for your health. They're bad for food industry shareholders. Would it surprise you to learn that scientific studies actually show that the more carbohydrates and less saturated fat that you consume, the greater your risk is of developing heart disease?²⁰ Additionally, we know that insulin resistance and diabetes are contributing risk factors for developing heart disease.²¹ We also know that low-carbohydrate diets improve, and in some cases reverse, insulin resistance and diabetes.²² Therefore, it would make *no* sense to think that low-carbohydrate diets would increase your risk for developing heart disease.

Let's unpack this thinking for a moment. What have the USDA guidelines and the food industry led you to believe? That dietary fats, especially saturated fats, will clog your arteries with cholesterol and cause heart disease. You may be surprised to learn that no matter how many times this myth gets repeated, there are no scientific studies to support this assertion.

So let's talk about the cholesterol myth.

MYTH #6: "HIGH CHOLESTEROL CAUSES HEART DISEASE."

You've probably heard that the higher your LDL—often called the “bad” cholesterol—the higher your risk of heart disease. But about half the patients I operate on for coronary heart disease have low or normal LDL. Some are on medications, some are not. And there's data to suggest that

20 Teresa R. Haugsgjerd, Grace M. Egeland, Ottar K. Nygård, Jannicke Igland, Gerhard Sulo, Vegard Lysne, Kathrine J. Vinknes, Kjetil Bjørnevik, and Grethe S. Tel, “Intake of Carbohydrates and SFA and Risk of CHD in Middle-Age Adults: the Hordaland Health Study (HUSK),” *Public Health Nutrition* (2020): 1-15. <https://doi.org/10.1017/S1368980020003043>.

21 Valeska Ormazabal, Soumyalekshmi Nair, Omar Elfeky, Claudio Aguayo, Carlos Salomon, and Felipe A. Zuñiga, “Association between Insulin Resistance and the Development of Cardiovascular Disease,” *Cardiovascular Diabetology* 17, no. 122 (2018). <https://doi.org/10.1186/s12933-018-0762-4>.

22 Mary Caffrey, “After a Year, Low-Carb Diet Helps Many Patients Reverse Type 2 Diabetes, Lose Weight, and Stop Insulin,” *AJMC*, last updated February 12, 2018, <https://www.ajmc.com/view/after-a-year-low-carb-diet-helps-many-patients-reverse-type-2-diabetes-lose-weight-and-stop-insulin>.

half of people with ideal cholesterol levels still have a risk of developing heart problems.²³

Sure, cholesterol plays a part in heart disease, but it is not the single cause we've been led to believe. Based on my experience, HDL and triglycerides are more predictive of heart disease than LDL. We only focus on LDL because that's the cholesterol physicians can easily manipulate with medications. In fact, research indicates that in the setting of good metabolic health, the higher the HDL, the longer you can expect to live.²⁴ When I teach my patients about cholesterol, they're shocked. If you're ready to be shocked, too, here's how it actually works:

Once you have poor metabolic health, your blood vessels become inflamed. The body then sends cholesterol as a repair mechanism to try and fix that inflammation. Imagine repairing an old, crumbling wall with some spackle. Cholesterol is the spackle your body smears on your blood vessels to keep them intact. And if the wall keeps getting damaged and you keep piling on the spackle, eventually you'll start to block up the blood vessel. But the problem isn't the cholesterol; it's the inflamed blood vessels and the damage being done that necessitates the cholesterol!

This is why the concept of cholesterol as the main problem never sat well with me. The assumption is that cholesterol is basically a poison your body produces that kills you. In fact, it's only trying to fix other issues created by the foods you are eating. So the answer is obviously not to attack the spackling on the wall, but to stop damaging your walls in the first place.

Cholesterol isn't the cause of heart disease. Poor metabolic health is.

23 "Half of Patients with Ideal Cholesterol Have Underlying Heart Risks," CardioSmart, American College of Cardiology, last updated December 14, 2017, <https://www.cardiosmart.org/news/2017/12/half-of-patients-with-ideal-cholesterol-have-underlying-heart-risks>.

24 Fredrick Kunkle, "Gene for HDL Cholesterol Linked to Longer Life, Study Finds," *Washington Post*, last updated November 7, 2014, https://www.washingtonpost.com/national/health-science/gene-for-hdl-cholesterol-linked-to-longer-life-study-finds/2014/11/07/f277c16e-6628-11e4-9fdc-d43b053ecb4d_story.html.

MYTH #7: "MEDICATIONS ARE THE BEST TREATMENT FOR MEDICAL ISSUES."

Many doctors are quick to throw medication at a problem to treat symptoms and slow to discuss lifestyle and diet changes to address the underlying causes. Partly to blame is the assumption that these problems are genetic or just plain unknowable. But as you've seen, that's not usually true. Metabolic health is the issue. Therefore, medications that only treat the symptoms are not the best treatment. They exist to alleviate symptoms and keep the patient alive while the real causes are addressed. They are *not* a long-term solution.

In my experience, many doctors assume people aren't willing to change their diet. That's untrue from my perspective. Most people can follow dietary guidelines. Because they already do. The food pyramid is effective at snaring food industry customers precisely because so many people try to follow it. But doctors perceive that their patients don't follow advice because the patients don't get better. The real issue is that the advice itself is flawed. "Eat low fat and count your calories" is not sound advice to improve metabolic health.

If the advice works, my experience is that people will enthusiastically follow it. People don't want to be unhealthy and miserable. If there was a magical diet that made you drop a hundred pounds and keep it off, everyone in America would start that diet today. (There is, sort of, but it's not a pill or waist band. It's a system. More on that system soon.)

Another severe problem is that pharmaceutical companies have tremendous influence over the medical industry, beginning with medical school involvement. The healthcare industry is built for business. Hospitals need patients. And pharmaceutical companies need repeat customers. So the education system teaches doctors to pile up medications to treat every symptom, then treat side effects with more meds.

It's also quicker for an overworked doctor to write a prescription and rush out the door than to communicate the message of this book inside a tiny office visit.

Yet there is no example I'm aware of that treating a disease is as effective as not having the disease in the first place. Stopping your patients from getting sick in the first place is the very best medicine. It's every doctor's dream, but few know how to achieve it. The tools to do so have been withheld from us in favor of the repeat customer model.

So, am I saying you should just follow a metabolically healthy diet, eat this and not that, and everything will be perfect? Not exactly . . .

MYTH #8: "DIETS WORK IF YOU FOLLOW THEM."

Is this a myth? Who knows? People stop following diets because they're too hard to follow.

Most diet plans have you do things that are not sustainable. Sure, you might quickly lose weight like I did when I was in my twenties, but that's the business model. They know you'll be back. Because once you come off these impossible restrictions, you'll pack the weight right back on. If you've been conditioned from birth to be addicted to sugar and processed food, it's going to take more than a month of crash dieting to undo the conditioning that keeps you unhealthy.

By the way, that's exactly why I don't give you a fad diet to follow in this book. I teach you sustainable lifestyle changes you can maintain for *the rest of your life*. If you're successful on my program, you shouldn't need me anymore. Unlike other authors, I don't want repeat customers. I'm just trying to keep you off my surgery table so I don't watch you die.

I work with people directly for one year, they see the results, and the results stick. I see other people doing one fad diet after another over and over while taking medications for five, ten, or fifteen years. Medications are a subscription product. Big Pharma is not in the business of selling you products that you soon won't need anymore.

Dietary changes don't have to be hard. What's hard is the “you just have to hunker down for thirty days” mentality that teaches you to crave sugars and processed foods even more than before. You think of *nothing else* for those thirty days! Real, sustainable dietary changes don't make you miserable. You can eat in a way that makes you feel satisfied, not hungry, and not ridden with cravings, and you still get healthy.

The truth is that there is not one ideal human diet. One diet cannot fit every person. There is no one right diet out there. Nothing on the market is guaranteed to help you, even for thirty days.

There may be an ideal human diet, ancestrally speaking. We all essentially ate the same diet as we evolved. Food variety is unique to humans. Out in the wild, animals choose three to four foods they specialize in finding. Prior to the period ten thousand to fifty thousand years ago, humans were the same: we had no variety. We ate what was available where we lived.

The problem today is, everyone comes from a different place. Even when we try to eat healthy, we've got an entire grocery store full of options that our ancestors never had, and some of our ancestral dietary requirements differ. That means the food one person needs may not be right for the next person. Look at the way doctors prescribe medications: each individual person has different needs, and their needs change over time. The same is true of dietary choices. What I offer you in this book is not a diet. It's science-based, sustainable lifestyle changes to improve your metabolic health—and your entire life.

MYTH #9: “TRYING TO LOSE WEIGHT BY RESTRICTING CALORIES ALWAYS WORKS.”

What most diet plans have in common is some attempt to restrict calories. The almost universal diet advice is, “Eat less than you need to create a calorie deficit. This will make you burn fat.”

But caloric surplus and deficit measurements are based on guesswork. We don't have an accurate way of knowing how many calories we're eating and burning. Even mainstream medicine, for all their foibles, admits that accurate calorie burn calculation is "difficult."²⁵ We can guesstimate. That's about it. A person with more muscle mass may burn more calories doing the same activity as someone with half their musculature, or someone of a different age or sex. When you eat more protein, your metabolic rate will increase, so if you eat a low amount of calories with higher protein, you'll be burning more than someone with a lower protein intake and the same amount of calories.

What we do know is the type of calories you eat goes a long way in determining how much weight you lose.²⁶ Not all calories are created (or consumed) equal.

MYTH #10: "THE BEST WAY TO BURN CALORIES IS EXERCISE."

The data shows you can't out-exercise a bad diet. Metabolic health is 90 percent diet, 10 percent lifestyle, and exercise is *not* necessary for weight loss.

In fact, exercise itself might cause you to violate your dietary changes. The more you exercise, the hungrier you get. Forty-five minutes of intense working out only burns 200–300 calories but makes you so hungry that you stop on the way home from the gym and consume an 800-calorie burger. Even snacking on a nutrition bar might bring in an average of 220 calories. That means your entire workout only burned the food you ate as a result of working out. And exercise doesn't necessarily access the fat stores you want to lose.

25 Kellie Bramlet Blackburn, "How to Determine Calorie Burn," MD Anderson Cancer Center, last updated June 2017, <https://www.mdanderson.org/publications/focused-on-health/How-to-determine-calorie-burn.h27Z1591413.html>.

26 Celia Smoak Spell, "There's No Sugar-Coating It: All Calories Are Not Created Equal," Harvard Health Blog, Harvard Medical School, last updated November 4, 2016, <https://www.health.harvard.edu/blog/theres-no-sugar-coating-it-all-calories-are-not-created-equal-2016110410602>.

I'm not telling you not to exercise. Physical activity has a whole range of health benefits that bring you energy, give your body flexibility, and make you happier overall. Instead of focused activity that increases your hunger, a better plan is to build consistent movement into your entire day. Moving your body throughout the day is just as effective as working out for most people.

MYTH #11: "YOU CAN'T IMPROVE METABOLIC HEALTH CONDITIONS WITHOUT MEDICATION."

Not only is this statement purely false, it creates hopelessness and the dangerous belief that people should just give up on their health. That fuels a perpetual cycle that ends on my surgical table.

Have you ever heard a doctor say that you can get off medications for chronic conditions like diabetes or high blood pressure? My clients have gotten off these medications. Type 2 diabetes is reversible, based on both studies and my personal experience with patients. You can also improve your blood pressure without medication, also based on both research and my personal experience.²⁷

The medications are there to treat the symptoms. That means the meds will never make you better, they just prevent you from getting worse as fast as you would without them. Eventually your problems will still catch up with you if you don't address the underlying causes for the symptoms.

MYTH #12: "HEALTH PROBLEMS COME WITH AGE."

This might be the saddest myth of all—that we're supposed to get sicker and weaker as we age, beginning in our fifties and sixties, and should expect decades of miserable decline as we lose out on family events and personal pleasure.

27 "Low-Carb Diet Effective at Lowering Blood Pressure," ScienceDaily, last updated January 26, 2010, <https://www.sciencedaily.com/releases/2010/01/100125172938.htm>.

This is deeply wrong. You can live healthy your whole life and die in your nineties. We shouldn't have a ten- to twenty-year period of our lives where we're progressively dying day by day and miserable the whole time.

One example of this lie is the belief that hormonal imbalance is the natural result of aging and that nothing can be done about it apart from medication. For example, some claim that testosterone naturally decreases with age. No, low T is more closely associated with poor metabolic health.²⁸ That's why healthy men in their eighties can have even more testosterone than obese men in their twenties. It's all about how you fuel your body.

People also assume female hormones naturally destabilize with age. The dreaded menopause is held up as a life-shattering event that could tear apart your whole world for years on end. But many women improve some menopausal symptoms by going on low-carb, whole-food diets.²⁹

Your body isn't designed to just fall apart from your thirties onward. Don't let anyone make you believe this.

SO, WHERE DID ALL THESE MYTHS COME FROM?

These are just the twelve biggest lies that pertain to our conversation here in this book. There are so many other deceptions and half-truths buried in the medical and food industries if you go digging.

It can seem overwhelming to learn there are so many outright lies that have intentionally infected the public's health as well as medical practitioners' knowledge and advice. Doctors at least should have the truth, right? People die because of these myths!

When my patients learn about these lies, they demand answers. "How did we get here? How can our whole medical system be teaching wrong information? And what can I do to protect myself?"

28 Vakkat Muralleedharan and T. Hugh Jones, "Testosterone and the metabolic syndrome," *Therapeutic Advances in Endocrinology and Metabolism* 1, no. 5 (2010): 207-223. <https://doi.org/10.1177/2042018810390258>.

29 Rachael Link and Alyssa Northrop, "Can the Keto Diet Help with Menopause?" Healthline, last updated August 28, 2020, <https://www.healthline.com/nutrition/keto-and-menopause>.

I'm going to help you discover these answers and discover that you can be healthy and thriving. And while I may not have all the answers (no one does), I can help you establish a framework based on the relentless pursuit of good health and how to evaluate the information you hear regarding how to be healthy. And first, let's discuss how we as a culture got to a place where these myths are pervasive and accepted as gospel truth—and what you can do about it.

STAY OFF MY OPERATING TABLE

THE SYSTEM IS BROKEN (AND WHAT TO DO ABOUT IT)

"**T**his can't be right." I tapped the computer screen to show the nurse. "How can his blood sugar numbers be this high?"

She glanced at Alex's chart and cringed. "I'm not sure. But that's not good. He's still recovering from his coronary artery bypass . . ."

"Right, but there's no way his numbers should be this bad. I'll go talk to him."

As I walked down the hall to my patient's room, I racked my brain trying to figure out what could be causing the issue. A medication he hadn't disclosed? Prediabetic symptoms we hadn't caught? What else could it be?

I knocked lightly on Alex's open door before walking in. "Morning, Alex, it's Dr. Ova—" My breath stuck in my throat.

There was my patient, propped up in bed, with his breakfast tray in front of him. Pancakes with low-fat syrup, low-fat yogurt with granola, a cup of sweetened peaches, a small sausage patty, a small serving of scrambled eggs (likely artificial egg substitute), and a cup of orange juice.

Well, that explains the blood sugar, I thought. A cursory assessment of his breakfast told me he was eating at least 700 calories, 40 to 50 percent of which came straight from carbs. And this was the lowest-carb breakfast I could have ordered for Alex. Sure, the assortment was in line with the food pyramid and low in fat, but it was still excessive—even dangerous

to Alex's recovery. Eating sweet, processed carbohydrates in this quantity after a heart bypass is like smoking a pack a day after lung cancer surgery. It doesn't make any sense. Hospitals *have* to offer better food than this. But, of course, many can't.

Hospitals must serve low-fat, high-carb meals like Alex's breakfast due to dietary guidelines. Following the rules is a prerequisite to getting paid by Medicare and private insurance. But eating like this leads many people right back to the hospital. A system that incentivizes this is clearly broken. Here's how we got here.

HOW THE MEDICAL SYSTEM ACTUALLY WORKS

Metabolic health is the core of my message. I believe that's what will keep people off my operating table. I'll educate everyone I can about it. And to do that, I need to confront the observations I've made as a physician.

Something has gone wrong in the healthcare system. We've lost sight of preventing people from getting disease, and we're focused on just treating the diseases once people have them. For most physicians, it's not even a thought that we can prevent chronic conditions like diabetes and heart disease. And we're told they're permanent, that we can't undo the damage. We as doctors are taught that it's normal to be on multiple medications when you're fifty years old.

Meanwhile, most medical professionals are not properly educated about your nutritional needs.³⁰ The average doctor and nutritionist is unaware of the data you've already taken from this book. Those who do educate themselves and discover the problems in the current dietary guidelines are afraid to buck the system. Consider the financial incentive as well: many hospitals and clinics are forced to follow government guidelines in order to get paid.

30 Rachel Cernansky, "Your Doctor May Not be the Best Source of Nutrition Advice," *Washington Post*, last updated July 8, 2018, https://www.washingtonpost.com/national/health-science/your-doctor-may-not-be-the-best-source-of-nutrition-advice/2018/07/06/f8b3ecfe-78af-11e8-93cc-6d3becdd7a3_story.html.

Compensation itself is built around disease treatment, not prevention. Food companies, pharmaceutical companies, and their involvement in medical education build the system around the often expensive and usually recurring treatment of disease. Everything relies on those institutions' funding and guidance. The entire system would break if we shifted priorities from treatment to prevention.

The family doctor or primary care physician is supposed to prevent the medical issues, but they've got student loans to pay and need to support their families and pay their staff. If they have a patient with high blood pressure or high cholesterol, the doctor's compensation is partially dependent on meeting guidelines that are mostly focused on prescribing medicines. Although guidelines are directly related to health, nutrition recommendations are not a check box for compensation. If you want to get paid, look at the prescription list first.

I do believe that the vast majority of physicians are not malicious and genuinely try to put their patients first. But some scientists and past thought leaders have been intentional about self-promotion over the greater good. Much of the science that led to the current nutritional guidelines was poorly done.

Now add to this situation a general shortage of physicians, which has resulted in a decreased average time healthcare providers spend with each patient. Doctors who do become aware of the nutritional guideline deficiencies don't really have time to discuss them with their patients. Discussing lifestyle choices, metabolism, and the impact food has on our health may save lives, but with just fifteen minutes per patient, most physicians opt for the quickest fix and skip right to medicine.

Some doctors may tell themselves that medication buys the patient time to research food on their own. But with the entire medical system telling patients to follow the food pyramid, the reality is that medication just buys time before those patients end up on my operating table.

There's also a generational issue at play here. A hundred years ago, before rapid transit and international food trades were possible, people ate what was available. Even our grandparents and great-grandparents were eating whole food because processed food wasn't affordable. But the booming population led to an increase in processed foods, which brought new health issues.

Our parents' generations realized there was some connection between diet and health, but they weren't sure what it was. We already discussed the deception from the sugar industry in constructing the food pyramid. When those guidelines got pushed on our parents' generation, they assumed the guidelines were right—because who could imagine the medical system would be complicit in harming people?

This is why we've seen various crusades against certain types of foods, then paradoxical pendulum swings as the "experts" decide they got it wrong—but this time they're sure! Our parents were told low-fat foods with vegetable oils would save their lives, so they threw out the animal-based butter and smeared margarine on everything. And when this has failed to improve our health, they claim that people aren't following their advice and continue to push for even lower-fat diets. They targeted eggs the same way—cholesterol causes heart disease, and eggs have cholesterol, so don't eat eggs. Then came the push for more dairy ("Got Milk?"), but experts questioned that idea because whole and 2 percent milk contain fat. Switch to skim milk. And while you're at it, set down the regular soda and pick up a lower-calorie alternative with all its artificial colors, flavors, and sweeteners. With each diet fad and nutritional guideline updates, the root issue—metabolic health—has yet to improve.

My personal view of the healthcare industry is colored by my experience both as a care provider and as an individual who struggled with poor metabolic health and its consequences. I've spent my career dealing with the end result of not addressing metabolic health. Patients failed by

the medical system end up on my surgical table, often when it's too late. I became a surgeon to help heal people's hearts, not to watch them die.

I didn't recognize the system was wrong until I learned the truth about metabolic health. I'd been taught the standard lie in medical school: cholesterol and saturated fat cause heart disease, so take your statins. In my experience, all twelve myths in the previous chapter are taught to doctors as *truth*. When I learned the truth and witnessed the changes in my own life, I realized these "facts" were wrong.

What bothered me most of all was the heart disease patients who were not obese and had low cholesterol and no genetic history of heart disease. Yet in they came with heart issues anyway. According to the current medical model, that shouldn't be happening. It was only when I realized these patients were still metabolically unhealthy—skinny fat—that the pieces clicked into place. They faced the same issues as my obese patients because they were struggling with the same problems. Only their outward manifestations were different.

My current worldview crystallized completely when I learned that while cholesterol does play a part in the disease process, dietary cholesterol consumption is not an inciting event.³¹ That flies in the face of every modern medical belief. High cholesterol with metabolic wellness is not the problem we've been told it is. We are treating the wrong problem and leaving patients to die while they believe they're being saved.

I remember as a surgeon realizing for the first time that I was being paid to oversee the tail end of a deadly system. I had lunch with a colleague and told him, "If only these people were educated about what I now know, they could have prevented these problems, and my services would be needed a lot less." He looked confused and asked, "Are you trying to put yourself out of business?"

31 Ann Pietrangelo, "Does High Cholesterol Cause Heart Disease?" Healthline, last updated March 16, 2020, <https://www.healthline.com/health/cholesterol-and-heart-disease>.

It's still horrifying to me that hospitals serve the same foods that put you there in the first place. Ninety percent of the food we serve follows the high-carb, low-fat, "heart-healthy" diet. And yet, most people who need heart surgery are diabetic or prediabetic. We often have insulin in an IV during and after heart surgery so that we have better outcomes because the patient's body can barely function on their current diet.

I think often about that first conversation with my colleague. "Are you trying to put yourself out of business?" The answer is yes. I gave an interview recently, and the interviewer asked me the same thing. "Doesn't your metabolic education threaten your surgery paycheck? If everyone gets healthy, you'll be out of a job."

The answer I gave then is the same one I'll tell you now. "That's exactly what I want. I'm a horrible businessman because I'm looking to put myself out of business."

If everyone gets healthy, and I have to pivot my nutrition clinic into full-time mode, I'd be thrilled. Because I'd know I saved lives. And that's why I became a doctor in the first place.

That's also why my consultations run longer than a typical physician's fifteen-minute chat. I know that medication isn't going to keep my patients off the table a second time. Only dietary education and lifestyle changes can help. I believe in this so much that I even spend time off the clock when I'm not being paid to consult with patients I know will die without this lifesaving truth. People need to know, and it's my sacred duty to care for them. The oath I took as a doctor demands I teach the truth to people who will die without it.

As a surgeon, while I'm doing necessary and helpful work, I know I can address patient health needs before they require surgery. I couldn't live with myself if I didn't do something about that. Other physicians have felt the same, and I'm enormously grateful to the medical providers who have stepped up to spread this information. Without them, I never would have had access to the information that changed my life, that allowed me

to become healthy, and that now allows me to save the lives of patients who rely on me.

Even so, physicians have been persecuted for offering counter-industry advice. Tim Noakes in South Africa and Gary Fettke in Australia were each brought up on charges related to giving nonstandard advice on metabolic health. Both fought the medical industry, who could not let their alternate diet advice slide. Both were ultimately cleared of wrongdoing, and Dr. Fettke eventually received an apology from regulators, but the pushback from the healthcare system and the processed-food industry served as a warning to anyone who might dare to step out of line.

Despite the warning, the career risk, and the system pushback, I continue to believe it's worth it to share these nutritional truths. I'll do anything I can to keep patients off my operating table. I don't want to witness even one more preventable death. That includes yours. I hope you'll take the next section of the book to heart and do your own research as you discover what your body needs to stay alive and thrive in your golden years.

IT'S TIME TO SAVE YOUR LIFE

I've got a challenge for you.

I made the bold step of switching from treating to preventing disease. I've put my professional paycheck on the line. I also applied all the lessons in this book to my own life. Everything you're going to read in the pages ahead are sustainable changes I live by every day. They saved my life. They've saved the lives of patients and coaching clients I've worked with over the years. And they'll save your life, too, if you're willing to commit to this program.

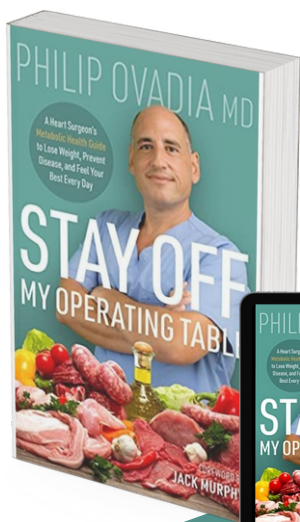
Are you ready to commit? You've learned about the system working against you. You know your life's on the line. Are you willing to give this change a chance and see your metabolic health improve?

If you're still reading, you're declaring that enough is enough. It's time to change.

Good. It's time to talk logistics. Let's discuss exactly how you're going to change your metabolic health forever and live the kind of life the medical system tells you is impossible without prescription drugs.

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Dr. Philip Ovadia

I am a board-certified Cardiac Surgeon and founder of Ovadia Heart Health. Our mission is to optimize the public's metabolic health and help people like you stay off my operating table.

As a heart surgeon who used to be morbidly obese, I have seen firsthand the failures of mainstream diets and medicine. I realized that what helped me lose over 100 pounds was the same solution that could have prevented thousands of open heart surgeries I've performed — metabolic health.

Through Ovadia Heart Health, I teach individuals and organizations my complete metabolic health system to prevent and reverse disease, avoid early death, and live well for life.