THE 30-DAY HEART TUNE-UP

"Take care of your heart and live long and well following Dr. Masley’s simple, yet profound, advice."
—Daniel G. Amen, MD, bestselling author of Change Your Brain, Change Your Body

A BREAKTHROUGH MEDICAL PLAN TO PREVENT AND REVERSE HEART DISEASE

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Chapter One

The 30-Day Heart Tune-Up Breakthrough

I’ve written The 30-Day Heart Tune-Up to enable you to prevent heart disease and strokes and, if you already have cardiovascular disease, to help you reverse it. In this book, you will find all the tools you need to succeed.

Cardiovascular disease remains the #1 killer of people in the United States today—accounting for more deaths than all forms of cancer combined. Cardiovascular disease causes heart attacks, strokes, sudden cardiac death, sexual dysfunction, and poor circulation. All stem from abnormal plaque growth within our arteries. Almost all of us have had experience with cardiovascular disease—if not personally, then with a family member, friend, or coworker. But are you aware that 20% of people who have suffered a heart attack actually have a normal cholesterol profile? Even if your cholesterol level is low, this doesn’t mean that you’re free of the risk of heart disease. And even if your doctor has “passed” you on a treadmill stress test, or by all outward appearances you’re fit, you may not really know what’s going on in your heart or blood vessels. If you’ve been diagnosed with high cholesterol, that makes understanding your heart’s condition even more challenging and important. The true state of the cardiovascular system is a mystery to most everyone, including many of our doctors. Because of this uncertainty, as we age, it is justifiable to fear an unexpected heart attack or stroke.
MY UNIQUE PERSPECTIVE

As a child growing up, I watched my father work miracles as a vascular surgeon. Although I was still too young to drive, I remember gingerly donning oversized scrubs and entering the inner sanctum—the operating room—where I watched my dad repair diseased arteries in patients with cardiovascular disease. After surgery, I walked the hospital floors with him and was amazed by the technology and tubes extending from every conceivable orifice in his patients’ bodies. Obviously these treatments were needed, yet the ordeal of surviving these complex surgeries made a strong impression on my early development. I saw how, weeks later, people still needed dressing changes in their homes to recover from their hospital-acquired wounds. Yet, despite all the wonder surrounding this technology and a long list of my father’s eternally grateful patients, as a child I dreamed that one day I might be able to help people avoid this type of invasive medical care.

Over the years, as a resident and then as a physician, I have been fortunate to volunteer in more than 15 impoverished countries. I discovered that most of the time, the human body has the capacity to heal itself without high technology, fancy drugs, or risky procedures and surgeries. I have witnessed that most people living in poverty in the underdeveloped world by necessity had to be fit and to eat unprocessed food. In fact, I was shocked to realize that, despite their difficult living conditions, if they weren’t starving, they usually enjoyed better cardiovascular health than most of my patients back home in the United States. They were trimmer, fitter, and had fewer joint problems. They also had better blood sugar, cholesterol, and blood pressure control.

From these unique experiences, I view healing from a different perspective than many of my medical colleagues here in the United States. In truth, I have developed a different understanding as to why cardiovascular disease remains the #1 cause of death in the United States, despite the fact that it is preventable 90% of the time.¹
WHY IS CARDIOVASCULAR DISEASE STILL THE #1 KILLER OF AMERICANS?

For one thing, the traditional approach to assess cholesterol, blood sugar, and blood pressure that most physicians use today in order to evaluate heart disease does not address what is actually happening to the biochemistry within your arteries. Often, as I will explain, these tests are inadequate to figure out what’s really going on.

Second, most physicians have become accustomed to treating so-called “high” cholesterol levels. This is natural, since some years ago we all learned that an abnormal cholesterol profile was the leading cause of heart attacks and strokes. However, today, the recent epidemic of elevated blood sugar levels, low fitness, expanding waistlines, and obesity (collectively called the metabolic syndrome, which I’ll discuss in Chapter 2) has become the new #1 cause. This has rendered cholesterol-lowering drugs by themselves less effective, even though this therapy may play a decisive role for some people. Indeed, present-day solutions may be the answer for only a few.

Third, and perhaps the most important reason why cardiovascular events such as heart attacks or strokes remain the top cause of death in the United States: Most of us are unaware of the treatment options available to us before we get into trouble. For example, upon arrival in an emergency room with symptoms of heart disease and abnormal heart findings, we are often subjected to the least effective and the most dangerous treatment first. In that urgent situation, you’re more likely to be diverted to a relatively invasive procedure such as an angiogram or angioplasty. We need to understand that cardiac procedures treat heart symptoms, such as angina, nicely but do not do a good job of preventing future heart attacks and strokes. Before we go ahead and learn more, let’s define some terms that we’ll need to use.
Cardiovascular Disease Definitions

Angina: The classic symptoms are chest pressure (not always pain), shortness of breath, radiation of the discomfort into the neck or down either arm (some people only have jaw, neck, or arm discomfort without chest pain), nausea, sweating, indigestion, and maybe dizziness or fatigue. Angina symptoms signify a decreased blood supply to the heart, causing ischemia (a lack of oxygen to the tissues). Typically, exertion or exercise worsens the symptoms. When all of the symptoms occur together, the diagnosis of angina is easy. Women more often than men have just one or two of these symptoms, and may only have shortness of breath or fatigue, aggravated by activity.

Heart Attack: With prolonged angina, usually more than 30 minutes of decreased oxygen to heart cells, the cells begin to die. This results in either sudden death or in the formation of scar tissue and a weakened heart. A minimal heart attack does not weaken the heart significantly, but it leaves a permanent scar, which increases the lifetime risk for a worrisome or potentially fatal heart arrhythmia. If you have angina symptoms that last more than a few minutes despite rest, call 911. If you are having a heart attack, the sooner you receive treatment, the better. Minutes matter greatly.

Transient Ischemic Attack (TIA): An ischemic attack is the result of a decreased blood supply to the brain, causing sudden loss of oxygen to brain cells. If transient, this does not lead to cellular death. Symptoms include numbness or weakness on one side of the body, vision or speech loss, and balance problems. Typically, a doctor can identify from the patient’s symptoms the region of the brain with diminished circulation. With a TIA, all symptoms resolve within 24 hours and sometimes last only minutes. If symptoms exceed 24 hours, the event is called a stroke. Once you have one TIA, there is a much higher risk of a subsequent stroke. With a TIA, brain-imaging studies, such as computerized tomography (CT) scans or magnetic resonance imaging (MRI) scans...
would show normal results, indicating that no permanent damage occurred, such as the death of brain cells. A TIA is the brain equivalent of angina.

**Stroke:** Stroke is a persistent loss of blood supply to the brain, causing the death of brain cells. With stroke, the same TIA symptoms noted above occur, but they last more than 24 hours, and they can be permanent. Varying degrees of recovery can occur over several months. If you have TIA or stroke symptoms, seek immediate attention and call 911; it is essential to be seen within 1 hour. Most doctors treat symptoms that exceed 60 minutes as if a stroke were occurring. Don’t delay getting help, hoping the symptoms will resolve within 24 hours, because if they don’t, recovery and treatment options can become very limited, resulting in a major disability.

**Sudden Cardiac Death:** Sudden cardiac death occurs as a result of a sudden change in the heart rhythm that makes it unable to maintain blood flow.

If you haven’t had to face an urgent cardiac situation and you’re diagnosed with some form of cardiovascular disease in a doctor’s office, you’ll typically be put on drugs to slow the progression of your disease. But medications don’t solve the underlying problem. Hopefully, most doctors will also recommend that you eat better, exercise more, and lose weight, but you may not be given the right tools to succeed with these changes on your own. In that case, your condition may gradually worsen, and at some point, you could end up in the emergency room, facing a crisis and a major procedure.

Unfortunately, very few people will opt for lifestyle changes that can prevent or reverse cardiovascular disease. In fact, most people will falsely assume that their condition has been fixed with a medical procedure and/or drugs, and that a lifestyle change is no longer required.
Why? Because many doctors don’t give their patients the tools they need to initiate the lifestyle choices that would eliminate their heart condition. They may say, “Lose weight, eat smarter, and exercise,” but seldom do they provide the information and ongoing support their patients need to succeed. And, just as important, many people are unwilling to take responsibility for the damage they inflict on their own bodies. They want somebody else to fix their problem. Even with appropriate coaching, many will accept cholesterol-lowering medications but will still avoid substantial lifestyle changes.

As a physician, I find this state of affairs incredibly frustrating. Nationally, we spend far too much money on procedures for a problem that is preventable, should be diagnosed earlier, and is best treated with lifestyle changes. We often don’t act until a heart attack or stroke occurs, and by then it’s often too late! For too many people, the first symptom of heart disease is sudden death—they don’t get another chance to change anything! Studies published in the American Journal of Cardiology have shown that we devote less than 10% of our health-care dollars for cardiovascular disease to prevention and medical management and more than 90% to procedures and hospital care. We head down this wrong road because today’s paradigm doesn’t target the real cause of heart disease and cardiovascular events. The truth is, until now, we have not gotten to the heart of the matter. Yet despite the bleak scenario I’ve described above, there is a solution. The 30-Day Heart Tune-Up can save you and your loved ones from most forms of cardiovascular disease.

THE REAL CULPRIT

The cause of cardiovascular disease is arterial plaque. Getting to the heart of the matter means getting to the plaque. A healthy young cardiovascular system has less of it. An unhealthy old one has more. It’s as simple as that.
What is plaque? Where does it come from? Well, it’s a fine layer of fatty material that is deposited in your arteries, mostly as a result of the kinds of food you eat and the degree of inflammation in your blood. As you age, arterial plaque thickens; eventually it hardens, much like cement. This older, more calcified plaque narrows the diameter of your arteries, gradually reduces blood flow, and causes symptoms like angina, but seldom in itself triggers life-threatening events.

On the other hand, newly formed, soft plaque can wreak havoc. It coats the inner lining of the arteries and can mound up in spots, like acne growing on your skin. The medical term for such a plaque lesion is atheroma, which in Greek means a “lump of gruel,” as atheromas can have a soft, partly liquid center, like a pimple. These plaque lesions can pop into the bloodstream from within the artery wall (the medical term for this is plaque rupture). The inflammatory chemicals released from this arterial pimple cause large blood clots to form. These clots can then travel to the heart and brain, blocking the supply of oxygen and leading to a heart attack, stroke, or sudden death.

Even though these plaque lesions are too small to obstruct blood flow in an artery, their rupture is the cause of more than 80% of heart attacks, strokes, and sudden cardiac deaths today. In my patients, I have observed that even while they’re taking cholesterol medication and blood pressure medication, this soft plaque may continue to grow, undetected, within their arteries, silently endangering their lives without their ever knowing it—despite their belief that they’re taking care of the problem.

THE HEART TUNE-UP

In The 30-Day Heart Tune-Up, I propose to revolutionize the diagnosis and treatment of cardiovascular disease. Today, we can all benefit from a simple ultrasound test that diagnoses in just a few minutes the thickness of arterial plaque. This carotid intimal
medial thickness (IMT) ultrasound testing measures the thickness of your arteries, allowing an estimate of your arterial age. This type of test is very different from standard carotid Doppler ultrasound, which looks for artery obstructions that qualify for surgery.

At the Masley Optimal Health Center in St. Petersburg, Florida, I have successfully utilized my approach to prevent heart attacks and strokes for years, yet most people don’t get the advice or tools they need to save their own lives. The good news is that my 30-Day Heart Tune-Up provides the opportunity to help everyone. In this book, you’ll discover that it is easy to make a U-turn on the road to heart disease in just 30 days.

Since arterial plaque growth is our enemy, the questions simply become:

- How do you prevent plaque from forming?
- How do you find out how much plaque has collected in your arteries?
- If you have plaque, how do you reduce it?

The answers to these questions are in this book! The good news is that everyone—regardless of body composition, genetics, gender, or age—can do a better job preventing heart attacks and strokes. Even people with advanced cardiovascular disease can show measurable improvement in a month with the 30-Day Heart Tune-Up. And if they maintain the program, they can shrink their arterial plaque over time, restore their cardiovascular function, and lower their risk for sudden heart attack.

What makes the 30-Day Heart Tune-Up different? Most doctors focus on lowering cholesterol and blood pressure to prevent heart disease. Their approach relies on drug therapy and laboratory testing, which have been a tremendous boon to the pharmaceutical and medical laboratory industries, but not necessarily to patients. Statins, a group of cholesterol-lowering medicines,
still have an appropriate use in some patients, yet they actually increase the risk of diabetes, and unfortunately, their testosterone-lowering effect may cause weight gain, reduce sexual enjoyment, and lower a person’s drive to stay fit.4

Managing cholesterol and blood pressure have helped reduce the rate of heart attacks and strokes, but they don’t do enough. That’s because we’re focusing on the wrong issue.

What is the 30-Day Heart Tune-Up? It’s all about shrinking arterial plaque, improving circulation, and strengthening your heartbeat. I recommend neither an extreme vegan diet, which few people, despite their best intentions, can maintain for more than a week or two, nor deprivation (let’s be realistic!), nor expensive medications that merely treat the symptoms rather than the cause, although I agree that some medications, when indicated, do help you make the transition to optimal heart health. So how can you accomplish this goal in such a short time? In a nutshell, here are your tools:

1. Incorporate five easy-to-remember categories of heart-healing foods into your diet.
2. Engage in exercise that strengthens your heart and arteries.
3. Learn how to better manage your stress.
4. Follow a customized, heart-friendly supplement plan.

If you’ve had trouble dieting or sticking to extreme diets to get healthy, take heart. Eating well and becoming fit are much more important. Don’t look at this program as a weight-loss diet although, if you are overweight, you likely will lose weight if you stay on it. The truth is that you can make your heart younger and stronger whether or not you lose weight.

I have worked with thousands of patients who have used my program to revitalize their heart by at least ten years. Jeff, a 62-year-old executive of a major company, was diagnosed with advanced plaque growth and was on the verge of a cardiovascular event when he first came to see me. Rather than make any lifestyle
changes, he originally opted to begin a well-known statin—a cholesterol-lowering medication. He took it for one year, yet still managed to increase his arterial plaque by 5% (typical plaque growth is 1% to 1.5% a year), and he developed several worrisome findings on his heart evaluation, including a newly abnormal stress test, despite his medication. He was aggravating his heart disease and increasing his risk for a heart attack, stroke, and death. Frightened by the accelerated aging of his heart, Jeff decided to follow my program. Over the following year, not only did he shrink his plaque by 8%, but he lowered his cholesterol level and blood pressure to normal and lost 25 pounds. By the second year, his cardiac evaluation results showed not even a hint of heart damage or risk of heart attack. As his arterial plaque continues to shrink, he’ll soon have normal arteries for a man his age.

My medical center regularly consults with patients like Jeff to help them prevent and reverse their heart disease. And as a bonus, our patients rejuvenate their lives by having their blood pressure, cholesterol, and blood sugar levels lowered and their weight reduced in ways that the standard blood pressure and cholesterol protocols never could accomplish. For tens of millions of Americans who are at advanced risk for a cardiovascular disease, the 30-Day Heart Tune-Up offers new hope. What’s more, these same healthy-heart recommendations have been proven to make the average American trimmer, fitter, and mentally sharper.

**WHY DO WE NEED THE 30-DAY HEART TUNE-UP?**

Sadly, many physicians have given up hope that their patients will make the meaningful changes that I recommend. Cardiologists and primary care physicians have complained to me, “My patients never listen.” My response is, “Of course they won’t listen if they only have a ten-minute office visit and are not provided with tools or hope for success.” The saddest result of patients’ despair is the
suffering that could have been avoided, the lives that could have
been saved.

In addition to thinking about yourself, think of your family. According to a prominent article in the *New England Journal of Medicine*, for the first time in recorded history, our children’s generation is expected to have a shorter life span than their parents’ generation. Despite improvements in health care, drugs, and genetic therapies, technology cannot overcome the fact that our lifestyle is killing us—and our children. So when you think about adopting heart-healthy habits, it won’t only help you, it will benefit your children and other loved ones, too!

With my program, I aim to reverse the misguided and out-dated thinking that has hampered our efforts to prevent heart disease. I will help you take control of your heart health, to extend your life, and to enhance your enjoyment of it. With the 30-Day Heart Tune-Up, I’m giving you the rationale, the tools, and the hope.

THE TRUE RISKS AND BENEFITS OF HEART PROCEDURES

As I explained earlier, many Americans will undergo an invasive cardiac procedure, such as the insertion of a stent, instead of opting to change their lifestyles. Heart catheterization is usually presented to people as an easy, “not to worry about” procedure. Yet in rare cases, it can be very dangerous. Consider the angioplasty used to open a narrowed artery. A cardiologist inserts a catheter, a narrow, flexible tube, equipped with various tools, into an artery in your groin and passes it via the blood vessel through the pelvis, the abdomen, and chest, until it finally reaches the arteries of the heart. The doctor then injects dye, takes pictures, and, depending upon the degree and location of the blockages, may dilate (expand) a few of the arterial narrowings and keep the dilations open with a wire mesh tube called a stent.
Sounds complicated, right? If you are having a heart attack, this procedure can truly be life-saving. It is critical to reopen a blocked heart artery as quickly as possible, because the lack of oxygen to heart tissue can cause massive heart cell death. So clearly the sooner you have the blockage opened, the better!

Yet in my opinion, as well as in those of a growing number of physicians, heart procedures are often performed on patients when there is not a true emergency. In randomized clinical studies reviewing elective (nonemergency) procedures, compared with standard medical care, researchers and cardiologists themselves have stated that 50% to 79% of the heart procedures were performed when they would have shown no benefit or only a very limited benefit.7

Rare but serious complications can occur with these elective procedures. How rare depends upon the setting. In an emergency room situation, the procedure benefit is likely well worth the risk. But in an elective community setting, where patients just want to know their heart status and their cardiologist agrees, I would say the risk might be greater than the benefit. The total risk for all heart catheterization procedures combined averages 6 serious events per 1,000 procedures. Strokes are the most common adverse events; heart attacks and deaths also occur.

Consider that most of the time patients who need this type of procedure have arteries lined with plaque. Some of the plaque may have formed lesions, as described above. If one bursts during a procedure, it might release tiny pieces of calcified plaque (like broken china), that could float through your arteries to your brain and other organs. Rupturing a plaque lesion may also cause blood clots to form. The combination of tiny clots and plaque hit the brain with a meteor shower effect. Strokes and other complications following heart catheterization are a rarity, but they are devastating.

Now consider heart bypass surgery, during which a surgeon creates a new blood vessel to go around a blocked artery in the heart—a much more invasive procedure. Not only is the chest
typically opened by sawing through the sternum and/or ribs to access the heart, but the heart arteries are manipulated much more than during an arterial catheterization procedure. This too has the potential to shower the brain with tiny fragments of plaque and clots, although the incidence is rare. Studies have shown a nearly 20% decrease in cognitive function long term after bypass surgery in up to 40% of patients, although, over time, the degree of cognitive decline has diminished with better surgical techniques.

When should one have cardiac bypass surgery? If you have advanced heart disease and can no longer exercise because of chest pain from narrowed arteries, then your condition will likely worsen. At this point, the benefits of open-heart surgery might outweigh the risks. Yet too often this type of procedure is performed on people who could have completely reversed their symptoms with the lifestyle changes and medications I suggest in *The 30-Day Heart Tune-Up*. The bottom line is that you need to have all the information so you can make an educated decision before having these types of invasive procedures.

**FOR ME THIS IS PERSONAL**

*My approach to healing embraces holistic, functional, and integrative medicine to empower my patients to optimize their health and manage the aging process.* I have had broad professional experience in helping patients lower their risk of heart attack and stroke by encouraging them to change their lifestyle. I have been inspired by my own personal experiences to guide as many people as I can—that’s the purpose of this book—but I believe a deeper impulse stems from very painful family experiences I’ve witnessed firsthand. I’ve watched loved ones have their lives destroyed by cardiovascular disease. My mother-in-law, Joy, and my stepfather, Chuck, suffered more from cardiac procedures than they did from cardiac disease itself. I have vowed to help others avoid similar tragedy. Let me share their stories with you.

**THE 30-DAY HEART TUNE-UP BREAKTHROUGH** 15
I met Joy 27 years ago. As time passed, her health was powerfully impacted by the lifestyle choices she made, which in fact, made the difference between life and death. Back then in the 1980s, I was engaged to a delightful young woman, who is now my wife Nicole. Her mother, Joy, was witty and smart, and she and I had an instant rapport. I enjoyed her personality greatly, and we shared many happy moments together.

Shortly after I met Joy, she developed shoulder discomfort and shortness of breath, typical angina symptoms for women, whenever she walked briskly. Because of these new symptoms, her other son-in-law, Bob, also a physician, referred her to a cardiologist for a treadmill stress test to have her heart checked. Because of abnormal findings, she was admitted to the hospital and was immediately scheduled for coronary artery bypass surgery at the young age of 54. Our concern turned to relief when she survived the surgery, but her medical status at follow-up visits was troubling, revealing persistently high cholesterol and high blood pressure. Joy was still in danger of reclogging her arteries. Further, she noticed substantial memory loss after this surgery, for reasons that I did not fully understand at the time.

Like many patients after bypass surgery, Joy mistakenly believed that the procedure, combined with a few medications, had made her good as new, and so she initially ignored my advice to institute lifestyle changes that would improve her overall health. I waited patiently as she struggled to accept her grave risk and frailty. No advice was forthcoming from her surgeon or cardiologist. Finally, when she asked me for help, I designed a diet and exercise program to help her reverse the plaque in her arteries and control her blood pressure and cholesterol levels.

My program was incredibly successful for her. Joy’s cholesterol plummeted 170 points, and her ratio of total cholesterol to high-density lipoproteins (HDL) dropped from 8 to 2.5—an excellent finding. (I will explain this in greater detail in Chapter 2.) To Joy’s delight, her vitality improved so dramatically that she felt
as well as she had in her youth. All of these wonderful results occurred because Joy’s new lifestyle reduced the plaque that was clogging her arteries and met her nutritional needs, which gave her renewed energy. The changes she made extended her life and vitality by 20 years, giving Joy time to revel in her grandchildren and time for them to have the incredible pleasure of knowing her.

But, over time, I found myself wishing I’d met Joy sooner so that we could have prevented some of her heart problems before they’d occurred. Sadly, by the time Joy had bypass surgery, her heart valves had already stretched and been damaged. And, like 20% to 40% of those having this type of surgery, she suffered an immediate and permanent drop in brain function as a result of the coronary bypass surgery. Despite these issues, Joy’s angina symptoms disappeared for nearly 20 years, as she thrived by following my food and fitness program.

However, 18 years after her bypass surgery, Joy’s heart valve finally gave way, causing heart failure. She underwent yet another cardiac surgery and had an even greater loss in memory and cognitive function. That loss, combined with her family history of Alzheimer’s disease, resulted in continued decline in mental function until she could no longer care for herself. Joy encouraged me to share her story with others so they could be spared the suffering she is enduring during her final years.

I met Chuck when I was finishing high school; my parents had divorced years earlier. Chuck was the director for Washington State Parks at the time, involved in dozens of national organizations, yet he always took time for every event and holiday in my life. I remember telling my mom, “You should marry this guy. He’s great!” They did get married, and he went on to become a regional National Parks director, taught parks administration at the university level, and looked forward to a wonderful retirement consisting of endless community activities. Years went by, and he became a fantastic grandfather to my two young boys.

Chuck had never mentioned any health issues—he told me his

THE 30-DAY HEART TUNE-UP BREAKTHROUGH  17
doctor gave him an annual clean bill of health—meaning perhaps that he didn’t need me looking into his medical history. But out of the blue, shortly after he’d retired, Chuck developed chest pressure and was admitted to the hospital. His symptoms resolved in the hospital, yet the emergency room cardiologist took him to the catheterization lab to “take a look” with an angiogram. During the procedure, a section of plaque in Chuck’s artery was unintentionally dislodged, which caused a massive stroke, destroying much of the right side of his brain. Chuck left the hospital legally blind, with severe memory loss, and was unable to shave or dress himself. The wonderful retirement he had dreamed of, indeed the rest of his life, was suddenly ruined. He, and my mother, who cared for him, suffered greatly for seven years until he died.

The last time I saw him, I sat at the edge of his bed and cried as I said goodbye. This is the most painful thing I can ever remember doing. Chuck’s parting words echo in my mind today: “Don’t let what happened to me happen to others.”

In retrospect, I know that Chuck’s nightmare medical experience could have been prevented. I found out later that his cholesterol had been in the high 200 range, but his doctor said his HDL was good, so he was protected. (I will explain this more fully in Chapter 2.) Nobody had thought to measure his plaque growth or the function of his arteries, or to give him an advanced cholesterol profile assessing low-density lipoprotein (LDL) cholesterol size and type of HDL cholesterol. These more definitive tests would have clarified his true risk for a future heart attack or stroke. However, had Chuck taken proper action and responsibility for himself, it likely would have precluded his health problems and the need for an angiogram. It was so tragic!

These painful experiences with Joy and Chuck propelled me to intensely investigate what I could do to help people avoid such devastating outcomes. I wish I had known then what I offer my patients now: the ability to determine the age of their heart and arteries and their true risk for a heart attack or stroke, plus an
easy-to-follow program that can rejuvenate their hearts. I want to prevent my patients and now you, my readers, from ever needing an invasive cardiac procedure. And so I’ve developed the 30-Day Heart Tune-Up, which has helped thousands of patients reverse arterial plaque growth and regain their lives.

THE FUNCTION OF FUNCTIONAL MEDICINE

I am an advocate of functional medicine. Traditional health care requires a doctor to label a patient with a diagnosis and then develop a treatment plan for that disorder. Let’s take hypertension as a good example. During a screening, a traditional doctor would observe your high blood pressure and then would diagnose you with hypertension. But during that typical 10- to 15-minute visit, there wouldn’t be enough time to address your diet, fitness level, weight control, and nutrition. The result? Most likely, your doctor would provide some very brief lifestyle advice, but without enough information to bring your blood pressure back to normal. You would return some weeks later, after having made some minimal changes that were inadequate to correct the blood pressure problem fully. Likely you’d be treated with a drug, which unfortunately, doesn’t reverse the underlying problem, although this stopgap measure will slow your demise.

In contrast, as a functional medicine physician, I would strive to enhance your cardiovascular system through a broad and holistic range of options, which must involve the weblike interactions among your diet, activity level, weight, environmental toxins, hormones, stress, and biochemical factors such as blood sugar control and inflammation levels. My aim, and that of functional medicine, is to lower your blood pressure from elevated, to normal, to optimal with a lifestyle plan that matches your unique needs. Instead of a diagnosis of hypertension, I would likely call this something like: “not enough exercise, not enough fruits and vegetables in the diet, high emotional stress, and excessive body
fat.” The plan wouldn’t be to treat the blood pressure problem with a drug, but rather to view the whole matrix of health issues, optimize a new lifestyle plan with customized tools designed for your success, and correct the underlying cause of the high blood pressure once and for all. The result would be a personalized plan that achieves normal blood pressure without medication.

Dr. Mehmet Oz, who has endorsed my work, recently mentioned on his TV program that if a member of his family went to see a doctor, he would want one who specializes in functional medicine. I have used functional medicine in my clinical practice for 20 years, and it is the foundation of my 30-Day Heart Tune-Up.

**THE 30-DAY HEART TUNE-UP IN ACTION**

As a board- and fellow-certified physician in family medicine and a nutritionist, health researcher, author, and trained chef, I speak each year at dozens of physician and scientific conferences, as well as at meetings organized by the American Heart Association. While doing background research for my first book, *Ten Years Younger*, I participated in a five-part series on the Discovery Channel. Over the past 15 years, I have helped thousands of patients trim down, get fit, improve their libido, and tap into unsuspected energy sources. As the president of the Masley Optimal Health Center in St. Petersburg, Florida, and the medical director of the Ten Years Younger Program, I’ve won acclaim for helping hundreds of patients reverse type 2 diabetes and eliminate the symptoms of cardiovascular disease. Let me share one patient’s story.

Her name is Judy.

At 50, Judy was a partner in a company headquartered in the Tampa Bay region of Florida. Over the years, her business had grown from several stores to a national chain. Her husband worked for a local law firm, and her young adult children were living mostly financially independent lives, with occasional visits home.
for the holidays. Not only was Judy successful, she was charming and had a radiant smile.

Yet Judy’s health on the inside was anything but radiant. Fortunately for her, Peter, the company’s chief executive officer, had come to me six months earlier for an optimal health assessment of his own. Based on my analysis and coaching, Peter had lost 30 pounds, was able to come off his cholesterol and diabetic medications, and now felt fantastic. Judy was clearly impressed with his progress and scheduled an appointment to see me as well.

During our discussion, Judy revealed that she was working 50 hours a week. No less than 70 e-mails found their way into her smart phone daily. She aimed to exercise three days a week, but in reality managed to do so only once a week, and that single weekend workout was getting shorter and lighter. Her eating habits had never been healthy, but the recent increase in business dinners, which included schmoozing over cheesy appetizers, artery-clogging entrees, rich desserts, and too much alcohol, were adding to her problems.

Judy’s previous physician had put her on cholesterol, blood pressure, and heartburn medication, but when the prescriptions ran out, she didn’t bother to refill them. She complained that the drugs made her tired, and even worse, they further suppressed her already waning sex drive; the latter was taken personally by her husband. During her evaluation in our office, Judy wasn’t surprised that her blood pressure, cholesterol level, and weight had all jumped several points since her previous doctor’s checkup, nor that during her nutrition consultation with me, I determined that she failed to meet her nutrient needs, despite the fact that she consumed far more calories than she should for her weight. She was surprised, though, that her body fat percentage had reached 35% of her total weight, which meant she was slipping toward obesity, although in fact, she admitted that few of her stylish suits fit her anymore. We used a computer to test her cognitive skills, and they turned out to be only average—not in the top percentile, as she
had expected. She was annoyed that her push-up and sit-up scores were below average for a woman her age, and she was clearly concerned that her blood sugar level was prediabetic, especially since her grandmother had died from diabetes after a leg amputation.

Judy’s full attention was captured, however, during the treadmill stress test. Her blood pressure shot up to 220/118, prompting us to stop the test just before reaching her maximum exertion, to avoid risking a stroke. She reached only the 20th percentile for aerobic fitness for her age. The final and most significant motivation to change her life came during an ultrasound test that measures plaque in the carotid artery, the artery that runs along the side of the neck and carries blood from the heart to the brain. Not only did she have the plaque of a woman 15 years her senior, but we could see irregularities growing along the artery wall—essentially plaque lesions ready to burst and devastate her heart and brain.

As the evidence accrued, Judy became frightened by her results. She was at high risk for a heart attack or stroke. To wrap up her consultation, we then talked for more than an hour about her condition. Then, with a smile, I shared the good news that she could reverse this whole process; clear her arteries of plaque and restore their function; reestablish her fitness, libido, and mental sharpness; and revitalize her life. Faced with this clear, comprehensive assessment, she was more than ready! And so she began the 30-Day Heart Tune-Up, following similar step-by-step instructions to those I will be detailing for you in this book.

We coached and encouraged Judy’s progress with weekly phone calls the first month, and then with an office visit every three months. At the 30-day point, her results were impressive. Judy lost 6 pounds (all from fat), her blood pressure dropped 10 points, her bad LDL (low-density lipoprotein) cholesterol level decreased 31 points (I’ll speak about the kinds of LDL cholesterol soon in Chapter 2), and her heartburn was gone. Equally important, she reported that her fitness level, energy, quality of
sleep, and libido had improved dramatically. Her husband was delighted.

At the one-year mark, Judy returned for a follow-up comprehensive evaluation. She had lost 35 pounds of fat (about the volume of 7 footballs!) and added 10 pounds of muscle to her frame. Her body fat percentage was now an excellent 22%. Her blood pressure and cholesterol were beautifully controlled without medications. Her mental sharpness had increased dramatically, and her sex life had returned to normal. During this consult, she completed a full treadmill test, reaching the 90th percentile for aerobic fitness for women her age, with excellent blood pressure. The plaque growth in her carotid artery had dropped an incredible 10% in just one year, and the irregularities on the artery walls were now mostly gone. Plus, she looked and felt fantastic! Trimmer, sexier, livelier, joyful, and revitalized!

How did Judy change her life? The simple truth is that she adopted my program without hesitation. Instead of drug side effects, she enjoyed my prescription for vitality foods, tasty recipes, a customized supplement regimen, age-busting workouts, and moments of peace and calm. Three years later, Judy still feels fantastic, and her plaque continues to shrink as well.

Jeff and Judy are among the thousands of patients in my care who have reversed the rapid aging of their cardiovascular system. The best news of all is that you too can revitalize your heart and your life. *The 30-Day Heart Tune-Up* contains all the information you need to turn back the clock and add healthy, productive, pleasurable years to your life. You have the power to dissolve plaque from your arteries, reverse heart disease, and enjoy a heart ten years younger than when you started.

In the following chapters, you’ll learn more about the real age of your heart and blood vessels, your cardiac risk factors, how to incorporate the five simple heart-healing food groups into your diet, how to strengthen your heart with exercise, how to manage stress and find inner peace, and how to develop a targeted
supplement program that will speed your rejuvenation program. You will discover why international studies have concluded that we can prevent 90% of heart disease today. You’ll also learn about the sexual benefits of following the 30–Day Heart Tune-Up. As a bonus, you’ll find 60 fantastic recipes to support your new eating style—everything you’ll need to develop a younger, stronger heart.

Our hearts are everything to us emotionally and physically—the essence of our lives, the source of our love. We sing about our hearts, we praise and honor them. Indeed, we cherish our hearts in poetry and song, but in reality we don’t provide the attention and care our hearts deserve. In this book, I am offering you a set of innovative strategies for your heart. These recommendations will make you feel fitter, trimmer, mentally sharper, sexier, and stronger, day by day and week by week. As you embark on this program, make sure to use your physician as a resource and include him or her as a partner in your progress. The great news is that there is a reasonable way for you to reverse your heart problems, regardless of your size, shape, gender, or age, that doesn’t require costly medications, surgery, or tests. A way that gets at the real heart of the problem.

Your first step is to get rid of the myths that may have cluttered your thinking and to develop a real understanding of what your risks for heart disease are today.