

Fifteen Foods to PREVENT HEART ATTACKS

Compiled and annotated by Dr. Victor Jean Ouellette December 25, 2019

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(I rarely answer phone calls so, if you call then leave a message please.)

Some web sites that may be of interest.

Wellness Risk Management (WRM) is our new flagship web site.

WellnessRiskManagement.com (Shows how to get measured for WR.)

WellnessRisk.com

ChronicDiseasePreventionStrategies.com

ImmortalityDate.com

OptimalHealthSecrets.com (See the Library link in the left bar.)

PainReliefDiet.com

FoodPainConnection.com

WellnessWithPain.com

HealthAdviceTherapy.com/myblog/ (I will revisit this blog shortly.)

Some data to lead one along the roadway to Optimal Health Secrets.

If one has a high pulse pressure (PP) then that may be considered a red flag warning.

Systolic BP minus Diastolic BP = PP

A PP of 40 mmHg is your target. As one ages PP tends to increase.

A PP over 60 is cause for concern in males over 60 years old.

- Having the cause of the high PP looked into would be wise. (Note the understatement here. If we say it “would be wise” then we mean go do it NOW.)
- Looking at the whole issue of fasting for the purpose of cleaning out hardening of the arteries would be wise. There are many methods of fasting, so investigate them all.
- Possible look at FMD (**Fasting Mimicking Diet**)
- Waiting until one has their first heart attack is not wise, but very common indeed.
- Looking at proper **Interval Training** would also be wise always keeping in mind the 10% rule while learning the vastitudes of exercise.
- If you are here “for a good time, and not a long good time” then just keep doing whatever your are doing now and enjoy your time as it will be limited. You will not make 110 with a fresh mind and a fresh body. Also, the new drugs they are coming out with to extend life to 150 and beyond, will be of no use to you. I could go on for another ten pages in this line of reasoning, however, people who have decided to be here for a short time only cannot be dissuaded by factual text.

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Measuring Blood Pressure Properly

<https://www.youtube.com/watch?v=j314amPw4RQ> Dr. Robert B. Baron, MD (UCSF)

BP Measurement Settings

- MD office
- Home measurement (Lower numbers on average)
- Ambulatory Monitor 24 hrs or 18 hrs when awake. This method correlates the best with strikes and heart attacks ie CVD.

Accurate OFFICE BP Measurement

People at home should follow these rules as well, of course.

These rules when not followed will lead to a higher measured BP. Failure to do ALL of these may lead to significant higher readings and thus, an over diagnosis.

1. Must be seated in a chair for 5 minutes before the BP is taken.
2. Back needs to be supported and feet on the ground.
3. Must be no Caffein, exercise, or smoking for 30 minutes previously.
4. No talking by patient or observer.
5. Must be removal of clothing under cuff.
6. Must support arm horizontally at level of Atrium (upper chambers of heart.)
7. Must use the correct cuff size. ** important for obesity and overweight people.
8. Must repeat the measurement and average the results. Write down the numbers then average the numbers. If you do not average then use the LOWEST numbers.

If you have the opportunities then do your measurements in a room all by yourself.

Measurement OUTSIDE the office

The US Preventative Services Task Force suggest the measurements be obtained OUTSIDE the clinical setting before starting treatment, 2015 and confirmed by UK NICE Guidelines 2016.

Home Measurement

Need the correct equipment, and must have training, and follow all the same clinical measurement protocols above. Take it several times a day as in Ambulatory Monitoring or in morning and before meds and before dinner. Home measurements are usually lower than in a clinic.

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Ambulatory Monitoring

This tends to predict who will end up with heart attacks and strokes.
Most effective at detecting White Coat Hypertension.

Thus, we see that getting BP measured correctly is important to understand one's risk.

Also nutrition based blood pressure therapy was compared to drug based therapy and drug based therapy won out in that research and many other researches as well. But, for an individually "motivated" patient, nutrition based therapy can be effective.

Lifestyle Modifications for BP Control.

Weight loss, if over weight, can give a 5-20 mm Hg lower reading per 10 kg weight loss.

Limit alcohol to less than 1 oz per day gives a 2-4 mm Hg drop in BP.

Reduce sodium to less than 100 meq/d (2.4 g Na) reduces BP by 2-4 mm Hg in SBP (systolic)

So, now days, packaged things and restaurant foods are the main source, 80%, of salt intake.

DASH diet reduces BP by 6 mm alone and 14 mm if also reducing Na. (Thus, eat mostly plants.)

Physical activity 30 minutes + a day reduces BP by 4-9 mm Hg.

And, habitual caffeine intake is not associated with hypertension or any other major diseases.

For people over 60 years old one can use the standard of 150/90, but of people below 60 years old should use 140/90 to determine the treatment line.

Medications used are: Thiazide, CCB (Calcium Channel Blocker), ACEI (ACE Inhibitor), ARB (Angiotension Receptor Blockers).

BUT, Don't use ACEI and ARB's together.

For African-Americans use thiazides or CCB's first not ACEI or ARB.

A question now on CO-Morbidity.

Co-morbidity means, do you have other pathologies, like diabetes, kidney, previous heart attack, lung, liver disease, previous heart attack? If yes then use the 130 SBP to treat to and if no comorbidities then use the 140 figure. So, cardiologists like to read the same research data and come up with the use of the lower figure. In other words get everyone to a 120/80 BP. If you have diabetes or pre-diabetes then you should be concerned and should use lower figures.

Now to the foods to prevent heart attacks.

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The list is from the following web site. We have not confirmed the data but believe the data is consistent with current Wellness protocols. The link goes into the reasons why these foods are on this list and references some of the research.

<https://www.youtube.com/watch?v=TKyY5zhrIfQ> for the research and benefits

1. Apples and pears
2. Garlic
3. Watermelon
4. Cinnamon
5. Pomegranates
6. Avocado
7. Broccoli and spinach
8. Green tea
9. Red wine
10. Extra Virgin Olive Oil
11. Nuts
12. Dark Chocolate
13. Berries
14. Oatmeal
15. Fatty Fish: Salmon, Mackerel, Herring, Haddock two to three times a week

Online link to this paper. <https://optimalhealthsecrets.com/Library.html#15foods>