Chris Wark (00:00)
Hey gang. Well, today I'm interviewing Dr. Columbus Batiste. He is a board certified interventional cardiologist who has been an active lifestyle and whole food.

Plant-based advocate for over a decade. His dedication to the science of lifestyle has led him to participate in multiple reach research studies and review articles that have confirmed the benefits of a plant-based diet. Dr. Batisse created a program in which he gave bi-monthly lectures and a monthly cooking class teaching patients and attendees how to eat. What a concept!

What a concept. How many doctors do you know that take the time to teach their patients how to eat for optimal health? I the answer is probably zero, although people in my community may know a few, but the average person uh that this is like, what doctors do that? Uh Dr. Batista has also explored the relationship between mental health and relationships in heart disease, which is really fascinating. And we're gonna get into that.

And he has recently published a book entitled Selfish Wait for It A Cure for a Stressed and Broken Heart. And that is available on his website, drbatiste.com, D-R-B-A-T-I-S-T-E dot com. We'll put a link in the show notes uh so everyone can find that. But Dr. Batiste, thanks for taking the time to do this. I'm excited to catch up with you and dig in.

Columbus Batiste (01:31)
Yeah, Chris, thanks so much for having me on. It's good to see you. And always enjoy talking about passion. You know, I'll tell you, when I'm in the clinical world and procedures and things, they'll they a colleague of mine just said, he said, you know what? If you want to get him excited, start talking about nutrition, start talking about program development, and you will see him light up. And that's the truth. So I always enjoy this.

Chris Wark (01:53)
Same. Well, our paths have crossed a couple of times. We've both spoken

Columbus Batiste (01:56)
Yes.

Chris Wark (01:57)
on the holistic holiday at sea cruise. And uh we spoke at the um plant powered party in Vegas uh recently over the summer. Um and uh yeah, yeah, I've been wanting to interview you for a few years, and I'm so glad we're getting to do this now. And you know, before we get into it, I just want to say, and I I'm a bit like a broken record, you know, I'm saying the same things over and over. You probably are too.

But uh I I always get excited when I discover another uh whole food, plant-based medical doctor who has taken time out of their busy routine and their busy life to read and research and ed

educate themselves on diet and lifestyle medicine because it's not a part of traditional med school education. And then beyond that, incorporating that into their practice, which is also

you know, not standard of care. I I just have so much respect and admiration for you, uh, for the work that you're doing. It means so much to me as a patient, as a survivor, as a as a patient advocate, um, to know that you're on the front lines working with people directly and helping them actually heal and not just treating the symptoms of their disease and just

You know, keeping them medicated for the rest of their life.

Columbus Batiste (03:22)
Yeah, no, I appreciate that. And you know, I talk a lot in the book, and we'll get to that on gratitude. And so I am grateful for you for even saying that. And I'm gonna hit you right back and say, I'm so honored to kind of connect with you because I'll tell you what, what's more important than a physician being educated in lifestyle, it's for the society, for people understanding their value and their worth and embracing changes that can transform their life.

And so you've been the epitome of that. You've taken on your own. I always encourage every patient. I want you to become the expert. I want you to come back and tell me what I need to know, what I'm missing, because we work for you. You don't work for us. And you have really epitomized that in your journey and your transformation of saying, you know what? I'm taking the proverbial bull by the horns, and I am going to learn everything I need for my own health because I am worth it. My family.

I mean something to my family. I mean something to my community. And I think it's always amazing when people begin the process of living their purpose and they live their passion that's set before them. And we will see challenges arise before us, but all of a sudden, somehow that challenge transforms into purpose and it impacts hundreds of thousands of individuals. So it's an honor to be here with you and the opportunity to kind of chat. And I believe that we have a lot of.

kindred beliefs and and and spirits and so forth. So this is great. This is great.

Chris Wark (04:52)
Thank you. You're very kind. Thank you so much. And I I appreciate your humility too. Just the fact that you understand that as that you're at the service of the patient, you know, that they're you're part of their team, but you're not their boss. Which you know,

Columbus Batiste (05:08)
That's right. That's right. That's right.

Chris Wark (05:10)
with a lot of people in our community have been and you know, kind of bullied, unfortunately, uh

by by doctors and um and treated poorly as I have.

And uh and are led to believe that they're a victim of disease and they just have to do whatever the standard of care is and they're they're not given any hope for healing. And um, so anyway, let let's let's dig in. We're we're dancing around like I'm like dancing

Columbus Batiste (05:36)
Yeah.

Chris Wark (05:37)
around the topic, but let I'd love to start with your personal uh origin story because as I mentioned earlier, you know.

Clinical nutrition and diet and lifestyle medicine, especially plant based eating, is not a part of traditional med school training. So how did you become who you are now? Wha was there a did you kind of grow up into healthy stuff? Did you discover it med school? Did you discover it after med school?

Columbus Batiste (06:00)
Yeah, well, what I'll tell you is that it wasn't my intent to live this life. It wasn't my intent to practice this way at all. That was not how I started out or what my desire was. As a matter of fact, a colleague and friend of mine said that there was another colleague who I had not seen in 20 plus years since I started practice. He said, I remember Columbus. Yeah, he was a guy who said we need to do more procedures, get the right medications on board to build it. And the friend of mine who I work with, he said he started chuckling and he said,

Uh he's not like that anymore, he's quite different. And so my journey actually, I'll tell you what, that the seeds were planted many years before I even knew myself. So my parents, they owned one of the first they owned a health food store, believe it or not, back in the 70s called Nature's

Chris Wark (06:46)
Wow.

Columbus Batiste (06:47)
Nature's Garden. And my dad would uh make juice and sell vitamins, and my mom would actually make gluten and soy from scratch, and she would teach.

Cooking classes and things of that nature. Um, and so throughout the years, and they actually had to shut the, the, the health food store down because I was a pleasant surprise. So I'm the youngest of five, and my older brother's 16 years. So I don't say I'm a mistake. I'm gonna say I was a surprise. I was a pleasant surprise.

Chris Wark (07:13)

Yeah, I get it.

Columbus Batiste (07:15)
And so as a as a as things would transform, they had to shut this store down because of that. And nevertheless, over the years, um, I grew and

hadn't grew an interest in medicine and had desire to of course be a sports teams physician, uh, like everyone else, the home team, the Lakers. And but once I found cardiology, I fell in love. I fell in love with the process of the heart and how it really impacts all of society and globally and and so forth. But this world of nutrition and lifestyle, it really came to a head as I grew up watching my dad, despite his proclivity towards healthful eating, he loved sweets.

He loved junk food. He was one of the the first connoisseurs of the big man TV dinners. They are too young to remember that, Chris. But they used to have these,

Chris Wark (08:01)
Hungry Jack.

Columbus Batiste (08:02)
yeah, look at that. You know, all that with aluminum foil. And he would go and it was like this dichotomy was naturally created in my household. My mom would send him for things to make from scratch, and he would get all of these TV dinners and and the pastries and the sodas and things of that nature. And his his diet and his diabetes began to just

Bloom and progress. And so I grew up in a household with insulin syringes and seeing that. And where his providers told him and told my mother he needed to have meat for her to feed him meat. And so she began doing that and feeding him meat and so forth. And I remember as I progressed and went through med school, I just watched his health decline. You know how it is. When you're not around your family and your parents and friends, you come back, you see them, you you see the age.

Whereas when you're there on a day-by-day basis, you don't appreciate it. And I saw my dad age before my eyes. And I'll never forget him sitting at a kitchen table. And I'm in practice now. And he was very feeble at that point in time. And my sister said, Well, Dad, why are you telling Columbus? He Well, after all, that's my son. He's got to look out for me. Now, those words would stay with me for the rest of my life. And they will stay with me for the rest of my life because my dad was a proud man, loved to dress up. So I remember.

I bought him these shoes. I took him to go to purchase these shoes that were dress shoes, that he could fit his braces for his feet because he had foot drop as a result of diabetic neuropathy. And so he was so happy about these shoes. He could get dressed in his his suit and go to church and he's using his walk, his cane, and so forth. But little did we know that those braces were causing irritation on his skin of his foot. It would lead to an infection.

Would lead to a foot ulcer, will lead to my dad basically becoming bedbound and never walking again. And before he ended up passing away uh several years later. And that was a moment in which was one of the darkest moments of my life. It I felt guilty. I still do, if I'm all truthful with you. I felt responsible. I felt like the words were I had taken care of patients. I'm an interventional cardiologist, which means.

I tell people I open arteries for a living and stop heart attacks in their throats, is what my goal is. I've had patients tell me time and time again, doc, thanks for saving my life. And those words just cut deep to my soul as I watched my dad there. And I'll tell you what's so amazing about his life and his journey is the fact without anyone saying anything, I was due to go out of town that day. And I went over and I saw him. And I'm not a doc who ever says you have X number of years to live. That's not my place. That's not what my purpose is to kind of tell someone.

That you're you're going to die in X period of time. And so I saw my dad and I knew I couldn't leave to go out of town. And I broke down in tears. That same day, without any calls being said, all of my siblings came to the house, decided to come to the house the day he passed away. And we were all there gathered around him. And I remember leaving that moment, just feeling broken and feeling as if what is it all worth? What's the purpose?

Putting stents in, learning about medicine. At that point, I was triple board certified and I did nothing to help him. And I'm grateful and thankful for the resilience and the foundation of belief that my parents instilled in me because I didn't go into horrible despair for long. I began to search and research. And that's what led me down this pathway. And as I learned about it and learned about the power of nutrition, which going back,

My parents knew about my dad knew about it, but wasn't supported by his provider. And so I, as I learned about this, I stumbled on Caldwell Esselstyn's book. I was going through like anyone else. I was going through Barnes and Noble. I was just looking for a doc on a book. And I I happened to grab his book after grabbing a few others and I read it. And I was just, it floored me that moderation kills. And I thought about my dad.

Because anyone else in the entire world would have said, My dad looked healthy. They would have all said to me that, hey, he doesn't smoke, he doesn't drink, he doesn't look overweight, you know, but we never know, just like the prescription I prescribe, I don't know what harm or good it's going to do to you. You don't know what harm or or or detrimental effect that small amount of whatever it is will do to your body. And so I was transformed in that moment.

On that road, and I realized, okay, you know, there's something I need to do. But I didn't want to go. I still didn't want to. I didn't want to because in case you haven't noticed, Chris, I have a little tan, I have a little bit of a smooth head. And so there's not that many interventional cardiologists who look like me. And so I didn't

Chris Wark (12:51)
Ha ha.

Columbus Batiste (12:52)
want to be, I didn't want to be that guy who was out there preaching about nutrition and all this other stuff when we make our our bones by this by the crazy complex procedures we do.

But I felt impressed to do it. And I will never forget the first three patients I told, I didn't have any special like elevator pitch. I didn't have the full knowledge. I just kind of told them, gave them a couple of books: Esselstyn's book, Fuhrman's book, how you know, Eat to Live, and and just said, You gotta do better. And this is what I want you to do. And each of those patients made dramatic changes. That then led to

Esselstyn giving me a call that led to Hans Deal giving me a call through mutual connections within my organ, my medical group, letting him know that there was a chief of cardiology that was interested in this lifestyle and was doing some of the work. And that was the beginning of my journey. That really was the beginning of everything as a whole. And I wonder sometimes, would I trade what I'm doing now and would I like to think the lives that I've impacted for the life of my dad?

That's a hard decision. That's a hard decision. I don't know that I would be as honorable and altruistic to say, yeah, I would know, I would sacrifice my dad, the one for the many. I'm not sure. So this is something, it's my sort of my penance. It's sort of what my responsibility is for the lack of knowledge I didn't have as.

A resident as a med student, as a physician, as a chief of cardiology, when I could have taken care of my dad, um, and giving him advice to really redirect him back to what he knew was he was supposed to do early on. I mean, you know, and so that's a long-winded, but there was there's a lot to a person. We all have an origin story. We all have something that drives us.

Chris Wark (14:50)
I think that's amazing. And when I think about your dad's story, you know, I just think about the fact that, you know, one seed can produce a plant with a huge harvest. And I think about the harvest uh that is in your life now and the people that you're serving as a result of what your dad went through and your dad's passing. And uh it's it's it's just a it's a beautiful thing to think about. And I'm not gonna ask you to choose between the two. You know what I'm saying?

Columbus Batiste (15:17)
Thank you.

Yeah.

Chris Wark (15:18)

But I

but I see the blessing that came out of it, right? And uh and and the dramatic life, you know, trajectory change for you. And so like to me, I just see that as God working all things for the good of those who love him and and turning a bad thing into into good things and using it to serve more people and help more people. And I I think that's awesome. And you know, I'll probably tell you something you already know, but I realized years ago that

Sometimes the people you want to help the most, you can't help. Right? It's

Columbus Batiste (15:49)
Yeah, absolutely.

Chris Wark (15:51)
the the you know, the people closest to you that you would give the most time and energy and effort to help are impossible to help. And and

Columbus Batiste (16:00)
Yes.

Chris Wark (16:01)
total strangers are easy to help, you know, they want your help.

And your your fri friends and family don't. And that's just, man, that's just life. you know, that's that's a hard,

Columbus Batiste (16:11)
It's hard.

Chris Wark (16:12)
a hard reality.

But uh, but anyway, so Esselstyn is a personal hero of mine. His book, which I'll mention because I don't think I don't know if you mentioned it, but it's called How to Prevent and Reverse Heart Disease. I

Columbus Batiste (16:26)
Yes.

Chris Wark (16:27)
recommend it to every person I know. Anytime, you know, high blood pressure, high cholesterol, cardiovascular disease comes up. I'm like, get this book right now and just do it. Like, get the book and do it. And by the way, I've interviewed him, so I usually send him my interview too. I'm

like, that's

Columbus Batiste (16:44)
huh.

Chris Wark (16:44)
That's

a that's a trophy interview for me. Uh

Columbus Batiste (16:47)
Yes.

Chris Wark (16:47)
and uh and so yeah, he he was uh yeah, I just I mean, just transformational research. and it's awesome. I mean, he proved that you can take real people with advanced cardiovascular disease, change their diets, put them on a whole food plant based diet that's naturally low in fat, and you know, take them off oils, just get them on naturally low fat whole food diet, and uh watch their cardiovascular disease turn around. Like

It's it's a beautiful thing.

Columbus Batiste (17:16)
It's amazing. He he is a forerunner. He, along with Ornish, along with many others Pritikin, they were major forerunners in a time and an era in which there's no one. Now it's fairly easy to be down this road. I won't say it's easy, it's extremely easier. And he laid the foundation. But what's even more important about him, and this is one thing that sets him above many in my for myself personally, is that.

As good of an information that he provides, that's as good of a heart and kind of a heart as what he has. He is so encouraging and inclusive and is willing to give of himself. And the first thing he told me when I went, I actually spent the weekend to kind of learn about his program and try and replicate that. That's how I built the program I was doing at that time. Is he said, you know, Columbus, the greatest gift that you can give any patient is your time.

He said, I don't ask for anything. I may ask for that my wife Ann can come with me. He said, but the greatest gift that you can give is your time. And so that was something that and still is, is something that I always try my best to replicate, which is if anyone asks me, the first response is yes. You know, and I mean, unless sparring some family issue or something with work I can't get out of, but it's yes. And that's basically because of his level of influence that he had on me.

Chris Wark (18:37)
That's amazing. I love it. And yeah, as you were telling your story, I was thinking about him

before you mentioned him specifically because I he was doing the same thing. He was teaching cooking classes, teaching his patients how to eat, how to prepare healthy food. And um, and I think, you know, I think in medicine a lot of doctors have a s of a cynicism that, you know, what's the point? I I think there's two problems. More than two, but I'm just gonna focus on two.

Columbus Batiste (19:01)
Mm-hmm.

Chris Wark (19:01)
The first problem is most doctors are unhealthy, right?

They're unhealthy.

Columbus Batiste (19:05)
Yes.

Chris Wark (19:06)
So you can't expect good health and wellness advice from a doctor who isn't even healthy themselves, right? They're they're

Columbus Batiste (19:13)
That's right.

Chris Wark (19:13)
not eating well, they're drinking too much, they're some of them still smoke cigarettes. Many of them are on uh you know, handful taking handfuls of pharmaceuticals daily, you know. So it's like, okay, you can't look to this person for health and wellness advice because they're not healthy. Uh, and then the second thing is is because they're not trained in health anyway. And so it both of those things kind of

uh perpetuate the problem. They don't have the training and they're not, you know, taking care of themselves either. And so when patients go, they, you know, they maybe they are hoping for some health and wellness advice, but generally they don't get it. And um and so again, not not throwing anybody under the bus, but that's just the way the system is. But what to your to your point, um, it is encouraging because

The diet and lifestyle medicine movement is growing rapidly.

Columbus Batiste (20:06)
Yes.

Chris Wark (20:07)
I mean, I mean, just it it just, you know, I know there's the Plantrition Project, you know, which is

sort of a a loose uh organization or affiliation of doctors who are focused on plant-based nutrition, diet and lifestyle medicine. They have a conference every year. I've interviewed Dr. Scott Stoll, who is, you know, one of the organizers of that. And so it's really cool to see that happening.

And I just think there's a big shift, I think, with social media and influencers and and patients reporting their successes, that um there's a snowball effect happening. But simultaneously, there's still a lot of health and wellness, quote unquote, experts and/or doctors that are pushing back against this and telling patients, you need to eat more meat, more protein, more protein, more meat, low carb. I'd love for you to weigh in on that.

Columbus Batiste (20:59)
Yeah, well, well, first I'm gonna take a step back and I definitely want to answer that is that I think one of the issues, and this is important. So I say it a lot whenever I'm in different forms, is that people when they go into medicine generally, I'll say 90 plus percent, they go in because they want to do good. But here's the challenge. Resources go where value is placed. Now here here hear me and follow the line of thought. The problem is the value is placed on passing the boards.

And so when you pass the board, step one, step two, those do not include any aspects of lifestyle and nutrition. So that means the resources of the medical school, of the professors, of the students, they pour all their time and attention in the areas that are emphasized inside of those testing. When they come out and they graduate, now they have their badge of honor of their MD or DO. They get out. Well, now they want to become board certified because we all expect that if you're board certified, it must mean that you're phenomenal.

Well, the board certifications for the various specialties overall do not emphasize lifestyle, food and nutrient, food and exercise at all. So once again, no resources report there. Now, when individuals get out and practice, the value is placed on billing because you have to pay the bills. And so what's coding? How much is reimbursed? And historically, this has been something that has been undervalued. So we asked, well, why aren't doctors spending more time?

Because it hasn't been valued by our medical society and government and community as uh a whole. And until that completely transforms for the testing, the billing, we will never see a complete transformation. We're seeing this now, which I think is so important for everyone to understand. And it goes back full circle to why I emphasize what you do and who you are, is that it's a groundswell. It's from the ground, it's from the roots.

This is the reason that's driving it because guess what? Doctors, we also look at social media. We look at news. We are influenced by things. You know, years ago, 30 years ago, you didn't see all these quote unquote plant based things inside the grocery store. But why was that? Because the business of business is business, and that's driven by a grassroots effort. And so I want to encourage everyone that there is power in numbers. There is power in you

understanding. Now, now getting to those dogs out there and the people who

Perhaps have not poured into. One of the things I love, right, about science and the the aspect that I went into is that you're learning the pathophysiology, which means the mechanism of action and how things interplay with one another. And so I don't live in a world of macronutrients solely in terms of like protein, fats, and carbohydrates. But I want to understand more so about why is this beneficial for me for you? Why is it therapeutic?

So, what I my challenge to the carnivores and the keto is explain to me from a pathophysiologic perspective of how the elimination of fiber-rich foods is beneficial for your health. Explain to me how there's beneficial effects from consumption of the animal products, right? So when I dig into it and I start looking at these this overlap.

When it comes to plant source foods, I'm not talking about everything in the world is processed. As soon as you harvest something, it's processed to some degree. So I want to be clear on that. It's when we pick a fruit, it's hard, it's processed. When I cut it, it's processed. But when we say process, we know what we all mean. We mean that it can stay on your shelf for a thousand years. We know that it has a thousand ingredients inside on the label that you can't even pronounce and you certainly can't explain to anyone on earth. And so that's processed. But when we look at food, whole foods,

Plant-rich foods, what we're seeing is this complex interplay of antioxidants. We're seeing this complex interplay of phylutrients that plays a role with the fiber in your gut microbiome, that there is growing understanding regarding the importance of this interaction in our body. We understand the process with cholesterol control, with inflammation, as people are learning and understanding more and more about the inflammatory process and how this is tied to cardiovascular disease.

To kidney disease, to obesity, to diabetes, and that where there is one prescription that stays at the central core component of all of this therapeutic intervention from a nutrition perspective, and that is a plant-centered diet, a whole food plant based diet, rich in fruits, berries, antioxidants. And I love antioxidants so much. And this is the thing are there antioxidants inside the animal uh proteins? You know? No.

Are you looking at the your your berries and your and and so forth? That we know that what happens and why antioxidants are so important, always describe describe it to people, is that they basically, and there is so many connotations with this, the antioxidants essentially sacrifice themselves and they stand in the way as a barrier between uh between the people, the the free radicals which are trying to attack and destroy healthy cells. So that means that the more.

The antioxidants that you eat, it's like carrying around your own bodyguard support, your own security detail, that you're bolstering your security detail as you consume more and more. That means for cancer, that means for diabetes, that means for heart disease. That means it also

interacts for atherosclerosis. And we know that despite the miracles of modern medicine, we know that we go back and forth over the benefits of these medications.

We know that there is a nocebo placebo effect that yes, it can apply to anything. Um, we know the power of legumes and your resistant carbohydrates of of your of your beans and so forth of various types. We know the beneficial effects of your flax and your chia. We know the beneficial effects of your dark green leafy vegetables and the dietary nitrates along with the fiber. And so we can go on and on and on. And so, what my challenge is for those who say, Well, we need to consume excess amounts of saturated fat, which has been shown to

Decrease your LDL receptors and propagate atherosclerosis and vascular disease. We know the fact, the ill effects when we take down this road. This is what every study has told us, whether it's a large-scale epidemiologic study or whether or not it's a small randomized prospective study. The data continues to support itself regarding the benefit. So that was a lot. There's a lot more that could be said, but there is extreme power. So

That's my goal is to to challenge and focus on well, let's not focus on focus on what is beneficial for your health and there is zero dispute about it. There's no one who's going to dis the who should dispute the power of whole food plant-based nutrition.

Chris Wark (28:05)
That's great. I love I love the way you articulated that. And you know, there's n there's never been a s a real head-to-head study, you know, of uh let's say with uh high risk patients, cardiovascular disease patients comparing a whole food plant-based diet as you uh prescribe it to a a keto diet or a carnivore diet. granted, Eselson's study.

Did that, but it it was basically whole food plant based versus just eat whatever you're eating. You know what I mean? But uh um, but yeah, i in the absence of that, it's funny, when I when I see, you know, these claims on online about um the health, you know, health benefits of eating a high meat diet or a high fat diet, um there they're often there's no substantiating research. There's no studies, there's no evidence.

There are hardly even any patient anecdotes to back up the claims. And it's usually they're made by a doctor or a person that just loves to eat meat. And they have what I call meat meat lovers bias, right? They love to eat meat

Columbus Batiste (29:16)
That's right.

Chris Wark (29:17)
and they wanna and they just, you know, they're they're a gym rat. They love to eat meat. They're they may look jacked and muscular and all that, which is not hard to do. Uh and um that's sort of their justification.

Columbus Batiste (29:30)
Well, that's that's that's the issue,

right? That's two part. What question are you really asking? If your question is, how can I quickly put on muscle? That's a different question than how can I stave off cancer, diabetes, and heart disease? Those are completely dichotomous questions. Now, it doesn't mean that you can't still achieve the the muscular fitness with a plant based nutrition, but it those are those are the differences in question.

And you know, there Ornish actually did uh Jamma published a study with Ornish and Atkins looking at essentially a comparison of of the dietary approaches. And Atkins was like the low carb, high protein, high consumption of foods. The South Beach diet, he kind of really kind of promoted um that type of food, dietary intake. And so what they showed in it was a couple of things. And this is where I focused a lot. I just gave a lecture to the cardiologist on this specifically, and I broke it down into number one symptoms.

Number two, which is what care people care about two things: feel better, live longer. That's it, right? So, from a symptom standpoint, the only studies that have been demonstrated or shown to show a beneficial effect in terms of symptoms are those surrounding a plant-based diet. All right. That goes without saying. That's what the literature tells us. When we look in terms of what begins to happen on the vascular level, we understand that the inner lining of the vessels are called the endothelium. And that's something that's very predictive. It came to light during the pandemic, and everyone.

got concerned because of um it has a portal of entry for different things. One of the biggest portal of portals of entry is inflammation and cardiovascular disease. That becomes predictive of every disease state, an unhealthy endothelium. So we can measure that non-invasively, what we call a flow mediated dilatation. So in head-to-head trials, a keto diet decreased your flow medium, the amount that your vessel can dilate, whereas a Mediterranean diet increased that.

And so that in Mediterranean and a whole food plant-based diet, ornishes was was nearly whole food, nearly 99% whole food plant-based. And so when we look at that, we see there's beneficial effects from a structural standpoint, which is what we care about. Now we we look in terms of it's been known and we've known for years that you can cause regression of coronary artery disease through dropping the inflammatory markers and cholesterol. Well, we know through the work of David Jenkins that the portfolio diet.

Which is plant sterols and and soy and and and certain uh nuts, that we as well you can reduce your cholesterol LDL cholesterol by 26. That's significant by 17. You can reduce your LDL cholesterol, which may begin the process of regressing the coronary coronary artery disease, which is what once again Ornish uh demonstrated in his quantitative coronary angiography in comparison. What uh Esselstyn

Highlighted in terms of his anecdotal observational study of a physician who showed a before and after with transformation. So we know that this is something that can happen easily, that we see it. We know that there are studies that have shown that you can decrease your inflammation beyond a shadow of a doubt. So your C-reactive protein can go down. We know too as well that the work from Baxter Montgomery before he passed led to showing, demonstrating that your lipoprotein A, something that is growing and increasing concern.

Can decrease. So we know the work out of True North in water fasting, but he also demonstrated through aggressive whole food nutrition, you can decrease this marker of atherogenesis. Now, last but not least, we look for okay, well, what data do we have that there are longitudinal long-term mortality benefits? Because we talked about feel better, live longer. So I kind of describe that and sprinkle in that.

Ornish and SLCM both showed a decrease in cardiovascular events subsequent to those who adopted a whole food plant-based diet. So decreasing heart attacks. When we look at long term long term, we look at the PEDIMED and we look at the cardiomed study, have shown a substantially lower burden of disease compared to your low-fat, at that time, standard American Heart Association diet compared to those adhering to the Mediterranean. Now, those listening may say, well, that's not completely whole food.

But now, if you look at the Greek, the Greek review that was done, um, and I'm uh Oxford's review that was on the Mediterranean diet, they looked at the most profound components. Guess what they were? They're eating more fruits and vegetables and whole grains and and and so forth, and less reduction of the meat is what had the greatest benefit in the Mediterranean profile. So this isn't your fast food American-style Mediterranean component. This is someone, this is where we're having a dietary.

practice in which we are adhering to whole food plant based as a central piece of our dietary and day.

Chris Wark (34:22)
What are your thoughts on the um on the research, or at least the claims about the research, that people with the highest cholesterol live the longest?

Columbus Batiste (34:33)
That's discordant to every piece of data that we have, um, in terms of with cardiovascular disease, in terms of cardiovascular events. So um I'm not exactly certain of which data you're which article that was would will reference, but I can tell you this specifically as it relates to cardiac um issues. We know that heart disease is the global pariah. We know that it kills more men and women.

across the globe than any other disorder. It continues. It has been since the Spanish flu. With

that being the case, we also know that as we look at the increase in our cholesterol, the greater the length of time of exposure for the high cholesterol, the greater the likelihood of disease. I always give my patients an analogy. I said if you if you know what tuberculosis is or you've you've seen any of the old Western movies of someone hacking up, coughing up their lungs there, right? Uh Doc Holliday

If you sit inside of a closet with no aeration with a person who has tuberculosis, what's the likelihood you're going to develop tuberculosis if you're in there for hours or days at a time? Very high. If you're in there for a second, you hear them coughing, you get out, well, it's a lot lower, a lot less likelihood you're going to catch it. And so the same thing with your exposure with cholesterol. The longer your arteries are bathed inside of your atherogenic cholesterol,

There is a the likelihood of you developing corneal artery disease is exceptionally high and significant obstructive disease. We see it time and time again on a regular basis. It's one of the things I have all the staff looking. So I still am a practicing interventional cardiologist. And I tell, and some people in lifestyle will say, Well, why are you, how are you still doing that? I say, Well, a car with a flat tire still needs to get the tire change. And then I need to teach them not to drive over nails anymore.

There's a there's a role for me in this in this vein. And so when I'm there and I tell the staff, I said, what's their cholesterol? That's the first thing we look to. And every staff they're like, doc, cholesterol's through the roof high. And literally 80 to 90% of those individuals, I won't say 100%, they will have substantial disease. We'll see significant disease present there. Um, so I uh kind of just full circle back, even tying with this. I I was traveling with my wife and we're at the airport.

And really outgoing, gregarious guy. I can't say that I'm the most outgoing guy um if I'm just sitting there and I don't know you. Um, he just came up, he was like, You guys look like you're newlyweds. We were like, not even close. And so he just started talking with us. Come to find out, we had no similar people uh in the medical field or whatever else. His wife is a doc. He told me that he went on a ketogenic diet. Now he is an N of one, but he's the N of one amongst a plethora of research that points to the same story.

And he told me how he developed a massive heart attack and how he was just so frustrated. And he was given advice by his son. And his son received that advice from an online social media person. That's why your work, that's why I'm entering to the social media space. It's so important for us to get real solid information back to guide patients the right way regarding this.

Chris Wark (37:47)
I appreciate that because yeah, there is a big pushback on cholesterol. People are calling it the great cholesterol myth, you know, the cholesterol hoax. High cholesterol doesn't matter. Cholesterol's good for you. It's good for your brain. It protects your body. And uh high cholesterol was invented uh basically to sell you cholesterol lowering medications. And, you

know, so the in it was the in industry invention, you know, this.

the the that high cholesterol was a problem. So they could sell cholesterol lowering drugs. Like that, you know, th those are the kind of things that people are putting out there and claiming to try to convince, you know, their followers that y cholesterol doesn't matter. And again, you've already answered this, but is there anything else that you feel like chiming in on that on the cholesterol topic?

Columbus Batiste (38:37)
Yeah. It's I mean, I think

this is analogous and this just came to me, you know, and we live in this world where there are many who are suffering out there with mental health issues. And so they need help and we need help. And that help is it's there's lots of components to that. And but what I tell people a lot of times is that we all get stressed. We all may have a little small outburst and anger. We all may feel down at times, a little depressed, we all may feel a little bit sad. It's when that becomes our

100% of our day, or it takes over our life when it becomes problematic. So, yes, when someone says, my my cholesterol is you're supposed to have cholesterol in your system, yeah, you're right. Small amount. Yes, a small amount. It does beneficial effects that when we look at something called amyloidosis, it's from a disruptive protein that carries vitamin A. You're supposed to have that protein, but not in a disruptive fashion. You know, that's going to cause harm. And so

That is very foolish and myopic to say, well, high cholesterol doesn't matter. You need cholesterol. Yes, you need a small amount of cholesterol. Yes, you need the small amount of blood pressure inside your system. Do I need excess blood pressure in my system? Do I need do I need to have a small amount of thickness for my heart to contract well? Yes, I do. Do I need excessive thickness or too little? No, I don't. And so we this this idea of absolutes.

This idea that they're proposing, it's it's ridiculous when it counterdicts everything. And it I'll be honest, I'm not one who comments on social media. I came this close when I saw a post that was saying just what you're saying.

Chris Wark (40:22)
Yeah.

Columbus Batiste (40:22)
And and it was just because it's like, do you understand? I'm in the battlefield on a day in and day out basis still. And I see what folks are dealing with. And when they go out and they've heard me.

And then they hear someone else that they're listening to every single day. Who are they going

to believe that they've now have built a relationship watching this person on social media day in and day out for their posts that they don't know they're making the post for any other kind of reason? And now they're putting their health at risk. And you don't want to find out when it's too late because still a vast number of individuals, your first presentation is sudden death.

And that is not something that is worthwhile. We can't come back from that. There are no doovers in that situation. So my feeling is what if I'm wrong? What if Batiste is wrong? what if you do all these things and you and and the odds are that I'm wrong? Well, how are you gonna know? Because guess what's going to happen? What happens if, like in you live to 80 and you're like, I could have eaten meat all this time and I would have been fine.

Maybe you will live to 50. Maybe you will live to 65 or 70, and you will have had less time with your kids and your children and your grandkids, et cetera, et cetera. Doing the right thing always pays dividends. it's not common sense, it's practical wisdom. And you think about it. So where I tell patients who are resistant to me, because not every patient is coming to me.

And I've had patients who are keto and paleo and we have this conversation when they're on the table or when they're about to come off. And so what I tell them is once we find like an area of agreement, is I tell them, I want you to do one thing for me. I want you to inspect what you expect. So if you're telling me that for you, everything's okay, what's your C reactive protein? What's your apolipoprotein be that we know goes up with the kinovore carnivore diet? C reactive protein, we know it goes up.

What's your lipoprotein A? If these values are high, I don't care about your triglycerides because you've removed every single carbohydrate that's there and you say, okay, my A1C dropped a little bit in here, but what's your atherogenic profile look like? What's your risk of an event in the future? If that is still persistently high, you have to then change your plan because you plan, you execute, you analyze and you adjust. It's time for you to analyze and adjust at that point.

And so that's typically my my central theme to them if they won't listen to rational thought otherwise is let's check the numbers and let's go from there, have a different conversation.

Chris Wark (43:07)
You know, that this kind of reminds me of Jerry McGuire, you know, show me the money, except it's show me your blood, right?

Columbus Batiste (43:11)
Yeah.

Chris Wark (43:14)
Let's see your blood, right? Let's see your blood. And and when we look at your blood, let's look at all the markers, not just one or two markers.

Columbus Batiste (43:23)
Yes.

Chris Wark (43:23)
Like for example, my insulin is normal or my blood sugar is normal now on a keto diet or a low carb diet. See, it's great. But wait a minute, what about the inflammatory markers?

I those are pretty important, as you mentioned, C reactive protein, for example. And uh I think that's a great um, you know, you you gotta look at the big picture, you gotta look at all the markers, not just a few key markers that you know have improved. Like have they all improved? And we we see that all the time in our community. People that jump on a whole food plant-based diet, we see their cholesterol come down, we see their C reactive protein come down, we see

Their blood pressure improved. We see uh fasting glucose come down. Like we see all these markers uh that are uh indicative of disease progression, you know, you're on the path to problems, uh, come down into normal levels, which is awesome, right? It's just great to

Columbus Batiste (44:19)
Yeah.

Chris Wark (44:20)
see it. And so getting specific, right now in in conventional cardiology, patients are told if you're a

cholesterol is under 200. You're you're healthy. That's you have normal levels and you're healthy. What is your opinion? Where do you like to see your patient's total cholesterol? If

Columbus Batiste (44:43)
So the the and that's a great point. So we're where the practice is is shifting is we're shifting more to being targeted with APO B, your LDL, and your non-HDL, and looking that in combination with your overall cardiovascular risk, which can be calculated on your own with some knowledge of your your your risk profile, your labs, through what's called the prevent calculator, can estimate your heart age. And so when you plug that in, that will give us a sense of how low should we push it.

Should we push that bad cholesterol below 55, below 70, or below 100? Do we have concerns? Are there residual effects that we now need to lower the A will B, not only below 80, but down to low around 50 or so? What do we need to do as it relates to oh all of these metrics? And so once we're doing that, we use a cacophony of different things. First to prevent calculator, we look for what are called your risk enhancers. Now, risk enhancers can include things like your lipoprotein A.

Which think of it like a form of your, you know, we always use the, we always describe LDL or

low density lipoprotein as the bad cholesterol or or the criminals. And I do it too as well. And so I'll always say that it's the the friend group where you may have this little guy and they are the ones who are gonna cause the biggest ruckus. They're the ones that kind of just angry and get upset and they get everyone going. Well, that's lipoprotein, They're causing all the ruckus and they're causing the problems there. And so you're trying to figure out if that level is high.

Um, as well. You're looking for C reactor protein. You're looking for women if if they have pregnancy issues and the timing of their of that, we're looking to see if you have other markers of inflammation, rheumatologic issues um that are there. These all build a case. And then we may decide if we're still not sure of if we should quote unquote be as super aggressive, you may consider a calcium score. Now, that calcium score at that point in time, you're looking to see.

Is there already evidence in your body of results of damage as a result of elevated inflammation and cholesterol? And when we see that, we're no longer, we're we're we know you're no longer low risk, that we need to be extremely aggressive by any means necessary. And so that's aggressive from a nutritional standpoint, and then looking to figure out are there any other steps that have to be taken given your baseline level of risk? Because your goal is to prevent a heart attack.

Live longer, feel better.

Chris Wark (47:12)
That's great. Thank you for that detailed answer. And and it really I appreciate the precision uh that's involved. And it's you know on the surface level, I know years ago it used to just be what's your total cholesterol? And then it then it became, okay, well well, what's your LDL? And now we've gotten more and more precise. And so

Columbus Batiste (47:37)
Yeah.

Chris Wark (47:38)
getting that dialed in for each patient, I think, yeah, that's that's awesome. It makes a lot of sense. I'd love to transition to talk about stress and your book, uh, Selfish and the research you've done, what you've learned there about how stress and relationships affect heart health.

Columbus Batiste (47:57)
You know, it's one of the things that's least talked about in medical school from my perspective, at least when I went through. It's the you know in today's day and age of medical practice, this is the least amount of time that it can be addressed, but it is one of the central themes of every patient coming through the office, the hospital, procedure lab. And we know stress is at an all-time high, and stress does have a deleterious effect on our body. We know that stress can trigger inflammation. I think where I first got intrigued with this.

It's not on the inflammation perspective, but the broken heart syndrome. And so, you know, it really kind of intrigued me because I hadn't really heard a lot about that inside of cardiology fellowship or anything like that sort. And it started increasing in amounts of diagnoses where you would have the heart that normally squeezes and contracts in 60 to 65%. Think of it like it squeezes out two-thirds of the blood out the chamber. Well, now the heart balloons outward instead of squeezing inward.

And that's a result of a surge in catecholamine. And we know that certain individuals are at increased risk for advanced age women, et cetera. but we see this happen. And so it got me really, that's what really can start triggering me to think about it. Not only that, but what happens when we get stressed for many of us? Well, it's the old palindrome. Stress this dessert spill backwards. We we turn to all those things to kind of give us a sense of comfort and we reflect back on those times.

Um, and that could be family times, those who we've lost, and we turn to that. And so I realized the impact of stress in our body and our system. It's so pervasive, and it leads people to a state where they they're living without hope, without promise, without anything to hold on to. And that's what really triggered my thoughts. And I was just really curious. Once again, I I go back to I'm always curious about how things work and start seeing that okay, the stress.

We ruminate over thoughts, and that is housed in our amygdala. And that begins to turn the key of this sympathetic surge inside of our system that raises our blood pressure. It allows blood sugar to be high to us well. It spurs on inflammation. It can disrupt the plaque and lead to an acute heart attack too as well. And this is not new information. Back in 2004, there was a massive multi-country study that demonstrated.

That psychological stress out of relationships and at work increased your risk of a heart attack on parallel to high blood pressure and high cholesterol and smoking. Just the sub significance of it. And so this is also called distress. And so that's what really kind of led to the problem. But I it's for me, it's important to focus on the solution to as well. And even administratively, I hold several administrative roles in my organization.

And I always say I'm looking for leaders who focus on the solution, not just the problem. And so I believe that health equals resiliency divided by stress. The higher our stress, the poorer our health. And so, how do we build that resiliency? And so the idea of selfish, it kind of came to me over conversations I had with patients over the years. That I wouldn't have one whole conversation on selfish at one time with a patient, but I have aspects of,

Of what's their belief system like? Who do they turn to? Do they have a faith, system that's there? What's what's how do they take time, moments of quiet of prayer, or meditation, or or breath work? I I talk to them about their activity. I would talk to them about an exercise. I talk to them about do they exercise belief? Right? That's equally as important. This idea of placebo placebo or no sebo, what's your belief in? What are you looking towards? I

I would talk to them about if they had a spouse with them. I'd always look. And one of the favorite questions I loved, I always had with patients, and I would, I would do it with you. God forbid you were inside of my table there. I'd say, Who's this with you, Chris? You say this was maybe this is my wife or whomever. And I'd say, Okay, how long have you been married? And you'd say X number of years, and I'd Well, tell me what they were wearing when you first met them. And all of a sudden, it's amazing the stories that come from that simple question, the twinkle in the eyes and that love story. And I begin to talk about.

The forgiveness, the gratitude, the altruism, the components of what love is oh action. It's not something that's static. I talk about that intimacy of relationship that ties to to love. And whether that's with you know your your your your your pets or if that's with individuals or friends, it may not be a spouse, you know, talk about sleep and rest and vacation and just time away. Talk about humor, joy, laughter, those components.

And how they all play a role not only in decreasing your stress, but how there are actually studies that demonstrate that adoption of these pillars, including F for food, I have skipped over that, but that's one the most important, can decrease your stress, can restore your endothelial health, can decrease your inflammation, can decrease blood pressure, and improve your survival. Now, what's more powerful than that?

And so, so I the idea of selfish is so important. And so I thought about like Michael Jordan, and he was just like, you know, he was, he was giving his his his uh Hall of Fame speech, and he and I believe where it was a quote, and he said, you know, in order to be great, you have to be a little selfish. And my thing is in order to be healthy, in order to live a life of purpose, you have to be selfish. And the layers just kind of came, almost like the old movie, uh a beautiful mind with with um blanking on his name right now, um, great actor.

Chris Wark (53:32)
Russell Crowe.

Columbus Batiste (53:34)
Russell Crowe, uh

Chris Wark (53:34)
Yeah.

Columbus Batiste (53:35)
gladiator, one of the my favorite actors that there is. And you see like all the letters come together and everything like that. It was like all of a sudden it's like selfish start kind of just coming down. It was like, yeah, yeah. We do need to be selfish, not in a humanistic perspective, not in a self, not in a human-centered perspective, but in an outward perspective. That when I truly get selfish through those pillars.

Now I'm able to live a life of purpose. Now I'm able to truly glean the health that I deserve and that my family and that society and my community obser uh deserves. And no longer is it just about me. It's about others around me and a greater good that I'm meant to do inside this world. So that's that's the premise. And I kind of break that down a little bit. And those are conversations I'll have in part with patients, you know, with cliffhangers between the next visits as we would go through.

Chris Wark (54:29)
I I love it because um we we teach the same things. because you know, when I'm when I'm teaching about cancer, cancer survival, and in my book and my course and stuff, uh I I I tell patients the same thing. Like now you're in a health crisis. Now is the time to be a little bit selfish. And by selfish, I don't mean self-centered and you know, uh, you know, not thinking about others and

Um, being inconsiderate, right? We think of selfish as a negative word, right? But being selfish in the sense that you've got to prioritize your health. You've got to start taking care of yourself. Your body is a temple, and you've got a clean house and you've got to rebuild if you have a health crisis. And by the way, if you want to be around to take care of your loved ones, then you need to be a little bit selfish now, right? To get your

Columbus Batiste (55:23)
That's right.

Chris Wark (55:24)
health back.

Cause if you don't prioritize your health over everyone else, and and we see this a lot in cancer and it may be the same in with in heart disease, but a lot of patients have been prioritizing everyone else's health and needs over their own, right?

Columbus Batiste (55:39)
Yes.

Chris Wark (55:39)
For years and years and years. And uh and so their health is a backseat, right? Their their nutrition, their diet, their exercise, their stress reduction, it all the things that they should be doing for themselves, making time for themselves, are not happening.

Because they're just serving, serving, serving, serving, right? And uh and and and s in some cases just being taken advantage of and walked all over by, you know, by their kids or their loved ones or whatever, because they have not established healthy boundaries and have not learned to say, like, no, I I I c I I got too much going. I sorry, I can't help you with that. I can't do

that for you. You need to do that for yourself, right? This kind stuff. And um

Columbus Batiste (56:19)
That's right.

Chris Wark (56:20)
so I just love the fact that you are

so um keenly aware of this issue as it relates to health and the progression of disease is uh you know the mental, emotional, and spiritual aspect of it. And one thing I I also say to cancer patients, and it's like, look, you know, we want you to radically change your diet, right? We want you to take massive action.

Change your life. We want you to exercise. We want you to get fresh air and sunshine, overdose on nutrition, right? Try to overdose on plant food. It's not possible, but we want you to try.

Columbus Batiste (57:01)
That's right. uh

Chris Wark (57:02)
Okay. And you know, just like pump it in. And uh and but you can do all those things, which are very good and measurable, have measurable benefits. But if you don't forgive, right, the

Columbus Batiste (57:17)
That's right.

Chris Wark (57:17)
people that have hurt you, if you don't let go of anger and bitterness and resentment.

If you don't uh make amends with people that you've hurt, right? If you don't surrender to God and really reach out and and do some serious soul searching about your life

Columbus Batiste (57:32)
Yeah.

Chris Wark (57:33)
and your purpose and and your attitudes, your thoughts, your behavior, like you don't really take a hard look at who are you, right? What kind of person are you and what kind of person should you be? You know, then

Columbus Batiste (57:48)
Yes, that's

right.

Chris Wark (57:49)
That

can be the the biggest barrier to healing.

Columbus Batiste (57:52)
Right. That forgiveness of self, right? I mean, we how many things in life are we holding on to that I should have done this, I shouldn't have done that. I played a role in this. And it's yeah, we have

Chris Wark (58:04)
Guilt and regret. Yeah. It's shame.

Columbus Batiste (58:06)
to let go of that shame. That's not that's that's that doesn't come from anything good or anyone good.

Chris Wark (58:14)
Yeah, toxic. It's poison. And and I know you know it rate it it it has a physical effect on your body. It's not just bad

Columbus Batiste (58:21)
Absolutely.

Chris Wark (58:22)
feelings between your ears. You know

Columbus Batiste (58:25)
Yeah, no.

Chris Wark (58:25)
like it translates to inflammatory markers in your body going up.

Columbus Batiste (58:29)
Clearly, clearly.

And that that's one of the things that the evolution I I mean, I love and I knew this already, that we're kindred spirits in this regard is, you know, I found with patients, if I'm sitting here telling them to eat healthy and I'm not addressing the other struggles that they have in their life, the other aspects of stress that's keeping them from living the life they need to. I haven't really quite

done my full duty. And so I have to look at and I understand that going through

Seven pillars is a is a lot. And I tell people, guess what? I'm not selfish every day if I'm truthful with you. Some days I'm fish. Some days I'm ish. Some days I'm elf. You know, it just it's some days I'm better in certain pillars than I am in others, but every day I'm striving to be selfish.

Chris Wark (59:17)
Yeah, that's good. And I and I think it really it it it all falls under this umbrella of uh the holistic approach to health. It's looking at the whole person, their their whole body, their life, their attitudes, their actions, their diet, their choices, their relationships, home life, work life, you know, and I I I I I just think you're so terrific. Uh I I just am so

Columbus Batiste (59:46)
Gotcha.

Chris Wark (59:47)
I s so thrilled to know that um you have such strong convictions about these ax aspects of health that that you know, again, so many other practitioners don't even pay attention to and and don't make time for their patients to to address. And maybe it's because they don't know and don't understand. So it's again, not trying to throw anybody under the bus. But I I but I wanna just you know give you a double high five.

uh for for that uh just again for your for your huge heart no pun intended uh healthy heart not not enlarged enlarged

Columbus Batiste (1:00:24)
Ha ha.

Chris Wark (1:00:25)
heart in a good way uh

Columbus Batiste (1:00:27)
Appreciate I appreciate that.

Chris Wark (1:00:29)
your heart centered approach to medicine and truly you care about your patients truly you care about people truly you care about uh results and helping people really heal survive and thrive as opposed to just hey we'll just just

Give you some medications so you can get out of bed and function. Right. Like that's that's not really living. It's it's it's just kind of eking out an existence. And there's a lot of people in my life that I, you know, that that's the way they're living right now. And it's hard to watch. Um, but anyway, I I celebrate you. I just think it's so great what you're doing. And thank you so much for

taking the time to talk. I I want to make sure people know how to connect with you.

Uh and uh learn from you, work with you, get your book, all that.

Columbus Batiste (1:01:18)
Yeah, no, love it. And so, Chris, appreciate you right back at you. And once again, the words of affirmation that means a lot and and the respect and so forth. It it does mean a lot. I tell people that all the time, that it's not just like words, but actually does it drives me to kind of do more, basically. And like we were joking before, iron sharpens iron. So being around

Chris Wark (1:01:37)
Yes.

Columbus Batiste (1:01:37)
you, it's inspiring me to kind of be diligent and stay the course and so forth. And you know, you can reach out to me, my website.

We mentioned already Dr. Batiste, like the famous musician John Batiste. There's no relationship that I know of, dot com. And then also, you know, I just launched a YouTube channel at Dr. Batiste, same kind of uh name there, Instagram, healthyheart doc. But love to connect with you as I begin the process of sharing some of this information, like we all share, but just with my own twist on it. So thank you again for having me. It's good to connect.

Chris Wark (1:02:11)
man,

it's been this has been awesome. I'm I'm charged up for sure, uh, after talking with you. And I'll make sure, folks, that we have all the links to connect with Dr. Batiste. Hey man, I I'm I'm glad you're stepping into the social media uh arena. I just I'm so glad because, you know, there's a lot of misinformation and wild claims and and uh so I'm excited for you to be a part of that public conversation more. Um, because um

You're just you're one of the good guys, man. Like I just I appreciate you so much. Well, thanks everybody.

Columbus Batiste (1:02:43)
I I appreciate it means a lot. Yeah.

Chris Wark (1:02:48)
Thanks for watching. Please share this with people you care about. If you made it this this far in the interview, then obviously you know Dr. Batista is great. And and and this is information that everyone in your life needs to know. They need to know that heart disease can be reversed, it can be prevented.

That there are more approaches to dealing with heart disease than just a medication or a surgery procedure. Uh, and that, and Dr. Batiste is one of many uh holistically minded whole food, plant-based diet and lifestyle medicine physicians uh out there. And so um, you know, the doctor that you're seeing now is not your only option. There are doctors who have uh a broader perspective and broader education and training.

to help you navigate cardiovascular disease and get your your blood work and your life to optimal levels uh

Columbus Batiste (1:03:41)
Yes.

Chris Wark (1:03:41)
as much as possible. It's a lot of work, but here's the thing, like it's worth doing, right? It's worth taking care of yourself. And

Columbus Batiste (1:03:47)
Yes.

Chris Wark (1:03:49)
if if you want to live, if you want to thrive, if you're tired of being sick, you're tired of struggling, you're tired of, you know, just being medicated and vertically ill, there is hope.

that you can heal, that you can restore your body and uh and enjoy a long, healthy life. Uh and so anyway, we'll we'll put links to Dr. Batiste. Thanks again, everybody. Like and share the video and we'll see you on the next one.

All right. I'm gonna stop.

Columbus Batiste (1:04:20)
All right.