

Dr. Brewer's 7-Step Heart-Attack Prevention Protocol

A Guide to Knowing Your Risk, Fixing Your Metabolism, and Reversing Arterial Plaque

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At 57 years old, I thought I was healthy.

I ran marathons. I ate a low-fat diet.

And I never needed medications.

My cholesterol, fasting glucose and A1C looked fine. I honestly believed I was doing everything right.

But then I took a test that changed everything...

It was a CIMT scan that I had recently learned about at a conference.

It's a test that measures plaque in your arteries (more on this later).

I expected a clean result as everything else was looking good and I was feeling great.

This is when my world changed.

I was shocked at what came back.

The test showed that I had an arterial plaque score of 0.884 - well above the healthy range of under 0.6 for adults my age.

What's even more shocking was this:

My arterial age was 76.

Sixteen years *older* than my actual age.

I was crushed. I thought I wasn't in a high-risk category. But I was.

However, this is when my life changed.

It changed my health. It changed the way I care for patients.

After the test and the deep dive, I learned what the actual causes of disease are (more on this later).

And it gave me a passion to start the YouTube channel.

After the CIMT scan, I decided to take another test. This time, to test my metabolic health. You'll see later in this ebook the importance of metabolic health.

I took an oral glucose tolerance test.

This test measures how well your body processes sugar, which is important because high blood sugar levels can damage blood vessels and increase the risk of heart disease.

(note: 50% of U.S. adults have diabetes or pre-diabetes. 90% of these people don't know they have it.)

Back to the test...

... a healthy one-hour result should be below 140 mg/dL.

But mine was over 160.

I was shocked. **I had prediabetes... and I hadn't even known it.**

I was shocked because, according to the medical establishment, my other lab values were normal. I also felt great.

That's when I realized:

Conventional medical advice was failing me.

I had followed mainstream advice and still developed arterial plaque.

But, this is what led me to learn about the importance of prediabetes, the role of medications and inflammation, and lifestyle changes for plaque reversal.

So I completely rehailed my lifestyle and supplements. I needed to as I was on the path to heart disease.

It worked.

Within just one year, I was able to reduce my arterial plaque score from .884 to .672.

And I lowered my arterial age back down to 52.

(Yup, that's *20 years* of arterial plaque that I was able to shave off.)

I also increased my HDL (the kind of cholesterol that improves insulin sensitivity and protects your arteries).

I felt incredible relief.

By adjusting my diet and lifestyle, I minimized my heart attack risk.

And what's more, I found my purpose.

I now knew what the real drivers of heart disease were.

So, how did I do all of this exactly? How did I reverse my arterial plaque and lower my risk of heart disease?

I followed a 7-step protocol that:

- reset my metabolism
- helped reverse plaque
- lowered my cardiovascular risk
- gave me peace of mind

This protocol is the same one that I have used on thousands of patients over the last five years. It's a protocol that will work for you too.

However, it does mean making changes. Some big, some small. But change is necessary if you want different results.

Change is necessary to have the best chance of avoiding heart attacks and strokes and being able to age and keep your independence.

What's more, this can be done with also limiting certain medications

All the steps work together and this is a holistic protocol. Read through each step carefully, make notes, and be sure to save this guide somewhere where you can easily find it..

Ready?

It all starts with understanding the enemy.

And it might not be what you're thinking.

Step 1: Understand the enemy

Most people - including many doctors - still picture heart disease like grease building up inside an old kitchen pipe.

Cholesterol sticks. The pipe narrows. One day it closes off and you have a heart attack.

That story is simple. It's also usually wrong.

What is the cause?

Most heart attacks aren't caused by arteries that are 90 % clogged; they strike when soft, inflamed plaque suddenly ruptures.

Even a vessel that looks only mildly narrowed can hide a fragile plaque pocket.

When that thin cap breaks, the body races to patch the leak with a clot - and blood flow stops in minutes.

MYTH: Cholesterol slowly clogs arteries like sludge in a pipe; big blockages cause most heart attacks.

REALITY: The highest risk doesn't come from high Cholesterol, it comes when inflamed, soft plaque ruptures. Your body tries to "patch the leak" with a clot. That clot can suddenly block blood flow to the heart or brain.

That's why it is important to know not just how much plaque you have, but what *kind* of plaque you have.

Let's now break down soft and calcified plaque.

Soft Plaque vs Calcified Plaque

Soft (inflamed) plaque: This is the most dangerous plaque. It's full of inflammatory cells, and it can break open at any moment, causing a clot that leads to a heart attack or stroke.

Calcified plaque: Older, more scar-like. It's what a Coronary Artery Calcium (CAC) scan picks up. Calcified plaque is not harmless, but it's generally more stable - less likely to rupture than new, active, inflamed plaque.

This is why I care not only *how much* plaque you have, but *what kind*.

My personal goal - and the goal I set with patients - is to stop making soft plaque and stabilize what's already there.

Here's the part most people miss: cholesterol doesn't randomly stick to clean, healthy artery walls.

The wall has to be injured or inflamed first.

And what causes that inflammation in the real world?

Metabolic disease.

Insulin resistance, prediabetes, and diabetes lead the pack. Chronically high glucose and insulin irritate the lining of your arteries.

When that lining is damaged, cholesterol particles (LDL and others) are more likely to enter, get modified, and trigger more inflammation.

That inflammation attracts immune cells, which help build plaque.

Now you're in a vicious cycle: metabolic trouble → inflammation → plaque growth = more inflammation.

Metabolic disease is the big driver, but it doesn't work alone. These can also increase inflammation or plaque risk:

- High blood pressure
- Genetics / family history of early heart disease
- Low vitamin D
- Poor sleep / sleep apnea
- Chronic stress
- Elevated homocysteine

- Smoking (active or past)
- Certain autoimmune conditions

Each one is a “spark.”

Lowering cholesterol alone is not enough - especially if you still have ongoing inflammation from metabolic disease.

The win comes from cooling the fire.

That means:

1. Find out if you have insulin resistance or prediabetes (A1c, glucose + insulin testing, maybe oral glucose challenges).
2. Track inflammation markers (hs-CRP is a start; there are others).
3. Learn what kind of plaque you have.
4. Address the sparks: blood pressure, sleep, stress, nutrients, lifestyle.

You'll see each of these steps broken down in the rest of this guide.

First, let's talk about the tests you can take to identify plaque as this will help you understand your current risk.

Step 2: Find out if you have plaque

Now you know what the enemy is, how do you know if it's present?

Well first, we don't recommend a stress test.

Stress tests often miss dangerous plaque - especially if it's not blocking blood flow yet.

You can pass a stress test and still be at high risk. So take those results with a grain of salt.

There are three tests I use to detect plaque and understand cardiovascular risk:

#1 The Carotid Intima-Media Thickness (CIMT) scan

This test measures the thickness of the arterial wall in your neck and shows whether plaque is forming.

More importantly, it tells you the type of plaque (soft, mixed, or calcified). It also gives you your arterial age, which (just like it sounds) tells you the age of your arteries.

#2 Coronary Artery Calcium (CAC) score

This test tells you how much calcified plaque is in the arteries around the heart.

A score of zero is great, but even that doesn't mean you're in the clear.

If you're younger or insulin resistant, you might still have soft plaque that doesn't show up on the CAC. That's why I look at both tests to get the full picture.

#3 Coronary CT Angiogram (CCTA)

The CCTA test visualizes the coronary arteries and can detect both calcified and soft plaque.

Traditional CCTA provides a visual map of the arteries, but newer versions include artificial intelligence (AI) interpretation. Which shows:

- How much soft plaque is present
- Changes in the shape or structure of the artery walls that may indicate early disease
- Early warning signs that an artery is at risk of rupturing

The AI-enhanced CCTA gives us a *much* more complete and nuanced view of the arteries—something we never had just a few years ago.

With the three tests that we've mentioned, you might be a little overwhelmed about which test YOU need and how best to get this test.

With the first one, you will be able to get this on your own.

However, the latter two, you'll need to be referred by a doctor.

Learn how you can become one of our patients / enroll in our program today.

Step 3: Check your metabolism

In Step 1, you learned that the real danger isn't how much plaque you have but how unstable it is.

Soft, inflamed plaque can rupture without warning and that inflammation plays a big role in this.

And that the biggest driver of inflammation is:

Metabolic disease.

Let's now talk about how you can test for this.

Most primary-care panels stop at fasting glucose and total cholesterol - tests that miss early metabolic dysfunction.

We go further, because catching trouble five years sooner can mean avoiding a heart attack further down the line.

Metabolic disease is a cluster of conditions: insulin resistance, high blood sugar, abdominal obesity, elevated triglycerides, and creeping blood pressure.

Individually they might look like "minor" issues. Together they create the perfect storm for inflammation, plaque buildup, and, ultimately, heart attacks or strokes.

What makes metabolic disease especially dangerous is how quietly it progresses. You don't feel your insulin levels rising.

You don't hear your arteries stiffening. You don't see the microscopic inflammation eroding the lining of your blood vessels.

For many, the *first* sign is a crisis - crushing chest pain, sudden shortness of breath, or a trip to the ER. By then, damage has been unfolding for years.

The early warnings are easy to shrug off: mid-afternoon energy crashes, stubborn belly fat, "borderline" blood pressure, cravings that hijack your willpower.

These aren't quirks of aging; they're your body sounding the alarm.

If you've never looked beyond your cholesterol, this is your wake-up call.

The real enemy may be hiding in plain sight.

Let's talk about the tests now.

1. Glucose + Insulin Challenge

Oral Glucose Tolerance Test (OGTT) with insulin response

- Draw glucose and insulin at 0, 30, 60, and 120 minutes.
- Detects insulin resistance long before A1c or fasting glucose budge.

2. Inflammation Panel

Plaque only becomes lethal when it's inflamed. Key markers:

- hs-CRP
- LP-PLA2 & MPO
- Homocysteine
- Microalbumin/Creatinine Ratio
- F-2 Isoprostane/Creatinine Ratio
- OxPL-ApoB
- Fibrinogen
- Ferritin
- IL-6

If these are elevated, even a small amount of plaque can be dangerous.

We'll talk about how you can reduce inflammation later as this is such a big part of the whole picture.

3. Advanced Lipoprotein & Lipid Profile

Beyond LDL:

- ApoB

- LDL-P
- Lp(a)
- HDL Large

These markers provide a clearer picture of how many atherogenic particles - lipoproteins that contribute to plaque buildup in your arteries - are circulating in your bloodstream.

However, I don't make decisions based *just* on numbers like ApoB or LDL. I look at the full picture: your inflammation levels, insulin resistance and overall risk.

4. Other Critical Checks

Vitamin D plays a BIG role in keeping your blood vessels healthy and your immune system working properly. That's why it's so important to have optimal 25-OH Vitamin D levels.

In addition, I run a complete thyroid panel. Low thyroid can worsen insulin resistance, cholesterol *and* energy levels.

Here is a snapshot of preferred ranges.

Marker	Optimal Range
Fasting Glucose	< 100 mg/dL
2-hr OGTT Glucose	< 100 mg/dL
Fasting Insulin	< 5 mIU/mL
hs-CRP	< 1.0 mg/L
ApoB	< 80 mg/dL (< 60 mg/dL if known plaque)
Lp(a)	< 30 mg/dL
25-OH Vitamin D	50 – 90 ng/mL

Taking Action

Feeling overwhelmed? You're not alone. That's why we guide patients through each test, interpret results, and build a personalized plan to cool inflammation and reverse metabolic disease.

Ready for help now?

CALL 859-721-3102 TO LEARN HOW TO BECOME A PATIENT

Step 4: Get the foundations in place

In the last section you uncovered hidden metabolic risks - the sparks that ignite arteries-damaging inflammation.

Now it's time to remove the fuel.

Lifestyle changes are where plaque can stop growing and even stabilize.

Done right, the benefits snowball:

- Reduce inflammation
- Lower insulin resistance
- Stabilize existing plaque
- Dramatically cut the risk of heart attack or stroke

Think of this section as building a four-legged table. Remove one leg — diet, sleep, exercise, or stress management — and the table wobbles. Secure all four and it holds up for years.

Let's start with diet before looking at exercise, stress, and one are that most people overlook.

Diet

Before talking about all the delicious foods that you *can* eat, let's first go through what to avoid in your diet.

There are three groups in particular - they are **blood disrupters** because they spike glucose, elevate insulin levels, and inflame the delicate lining of your arteries.

1. **Sugar** – Soda, candy, flavored yogurts, “healthy” smoothies. Sugar sends glucose through the roof, your pancreas chases with insulin, and over time the cells stop listening (insulin resistance). High insulin keeps plaque unstable and arteries inflamed.
2. **Processed Carbs** – White bread, breakfast cereals, crackers. They turn into sugar before you finish chewing. The glucose-insulin roller-coaster runs all day, locking your body in fat-storage mode and again keeping arteries inflamed.
3. **Seed Oils in Processed & Fried Foods** – Industrial oils used in packaged snacks and deep fryers oxidize easily, creating damaging toxic byproducts that damage LDL particles and your arterial lining. Swap them for extra-virgin olive, avocado, or coconut oil used at home.

Goal: Eliminate these blood disrupters for 30 days. Track fasting glucose, post-meal glucose (or CGM), and triglycerides. Most patients see numbers - and waistlines - improve in weeks.

What to Eat (The Fun Part)

Now that you know what to remove, here comes the enjoyable part - what you can eat to drive better blood-sugar control, mental clarity, steady energy, weight loss, and a dramatically lower risk of heart disease.

Growing up, most of us heard that fat was the villain.

Yet a large 2017 study showed that replacing saturated fat with unsaturated fat lowers heart-disease risk - but when saturated fat was swapped for refined carbs and added sugars, risk rose. The culprit wasn't the fat; it was what replaced it.

Another study showed no significant reduction in cardiovascular events when reducing saturated fats.

Healthy Fats – Your Metabolic Allies

Not all fats are created equal. Nutrient-dense fats are essential for hormone production, brain function, cellular repair, and absorption of key vitamins A, D, E, and K.

Without them, metabolism stalls, energy dips, and the body struggles to heal inflammation—the very process driving plaque.

Eat More	Why
Extra-virgin olive oil	Polyphenols reduce oxidation & support HDL
Egg yolks	Choline for brain & liver health; fat-soluble vitamins
Avocado & coconut oil	Stable at cooking temps; boost satiety
Fatty fish (salmon, sardines)	Omega-3s lower triglycerides & inflammation

Protein – Protect Muscle, Blunt Glucose Spikes

High-quality protein preserves lean muscle, maintains insulin sensitivity, and keeps metabolic rate humming as we age.

Aim for 1.0–1.2 g per kg body weight daily from sources like eggs, fatty fish, grass-fed meats, and unsweetened Greek yogurt. For insulin-resistant patients, pairing protein with carbs blunts the post-meal glucose surge.

Fiber – Feed the Gut, Tame the Roller-Coaster

Fiber slows glucose absorption, supports gut microbiota, and boosts satiety.

Load half your plate with leafy greens -spinach, kale, arugula, romaine - or cruciferous veggies.

These foods deliver magnesium, potassium, and antioxidants while flattening the glucose curve after meals.

Smart Carbs – Quality & Quantity

Carbohydrates aren't the enemy; *unrefined* carbs are the key.

Replace white bread and sugary snacks with low-glycemic, fiber-rich vegetables. If you tolerate them, add modest portions of berries, legumes, or resistant starches (e.g., cooled potatoes).

The objective isn't zero carbs; it's choosing carbs that won't escalate insulin resistance or inflammation.

30-Day Eating Blueprint

1. Remove sugar, processed carbs, and seed-oil-laden foods.
2. Build meals around healthy fats, protein, and high-fiber vegetables.
3. Test fasting and post-meal glucose/CGM to personalize carb tolerance.

Most patients see fasting insulin, triglycerides, and waist circumference improve within weeks.

Lastly, what do you notice about these foods?

They're all delicious. If you're eating fast food, it might take a little while to adapt to healthy eating.

But once you get in the rhythm, you'll wonder why you ever ate poorly again.

When to Eat

What you eat matters - but when you eat and how your body reacts matter just as much.

Food quality drives health, but meal timing and glucose response decide whether that food heals or harms

Any time blood sugar surges, insulin must rise to bring it down. Keep that cycle running all day and insulin never rests; resistance and inflammation follow.

The goal: long stretches of low, steady glucose so plaque-fueling inflammation stays quiet.

Here are four things to know:

#1: Test, Don't Guess.

Before and 60–90 minutes after a meal, check your glucose with a glucometer (or CGM). If a food spikes your blood sugar >30–40 mg/dL, drop it or reduce the portion.

This is what I call eating to the glucometer. The aim is a smooth, low-amplitude glucose curve - stable glucose means stable insulin, lower inflammation, and calmer plaque.

#2: Intermittent Fasting (IF)

Giving your body long breaks between meals lets insulin levels fall and metabolism reset. Start with a 14-hour overnight fast (e.g., finish dinner at 6 p.m., eat again at 8 a.m.).

As insulin drops, the body shifts from fat-storage to fat-burning, including visceral fat wrapped around organs - the same fat linked to plaque formation.

#3: Glycemic Index vs Glycemic Load

- GI tells you how fast a food raises glucose.
- GL tells you how much it raises glucose at a normal portion size.

Watermelon has a high GI but low GL - so unless you eat a whole melon, its impact is small. Track both, then verify with your meter.

#4: Helpful Tools

- ✓ Cronometer app to log micronutrients - especially magnesium & potassium, critical for metabolic health and vascular relaxation.
- ✓ CGM for real-time glucose trends and to identify “stealth” spikes from supposedly healthy foods.

Bottom line: Stable glucose + lower insulin = less inflammation and more

plaque stability.

Fasting and data-driven food choices get you there faster - often without adding medications.

Action Step: Try a 14-hour fast (e.g., finish dinner at 7 p.m., eat again at 9 a.m.). Test your glucose response. Choose foods that keep the curve flat.

Exercise

Exercise is a key pillar for everything you're trying to fix: it reverses plaque, improves insulin sensitivity, and extends health-span.

Even if you already work out, read on - dialing in the *right* mix of movement multiplies your results.

There are three main areas that I want you to incorporate into your daily routine, no matter your age: walking, resistance training and cardio-intensive workouts.

1. Walk Every Day

A brisk 30-minute walk every day should be the bare minimum.

When you walk, you're not just moving your body; you're actively improving your cardiovascular system.

Consistent walking strengthens your heart, helps regulate blood pressure, and promotes healthy circulation, all of which are vital for preventing plaque buildup and maintaining a healthy arterial age.

It's a simple yet powerful step toward a healthier heart.

- **Goal:** At least 30 minutes of brisk walking
- **Why it works:** Walking acts like a glucose sponge - muscles pull sugar from the blood without extra insulin, easing resistance and calming arterial inflammation.
- **Consistency:** Bad weather? Walk mall corridors, pace during phone calls, or use a treadmill. Consistency beats intensity.

Walking is a simple yet powerful step toward a healthier heart. It's enjoyable

too.

2. Resistance Training - Build Your Metabolic Engine

Resistance training involves any exercise that causes your muscles to contract against an external resistance. This resistance can come from free weights, resistance bands, your own body weight, or weight machines.

For older individuals, resistance training focuses on building muscle mass, which helps manage glucose levels, reduce inflammation, and improve overall metabolic health.

It's especially crucial after age 65.

Benefit	Why It Matters
Burns fat at rest	Higher resting metabolism torches visceral fat
Strengthens bones	Reduces fracture risk and supports longevity
Improves balance	Fewer falls, greater independence
Lowers blood sugar	Muscle soaks up glucose post-workout
Elevates mood & cognition	Cuts depression risk

Aim to do: 2–3 sessions per week. Use body-weight moves, resistance bands, dumbbells, or machines - choose what you'll actually do.

3. HIIT

Remember at the start of this book when I talked about long-distance running?

I swapped marathons and jogging for high intensity interval training (HIIT) two times per week.

You might be thinking, “*What is HIIT?*”

It's High-Intensity Interval Training.

This involves short bursts of intense exercise followed by brief periods of rest or low-intensity activity. For older individuals, HIIT can be adapted to be lower impact while still providing cardiovascular benefits.

This might look like alternating between brisk walking and short sprints, or using exercises like marching in place, step-ups, or chair squats at a high intensity for a short period, followed by rest.

The key is the fluctuating intensity to maximize benefits safely.

HIIT workouts are highly effective at improving insulin sensitivity and reducing visceral fat (the dangerous kind around your organs). They're also better for heart health compared to steady-state cardio.

I do one-minute of intense exercise (like high knees or jumping jacks) followed by one minute of rest. I repeat this a few times.

If I'm short on time, I do two 20-second sprints with 40 to 60 seconds of rest between them.

Even these brief sessions had a major impact on my insulin sensitivity.

Exercise Snacks

Sometimes, life gets in the way.

But that's no excuse.

If you're really short on time, fit in something that I call "exercise snacks."

Just a few minutes of movement (like a set of squats, a stair climb, or a brisk walk around the block) scattered throughout the day.

These small bursts still improve your metabolism, especially when you spend most of the day sitting for long periods.

As you have seen, exercise is a crucial pillar in reversing plaque and improving metabolic health.

It's not just about traditional cardio; a comprehensive approach includes consistent walking, resistance training, and high-intensity interval training (HIIT).

Walking for at least 30 minutes daily strengthens your heart and regulates blood pressure.

Resistance training, especially for older individuals, builds muscle mass, which acts like a sponge for glucose, burning fat, strengthening bones, and improving balance.

HIIT workouts, even short bursts, significantly improve insulin sensitivity and reduce visceral fat

Integrating "exercise snacks" throughout the day can also boost your metabolism.

Now, as important as physical activity is, your body also needs adequate time to repair and rejuvenate, and that brings us to the next crucial foundation: sleep

Quick Start: Today, schedule your first 30-minute walk and a 20-minute resistance session on your calendar. Treat them like medical appointments you can't miss.

Sleep

You've heard sleep is important, but few people connect the dots between a restless night and their artery walls.

While you sleep, your cardiovascular system goes into repair mode: blood pressure drifts down, vessels unclench, hormones rebalance, and the brain's glymphatic wash cycles sweep away inflammatory debris.

Miss this often enough and the damage shows up first in the lab - higher fasting glucose, creeping A1c, stubborn blood pressure - then on a scan as plaque.

The Non-Negotiable Target

Aim for a consistent 7–8 hours of high-quality sleep.

Here's how:

- **No food 3 hours before bed.** Insulin falls, digestion winds down, and reflux stays away.

- **Dim the house an hour before bed.** Lower light cues melatonin; bright LEDs don't.
- **Turn off screens.** Blue light keeps cortisol high. Instead, read a book or stretch gently.
- **Drop the thermostat.** A cool 65 °F / 18 °C nudges the body into deep sleep territory.
- **Reduce the noise.** A simple white-noise machine can keep random noises taking you out of REM.

Pro tip: Magnesium glycinate (200–400 mg) thirty minutes before bed calms the nervous system and supports vascular tone. If you're sensitive, start low and build.

If you're serious about reversing plaque, sleep isn't a luxury - it's crucial.

Give your body the hours it needs, and it will repay you with lower inflammation, steadier glucose, and energy the next day.

Stress

Most people don't realize how much stress can sabotage all their other efforts.

Chronic cortisol elevation drives inflammation and insulin resistance.

In our modern world, constant connectivity, demanding jobs, and a fast-paced lifestyle have made stress part of everyday life.

This isn't just about feeling overwhelmed; prolonged stress can lead to chronic elevation of cortisol, a hormone that directly contributes to systemic inflammation and increased insulin resistance.

These physiological changes create a damaging environment within your body, accelerating plaque formation and undermining your efforts to maintain metabolic health, even if you're making good choices in other areas.

But what can you do?

Here's a simple method that you can do right now and every day.

It's called **Box Breathing** and it works like this:

1. Inhale for 4 seconds
2. Hold your breath for 4 seconds

3. Exhale for 4 seconds
4. Hold again for 4 seconds
5. Repeat

Aim to do this every day for 5 minutes, especially in the morning or whenever you're feeling stressed.

In addition to that, make a habit of unplugging every evening with a phone-free walk or a bit of quiet reading time.

Something else to consider is adding in practiced gratitude journaling, which can help you reframe and let go of things outside your control.

These might seem like small things, but they all add up.

Relationships & community

The quality of your relationships - whether with friends, family, or even colleagues - has a direct impact on your heart health.

Isolation, loneliness, and chronic conflict can all raise stress levels and inflammation. While strong, supportive relationships have the opposite effect.

Research consistently demonstrates the profound impact of social connections on our physiological well-being. Prolonged exposure to isolation, feelings of loneliness, and environments characterized by chronic interpersonal conflict are all significant contributors to heightened stress levels.

This elevated stress, in turn, triggers a cascade of physiological responses, including increased inflammation throughout the body.

Conversely, the presence of strong, supportive relationships acts as a powerful buffer against these detrimental effects.

Engaging in meaningful connections, receiving emotional support, and participating in harmonious social interactions have been shown to actively lower stress hormones and reduce inflammatory markers.

This protective effect underscores the vital role that human connection plays in maintaining overall health and resilience.

Make the time to reconnect with people you care about. Prioritize deep conversations, shared meals and positive social experiences.

Purpose

There's one last thing that brings it all together: purpose.

Why do you want to stay healthy?

What gets you out of bed each morning?

For me, it's simple. My purpose is to help people avoid heart attacks and strokes by empowering them with knowledge. *That's* why I do this work.

I've seen too many people suffer. People who didn't know they were at risk, who never got the right tests, who thought they were fine until one day, they weren't.

When you have a reason to do all of these things, it's much easier to stay consistent. Purpose fuels discipline. It gives meaning to every walk, every food choice, every fast.

Don't underestimate it.

There's no magic pill to reversing plaque. But if you follow these habits (and stick with 'em), it's highly likely that you'll see an improvement in your metabolic health.

Now that the foundations are in place, let's talk about supplements.

Step 5: Supplements

I used to joke that supplements were "expensive urine." Then I learned two hard truths:

1. **Modern soils are depleted.** Industrial farming has traded micronutrient-rich dirt for yield, leaving even "healthy" produce lighter in magnesium, potassium, and trace minerals than it was 50 years ago.
2. **Inflammation & stress burn through nutrients faster.** When your immune system and liver are working overtime, they yank B-vitamins, omega-3s, and antioxidants off the shelf.

After I had dialed in diet, movement, and sleep, targeted supplements became the *accelerant* that pushed my labs into optimal range. I never add a pill without a purpose - each of the following addresses a specific need.

Let's look at some of the ones I recommend.

Supplement	Typical Dose*	Why It Matters
Vitamin K2	400-1000 mcg	Guides calcium into bone and <i>out</i> of arteries
Magnesium (glycinate / threonate)	300–500 mg	Deficiency is rampant; supports vessel tone, blood pressure, sleep. Threonate crosses the blood-brain barrier for cognition
Omega-3 (EPA + DHA)	2–4 g combined	Stabilizes plaque, lowers triglycerides, cools inflammation
Vitamin D3	5,000 IU (adjust to keep 25-OH D at 50–90 ng/mL)	Immune modulation and endothelial health
Nattokinase	6,000–12,000 FU	Enzyme from fermented soy that breaks down excess fibrin; supports healthy blood flow †
Niacin (slow-release B3)	Gradual titration to 1–2 g	Raises HDL, lowers ApoB, shrinks small dense LDL
Berberine	500 mg–1 g	Improves insulin sensitivity; early studies show plaque regression
Creatine	3–5 g	Builds/maintains muscle—the glucose sink—especially after age 65

N-acetylcysteine (NAC)	600–1,200 mg	Boosts glutathione, the body's master antioxidant
CoQ10	100–200 mg (higher if on statins)	Restores mitochondrial energy taxed by statin therapy

**Always confirm doses with your healthcare provider.*

Bottom line: Supplements don't replace foundations - they amplify them.

Chosen wisely, they can accelerate plaque stabilization, improve insulin sensitivity, and boost energy so you stick with the lifestyle work that truly reverses disease.

CALL 859-721-3102 TO LEARN HOW TO BECOME A PATIENT

Step 6: Take the right medications (if necessary)

I'll always push food, movement, sleep, and targeted supplements first. But sometimes the numbers - or a dangerous scan - tell us we need an additional safety net.

Medications are *tools*, not crutches; the right drug, at the right dose, for the right person.

Low-Dose Aspirin – Guard Against the Clot

Most heart attacks begin when a fragile cap bursts and a clot forms. Aspirin keeps platelets from clumping, lowering that clot risk, and adds a mild anti-inflammatory effect.

This can be helpful because inflammation is one of the things that makes

plaque dangerous in the first place.

But it might not be for everyone.

[Watch this video to learn more.](#)

Statins – Lowering Risk, Not Just LDL

Statins can be controversial. And I understand why.

I don't throw statins at everyone with a high LDL. I reserve them for patients with:

- **Soft plaque**
- **Clear signs of inflammation** (like elevated hs-CRP)

Even then, I use them carefully:

- **Low doses only**
- **Sometimes just once or twice per week**

I personally take just 5 mg of rosuvastatin once a week - and that's enough to make a difference without overmedicating.

If you need to take statins, determine the right dosage for *you*. That will minimize the risk of side effects while still providing all the health benefits.

So which statins are best?

My personal favorites are rosuvastatin or pitavastatin.

They're both:

- Effective at low doses
- Tend to have fewer side effects
- Less likely to raise blood sugar

If you're taking statins, CoQ10 is non-negotiable. Statins can deplete your natural CoQ10 levels, which affects mitochondrial function and energy.

Want to learn more about statins? [Start here.](#)

Metformin & Friends – Taming Insulin Resistance

Metformin and other glucose-lowering drugs can help with insulin resistance. I recommend them for people with diagnosed prediabetes or full-blown diabetes.

Metformin has a lot of benefits, including the possibility of reducing aging speed.

New drugs like Mounjaro or Ozempic have shown incredible benefits for weight loss and even sleep.

That said...

Medications come with risks and side effects. So use them with caution. And don't ever use them as a substitute for the foundations: lifestyle, diet and exercise.

Step 7: Build a personalized plan for YOU

What works for one person might not work for another. We all have different genetics, different lifestyles, and different risk factors. That's why a generic approach to health often falls short.

To truly optimize your metabolic health and protect your heart, you need a plan that's tailored specifically to *you*. That's exactly what we do at my PrevMed Health.

We dive deep into your unique health profile, leveraging advanced testing and a holistic understanding of your body, to craft a precise, actionable strategy designed to help you achieve your personal health goals.

Call us now to learn how you can become a patient with us: 859-721-1414

If you want to prevent heart disease, reverse insulin resistance and live the longest life possible, you need a plan that's built around *you*.

That means:

✓ **The right supplements**, based on your deficiencies and needs, at the **right dosage** for *your* body

✓ **Targeted medications** — only when needed, using the **lowest effective dose** to minimize side effects and maximize results

✓ Lifestyle strategies that actually **fit your day-to-day life** (so you can stick with them for the long haul)

✓ **Regular follow-up and adjustments** (because what works today might need tweaking tomorrow)

If you're looking for the highest-quality care, book a call with our team.

We'll help you make sense of the results and create a personalized plan based on that data.

CALL 859-721-3102 TO LEARN HOW TO BECOME A PATIENT

We look at the root cause, have a lifestyle-first focus, test comprehensively, and have experts who you can trust.

Any plan that we put in place will be personalized specifically for your situation.

Many patients have silent issues that are impossible to self-diagnose - and doing this on your own is too risky, especially when we're talking about heart health.

It's time for a smarter, structured plan.

Your future self will thank you.

Thank you for taking the time to read my e-book and we look forward to working with you.

Ford Brewer, MD, MPH