Atherosclerosis: The Non-Healing Wound Theory Transcript

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Introduction and episode overview

I've had three cardiologists, not one of them recommended I eat fruit, vegetables, antioxidants, vitamin C, and none of the ordered the tests that would have given them very valuable information.

Hi and welcome to The Balancing Point. I'm Dr. John Neters and I am here to make traditional Chinese medicine. functional medicine and integrative health simple, practical and fun so you can restore balance, boost vitality and enjoy a healthier life every single day.

This is Dr. John. I want to thank you for joining me here at The Balancing Point. Today, I think I've got something that's going to totally blow you away.

That's right. You pay $3 for a blood test. Of course, if your doctor orders it and you have insurance, there's no charge. But this single test might be the most important test to save your life.

And I guarantee for most of you, your Dr has never ordered it. It's stunning. The title of our program today is, atherosclerosis is a non-healing wound.

That's kind of a controversial title. This is from an article written by Thomas Levy and Ron Huntinghake. I'm very familiar with Leavy. He writes some great stuff.

Not so much with Dr. Ron. So, in this, by the end of the presentation, you'll be able to A, or one, describe the author's model of atherosclerosis. Athero-scleroses.

Athoro means porridge-like or gruel. Sclerose means hardened, thickened. So this is the plaque, which looks like porridge, that has hardened on the inside of your artery.

Conventional view of atherosclerosis

And so atherosclerosis, we're going to explain the proposed role of chronic pathogen colonization, discuss the relationship between inflammation and vitamin C, understand why the authors compare athrosclerosist to a non-healing wound.

It's not just these authors. There are several other people that I really think highly that also see that point of view. We're gonna review the therapeutic implications proposed by the author.

and the important takeaway so that you can be better prepared and know how to prevent cardiovascular disease to a much greater extent than you would have before this presentation.

So conventional view of atherosclerosis. Traditional risk factors include the ones you're all familiar with, hypertension or high blood pressure, which creates a constant pounding on the arteries and eventually you get damage.

diabetes, the high blood sugars make it so your circulation isn't as effective. You can't deliver oxygen and nutrients, and you can pull out waste factors.

Smoking, which totally damages your blood vessels. I mean, 15 seconds of smoking causes significant problems with your cardiovascular system. It's that fast.

Dyslipidemia. Lipids, of course, are your flood fats. Dis means they're out of whack, so dyslpidemia. And that's the big one that doctors go after because there's a statin drug that they think will work, and it does work sometimes for

some people.

Obesity and a sedentary lifestyle, we all know that we've all seen the research showing that if we just move we live longer. We have much less likelihood of cardiovascular disease, less likely of hypertension, diabetes, et cetera.

So the current understanding is that chronic inflammation drives plaque formation and plaque rupture can lead to heart attack and stroke. So the plaque breaks off in say a fairly large vessel and it moves through your cardiovascular system until it gets to a tributary that is too small to let it pass.

Then it blocks the blood flow and you have a stroke So, the author's central thesis is that atherosclerosis is a non-healing wound. So according to Levi and his buddy Ron, chronic pathogen colonization, CPC, pathogens meaning bacteria, viruses, fungi, etc.

That's what initiates the initial arterial injury. Persistent inflammation prevents healing. Vitamin C depletion impairs tissue repair. Now we've known that since The English Navy started carrying limes on their ships to keep the sailors from getting scurvy.

That's one of the reasons, by the way, that the English ruled the seas. Everybody else's crews would die after a few months from scurry, and the getting their vitamin C in the form of lemons, they didn't die as much.

So they were able to have a full crew to fight the skeleton crews from other countries. Plaque formation represents a chronic wound healing response.

Atherosclerosis as a non-healing wound

Those are central to this theory. Evidence for pathogen in plaques? Lots of studies, but the author cited a particular study where they found bacterial DNA in atherosclerotic plaques.

Now, generally, that's not looked for, But they did it as a study and they pulled it out. This is out of living people. They had a way to get the plaque out and examine them.

They found multiple bacterial species, but oral pathogens were very, very commonly identified, almost every sample. They also found fungal DNA in many of the specimens.

Any of those things can cause damage to the arterial walls. Viruses also cause damaged to arteria walls, which are very delicate, by the way. So, the arteries are very, very muscular and there's a one layer thick skin layer basically, endothelium, that can very easily be damaged and penetrated.

So the key point is that pathogens may contribute to chronic arterial inflammation. Chronic Pathogen Colonization, CPC. So you get chronic infection. Again, it can be bacterial, fungal, viral, and a few other things.

Leads to oxidative stress. It leads to vitamin C depletion. And vitamin c depletion happens very, very easily. Pretty much most of the U. S. culture is vitamin-C deficient.

That leads inflammation. that leads to an immune response, which leads the plaque formation. So the features of chronic pathogen colonization, there's a continuous, not occasional, a continues release of toxins, persistent oxidative stress, and ongoing arterial injury.

Vitamin C in arterio health, the authors say vitamin C is essential for one, antioxidant protection, to collagen synthesis and so scurvy is an inability for proper collagen to form.

So one of the first signs of scurry is the teeth get loose and fall out because the connective tissue isn't holding them. And then over time, the connected tissue and the blood vessels degrades and they will bleed out from scourvy.

Extracellular matrix integrity. Okay, that's a lot of words which mean that you've got more integrity, less leakage in the vessels. Tissue repair. So they propose, Levy and Cunninghag, the inflammation reflects localized vitamin C deficiency.

Basically localized scurvy. Local vitamin c depletion occurs at the infected arterial sites. So the immune response and monocytes. Monocites are a type of white blood cell.

They migrate to inflamed tissue. So when you see a blood test, a complete blood count, or CBC, you'll see section that says WBC which are white-blood-cell count and you get a total count.

Then you will see differential and there they will break down the many, many different types of a white, blood cells and each of them has a different function.

Neutrophils are first responders. They are really important, particularly for bacterial infection. Lymphocytes do what they do. Long-term viral problems.

So we can see these different cells. And monocytes contain very high concentrations of vitamin C if if they're healthy. So the monocytes then turn into macrophages.

And macrophage, macro means large, phage means eat or eater. This is a big eater cell. These are big cells and what they do is they move through the body wherever their location is and they engulf, they actually eat the offending bacteria or fungi.

And after they get enough of them and the amount that they can ingest depends on the size of the pathogen they're digesting, and then they die. They go to the liver, they got broken down, then the whole thing starts over again.

Now, foam cells emerge during plaque formation.

Vitamin C, inflammation, and arterial repair

Macrophages that have developed from monocytes, when they're getting up into the placking stage, they, under a microscope, look like foam. So, the progression, inflammation, monocyte recruitment, foamy cells, fatty streaks or atheromas that can be seen on the arteries.

So extra cellular matrix breakdown. When vitamin C is depleted, collagen synthesis decreases. So if y'all are out there getting really expensive collagen products, if you don't have enough vitamin c, you may be wasting a lot of your money because you need the vitamin see with the collagen.

when I have a patient who comes in, say with bruising on their arms, they bruise very easily. The two things, or the three things that I'm going to be sure to give them are collagen, vitamin C, and copper.

Copper's involved in that process also. And there are a few other things, but those are the big three that would give. When it's depleted, vitamin C, the basement membrane integrity weakens.

And the base membrane is, you know, we could spend a week talking about it, but it is basically what holds everything together. It's the external structure.

Then the endothelial gaps widen. The endoethelium is the one cell thick lining of the arteries. a very, very important one cell, let me tell you. Then lipids, which are blood fats, and calcium can enter the vessel wall because there are gaps.

You see, there're gaps between the endothelial cells. And so the blood, fats and the calcium, can just walk right in. So then the foam cells accumulate.

One of the things that will happen is that then you get calcium to enclose the phone cells, because, you know,

they're dangerous. And so that's a wonderful mechanism.

The problem is, well, the good thing is if it happens occasionally, not too big a deal. If it happened a lot, then you get calcified arteries, and that would show up, say, on a coronary calcium score.

to see how much calcium is in the inside, it will collect between the muscle wall and the endothelium. And it'll make the arteries become more and more stiff.

When they're very stiff, they don't function well and you start to have a whole cascade of problems. Result, development of early atherosclerotic lesions.

Sores, plaque formation as failed healing. Now this is really kind of the core of Levy and Huntinghake's ideas. Plaque growth is a compensatory repair mechanism.

That's actually been known for a while. So that happens because strong collagen can't be rebuilt without adequate vitamin C. Because it can't be rebuilt, the body tries to protect itself by thickening the vessel wall.

Not a good plan. I mean, it's okay temporarily, but long term it will kill you. Then the plaques reinforce the weakened tissue. The key concept, this is a quote from them, The plaque grows where supportive connective tissue cannot grow.

why atherosclerosis is a non-healing wound. And so these are some of the characteristics that athrosclerosus shares with chronic wounds. You get persistent inflammation.

You get oxidative stress. You got impaired collagen production. you get vitamin C depletion because it can't keep up with all of this damage. Vitamin C, by the way, is the primary water soluble antioxidant.

So it's critical. And so, again, what's shared with chronic wounds is continuous repair attempts. The body keeps trying. the role of oral infections. This is really critical What they found in a couple of studies are that most of the bacterial pathogens present in the atherosclerotic plaques were from tooth infections, periodontal disease, dental abscesses, infected root canals, tonsillar infections and sometimes even sinus infections.

And period ontal diseases, if your gums are bleeding when you brush or floss, Well, the blood's coming out, but that means that the bacteria and fungi can get in and it gets into your cardiovascular system.

The oral pathogens enter circulation and they colonize the arterial wall. Sounds kind of gross, that's what happens. You've been colonized. So a proposed therapeutic approach.

One, identify and eliminate the chronic oral infections.

Oral infections and plaque formation

Now I use something called periopul, which is a derivative, a variation of oil pulling, Which has been done in Ayurvedic medicine for thousands of years.

It's better than just the coconut oil. it has several things that have been added that make it even more effective. And so it's antibacterial, antifungal, antiviral.

That's one. And that's the most important. You've got to eliminate the chronic infections. Then optimize the vitamin C status. One of my heroes, Linus Pauling, who won two Nobel Prizes, he's a pretty sharp guy, or was a very sharp guys, and he started with three grams a day of vitamin C and went up until he was taking 18 grams per day.

Now, He was ridiculed by other doctors, but he got even. He outlived all of his detractors, lived through a ripe old age. I don't recommend People go to 18 grams, certainly.

You'd get diarrhea, for sure. But I would start with two to three grams. And vitamin C, the half-life, is very short, so you need to put it in your body several times a day.

So you could split it into three doses. What I prefer to that, actually, we now live in the age of the water bottle. Just put three grand in you waterbottle and sip it throughout the day, you're going to get that constant reinforcement of it.

Then you have to improve antioxidant balance. Now you can eat some great antioxidate rich fruits, vegetables, eat every color you could come up with. The only problem with that is when UC Davis gets fruits and vegetables out of a lot of supermarkets, they test them.

So the tables for what was in or what should be in a particular fruit or vegetable in terms of vitamin mineral status were done in the 30s and 40s. I'll guarantee that the stuff we have now has nowhere near those levels.

In fact, they found oranges that had zero vitamin C. They found tomatoes, which are supposed to have a lot of vitamin c. So you want to make sure you're eating organic from trusted growers and still probably adding a little extra antioxidant balance as a supplement.

Correct hormone deficiencies. Now, we're not going to go into a lot of detail on that today, but it's a very important thing. Without proper hormonal health, healing doesn't happen well.

We know estrogen causes tissue growth, and each of the hormones is involved in different ways. Reduce oxidative stress. Goal, restore normal healing within arterial tissue.

That is a laudable objective. restore normal healing, actually you want to restore healing everywhere, but here we're talking about within the arterial tissue.

So, clinical implications and controversies, kind of a critique. Potential strengths, it really highlights the importance of inflammation. There really can be no doubt that inflammation is causative.

There's tons of research out there. Now, watch my podcast, Predicting Female Heart Attacks, 30 years in advance, and I go into more detail. They emphasize oral health.

Good all around. It integrates wound healing biology. Many of the claims remain controversial. They're not controversial to me, by the way. Not widely accepted in mainstream cardiology.

Therapeutic approach and nutritional support

Well, I've had three cardiologists, not one of them recommended I eat fruit, vegetables, antioxidants, vitamin C, and none of them ordered the tests that would have given them very valuable information.

So the fact that they don't widely accept it really doesn't affect me at all. Additional research is needed to establish causation. That's accurate. The studies that were cited by the two doctors were very small, you know, And so the larger, the more robust the study, The more we can trust it.

The problem is there's no money in this. And large scale studies are very expensive and somebody has to fund them. Certainly the pharmaceutical industry is not going to find this research because then you don't need the drugs.

So key takeaways. Atherosclerosis involves chronic inflammation. Levine-Hunninghake proposed chronic pathogen colonization as the primary cause. Vitamin C depletion is viewed as a central mechanism of healing.

Plaque formation is interpreted as a wound healing response. Addressing infection, oxidative distress, and nutritional status, it says may but it actually will improve vascular health.

Final thought, according to the authors, atherosclerosis is best understood not simply as lipid or fat accumulation, cholesterol accumulation but as chronic wound that never fully heals.

Makes a lot more sense. So some other reading you might want to check out. The Clot Thickens. I love that title by Dr. Malcolm Kendrick. And he proposes much the same thing, that it is a non-healing wound that causes the clots to build and thicken.

He's got some great studies in there. Cosmic Heart by Tom Cowan. Remember when I read that, it kind of blew my mind. You know, I've been taught for as long as I have been studying biology through my master's degree program and my doctoral program.

that the heart was the pump that pumped your blood. Okay, it's certainly important, that's for sure. But Cowan said, go ask a hydraulics engineer if a pump the size of your fist could pump a semi-viscous fluid to 60 to 75,000 miles of blood vessels.

The engineer would just laugh at you. Of course it couldn't do it. So what Cowan points out is that the arteries are doing the heavy lifting. Now the heart has to be running.

It's got to pumping things out there. But he goes into great detail, Tom does, about how we can tell the importance of the artery for blood flow. Next book is Vitamin C in the Common Cold.

That's been around forever, 50s I believe, by Linus Pauling where he goes into vitamin C and how it limits inflammation. Aging and Blood Stasis by Jan Deschene, one of my personal heroes, where points out that it's blood stasis.

It's the inability of the blood to move properly that causes aging and death. Then vitamin K2 and the calcium paradox completely changed my practice. I thought I knew something about calcium, about vitamin k2.

And so when I read, I'll highlight with different colored sticky notes. Yellow means it's something I may want to go look at again later. Green, it is something that I want talk about on a talk like this.

Controversies, key takeaways, and further reading

Red means I better do it myself right away. and I have probably 40 markers in that book. It made me realize how little I knew about vitamin K2. And then we have Drop Acid by David Perlmutter.

Now, this could be one of the most important books that anybody will ever read. I'll go into why in a couple of minutes. Then there's the podcast Predicting Female Heart Attacks 30 Years in Advance by John Needers.

These are lab tests that are very critical, but they're not often ordered. They're very inexpensive. It's shockingly inexpensive, so lipoprotein A is a subtype of low-density lipo protein.

So when you see your blood test, you'll see HDL, LDL which is low density, VLDL is very low intensity, and triglycerides. But really you can open any of those, particularly HDl and LDl, And you'll find I had a report that I would get called a vertical autoprofile, which instead of four elements had 20 elements.

So the subtype of low-density lipoprotein that is very sticky and is by far the most dangerous lipo protein is LipoProteine A. But it's not often tested for because statins don't work on this lipobrotoin.

Well, who cares? Why would we test for it when we don' know how to treat it? I know how to treat it, okay? There have been many articles showing how treat this with supplements and food, there is no drug though.

Cardiac C-reactive protein, so this is high sensitivity C reactive protein and it detects inflammation in the cardiovascular system, mostly your arteries and your heart.

Now, there's another C-reactive protein, which is quantitative, and that measures inflammation through your entire system, but you want cardiac so that you're measuring inflammation in the heart and the arteries.

Then, uric acid. This is the $3 test I mentioned to you, doctors think about it for gout and kidney stones, But this is a major driver of cardiovascular disease, diabetes, obesity, Alzheimer's disease and many, many more pathologies.

And so it actually causes 16% of all cause mortality. That means you could die of anything, but uric acid is the underlying cause for 16 percent of deaths in the United States.

It's responsible for 39% percent all cardiovascular disease, and doctors don't order it. It's a $3 test. And when you see that it runs 39% of cardiovascular disease and 16% all-cause mortality, it's no-brainer.

Anybody that comes to my office is going to be tested for these. You know, there are lots of other tests to do too. I mean, you want to get a complete blood count and a metabolic panel and if you have blood sugar problems, hemoglobin A1C and those all get tested for, but these almost never get test for by major health organizations.

Anyway, here are the references. So I wanna thank you, thank, you thank for tuning in for our talk today, which, the title's atherosclerosis, but to me, it's how to prevent dying with a $3 test, okay?

Thank you. Be happy, be healthy. Thank for joining me on The Balancing Point. If you enjoyed today's episode, please follow the show, share it with the friend and leave a review.

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