Cholesterol Isn’t the Enemy: Rethinking Heart Health with Dr. Jack Wolfson Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and podcast welcome

We know that the life expectancy of the American male is 76, and it's a failure. Since 1980, I love quoting this one too, Javin, that since 1980, the life expectancy of the American male and female has gone up by a little over three years.

73 to 76 is where we've gone. Since 1980, over 45 years, we've gained three years, despite trillions of dollars in the pharmaceuticals, the stents, the bypasses, the injectables.

the ablations, everything we've done, and here we've got an extra three. It's embarrassing, and if we wake up the world to understand that they're failing over there, come over to our side and let's talk about real longevity and quality of life.

If you're overwhelmed with chronic health symptoms and still don't have answers, you're not alone. I'm Dr. Javan, and on redefining wellness with Dr. Javan, we'll be exploring root causes like Lyme disease, mold, and parasites, and I'll guide you with simple and practical steps towards real healing.

Hello and welcome back to redefining wellness podcast. And I'm really excited about my guest today. It is Dr. Jack Wolfson. He's a cardiologist and he's actually one of the first guys I got to listen to when I was first learning about functional natural medicine.

He put out a interview and he just said, Hey, before you get so stuck on one thing, look at all the different aspects, which is and must be exactly what you did with cardiology.

So thank you for joining me today. Jaben, it's a pleasure to be on with you. Very excited. And again, it's an honor. I'm a big fan of yours. I love listening to you speak, love your teachings and certainly your content on social media is always excellent.

So again, I appreciate you having me on. Well, thanks, man. So, you know, today we're talking cardiology and honestly, I just want to start off with like truths and myths and we'll deep dive each one.

But I just want to start it off with like those key points of things that are, well, what we think about cardiology, but you might have a different idea.

Cholesterol and the flaws of standard cardiology

So let's just start off with the hot poker, you know, just dive into it. What is an acceptable cholesterol range? Yeah, that's, you know, cholesterol has been kind of vilified over the years.

That's why I put it like chapter one of my book, you know, it's talking about how beautiful cholesterol is. And this is stuff, you know, and I like to say that, you know, sometimes me as a cardiologist is kind of affirming what a lot of these natural doctors talk about.

Maybe the public doesn't, you know, maybe they're not quite sure they're not expecting a doctor of chiropractic or a natural, you know, pathic medical doctor or even a health coach to talk about these natural options and some of these different ways of framing the conversation about health and wellness.

So if I can kind of come in and say, hey, listen, you know, Your natural doctor has been talking about the benefits of cholesterol for so many years because cholesterol, it makes all of our hormones and cholesterol makes up our

vitamin D and cholesterol is critical for the cell membrane of all of our cells and cholesterol is critical for our digestion and all animals make cholesterol and a chicken egg contains cholesterol.

So cholesterol is this wonderful, glorious creation that all animals have and we need it. And those who demonize it and vilify it, let's take another look at that as to why they're doing that.

But again, cholesterol is a glorious, beautiful molecule. Life cannot exist without it in the animal form. and it should be celebrated and ultimately what we're trying to do as far as lab work is concerned is trying to find the perfect level for each one of us.

I love that because you know I was just talking to a guy that came in he's like my body hurts my bones hurt my brain isn't working right he goes you know my doctor's got my cholesterol down to 80 do you think that could have anything to do with it?

Well, you know, and obviously you said, you said, of course, you know, the answer is yes. Now, why, you know, so let's go back to why cardiologists do what they do.

You know, they do what they do because that's the way they're trained. To them, you know, from day one in medical training, we are very excited about pharmaceuticals.

We're very excited about pharmaceuticals. One of the best days, Javin, of my life up until that point. was writing the first prescription. I was so excited to put my name on that prescription and to hand it to someone and knowing that they were going off to the pharmacy.

It's so insane to think about that's how life was for me 30 years ago. And it's not that the medical doctors are not intelligent. They're obviously very intelligent people.

They just only know the language that they've been taught. It's like if we go to Mongolia, we're walking around and they're like, oh, look at these two American idiots.

They don't even speak our language. We're not idiots. We just never learned how to speak Mongolian. So the medical doctors, they're just so indoctrinated in that model.

And therefore, yeah, I mean, everybody believes now that lower for longer mantra. but the side effects of that, the catastrophe of that, the long-term risk of that, and then we can also go full conspiratorial and say, well, yes, the studies maybe don't show these types of effects, but what about the individual?

And what about the fact that maybe some of these studies are compromised in a trillion dollar industry? So studies are designed by Pharma for Pharma to be able to make a product that gets passed along to a doctor that is being trained by a school funded by Pharma.

So is there some bias there? Probably. Yeah. And then like you're saying too, I mean, the American Heart Association, fully funded by Pharma, the American College of Cardiology, fully funded by Pharma.

And when I say Pharma, let's include device makers, like Medtronic, St. Jude Medical, all these pacemaker companies that I install devices for. I mean, these are big, big, big, hundred billion dollar businesses.

You can go to anybody's website and you can see how they're funded. You can go to the Journal of the American College of Cardiology, which is the biggest cardiology journal in the world.

And you see study and then you see advertisement, study, advertisement, study, advertisement. So you can just understand how everything is controlled.

And this is not conspiratorial. This is just obvious to anyone who is you know age 10 years and older kind of what's happening but you know again I appreciate the opportunity to let everyone know yeah cholesterol is your friend

everybody has a perfect god-given cholesterol that they should be walking around with and it's not how do we lower the numbers down as low as possible because we know statin drugs do that for example we know injectable drugs can do that we know from the biggest study ever produced called Fourier F-O-U-R-I-E-R, and then the subsequent extension of that called Fourier Ole, O-L-E, where they're looking at people who had LDLs of 30. as driven down by a combination of statin plus PCSK9, in this case rapatha.

So you're getting their LDLs down to 30. But unfortunately, a lot of those people are still dying. A lot of those people are still having heart attacks and still having strokes.

despite that very low level down. Now, one could say, well, let's start everybody on double or even triple pharmaceutical reduce, you know, LDL reducing pharmaceuticals and start them as young as possible and see what happens over 75 years.

I don't think I want to be part of that experiment. I know I don't want to be part of the experiment. I would advise someone to be part of that experiment because what are the long-term consequences Ultimately, when I tell people, it's not about how do we reduce your heart attack risk annually from 3% to 2.8%, which is the data for primary prevention overall, according to the Journal of the American Medical Association, 2022. meta-analysis.

It's not about three versus 2.8% annually. It's about how do we reduce your risks to close to zero? And that's where you and I operate. That's where you and I get people into not only how do we reduce your heart attack risk close to zero, but how do we give you your best life?

How do we give you the ability to do all the things that you want to do? Your brain, your body intact. and these people plugged into the pharma model, they're just, they're not gonna make it.

They're not gonna make it. So I gotta ask a question very directly. When you say that cardiology as a whole is reducing the risk of a cardiovascular event, heart attack, from three to 2.8, what is the cost of that to quality of life for everyone?

Like, I know there's studies that show, here's what it costs. What's it cost?

Statins, side effects, and informed consent

You know, it's, I think quality of life is impacted many different ways. Number one, statin drugs, for example, have side effects. That is very clear.

It's very well documented and you know these just as well as I do, right? But just to summarize for everybody else, elevated blood sugar, muscle aches, muscle pains, potentially sarcopenia, elevated liver enzymes, Why is there evidence of increased risk of Parkinson's?

There's the osteoporosis risk. There's no free lunch over here. When you inhibit the enzyme HMG-CoA reductase, you inhibit the production of cholesterol, you inhibit the production of CoQ10, you inhibit the production of EMEA, which is another component of the electron transport chain.

You inhibit the ability of the body to perennilate proteins, therefore you do not have a functional vitamin K, hence increased risk of osteoporosis, increased risk of calcification of the arteries.

That's not conjecture. That's been known for well over 15 years. That statins increased coronary calcification. I talked about this in recent presentations about how statin drugs inhibit the enzyme that produces dolicol, which is a very important steroid-like molecule that is found in the substantia nigra of the midbrain, which is why some studies show increased risk of Parkinson's.

So as we kind of look at all these other side effects, and then we also look at falseness of security. Jabin, the cardiologists like me are telling their people, just take the statin drug and go eat whatever you want, live however you want.

It doesn't matter. And so the reality is it does matter. And then I think the other thing too, and like, you know, your podcast here about, you know, redefining what wellness really means.

It's about pulling people out of the mainstream medical matrix. When you're getting the statin and you're going to the doctor, now you've got side effects, so more pharmaceuticals, more tests.

You're in that system where you're you're in and out of the pharmacy, in and out of that medical paradigm. We know that the life expectancy of the American male is 76, and it's a failure.

Since 1980, I love quoting this one too, Jayvon, that since 1980, the life expectancy of the American male and female has gone up by a little over three years according to everyone's not favorite health organization, the CDC.

73 to 76 is where we've gone despite trillions of dollars. I mean, isn't this blow? And I know you as far as your training is concerned, like you guys have known this for so many years.

So me as a cardiologist kind of echoing what the holistic practitioners have been saying. But since 1980, over 45 years, We've gained three years despite trillions of dollars in the pharmaceuticals, the stents, the bypasses, the injectables, the ablations, everything we've done.

And here we've got an extra three years. It's embarrassing. And if we wake up the world to understand that they're failing over there. Come over to our side and let's talk about real longevity and quality of longevity.

You know, when you say all the things you just said, it's so interesting because I have these conversations with my dad, my grandma, you know, the guy walking down the street and they're like, well, my doc told me to get on the statin because it'll decrease my risk of heart disease.

And I'm like, okay, Well, what's the cost and that's why I was asking you that and you said it decreases or increases risk for so many other different things and and that's what's not getting put into the public and that's why I want to redefine wellness for people I want to give informed consent like truly give informed consent to people because if I say hey look your cholesterol is 250 if we get it down under 200 and if I was a cardiologist and I said that and your risk is gonna be point and 2% less for a heart attack, but your risk for a neurological disease or some sort of brain complication, which could be brain fog or confusion or just tiredness, maybe some, some muscle aches is going to go up by 19%. I'm quoting a study that I read a couple of years ago, 19% increase of that.

What would you rather have? We'd probably see a whole lot less medication being taken in that category. And that's what I keep seeing for people is somebody has a study or a stat and this is all across the world for every single profession there is not just pharma.

You use a stat to leverage your idea and then we forget about all the rest of the stuff that that stat isn't taking into consideration. And that's what I want to do with this podcast.

That's what I want to do with my practice is just be like, Hey people, look, if you have a problem, here's what you have to take into consideration. What is important to you?

Like, you know, guys used to take steroids and shrink their testicles. It increased the risk of cancer, but they were really buff. If you're willing to give up 10 years of your life for that and someone told you that and then you're like, I'll give up my 10 years so I can be buffer.

That's your choice, right? That doesn't hurt me in one way or another. But I think that type of conversation, if we could just give that to the average individual that's being medicated so they can make a choice, that's okay.

Like just for, you know, for instance, every now and then I like to go to a chief's game. I'm gonna eat some food that's not very good for me and probably drink a drink that's not very good for me.

And I realize it's not very good for me. And I am taking that risk upon myself with the knowledge to do so. and it's

okay, but I've been taught and educated in that way.

So with cardiology, I just wish more medical doctors were like you saying, hey, here's your choices. Now I do have a question for you because I was under the impression that the only time a statin drug shows a significant positive impact is when a stent has been placed, then statin drugs show a actual significant positive impact.

Is that true based on what you've seen? I'm still struggling with the fact that I've met you obviously many times. You look like Iron Man. I'm just trying to contemplate you eating nachos with jalapeno peppers at a Chiefs game.

But the Chiefs have been really good, so I can see that reason to celebrate. It's Kansas City barbecue. That's the weakness. Kansas City barbecue. Yeah, I think, you know, ultimately what I, what I want to tell people is I want to be able to state our case as to why, you know, let's pretend that doctors like you and I, we're the attorneys over here for the holistic side and we're going to present our case.

And then over here, you've got the pharmaceutical, uh, salesperson cardiologist to present their case. And then the patient. is the jury. The patient is the judge.

They decide where they want to go based on the information that's been provided. But the problem is that the medical system is so unilateral. The medical system, the medical doctors are such bullies controlling that conversation.

And how would they bully people in the sense of Take this drug. Well, I heard some things about the drug. Oh, you don't want to have a heart attack and die, do you?

Well, no, of course I don't want to have a heart attack and die. Well, then take the drug. That's the conversation. Or, you know, you and I spend an hour on a new patient evaluation.

We're going through every nook and cranny and the patient's like, oh, my doctor never spent that time with me. It's because the doctor, they've got nothing to talk about.

Like if you go to, if you say, I want to spend more time with my Kansas City cardiologist, what's the Kansas City cardiologist going to do if given 20 minutes for a consultation?

They're going to talk about, hey, get the statin drug, get a stress test on your way out, take an aspirin. And then they're gonna talk about the chiefs, right?

Chiefs are good. Chiefs are bad. Weather's good. Weather's bad. Oh, you see the game? It was really cold out there. What are they going to talk about?

And you and I were getting into, well, you know, how do we eat? How do we live? How do we think? What are the tests that we need to do? So again, I love that about what you guys are doing and your practice and everything that you're talking about online.

It really, it's about using this incredible online platform, Candidly, to get that message out there, trying to get in front of all these people. And right now we have that opportunity to do so because this is not the 1970s where people say, oh, well, I'm just going to trust my, or they didn't have a choice.

They went to the medical doctor. They got one opinion. And that's what they had to do. And now we're in this total freedom zone, which is fantastic. So when somebody comes to you in your clinic that you have and they're seeing you, they're seeing your team of other cardiologists and naturopaths, what is the difference?

Like, what are you doing to help people?

Root-cause cardiology and lifestyle strategy

Because, you know, inflammation, C-reactive protein, homocysteine elevates, there's some data to show that that's not good in combination with having cholesterol levels that are exceeding even the regular standard 200 or 250. What are you doing with people that helps them to reduce inflammation, helps them to make their cholesterol, and I'm gonna say this, because I don't believe cholesterol is bad, just like you don't either, but makes it to where you can say, hey, we're in a better place.

What are you doing to help them? Yeah, and I guess also to circle back on your question before, where statins are beneficial post-stent, again, the sicker the person is, the more disease the person has, and that's kind of this primary prevention, as opposed to secondary prevention.

So primary prevention is someone who's never had a heart attack, stroke, bypass surgery, or stent placement. Secondary prevention would be someone who's had a heart attack, stroke, stent placement, or bypass surgery.

So the benefits of statins are a little more obvious, if you will. in that scenario. But what I like to do is I like to circle back to people and again say, I want to offer you an opportunity to truly go after root cause and avoid pharmaceuticals in total.

That's my methodology of how I like to do things at Natural Heart Doctor. It's just like you and the people that, you know, you're working with and people could take antihistamines.

They could take things like Benadryl and they can take pain medications and they can use steroids. And those are going to oftentimes work in the short term, just like statins and aspirin and stents can work in the short term.

But what is the long-term health strategy? What is the way to optimize people? What is the way to, like you say, kind of redefine what health is? And that's what we're trying to achieve.

And our methodology, we'll call that the 100 year heart method, the eat well, the live well, the think well, reframe the whole concept, you know, right there is say, listen, there is a reason why your cholesterol may not be normal.

or maybe elevated. So let's focus on that reason as opposed to trying to band-aid that approach down. When I met my wife years ago, my wife is a doctor of chiropractic, and she said, you need to become a doctor of cause.

And she was being a DC doctor. I'm like, what do I mean by DC? You got to be a DC doctor of cause. So it really is always about that root cause methodology.

How do we get to you know, that primary fundamental problem of why people are sick and dying. But medicine is labeled as cholesterol. Therefore, they sell pharmaceuticals for cholesterol.

And that's the only conversation that a cardiologist has. And it really is embarrassing for a cardiologist to go through all those years of training. And that's all they have is this one trick pony.

You can tell a five-year-old. I mean, you can literally walk into an office where there's a five-year-old there and all the five-year-old has to be trained to do is say, We need to get your cholesterol.

Hello, Mr. Smith. We need to get your cholesterol down as low as possible. So here's these pharmaceuticals. A five-year-old can do that. Any computer algorithm can do that.

What is the point of the cardiologist in there if all they're going to do is recommend that simple thing that it's so replaceable? And I look at that now, right?

Go ahead. I was going to say, AI is coming for the cardiology docs, isn't it? If that's what they're doing. Right, I mean, you go into, you know, hi, okay, I'll take my, you know, so for example, you know, hello, you know, Dr.

Wolfson, you're 55 years old. We ran a blood panel, although we didn't really need to, because we're going to just try and draw, you know, we're going to use triple therapy to lower your cholesterol down as low as possible.

And we're going to enroll you in this study. And the study is actually going to be an MRI vaccine trial where we're going to give you a cholesterol vaccine.

So now we're going to target. the production of cholesterol, the production of LDL particles, and we're going to lower that down as low as possible. Where does the human connection come in there?

We've trained the doctors to be the computer algorithm, but we can get rid of those doctors out of that whole mix, out of the whole mix. And then it is not difficult really, Javin, because I've done so many angiograms in my career, to say, would a robot sooner than later get access to an artery in the wrist, you know, through ultrasound?

I mean, shoot, right? If we can have an autonomous driving car, why do we think that we could not have autonomous stent procedures being done? The answer is obviously we will.

You're a very innovative guy. You understand how this will happen. So I guess the point really becoming, I don't know where I'm necessarily even going with this in the sense to say that those models can be done, but unfortunately people will get sicker and sicker and sicker because we're not addressing the root cause.

And if we don't address the root cause, at this point, you and I both know there's no pharmaceutical that we know of or no procedure That's the fountain of youth, right?

And I think both you and I would agree, if there was a fountain of youth, if there was the fountain of youth vaccine, I don't think in any scenario right now that I would take it.

But since there's not, we're still left with root cause. We're still left with, hey, live your life 99%, cheat once in a while at the Chiefs game, life is to be enjoyed.

And the better we are, the better the results we're going to get. Yeah. You know, I'm just listening to you say this and a saying that I used to say and didn't even know how often I said is, are you strong enough to live your life?

And this is when people were coming to my practice and they were like, you know, Doc, I leaned over and I picked up my grandkid and my back went out and I'm like, well, Um, have you been working out to lift 50 pounds from the ground up and down when, when your grandkids comes into town?

Cause you want to love them and kiss on them. And you do that 50 times over a weekend. They're like, well, no, I don't lift anything. But when they come, I always get sore and I hurt.

And I'm like, well, sounds like you're not strong enough to live the life you want to live when your grandkids come in town. The same thing can be said when you want to have your cheat meal, you go to an environment that's on vacation.

It has, it's full of mold. Um, But to kind of tap into what you were saying and you're like, I don't know where I'm going, but my brain was just running with like, it's this.

If your doctor can easily be replaced by AI, they're not being a doctor because they are not evaluating you and using creativity of all of the things that make you who you are as an individual that allows for you to live the life you want to live.

Because right now AI can't take all of the data points and understand you empathetically with how you want to live your life and what's important to you and then put together a treatment plan of what it is and what it will take to get you the outcome and results of being well and being able to live the life you want to live.

If all your doctor is doing is getting your paperwork and taking that paperwork and then giving you a medication, they are replaceable right now today by AI.

So if you're listening, can your doctor be replaced by AI? If they can, maybe consider finding somebody that can't

be because then they're going to do a better job for you.

When I used to take osteopathic medical students back in the day, I would tell them you have to learn the skill of osteopathic manipulation, just like the chiropractors do the chiropractic adjustments, because those skills are not going to be replaced anytime soon.

And the ability to use your hands, use your hands to diagnose, use your hands to treat is so spectacular. And it is such a strong reason why I say that the doctor of chiropractic should be and must be the primary care provider for people.

just the ability of the chiropractor and not only the chiropractic lifestyle, the ideal chiropractor to implement these strategies to people and just where the general doctor you go to when they're going to prescribe these pharmaceuticals, like you said, and yet they throw their…

How does the cardiologist help the person who's throwing their back out when they lift up their kid, which is ultimately what they want to do with this the idea of growing old and growing well and just people have missed out on that message for 100 years.

Yeah. We've just been taught to pop the magical pill and things will be okay. But it seems like since 75% of the United States population over the age of 40 has a chronic condition, the magic pill hadn't worked.

And the average individual I talked to is not happy with the situation. I mean, I think what trust in the medical system fell from somewhere in the 70s to the 40s, percentage wise, throughout COVID.

So people woke up to something's not right.

AI, primary care, and the future of heart health

It doesn't mean that they necessarily want chiropractors to be their primary care provider, which You know, for better or worse, I've said the same thing.

Honestly, I'm like, we don't prescribe as chiropractors. We simply just want to figure out how to make your life the best it can possibly be. And if you put somebody in that seat, that's just looking at you as an individual and saying, how can we, how can you and I do better together?

We're probably going to have better outcomes than, um, I have a tool and that tool is drugs. And then let's give you that drug or that tool is surgery.

And we'll use that surgery. The statement of if you give it, if you. ask a carpenter to do something, they're oftentimes going to use their hammer because that's what they use.

If you ask a surgeon, what are they going to do? They're going to cut. You ask a prescriber what they're going to do, they're going to prescribe. So finding somebody that doesn't have a favorite tool and just saying what's the best outcome and then figure out where they need to go.

I think we'd have a whole lot cheaper healthcare system and more successful system. But doc, I love just the openness you have to look at a person as a cardiologist and just say what's the best route for you and let's solve this for you from a heart position.

I know I was recommending somebody to go to you just the other day because they got a heart condition and their doctor dropped their cholesterol like I was talking about to 80 and he's like man I'm tired and my brain's not operating and my testosterone is dropping And, you know, I'm just curious, do you have a case study that you've ran into where somebody's come to you after going and getting their cardiologist who says cholesterol is high, drop it down.

They drop it down the eighties and they have those types of symptoms and then they get with you. Do you have a case study where they've gone with you?

They've gotten back into the. I don't know, 8200 range and then their symptoms get better. Do you have any stories? Yeah, you know, and one of my favorite books actually when I was going holistic that came out around the same time was Dwayne Graveline, medical doctor and former like NASA astronauts who died at the age of 87. And his book was called Lipitor Thief of Memory.

And just all the documented cases and you know, you can go, you know, the medical, you know, you can go see your cardiologist. Oh, there's no evidence.

Okay. But you know, When you and I are seeing all these people over the years and other people are documenting all this stuff And we're seeing all the people with all these serious side effects from from these pharmaceuticals yet You know the the sales people claim otherwise and we're seeing it firsthand.

So yeah, undoubtedly People's testosterone levels come back people all I mean again like you and I both have have social media people getting on there all the time and saying that my, you know, I was on a statin, my numbers were this, I got off the statin and I feel better from whatever was alien.

Maybe it was a liver issue, it was a kidney issue, it was a muscle issue, it was a brain issue, it's a blood sugar issue. It was any of these things. You know, I mean, clearly if we, if we Uh, you know, give these people just better options.

If we give them better strategies and there's a time and a place for emergency medicine, you know, I bag on medical doctors all the time, you know, and so if we say that the, if we said that the DC would be your go-to for health and wellness, like.

I think that's a good strategy. And then of course, the chiropractor understands through all of their training that, okay, listen, this is not a chiropractic situation.

This is not a, hey, eat this way. This is an emergency. So if the person didn't identify an emergency, then they would be referred on to an emergency room.

But it just, you know, this kind of the treatment of chronic disease is such a failure by the medical system. It's just so failed and ultimately just tens of millions, hundreds of millions of people have suffered.

It's like when I say Lipitor is actually killed millions of people. How could you say that? What evidence do you have, Wolfson, that Lipitor's killed millions of people?

Because it's given people the wrong message. It's been, like we said before, just take this pharmaceutical and you're good. And those people believe that and then they died.

when they could have had so much better advice. That'd be a very interesting study to have is take people that have been given the mainstream recommendations in cardiology versus people that are doing your recommendations in cardiology and look at their longevity over a 10, 15, 20 year study.

I know the answer to it, but it'd be amazing to put that out there in the actual You know, and people ask about that too. First of all, like we said, you know, life expectancy is 76. So we know their data and if people are happy with their data and, you know, 76 years of age, then good luck.

Okay. We'll prove you do better. We're just operating here under the school of common sense. And to, you know, to use that kind of, you know, straw man argument to say, well, We're going to show us the study.

We're not going to come up with a study because we're not Pfizer. We're not multi-billion dollar company where we're going to take people and say, okay, let's give people all the pharmaceuticals and no health advice and let's

take a thousand people.

And we're not going to be able to do that. But where we operate is the school of common sense that if you give the body what it needs, it lasts a long time.

And why wouldn't it? Or people, Javin, they'll say to us, right, oh, well, you know, caveman died when they were 30. Why would they die when they're 30? Dying of diabetes?

Are they dying of cancer? Are they dying of heart attacks and strokes? No, they died because, you know, someone threw a spear in their back, you know.

They died because of starvation. They died because they got eaten by a lion. These people, oh, the caveman, why would they have died young? They didn't die young.

They lived a very long time. I think Moses, died when he was 120 and actually in the Bible it says he died he was healthy and basically like God killed him because he wasn't going into into the promised land or Noah from the ark lived until he was 800 you know believe these stories or not I just I want to use that to say listen we are built to live a very long long life when you give the body what it needs take away what it doesn't It really is that simple.

Yeah, I love it. Well, Doc, I think a lot of people need to see you.

Closing thoughts and how to find Dr. Wolfson

I refer to you all the time. How can people find you? Yeah, so in my website, Natural Heart Doctor, if you've got cardiovascular problems, concerns, you want a second opinion, doctor said you need to stay into a bypass or you need to be on these pharmaceuticals.

Give us a call and You know, again, we'll present our case, right? That's all we can do, you know, Jayden, from all the people that you guys are helping over there, you know, with all of their chronic conditions.

And you see what, I mean, all the people that come to see you for a second opinion, these are the people that, you know, they've been on all these different, you know, pharmaceutical injections and taken all the drugs and taken all the steroids.

The band-aid approach is they just don't work. And again, I appreciate you having me on and discussing these things. Heart disease, number one killer in the world.

It's clearly, it's clearly failing. So natural heart doctor, we're on social media. We're no longer on TikTok as we were kicked off because when you say the things that we say, you get kicked off, you know, these different platforms.

But as of right now, and all we ask for really is, you know, freedom, a freedom to choose what we want for our bodies, freedom to choose what we, you know, the health of our children, how we approach our children.

So again, I so appreciate everything you're doing and appreciate you having me on. Well, Doc, thanks for having me. If you know anybody with a cardiovascular issue, which we all do, because like you said, it's one of the largest problems we run into, especially in the Western Hemisphere here.

Give them Dr. Wolfson's information here. Thanks, Doc. Until next time. Thank you. Thank you for tuning in to Redefining Wellness with Dr. Javin. If this episode spoke to you, please follow and share this podcast with someone who is ready to take control of their chronic health symptoms.

Also, please consider leaving a review. It helps more people find the show. See you here again.