“Fix The Root”: The Hidden Causes of Heart Disease No One Talks About | Dr Sanjay Bhojraj Transcript

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Root Cause Cardiology Explained

Cardiology for years has been really Cardiology for years has been really successful in helping reduce heart successful in helping reduce heart attack risk, keeping people alive, but I attack risk, keeping people alive, but I think we've been right for a lot of the think we've been right for a lot of the wrong reasons. And as you look at wrong reasons. And as you look at cardiovascular medicine, you know, we're cardiovascular medicine, you know, we're bringing blood pressure down, we're bringing blood pressure down, we're bringing LDL cholesterol down, we're bringing LDL cholesterol down, we're getting people on all these medications.

getting people on all these medications. We're treating the consequence of a root We're treating the consequence of a root cause issue, but not the root cause cause issue, but not the root cause itself. And as we think about root cause itself. And as we think about root cause cardiology, it's a lot of the same cardiology, it's a lot of the same things that we see in root cause things that we see in root cause disruption of almost any organ system.

disruption of almost any organ system. It's the toxicities and the exposures It's the toxicities and the exposures that we have. It's the stress, the lack that we have. It's the stress, the lack of sleep, our diets leading to our body of sleep, our diets leading to our body really getting out of balance, and our really getting out of balance, and our systems don't know what to do. Oxidative systems don't know what to do. Oxidative stress is a huge thing that I contend stress is a huge thing that I contend with in my functional cardiology with in my functional cardiology practice.

Why Heart Disease Is Misunderstood

practice. practice. >> Yeah, I'm thinking about my own heart >> Yeah, I'm thinking about my own heart issue story, and this is how I ended up issue story, and this is how I ended up in the hospital. I thought I was having in the hospital. I thought I was having a heart attack.

a heart attack. >> Uh-oh. And I didn't have medical >> Uh-oh. And I didn't have medical insurance, so I went to an urgent care, insurance, so I went to an urgent care, and they said, "Yeah, you got to go to and they said, "Yeah, you got to go to the ER right now." Really scared me. And the ER right now." Really scared me. And of course, come to find out the EKG was of course, come to find out the EKG was fine. They couldn't find anything wrong fine. They couldn't find anything wrong with me, even though I felt like I was with me, even though I felt like I was dying, and it wouldn't stop. They put me dying, and it wouldn't stop. They put me through the MRIs, the CAT scans. There's through the MRIs, the CAT scans. There's nothing to cut out, you know, so they nothing to cut out, you know, so they just when from being very interested in just when from being very interested in me, the hospitalists were like, "Oh, we me, the hospitalists were like, "Oh, we got a live one. Let's figure this case got a live one. Let's figure this case out." To "Why are you still asking me out." To "Why are you still asking me questions? I don't want to stop by your questions? I don't want to stop by your room." And I actually walked out of that room." And I actually walked out of that hospital without even checking myself hospital without even checking myself out because I was so sure that I was out because I was so sure that I was going home to die. I didn't even fill going home to die. I didn't even fill out the paperwork cuz I knew one, out the paperwork cuz I knew one, there's no way to pay the bill, two, I there's no way to pay the bill, two, I was really sure I was going to be dead was really sure I was going to be dead by then. And you know, come to find out by then. And you know, come to find out years later in the process of trying to years later in the process of trying to resolve my illness issues, "Oh, okay, resolve my illness issues, "Oh, okay, mold can be a huge driver of mold can be a huge driver of cardiovascular stress." And that cardiovascular stress.

Mold Exposure And Missed Diagnoses

" And that tachycardia and those signs and signals tachycardia and those signs and signals that my nervous system was completely that my nervous system was completely shutting down could have actually driven shutting down could have actually driven solely by mold. Yeah, I mean, when we solely by mold. Yeah, I mean, when we think about the traditional think about the traditional cardiovascular risk factors, things like cardiovascular risk factors, things like age, family history, smoking, diet, in age, family history, smoking, diet, in the conventional model of cardiology, we the conventional model of cardiology, we don't think outside of those five or six don't think outside of those five or six risk factors. I mean, I did, you know, 3 risk factors. I mean, I did, you know, 3 years of internal medicine training, 3 years of internal medicine training, 3 of cardiology, one of general of cardiology, one of general cardiology, one of interventional cardiology, one of interventional cardiology. And in those 4 years of cardiology. And in those 4 years of cardiology, how many times do you think cardiology, how many times do you think I heard the word mold? Negative six I heard the word mold? Negative six would be an overestimate of how often I would be an overestimate of how often I heard that. We really aren't trained to heard that. We really aren't trained to think of these, quote unquote, zebras, think of these, quote unquote, zebras, as we say in medicine, because the, by as we say in medicine, because the, by and large, things that we're dealing and large, things that we're dealing with are heart attack from diet, or what with are heart attack from diet, or what we call essential hypertension, which I we call essential hypertension, which I don't think is really essential, but don't think is really essential, but just the things that we have therapies just the things that we have therapies for, right? It's like, don't ask a for, right? It's like, don't ask a question you don't have an answer to.

question you don't have an answer to. When someone does come in and doesn't When someone does come in and doesn't fit that mold, so to speak, right? fit that mold, so to speak, right?

Doesn't fit the traditional framework, Doesn't fit the traditional framework, maybe it's a mold issue, or it's an maybe it's a mold issue, or it's an environmental exposure issue. We don't environmental exposure issue. We don't know in our conventional training how to know in our conventional training how to address that. So, these patients, these address that. So, these patients, these people become, I call them patient people become, I call them patient nomads, medical nomads. They go from nomads, medical nomads. They go from here to there searching for answers, here to there searching for answers, never finding any one person who can never finding any one person who can say, "Oh, yeah, tell me about where you say, "Oh, yeah, tell me about where you grew up." You know, "Oh, you're from grew up." You know, "Oh, you're from Florida." This happened to me the other Florida." This happened to me the other day. I had a patient, she was saying, day. I had a patient, she was saying, "Ever since I was 17, I've just felt "Ever since I was 17, I've just felt off. My periods were abnormal, I get off. My periods were abnormal, I get these weird headaches, I have these these weird headaches, I have these recurrent sinusitis episodes, this, recurrent sinusitis episodes, this, that, and the other." And I was like, that, and the other." And I was like, "17, huh? That's interesting. You know, "17, huh? That's interesting. You know, that was your junior to senior year." that was your junior to senior year." And I have my kids are in that space And I have my kids are in that space right now, and I can't imagine them right now, and I can't imagine them feeling so poor for so long. So, I said, feeling so poor for so long. So, I said, "Tell me about the house you grew up "Tell me about the house you grew up in." "Oh, well, that was the year we in." "Oh, well, that was the year we moved from Texas to Florida." Oof. And moved from Texas to Florida." Oof. And was it humid in where you lived? "Oh, was it humid in where you lived? "Oh, yeah, it was super super humid. You yeah, it was super super humid. You know, my hair would poof out, all these know, my hair would poof out, all these things." And I said, "You know what?

things." And I said, "You know what? You've probably been dealing with You've probably been dealing with chronic mold for so long, or at least chronic mold for so long, or at least some exposure to mold nobody ever some exposure to mold nobody ever addressed." And I think of her, she's addressed." And I think of her, she's now in her early 50s, for 25 years.

now in her early 50s, for 25 years. There, I mean, the the, quote unquote, There, I mean, the the, quote unquote, best years of her life, she's been best years of her life, she's been suffering with these issues that nobody suffering with these issues that nobody thought to address because they never thought to address because they never even knew how to ask the right question.

even knew how to ask the right question. And she happens to be a mom on one of my And she happens to be a mom on one of my kids' sports teams, and she said, "Hey, kids' sports teams, and she said, "Hey, you're a

functional doctor now, right?

you're a functional doctor now, right? Like, can can I just, you know, ask you Like, can can I just, you know, ask you about this?" And it's tragic to see how about this?

What Cardiology Still Gets Wrong

" And it's tragic to see how many people are unserved by our many people are unserved by our conventional system that are just forced conventional system that are just forced to suffer because the conventional to suffer because the conventional wisdom or the conventional teaching just wisdom or the conventional teaching just doesn't teach you even the right doesn't teach you even the right questions to ask.

questions to ask. >> So, I have to ask because of that, like, >> So, I have to ask because of that, like, your your have a functional medicine your your have a functional medicine approach, and you do much more in-depth approach, and you do much more in-depth testing than most cardiologists. What is testing than most cardiologists. What is still getting missed in the functional still getting missed in the functional cardiology space that you wish more of cardiology space that you wish more of your colleagues understood?

your colleagues understood? >> Cholesterol is a part of the equation, >> Cholesterol is a part of the equation, but it's not the entire equation, right?

but it's not the entire equation, right? It's just one term in the equation, so It's just one term in the equation, so to speak. You have to look at people's to speak. You have to look at people's lifestyle, their stress level, the sleep lifestyle, their stress level, the sleep that they're getting. You absolutely that they're getting. You absolutely have to look at their exposures. I mean, have to look at their exposures. I mean, we have literature in the cardiology we have literature in the cardiology space that documents this. There's a space that documents this. There's a landmark trial from, I think it was landmark trial from, I think it was Circulation a few years ago, which is Circulation a few years ago, which is one of our big journals, that said, one of our big journals, that said, "People who live within 50 m of a "People who live within 50 m of a highway, like a major interstate, are at highway, like a major interstate, are at a two- to threefold higher risk of a two- to threefold higher risk of cardiovascular events because of the cardiovascular events because of the particulates in the air." There is a particulates in the air." There is a little-known journal called the New little-known journal called the New England Journal of Medicine that ran a England Journal of Medicine that ran a review article on environmental factors review article on environmental factors and heart disease. And it's a fantastic and heart disease. And it's a fantastic article, but as I go to cardiology article, but as I go to cardiology conferences, nobody is ever talking conferences, nobody is ever talking about it. Why? Because I think there's about it. Why? Because I think there's just not an understanding of what do we just not an understanding of what do we do? What do we do with this? And that's do? What do we do with this? And that's where the functional model is so where the functional model is so important, because we have that. We have important, because we have that. We have the knowledge how to detoxify someone, the knowledge how to detoxify someone, lead, cadmium. We know how to get some lead, cadmium. We know how to get some of that stuff out. If there's mold of that stuff out. If there's mold exposure, we know, number one, how to exposure, we know, number one, how to test for it. And then, what can you do test for it. And then, what can you do to support someone's own detox so their to support someone's own detox so their body can heal. It's difficult, right?

body can heal. It's difficult, right? It's not something that's easy. It's not It's not something that's easy. It's not like I can say, "Take 10 days of this like I can say, "Take 10 days of this and you'll feel better." I mean, these and you'll feel better." I mean, these things take time, and I feel in the ADHD things take time, and I feel in the ADHD of conventional medicine, where you have of conventional medicine, where you have a 7 and 1/2 minute visit with a doctor a 7 and 1/2 minute visit with a doctor once every 6 months, and the patients, once every 6 months, and the patients, on average, are getting interrupted 7.2 on average, are getting interrupted 7.2 seconds into their visit by the seconds into their visit by the practitioner, we just don't have the the practitioner, we just don't have the the long-term approach and the long-term long-term approach and the long-term thought to what can I do to really not thought to what can I do to really not just treat this patient today, but heal just treat this patient today, but heal this patient over a long term. And this patient over a long term.

Leaky Gut And Blood Vessel Damage

And that's that mindset shift that we need that's that mindset shift that we need to see not just in cardiology, to see not just in cardiology, certainly, but in all of medicine. When certainly, but in all of medicine. When I look at that and the exposures and how I look at that and the exposures and how they have a increased over the last they have a increased over the last couple of decades, you know, when you couple of decades, you know, when you add things in like glyphosate, you're add things in like glyphosate, you're really destroying the gut's ability to really destroying the gut's ability to absorb its own nutrients, and you're absorb its own nutrients, and you're creating leaky gut on contact with that creating leaky gut on contact with that glyphosate even in micro amounts. So glyphosate even in micro amounts. So then, you're almost requiring an immune then, you're almost requiring an immune response because things are getting out response because things are getting out into the bloodstream that never should into the bloodstream that never should have been there. Leaky gut, you just have been there. Leaky gut, you just said it, goes into the bloodstream and said it, goes into the bloodstream and leads to leaky vessel. Mhm. Right? So, leads to leaky vessel. Mhm. Right? So, now we're starting to talk about now we're starting to talk about damaging the inner lining of the blood damaging the inner lining of the blood vessels, the glycocalyx, the vessels, the glycocalyx, the endothelium. And what happens when that endothelium. And what happens when that gets disrupted? Well, your body says, gets disrupted? Well, your body says, "Something is happening that's not "Something is happening that's not supposed to happen. I'm going to start supposed to happen. I'm going to start attacking things like LDL, and I'm going attacking things like LDL, and I'm going to start doing things like bringing this to start doing things like bringing this in and creating plaques and putting in and creating plaques and putting calcium around them to to block them calcium around them to to block them from going anywhere." And that's the from going anywhere." And that's the intrinsic link in the knee bone to thigh intrinsic link in the knee bone to thigh bone to hip bone kind of connection that bone to hip bone kind of connection that you see with what I see now in you see with what I see now in cardiology in in the functional spaces, cardiology in in the functional spaces, you can't heal the vessels until you've you can't heal the vessels until you've healed the gut, right? And you have to healed the gut, right? And you have to look at diet. And even at that, you look at diet. And even at that, you mentioned the foods that we're eating.

mentioned the foods that we're eating. The orange of today is so different than The orange of today is so different than the orange that I grew up with, right?

the orange that I grew up with, right? In terms of nutrient density, but also In terms of nutrient density, but also in terms of the pesticides and the in terms of the pesticides and the chemicals that are used to grow our chemicals that are used to grow our food, not only just leaching the micro food, not only just leaching the micro biome of the soil, making it more biome of the soil, making it more difficult for vitamins to get fixed and difficult for vitamins to get fixed and heavy metals to become bioavailable, heavy metals to become bioavailable, that also then comes into us and feeds that also then comes into us and feeds or destroys our own microbiome. Really, or destroys our own microbiome. Really, you can get major dysbiosis, right?

you can get major dysbiosis, right? Major abnormalities of the microbiome Major abnormalities of the microbiome that have health consequences. I mean, that have health consequences. I mean, even these micro shifts in the even these micro shifts in the microbiome, you know, losing one or two microbiome, you know, losing one or two different species here and there has to different species here and there has to have an effect. Nothing happens by have an effect. Nothing happens by accident in nature. And we have a robust accident in nature. And we have a robust microbiome for a reason. Why? Because we microbiome for a reason. Why? Because we need all of it. And the thing that need all of it. And the thing that fascinates me is we're we're born from a fascinates me is we're we're born from a sterile environment, right? Moms' wombs sterile environment, right? Moms' wombs are sterile. Somehow, all these bacteria are sterile. Somehow, all these bacteria get into our system, right? They're get into our system, right? They're supposed to be there, right? And all supposed to be there, right? And all these things that we're doing in terms these things that we're doing in terms of our lifestyle, stress, sleep, you of our lifestyle, stress, sleep, you know, that is not just something as know, that is not just something as obvious as the the chemicals in our obvious as the the chemicals in our food, but stressing out, blue light food, but stressing out, blue light devices. That stress affects the devices.

Stress And Nervous System Impact

That stress affects the composition of our microbiome, and composition of our microbiome, and therefore, our cardiovascular health, therefore, our cardiovascular health, our brain health.

our brain health. >> Yeah, I think about how the nervous >> Yeah, I think about how the nervous system is wanting to the world around us system is wanting to the world around us today. And as soon as you start to go today. And as soon as you start to go into a stress response, of course, your into a stress response, of course, your body will, for the short term, down body will, for the short term, down regulate digestion, drainage, detox, regulate digestion, drainage, detox, repair, and send all of your resources repair, and send all of your resources into meeting life's challenge in the into meeting life's challenge in the moment right then. But if you're always moment right then. But if you're always stressed, either by the toxicants coming stressed, either by the toxicants coming in from your environment through your in from your environment through your food, air, and water, and your skin, or food, air, and water, and your skin, or through the screen, and whatever the through the screen, and whatever the stressful news is that you're watching, stressful news is that you're watching, you feel out of control, feel like your you feel out of control, feel like your world around you is unsafe, of course, world around you is unsafe, of course, it's going to have a physiological it's going to have a physiological response, right? And then, your body's response, right? And then, your body's not going to be in a position to keep up not going to be in a position to keep up with just the daily wear and tear and with just the daily wear and tear and the needs of your digestive tract, of the needs of your digestive tract, of course, [music] it's going to add up and course, [music] it's going to add up and