How To Reverse Artery Plaque & Heart Damage WITHOUT Drugs l Dr. Stephen Hussey l Ep #411 Transcript

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Introduction and Guest Background

Hi, I'm Natalie Nidam, your host. Welcome back. Heart disease is still the number one killer in the world, and today's guest thinks we've been asking the wrong questions about it.

Dr. Stephen Hussey is a clinician and author who survived a widowmaker heart attack at 34, despite normal labs and a zero calcium score. In this episode, we talk about why cholesterol may be a distraction, how stress and nervous system signaling affect the heart, It's a conversation that challenges a lot of assumptions in a good way.

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Welcome to the Show, Dr. Stephen Hussey. It is a pleasure to have you here today and I am really excited to share your story. Thanks for having me. I'm happy to be here.

Yeah. So we're going to blow up some preconceptions, myths and whatnot. I listened to your, you speak in Copenhagen and when you put your book up on the screen, I was like, wait, It had been sent to me by, I don't know, maybe your PR agency or someone, and I had it in my pile of things I wanna read.

And then when I listened to your talk at the conference, it was just like, yeah, we need to get on this. So we're gonna wade into this world of cardiovascular disease and what the drivers may or may not be, what some of the myths are.

We're going to start with your story because you're coming from a place, when you had your event, which I'm going to let you talk about, you were pretty much at the point where you're going write a book.

And it completely put this huge kind of, all of a sudden you are like, well, if this can happen, I have no business writing a books. But now 180 degrees turn later you know more.

I just really excited to share this conversation because I do think this whole the whole conversation around cholesterol and the cause of cardiovascular disease, the way you describe the movement of blood and what drives it is so fascinating and so important for people to understand.

So on that, let's start with you type one diabetes early on in the game and take it away, please. Yeah. I mean, the reason that I've been interested in health and disease for my entire adult life is because as a child, I had a lot of chronic inflammatory conditions, ultimately ending up in type 1 diabetes at age 9, which I very quickly learned, just because of going to doctors, that that heavily predisposes me to heart disease, being a type one diabetic.

And I was never really told why or anything. But so then as I majored in Health and Wellness in college, And then went on to get my chiropractic degree and then a master's degree in human nutrition and functional medicine.

I would always like my ears would perk up when I'd hear about heart disease because I'm told that I am so predisposed to it. And I m happy to say that through lifestyle interventions, I was able to control most of those chronic diseases I had as a kid and get rid of most them aside from the type 1 diabetes, kind of collateral damage from that inflammation.

So yeah, I thought it interesting that no doctor ever told me that I could do those things. And so I kind of gained this skepticism Western medicine and kind went into the health route and, you know, mainly controlled my, my health or a child tried to achieve a healthy lifestyle through diet and exercise.

The mainly what I did, those are things I control. Even when I was a poor student, that can control those. Things, and what did your diet look like at that time?

Like what was, what, was what your version of a health diet as a type one diabetic? Well, I mean, early, as a kid, it was just standard American diet, which made it very hard.

It was survival and insulin. Yeah. Lots of insulin, that's what they told me as I type one, they just, don't worry about the carbohydrates, processed foods, just give yourself insulin for it, right?

Yeah, but yeah, learned I could change my diet. And it eventually went to just whole foods. Then I discovered low carb, maybe 12 years ago now. And that made a huge difference as far as my ability to control blood sugars.

And I just thought it was interesting. I was never told that by any physician that you could change your diet and influence my abilities to controls these blood sugar, use less insulin, that kind of stuff.

And so, so yeah, it went from like processed food diet to whole foods diet, to more paleo to then low carb. I tried carnivore for a while, but now I'm kind of back on low-carb, uh, still incorporating plants and things like that.

Uh, eating seasonally. Um, yeah. So I, I was always using diet that kind move the lever for me and then exercise. Always. But I always play sports. Exercise was fun for, um, always, has been a big camper and hiker and like, that, So that's what I doing.

And, it gave me relatively good levels of health. Sorry, before you go on, I'm going to cut in here. Just before we go, this is something that people don't fully understand and I'd love you to explain to the audience a little bit.

Why is just using insulin a problem? Insulin comes with a whole host of issues of its own when there's too much of it around for too long. And we hear about type 1 diabetics just like being told exactly what you were told and they're just pounding the insulin to manage the blood sugar spikes.

But what is it about insulin that you as a type one diabetic wanted to mitigate so that weren't using as much? And then the other thing was many people who are diabetic would hear low carb and would Flip up, they'd be like, well, wait, you know, what if I go into ketoacidosis?

So maybe we could just kind of pierce those two bubbles and then keep going on your story. Yeah, definitely. So I guess necessarily for like a in the context of type two diabetes, which is where my body is making insulin, I'm not responding to it.

You're going to get high levels of insulin in that situation because your body doesn't think there's any around. It's lost the ability to respond to it.

So your bodies doesn' t think that there is any, so it just keeps making more. You are insulin resistant and your has high level of Insulin. People talk a lot about how high insulin is indicative of all these different issues in the body.

And in and of itself, that can cause some issues. But the real issues are how you got to that high level of insulin, the fact that you're not responding to it, and the poor metabolic health you've created to get to the point.

Those are the things that are really causing the damage. Then the high blood sugars that eventually happen from that, because you can have high insuline levels well before you have higher blood sugar levels.

And so that's something that is an issue in medicine because they're tracking the blood sugar.

Insulin, Diabetes, and Low-Carb Basics

But by the time it's affecting bloodsugar, it has been an issues for a very long time. Your insulin levels have been high for very a long. Whereas in type 1, I've lost the ability to make insulin.

So I'm administering insulin myself. which is an art form because sometimes it doesn't absorb as well as other times when I inject it and there's things that can affect blood sugar.

I'm trying to be a pancreas with exogenous insulin, which a difficult thing to do. Like even if I just exercise, that makes my blood go up. Or if go on stage and I have a stress response, like blood goes up, you know, there are all these different things.

So in that sense, I guess having more, using more insulin as a type 1 diabetic is not as bad as having high insulin levels as the type 2. As a Type 2, you've gone through these situations where you got into high levels of insulin pathologically.

Whereas for me, it's still not a great idea as Type 1 to be using so much insulin because A, that means you're probably eating a less quality diet, one that's very high in processed carbohydrates and things like that.

And also, it can desensitize your body to the insulin. And it's the number one like fat storing hormone. We're just not really well equipped to handle that much insulin, but that's exactly what I was told as a kid.

I literally was given a booklet that listed every single fast food item available at the time from all the different restaurants and told eat these foods, just here's the amount of carbohydrates in it.

It's listed in this book. Just give yourself insulin for those carbohydrates. That's all that mattered. Yeah. I would also imagine that chronically high levels of insulin, it's more catabolic, right?

The presence of Insulin blocks the release of growth hormone. So it would be pretty hard if your insulin is chronicle elevated all the time, even as an athlete, It would hard to recover.

Sure. Yeah. I mean, all those different things are issues with just high levels of the hormone itself. And it's a synthetic hormone that I'm injecting.

So like, I don't know, there's things I have concerns about that, but I had no option at this point. But what you're doing is reducing that delta. Right.

Right? So you just use having less of it around because you're not needing more of that around. Then I do that mainly through diet and lifestyle. Like with lifestyle, like being active tremendously increases insulin sensitivity.

So I'm, you know, increasing the, I guess the value of the insulin I am giving by being. Yeah. Um, so yeah, there's lots of things I'd do lifestyle wise that helped me minimize the amount of insulin.

I need to, to create the blood sugar control that I want. Hey, folks, I just wanted to throw a little message in here for those of you who are sending me all these incredible questions on social media or through YouTube or even on Spotify, wherever you're listening to the podcast.

I wish I could get back to each one of your personally, but unfortunately, And because I cannot, I created, about a couple of years ago now, a membership community where I get to hang out with people just like you.

I do live weekly Q&As, almost weekly anyway. We also do have podcast guests come in to answer everybody's questions and do presentations, you get to interact live with those podcast guests.

We will sometimes do challenges with some of the partners. Like in 2026, we have a mitochondrial enhancement challenge coming up where we're going to be testing mitochondria function.

we are going be to testing people's deuterium levels. If you haven't heard about deutereum, We've got podcasts coming down the pipes on that. And then people will be invited to follow a personalized protocol and then retest their mitochondria on the other side.

We offer that in the membership community and we do it at incredible discounts that you just can't find anywhere else. So if you're interested in hanging out with me and other like-minded people, which actually happen to include some pretty awesome practitioners and even some previous podcast guests who've come and joined the community, then I invite you to check it out on my website natnidam.com slash the dash longevity dash community or just go to natnadam dot com and look for the Longevity Community tab at the top of the page.

Click on that and see if this is right for you. I would love to see you there. And we could make 2026 our best year ever together. So once again, that's natnidam.com.

Just look for the Lungevity community tab, at top the of page, now let's get back to the show. Okay, so then let's talk about low carb and diabetic people in general.

And let' s talk abut type 1 diabetes right now. Type 2 diabetes is kind of a different animal. It's a metabolic dysregulation if you will. it can be corrected through lifestyle and diet in most cases.

move that off to the side because I think the type one diabetes is very central to your story in the sense that it puts you at very high risk for certain issues that came to pass in spite of all your good efforts.

So, but just let let's just quietly walk this little elephant out of the room, the low carb diet for a person who's diabetic, which people could be very freaked out about.

Yeah, and the reason they're freaked out, man, I understand it from a perspective of what I was told when I as a kid. You're told that ketones or this state of ketoacidosis is a bad thing and you're meant to fear it, right?

And that's what you do. The way that you test for if you're in ketoacidosis, which really only happens if have a wildly uncontrolled type one or type two diabetic, right?

They're uncontrollable and their blood sugars are so high, they're not getting any insulin and they body is like, well, we have to make another fuel source and that is ketones.

And it's so pathologic in that state that make too many ketone. So you get to the state of being acidic because of the amount of ketons that are present.

But that's very different than ketosis. So that is ketoacidosis. But as a type 1, you're testing ketones and you find any ketone in your urine and this is the bad thing.

You're taught that. Right. Right? So then you get this diet that comes along that's going to help your body become more metabolically flexible and make ketones when it needs to.

And you think, you probably think because you've been told, oh, that a bad thing. I don't need to do that. But so the difference is the amount of ketone that are present.

So in that pathologic state, your bodies going keep making them to the point where it gets to like levels of like nine or 10, like if you measured it in the blood, millimoles.

Whereas ketosis, is technically like optimal ketosis, you're at like 1.5 to 3 millimoles, right? So very different levels of ketones and that reflects more metabolic health.

Having ketone present at all reflects there's metabolic. So if you eat an amount of carbohydrates, say like the night before, and then you fast through the and you wake up with ketons present, that shows metabolic flexibility.

You were able to burn through carbohydrates and immediately go back to making keton. And so that's like a healthy state. Ketoacidosis is a very different thing.

Pathologic state where your body thinks it needs just to keep making ketones because it doesn't have a fuel source

at that point because there's no insulin or insulin signaling.

Right. So it's all about holding the balance, which is more work, Which is why I think probably most people are not guided to this path. Anyway, so you're going along, you are managing your, mitigating it, not using too much insulin, using what you need, managing blood sugar through insulin but also through lifestyle and diet.

You are using three different levers where most are only using one. Then what? Yeah, so I just kind of, you know, was practicing as a chiropractor for, I mean I practiced eventually for 13 years until I stopped.

But yeah, just practicing the chirepracter, diet and exercise. You know just always been interested in health and reading lots of things. I was doing a lot of research on the heart and heart disease just out of curiosity because I've been told that I'm predisposed.

So I already had like a good amount of information about the as far as like a function of the heart perspective, like what the actual function in the, uh, of heart and the body is.

Not so much about atherosclerosis heart attacks yet. Then, yes, um, at the age of 34 actually suffered a widowmaker heart attack out of, there was like, my testing looked great according to the authorities, you know, technically they would tell me that my cholesterol was a little high.

But my CAC score six months prior to the heart attack was a perfect score of zero, which puts me at like less than one percent risk of having a heart.

Wow. And they would have told me, yeah, you're you doing fine. And obviously they intervene, which is one of what Western medicine is good at. They're good intervening in an emergency.

The reason I'm still here today, I could argue that the reasons they think I am still hear today and what they did may be different than what actually is going on, Which was one the themes of my talk I gave in Copenhagen.

But yeah, so they found 100% blockage of the LAD, right? The left anterior descending artery, the widow maker heart attack is what the found. And they placed a stent And again, there's nuances, I think, to what actually saved me that day.

But that's what happens. And this is why blockages and stenosis or narrowing of an artery are blamed for heart attacks is because someone starts having the symptoms of a heart attack.

They go in and they find this thing. This thing that is blocking an arteries, right? But we have no idea if that was there beforehand. or not, right? So there could have been, there's entirely different mechanism of heart attacks, which sounds like a very bold and crazy claim for me to make, but there are lots and lots of This is the work that I've done and initially I looked at to suggest that.

Heart Attack Story and Hospital Experience

I want to jump in here and just encourage people to get their hands on your book because this would be a three-hour marathon if we got into the nitty-gritty, which I'd be happy to do, but I don't think people come to me for a 3-hours marathon.

Neither of us has blocked the time. But in the book, you do such a good job of explaining this. just encouraging the audience guys, like check out the book.

But in the meantime, listen to the story because I just think it's so fascinating. Like the treatment that you got in a hospital, the way that were stonewalled by the medical profession.

And then the fact that actually had the wherewithal to stick to your guns, dig in little deeper and make some really interesting discoveries. Yeah. Thank goodness I had that previous knowledge of the heart and heart disease.

So I have enough knowledge to kind of doubt what I was hearing in the hospital. And what were you hearing? What were they telling you? Yeah. At that point, I just said, okay guys, if I got something wrong, tell me your opinion.

Let me know what happened. It was just a broken record. Clustral causes heart diseases. Your cholesterol is high. That point it wasn't even as high as it is now, high according to them.

We can talk about what high actually means. And so yeah, they were just like, yeah. And here's five medications you got to take the rest of your life.

That was pretty much it. So then I am an inquisitive person. I wasn't being argumentative at the time. And I was just like, well, I understand that. There's a stent in there now.

I kind of get that, but what about magnesium is a blood thinner? And they literally said magnesium's not a but thinner. And, and I like well I know that's, not true.

They don't have a protocol in the hospital to use magnesium and replace it in replacing a, blood dinner. So they can't actually do that but there's no curiosity and everything from, you know, the food they gave me, which was terrible.

The food, they told me that I should eat after I left was basically, You know, low fat, full of processed foods, things that were on that list were fig newtons, animal crackers that I should be eating as part of a healthy diet.

So yeah, that didn't make sense to me. The fact that there was no conversation about there's no openness to conversation. It was a shutdown of conversation that was the biggest problem.

I knew the philosophy was going to be different. My philosophy and their philosophy is going be to different, I know that coming in, but it was shut down of conversations that bothered me the most because I would ask questions and they didn't even want to have the conversation and in my chart notes I later found that I was branded as non-compliant and so any new physician that came in would just get that perception and then not want talk to me about it even if I'm asking them.

So yeah, it was a problem. And the solution was you're going to be on these five medications the rest of your life, which were a statin, two blood pressure medications, a blood thinner, and a baby aspirin.

That's what they wanted me on. Just as an example, I tell this story often, is that my blood-pressure usually hovered around 112 over 70. So you were low.

They wanted on two-blood- pressure- medications. The reason they want me those things is because they think that I mean, it's very well established that, you know, when someone has a heart attack, that they're predisposed to developing heart failure.

So they try and take pressure off my heart. Especially the beta blocker. And so I understand that. However, in the context of me, at 112 over 70, two blood blood medications is not a good idea.

I took one for one night. In the middle of the night, they woke me up to check your vitals, which they do three times a night or whatever. And I was like, well, that's pretty low.

I am asleep right now. That's still fairly low and so then I sat up from the bed once they left the room. And I didn't get up fast because I had all these wires hooked to me.

So I got up pretty slow and then I stood up and almost passed out. Just to turn down the thermostat in the room is what I was trying to do. And so I said, okay, well, I'm not doing that anymore.

But it's just this cookie cutter recipe that wasn't applied to the individual. It made me give me confidence that they were really looking at me as a person and recommending what i needed or what was more appropriate for me, it

was just, this is the recipe for people who've had heart attacks.

Here you go. And so once I got out of there, I did not take any other medications aside from the blood thinner for six months because there was a stent in there.

And even then I took a lesser dose than they recommended. These are just my decisions, not medical advice or recommendations. This is just what I decided to do.

And I did my own heart health healing routine. And over the next two years, I was able to heal my heart as far as prevent heart failure, ejection fraction returns normal, conductivity of the heart tissue returned to normal.

I also developed a 75 to 99% blockage of plaque in my leg because of procedure they did to place the stent. And so I was able to, they told me that that would be that way for the rest of my life and you couldn't reverse that, especially as a type 1 diabetic.

And over two years, I reversed that completely without medications. and I've got an imaging of the coronary arteries in my heart. I did that earlier this year.

It's been almost a year now and they're clean. My heart arteries are clean so the stent is patent. There's a small amount of plaque in the right coronal artery that was there at the time of heart attack so that hasn't progressed and everything else is clean and open.

And this is with cholesterol levels astronomically higher than what they say they should be because I can explain why that is too because of way that I'm eating, because i'm low carb, there's phenomenon that happens that can Raise it if you consider that raised and we have to define the parameters of what should be so I was able to do things that They told me were impossible that I wouldn't be able To do and I would argue that they feel they're impossible because within the walls of they do they don't see that stuff happen Do something different?

I got a different result. Why do you think you had a heart attack? so, I think And this maybe goes into a different part of the conversation because you talk about the heart, maybe it's not a pump.

We talked about, you know, like you bring forward a lot of really interesting discussions and what you don't know is on my way home from Copenhagen, I ran into guy at the airport who struck up a conversation with me because our flight was delayed because, that's what happens.

And it turns out that he's a dude that just invented an artificial heart. And it's the first artificial heart that it based on Tesla's work, or it uses Tesla concept, if you will.

And he started telling me that the heart's not a pump. He started talking about how the way this pump works is through rotation. Vortexing, yeah. Through a vortex.

Coral fields, pretty much, which is a very Tesla-type thing to talk about. Exactly. So I just come out of Copenhagen. I'd just heard you speak. Starting to look through the book and I was like, okay, the universe is kind of…

I'm just telling you something. Yeah. And so why I had a heart attack, I don't know that that has much to do with what I think the true function of the heart is.

Well, it does a little bit. which we can get into, but yes, I don't believe the main role of the heart and the body is to act like a pressure propulsion pump to move the blood.

As a matter of fact, there's really no evidence for that, and it's kind of impossible to think of a heart that size being able to forcefully move blood throughout the entire body, yet that's what medicine thinks.

And so if you don't understand the actual function of the heart, how are you supposed to understand how to make it better when something goes wrong with it?

And that's a huge issue, especially with heart failure and arrhythmias and things like that. Not understanding the true function they struggle with conditions like that, because they don't understand how to truly make it work.

And so it's very interesting that some like and there's people, there are scientists back in the 1800s who were trying to build a system, like replica of the system of cardiovascular setup with pressure propulsion pumps, and they couldn't get it to work, Because they couldn't generate enough pressure to send the blood.

Right. They couldn t get to work because if you make it act like a pressure propulsion pump, that's not how the vascular system works. It has to do with hydraulics and pressure changes and the heart as a vortex.

And so the pressure change is really what drive like something like the pulse and things like that. But what drives blood flow in the periphery is actually structured water on the lining of the arteries.

That's the main driver of bloodflow, which we can get into as well. The original question was why I had a heart attack. There are two different mechanisms of heart attacks.

One is acute clotting situations where you can get a blockage But it doesn't have It's not because of the stenosis of an artery like it's Not because there's a gradual narrowing of a artery that eventually blocks it or some of that plaque ruptures off And causes a blocking rupture happen all the time, but there is lots of literature to suggest that they don't cause heart attack It is very rare that a ruperture causes the heart.

What happens is you get a clotting response in blood. Now, that clot response can be more likely to happen if you have stenosis of plaque in the artery already because it disrupts blood flow and disrupted bloodflow becomes stagnant and stagnate blood likes to clot more.

And so that's one issue there. But then the other mechanism of heart attacks has to do completely with the autonomic nervous system signaling to the heart, which is when we think about nervous systems, we're thinking about stress and the stress signal.

So putting that together, you understand it's very well known in medicine and conventional wisdom that heart attacks are associated with more stressful days of the year.

They're associated Mondays, they're straight associated, with major holidays and sporting events where people are betting too much money and losing and that kind of stuff, or even daylight savings.

When we shift Yeah, it's a huge one. How stressful to our nervous system that is. We get lots of heart attacks. And again, that's very well known in medicine.

So it makes sense that there's this mechanism of hear attacks that when we get imbalanced signaling to the heart tissue itself, causes a cascade of events that can cause heart-tissue death.

there's this work of this, this scientist named Giorgio Beraldi, who I've yet to meet a cardiologist who's aware of his work, which just fascinates me, um, that nobody's awareness work.

Even though he basically flipped the field of cardiology on his head. Maybe that's why they're not aware. Um, but basically he showed that anytime an artery gets to about 60 or 70% narrowed, the body builds collateral's around it.

And cardiologists are, are very, uh, aware, of collateral. They understand that happens, Well, based on Buraldi's work, and he autopsy thousands of hearts during his career, everybody builds collaterals.

So you're talking about alternate route, like new blood vessels that make up for the blockage. The body builds new vessels to make-up for blood flow. And they've shown in animal models that these blood vessel can form as fast as four days.

You're kidding. Yeah, it's very quickly. Because people say it could take years for collateral to form. It's like, not

based upon those animal studies.

Um, It can be very, very fast. Your body can figure things out. A big theme here is that what medicine is doing is treating the solution to the problem that the body has.

The solution is plaque and collaterals. They're trying to treat that. But in doing that, they're ignoring the actual causes of heart disease, which are clotting pretty much.

Acute cloting that can happen at a low grade level, meaning plaque over time, and that happens in the artery wall, not on the lining of the or acute clotting that happens fast enough that it can block a whole artery instantaneously, which could have been the case with me, right?

Also, because they found a blockage there. Also I was going through a lot of stress at the time. COVID was happening, there were things happening during COVID I didn't agree with, I let myself get caught up into it.

There was some relationship stress. I found out very stressful news about a close family member a day and a half before I had the heart attack. That was probably the most stressful.

And it wasn't just the news, it was the inability of me or anybody in my family to help this person. We couldn't get to them. They were in another country.

It was COVID. And so we were just waiting to see if it would be okay. And I was also pretty dehydrated at the time, which is not good for blood flow. I had convinced myself to only drink water when Iwas thirsty.

and I Was on this low carb diet and that was kind of dehydrating me a little bit and i was suffering with constipation and was getting ready to do something about it.

My body was giving me the signals. Hey, this is now okay, change it and getting to something that I just hadn't yet. And then I woke up Tuesday morning a day and a half after I got that news and did a HIIT workout.

And so like where I sprint up a hill, drop into push-ups to failure, lunges to fail, that kind of thing. I did that five times and then 20 minutes later, I'm having a heart attack.

It could have been that whole situation causing the blockage to form. And that's what they found. They found the Blockage of the LAD. But I don't know that that if that was there before the heart attack happened, it could've been because they because cardiologists will tell you this, they'll go in sometimes and they will just for like, you know, a heart cath to check on somebody and They find 100% blockages persons not having any symptoms whatsoever.

Why Heart Disease and Cholesterol Are Misunderstood

Yeah, so that doesn't mean that That was the cause of my heart. It could have been this stress thing, and then I did this workout and that was a straw that broke the camel's back.

And then, I started having the stress response signaling to the heart that triggered, again, the details of the cascade of events that happens during that is in my book that can cause tissue death.

Now, they placed a stent and when they place the stents, my symptoms went away, but they also gave me morphine at the same time. So did the stent open up the artery, restore blood flow, and cause my symptoms go away?

Or did morphine calm my stress response and caused the symptoms to stop? I don't know. And I'll probably never know, but the solution to preventing both of those types of situations, whether it was the blockage or the stress So I just gotta do those things.

And that's what gives me the confidence it's not gonna happen again because I figured out those two mechanisms

and how they potentially could have happened to me and now I know how to prevent them.

They involve way, way more than diet and exercise. So one of my big missions, I guess, in life now is to educate people about how heart disease and heart attacks are not, to my opinion, have very little to do with diet.

like a processed food diet can be a contributor because it's inflammatory. You're eating a lot of toxins, you're contributing to insulin resistance, which are things.

But this whole conversation about plants versus animals, saturated versus unsaturated fat, like all this stuff, it is a big distraction, I think, from the actual causes of heart disease.

And this obsession with cholesterol, is also a giant distraction from the actual causes of heart disease. We have been treating people for cholesterol through trying to control cholesterol, through diet and drugs for the last 50 years.

And heart diseases is still the number one killer in the world. The incidence is the same. The deaths have come down and they would argue that statins and lowering cholesterol is why we have a decreased risk of or decreased death rate from heart disease, but that's not the case.

The reason we had a decrease death is because around the very same time we introduced statin, we also invented procedures that save people from dying from a heart attack.

So that why have less deaths. We have stent procedures, interventions like I went through. That's why had less death. But the incidence is still the same and rising.

Yeah, it's not about those things. Those are a giant distraction. When I found out the actual causes that make more sense to me and I implemented those in my life, I didn't know they were going to work when I did them, but I kind of came up with these theories and did and they did work very beautifully.

Then I figured out why. Now I share that with people. So, okay, and we're gonna get to that. I wanna get that, but I'm curious, you were a chiropractor, But then you went ahead and did that thing that a lot of, I mean, this is an area of knowledge that is so lacking in conventional medicine.

You actually went and got a master's in nutrition in addition to functional medicine, where do you think those two things came together to really form the basis for what you do now?

and your knowledge like how did those yeah I actually I say this and it's probably not entirely true but I stay like I don't use much of what I learned in my degrees at all at this point as far as like my chiropractic degree or my functional medicine degree I I don't know.

I feel like it was all useful to learn this basic understanding of how we think the body works. But as I delve farther and further into things and different science and look at it from a biophysics perspective, I'm just like, I think that we got it all wrong. Or maybe not all-wrong, but it's so incomplete.

To challenge the heart as a pump is a pretty It's a pretty bold statement. Now you're not alone, but you are one of the louder voices and a lot of people who didn't claim that are dead.

And now we've got my man, Billy, who's we'll end up on the podcast, he also pooh-poohed me when I asked him about, you know, a lotta people think about the heart as a nervous center, like a, the hard as, as very important emotional stress and he kinda went, yeah, whatever, it's your adrenals releasing cortisol, that has nothing to do with your heart.

that'll be a different conversation. But I would say that he's, he is on point with you in terms of challenging this idea of the heart is a pump versus the hardest vortex.

How do you explain that to be like, how do we help people to, to think about what is it and why does it matter? Really? So, so, Yeah, so there's, well, first I'll tell people, like before I go into this, I describe this in my book in chapter six is where I talk about the evidence for the heart not being a pressure propulsion pump as we think of it as pressure-propulsion pump.

And like you said, i'm not alone in this. There are other people that talk this and if people want the most comprehensive with tons and tons of literature cited to support this claim, Dr.

Branko's first book, Called the heart and circulation is probably the most comprehensive it reads like a 200 page research paper though. I'm just warning you It's not like it's a fun read.

It is not a narrative read, you know But yes, sorry, the evidence is all there and there's tons and tons of literature This is just some crazy thing, but it is also logical think about it like there are studies that they look at the efficiency of the heart.

If you look as a pressure propulsion pump, the amount of energy the hear uses in the matter of work quote unquote that it does, it's about 15 to 30% efficient, which whether you believe we were created or we're evolved, that's not an efficient way to do something, right?

If your using that much energy and getting that little input or little output from it, thats not efficient. So it makes me think that we are looking at it wrong.

We have the wrong framework of what we looking it as. And so yeah, like the When you see it contracting, it's logical to think, oh yeah, that's pumping, right?

When in reality, its contracting. But it is twisting, like the fibers are circular almost. Right. So I think the first thing we should talk about is if the heart is not moving the blood, what is moving blood?

So just real briefly, the Heart does do a very small amount of moving of blood. It's just enough to get the Blood through the chambers of the hearts itself.

Other than that, once it gets out into the periphery, blood moves in a different way. via structured water formation on the lining of the blood vessels.

And so what structured Water is, is this gel like form of water. Most of The water in the body is in this jail like state, which is why I feel like a gel, like the water and my cells as a jail.

Yeah, yeah, I can take with this from my form and it bounces right back like jello. So what makes structured? Water form is when we have water that's toxin free and mineral rich, and we Have energy to that water energy for that.

Water comes from the sun from infrared light. That makes sense. We live on a water planet charged by the Sun. That's what we do. And we are made of primarily water, and we're supposed to be charged by the sun.

So we get the structured water. But there's liquid water in the body, too, like in blood and in lymphatic system and the cerebral spinal fluid. Some of this liquid, when it gets next to a biological surface, a water-loving surface it will form itself into structured.

There's this layer of structured, there is supposed be a layer on the lining of the arteries. If you go into the literature and type in cell-free layer, you'll see that they found it.

because where the structured water is, red blood cells can't get through it. So they call it the cell-free layer. Interesting. And so in Dr. Pollock's lab, they proved that this happens in chick embryos, in the arteries of chick-embryos.

When the structure of water forms, because of the way that it forms it creates an energy gradient. Without getting

into the details, structured waters becomes very electronegatively charged because the chemistry of how it form.

Next to it is very positively charged space because there's a concentration of hydrogens in there and a positive next to a negative is a battery. So when we form structured water in the body, we're basically creating batteries.

Energy storage forms of batteries, which is the main energy storage form of the bodies, not ATP. It's structured. Water should be. Anyways, in this situation, that energy gradient that's formed does the work of moving fluid.

And they've shown this over and over again in Dr. Pollack's lab. You can take a tube made of a hydrophilic or water-loving surface, put it in a vat and water, shine infrared light on it and provide energy to the system.

Structured water forms on the lining of the tube and the water starts moving through the two with no pump acting on whatsoever. they've done that over and over again in his lab.

They've shown that that's what happens in tree roots. That's how water gets from the trees, ground, all the way up to the leaves, right? Through this mechanism.

Because there's no other, how else would it get there? These don't have parts, you know? Yeah. So that is how blood is moving in our system for the most part.

And so, Then it becomes curious to think, why do we have this thing, this heart that's contracting, and it's placed in the middle of the vascular system?

Like if I was going to pump water up a hill, like from my feet up to my head, where would I put the pump? At the bottom. Yeah. Up to the top. And that is not where the heart is placed.

It's place in this flow of blood through these two sides of this vacular system. Why? The reason why is twofold. is that when you look at the heart, you're looking at orientation of the muscle fibers in the hearts.

It's actually one big band of muscle that's wrapped up on itself. And there's a scientist named Francisco Torrent Clasp in Spain who figured this out.

He did these blunt dissections of the heart and he found this. So when the contraction, when this signal for contraction comes through the hear, it comes to in a spiral like that, because the hearts wrapped up on itself.

The heart is doing this, its vortexing and spiraling. But also water is vortex and kind of disrupted, so to speak, as it moves through chambers of heart.

It flows in, like you put one of those quarters in thing and it flows around like this and then it goes down the thing. The blood flows in the heart chambers like that.

It flows into this. When it leaves the valves, it eddies on either side. There's all this vortexing that's happening, and then when the hearts contracts, that it's also vortex it as well.

And so the purpose of that is because that what nature is doing to water. Water on this planet is not sitting still. Its moving. its flowing in rivers, its crashing on the beaches and oceans, tidal currents, evaporation, precipitation, water is moving, And if you get a bunch of water in laminar tubes, it's not being swished around and move like it is in a river or crashing on the beach, that kind of stuff.

And so what do we need? We need something that can mix up water, can vortex, swish water around because that's what energize it. Because in Dr. Pollock's lab, they found one of the ways you can also energise water aside from infrared light is to vortex it, switch it around in the presence of oxygen.

Well, there's no mistake that there is oxygen present in blood. And now we're vortexing it around as it moves through the heart. So that's the purpose of the hardest.

Yeah, so it's charging the water to move, which is ultimately have blood. Right.

The Heart as a Vortex and Blood Flow Mechanics

But I don't think the heart can do that itself, which is why we're supposed to be in the right environments to create structured water, too. Which means outside, in contact with the earth and under the sunlight.

Because those are the things that charge the body. And when you charge your body, you build structured, water which creates blood movement. Now, the second aspect of why the Heart is there is because it's actually there to slow the flow of blood.

during exertion, right? And there's some eloquent studies done in endurance athletes and soccer players that show this, that the reason like, and people endurance athlete, you know, their heart gets this this it gets bigger, this hypertrophy of the heart.

Yeah, yeah. And that's not because it's better at forcefully moving blood in those people is because its better stopping blood because those are creating an onslaught of blood flow because of how active they are.

So it kind of like the heart becomes a bigger catcher's mitt, right? So that it can catch the blood and then vortex it and move it through the chambers of the hear.

And so that's why it becomes bigger. So, but the thing is, is that if I was to go for a run, the tissue demand for oxygen and nutrients would be so great that all the block would rush over to the arterial side trying to deliver those nutrients.

If the Heart wasn't there to slow the flow of blood during exertion, like these endurance athletes, then all of them would go over the other side. The venous side would collapse and we would die.

which is why those scientists who were doing those experiments back in the 1800s were trying to create a system like this that maintains perfusion pressure in both sides and they couldn't with the pressure of a pulmonary pump because that's not what the heart is.

It's actually there to slow the flow of blood, right? And one of the most fascinating things I heard is there's a cardiovascular surgeon who read my book and he said, I learned why when we perfused the blood away from the hear during heart surgery, the pulse goes away.

And it's because with a pressure propulsion pump, there's no changes in pressure, right? With the way the heart works in a vortexing heart, it builds up pressure in the ventricle and then a valve opens and pressure goes out, and that creates a pulse.

But if you don't have those changes of pressure and the constant changes throughout, the pump actually acts more like a hydraulic ramp, which is very based on flow and So we actually have two hydraulic rams next to each other, the right and the left side.

And so when he read that, he was just like, Oh, that's why when we take a perfusion away from the heart and we use a pressure propulsion pump to keep the blood moving, The pulse goes away, right?

Because the Heart doesn't function like that. Yeah. So yeah, and then the third, third reason the hard is there, it is a sensory organ and it senses our emotional state.

And it does that because it has a giant electromagnetic field that's bigger than any electromagnetic feel of any organ in the body, which you'd think the brains would be bigger because they're so electrical and there's just the same amount of mitochondria in their brain, but the hearts is bigger, because its vortexing.

Again, it goes back to the vortex. When you vortex and take a create a spiral inside an electromagnetic field, it

amplifies the field significantly. We've shown that in science before.

So like that's what's happening. And so the heart is a sensory organ, electromagnetically sensing our environment and our emotional state, which is why we say, we associate this organ with emotions, right?

I love you with all my heart. You know, you feel pain and heartache. There's a reason we see that. It's not a coincidence. So in your healing journey and in in you're evolution of thinking here about how we need how people might want to consider ways to adopt a healthier way of being.

I mean, it is interesting. It's not so much about the diet. I means, yes, like clean up your diet, obviously. But really it's about your environment. Really it about managing your stress.

And really, its about circadian rhythm. Its about light. Even grounding, structured water, play. So, how? Like, how are you convincing people? You know what I mean?

And what does it look like for you, maybe? Maybe that's a better place to start. What does that look for for like you? Because, you know, and I also want to eventually go back to the plaque in your, to your clot in the leg and how you got rid of that, which I remember you saying in you talk, doctors looking at it going, Yeah, well, that's not possible.

And you're like, Okay, but it is because I did and they're, like Well, and then you got once again, just like when you were in the hospital was like well I'm not talking to you.

Yeah. But don't you? Aren't You curious? Yeah? That was the line that was given to me like When I at first it was a 75 to 99% blockage of plaque and Then in a year it went down to to 50 or less is what they said based on ultrasound and They came and did the test twice because they didn't believe it.

They sent the tradition back in there and they did it twice and it got the same result. And he's looking at the results and he said, well, we can't say it's better because we don't see these things get better.

I was like, but we just did though. Why not say what's different about this one so I can learn? But there was none of that. Even then, I came back a year later and that was completely normal.

Then I come back here after that, it was still normal and there's still no inquisition about why and so what did you do like what and i mean these conversations dovetail right the lifestyle the environment and the plaque reversal because that in theory is impossible so let's right yeah so basically my when i went home my diet stayed the same it stayed low carb and because i'm low-carb and I'm running more on fats it means that there's more fat in my blood to be available for uh to for energy, providing energy.

So that's a lean mass hyper responder type situation. I eat low carb, my LDL goes up, not because it's bad for me, or in a state of inflammation or anything like that, just because I'm metabolizing more fats.

And that's what happens for me. It happens to a lot of people, but always in the context of low metabolic risk. So anyways, my diet stayed the same. My exercise stayed same, I couldn't.

I had to change a little bit my exercise because my leg situation wouldn't allow me to walk. As soon as I figured out I could bike instead of having to run, it didn't cause pain when I biked, then I can do that instead.

Exercise stayed the same. My stress probably got even worse for a few years after the heart attack for various reasons, but it got worse. And so what I changed was I started doing a lot more grounding.

I start to prioritize. The main thing I did was prioritize getting infrared light, which was sunlight, and I also bought an infrared sauna. So I prioritize that.

Set my circadian rhythm, I took a couple supplements for one year. Um, and I took some arginine and took Sarah Peptase and a supplement called Wabi, which creates a parasympathetic signaling for the heart.

Took those for about a year and then I stopped them. And so the healing continued after that. Yeah. In a years time, well, in, three months time of using just the sauna, my heart recovered and they were shocked.

They were like, Oh, I guess you decided to take your medications. I was like actually I'm just, um, but then they got the development of plaque in my leg.

from the procedure. So that happened because the procedures they did change the blood flow dynamics going down my leg. I want to illustrate that point.

Yeah, talk about that. My cholesterol did not change, right? I had no plaque in my legs. The morning of the heart attack, I did that HIIT workout. And my cholesterol was slightly elevated at that time and it got even higher after the fact.

And so, but what changed was the blood flow dynamics down my leg. And that caused the plaque. Because of the stent. So, the place where they went into by groin to go up and place the stand, that spot there where the intervened, it's not like terribly common, and it does happen.

It happened to me and I've talked to other people that it happened too as well because of device they used to close that artery. Um, after they go in here, um, it changes the blood flow because there's a piece of it.

Like if here's the artery, there was a pieces of that sits on the inside of. It changes. The bloodflow dynamics. And in some people it changed it enough that I get stagnant blood in this area of my leg.

It was restricting blood flow to my lower leg. So if I would even walk fast through the airport trying to catch a flight, I could feel pain in my leg because I wasn't getting blood to it when I was observing myself.

But they decided not to do anything about it because, um, could do most of the things in life. I just couldn't, you know, couldn exercise the way I wanted to.

Um, against the workplace soccer, things like that, but I can generally live my life without. Yeah. They just said, let's leave it alone. And then I didn't know at the time, but the things I was doing eventually reversed it.

And that was soft plaque, I'm guessing, because it was so newly formed. So I reversed this soft plac in my leg over two years. Which again, they told me were impossible.

They even told it wasn't possible when I did it, and so those are the thing that I changed though. The reason that that had such an impact on the plaque is because plaque it's clotting tissue, right?

Clotting tissue forms when we get, we can get poor stagnant blood flow. Well, let's back up. So clotting tissues forms in the artery wall itself, right?

It's not like if here's the lining of the arteries and the inside lining. It doesn't form on the side. Right. Yeah. Okay. If my hands together are the wall of artery, it forms inside the walls like this and it expands the wallet on both sides.

And isn't that what the CIMT looks at? When people have their CIMT image, it's looking at the thickness of the wall. It's not looking… It is the carotid intima media thickness, right?

Yeah. That's the test, so yeah, they're looking the intimal wall, how does it get in there? People will say that, oh, this cholesterol embeds itself in and it gets into the intimate wall which has just never been proven, and if cholesterol does interfere with the endothelial cells and somehow get it in, a downstream effect from the initial things that happen, right?

So what happens is something causes the cells that line the lining of the arteries, something that causes them to start to grow and proliferate, so there's a few things to cause that to happen.

One is damage. So when you have damage to something, the repair process is a very prolificative one. You make new cells and you grow new tissue and things like that.

Inflammation and damage is one thing that could cause it. Another thing is interrupted blood flow. So if we get stagnant blood, your blood vessels try and constrict themselves with the muscles to create less surface area so that it moves faster.

Just like if you have like a faucet and you put like, a narrow thing on it, it comes out faster, right? Yeah. You put your thumb over the end of a garden hose, It comes up faster right.

That's what the arteries are trying to do. And one way they try to that is to constricting the blood vessel with muscles in the vessels. But another way that they do it is the The cells lining the arteries start to grow in, proliferate and create more space.

So it narrows the opening so it creates more pressure. Right. Yeah. And when you get a growth of endothelial cells, those new cells they need a blood supply too.

That blood does not come from the blood flowing down the middle of the artery. It comes from these small arteries that supply the archery wall with blood.

They're called the vasovasorum. Right. And so when those, so like if you've got, here's the outside of the artery wall and here is the inside of it, right?

And the insides of you got these cells growing, these proliferative cells, they're growing in. So the veins of Azorum here have to grow in and make new arteries to supply these new cells that are growing inside here, and when you grow new blood vessels, you get, there's a process, a time period where they're fenestrated.

They have holes in them because they are incomplete. It's kind of like you're building a house and there are no windows and doors on it yet. There's that time-period where there is no holes, right?

And when there're holes on a blood vessel, blood leaks, and when blood leak, guess where it leaks? Right into the intimal layer. And it's not flowing, it is just sitting there.

Yeah, then once it leaves the blood vessels, now there nothing making it flow, its just stagnant blood sitting here. You get stagnated blood clots. The reason that type 2 diabetes is such a risk factor for more plaque in arteries is because if you're trying to grow new arteries, you need insulin signaling to do that.

If you are insulin resistant, those arteries stay finish rated and holy for longer. So more blood leaks, more amounts of plaque. Then you get this clotting that happens in the middle of the artery and it starts expanding like this.

Again, it's both sides. It's not like it just grows on the inside portion of it. It's both sides. And when you look at clearly analysis or heart flow analysis, you see it.

It is expanding the artery this way. Now once you get that in there, now you've got blood trying to flow past this bump, right? And that's where clotting tissue can form on the outside of this here, on this inside.

Because now if blood flows past, have you ever seen water flow pass a rock in a river, it eddies on that other side. Yeah, creates little swirls. Right.

Creates this stagnant blood. So if you have blood that is hyperviscous, or sticking together too much because you don't have enough structured water in your arteries, which we can talk about, or you've got poor stagnant blood flow, where you got these bumps in the arteries now that blood's having to try to make its way around and curling and increase clotting risk.

So the reason that plaque increases the risk of a heart attack is not because the plaque causes the heart attacks or

slowly blocks it or a plaque piece of that ruptures, because a piece that could rupture, but the evidence shows that that doesn't cause a hear attack, it just makes more plaque.

It builds more plaques on it. Right. The reason we have heart attacks or the reason stenosis or narrowing of an artery increases risk of heart attack is because it disrupts blood flow.

And if people who are inflamed and have viscous blood, that's more likely to happen. That's exactly what we see. And this is where dehydration comes in as well.

Right. Like chronic dehydrations must be a major piece of the puzzle here. And so many people are crying. The other thing is that. So we talked about structured water lining the artery and that's what keeps blood moving.

That's more important to have that if you've got these bumps in there that the blood's having to find its way around.

Plaque, Clotting, and Structured Water

The other thing is that structured water, because of its properties, it's called exclusion zone water too because nothing can penetrate it. Only very small hydrated ions and minerals can penetrate it, including the precursor to nitric oxide, which is why nitrous oxide can come from the endothelial cells and make it through structured and come into the blood vessels, but nothing else can.

So red blood cells can't, lycoproteins can, if you've got structured that protects it So if you want to prevent an inflammatory clotting response, you wanna protect the artery, which means we need structured water on the lining of the arteries.

Do you think that drinking structured is helpful? I mean, there's all these different, I'm about to have a system installed in my house, in addition to removing things I don't want is going to structure the water.

So technically you can't drink structured. It's kind of a semantics thing with naming. Structured water is in a gel-like state. Yeah. So if I was trying to drink that, I'm trying like drink jello, you know, interesting.

You can talk about vortexing water and energizing the water. Okay. Giving energy to the waters so that if it gets next to a biological surface, it will structure itself or a water loving surface.

It will start, It'll become that gel like water external heart by, by energising the and then drinking it. it has better energy. so it might behave better in my body.

Yeah, so you want toxin-free, mineral-rich, energized water. And that's what it should be. That's when nature is, right? That is what nature's doing. We have tox-in free or should-be tox in free water, we're kind of toxifying our water supply.

Natural springs are full of minerals. and they're moving. They're being switched around, they are flushing over rocks and rivers. I mean, in a perfect world.

That's why this makes sense to me because this is what nature is doing and our body is just trying to maintain that in ourselves and we're doing things to interfere with that.

So yeah, but then, so then when you drink water, that's more ideal. You can kind of like pre-treat your water so that when it gets into you, it becomes structured water.

Correct. Okay, got you. And you can also do things to your body that will structure the water that is already in us. Like the infrared. Infrared light, right?

So the main, I mean, and why this makes sense because the sun is infrared light. Anytime the Sun is up, It's about 40 to 50% infrared Light. All life on the planet is supposed to be outside in that.

We are not. We live indoors, like the average person lives 93% of the time indoors away from the stimuli, right? So, and it's no, to me, it is no coincidence that heart disease started to skyrocket in the 50s when we invented fluorescent light.

And then later in 70s, we amended LED bulbs. Cause before that we had incandescent and candles giving us some infrared. Yeah. So yeah, so yeah. It's just a lot of different things and there's lots of factors.

There's not just light of why we have heart and disease, but the third component of this is that Structured water also forms, it forms on all biological surfaces.

That includes the elements of blood, like red blood cells, lipoproteins. And we have literature that shows that the red-blood cells and lipo-protein hold this zeta potential around them, or they're supposed to anyways.

It's negative charge, and that negative charges structured water, because structured waters may be charged. When all the element of the blood hold a negative charged, light charges repel each other, right?

So they don't stick together. So you have more viscosity. Yeah. So it's less viscous when that happens. It's more slippery. And that's another property of structured water is it is frictionless.

If you structure water lining the artery and you elements of blood that have the structured waters, it just zooming through there like an ice skate on the ice skating rink.

You know, and it flowing right past us and things are sticking together. I mean, if you ever looked at like live blood analysis and stuff like that, they look at the RELO formation.

Or they look at the agglutination of the blood. Guess what that is? Lack of structured water in your body, allowing things to clump together. And what better way to predispose you to clotting than that?

So again, this is all about lack of energy, is what this says. Or mis-energy. What are your thoughts on non-native EMFs? Because there's a lot of talk about overexposure to non native EMS.

will cause that clumping of blood, those rulos to form, robbing the red blood cells essentially of that electrical charge that they need to repel each other.

Right. So think about it like this. And people tell me I'm good at making it logical or a reason why, because I could tell you that, yes, there's literature that shows that a Wi-Fi router destroys structured water.

And there's also literature that shows that an electromagnetic field destroys the zeta potential around a lipoprotein, which if you destroy that zetapotential, that's its protection, then what do you get?

Oxidized LVL, small dense particles. That's what you'd get. It's inflammation, right? But the reason that this makes sense is because if we think about life on the planet, before humans came along, the only electromagnetic fields that we were exposed to was the light from the sun, because light, all visible light is on the same electromagnetic spectrum as radio frequency or electromagnetic frequency, right?

These man-made ones that we've made. And so the ones from the sun, UV through infrared, all of them will structure water. They will provide energy to the body.

Right? UV does it the least effectively. Infrared does at the most effectively, which is why I recommend infrared as far as a sauna or whatever. So those are the spectrum.

That's the wavelengths of light on this spectrum that provide the energy. Anything outside that is non-native. So it makes sense that those things would do the opposite, right?

Or they may not have the effect, at the very least they wouldn't have, the thing that humans had forever, and that's

what we find. We have some literature that suggests a wifi router can break down structured water and like I told you, state of potential around a lipoprotein is broken down with EMF.

That's why it make sense, because it's not something our bodies are used to. It also explains why, I don't know if you're aware of the studies that show that the wireless radio frequencies open up calcium gated channels in the cells and the calcium's flood in.

Well, this is a whole new concept. I think that what controls the amount of ionic minerals in and out of a cell is structured water because the cell has structured We know there's this ion distribution in a cell, that there is sodium outside the cell and potassium inside the cells.

Well, I mentioned how structured water is an exclusion zone, right? Yeah. There are certain hydrated ions of minerals that can penetrate structured and it's anything potassium or smaller.

Interesting. So if the cell is structured water and we have this concentration of potassium in the cells because it can get in this structure of water, and sodium can't, that's the cutoff.

It's right there. We get this distribution like that. Hydrated calcium is bigger than hydrated sodium, so it doesn't penetrate it. However, if you get an EMF signal that destroys structured waters cell, guess what influxes into the calcium.

And that's exactly what we're seeing. With EMF exposure, we are seeing calcium get influxes up. Why? Because we were destroying structured water with EMT exposure.

So you're destroying the whole function, the full functional piece of how the body protects itself and controls what gets in, what get out. Yeah, because structured is like, it's fascinating.

Dr. Jayapalak is probably the foremost authority on it. There are many scientists in the past have discovered this gel-like form of water and this phenomenon that water does.

But Dr. Pollack wrote a book called Gels or cells, gels and the engines of life. And he basically shows how, how the body controls much of physiology by creating phase transitions by structured water, going to liquid water and back to structured.

It does these things that moves ions around. anybody who studied cellular physiology or medicine may recognize that as an action potential. That's what we learn about what it is.

It's this change of polarity in the cell that happens. Why does that happen? Because we get an influx of a certain amount of nutrient and then structure water forms and it's pushed out again.

And that's an actual potential and that it all based off of structured water and how it functions in a body. So it very, very interesting to think about it.

Is why I say things like I think that what I learned in school was very incomplete and wrong in a lot of cases because when you start learning out from a biophysics perspective, which everything in this universe is energy, that's what the purpose of life is.

You start to understand things at a much deeper level and it's explained a lotta things for me. As far as why this happened to me, why we have these epidemics of disease, it explains a Well, and what you said at the beginning of the podcast, which is borderline heresy is, well, it's not about ATP, where, you know, to the whole world, It's all about ATP.

It said about mitochondria. And definitely, we're not saying ATP is not important. But if you don't have these energy gradients that you're talking about, then the ATP never happens either.

The whole NAD-NADH balance and that whole interplay in the cell, again, is part of an energy gradient. Yeah. But what creates that energy gradient, that division of those in the cell is structured water, I would argue.

This is the structured-water episode. I thought it was going to be the cardiac episode, but it's really the- It blows my mind. It explains so much for you when you look at it from this perspective, and it also leads me forward of what I need to do.

We are basically just creating environments that divorce us from our energy sources, then we're trying to get all of our it's not working. We're overwhelming that metabolic pathway of getting energy, which is only supposed to be about a third of our energy.

Which should be getting it much more from sunlight and grounding and things like that. But yeah, ATP is important. It's definitely an energy storage form in the body and just this phosphate bond that holds this energy but its role is not to supply the cell with energy its roll is to hold energy to unfold proteins in Right?

So when you unfold proteins in the cell, what do you create? More hydrophilic surface area. For what? Structured water formation. And structured water information is what really holds the energy.

The reason that cells have this net negative charge is because they're full of structured, which is negatively charged. It's not because of big proteins.

Not because chloride ions in cell. Because of structure water. And if a cell loses its voltage, it's having a very hard time maintaining structured water in the cell.

And so that's the energy storage form. If we want to get energy to our body, we have to build structured, water and vice versa. So ATP is still very, very important because if without that unfolded protein, you don't get enough surface area.

Kind of like if you ball up a aluminum foil, right? That's very little surface. You unball it, and you create a lot more surface areas. That is what unfolding protein means.

It creates a whole lot of surface for structured form, which means more energy held in a system. And energy is how we create order. Yeah. And prevent entropy.

Order is health. Disorder is lack of energy. It's the loss of it. I love that. So for someone who feels, who's sitting there going, well, my heart's fine.

But I want to future proof my health, I have a feeling I know what you're going to say here, but what are your top three actionable strategies? that would go beyond generic diet.

Because I think by now, if people have been paying attention, we've so moved past diet, right? We've kind of given you as many diet recommendations as you're going to get, and they're pretty simple.

But what are the top three actionable strategies you would say to someone, you could give someone right now to future-proof themselves? The first two are probably, people will probably expect somewhat.

One, the first one is get more infrared light. I mean, if you think about it, all life on this planet, except for humans and our pets, are outside infrared all day long.

And we're missing out on that stimulus. So that's number one. Second is set your circadian rhythm. Because with the energy you gain from infrared, light and grounding and things, you need instructions on what to do with it and hormones are the instructions.

What regulates your hormones is the light through your eye. And so with artificial light at the wrong times of day, we're disrupting that cycle of what hormones are supposed to be signaling to the body and that it's like you have It's

like you have an orchestra all reading different sheet music, right?

That's what's happening. You're not getting the right signals. All the hormones being made, but they're just not at the time. They're in the wrong amounts and everything.

So set your circadian rhythm, which means syncing your body to the day and night cycle of the sun. Be very conscious about the light exposure, artificial light, exposure at wrong times.

And then the third one, I'm coming more and more to as more my learn is, it comes back to energy again, its resolve stored past trauma. Um, that is coming up.

Yeah. If you, if you cannot, If there's stuck energy in your body, whether it's trauma and it stored in the body and there are so many people talking about that, um, then your, this comes down to the heart again.

Your heart is perceiving that stored energy because the hardest monitoring your internal environment and your external environment. relaying that information to the brain neurologically and electromagnetically, and your brain is telling your body what to do based on that signaling.

So if you've got signaling in your that's stuck energy, not moving, keeping you in this kind of ramped up state all the time, you're not going to heal.

You can't get into that parasympathetic healing state. If that is there. And so that can be a hard thing to face. some of the things you have to face when you're resolving that trauma.

But it could be something that, like you said, someone feels fine. Um, and lots of times they don't even know that they're stored trauma because it's not, it is not something you know happened to you or like as trauma is, not necessarily something traumatic to us, is it not necessary something we think, oh, that was traumatic.

It's basically your body's ability to deal with the trauma at the time it happened. So it can be a super small trauma that is just as traumatic for you than a bigger trauma for somebody else because of your bodies ability at that time was impaired.

Right. So, but there are different therapies, you know, that can help people like somatic experiencing is a very good one or biofield tuning or things like that.

Infrared Light, Circadian Rhythm, and Trauma

Can help you identify where these traumas are and move it energetically through your body because that's what life is all about. And, and, um, is the movement, the flow of things, just like, again, water's flowing all over the plant.

We need flow water in our bodies, we need to flow energy through our body. That's, what creates high health and helps us maintain it long-term is when things are moving, when they get stagnant, it's not good.

So those are my top three, I think. Nice. Yeah, I would have thought you were going to say, you know, get out and ground, go see morning light. But I like that you kind of took it up a notch from there.

So in light of what you teach, how do you think people should evaluate their health care team? Because at the end of the day, everybody's not just going run around and fire their doctors and say I'm just gonna deal with structured water here.

You know? So what are the questions they should ask and the red flags they or maybe is there someone they should add to it? Like is, there's something they need to add because like you said at the very beginning of the podcast, what conventional medicine is really good at right now is intervening when you need an intervention, right?

When you have an event like, you had there's no amount of structured water in that moment that would have saved you. You needed conventional medicine to step in and save the day so that you could move forward and learn what you've learned and teach what teach.

But so for the rest of us who are listening to this, what are your thoughts in terms of how do we assess our medical team? And maybe are there stop gaps that we can install?

Are there things that can do to add to it or mitigate some of the built-in shortcomings? I think that it's hard to say because every practitioner is so different.

But I want to be working with people that have a philosophy that is not just a It's not just to hear your blood work says this, so take this. Whether it's a medication, whether it is a list of supplements, I'm not saying the supplements are bad or anything, they can definitely help us, but they supplement the lifestyle, the environment that we create.

I say this a lot to my clients and on podcasts in various places is that Testing doesn't necessarily determine risk, right? It can be helpful in situations, it can help point you in the right direction, but it really can't determine risks.

And the perfect example of that is my testing looked pretty good and guess what happened to me? You know, I know people who has testing looks terrible and they've never had a heart attack, never even had heart disease symptoms.

So like, is this imaging and testing really giving us a picture of what the risk is? What determines risk? Is your environment, your behaviors, the signals you give your body day in and day out.

are way more important than a single intervention here or a simple intervention there. That's the most important thing. You want to make sure that a practitioner that you're working with is also coaching you to change those daily habits and those environmental exposures.

If you are not working someone who is preaching those things, then that's kind of a red flag for me. Not that they're a bad person or anything like that, but just that their philosophy is somewhat incomplete.

I would say. I wouldn't even say flawed because I don't like saying that. It's just incomplete. No, it's incomplete and that's what you're saying. You're adding to, right?

Yeah. So in the work that you do with people, would you say that that work kind of is a great way to accompany what they're already doing? Like nobody's going to go out and fire their primary care physician or their cardiologist necessarily, but I guess that what your teaching people in your programs is really helping them to bring back these elements of nature.

to learn and get that toolkit so that you can improve the structured water in your body so with that. Yeah. Your body doesn't want to be sick. So if it's sick, it just getting the wrong signals.

And those signals could be stuck in a grain like from past trauma. There could some deep signals that it is getting. But yeah, its very focused on bringing people back to the stimuli that express to body to to safe and healthy, right?

I mean, no surprise, the things that nature give us, that's where we came from. It's what we've kind of divorced ourselves from to an extent. And so, yeah, but the thing that I like to highlight for people is that here's another way to kind-of determine a red flag, right, of a practitioner, is if you go to a practitioners and they take things in your blood work or whatever, this testing, or they determine something about you and Okay, now you have to do this, you to this intervention that I'm giving you, or you take this medication or this stuff or whatever, and you're going to die.

And they're trying to fear you into doing it, that's a red flag for me. I want to empower you. Why this is happening. and then explain to you when you learn why you understand the movement going forward and I want to give you knowledge and habits you need to build a lifestyle for yourself that gives you confidence and gives your control

that's empowering, right?

It gives the locus of control in you rather than you looking outside at the next test, the therapy, next protocol out here like where's the solution for me?

The solution is here when you understand how the body works. And so that's a very empowering message. That's what I try and give people when I work with people in my program and things is that message, because now that takes away their anxiety about this thing they don't understand that is happening to them.

I thought I was going to help people with heart disease, but it turns out I'm helping them with their peace of mind about their health. It's been a cool realization for me to have.

That's pretty cool. So when you wrote Understanding the Heart, you framed cardiovascular disease as in an evolutionary context. Again, guys, read the book.

It's a really good book, but if you were writing a sequel and you said when we before off camera, before we started, You said you've got now a whole other book to add to this book So if You were Writing a book on longevity, what would the central message be?

Oh, the central message, I mean, how does your vision involved basically, because you've got a whole other book to add to your book. There's been an evolution in your thinking and in how you're looking at this or guiding people.

Yeah, this may get somewhat esoteric. I don't know. But yeah, more and more I learn, and I'm a very analytical person. And I want to understand something.

The facts and figures and things like that. that is never going to give us the complete answers, knowing all the facts and figures. The latest research, the best design research is, never gonna give a complete answer because I think ancient cultures understood that to an extent and they kind of surrendered to whatever you want to call God, right?

It could be the universe, it could love, It can be prana, whatever, you wanna call it. There's a higher power than ourselves. We're not meant to understand.

all the complexities of life and our physiology, which means our best bet is to put ourselves in environments that are more natural or more familiar to our bodies.

We came from nature. we are nature, right? We divorce ourselves from that, we see the problems that happen from. Whether it's introducing toxins or frequencies of EMF that aren't compatible with us, whether it is lack of sunlight, toxic food, whether it's traumas, all these things, right?

I mean, even at a very core, like traumAs are gonna happen. They're supposed to happen, but when you interfere with the process of process that your body processing a trauma to get rid of it, releasing it which is what we call shock.

What does medicine do? They suppress shock, which allows trauma, to be stored. Like we're interfering at like every single stage of all of these, things for body's ability to just be vibrantly healthy.

So, and that starts from a young age. You can always start, no matter what's happened to you in your life, you can start you, can you always improve, but that's why like your childhood is so important and like making proper environments, proper nervous system signaling for our children is important because that is going to be the nervous systems they grow up with.

So I guess the main overarching thing and so I wrote, I've actually written a third book now called Pain Sense and I get much more into like this idea of some of the physiology and how it's you know, structured water base and that kind of stuff and bigger concepts.

But as far as the heart stuff, I could add so much to this, to my heart understanding the Heart Book at this point. And I guess an under arching theme would be, we need to stop thinking we know what's best, right?

And, and kind surrender to this wisdom. Again, it's like this knowing, and Plato talked about it, this gnosis, he called it. This knowing that something is right and doing it because it feels right, not because we analytically know what's right.

Because we can think we know that. And human research is fundamentally flawed because its designed by humans. We can statistically mess with things any way we want to and make it seem a certain way.

But we've lost touch with this Knowing, which again brings us back to the heart And that's the organ that we seem to sense this knowing from. We know it in our hearts, we say that, not because we feel that.

And I think that the most important aspect of living going forward as far as creating health is leading with your heart, knowing with you heart. When you understand it from that perspective and you understanding that nature is giving you the answers, you don't need to understand the exact mechanisms.

Even though I like to entertain that and look into it and see if I can figure it out. It's not, I've come to a point where I don' t need t know it. And I think that's been the biggest transformation for me is where i don t have to know exactly what's going on.

I just trust this. Again, that brings you inside rather than you searching for the thing outside of you that's the next answer, the research study, next practitioner, protocol, test, whatever it is.

Those things aren't going to give us the answer. That's what people come to me. They come with that mentality, like, look at this bulwark. I start talking to them and then they put it down.

Practical Health Advice and Closing Thoughts

And they're like okay, and they give them this confidence going forward. You know, without all the little details that kind of back up that theory, that's the overarching thing.

So we need to get back to that. And I think ancient cultures were much more in contact with that, which I ultimately think is what allowed them to do things like build the pyramids and things that they knew more about that stuff.

Yeah, and I think that, you know, what you've been talking about all along, which and and we see this in all of this, this whole biohacking longevity space, if you really look at what all these technologies are trying to do.

And I mean, I've got a little red infrared light panel on my desk that I keep on a lot of the day because I'm sitting here. in front of a blue light screen and the whole nine yards.

I think continually we are trying to re-deliver nature to the body because we've become so distanced from it. Grounding sheets on your bed, red and near infrared light, helping people to get out into nature.

We know that children who are in schools where they go to parks and they play outside and get in the dirt, they do better. Their nervous system is better regulated.

And because when you do that, and when re-energize the system through access to energized water, for example, so that your body can make, you're letting the body take care of the rest and that feeds into your, what you are talking about is you don't need to know all the answers because if you give the bodies what it needs and remove what doesn't, those obstacles we're putting in, it will take care of itself.

And that's such a powerful message, right? Because there is an element of surrender to that. We're not sitting here saying if somebody has advanced chronic heart disease, just forget your doctor and go stand in the forest all day.

That's not the point. But certainly from a lifestyle perspective and preventing and living a healthier life, this could put you in a place where you're never, hopefully you don't end up going there.

Yeah. And, and yeah. That's, that's the perfectly said, like it does take this, um, level of surrender, right. Which, which means giving up control a little bit, Which is hard for us to do.

You know, hard, for a lot of people to Do. and when you do that though, it's very freeing. It's and you just kind of put your trust in this higher power that is whatever you want to call it.

Right. You can say that it's nature. Right? But, and yeah, at the same time, it is also well said that you said like, yeah. Let's use Western medicine.

And you can kind of keep it there to monitor you. But there are certain situations where people get to a point where it becomes a negative experience to go there.

Because it was so frustrating for them. Is it really helping you? And so we have to kind weigh those opinions. That's a personal decision. I can't tell you that they're right or wrong thing to do there, but yeah use that.

And then also, yes, go stand in the woods all day long, you know, if you can recreate that environment as best you. And that's what we're trying to do.

Like you said, with these biohacking things, do you have this red light? Why? Because it's creating a little bit more balance of environment than looking at blue light all that you're getting some red.

Ideally, You'd be in full spectrum sunlight all. But if that is not possible, let's make it a. and add some red light, right? That's, that's the, those are the things we make.

It's like, we can't go stand on the earth all day long. If grounding sheets are, are a reality for you and you don't have dirt electricity or you filtered that out, like this makes sense.

Yeah. This is something that helps us get closer while, while in the confines of our modern way of life. Okay. Nobody's saying you have to go live in.

Um, if you can, you want to more power to you, but we don' have do right. We can do the best we. Can in, in our. Modern way. Of life and that. The name of the game and.

I've proven to myself the impact that can have on someone. So yeah. Here we are. All right. A couple of quick fire questions and I will let you go. What is one belief about heart health that you're still personally exploring?

Something where the science is emerging and you are still connecting the dots. Is there one thing in particular that stands out to you? Probably there's a bunch, but is there a one you can share?

That I'm still exploring. Something that's emerging. Yeah. Man, I guess I'm always exploring this whole lipid thing just because it's so prominent. It's what everybody talks about.

And there's all this new literature. The only reason I am still exploring it is because they keep harping on the same things. We keep trying to study the things and so to me it just providing more and more evidence of why it was a big distraction.

Yeah, it doesn't make sense to me that we're trying to blame a whole disease process on one molecule when it's very, very complex. There's lots of different aspects to it.

I'm always paid to do that, mostly just because it's what everybody likes to talk about. And so, yeah. Well, it getting blamed for a lot, right? So cholesterol is being…

It's central and so I think it still needs to be unpacked, like it just needs be to unpack. Yeah. Okay. If you could leave our listeners with one message, one, to carry into their movement, light exposure, stress management and nutrition routines, what would it be?

similar to what we've talked about is just that surrender, like surrender to those things. Like it let go a little bit, which the ability to let goes incredibly powerful thing.

Let go of the control and put your trust, faith, whatever you want to call it into the things that make us healthy, the signals that makes us healthier.

You look at all the research in the world, it's all leading you back to that, go to the natural environment. work on that. If you find you can't do that, you cant let go, that means there's some personal work that needs to be done.

Yeah. And I think the trauma work's really important. However, people… Actually, I will tell you this and share with the audience. I recorded and released a podcast earlier this year with a doctor of osteopathy who started off as an orthopedic surgeon.

His name is Tudor Marinescu in Sedona, and he does really interesting work with neural therapy in releasing points of trauma in the body. And it is incredible.

I take people there for retreats a couple times a year, and some of the people I've taken have had such massive shifts. It's on the table. it's pretty powerful stuff.

We're not going to talk about that now. Flip you the episode if you're interested now, so now beyond your books and clinical work, what legacy do you hope to create in the field of cardiovascular health and longevity?

It's your last question. I mean, I guess I've said this to other people before. My big goal is to change the conversation about heart disease, which is the theme we're talking about.

And I think it needs to come away from diet and cholesterol being the prominent thing we talk about and the way people try and control it to these other things that I talked about, and I want to shift it.

Whether it happens in medicine or not, general, conventional wisdom, I love it. This has been as interesting and fascinating a conversation as I was hoping it would be.

We've been to places I didn't know we were going, but Steven, it's been fantastic. Thank you so much for taking the time and for being here. Why don't we, as a parting gift, share with people how to reach you, how work with you where to find you and when your next book is coming out.

Sure. My website is resourceyourhealth.com. So most everything that people want to find is on there, like how to work with me and my books, different things.

The very infrequent blog that I post, that's on that as well. I'm also on social media, just Dr. Stephen Hussey, DR Stephen Hussie. People can reach out there as Well, and I am posting stuff that, new stuff I find that want talk about and things, but yeah, those are the main ways people can contact me, find me.

Thank you.