The Better Question: What If Heart Health Isn't Just About Your Heart? Transcript

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Introduction: Heart Health Beyond the Usual Checklist

But let's talk about how you should actually be moving your body as you age because the research here has a clear answer. And it's not the one necessarily that the fitness industry usually sells you.

A 2020 meta-analysis that showed frontiers in physiology found that stretching-based exercise measurably reduced arterial stiffness. an improved endothelial function.

A 2021 man analysis and frontiers for cardiovascular medicine found that low to moderate intensity resistance training improved arterial stiffness while high intensity were resistance actually.

Welcome to the resiliency method, the truth about healing. I'm Dr. Erica and we are here to uncover the root causes keeping you stuck. Together we'll restore your energy, your focus and your resiliency so you can finally heal, regenerate and feel truly alive again.

Welcome back to the resiliency method, the truth about healing. When you think about your heart health, what actually comes to mind? For most people, it's probably cholesterol, blood pressure, diet, exercise, maybe your family history, and those things absolutely matter.

But what if I told you that your cardiovascular health is connected to systems you probably wouldn't think to include necessarily in that conversation at all?

Things like your nervous system, your kidneys, your spine, your mouth, even the way that your body is handling toxins because your heart doesn't operate independently.

It's actually constantly responding to signals and conditions throughout the rest of your in general, we have a tendency to separate the body into parts and kind of oversimplify things.

And you know, you have cardiologists for your heart, a nephrologist for kidneys, dentist for teeth, etc. But someone else looking at your spine, someone looking your nervous system, I mean, it's so disparate.

It's everywhere, right? But your body doesn't really know that we've divided into specialties. Your heart's really talking to your brain, your nervous system, and your kidneys are responding to what your heart is doing.

You're immune system is influencing inflammation. The spleen is involved in the tone of your hear and how it responds in that context of inflammation, all of it's being affected.

They're being effected by what you're exposed to. And how well your body is actually handling that burden. It's really all connected. And that's what today's episode is really about.

We're going to explore that today in more depth. So buckle up. It gets a little technical in here, but buckle because we're gonna look at some cardiovascular connections that you may not really have considered and put them together.

Because if we are talking about longevity, you know, we really talking being comprehensive in the way that when the strategy that we're taking with our health, we can't just rely on living long and vital and trying to throw spaghetti up against the wall all the time and try to do this, especially in the context of such important systems and conversations such as our cardiovascular health.

Vagus Nerve and the Heart-Brain Connection

So we're going to look at this in a larger context today, and I really want you to sit down, again, get into a place where you can really think through some of these concepts, because some things I introduce here today you're not going hear anywhere else.

but are definitely, and I will reference oftentimes in this episode specifically, where the data and the research supports what we're saying, because anytime you're talking about something that might even be a little bit more on the cutting edge of a theory, I think it's important to back it up to where this science is reflecting some of that information that we are seeing clinically.

And really specifically how the resiliency method is going to be critical to you taking a step forward and really improving your cardiovascular health and wellness over the long term.

And so sit back and enjoy this episode. If you're interested in getting more information about how to work with us or how understand how we might be able to help you with cardiovascular disease, go to drericaonline.com forward slash discovery call and book a discovery with this so that we can talk to you more about your specific condition.

Thanks for joining us today. Your heart doesn't work alone. Everybody knows that in theory, but most of us think about heart health as a checklist. Cholesterol, blood pressure, maybe a little exercise, diet.

Today I want to take you a bit somewhere different. We're going to talk about a nerve that quietly sets your heart's rhythm. and an organ most people think is optional.

Why your kidneys and your diuretic prescription are actually potentially the same conversation. What's happening inside your blood vessels when toxins build up.

We want to look at why your spine and heart share the real estate, especially your mid-back spine. And what kind of exercise actually protects your arteries as you age.

Um, and what kinda exercise frankly might be working against you. and why the health of your gums might matter more to your heart than you've ever even been told.

So, let's get into it. All right. Let's start with the vagus nerve because it's the conductor nobody talks about. The vagous nerve is the main line of your parasympathetic nervous system, your rest and digest mode.

It runs from your brain stem, so the back of you head here at the base of the skull, down through your neck and chest, and it is in constant conversation with your heart.

When vagal tone is strong, your heart rate variability is healthy and your rhythm stays stable. When your vaginal tone drops, when you're chronically stressed or your system is chronical stressed, then you can have a tendency to have more irregularity in your heartbeat rhythm.

This is called arrhythmia. Sometimes it's referred to as AFib or sometimes it is call PVC. Different variations of arrhythmias can be diagnosed in different categories.

And these things climb and really increase, as they climb they can really increased the risk of heart failure and your outcomes can get worse as you age.

In 2026, a review in Circulation Research lays this out directly. Chronic sympathetic overdrive paired with a withdrawn vagus nerve actively worsens the way the heart muscle remodels itself over time.

And here's where it gets interesting. In 2024, these researchers published in Human Data in the European Heart Journal describing something called the vagus splenic axis.

So reference or promotion for my other episode on the spleen itself, which is a signaling pathway where the vegas nerve talks to the spline and the spine sends protective signals back to heart during moments of ischemic stress.

That’s not a wellness concept. newly mapped peer-reviewed communication line between your nervous system, your heart, and running through an organ that most people will never even think or talk about.

And that also brings us to this point. I want to go into a little bit more information. Now, you may, if you’ve heard my other episode where I delve deeply into the spleen itself.

In Chinese medicine, it holds more of a central role than what we traditionally think about it in a Western perspective. It’s considered the organ responsible for the body’s muscle tone, including the tone of the heart muscle.

We know that the hurt is a muscle itself, so the splen in terms of its relationship to the hark is significant because the hear muscle, the tongue is not good, then you’re going to have problems with valve integrity, you’re going to have trouble with keeping the blood moving in one direction.

Spleen, Immune Signaling, and Cardiosplenic Links

And that’s a framework that is really worth noting. It also guides diagnosis and treatment for thousands of years. Treating the spleen and looking at the underlying challenges to the splen and actually repairing the spoon itself.

By the way, we’re talking about spleen organ underneath your ribs on the left side, but we are also talking from a Chinese medicine perspective. The nomenclature, the naming of the spleen system is more of a system situation in that it’s actually containing both the splenium and the pancreas itself rather than that one single physical structure.

Western research has also been circling something related from a completely different angle. The spleen is now understood to be a reservoir of immune cells, we’ve kind of always known that, specifically monocytes though, and those actually get released after a heart attack to help clear damaged tissue.

and drive repair. So if we’re seeing and we can measure when there’s an ischemic episode or a heart attack event, we could actually see an increase in the monocytes themselves, then what that tells us and indicates to us is there may be some pattern of repair and regular communication that might be happening between the spleen and the heart on a regular basis, maybe not as the same levels, but we may be able to infer that the release and increase in monocytes from the splen just reiterates more of that connection between those two organs themselves.

that discovery was first published back in 2009 in Science Magazine. It opened the door to what researchers now call the Cardiosplenic Access. In 2025, there’s another review in cardiology that shows us how it was called the Nature Reviews Cardiology, excuse me, this publication on that, describes how the spleen releases waves of immune cells that shape inflammation both in the arthroscorotic plaque and in a healing heart after infarction.

Now, the word arthro refers to arteries, which we know are a big structure in terms of bringing blood around the entire body but also primarily from the heart.

And then sclerosis, sclorotic plaque is a hardening of essentially cholesterol in the context of cardiovascular disease, which can create, you know, a heartening, I would say it’s a compilation of cholesterol, but also a hardering of the tissue itself.

And this can also be tied back to some of the more traditional concept of phlegm and the notion of, in Chinese medicine, that recognition of Phlegma is a part of a body’s response to inflammation, to damage to a tissue.

which is also we can see as being in the context of cardiovascular or heart conversation is the increased production of cholesterol to go to these different tissues and try to initiate a protective and repair process for the tissue itself over time that becomes more sclerotic, meaning it’s hardening.

And if you have listened to other episodes or heard me talk about other patterns in the body, the spleen is the biggest organ in terms of transforming phlegm.

So if there is a need for increased amounts of phlem in body due to tissue damage, then what that means is, We have a spleen that can be working over time, but we can also have the other, the converse to that, which is a splen that maybe is more compromised, being a contributor to the acceleration of that phlegm accumulating, and then hardening over-time, creating more of the sclerosis pattern, or harding in the body itself, Which we very much talk about in a Western mode, when we're talking about cardiovascular disease.

So I want to bring those two concepts together because it's not just an isolation and certainly the conversation of you eating a high cholesterol diet and immediately going to and building up on your your vessels is a dated theory and concept.

I probably need a whole other episode on that conversation, but that's a very dated thinking. We know now we're evolving past that old thinking, traditional thinking that if you ate a food with fat that would automatically go right to your arteries and somehow harden into fat is just not really so.

I mean, you have to go as far as thinking about a stick of butter or fat and putting it in the microwave and heating it up into a liquid form. And if you think of the body temperature at 96.3 degrees, it's not going to likely harden inside of that.

So that's just kind of a bogus theory in general. What we really want to do is take our thinking beyond like, okay, Why does a body increase cholesterol production?

Well, it responds that way because there's some kind of tissue damage that has occurred. So then the next question is, why is there tissue damaged in the first place?

And really trying to uncover that and answer that more when we're talking about cardiovascular disease. And then the third component of that is just really looking again at, well, if the spleen and this connection to the splen and the heart as a predictor of how failure outcomes could be significant as well.

So you don't want to just look at the hurt in isolation. You want look how it's supported by or interacts with other organs and other organ systems in the body.

So there are two different systems, two mechanisms, but that muscle tone is an important piece when it comes to the heart. And the immune signaling is the other when comes the hear and the spleen and how they're in communication and conversation.

They're both pointing at the same organ telling you that it matters more than maybe you'd assume. Now, this again is another example where we wanna look at cardiovascular and heart health in a bigger context.

Again, not just zoning in on heart, heart labs, cardio or excuse me, cholesterol levels, things like that. We really wanna go into even just looking and see what the medications that are used in heart disease actually reflect back to us.

And in Chinese medicine, the kidney holds what's called essence or the body's deep reserve of vitality. When we're talking about vitalities, or having a conversation about longevity.

Kidneys, Fluid Balance, and Cardiorenal Syndrome

Well, obviously, you know, the heart is critical to having, your ticker goes down and unfortunately, we're not talking about vitality or longevity anymore.

But it's important to also recognize what other relationship there is to other organs. In particular, in other episodes we've discussed the kidneys as such a root of aging well and the longevity, so that's always been a recognized ancient principle in terms of longevity and aging.

And we can use that information from a Chinese medicine or an ancient perspective to really inform us about the

relationship to kidneys and other important organs such as the heart.

The body's reserve of vitality in that water metabolism comes essentially from the kidney. and the heart together in what's sometimes called the Heart Kidney Access, where the two organs are understood to regulate and support each other.

Now, in the Western clinical version, it maps onto something you probably already noticed, which is one of the most common medications prescribed for congestive heart failure is a diuretic, or what essentially you know, is a medication that makes you pee more, makes your kidneys go into action, right?

And that's not incidental. There's a defined clinical concept called cardiorenal syndrome, or heart failure and kidney dysfunction actively drive each other in a loop.

And when the heart can't pump effectively, well blood flows to the kidneys and that drops. And the kidney sense that drop in pressure and respond by holding onto sodium and water trying to really compensate.

That fluid retention is exactly what overloads a heart and thats already struggling especially. diuretics work by interrupting that loop at the kidney and the recent research published in 2026 this year went a step further finding that damaged kidneys actually can release small particles directly into the bloodstream that actively can harm heart tissue itself.

It's a two-way toxic relationship, not a one- way downstream effect. So if there's toxins that are regularly needing to be filtered through the kidneys, then that can have a direct correlation to doing more heart damage, which kind of goes back to what we often talk about on this podcast, is which is the importance of getting toxic load and toxic burden down using the resiliency method as a framework for how to do that.

Speaking of frameworks, there's two frameworks arriving at the same conclusion though, completely different logic. The heart and the kidney are not separate systems.

They're really one conversation. Are you tied to treatments, protocols, and gurus who promise results but don't deliver? You're not alone. For years, I struggled with my own long-term illness and I know how frustrating it feels when nothing seems to work.

That's why I developed the resiliency method. It's a science-backed approach to combine the best of Western and ancient medicines to restore your body's natural intelligence.

Patient after patient has discovered what's possible, living stronger, brighter, and more spiritually connected than ever before. Whether you're facing autoimmune issues, hormonal imbalances, weight struggles, or just feeling stuck, you don't need another quick fix.

You need a clear path forward. Take the first step with a discovery call at drericaonline.com forward slash discovery. That's D-R-E- R-I-K-A online. com forward.

So discovery or dive deeper with the full initial consultation at Dr. Erica online dot com board slash initial dash consultation, because your health, your clarity and your freedom cannot wait.

All right, now let's get into the vessel wall itself. This is another feature of heart and cardiovascular disease, as you know, in terms of the rapid aging of it and the longevity of your cardiovascular system.

Let's look at the inner lining of every blood vessel in your body. And this is something called the endothelium. Think of like as almost just like a membrane or a tissue-like substance.

that contains a single layer of cells that are responsible for producing something called nitric oxide. So the endothelium is actually in charge of increasing nitrous oxide in your body.

That's the molecule that actually keeps your vessels relaxed open and flexible.

Endothelium, Toxins, and Plaque Formation

Now, it doesn't take a rocket scientist to think through why that'd be important in terms of heart health, right? Because especially oftentimes when we hear of people struggling with cardiovascular disease, they're struggling blockage.

They're kind of struggling when something has hardened and then also that the vessel walls themselves are no longer moving. And that's part of this accumulation of plaque that we've talked about earlier.

Now, one of the things that we've seen and that clinically has actually been documented in the research is that heavy metals are documented toxins to that particular lining itself.

So, a 2024 review in The Circulation Research found that lead, cadmium, mercury, and arsenic exposure actually directly linked to this. These metals interfere with the enzymes your body uses to regulate the fat metabolism, the lipid metabolism and chronic exposure from the tissue to those metals is associated with higher levels of LDL, higher triglycerides and lower HDL.

I would also make a correlation to liver performance in those contexts as well. And if a liver is overburdened with taking toxins, you're going to see impacts to some of those metabolic markers as that can be contributors to cardiovascular disease.

A separate 2024 systematic review in Frontiers in Cardiovascular Medicine found that cadmium specifically lowers nitric oxide while raising a compound called endothelium-1 which constricts vessels and at that same state alters the enzymes that really help to make LDL cholesterol not harmful, which is the exact chemistry behind plaque formation.

we know that higher levels of LDL often correlate to higher level of plaque accumulation and formation in the body. And in a 2021 study published in The Journal of Biological Chemistry where researchers found that iron overload directly switches on the genes responsible for cholesterol synthesis inside vascular endothelial cells.

So if you put that together, picture is really clear. Toxin exposure at the level of blood vessel wall doesn't just sit there quietly. It actively disrupts the systems your body uses to manage cholesterol and it and vascular tone and I would say also makes a case for sending out of more cholesterol because there's a damage to that endothelial tissue and it's creating the body's natural response, which is to say, hey, I see damage in the cholesterol is good, but we want it to be light and fluffy.

We call that the HDL. Another way to remember that is the HAPI cholesterol, H standing for happy, and we higher amounts of that in circulation in the body and is a part of the repair process.

LDL is more dense in nature. Again, that's more of an indication of stress response and probably some kind of compromise to liver as well as we mentioned earlier and related to toxicity levels.

So, this is a legitimate mechanism entry point into cardiovascular risk that most standard cholesterol conversations are just going to skip over entirely.

So again, it's really important to sort of button that up. Really look at cholesterol as an indicator of a need for repair. Then the question becomes, what is damaged and what IS damaging this tissue that we would need to send and create more cholesterol in the body?

because guys, it's not just about diet alone. There are some other things going on here that oftentimes are not getting talked about and are being glossed over.

And so then we kind of just continue to recirculate this conversation about cardiovascular disease equals a perfect

diet. Yeah, the reality is you need to have a good whole food based diet in general to do well in the world.

And so you need to be cognizant of your diet. But the over-attention on diet as the only input to proper functioning and long-term cardiovascular health is short-sighted and we've also seen from the literature as many functional medicine doctors and or supplement creators are paying attention to which is nitric oxide is a tool that is an indicator of how well the cardiovascular and blood vessels are doing themselves.

The downside of that really in my view is that because something is recognized by the body as being useful or more is better to seeing an improvement or it's a strategy the bodies using in this case nitric oxide.

it doesn't always equal simplistically to that we should supplement with it because there's more that goes into the conversation of supplementing. So just supplement even with an O, which a lot of people are doing and there is a conversation about that in the functional medicine world, is not always going to be the complete answer because it does not matter how much supplementation you do a particular supplement or a substance that is recognized as being a promoter of healthier tissue.

if the tissue continues to be burdened by circulating toxins in the bloodstream.

Spine Alignment and Cardiovascular Function

And I wanted to show this connection as well because this is more a little bit more of a physiological structure. But a couple of things I want to point it out inside the literature and certainly what we've seen that's backed up clinically is that there is a connection in your spine and your heart.

They share actually real estate, especially in that what's called a thoracic spine or you can just think of it as your mid back between your shoulder blades.

And there's a real consequence that comes to how your spine is doing in general. A 2023 study using UK biobank data followed adults with scoliosis and it found something striking on a cardiac MRI, measurably altered heart motion and a higher lifetime risk of major adverse cardiovascular events.

The mechanism is mechanical, curvature of the spine physically narrows the space inside the thoracic cavity and it changes how the ventricles fill during each beat.

It's called what's call diastolic function. So the more severe that the curve is through someone's spine or abnormal curve the, more measurable the strain can be on the heart itself.

I would also say that this is It's important to note, too, any sort of structural impingement in the thoracic spine itself will just also impact the neural signaling that comes from the brain through the Thoracics spine and then because of the neuro connections or the wiring to the Brain comes in through Thoraxic Spine to heart organ itself.

So this is a case where the structure of your skeleton, the function of heart are directly linked. Not through some hidden pathway, but actually through simple mechanical space.

Posture and spinal alignment aren't just about back pain, they're actually about how much room your heart has to do its job, number one, and then how good that signal is getting through from the brain into the heart tissue itself through that brain and the brain communication, the wiring to the heart organ itself.

So those are also important considerations to look at. Now what we have seen too is that sometimes we can actually find and notice that there can be encapsulation of certain toxins as well that happen through the spine, through nervous system as a result of toxicity burden that was maybe even introduced early on in life gets locked down deeply and then it can oftentimes also have an impediment here on the wiring, the signaling, but also forcing the the spines out of alignment and into more of an abnormal curve.

You can especially see this on females because oftentimes too that toxicity problem is having more of a burden

even on their bone health. So there's a siphoning going off in the bone integrity and then you have the combination of the encapsulation that can also be creating some more compression in that spine and that thoracic cavity and the spine itself.

Now let's talk about how you should actually be moving your body as you age, because the research here has a clear answer, and it's not the one necessarily that the fitness industry usually sells you.

Movement-based, low to moderate intensity training improves vascular compliance in older adults.

Best Exercise Patterns for Aging Arteries

A 2020 meta-analysis that showed frontiers in physiology found that stretching-base exercise measurably reduced arterial stiffness and improved endothelial function in middle age and older adult.

A 2021 MAT analysis in Frontiers for Cardiovascular Medicine found that low to moderate intensity resistance training improved arterial stiffness, while high intensity where resistance actually did not produce the same benefit.

And other research on long-term heavy resistance trading actually showed it can actually increase arterio stiffness over time. So a long-term study on lifeline exercisers also found that the clearest pattern of all, four to five days a week of sustained aerobic movement kept up for decades, preserved youthful vascular compliance in the body's largest arteries.

But short bursts of intense training in people who'd actually previously been sedentary didn't produce the same result. So it was really The takeaway is really simple here.

As you age, your vascular system responds to consistent movement. Movement is the key. Walking, swimming, cycling, mobility work, housework, gardening, moderate resistance, far better than It responds to repeated maximal effort strain.

So I think sometimes what happens is in life, when we're in our early years of interacting with our youth, we are interacting exercise in a capacity where more is better and we sort of start to adopt this thinking that unless you're really straining yourself, it really doesn't count.

That's particularly an American, Western civilization viewpoint on exercise. In ancient cultures, you've heard me talk about this before, moderate and movement is the key, not necessarily burn, no glory unless you're really pounding it and burning yourself up.

And that doesn't mean strength training has no place. It does have a significant place, it just means that the plumbing of your cardiovascular system is asking for more of a rhythm and not necessarily repeated shock.

And it's not looking for fast bursts as much as it is looking consistency and movement. and slower amounts of building that muscle tone up, which is an excellent strategy to have as you're looking at your cardiovascular health and in the context of exercise at middle age and beyond.

Now, you've probably seen nitric oxide supplements. I kind of talked to this a little bit earlier. We're talking about things like L-arginine, citrulline and beetroot.

Here's what the evidence actually supports and it's more than what you'd think. Classic studies from the early 1990s published in Circulation, the Journal of Clinical Investigation, showed that L arginines improves nitrous oxide-dependent vasodilation in people with high cholesterol.

And in 2019, Studies in the Journal of Clinical Biochemistry and Nutrition found that combining aerobic exercise with light resistance training increased the body's own basal nitric oxide production and reduced the arterial stiffness in older adults.

Movement itself, again, is a nitrich oxide strategy, not just supplementation. So that's important to note, too. But here's the deeper point. It's one worth building a whole segment around this, and that's that nitric oxide production is downstream of vessel health.

So if the endothelium is under constant assault from oxidative stress, heavy metal exposure and inflammation, as we talked about a few minutes ago, while supplementing just nitric oxide alone as a precursor is working against a system that's really being actively damaged.

So reducing ongoing exposure to the heavy metals and helping to get those encapsulated toxins opened up at a deeper level is really what's going to be key to supporting the body's own antioxidant pathways.

Nitric Oxide, Oral Health, and Cardiovascular Risk

And keeping the vessel lining itself healthy is the foundation to that. not necessarily trying to override a toxic scene with a supplement. The supplement supports the system.

It doesn't replace fixing really what's damaging it in the first place. Let's close with the connection people often underestimate the most, and that's your dental hygiene.

periodontal bacteria specifically, certain species that are in the strep category, they often activate chronically platelets and they promote clot formation and drive systemic inflammation.

A 2025 review in The Journal of Disease documented elevated inflammatory markers like IL-6, TNF-alpha, C-reactive protein. These were directly tied to oral bacteria activity in the presence of those three markers are just established drivers of arthrosclerosis and endothelial dysfunction.

And that's only one half of the story. The other half is that heavy metal exposure independently reshapes the oral microbiome and not in a good direction.

A 2024 study in Frontiers in Microbiology found that heavy metal exposure shifted oral bacterial diversity toward more harmful disease-associated species more than smoking did.

And when metal and smoking were combined, the effect was worse than either alone. So if you put those two findings together and you get a compounding loop, a poor oral health creates a bacterial reservoir that drives inflammation on its own, and heavy-metal burden makes that same bacterial environment more dangerous.

your toothbrush is doing more cardiovascular work than most people realize. It's also worth noting, I really have seen clinically that you can't really adjust your microbiome in the presence of toxins.

So if there's a regular toxin accumulation exposure or leaching into the mouth from some of these deeper levels of storage of toxins, then what you're dealing with always is this uphill battle to try to recover the microbiomes, or in other words, keep bacterial levels that we know have scientifically proven to have impact to the cardiovascular system to keep those levels in check.

All right, so here's where that leaves us. Your heart isn't just a pump responding to cholesterol numbers in a blood pressure cuff. It's in constant conversation with a nerve that sets its rhythm, an immune organ that helps it heal, a filtration system that manages its fluid load, and a vessel lining that's either protected or under siege, even a skeleton that gives it room to move.

and to have proper signaling. It's a body that's either moving in a way that supports it or working against it, and a mouth that is either calm or inflamed.

And two of the frameworks we walk through today, the spleen governing muscle tone, kidney holding essence, come from some of those Chinese medicine traditions we talked about with thousands of years of clinical observation behind it.

Even where the language can differ sometimes from the Western physiology, there's real correlation we can make between what's been established in a 3,000-year-old medicine to tie that to where we spend some of our time in looking at how these correlations come together.

And it's informed even by how we've seen drugs that help, suppose, cardiovascular disease, that correlation to even what drug therapies we reach for in managing some these diseases.

And the rest came straight out of peer-reviewed cardiovascular research. Both are worth knowing, and neither of these need to borrow the other's authority to be worth your attention.

And that's our episode today on heart health, especially as we're talking about for high performers. This is where you can really take this into another looking at these aspects beyond diet and exercise for for proper cardiovascular function and heart health as you age and you're having conversations about longevity, you really want to take care of the whole system, not just the numbers on your lab report.

You want understand all the mechanisms that go into a healthy heart and cardiovascular system as age. Thanks for joining us today. Thanks for tuning into The Resiliency Method, the truth about healing podcasts.

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