Introduction to Integrative Cardiology

that feeling of accomplishment when somebody's eating correctly, and then I see them losing their weight, but then, I their family's health improving as well.

That is so much more impactful than any stent that I've done, or any balloon, Welcome to the Integrative Medicine Roundtable, where practitioners lead, brought to you by the North Carolina Integrated Medical Society, join integrative health care leaders, clinicians and innovators as they share practical insights, emerging research, and the conversations shaping the future of patient care.

I'm Dr. Amy Duffy. I am the president of the North Carolina Integrated Medical Society, and we are here at our Synergy 2026 conference in Asheville, North Caroline.

And I super excited to introduce Dr Sanjay. He is a cardiologist, but a special cardiologists. So I want you to tell us a little bit about what makes you special.

Absolutely. Wow. What makes me special? I love it. Well, thank you for that wonderful introduction and certainly thank for the invite to speak here. The conference has been amazing so far.

Special is one way to say it. Weird, I think, is probably another one. You know, we all do the woohoo thing. When we talk about theology, but I was trained as a conventional interventional cardiologist, meaning I as the stents and balloons and procedure guy.

And I did that for about 15, 20 years or so. And then realized in my career, I was getting repeat business, which if you're selling like a product or something is great, but in cardiology terms, that means somebody is having a second heart attack.

Yeah, or they're progressing and need bypass surgery. Something has gone horribly wrong. And for years, I just said, well, that's just patients, right?

That's Just as we do in the conventional world, we gaslight and say, Well, you need to exercise more, kind of was as conventional a cardiologist can be.

And then I found functional medicine and integrative medicine, and everything changed.

From Interventional to Root-Cause Medicine

Because I realized that the things that we weren't treating were actually the thing that were driving cardiovascular disease. It was the mental, emotional, spiritual stressors and things patients were dealing with.

all of these other things. And there was no room in the conventional cardiology world for that because we're just busy complaining and talking about, you know, how low can we get some of this LDL level, right?

Or how is too low, your titrate blood pressure down until you just about to pass out. and hope for the best. Or get people on so many blood thinners and I hope they don't have a bloody nose, they won't bleed out from their gums brushing their teeth, right?

So that conventional world is a brute force world, where we treat until basically you're almost about to fall apart. And now in the integrative cardiology world I love what I get to do because focusing on what call the true drivers of cardiovascular health, which is the framework that I'm debuting here, is so important.

And it really represents not a mind shift really, or a paradigm shift, but really just a way to codify the things that we already know and we just don't know how to act upon.

What was that moment? You know, like you said, I found functional medicine, integrated medicine. But what you know? I mean, that's a strong pull to get you out of 15 years of doing something the way you were taught to do it.

You've been brainwashed for this. What was that little spark or that light? What is that moment where I took the red pill or the blue pill? Yeah. Yeah, I think for me it was I had a call weekend where as an interventional cardiologist when you're on call for a weekend you are on from 8am Friday morning to 7.59am on Monday morning, right?

So 72 straight hours. It's not a week end, it's a… It is three days. And on that Saturday I have eight back to back, back-to-back heart attack patients come in.

And that's a pretty busy day. Yeah, and it was like one of those days where you forget to eat you Forget to go to the bathroom and and as yet no one's don't have time as providers You know, we all bend until we break, right?

so we are like are so heart centered and giving that like the giving tree that we give until We break and I just kind of reached my breaking point around patients seven or eight and looking at their charts though was really seminal because as I looked at their chart some of these patients had been seeing physicians and their numbers were in the range of where they needed to be right in a treatment range if they still had cardiovascular events.

And so I realized, boy, we're missing something. And right around the time the algorithm gods popped in an ad for Institute of Functional Medicine for IFM, and particularly their cardio metabolic, they had like a CME lecture or something like the functional medicine approach to hypertension or And it was just an online CME.

And I watched it and I said, wow, I think this is what I've been missing. We could actually do something. Yeah. So at that time, those conferences were still in person.

It happened to be that that conference was going to in my hometown of Chicago. I thought, you know what, let me go. If it's weird or goofy or too woo woo or granola or somebody's playing cymbals or something, then I can just go hang out with my high school buddies.

But I… We do have a gong here, by the way. Let me cleanse your aura. But I went and it just spoke to all those things that we were not treating, not just in cardiology, but in medicine in general.

Right.

The Heart Framework: H.E.A.R.T.

And I don't know about you, Amy, But when I want to med school, you know, I wrote my my essay about, You know I wanna help people and all these things and always come in with the intention of being healers.

Right. That's what we want. We want that calling that we have. But we end up just becoming treaters. Right? We just treat numbers and treat symptoms. And then we put the band-aids on, but never really.

So this is the first time where I felt, wow, This is truly something that speaks to my soul in terms of what I'm supposed to do. And I slowly began integrating that functional world into my conventional practice.

There wasn't just one point, but as I started building the successes with diet and lifestyle and realizing that you could treat hypertension with magnesium and uh, cardiometabolic diet plan, right?

You didn't need to be on three medicines. I mean, some people still need medicines, don't get me wrong, but the vast majority of people are over-treated, or overmedicated and under- treated in a sense that you're not dealing with the root cause.

It's like you put your finger in one hole in the dam and then another one pops up, right? And so you end up getting these patients that have 30 different medications because one med is treating the side effect of another.

And I've got triplet daughters. So I say, anytime there's more than one of them in a room, there is going to be a fight. Right. So similarly with the medications, anytime you have more than one med, there's going to be an interaction.

Right? Like the liver only has so much capacity, our environments and things. The goal really for me during like one of the things I focus on is how can we deescalate meds?

Right, how I spent the first 15, 20 years of my career adding to the med list. And now I'm trying to add by subtraction and be like, okay, what can we replace here?

What can be, at least if we can't get you off the medication, What Can We Reduce the Dose of? Because as you know, lower doses tend to cause lower side effect profiles.

So it's been a fantastic journey. And as we continue to accumulate these successes, you just can see the world in the same way again. Oh, yeah. Yeah. I mean, that that eye opening, you know, I call it the Alice in Wonderland, going through that little tiny door into like this.

How did how did I not know about this before into this new world? So frustrating. Right. That when you look back at, what you were doing and like, there's all this evidence and there are all these things that we could have been doing this whole time.

Well, and that had been used for years and years. The knowledge is there, the wisdom is not. So for instance, here I'm debuting my heart framework, which is a way to codify a heart disease.

And it's simple. H is for hormone optimization. E is energy. A is autonomics. R is rest repair. T is toxins and traumas. It's just, we're looking, and this is, what I love about the Synergy Conference, the name, is that this isn't replacing LDL and blood pressure.

Those things are still necessary, but this adding on top. And the references that I'm pulling, that pull from my talk, aren't from yesterday. They're from like 10, 15, 20 years ago.

Even 30 years when you talk about hormone optimization, you've got data from 30 year ago that hormone optimisation is essential for cardiometabolic health.

And it's preventative. It's remarkable that we've had this in the world of our scientific knowledge base, it just hasn't been translated clinically because it doesn't follow what we think should be the narrative.

Trauma, Safety, and Patient Healing

Well, when we talk about, you know, like as a cardiologist, especially interventional, I mean, your niche down to like, this is all I'm doing, right? I was like the end user of the completely broken system, yeah.

Yeah, and so, except you weren't doing cabbages, so that was really the user, but you're right there. So, you know, start expanding and then it's like, okay, not only am I a cardiologist and where my core is, but now I'm a hormone doctor and I am a nutritionist and a lifestyle medicine and can treat your thyroid and diabetes and again not really treating but help you to improve all of those things.

And the body wants to be in a natural balance, right? So it's almost like part of what I do is get get us out of the way of our own bodies here. Right.

And so true. But it just, you know, when you see the outcomes and see You know and the the feeling I get like that feeling of accomplishment when somebody's eating correctly and then I see them losing their weight but then i see

their family's health improving as well right that is so much more impactful than any sense that I've done or any balloon or interventional work that i've taken.

And again, we need the interventional world, right? Like if you're having a heart attack, I'm not going to tell you to do four, seven, eight breathing.

Like, no, get your artery open. But the remarkable thing is, once you've had a cardiac event- Let's prevent the next one. Let me have the one, and there's things that we can do.

And it's never too late. I run these cardiometabolic programs. My oldest patient was 88. still alive and even she saw significant improvements because as you know fixing your heart through a functional medicine lens doesn't just affect your hearts, it affects your brains, your hormones, everything is connected.

You have more energy, you have connections, and you're thinking better, right? And you start a whole new chapters for people, I'm sure, where they were like, you know, i'm nearing the end, right?

I retired and you, know I can't even move anymore. You know i've got the swelling in my legs and just the whatever and now, like you said, You're seeing their families get better, but you're, seeing, their life get, better right like And it's truly the interventions that we take in this functional world.

I think are really what patients are looking for, right? Because they want to feel better. They don't care about a number, be it a lab test or a blood pressure or whatever, they just want.

To be able to engage in their life better, and they wanna be. Able to walk up the bleachers at their grandkids, you know, sports game or. Whatever they.

Want to be a sleep better interact with their kids. Remember to put pants on before they go out. Simple outcomes and there's no randomized controlled trial of aspirin.

It doesn't make you remember to wear pants or not, right? Because that's not something we would care about as physicians. We care major adverse cardiac events and strokes and these sorts of things.

But the things that matter to patients are the thing that we query in this functional medicine world and really optimize for them. What are some, I mean, you've mentioned it, in the conversation, tell me an outcome, like a patient story where you really saw like- Well, one of the things that I know she's here, Dr.

Amy Apigee, and is here at the conference, And I read her book, The Biology of Trauma, it really opened my eyes to how much those adverse childhood events, Like I add it into my framework under toxins, because toxic thoughts are part of that.

But one of the most simple questions I've added to my framework as a cardiologist is, do you feel safe whenever I meet a patient? And was there ever a time where you didn't feel save, like getting back to childhood events?

It's amazing how much that simple question impacts patients. I had one woman who I saw- Takes a step back. Yeah, take a set back, so I asked her this and she just immediately started crying.

I said, okay, what's happening? And she told me how she was orphaned early on and she went from foster family to foster, and some not great things happened to her in that system.

And we realized that that was really driving a lot of her cardiovascular issues. Her chest pain was coming from that trauma that she had experienced early.

Practical Lifestyle Changes and Longer Visits

It is the most non-obvious question for a cardiologist to ask because I should have just given her a stress test and,

you know, put her out the door. But again, that's treating something.

That's not healing that patient. So I put in with an AMDR specialist and lo and behold, within two or three weeks, this chest pain that she had been dealing with for years just lifted.

And this is when she came to me as a secondary consult. She had gotten cardiac MRIs and an angiogram and every stress test under the sun and all these advanced things.

And she had been bouncing around the system for two or three years and nobody just thought to ask her that simple question. That's crazy. Just by tapping into that, it gave her the release.

It's just that you know we so as I continue to practice in this way just examples of that again and again again where it's these non LDL blood pressure a1c drivers of the symptoms that people are feeling that really force them into this state.

It's more stress to look at those numbers and you know for a patient it feels very out of control. Especially if it's like I'm going to my doctor, I am taking all the medications that you're telling me to do.

I feel like i'm doing what i am supposed to and it is not working. That feels really hopeless. And in the conventional world, we are great as cardiologists at gaslighting patients.

I mean, it's just what we do, right? I think they must be taking their meds or, you know, noncompliance. Right. That's a big thing that we talk about.

Or, some people just they feel so crappy, they can't exercise. So. we need to be able to, be in the trenches with our patients, kind of understand where they are and do things tactically, not say exercise 20 minutes a day, five days a week, just say, all right, when you're watching TV, stand up for the program and sit down for commercial breaks.

Like that might be even just a starting point for them, right? Or, you know, walk upstairs or when your doing the dishes, do calf raises or stand on one leg or whatever it might, to get that shade of early successes to kind of build that momentum.

You can't just say run a marathon, right? You have to run half a mile, then a while, and then two miles, four, so on and so forth. So I think what this universe has allowed me to do is just have patience and have time with my patients.

When I was in the conventional world, my intake was 30 minutes. So imagine you're meeting a cardiologist, we're going through all of these things in 30 and I'm making life or death decisions based on that.

Now my intakes is 90 minutes and that even feels short sometimes because we are getting into so many of those touchy-feely things that we don't have time to talk about in real world that actually drive, not just cardiovascular disease, but disease in general.

And probably just that 90-minutes like you said. therapeutic in and of itself, where before it was like, you know, we're just going to do this and then we'll talk about the treatment or the fix after that.

But just sitting down and having that conversation brings patients hope.

Where to Find Dr. Sanjay

And of that 90 minutes, I'm talking for maybe 15. Right. It's really, the most important thing I always tell my kids is you can't You can't listen with an open mouth, right?

And so just really stepping back, almost being in the background, prompting questions and learning about patients, not as a conduit of disease, but as human, and that connection really allows me to heal much more appropriately

than just looking at lab tests.

You know, like what I hate now is people are like, you know not even having a relationship with the patient, they're having relationship And the patient just happens to be there, right?

And we've lost that art. We need to reconnect with humans and reconnect people on a very basic level to able to true healers. Yeah, that's so awesome.

Well, I'm so excited to hear your talk today and I just can't wait to here about this heart method and how we can bring it in. I am sure all of us are practicing some degree of that, we just haven't put it together that way.

So how can people find out more about you? Absolutely. Well, I'm on Instagram. So at Dr. Sanjay MD D O C T O R S A N J A Y M D or my practice Luguna medicine.

so www.lugunamedicine.com. I see virtual consults and educational consult for people who aren't blessed to be in the state of California. Thank you so much.

Thanks, Amy. It was great to. Love it. Thanks for joining us on the Integrative Medicine Roundtable where practitioners lead. If you found value in today's conversation, follow our podcast, share it with a colleague, or visit us at ncintegrative.org and join our community today.

We'll see you at the next roundtable.