Opening on Statins and Heart Disease

It's not about how low we get a number down. We want to know if I take a pharmaceutical does it lower my risk of heart attack stroke and dying and the answer is most statin trials say yes, but by a little bit.

The goal really is not to reduce your heart attack risk from 3% to 2.7% is how do we reduce it to 0% number one killer in the world and it's still the number one killer in the world despite 40 years of statin drugs, and 40 years of angioplasty and stents, and 50 years of bypass surgery.

There's still none more in the world. We're missing something here. Welcome to the TBD Fit podcast on Dr. Talks. I'm your host, Daniel Keeley, and I will be guiding you through this wellness journey in terms of optimizing health and longevity, where we unpack the science, the do's, the don'ts, and everything in between.

Come join us. Look forward to seeing you inside. Welcome back to the TBD Fit podcast, where we dig deep into what it really takes to optimize health and human performance.

Today, I am absolutely blessed with a very special guest, Dr. Jack Wolfson, who is a board certified cardiologist and the founder of the Natural Heart Doctor, where he helps patients worldwide reverse disease and reclaim their vitality.

through natural means. You might know him as the Paleo Cardiologist on Instagram, where he's amassed quite a following. He also is a author of the Amazon bestseller, The Paleo Cardiologist, The Natural Way to Heart Health.

After leaving traditional hospital medicine, Dr. Wolfson has become a leading voice for integrative and functional approaches to cardiovascular wellness, focusing on nutrition, toxins, lifestyle, ultimately root cause disease.

And when I heard him speak in person at the longevity summit in Austin, I was absolutely blown away. This is going to be a very interesting conversation in really, really just peeling back all of what we know about cardiology.

So Jack, welcome to the show. Thank you so much, Dr. Daniel. Appreciate being on and again, it's great to connect and I'm certainly glad our paths crossed and I feel certainly we are two brothers from different mothers.

So let's go. What you shared offline is really the same vision I have and kind of in terms of your philosophy and principles and how you approach medicine and treat patients, we're almost identical.

So let's start with your journey, you know, where where you are today, but ultimately what has led you to go down this path? What was the catalyst or impetus that got the ball rolling for you?

Yeah, you know, thank you again. I like to say I was born into the cardiology world. My father was a cardiologist. I would assume I'm listening to cardiology stories when I'm in my mother's womb.

And then I'm born and then my, you know, again, my life journey is I'm just, my father's my hero. I can't wait to be a cardiologist. I loved all the stories.

I loved all of his friends. I loved the camaraderie of what that all represented. And I would do just that, you know, four years of medical school, three years internal medicine, three years of cardiology.

Guest Introduction and Background

And I get a job in the biggest group in the state of Arizona and my career is absolutely taking off. Unfortunately for my father, he was getting sick.

He would ultimately be diagnosed at the Mayo Clinic with a Parkinson's like illness called progressive supranuclear palsy. And the Mayo Clinic has no idea why my father is sick and dying.

And they say he'll be dead in three years. And simultaneously, serendipitously, God intervened and introduced me to a young doctor of chiropractic. And she told me all the reasons why my father is sick and dying.

And what she had to say made perfect sense. It just, it really just clicked for me. Just talking about nutrition, lifestyle, toxins, mindset, all these different things.

And basically she said, we may not be able to save your father. He's pretty far gone. But if you want to save yourself from a similar fate and you want to save.

the millions of people and patients who you want to impact, which is why you became a doctor, you're going to change your ways. And that's exactly what I did.

I would eventually leave that big cardiology group in 2012, start natural heart doctor. And then here I am talking with real physicians like yourself.

So it seems like the natural approach, which unfortunately often enough is called alternative medicine here in the United States. I like to refer to it as restorative medicine or medicine that's going to identify exactly what's happening.

So exactly what you shared your story. And when I heard you speak the first time and you said that woman, it turned out to be your wife. I recall correctly.

It was remarkable because all the time patients call me with so many questions and conventional medicine often enough has failed them. They're left with even more questions.

And it's not to undermine these physicians. We're all brilliant in some respects. It's just what tools do we have? What are the patterns? What are our experience and how can we intervene in a way that now is is able to address some of these underlying drivers rather than treating symptoms.

So I appreciate when you had spoken up, you came on the stage and you kind of undermined all your peers in some respect. You said, I don't do any of the stands.

I don't prescribe any sort of medication. We were talking offline. We were discussing how it's not necessarily anti-pharma. It's really just pharma as a last choice.

So let's unpack kind of how you think through these things and maybe starting with cholesterol at the top of the totem pole here. Yeah, well, you know, and I didn't mean to slight the 29 year old chiropractor who would become my wife and the mother of our four children and the love of my life, that's for sure.

It's, you know, listen, we're not insulting the medical doctors per se, because that's just the language of what they've been taught. That's just the way that they're trained.

So when you talk about well, whether or not we refer to it as alternative or what I mean, or even the term medicine, you know, really just kind of implies something different.

It's really just kind of giving the body what it needs and taking away But what it doesn't, you know, it's, it really is that. And it's like, if, you know, if, uh, you know, you invited me on a trip, you know, our families went together to Italy and we're walking around the countryside and we walk into San Gimignano, you know, and someone starts speaking Italian to me.

I'm going to look like an idiot because I don't know Italian. But it's just, you know, just the way that we're trained. So when your doctor is this, you know, very highly esteemed cardiologist, and they're making these recommendations,

they only make the recommendations because that's the way that they've been trained.

That's the literature that they read. What made me to change really was to see something like you mentioned cholesterol. And if you take a cholesterol drug, it lowers numbers down.

But it only lowers your risk by a little bit because that's what matters. It's not about how low we get a number down. We want to know if I take a pharmaceutical, does it lower my risk of heart attack, stroke and dying?

And the answer is most statin trials say yes, but by a little bit. The goal really is not to reduce your heart attack risk from 3% to 2.7%. It's how do we reduce it to 0% number one killer in the world and it's still the number one killer in the world despite 40 years of statin drugs and 40 years of angioplasty and stents and 50 years of bypass surgery is still number one killer in the world.

Like we're missing something here. And that's why physicians like you and I exist based on your holistic training and what I had to learn really. Really what I had to unlearn and then relearn as a holistic practitioner.

And ultimately, you mentioned cholesterol. If cholesterol is so bad, why does the body make it? Why do all animal species make cholesterol? Why does a chicken egg have cholesterol?

Why does mother's breast milk of any animal or human have cholesterol? Uh, these things have purpose and, and very important purpose. And ultimately we just, we just don't learn about that.

So my job is to really teach people and say, Hey, there is a better way to heart health. And that's what we do. So in terms of cholesterol, cause we get that all the time, probably in your practice as well, where patients are seeing doctor, they're trying to, to reduce cholesterol.

They're automatically put on statins. Often enough, there's blood pressure issues or they're put on some sort of blood pressure medication. When someone comes to you, how are you helping them unlearn what they've been through in order to say, okay, cholesterol actually might be your solution.

Your problem is X, Y, or Z. Yes, you know, and, and it really, it just kind of goes, you know, I kind of like this, you know, Daniel, when I, and I showed this slide when I was speaking as well, if we kind of use this tree analogy and we talk about the leaves and the branches and we talk about the trunk and then we talk about all the roots, of course.

Well, the branches and the leaves, those are all diseases. Those are the labels that the medical doctors love to give. And that's things like high cholesterol or diabetes or Parkinson's or cancer or all those different things.

And then you've got the root cause of all of those. And down there in the root cause, of course, is not pharmaceutical deficiency.

Rethinking Cholesterol and Root Causes

And in the root cause area, it's not genetics and it's not, you know, root cause is not you're a bad guy. You know, God doesn't like you. Like, it's not like that.

It's not bad luck or anything like that. So you have all these root cause and you know, you and I talk about root cause all the time that we can address that as well.

But the trunk of the tree in my, in my analogy here, the trunk of the tree are the objective measurements of how root cause creates all this stuff up top.

But that's where you mentioned like cholesterol is one of the measurements. And if the number is very high. then it's a sign that there is a problem. It's not a problem in and of itself, but it's a sign there's a problem.

Maybe the classic thing would be inflammation, right? All medical doctors know that inflammation's bad. They all know that. And they reach for a statin drug or some other anti-inflammatory.

But what we go is we just go back into the roots and say, where are we violating those simple principles of eat well, live well, think well, in that mantra, you know, kind of behind me, or sometimes I say, Thrival Nutrition, Thrival Lifestyle, Thrival Mindsets.

And so if we can improve all those things, that's how we get rid of the bad stuff that's in the top of the tree. So if cholesterol is abnormal, we're always asking why.

We're always asking why. What is the danger of automatically putting on, putting someone on a statin if cholesterol is obviously elevated? Yeah, I think that's, I think there's many different dangers to that, Daniel.

And let me say this, and that's why I've actually made comments that statin drugs have killed millions of people. I didn't say that in the lecture you were at, cause that may have pushed those cardiologists into total mutiny with pitchforks.

Now, but I'm thinking about it, you know, I wish I said it. I wish I, I wish I thought of that at the moment. So statin, how can you say Wolfson that statin drugs have killed millions of people?

Well, follow me on this statin drugs. don't work as well as you think that they do. If according to the data, and we could go conspiratorial and say the pharmaceutical companies make the data on a $500 billion drug class, but let's take it for what it is, that it's real.

The benefit when you look at the data is small. And then, so given the small amount of benefits, given the amount of side effects, but here's where I would blame it for killing millions of people.

Because millions of people take statin drugs every day and they think that's all that they need to do. They think that the drug has their back. And it leads to this false sense of security.

So if we say statin drugs lower mortality on an annual basis from 2% to 1.84%. And what about the 1.84% that died that never got the message that physicians like you and I talk about every day?

They missed out on that and that turns into millions of people. So, and then maybe the fourth thing in all this as well. If you say, well, here's the problem with statins.

Like they don't work. They have side effects, false sense of security. But number four is that it keeps you plugged into the medical system. Keeps you going to the doctor, doing all their useless dangerous tests, going to the pharmacy.

It's just like plugged into that medical paradigm and I think also that's kind of something that's deleterious about it as well. If statin drugs reduced your heart attack risk from 5% to 0.5, we'd have a more difficult argument, but that's not the case.

They don't and they have significant side effects. What about the testing? You just briefly alluded, you planted a seed. Let's walk through that door.

Let's pry it open because I love when I heard you speak about testing prior. What is your thought on the testing? In an effort, let's talk around the lens of reversal and prevention.

Yeah. Well, again, like that's our data. You know, when you, when you talk about testing, you're just looking at information. Like when you check your bank account, you want to know how much money you have in your bank account compared to what you're spending or what your credit card bills are.

Your accountant looks at all these, you know, all these different metrics. We all take into account all this different

data. You know, maybe when we buy a car, what's our payment going to be?

What's the, you know, gas mileage, you know, what are the, you know, we want to look at these things objectively. And that's where. the data comes in for us.

And what you and I do is we do the most advanced lab testing in the world where we're looking at every nook and cranny to see where risk lies. And then you do the most advanced testing in the world and you see all the bad stuff and then you work with someone and move it to the good category.

And that's how you know you're going to be successful. That's your metric. So when inflammation is high and now it's low or lipid ratios like apolipoprotein BA is that ratio is high and now it's lower, triglycerides are lower, intracellular vitamin K2 is higher, leaky gut is less, toxin burdens are less, gut microbiome looks better.

Now we can actually go back to something like, I mean, this is your health bank account and it looks better. And you should be happy for that because if you're concerned about dying at the age of 76, like the life expectancy is of the American male or 79 for the female.

And you're looking at this and you're looking at your parents, your aunts, uncles, brothers, sisters, and everybody's loaded up on pharmaceuticals. I make a barely walk back and forth to the doctor, you know.

I mean, how does Dr. Daniel, you know, how is he kicking the soccer ball with his grandkids? Like that's, that's what we're talking about here. How do we go horseback riding?

How do we, uh, you know, uh, go surfing? How do, you know, I'd love, I loved a mountain bike. How am I going to mountain bike with my grandkids? And, uh, or the alternative is you're the, uh, 84 year old guy, you're on seven or eight pharmaceuticals and you're at somebody's wedding and everyone's pointing over there and they're like, oh yeah, that's Dr.

Daniel over there. You know, uh, You know, and someone's pushing you around and you're kind of, you know, drooling. Nobody wants to talk to you. And, you know, then you're yelling out, hey, you know, did I take my pills?

And someone's like, yeah, you took your pills, you know, two hours ago. Or have I eaten yet? Did I order? Yeah, you already ate. You know what I mean?

Like that's, that's most people's life. And who wants that? But you're going to get that in the pharma world. It's just, it's just all there is to it.

You're not going to make it. It's not, it's not either or. This is not an either or game. It's if you follow the medical plan, you're going to die way too young and miserably die.

If you follow our plan, you're going to live healthy until the moment you don't. In terms of traditional testing, so looking at like a calcium score or a CT, what is your thought or perhaps how, how are you maybe doing away with the traditional thought?

Well, you know, to say it's traditional thought, I think is interesting because really the concept of coronary CT or what originally was called EBCT was from the late 1990s and insurance never picked up on it because they had no evidence that it actually provided value to the insurance company.

Like, you know, doing this didn't cut costs. And what they found is that when you do a test like that, it leads to a cascade of events. It leads to more pharmaceuticals and leads to more tests.

I never did it really because it really didn't start getting popular until 2005, 2006 and beyond. And by then I was already knee deep in holistic ideas.

And I believe my father died from radiation, part of it. I believe that me as a cardiologist doing pacemakers and

angiograms, suffered a significant amount of radiation damage from that.

So I never want to recommend radiation to someone. I never recommend a nuclear stress test where we inject radioactive material into humans during that procedure, thallium or technetium or similar.

So the other thing is that, you know, if you think about that trunk and we're looking at all the metrics, it's just not one of my metrics because it's not a good metric in the sense that it doesn't change.

It doesn't change over time. I want to be able to look at things and then be able to track our success over time. And a coronary CT scan Your calcification levels may get better, they may get worse, they may stay the same.

Statin drugs increase coronary calcification, so we can't monitor statin success based on that. I think ultimately it's just, it doesn't change what my plan is.

So my plan is still, you know, back here, eat well, live well, think well, do the most advanced blood urine stool testing in the world, test your home for mold and or bacteria.

Testing, Risk Markers, and Calcium Scans

with a Swiffer test and then, you know, fix, fix everything and then recheck those metrics and see how you're tracking. And that's, I mean, the ability to do the testing that we learn about, right?

You know, Daniel, the stuff that, you know, you guys are doing in your, in your office and we're doing out here and virtually, I mean, it's, it's providing so many, so many data points.

And then of course it takes a skilled provider at this time to be able to look at those results and make changes, but to the individual person, if they're interested, right?

They can get all these reports and be like, oh, I'm high in, I don't Phallium, and what do I do about that? Or I'm high in this phenol A, what do I do about that?

I'm low in this, what do I do about that? And I think that there's so much benefit in that kind of data. If someone comes in with a high calcium score, are, so when you're talking about tracking data points, often enough, I suspect many of your patients would have had that at some point likely.

Are you able to reverse that? Are you, are you just simply arresting that? Where are we at in terms of progress in looking at calcium? Is that again, one thing that you're tracking or maybe that's the hard calcium, which is less dangerous and you'd want to evaluate where is the soft calcium that can rupture?

How are you kind of looking and going over that with patients. Well, a lot of people do come to me after they've had a coronary CT scan, and maybe they saw a video, someone shared a video with them that had to do about that.

And I'm not here to admonish people who did it. It's like, okay, it's done, it's in the past, but where do we go forward? And to your point, I'm really not concerned about reversing the amount of calcium.

People can live with the amount of calcification they have in their arteries for the next hundred thousand years. We want to make sure we do two things.

Ideally, we make number two is that it doesn't get worse. So how do we come up with the strategies to prevent it from getting worse? That's number two.

But number one is we want the plaque and it's usually going to be a soft plaque which as you mentioned CT scanning does not assess there are CT angiograms that can assess that but even still there's nothing we're going to do about that over and above the most advanced blood urine is tool testing that because we're going to use that now you could say okay the testing is motivational the testing scares people more if you're not scared by the fact

you look in the mirror you don't look good you don't feel good you understand that heart disease is number one killer in the world.

Like if those things don't motivate you, and the blood work looks terrible, like if that stuff doesn't motivate you, then the CT scan, that's gonna, oh no, that was the final thing.

Okay, so heart plaque, soft plaque, but the key really is how do we prevent the plaque from eroding? Because the top of the plaque can erode which means it starts to allow an increased risk of having clotting and clotting factors on there leading to an acute myocardial infarction.

There also is the less of a chance, but still possible, of a plaque rupture. So now this kind of unstable plaque, it just kind of breaks loose. It's like, maybe take this analogy.

You had knee surgery from ruptured cruciate ligament while playing soccer. And then you have a ton of scar tissue there. That's hard scar tissue. It's not going anywhere.

But fresh out of the surgery, yeah, I mean, there's there's a scab and the scab is that soft plaque. It's like a soft friable thing that can break off and lead to, you know, more irritation.

That's the soft plaque and that we got to be careful of. But how do we deal with that? We're not going to, you know, we're not going to stent, you know, 30 different soft plaques in someone's heart.

My approach would not be, well, let's convert all that soft plaque to hard plaque by using statins. That's one approach. But the theory, if it doesn't match the outcomes, then it doesn't really hold value because if you say, well, we're making all those soft plaque stable now.

Okay, that's great. You reduce someone's heart attack risk from 2% to 1.8%. Okay. You know, I'm just, I'm going down with God's given body. When you give the body what it needs, take away what it doesn't.

That's the ship I'm on. So you're working on lifestyle, you're eat well, live well, think well, I love it. My foundation five is you gotta, so I did a little bit further, but you gotta eat right, sleep right, move right, talk right, poop right, and then you're gonna feel right.

So I just have two more in there. But again, we share very, very likeness in our thought. Now, let's say two things here, high level. You're addressing the lifestyle, you're doing the very comprehensive testing, What are some high level strategies in terms of nutraceuticals?

I know you formulate your own line. I think you were going very deep. I believe from biotics, maybe your own kind of personal, we use biotics, I think very early on in my practice, almost 10 years now in terms of sourcing quality ingredients.

But what are specific strategies or nutraceuticals that you're addressing that's almost like foundational for the individual when they present with something like that?

Well, you know, coming out of training or, you know, coming out of conventional medicine and then kind of getting into the world of supplements where we say, okay, we're going to do Thrival nutrition, Thrival lifestyle, Thrival mindset, and then we'll do the ultra diagnostic testing.

And then you get into what I would say is this Thrival biohacking space. And this biohacking includes evidence-based supplements and it includes biohacks, you know, conventional biohacks, sauna, red light, you know, and all the other things that people do.

And it really goes in that kind of order. So you hit that foundation part. From a supplement side, I was doing all different types of supplements and I think, you know, the results are fine, but it was just really over the last few years when it really kind of, you know, reincorporating, you know, this food is medicine idea.

You know, in biotics research, standard process, these are companies who've been using organs in their supplements. In the case of biotics, you know, close to 50 years in the case of standard process, close to a hundred years.

and this kind of goes back to this ancient knowledge of you know food is medicine and or you know like repairs like so if you eat liver it helps to repair liver heart repairs heart all these things so where we are right now is that we've really moved into a a food based supplement company first And we have a product, for example, called Kickstart My Heart.

Kickstart My Heart is unvaccinated, pasture-raised, free-range American bison. Prairie grass-fed, not like grass-fed and they're like stuffed with grass, old grass.

They are on the prairie in South Dakota. That's our, that's one flagship foundation product. Another one is wild salmon roe. So we freeze dry wild salmon roe from the pack Northwest.

These are really products that nobody else is coming close on these particular things. Big fan of emu oil. Emu oil is very unfiltered, unprocessed, a lot of fat soluble vitamins, a lot of omega-369 in there.

And it's probably the best source of vitamin K. Vitamin K2 is MK4. So, you know, we like that particular product. But, you know, those are kind of like some of the foundational things.

I do like things that help to boost nitric oxide, great for blood pressure, nitric oxide boosters, but even the beetroot powders and the like that are a great source of nitric oxide.

Someone likes greens powders, you know, and then if you're, you know, if you're really concerned about additional ways to help people poop, yeah, there's definitely different fibers, you know, that are available to, you know, to help the bulk forming in the stool that are good for detox as well.

You know, so there's, there's a lot of different things that we were doing, but what's always about, hey, let's hit the foundational stuff first. You know, because inside of our Thriveville lifestyle, it's really, you know, it is, it's that sleep, it's that sunshine, it's the movement.

It is the, the toxin avoidance, right? I mean, just, you know, you and I could spend an hour talking about plastic, you know, and all the dangers, you know, linked to that.

And unfortunately mainstream doctors just aren't talking about it. Like the, the, I mean, the thing is this, Hey, you know, Dr. Daniel, how are you doing?

Uh, Oh, I'm feeling pretty good. All right, cool. You know, let's check some blood work on you. I know you got this family history, you know, let's send you for a coronary scan.

If that's abnormal, we'll send you for a nuclear stress test, yada, yada, yada. You know, we got this, you know, everybody's, you know, these days they're thinking about LDL lower for longer.

You know, let's get, yeah, you know, it's probably not a bad idea for you to go on a statin, you know? See you later. I mean, that's a minute. That's a minute conversation.

And that's all they need. Oh, my doctor doesn't talk to me. What are they going to talk about? The weather? Oh, you know, how the Chicago bear is doing?

Oh, they're terrible. Oh, how are they doing? Oh, they're good now. You know, I mean, it's, we're not trained to talk about anything else health-wise because we don't know anything about health.

We only know about sickness. You'll appreciate this a little bit. I was at an emu farm, uh, not long back because I was looking to source emu oil. I didn't realize that the depth of, of where, where are you taking your company to?

This is remarkable. The rigor of how you're looking at things when you're considering what kind of nutraceuticals you use. I'm, I'm extremely impressed because anyone who knows me is, um, the detail that I go to to ensure quality.

That's one thing I will never sacrifice that. So I'll always spend a premium to make sure this is best in class. And my patients appreciate that. But it's remarkable.

I think even though I mean, if you talk about like the supplements industry is so wide range, and even a company like Biotics, I've been to the manufacturing facility down there, and I saw the machine that test for metal contaminants, that when they accept the material and then they test to make sure it's clean.

Plaque, Reversal, and Nutraceutical Strategies

Is someone else's company doing that? I was at the machinery where they actually do the mass spectroscopy to determine, hey, the shipment of berberine that we just got that we're going to put into hundreds of thousands of bottles, Is it really berberine?

I was driving into work, into the office today and there's a lot of that conversation in the pharmaceutical world, like people in order to save money, they're going outside of the United States and then allegedly, well, some of that's not, they're getting inferior product or in some cases, not even the product.

I think a lot of it's pharmaceutical companies are worried about losing revenue here in the United States. You do truly have to know if you're going to be taking something, is it going to be working?

Is it going to have no effect or is it going to have a negative effect because of contaminants? That's when you work with those high quality companies to make sure.

You're not going to like nature made at Costco. You're not doing that. It's different. It's cheaper, but you'll pay in the long run, as they say. You're going to pay either way and so the control is always a concern.

So going back to the reversing of plaque, it almost sounds, in one respect, you're suggestive of, okay, maybe this is a little bit of less concern, we can live healthily, but if someone's plaque is extremely high, Are you still able to reverse some of that damage, reverse some of the blocking?

Do you see numbers ever come down? Are you ever retesting or that's kind of not? I'm definitely never retesting. I'm definitely never retesting. I didn't like the first scan.

I'm not going to like the second scan. And it's not going to change what I'm doing. I'm not going to say, oh, well, a person's gone from a calcium score 1500. Now they're 1800. OK, now I'll try statins.

I'm not going to do that. and again we know for many many many years this is not controversial statin drugs they do increase coronary calcification because they do one thing statins do is that they inhibit the function of vitamin k2 so now you get more of the extra extra osseous or you know outside of the bone calcification you calcify soft tissues including coronary so we can't really follow it that way i have had people go for a repeat scan and i've had some of those people actually show evidence of plaque reversal now i've never seen anyone go from you know say 300 down to zero but i've seen people go from 300 down to 180 you know things like that but again that's not that's not how I would follow it because I know that no matter what your coronary artery disease is, if you have low inflammation, low oxidative stress, if we have high levels of intracellular vitamin K2, if we have low levels of contaminants and toxins based on testing, If we have no more leaky guts, if we have an optimal gut microbiome, if we have lots of B vitamins, if we have controlled homocysteine, controlled uric acid, I know that person is on the path.

If their APO-B, APO-A ratio is fairly well under control or controlled, you know, we got Lp little a down. We got them on some good stuff, you know, things like natto kinase, Cerapeptase, some other supplements, you know, like Artiracil.

We created a product through Biotics. you know, kind of a shameless plug here, if you will. This is called Optolipid. Seven different nutrients inside of there built by, you know, formulated by me and built by Biotics.

So, you know, that it's really the real ingredients are in there, the best sourcing that's in there. And what that is, that's not, you know, we call it a statin alternative, but it doesn't lower the production of cholesterol like statins do.

They don't interfere with the HMG CoA reductase enzyme. What we're trying to achieve in this scenario is to clear out old LDL particles. to increase the number of receptors on the liver to clear out old LDL particles.

And you could say, well, okay, I'll just take an injectable like Repatha for that. And I would say, well, you could. Repatha has a very high level of efficacy, maybe too much.

But that's all that it does. When you take some of these natural remedies, it would be what are called, you know, pleiotropic benefits where you have not only the clearance of the particles, but you also have effects on lowering inflammation, lower oxidative stress, better blood sugar.

Now you could say, well, what if I take metformin and metformin plus rapatha, would that be a combo? Again, one could do that, but that's in the pharmaceutical world.

I prefer to operate over here. using herbal remedies from reputable companies that work. So I've been using a lot of same, well, similar Dr. Mark Houston's products, obviously through Biotics.

It sounds like almost you're doing one up, you're doing one better. Is your product different than I presume? Well, you know, I mean, again, there's, there's a lot of different stuff that's out there and I haven't taken a look at the product you're referring to most recently.

I'm just trying to stick as natural as possible. So I'm staying away from. Staying away from synthetic vitamins, staying away from minerals that are not part of a whole structure.

So it's, you know, when I go to A4M and you go to A4M and people are walking around and I've got my bottle of kickstart, you know, bison, liver, heart, kidney, like there's no better product in the world.

There's nothing better in that entire building than that, which is not. So, you know, from there, again, I think that Dr. Houston and others, they are still stuck in this better living through chemistry, although it's natural, it's more natural chemistry.

I'm just, I'm away from that. I don't want to take synthetic B1 or B6 because I think that in that scenario, the body just doesn't recognize it like it should.

And therefore you don't get the results. And then maybe. the structure of the beast is just a little bit different than what's found in bison liver. So, and you're a big, you know, gut microbiome guy and how the gut, you know, takes that food and turns it through the bacteria into vitamins and minerals.

So why do we need to use a synthetic version? I think it's something to really look at. And I'm not saying you throw out all, all synthetic vitamins. I just think that, I mean, there may be a place, like maybe you're like, oh, I'm swallowing all this liver capsules and I'm doing all this stuff.

And yet I still have cardiomyopathy and my. micronutrient test shows that I'm still intracellular deficient in vitamin B1, which is linked to cardiomyopathy.

Okay, maybe there's a role for it there, but I think these situations really are few and far between, but it's not a very popular message in the natural space either because, you know, this people feel differently.

Correct me if I'm wrong. And I couldn't agree anymore. The premise of food as medicine, my goal is to eat it rather than drink it and rather certainly than just take a capsule to replace some sort of gap in your lifestyle, right?

And so I am a proponent of organ meats. I certainly eat them myself. I practice what I preach. Now, in terms of all these idiopathic issues centered around heart health, Correct me if I'm wrong now.

Are you suggestive of this is an issue of inflammation, of toxicity, of chronic infection? Because when I went to visit the Chicago Cardiology Institute and I went to try to create some sort of a collaboration partnership, not a single practitioner had said that I can reverse any sort of issue with exactly what we're addressing today.

And in fact, she said that would be impossible and she's never seen it. Yeah. While you would continue to see that in practice. Well, you know, I mean, I think, uh, yeah, they definitely haven't seen it and they're not necessarily even looking, but there's just no way that with their methods that they would be able to see reversal.

There's just, it is just a slow, steady progression regarding, you know, coronary CT scan. But, you know, back, you know, to the food story and what you and I were talking, I mean, like you and I were the only ones who weren't eating the food at that event.

You know, it's nothing to do with the food at that event. Because this is how we lead people, you know, and we're, we're going to lead people by, you know, by talking the talk and walking the talk and then help people, help people do it themselves and show people, Hey, uh, you know, I know you've, you know, when's the last time you had a liver?

Never. You know, when's the last time you had organ meat? Don't know. How often do you eat seafood? I don't know, like once a month. I mean, these are basic changes.

You see dramatic effects. I love checking omega-3 fatty acid levels on people in that omega-3 index. That's all very exciting, great stuff. And I think a lot of the stuff you guys are doing in your clinic out there, some of these, the biohacking stuff, I mean, there's definitely people who are sick and they need dramatic and quick results.

So the techniques of what we're doing in a reparative way of, you know, these advanced techniques, I think they're very, very beneficial. And, but, you know, to say, well, you went to the Cardiology Institute and nobody really cared.

It's just like, you know, they, they have their methodology. They are up on their, you know, up on their mountaintop and they've got their, their religion, if you will, and they're not listening to anybody else's story.

So, um, we'll have to take it to the people. Are you doing any other let's say quote-unquote alternative testing or like a CIMT? I know you mentioned an Omega index, obviously comprehensive lipid.

I'm looking at particle size, oxidized particles. Are you doing any other maybe specialty testing or anything else centered around cardiovascular health?

Yeah, I think that, you know, one thing about CIMT is that historically it's been a little bit difficult to find a good center to track that metric. So in general, I think that we've, we have so many data points that we can monitor.

I'm not really convinced that that's one that we really need to. I think, for example, if you wanted to do HRV testing. that that could provide value as well.

But I also don't really care for wearable technology, right? You know, these people that walk, they're like, oh, I've walked 75,000 steps today. I'm like, is that a lot?

Is that a little? I don't know. You know, it's like, you know, if you sat on your rear end all day and you know, if you were up and active. And you should know that you need to be up and active as much as possible.

The last data I saw is that 7,000 steps is the number. So what does that equate to? That's basically like 20 minutes of walking twice a day. Okay. So, you know, so yeah, do that.

You don't have to, you know, when you walk around with a chest strap on and you're getting all this EMF, you

know, everybody's walking around with the Apple watches.

You know, my buddy, Dan Pampa, you know, he got one of these videos. I've seen it done in person. I didn't make a video on it, but you know, Dan Pampa walks up with his trimeter, you know, up to somebody's eye watch and it goes bonkers.

It's like you're sitting on top of a wifi router. So. You know, I mean, it's, um, you know, those, those kinds of measurements, I think we got enough in the blood urine stool space and really ultimately too, like, how do you feel?

Are you in pain? Are you sleeping? Like you said, are you moving your balls? I mean, if you're doing those things, you're, you're, you're on track. You're on track.

How about kind of last question in that regard, you hear these stories all the time, right? She was, he was eating well, she was eating well, they lived a healthy lifestyle and all of a sudden kind of this widow maker, they're dropped out.

What is typically happening in those situations? What's happening in those situations is that they're not working with a practitioner like you and I. They, they look healthy on the outside, but on the inside they're, they're rotting.

You know, one famous example is the TV show America's Biggest Loser. And the celebrity nutritionist on there, his name is Bob Harper. Bob Harper has a massive heart attack.

And he goes public saying, I had this thing called LP little a, and that's what killed, you know, that's what caused the massive heart attack. And LP little a is a risk factor, no doubt.

And it exists because of some survival benefit that it awarded to the people who had it, which is why one fifth of the population has it. Like it's not like some mutation or something bad.

There was a, there was a paleo purpose to it, but Bob Harper, man, he ate, looked like Iron Man, exercising all the time. I don't know what his personal life is like.

Lifestyle, Toxins, and the Hidden Drivers of Disease

I don't know what his mindset is like. I don't know what his stress is like. I don't know how well he sleeps. I don't know how well, like you said, he moves his balls.

I don't know how much impact living in New York City, what does that do? If we say sunshine's good, how much sunshine is Bob Harper yet living in New York City?

Not too much. In the artificial light in front of the cameras, maybe he lives in a moldy home, mold and bacteria in the home. Maybe he's sitting on the Wi-Fi router.

Maybe he's sitting with a cell phone. Maybe he's sitting with a cell phone in the lapel of his shirt. Maybe he's got a microphone sitting on top of his heart for 20 hours a day.

So if someone says they were healthy, I want to know if they saw Dr. Daniel and he said they were healthy. If they saw Jack Wolfson and I said they were healthy because I don't say too many people are healthy.

You gotta pass all the tests. And when you do the advanced lab testing, the most advanced lab testing in the world, and the majority of those markers look good, and they're eating well, living well, thinking well, they're not living in mold, they are outside.

They do all these things that we talk about, but don't tell me just because it looks like they're eating right and they're exercising that they're healthy, because they're not.

And that's why they have heart attacks. You know, when I walked into that clinic, there wasn't enough seats for the individuals waiting to see the practitioners.

Oh, they're busy. They're busy. They're busy. Plying out the door and the front desk were probably some of the most unhealthiest people that I've seen.

And the practitioners, unfortunately, very little different and I find often enough, unfortunately, a lot of the practitioners are some of the unhealthiest among us.

The premise though to me is we are all toxic. The question is to what degree and now with modern testing, we can see very quickly it's no longer a guessing game.

We can test and we can treat and what I love about your philosophy is the questions you ask are exactly how I want to live my life and we portray that to our patients in terms of Does this fit our evolutionary biology?

Is this decision helping us or hurting us? Is it congruent with mother nature? I was always taught when I was younger, if God made it, it's okay. If man made it, stay away.

Now there is some credence to the fact that obviously with technology through man and through our intellect, we've been able to evolve and live longer, healthier lives, perhaps that sanitation and hygiene issues.

I think we see our genetic blueprint is one 20, but the problem is how often are we achieving that? Most people are short-lived. I have colleagues, friends.

Oh yeah. He passed at 85. It was a great long life. I was like, what? No, he's missing three and a half decades. What are you talking about? Right. So let me ask you real quick.

I mean, you graduate from school. You got your degrees. How many people did you say see on day one of your practice? You open up your practice, you hang your shingle.

How many people did you see in that first day? Well, if nobody knows you, you start small. I mean, most people that, for example, like, you know, a doctor of chiropractic who hangs his or her shingle.

or an atropathic physician. The normal answer would be zero, you know, one. I have a family friend who, you know, who came in. I had this whole thing set up.

As a conventional cardiologist on my first day, I saw 65 people. My waiting room was packed. My schedule was full of people who are sick, And they're in the insurance model and they're on the hamster wheel and they're on their way to being dead.

That's, that's what people are up against. That's what people are up against. They're up against the trillion dollar, multi-trillion dollar machinery of medicine.

That's what it is. And then, of course, we're made to live in fear all the time from a whole variety of things, not just health related things, right?

The world's going to collapse. There's a meteor that's going to hit that. There's new virus, you know, that's coming. The stock market is going to crash.

The currency is going to be this, you know. cyber attack, fear, fear, fear, fear, fear, fear, right versus left, left versus right fear. And when you're in fear, you don't you stay glued to the TV.

So you're not exercising, you're not getting outside. When you're when you're watching TV, you're not eating a broccoli salad and a piece of salmon, right?

You're eating junk food. And then you're watching the television, it's two o'clock in the morning, you're like, Oh, if you can't sleep, you're like, Yeah, that's right.

I can't sleep. You know, here's your sleeper. And, you know, maybe maybe you've got this, maybe I do have that, you know, I mean, and the cycle, you know, continues.

And it's just, it's, it's all a business about how they can extract everything from us. And Once you wake up to that reality, it's a beautiful thing. Once you get pulled out of that matrix, it's a beautiful thing.

I think now more than ever, the world is really waking up after what happened over the last few years. People are really waking up to the fact that maybe they don't have a back on this one.

Maybe there is a better way. Yeah, and going back full circle, I mean, food is medicine and nature heals, right? We evolved in terms of nature. And so I think the onus is on us to continue to practice natural medicine and to set up our patients for long-term success by going back to foundational principles, which I think you've done so elegantly.

I know we're approaching time. We didn't even discuss. How we're both trying to avoid the matrix and what you're building. So it, I don't know if you want to plug it or not, but we definitely, I want to do around to kind of to, to discuss where, how, where your evolution goes, because we have, again, very high technical sentiment in, in how we want to design our lives and how we want to raise our children and.

I guess unplugging and probably going back more to our roots rather than into this hamster wheel as you alluded to. If there was any kind of last bit pieces of advice or anything to tie everything together, maybe more so in the realm of cardiology, all things heart health, any tips, anything you want to kind of any closing remarks.

Well, I think, I think we, you know, um, you know, one thing that area, we didn't really touch on it was, uh, was mold. And maybe what we'll do is we'll do a part two and we could talk more about, you know, about mold and kind of, you're creating a healthy home for you and your family, uh, in every way, shape or form.

And I think that that's really going to be. Uh, a, a fantastic discussion about how we tell people about this, but how we live it as well. And then how do we instill that into the families?

How do we get our kids to eat this way? How do we, as we, uh, you know, God willing become grandparents and we're like the, we're, we're the patriarch of the family and the matriarchs of the family where people see us and.

We're practicing what we preach and they're, they're more inclined to follow. So how we're really an example, you know, in this world. And, you know, sadly again, like you and I just came from an event and it was a health related event and everyone's talking about eat organic food and get outside and.

Next thing you know, like we're inside all day and everybody else is eating non-organic food. Uh, you know, oh yeah, you know, this, uh, you know, uh, Starbucks coffee has so many contaminants and they're like, Oh, I could go for another Starbucks coffee.

Now that you mentioned it, there's some outside right over here, you know? So, um, yeah, yeah, there's, there's a lot to it. And I guess you can call it sometimes like fanatical, you know, about all this.

But as I said, initially, my dad died at 63. I'm 55. I don't want to die. I don't want what he had, that's for sure. And I don't want to die. So I want to make sure that I'm doing everything possible for longevity so I can be with my wife and my children for a long time until we all go to the next phase together.

two billion pounds of chemicals in circulation. If you're not fanatical, that's the alternative, right? We are, you can't avoid it. So the question is, okay, how can you hedge against it?

And that's the power of what you're doing, the depth of what you're doing in terms of testing in the clinic that you've built. I know you've masked quite a following, which is remarkable, but it really stands to demonstrate that This is

not only the future, this is the present.

This is how medicine, I believe firmly that needs to be practiced and going back to our roots instead of constantly looking for, I know we talked about tech too and something offline, but we're constantly looking to plug in and constantly test, but yet we still haven't mastered the basics.

Closing Thoughts on Longevity and Impact

So some simple as food, nutrition as medicine, going back to the decisions that we make, living intentionally, the mindfulness, all that is super relevant.

So the mantra that you have on your wall in the background here, for those who are tuning into the video, I mean, I see you practice what you preach and that's above most what I respect, which is I guess accrediting you with the level of care you've been able to provide and the level of outcomes that you've been able to provide for your patients because of how you're assessing things and the questions that you're answering.

So this has been a genuine pleasure 100% we're doing around too because probably Biggest category patients that I see these days now are mold. So I couldn't agree more.

And what we shared offline, I would love to give light to that in another conversation. I want to be mindful of your time though, so I appreciate that.

Last question I end every episode. If you could have anyone's superpower, what would it be? Ooh, anyone's superpower. It's funny cause you have those conversations pretty often when you have like young kids, right?

You know, would you like to fly or, you know, um, I asked my daughter, you know, we do, we do that game pretty much every night as we're laying in bed and we all sleep together.

My wife and I and our two daughters and our, and our two boys sleep in their own quarters and the, um, you know, kind of playing that game, like, would you rather, you know, would you rather the vanilla ice cream or chocolate ice cream, you know, like, you know, things like that.

Man, uh, super power. Wow. Wow. Without, uh, you know. That's a tough one. That's a tough one. I guess if I'm going to choose something, I guess maybe the ability to to do more of what I do, maybe the ability to reach more people.

If I could flip the switch and be in front of 8 billion people like if you were not if I have the ability to flip a switch, honestly, I mean, we like to fly or run or swim or whatever it may be live forever.

that if we had the ability to kind of flip a switch and eight billion people heard this message, the amount of impact. that there would be, you know, from that would be monumental.

And yeah, there's always people who are swimming away from the rescue team and there's people treading water, but there's a lot of people swimming towards this and they really like, you know, I'm just not happy over in this conventional world.

And now I hear that there's this alternative. The relationship with your physician should be a partnership. It's not a dictatorship. It's a partnership and find a partner to work with you or find a new partner.

We are nothing more than guides on this journey of life. This has been absolutely brilliant. Again, I appreciate your time, Jack. I would love to be your BFF, so wherever you are in the world, I certainly too will follow.

My door is always open for you while I'm in Chicago. Thank you. I know we both hail from the Windy City, so we share that in kind. For everyone listening today, Please like, review, and subscribe.

That allows us to share this message, hopefully reaching 8 billion one day here soon enough. And until next time, thank you for tuning in. Stay healthy, stay wealthy, my friends.

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