



## **Heart Disease IS Autoimmune Disease**

Guest: Dr. Jack Wolfson

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**Dr. Osborne:** Hi, everybody. It's your host of the Autoimmune Revolution, Dr. Peter Osborne. I am here today with cardiologist, Dr. Jack Wolfson. He's a board-certified cardiologist who uses nutrition and supplements to prevent and treat diseases.

After 10 years performing angiograms, pacemakers, and other cardiac procedures, Dr. Wolfson started the DrsWolfson.com in 2012 to offer people the ultimate in holistic heart healthcare and a different path than the standard cardiology pills and procedure.

Dr. Wolfson is married to a chiropractor, Dr. Heather Wolfson. And they are the Doctors Wolfson. Their website DrsWolfson.com. It's a great resource for holistic health. And they have two beautiful young babies, actually boys, and a new baby. So the last time I saw you Dr. Wolfson, I think your wife may have been carrying at that point. And you've got to check out Dr. Wolfson's book, *The Paleo Cardiologist*. Dr. Wolfson, thanks so much for being with us today.

**Dr. Wolfson:** Oh, Dr. Osborne, it's been an absolute pleasure. And yeah, the last time we saw you in person was at The Truth about Cancer down in Orlando. And my wife was definitely busting at the seams. And she was looking phenomenal as always. Unfortunately, I had to travel on the night of the big gala. And she was all decked out in this beautiful dress. Took a nice

picture with my buddy, our buddy, Billy DeMuth, at that dinner, and a fantastic event. But it's a pleasure to be on.

And it's so important for doctors like us to get that message out there, certainly that cardiovascular disease is something that's preventable and treatable and reversible. And we don't need to do it with drugs.

**Dr. Osborne:** Well, tell us a little bit about that. One of the things that I have tried to do with the Autoimmune Revolution is really bring clinicians to the table to really share their experiences. Can you talk a little bit about what got you going into a more natural direction because classic cardiology is pretty aggressive in the opposite direction?

**Dr. Wolfson:** Yeah, most certainly. I spent 10 years in medical training, and four years of medical school, three years of internal medicine, three years of cardiology. And then, I was a couple of years on the job. And just seeing thousands of patients on a weekly basis, monthly basis, just so many patients, the sickest to the sick.

And I was certainly getting frustrated at that point because the hospital's like a revolving door. Patients come in, have a heart attack, you tune them up. You send them back out. And in a few months later, they come back in with another heart attack or a pharmaceutical complication or congestive heart failure or a stroke. You name it.

And I was starting to get frustrated. But more importantly, I saw the illness of my father. And my father was a cardiologist. And I was following exactly in his footsteps. And eventually, he gets diagnosed with a Parkinson's-like disease. And the doctors at the Mayo Clinic, have no idea why he has this Parkinson's-like disease and diagnosis. They have no idea why. They have no therapy for him. And they said he'll be dead within three years. And my father died a tortuous death within three years.

But then I meet this chiropractor, Dr. Heather. And Dr. Heather says that...She tells me exactly why my father was sick. She tells me all the reasons why he's sick. And it really just made a huge impact in my personal life, in my family, and certainly in my work. So that's where I practice now. Eventually, I left a big, big, big, cardiology group making big time cardiology money. Started up our own practice in 2012. And now, it gets me on with all those guys like you for such an important topic.

**Dr. Osborne:** It's just amazing that you were brave enough to make that transition. I know there's a lot of pressure in medicine, in general, for any doctors to deviate. And so thank you for having the courage to join the dark side, so to speak.

**Dr. Wolfson:** Well, exactly as you said, courage and bravery. And I do appreciate that because a lot of people said a little more condemning comments about me as far as, "He was nuts. He fell in love with this chiro. He was a great cardiologist, but he fell in love with this chiropractor and went off the deep end."

So people certainly said a lot of negative things about me. But that's okay. We've got a lot of friends in this space. And I think really people are wising up. And they wanted to find out the cause of why they're sick. They don't want just pills and dangerous procedures.

**Dr. Osborne:** Yeah, absolutely. Well, let's dive in. So in cardiology, we have heart disease. It goes back and forth between cancer and heart disease as the top killer in the United States. But I wanted to dive in and get your take on how many different conditions that are diagnosed as heart disease are actually forms of autoimmune disease because this is a topic not many people are aware of. Can you talk us through that?

**Dr. Wolfson:** Yeah, most certainly. We go through medical schooling and residency. We learn about autoimmune disease like rheumatoid arthritis, type 1 diabetes, Hashimoto's thyroiditis, systemic lupus, thymoma. And then, of course, some strange oddball ones like Churg-Strauss and Wegener's granulomatosis and Reiter's syndrome and all these strange things. And, in fact, I did a rotation of the Cleveland Clinic in 1995. And that's their specialty on all those rare, oddball diagnoses.

But then, you come to realize, the more you learn, the more you study, the more the literature supports it is that coronary artery disease is autoimmune. Hypertension is autoimmune. Atrial fibrillation, which affects just millions and millions of people and is just damaging so many lives for a variety of reasons, first off, the actual illness and second of all, of course, the pharmaceuticals. And to realize that that's autoimmune, it was really fundamental to me and real awakening to me to realize that. And I'm excited to share that message in my book and on the Autoimmune Revolution.

**Dr. Osborne:** So talk us through it. So you mentioned that some of these medications, particular you said for A Fib, but can you talk through what

some of these medications can actually do because I'm sure there are a lot of people listening to this conversation that maybe they have a diagnosis of A Fib or high blood pressure, hypertension. And they're on calcium channel blockers, ACE inhibitors, or diuretics. Can you talk us through some of those side effects, and what those medications can actually do, and how they can hinder a person from actually getting better?

**Dr. Wolfson:** Well, the side effects are possible in any way shape or form. So the classical side effects of any of those blood pressure drugs are going to be fatigue. There can be constipation. There can be memory loss, a whole different variety of symptoms that are there.

But fundamentally, the pharmaceuticals are just cover ups. They're just band aids. People are not deficient in pharmaceuticals. The hypertensive patient, there's a reason for the hypertension. And it's not blood pressure drug deficiencies. And that's where we really want to highlight the people to get that information out there that go after the cause and the cause of why people get sick.

And that's what my wife really came to the table with to me. And she's like, "Your pills are killing people. Your procedures are killing people. You're in the sickness paradigm. Medicine is worthless." And that was all on our first date, Dr. Peter. So she really hit me over the head with a sledgehammer right from the get go. And so now in my practice, I work to get people off of pharmaceuticals. And once again to identify that cause.

**Dr. Osborne:** Let's talk a little bit then about leaky heart. Everybody's talking about leaky gut. We've heard some talk about leaky brain. Can we talk a little bit about leaky heart because this leaky barrier is one of the big fundamentals in autoimmunity?

**Dr. Wolfson:** Yeah, it sure is. When my wife first mentioned the concept of leaky gut back when we first met, I laughed in her face. I'm like, "Where did you get this bogus diagnosis, leaky gut?" And she said, "Well, you know what? I'm not going to take my time right now. Go read about it." So I try and go read about it. And there's not much in the medical literature. And I meet some natural doctors. And what they have to say makes sense.

Well, over the last 10 years, the medical literature has exploded on the idea of leaky gut and intestinal hyperpermeability. And over the last couple of years, you can actually test for it. And I love doing the testing. There're some

fantastic doctors that are out there. And they heal with their hands. I like to do the blood test. I like to see what that shows.

And there're companies that are doing leaky gut assessment. My company of choice is Vibrant America. But there is Cyrex Labs. There're other companies that are out there that do the leaky gut testing. And I would just implore people, "Hey, just get tested."

So but back to your question. We've heard so much about leaky gut on this Summit. And that's all great because that's fundamental. But leaky gut will lead to leaky heart. So if you have a leaky epithelial barrier of the cells that line the intestines, it leads to a leaky endothelial layer of the blood vessels of the arteries and, in particular, coronary arteries.

So once we identify that leaky gut can lead to leaky heart and leaky gut can lead to leaky brain, we understand that, yeah, it's all these barriers that are leaky and we'd better fix them, or we're going to suffer the end results. And the end results is, of course, symptomatic disease.

**Dr. Osborne:** Well, you mentioned the testing for leaky gut. What are some of the types of tests that you'll look at in people that have heart disease, coronary artery disease, high blood pressure? Are you looking at nutritional deficiencies? What are you looking at?

If somebody comes to see Dr. Wolfson at the practice and they're trying to get off their medications, is there a protocol that you follow that say, "I want to know these certain things and I want to test for these certain things," because I, like you, I think I'm a big test guy? I like to test before guessing. And I definitely think science can rule out a lot of subjectivity. So can you walk us through what a new person coming to see you, a patient coming to see you, might get looked at?

**Dr. Wolfson:** Yeah, most certainly. And I appreciate the promotion for my office space practice in that sense. But no, in all seriousness, whoever your holistic doctor is...And when people come to see me, there's three fundamental tests I like to order. I like to order the most advanced cardiovascular analysis on the planet for advanced lipids, advanced markers of inflammation, oxidative stress, vitamin D, omega-3s, CoQ10 levels, advanced thyroid, advanced blood sugar, homocysteine, all those things are all, all critical.

And then, of course, I want to do a micronutrient assessment. And typically, I use Vibrant Micronutrient for that, which is available on our website, but I

also use some Genova Diagnostics, as well. But I love the Vibrant Micronutrient test because—yeah, I know you're familiar with the company—they are testing for vitamin K1 and K2 outside of the cell in the serum and also intracellular K2.

And I really think that that testing is just Holy Grail type stuff where if you can determine that somebody is not getting enough K2 inside of the cells, they will never reverse coronary disease. But you will reverse it if you can really crank up levels of intracellular K2.

And then also, the third test that I order on everybody is that Vibrant Wheat Zoomer. And the Wheat Zoomer has two components. One is like 50 different antibodies to gliadin, the gluten molecules, the non-gluten components of wheat, but also that intestinal permeability. And the intestinal permeability panel includes zonulin, antibodies to zonulin, antibodies to actin, and antibodies to lipopolysaccharides.

And once you arm yourself with that information and you get on the plan, and then you repeat the test three months later, you're on your way back to total body health and wellness.

**Dr. Osborne:** So you're seeing turnarounds with good information. You're seeing turnarounds that occur three months, six months later. Now, when you say turnaround, are you saying, "They're back on the road," or are you seeing reversal of heart disease, as a whole?

**Dr. Wolfson:** Well, here's the problem with actually looking for reversal is that there are some cardiologists that even call themselves holistic cardiologists that they do a CT scanning on people. So they do coronary CT scans looking for disease at time zero and then repeat the test some time down the road. I'm totally against that. I'm anti-radiation. My father died of a radiation-based disease on top of everything else that caused it.

Myself, as a cardiologist, doing all those pacemakers and angiograms that was blast with a radiation. Radiation causes heart disease, causes cancer, causes brain disease. There's no role for it in the diagnosis and prevention of coronary artery disease. So that being said, how do we know that we're actually making a difference?

The reality is that I've got a bunch of clinical stories that I could tell about people that did wind up going for a repeat angiogram, or did wind up going for a repeat CT scan, none of which I ordered, but they happened to. And there

were positive changes in probably 75% of the cases. So that being said, I rely on the blood test. And if the blood test shows me that the lipids look good, inflammation looks good, the gut barrier looks good, and all these other factors that we test, once we've really improved on all those, I think that's the best strategy to preventing the progression and, more importantly preventing plaque rupture.

**Dr. Osborne:** What are your thoughts on the Paleo diet? You wrote a book, *The Paleo Cardiologist*. What got you into the Paleo diet because there's so many people that are out there and there are actually other cardiologists on the other side of the fence that talk about vegetarian or vegan-based diets as being a better alternative for heart disease? Can you talk about the polar opposites of vegetarianism versus like a Paleo diet, which is much richer in meat, and your experience with cardiovascular disease?

**Dr. Wolfson:** Yeah, most certainly. And I know some of those other cardiologists. I know them very [inaudible] totally flawed because they're pseudo demented because they're missing fish-based omega-3s.

But in all seriousness, doc, is that our ancestors have been eating a certain way for millions of years. That's all there is to it. They eat tons of vegetables. They eat free-range, grass-fed meats. And they certainly eat wild seafood. And I think when you are in congruence with Mother Nature, and you're getting the sunshine, and you're getting appropriate sleep, and physical activity, all these things are what really matters to total body health and wellness.

But the people that preach the veganism, I think that it's totally faulty. I think it is malpractice. I think it is the starvation-deficiency diet. And they're just wrong. The optimal diet is just our evolutionary diet. Every society in the history of the World has been a meat and/or seafood eater. They ate quality meats and seafood. And that's certainly what I recommend.

But I would ask you, Doc, why can't a vegan eat an oyster? Like, what is the matter with an oyster that makes it any more dangerous than a head of cabbage or chlorella spirulina? "Oh, well, shellfish are high in toxins." "Well, what do you think chlorella and algae do? They're purifiers of the waters, too."

So in short, when I went through medical school, actually I was a cardiology fellow, and I heard a debate between the late Robert Atkins of Low-Carb Fame and Dean Ornish of Low-Fat Fame, and I walked out of that debate and I said, "I am a low-carb guy."

**Dr. Osborne:** Yeah, yeah, yeah. I tend to err on that side. In my experience, I see so many vegans that come to me that are malnourished, whether they have amino acids deficits, or vitamin B12, iron, and zinc deficiencies. And, of course, these are critical, critical nutrients for heart health. And I just see it on a regular basis. So I think many people go—

**Dr. Wolfson:** Well, plus—

**Dr. Osborne:** Go ahead.

**Dr. Wolfson:** No, I'm sorry to interrupt. But plus, the omega-3s, you cannot get omega-3s from eating walnuts, or chia seeds, or anything else. Eating omega-3s, EPA/DHA only comes from the sea. And the vegans that you test, that I test, they are woefully deficient. And the people with the highest levels of omega-3, as EPA/DHA, are the healthiest people on the planet and live the longest. So if you're a vegan out there, please consider eating wild seafood.

**Dr. Osborne:** Yeah, I would tend to agree with that. Let's switch gears a little bit here. So we've talked lab testing and what you like to do and kinds of follow up. We've talked about Paleo versus a plant-based diet. I want to go backwards a little bit because we were talking earlier about, I asked you about side effects of some of the medications.

But I want to ask you a little bit different of a question. One of the biggest drugs that's given to people that have an increased or perceived increased risk of heart disease in cardiology today is the statin. Can you talk a little bit to our audience about statins, and what they do, and how they might have a negative impact on heart disease overall?

**Dr. Wolfson:** Yeah, most certainly. Listen, statins are inhibitors of the HMG-CoA reductase enzyme. And that enzyme is a fundamental factor that takes food and turns it into other good stuff that we need. And things like CoQ10, things like cholesterol, things like our hormones, things like dolichol, which is present in the substantia nigra of the brain, and if you're not making dolichol, you don't put it into your substantia nigra of your brain, and then you wind up with a Parkinson-like illness.

So quite simply, the statin drug is a major problem. Forty percent reduction in CoQ10 levels, according to the *Journal of Internal Medicine*, even from just a few years ago. And the answer is not to take CoQ supplements with statins. The answer is not to take statins. There're better ways to reduce your cardiovascular risk.



And I have a whole chapter on this, but I've also done blog posts on why statin drugs are killing millions of people. And I believe that because all these people have a false sense of security so they continue to eat like garbage.

But number two is that the statin drugs, according to their data, reduces your risk of having a heart attack, stroke, and dying, from six percent to five percent. Well, that's not good enough for me, my family, my patients. I don't want six percent or five percent. I want them at zero percent.

And we know their side fails to do that. We know their data. I believe on our side when you live with in congruence with Mother Nature and our ancestral wisdom, that's how you're going to get the best results and get down to that zero percent risk.

But statin drugs, I've seen every side effect, Dr. Peter. I've seen everything from muscle failure. I've seen kidney failure. I've seen liver failure. I've seen transient global amnesia. I've seen cognitive defects. I've seen just about everything: fatigue, low testosterone. You name it, it can be caused from statin drugs. And there's just a better way.

**Dr. Osborne:** In your opinion, on that note, you mentioned low testosterone. Do you feel like a lot of these low testosterone centers that are popping up across the country are, in large part, as a result of the over-prescriptive use of statin medications?

**Dr. Wolfson:** I think it's a lot of factors, but certainly, the overdose on statins is one of them. According to the literature that's been published, there's plenty of case reports on testosterone deficiencies related to statin drugs. But overall, in randomized trial, it doesn't really appear that it's a major factor. But to the individual person, it certainly can be.

And I think if you do have low testosterone and you're on statin drugs, the first thing you need to do is not get a prescription for testosterone. It's to work to get off the statin drug. And really, I'm not opposed to testosterone therapy when it's necessary, but you have to maximize everything else first. And then if your T is still low and you're symptomatic, then you may be a candidate.

But obviously, all these different doc-in-the-box centers for men with issues, they're willing prescribe testosterone. It's all a coverup. And it's all dangerous as far as I'm concerned because when it's not monitored appropriately, high testosterone leads to high estrogen. And in a man, that's a recipe for cardiovascular heart attack, stroke, and dying.

**Dr. Osborne:** Yeah, yeah, absolutely. Let's go back again. We talked a little bit about the statin medications. And you mentioned a number of the different side effects. Would you say that you see a lot of people start to develop muscle loss, muscle weakness, inability to exercise, as a result of being on statins, as well?

**Dr. Wolfson:** Yeah, well, once again, you're interfering with the structural mechanisms of the body. You're interfering with CoQ10 production. And the pharmaceutical companies don't think that's a big deal, apparently. CoQ10 is a necessary, critical cofactor in the production of energy, ATP, at the mitochondrial level. And if you're not producing ATP, well, your cells aren't going to have energy. You're going to be in lactic acidosis. Your cells are going to starve.

And another factor, in recent data that I saw, is that cholesterol, which is part of the cell membrane, that cholesterol in the cell membrane is responsible for getting carbon dioxide out of the cell into the bloodstream to attach to hemoglobin to go out the lungs.

So what I'm saying, and this is in the literature, because statins do reduce membrane in cholesterol, especially in the brain, that if you are taking a statin drug, you are now becoming deficient at the cellular level of cholesterol, therefore, you cannot move carbon dioxide out of your system. And I know you understand. But for the listeners, how fundamental that is if you cannot get the cellular waste of carbon dioxide out of the cells and now the cells become acidotic, that's a recipe for disaster. And I think we see this on a daily basis.

**Dr. Osborne:** I'm going to go one deeper here. What's your opinion on cholesterol as a whole? So many people, you watch TV. You see the commercials, "Eat your Honey Nut Cheerios to lower your cholesterol." Everybody's just like so hyper focused on trying to lower cholesterol. Can you give us the Dr. Jack Wolfson breakdown on what your opinion of aggressively lowering cholesterol is or is cholesterol even really all that big of a risk factor?

**Dr. Wolfson:** Yeah, sure thing. For everyone who's listening to this Summit, quite frankly, if I say the word *cholesterol*, what do you think of? What does that conjure up in your brain when someone says cholesterol? Well, when I speak all over, I often pose that same question. And people raise their hands, "Well, I think heart attack. I think, cheesy plaque in the arteries. I think blockages. I think about eggs."

Cholesterol is a very, very important life-sustaining molecule in all animal species. And that's why it's inside of an egg. That is why it is inside of a human breast milk and all mammal's breast milk because we cannot raise a chicken on oatmeal. It has to be a cholesterol-containing yolk.

But it was vilified years ago for a variety of reasons that is well-spelled out in the literature, in my book, and in other books. And it's all pharmaceutical speak. It's all pharmaceutical speak to tell us that this thing is bad. And now, we've got to take a drug to make it lower. And our society has suffered for it over the last 60 years.

But cholesterol's our friend. Cholesterol consumption actually in food, raises HDL particle numbers, which is very, very important. Cholesterol consumption in food could also raise LDL, but once again, it's that balance of the LDL to HDL that's really what matters. And it doesn't do anything to worsen the ratio. In fact, it improves the ratio.

So cholesterol's our friend. Enjoy it when it comes from quality, pasture-raised formulations. All those women out there, make sure you breastfeed so you can crank up cholesterol levels into your babies' brains.

**Dr. Osborne:** Yeah, I love that you said that because I think so many people fight that one. They fight it not because it's necessarily true, but because it's just been driven into them so hard. And hearing it from a cardiologist, I think goes a long way.

**Dr. Wolfson:** Yeah, and obviously, Dr. Peter, look, I came from the other side. I practiced in the conventional cardiology model for many years, including training, well over 10 years. So I know everything the conventional cardiologist knows. And I know the holistic side. And I choose to practice over on this side whenever possible.

Clearly if there's a situation, I'm not saying if you're in the midst of a heart attack, chew on a cayenne pepper. Although, I do think it'll work. I'm not saying if you're in the midst of a heart attack, go see your chiropractor for an adjustment. Although, I do think you should, at least, on your way to the emergency room maybe stop and get an adjustment first.

Dr. Peter, I've often said that it would be so amazing to have a chiropractor in the emergency room like if one of the chiropractors would want to sit there. But to have a chiropractor in the emergency room and a person comes in, 9 out of 10 chest pain patients are musculoskeletal.

So first of all, you'll get rid of all those patients out of the ER. Make them feel better immediately without spending billions of dollars in wasted resources. But then also, if you are in the midst of an actual myocardial infarction, heart attack, and you do get a chiropractic adjustment and you do increase parasympathetic tone, you may open up that blood vessel that is under sympathetic dominance, and therefore constricted, now you can open up those blood vessels and let the blood flow. I think it's a great study. I'd love to pilot it with somebody. If anybody's out there listening, count me in.

**Dr. Osborne:** Well, it's interesting you say that. I had a chiropractor friend in New York. And he was actually working in the ER. And what's one of the things they did. He had such a good relationship with the hospital, is that all the people that thought when they were having a heart attack, he would get first crack at them. And a lot of them were actually having some pseudo heart attacks. They were having a musculoskeletal attack. Some of them were having intercostal chondritis, things that would potentially make them think they were having a heart attack, they were musculoskeletal in nature. And I think he still works there, as a matter of fact, to this day. I'll have to connect you.

**Dr. Wolfson:** Staffing an emergency room with a holistic doctor and certainly a doctor of chiropractic adjusting these people that come in with chest pain and other aches and pains, it is revolutionary. And honestly, it would save the country hundreds of billions of dollars. But we'll just reserve that for a little dream. I'm glad to hear about your friend. I think it's a great model. And I would love to be involved with anything like that.

**Dr. Osborne:** Let's talk a little bit next about, I wanted to talk about blood pressure. That's another really super common condition that people, I think, have the wrong story and the wrong advice on. And there are a number of different types of medications that they are actually designed to lower blood pressure. Can you talk a little bit about, in your experience, what are some of the most important and critical things that people need to do if their blood pressure's high?

And I'm not talking about the obvious overweight person who goes to the buffet and eats a salty meal every day. I'm talking about somebody who maybe has high blood pressure, and they are regular weight, and they try to exercise, but their blood pressure's still a problem. Can you walk us through a scenario where you might have some advice for that individual?

**Dr. Wolfson:** Yeah, most certainly. And there are some strange oddball diagnoses that are like one in 100,000, one in a million that could lead to high blood pressure that need to be medically taken care of. But let's just talk about the 99.999% of everybody else that has high blood pressure because they lack sunshine exposure. Our ancestors, were in the sun all day long, in and out of the sun. And they were running around naked.

“So I'll ask you, Mr. and Mrs. Listener, when is the last time you were out running around in the sun naked, going to sleep with the sun down or waking with the sunrise, staying out of the artificial light?” That behavior, when you're not in congruence with nature, raises blood pressure. Stress raises blood pressure. Pain raises blood pressure. Lack of physical activity, as you said. Sleep apnea is something that everybody should get tested for. If you think you may have it, ask your partner or take a survey if you think that's a factor.

Chiropractic care has proven to lower blood pressure 17 over 10 points. So if you have high blood pressure, you'll likely have subluxation like everybody else who doesn't get adjusted. So you'd better get into your chiropractor and get adjusted, especially that cervical adjustment and the thoracic adjustment. But certainly, the brain is connected to every part of the body and every part of the body's connected back to the brain. So that's certainly very important. But those are the strategies.

And then, of course, from like a nutritional and a food standpoint, I'm a huge fan of organic beet root powder. I'm a huge fan of things that boost up nitric oxide, cranking up levels of magnesium, cranking up levels of potassium. All those things are all important factors to all things health and wellness, and certainly, appropriate control of blood pressure.

**Dr. Osborne:** Love it. Thanks for that synopsis. We're going to wrap this up. Do you have any pearls of wisdom, things that I didn't ask you about, or things that you really feel like the audience could walk away with today and implement, and it could help them in the realm of heart disease and the realm of autoimmune disease?

**Dr. Wolfson:** So often we hear that I can't afford to live that lifestyle. “I can't afford to eat those foods. I can't afford those behaviors.” Well, first of all, you can't afford not to. And I would tell people, “Listen, stop drinking Starbucks. Stop getting your nails done. Stop getting your hair done. Stop taking trips or buying new cars or whatever it may be. Don't get a new cell phone every six months. Take care of yourself.”

But, listen, sunshine is free. Move out to Arizona where it's sunny 450 days a year. Sunshine is free. Sleeping with the sun down is free. And the other thing, too, I want to tell people, when it comes to diet, don't forget about the spices because the pharmaceuticals came from the spice industry so make sure that when you're eating your pasture-raised eggs for breakfast, have it with a half of an avocado or inside of those eggs rosemary, thyme, oregano, cumin, turmeric, bay leaves, marjoram, they're all nature's pharmaceuticals. Enjoy them.

**Dr. Osborne:** Excellent, thank you so much. So where can people go? It's the DrsWolfson.com. And then your book, *The Paleo Cardiologist*, is that available on Amazon?

**Dr. Wolfson:** Yes. Yeah, the book is available on Amazon. Listen, Amazon has enough money. I would appreciate it if you came to the website or to *The Paleo Cardiologist*. And then, of course, if you [inaudible] *Paleo Cardiologist* for you and also for someone that you love. What better gift than the gift of health? That means so much more than a new sweater or a box of chocolate or a gift card to Target. Give somebody the gift of health and wellness. Our website is the DrsWolfson. And we're also on social media at the DrsWolfson. And stay tuned for my new podcast coming out, *The Healthy Heart Show*.

**Dr. Osborne:** All right, *The Healthy Heart Show*, I love it. Well, Dr. Wolfson, thank you so much for being with us on the Autoimmune Revolution. I appreciate you taking the time and appreciate you again, all the courage and the bravery you've had to step forward against the proverbial grain, so to speak and speak the truth to help people get better. Thank you.

**Dr. Wolfson:** Ah, you got it, my friend. Great to talk to you. Thank you and thank you all. God bless.

**Dr. Osborne:** God bless. Have a great day. Well, folks, you just heard from Dr. Wolfson, the Paleo Cardiologist, another great interview. We've got a lot more coming up for you on the Autoimmune Revolution. All you've got to do is push the button below. If you want to get extra copies, if you want to purchase the Summit, if you want to get the event for family members, or friends, or even for yourself to watch at your on leisure, you can do that. But stay tuned because we've got another several episodes of the Autoimmune Revolution coming up your way. Have a great day. This is Dr. Osborne. We'll see you in the next episode.