Dr. Robert Rowen on Cholesterol

By Dr. Joseph Mercola

DM: Dr. Joseph Mercola

RR: Dr. Robert Rowen

Introduction:

DM: Welcome, everyone. This is Dr. Mercola. Today I’m joined by Dr. Robert Rowen, who is a Phi Beta Kappa graduate of Johns Hopkins University and the University of California, San Francisco. He has been board-certified and recertified in family practice and emergency medicine. He’s currently certified by the American Board of Clinical Metal Toxicology.

He first became interested in natural medicine in 1983, actually migrated up to Alaska to fulfill some of his public health requirements, and wind up staying there for a few decades before he went back down to practice in California where he is now, because he found the person that he connected with at a very high level. He’s practicing now in the Santa Rosa area of California. And he currently serves as the chief editor for Second Opinion, which is a printed newsletter that is distributed across the country. Thank you for joining us today.

RR: Thank you. It’s an honor to be with you.

DM: Today, we’d like to talk a little bit about cholesterol. It’s a somewhat confusing subject for the majority of Americans, but fortunately not for the most people who read this newsletter, because we give them materials, information, support, and science that really disputes this whole cholesterol theory, which was popularized about six decades ago primarily from Ancel Keys’ work, but certainly from people before him and others.

I’m wondering how you first became interested in these cholesterol issues, and what experience you have in this area – not only for cholesterol, but for health and for treatments. Can you expound on that?

RR: I can remember the ads not too long ago where somebody clutches his heart on television and says, “Cholesterol kills, cholesterol kills!” trying to educate people about cholesterol. This was even before statins came on the scene.

Yes, cholesterol is involved. Why? It’s because they found cholesterol in plaques in people with coronary artery disease. But you have to think about this. Guys like us – you and me – are going to get involved with biochemistry to try to understand why these things happen. It just doesn’t happen like the wind blows out there. It has to happen for a reason, especially because cholesterol is a critical part of our body; our cells can’t live without it. In the brain, cholesterol is quite abundant. It forms the skeletal structure of the brain’s membrane.
Cholesterol is the raw material for all of our steroid hormones and vitamin D, so we need cholesterol. In fact, we need it so much that our body makes it. It makes a lot of it. Our liver makes it. And guess what? Your brain makes it. Your neurons make it.

Think about this for a second. Your neurons are making it for a reason. Just logically speaking, if you take a statin drug, which poisons the enzyme HMG-CoA reductase that’s the same enzyme in the liver and that’s the same enzyme in your brain. Hello? Your brain is not going to make the cholesterol that it needs, so you can expect – you can predict – years down the line that there’s going to be a problems, and we’re seeing it now with statin drugs affecting the brain.

What about it? Let’s say, you find cholesterol in all that plaque. The theory is that if you lower cholesterol, that maybe you’ll get less heart disease. It’s a reasonable theory, but it’s defective for a particular reason. The cholesterol that is in plaque is modified cholesterol. It’s oxidized cholesterol. There is an excellent research on animals where they fed animals plenty of cholesterol in their diet and they did just fine. But when they gave them even small amounts of tainted cholesterol, meaning oxidized cholesterol, within weeks it showed up in fatty streaks in their arteries.

We know why now. There are receptors in the endothelial cells that are the lining of your arteries. There are receptors there for oxidized cholesterol. It picks it up, and it goes into the endothelial cells. The problem there is that oxidized cholesterol does not look native to your macrophages, your immune system. It actually looks like bacteria. The macrophages move in to try and clean up what it thinks is bacteria, which is nothing more than oxidized cholesterol, and it creates a whole bunch of inflammation inside your arterial wall. The real culprit is oxidized cholesterol.

Statins are lowering cholesterol across the board. Let’s look at some of the statin studies. The relative risk is reduced. Here’s the problem with medical studies, and statin is a really good example. Let’s say, you have 100,000 people, and four people are going to get heart disease. Then you give a statin, and now only two do. They’re going to say, “Oh my God! We have a 50 percent reduction in your risk for heart disease.”

I took that a little bit out of proportion there by using 100,000, but it’s still a 50 percent relative risk, but your overall risk to begin with was negligible. It’s stupid science. It’s literally foolish, idiotic science.

DM: Well…

RR: Go ahead.

DM: But it’s brilliant and clever marketing science.

RR: Of course. [Laughs]

DM: This differentiation between absolute and relative risk, they use it all the time to pervert statistics.
**RR:** Yeah. It perverts all statistics in medicine. That’s correct. The absolute risk is not much change at all, but relative risk is change. It’s the same thing with breast cancer and mammograms. It’s exactly the same thing.

What they also don’t tell you is that while you might actually save somebody from a heart attack out of that thousand people you have to treat, there’s something on the other end where somebody gets a toxicity from it, or maybe Alzheimer’s disease or maybe some other condition, from taking the drug. The overall morbidity and mortality is unchanged.

All that drug companies and the FDA are looking for is what symptom or lab level you are suppressing. They’re not looking at it for long-term outcomes. That’s absolute failing of the American medical system, where all that you’re doing is you are measuring to suppress a symptom or a lab value like cholesterol and you are not looking at what happens to these people 10 or 15 years later, which is identical to the vaccine problem.

**DM:** Absolutely.

**RR:** I’m not going to argue that vaccines… I know that we’re talking about cholesterol, but I want this as an example. I’m not going to argue that vaccines may have lowered the rate of some communicable diseases. It’s possible. I don’t need to go there. But if they ever looked at the all-cost morbidity and the mortality of a group of vaccinated versus unvaccinated children, I am convinced that it would be a totally different story.

**DM:** And it will be. We seek to bring these types of studies – as they’re made available – to light, because it’s just travesty, what’s going on in this world. It’s really the new model for generating revenues now from the drug companies, because it’s becoming increasingly difficult to pass new drugs.

**RR:** Yeah.

**DM:** There’s still a bit of confusion. As you mentioned, the big challenge is the oxidized cholesterol and not so much the total cholesterol. But there’s still some value to monitor your cholesterol levels. That is because I don’t think we have a current assay for oxidized cholesterol, but there are other things that we can look at that still validate the value of cholesterol being healthy. But when we look at these fractions and ratios, that can actually be highly predictive of heart disease and not necessarily have to use a statin drug to improve that. Can you address that issue, which concerns the confusion that people have in some of these ratios?

**RR:** Thank you. That’s right on the point. I don’t treat total cholesterol levels. I think that’s bogus. In fact, even in my family, I have close first-degree family members asking me about cholesterols that might go up in 230 or 240 like in my mom, who’s still alive. I’d say, “I’m not worried about it. Let’s make sure that you’re not damaging that cholesterol.”

Her HDL ratio was great. HDL is considered the “good cholesterol.” It’s the high-density lipoprotein compared to LDL. LDL is generally more vulnerable to oxidation. HDL can be
analogous to the railroad cars that might haul cholesterol back from the arteries to the liver for reprocessing and elimination. I do like to look at these ratios.

[----- 10:00 -----]

In addition, you can get LDL subtractions to look at which subtraction of LDL might be worse than others.

When somebody comes to me with a vascular problem, I look at several things. I look at cholesterol. I look at the ratios. I am interested in triglycerides(where I’m going to come back in a moment.)I like to know what their iron or ferritin level is, because iron participates in the oxidation of cholesterol.

I like to know what their homocysteine is, because I believe that’s a risk factor. It certainly is going to show potential deficiencies of crucial B vitamins. I like to know what their LPA is – lipoprotein (a) – that might deal with the coagulability of your blood. There are several other smaller factors that are really worth looking at, which when you pay attention to, you can help to modify someone’s risk.

You and I have different ideas on diet, Joe. We can agree to disagree on it. I’m a vegetarian. You know that. And I know that you’re not a vegetarian and I respect that, too. But one thing that I think we’re going to agree on 100 percent is the impact of heating oil. When you heat oil in the presence of oxygen, oil is unsaturated. I’m talking about unsaturated oil now.

DM: Traditional vegetable oils.

RR: Exactly, traditional vegetable oils. When you have heated oil in the presence of oxygen, you have made it rancid automatically – right on the spot, it’s oxidized oil. If cholesterol comes into contact with this, now you have oxidized cholesterol, because cholesterol exists as esters with these fatty acids. I am a proponent of eating far more uncooked food and certainly, zero foods cooked in oil.

I don’t tell my patients to be vegetarian. I am for spiritual reasons, so I cannot impose that on anybody. If they want to eat meat, fine. I’m in agreement with you here: grass-fed, organic beef, without all the antibiotic additives. Go ahead and eat your meat. I don’t think that’s going to hurt anybody. But I strongly urge them to eat more raw uncooked foods, because heat is damaging the oils, which in turn is going to damage the cholesterol and lead to vascular disease problem.

How do I know this? A lot of people claimed that being vegetarian makes you healthier. I have been to India. I went to do some volunteer work in a charitable hospital. At this charitable hospital, they’re vegetarians. In fact, they’re close to vegan, but they do eat dairy.

DM: Like most of India.

RR: Yes. India has an absolute epidemic of vascular disease. You can’t imagine how bad it is. At this charitable hospital, there are a lot of poor people who are peasants.
They are as slender as you and me. Your viewers can see our body morphology. These people are actually skinnier. They’re working very hard in the fields, and yet they’re losing limbs in their 30s from vascular disease and diabetes. I’m scratching my head thinking that these people are vegetarian and they’re eating food that they grow, and yet they are losing their limbs from vascular disease and getting heart attacks in their 30s.

What it all boils down to is that in India, they cook their food to oblivion in oil. They’re destroying themselves for doing that. They’re destroying the nutritional content of the food, and they’re eating oxidized fats, which you can call oxidized cholesterol, which is destroying their vascular system.

**DM:** Yeah. The other thing about these vegetable oils is that they are primarily soy and corn. The vast majority of those crops – at least in the United States – are genetically modified.

**RR:** Oh, yes!

**DM:** Not only do you have the issue of the polyunsaturated fats being oxidized, but you also have these other variables, which include things like glyphosate and Bt toxin. Glyphosate is Roundup, and that’s pervasive in all of these crops. Then you got the other antigens that are introduced that shouldn’t be there and just create havoc with your system. So, there are a number of reasons, but the fact that they’re oxidized is clearly a high-priority one.

I’m wondering on the cholesterol. It is a question that comes up a lot in our forums. From your view, is there ever any level of total cholesterol? We both agree that it’s relatively not something that we look at, but there are the outliers and the extremes.

**RR:** Yeah.

**DM:** Is there ever a level that you would become concerned about and ever consider the use of a statin drug to modify that? The one exception that I have targeted as a challenge is the familial hypercholesterolemia. We have a genetic defect that is typically over 330 in my experience. You will rarely ever have a person with that disease with a total cholesterol less than 330. I’m wondering what your thoughts are, and what you have been able to get from literature and clinical experience.

**RR:** You hit the nail on the head. I couldn’t have said it better. I was going to just give a range of about 310 to 350 that I have looked at. Certainly, above 350, I would consider a genetic component. Here is a hard gene that we could call malfunction. That’s the way that person’s born.

Yeah. I do think that controlling the total cholesterol would be a benefit for those people. They’re few and far between, but they exist. I would go with red yeast rice first, before I would deal with statin.

**DM:** Isn’t that the Mevacor, though? Isn’t it the same?
RR: It’s basically the same thing. It’s got Mevacor in it, which is why the FDA ruled that a food is a drug. Red yeast rice is a food. It’s been used for centuries by the Chinese. It’s the red coloring that you see on Chinese food in the restaurant. The FDA moved on that saying it’s a drug, because it has naturally occurring Lovastatin in it – Mevacor.

I would rather use that because it’s a whole food. There are pretty good studies out there showing that whole red yeast rice not only helps protect you from that, but animals also live longer when they’re on it. Being a whole food, there may be a big advantage to it. Always – whether you’re using red yeast rice or a statin drug – be sure to take Coenzyme Q10 or ubiquinol, because the same enzyme that makes the cholesterol also participates with CoQ10 production.

DM: Yeah. And the benefit from something like red yeast rice may not be related to total cholesterol, too. There is some benefit that is described to statins: small and much less than as being purported. But it may not be related, or if it had anything to do with cholesterol, it might have to do with inflammation.

RR: Exactly.

DM: This might be potent anti-inflammatories. Then that is, of course, beneficial.

RR: I heard a great lecture. It was given by Jim Roberts. Are you familiar with him?

DM: I think I have heard of him. Yeah. Is he a cardiologist?

RR: He’s a cardiologist. I would say that he’s a holistic cardiologist. He has done interventional cardiology. He’s brilliant, and he gave a lecture to the joint ACAM and iMosaic Conference a year or two ago. He was the keynote address, and he talked about statins in it. His lecture was outstanding. He pointed out that he still uses statins in selected cases – very narrow cases – mainly because of its effect on inflammation.

Then I got up in the Q and A, stood at the mic, and I said, “Hey, Jim, do you have any experience with oxidation therapy?” He really didn’t have a lot. He said that he needs to get into it, because he realized that there are nutritional and IV strategies and lifestyle changes that could potentially even trounce statins or anything else used for inflammation.

DM: Yeah. We’ll talk about that in our future interview. I’m wondering – because heart disease of course, is one of the leading causes of death, it’s kind of depending on your age, and you have alternating risks with that and cancer – what tools or assays do you use to identify the people at high risk and that are in need of more aggressive interventions?

RR: As you mentioned, if their total cholesterol is over 300 or 330, I would consider the use of red yeast rice or a statin. That’s the only time I would consider it. Other than that, I would look for ways to reduce the potential impact of toxic cholesterol metabolism. We’re talking about metabolism here.
I want to use myself as an example. I know that I’m not as athletic as you are, Joe, because you talk about exercising every day.

[----- 20:00 -----]

I get good exercise perhaps once a week, and I walk most days. But here I am at 62, and my blood pressure on a bad day is 90 over 70. That’s a bad day. On a good day, my blood pressure is about 88 over 56. That’s the blood pressure of a young, healthy adolescent. People say to me, “Oh you must be sick. You must not have good adrenals.”

Last September, I finished the John Muir Trail. The John Muir Trail is the longest, roughest, toughest, and highest altitude trek in the United States, South of Alaska. I did it as an organic, raw food vegetarian.

What I try to do first with my patients is to get them to clean up their lifestyle, so that what they’re doing in their life will not have toxic effects on their apparently elevated cholesterol. I’m saying “apparently elevated” because I don’t believe that God makes mistakes. If you walk into me with a cholesterol of 240, I think that your body has that level for a reason. Maybe, just maybe, your body is crying for more vitamin D. It’s asking your liver to make more cholesterol so that it can convert, or maybe your body wants more testosterone or another steroid hormone, so it’s calling for more raw material.

I don’t know how much I want to interrupt those processes with sledgehammers like statins. I would prefer to get your body not to oxidize the cholesterol by eliminating processed, refined foods. My mantra is “No fast, fried, refined, or processed foods.” That’s first on the list. Keep your diet 70 to 80 percent raw living food, and what you do with the rest – I don’t care if you want to eat meat, chicken, fish, and eggs. Fine, go ahead and eat it. Just don’t fry it. Eat all the meat you want within that 30 percent. The rest of it, try to keep it organic, not GMO, unprocessed, and raw, so you’re not destroying the fatty acids.

I personally believe that I have found the underlying cause of heart disease or the principal cause of heart disease in this country. That’s the fact that we are heating these essential fatty acids, these unsaturated fatty acids. We’re oxidizing them, and we’re taking them right into our body already rancid. I think that is one of the primary causes.

DM: Yeah. It’s a compelling argument to avoid really eating at restaurants, because almost all of them are going to use it, and you would be exposing yourself. And you don’t say, “Well, I’m not doing that myself.” Do you eat at a restaurant or do you buy any processed food? Because you can be guaranteed just about every processed food has a heated oxidized vegetable fat in it. That’s the key. I really rarely go out to eat. I almost have all my meals at home. I just probably eat out less than once a month. I guess there’s all the principle, too, where you can follow these rules. But you get a five percent grace period, so your body can tolerate a little abuse. As long as you’re doing the right things most of the time, you would probably stay healthy.
Let’s get back to the tools and risk factors that you would highlight. What do you recommend? The vitamin D3 level, of course. You need to check on your 25-hydroxyvitamin D for heart disease.

**RR:** There’s another really good one. That’s blood viscosity. I actually addressed that in *Second Opinion* some years ago. Blood viscosity is the thickness of your blood. Why does my blood thickness play a role? If your blood is thick, you need more pressure to move it along. It’s like catsup. Catsup is thick. It’s viscous, so you really need pressure by shaking it to get it to move out.

If your blood is more thick, you’re going to need higher pressure. That pressure and that thickness is going to cause sheer on the endothelial cells where blood vessels bifurcate, where your artery splits into two arteries. That’s been shown.

A blood viscosity test might be a good test. Meridian Valley Lab is now doing it in Washington. I’m mentioning it, because I know that it’s now available. Then the question is…

**DM:** I think Dr. Wright just wrote about this. I know he sent me an article on it, and I actually bought the book that he recommended. It’s an old book. It’s like decades-old. I think I forgot the name of it, but it’s on my desk waiting to be read.

But it’s not a standard test. Meridian Valley Lab is not a conventional diagnostic laboratory that most physicians would have an access to. They can, but they have to go out of their way. It’s not a Quest or a lab corp. It’s sort of an unusual lab from that perspective. It’s actually Dr. Wright’s wife – I believe – who runs that lab.

**RR:** Yes.

**DM:** It is a useful test. You have used that test in your practice, and you have found a correlation pretty well with the risk for heart disease?

**RR:** I have used the test. I think it does correlate with the risk for heart disease. I haven’t used Meridian Valley’s yet, because…

**DM:** Oh, there are others?

**RR:** Yes. There have been others, but some have seemed to come and go. I’m raising it because if your blood has high viscosity, then let’s look at why your blood has high viscosity.

One of my teachers in viscosity, the guy who actually developed the test, said, “Donate blood.” Because when you donate blood, not only are you shedding iron, which we don’t want to excess on… The reason why women live longer than men is not so much ovaries and testicles. It’s got more to do with the uterus. The uterus sheds that extra iron. Then when women go into menopause and they stop shedding iron, they very rapidly catch up to us. Donating blood is a good idea, because you replace old cells that are not flexible with new healthy cells that are more flexible, reducing blood viscosity.
Nutritional supplements can play a role, and key nutritional supplements, one that can prevent fat oxidation is, vitamin E. In fact, vitamin E is in your cell membrane just for that purpose: to protect the lipids from getting oxidized. You can use the already high-quality tocopherol supplements. I would get mixed tocopherols with alpha and gamma, and not the…

**DM:** Delta.

**RR:** Yeah, and the delta. Thank you. I also like tocotrienols, which might be a more active form.

**DM:** Yeah. I couldn’t agree with you more. I just recently interviewed Dr. Papas, who’s written a lot about vitamin E pretty much his whole life. He has a PhD in Biochemistry. That’s his conclusion, too, (after pretty much a whole lifetime) that you need a combination not in high doses. You need the D-alpha, of course, but the last thing you want to do is take this concentrated D-alpha form of vitamin E of 400 units. That’s a disaster. Actually, you need a mixed tocotrienols and tocopherols. That’s the key. I do think it’s useful.

We’re actually looking at providing the supplement based on those, but there’s a lot of homework that goes into it. Because the challenge is that I believe the base for most of all the vitamin E in the world at this point is from soy.

**RR:** [Laughs]

**DM:** That is the starting substrate, so we got to work to sort of work through those [inaudible 28:04]. We’re seeking to find one from sunflower, but it’s just a very rigorous and challenging issue to bypass. There are large numbers of volumes involved. But we’re in exploration phase with that right now.

**RR:** Joe, some more evidence that what we’re talking about is true is that recently there have been a number of studies coming out that show nuts and seeds prevent heart disease. Let’s look at walnuts, for example. Now, I’m talking whole nuts and seeds.

**DM:** Ideally, raw.

**RR:** Exactly, raw! Nuts and seeds are powerful sources of essential fatty acids, which area requirement. We cannot live without it. And because they’re rich in these fatty acids, they’re also rich in vitamin E and natural antioxidants to protect their oils from rancidity. When you eat the whole food – this is what I espoused to my patients – uncooked like nuts and seeds, you’re getting the EFAs and you’re getting the whole vitamin E component as well.

**DM:** I couldn’t agree more. I have about four ounces of almonds every day. I love almonds.

With respect to the viscosity, I actually discussed it with Dr. Wright but he didn’t have a lot of experiences. One of the emerging – and I believe super exciting – aspects of viscosity and actually natural medicine is a concept called Earthing or grounding, which
I’m sure you’re familiar with. The primary way it works – at least the speculation – is on inflammation and mediated through improving the zeta potential or their pulse capacity of the individual red blood cells, which would clearly impact viscosity.

To my best knowledge, no one has done studies on viscosity measurements, but it would seem that that’s the way the benefits are mediated. It’s a simple and basic thing. It doesn’t cost anything if you want to live outside in the wild, and walk with your barefoot on the ground – earth, not wood or plastic or rubber. [Laughs]

[----- 30:00 -----]

You get this transfer of free electrons from the earth into your body, which has this ability to decrease blood viscosity. I’m wondering if you have any experience personally or clinically, or if you have any other insights on that.

**RR:** I don’t have personal experience with that, but my teachers all through the years have said, “Take a walk in the early morning dew with your bare feet, go swimming in lakes, go swimming in oceans, and allow that negative energy of the earth to come into your body and discharge your positive energy.” Recently, I have come across another idea, which we just got – my wife and I – which is a sheet that has silver thread impregnated in it. You sleep on it. You plug it into the grounding outlet of your wall. I have no experience with this, but it makes sense to me, so I’m going to give it a try.

**DM:** Give it a try. I have been using it for six years.

**RR:** [Laughs] Oh, you came upon it first!

**DM:** [Laughs]

**RR:** Do you like it?

**DM:** Yeah. I actually do it all the time. I travel with it. I think it’s a useful thing. I seek to integrate it when I’m exercising, too, which is important. Because theoretically, it should decrease oxidative stress. I’m pretty healthy guy, so you don’t notice the difference, but I’m doing it more for a theoretical perspective. It’s something that we’re looking at promoting in the near future.

I think another area that we’re really going to be tremendously promoting and hopefully… I have been able to popularize a few areas in my experience in the media of natural medicine. One was the use of vitamin D (I helped popularize that), krill, and astaxanthin.

But I think one of the ones that I think may be more powerful than anything, or at least is comparable to vitamin D, is the use of fermented vegetables that are loaded with healthy bacteria. And when I mean loaded, I mean loaded. Because most people listening to us would know that the average and even our healthy complete probiotics, I think two of them have 70 billion, which is a lot. I mean, most of them are like five or 10. Ours have 70.
With six ounces of fermented vegetables – we just did the analysis and I haven’t shared it publicly yet – 10 trillion bacteria.

RR: Wow!

DM: Which is 10 percent of the entire bacterial population of the human colon, 10 trillion bacteria. I’m having about six ounces of these vegetables every day. We’re going to make them available at some point that people can purchase them, but our main goal is to teach people how to do it themselves. It takes time, effort, and energy, but it’s a pretty simple process, and I think that it could have phenomenal benefit.

The reason that I mentioned this is because one of the questions that I want to ask you is about periodontal health. I have had a lifelong struggle of plaque, which is clearly related to bacteria. I think it’s Strep mutans that gets in there and causes this lactic acid and causes the production of plaque on your teeth. My plaque was so bad I had to go to the dental hygienist every month, every month, to have my teeth cleaned. Recently, I started these fermented vegetables, and I’m actually doing some [inaudible 33:27]. Now I’m down every three months. The hygienist told me that I had a phenomenal improvement. It’s the only thing I have ever done, ever, to have an influence on this.

I was just listening to some lectures from some scientist, who actually I think is the head of the Microbiology Department of Pediatric Dentistry at Children’s Memorial and at whom I was surprised, because he seems like his a conventionally trained guy. But he was really explaining how when you influence all these different strains of Lactobacillus, they actually are more potent than antibiotics for the bad strains! I didn’t understand why; I knew it had some benefit, but I didn’t really understand it. Obviously, this is sort of for periodontal, but it should help for cardiac health, too, and just overall health in general. It’s an amazing detoxifier, because you’re having little chelators. It’s shockingly good stuff that I think everyone needs to have.

RR: There was an article that came out and that I wrote about for Second Opinion. I don’t think it has been published yet in the newsletter. They did a study showing that if you take those same organisms and you put it in your mouth… Just like what you said, this is now science. You don’t necessarily swallow it. You just squish it around your mouth. You reduce the Strep mutans and you get a more favorable effect of beneficial germs even in your mouth. I think this is phenomenal information.

DM: Yeah. It was kind of a tangential question about periodontal health, cholesterol levels, and heart health. Because I thought that it was an important, sort of emerging, strategy of a centuries’ old traditional approach of using fermented foods. Almost all cultures use them except for America [Laughs] – for the most part – unless your relatives are from Europe, Asia, or something, who are using these types of food. In America, we don’t. Do you have any speculations on how they influence heart health?

RR: If you reduce inflammation – and bacteria do play a role in inflammation. There are good germs and there are bad germs. We know that good germs help program the immune system, and there’s a synergy between these good germs and the immune system.
Let’s talk about your mouth for a moment. If you have the bad germs in your mouth, there are going to be circulating germs. We know that. Every time you brush your teeth, you’re going to get circulating germs. Some of these are bad guys, so your immune system has to go and round them up.

I’m just speculating right here, because I don’t have hard science, but it seems to make sense to me that if you now start getting rid of the Strep mutans and the other bad germs in your mouth – and there are bad germs. We know that a human bite is more toxic than a dog bite, because our mouth harbors far more toxic organisms. If we get more beneficial germs in our mouth, there’s going to be less inflammation in our body – period. The less inflammation, there’s less oxidized biochemical reactions on your lipids.

DM That makes sense.

RR: Yeah. Inflammation induces oxidation of lipids.

DM: That makes a lot of sense. It’s a numbers game, really. The larger amount of numbers you have, the better. These organisms don’t live forever. Most of them are relatively transient. They might live for a few days, a week, or a few weeks at the most. I think as you establish larger amounts of them in the colon, you can change the species and the strains that are growing in your gut. You do need to replenish them. You just don’t take a pill or your foods, but I think the foods are the best way to go.

When you ferment these vegetables in a quart, say a quart of cabbage and some other vegetables you put in there. There are specific instructions that we have them all detailed out. You can put like three or four capsules. Between those, there might be a 100 and 150 billion. But essentially you are creating a farm where those 100 to 150 billion grow up to 10 trillion. You multiply them a hundred of times. It’s just a far more efficient way of changing that component.

I’m sure you’re familiar with Elie Metchnikoff over a century ago, who really promoted this type of therapy, changing the colonic flora. I think it has really been ignored for the most part even in complementary medicine.

RR: This is a phenomenal way to regain health. I wanted to ask you, has it actually been published that there’s trillions in six ounces, or is that something that you guys did?

DM: No. We did it. We did the independent analysis. We actually had a microbiology lab do the numbers. We work with a company that actually invented the CFUs, the colony-forming units. They came up with that whole terminology and weighted indexing. We went to that company and had them analyze these vegetables. With it, came out the 10 trillion in six ounces.

RR: Good! If I write about it, I want to credit you with that discovery.

DM: Yeah. We did it. To best of my knowledge, no one knew what it was, but it’s an easy objective test. A very few people appreciate the value of this, so why would someone look at it?
RR: Yeah.

DM: Yeah. I hope to really popularize that. It’s really a phenomenal benefit for most people to implement it into their lifestyle. It’s not just colonic issues, yeast issues, or intestinal problems like irritable bowel syndrome, but it really affects almost every aspect of health. It’s profound. It’s kind of like my new passion now – this issue – because it’s such an easy fix.

Now, it won’t work if you have a conventional American diet. If 50 percent of your diet is carbohydrates, most of which are refined and sugars, you could have a quart of vegetables a day, and it’s just not going to work because you have to give them the right substrates to grow. Assuming that you have eliminated the toxic component and the grains, starches, and sugars for the most part, then it will work like a miracle. It will change your life.

It’s simple basics. You have been doing this longer than me (actually considerably longer than me.) But would you agree that the more you learn, the clearer it becomes that getting healthy is pretty simple?

[----- 40:00 -----]

It’s simple basic concepts. It’s not complex.

RR: Bless you, Joe.

DM:[Laughs]

RR: The more I have been into this, the simpler it has gotten. It’s true.

DM: Yeah. It’s just basic stuff. Now, sometimes it requires some very sophisticated understanding to get to the simplicity. Because the people are so sick from what they have been doing, so mixed up with all these drugs and chemicals that conventional guys have thrown at them, that their hair is a breath away from dying. It takes some sophisticated assistance to help them – even in some of the things that you do, like oxidative medicine, which is not very simple but very powerful. Once that in-depth strategy and process is implemented, then you can go back to the simplicity.

RR: Joe, I want your viewers to know that I have been doing what we call alternative or integrative medicine since 1983. I got started with chelation in 1985 or 1986, and then I expanded. I’ll tell you that since 1986, I only know one patient out of hundreds and hundreds that I have treated that went on and had cardiac interventional surgery. I’m not talking about valves. That’s a different story. It’s artery.

I only know one of my patients who actually went on and got it. He did have a genetic problem. I believe he had a genetic cholesterol problem. That’s not bad to have reversed all but one person without surgery.

DM: No. It’s not bad at all, but the converse of that… I have had a number of people, many of them friends and even relatives, who have a heart or chest pain. They go to the emergency room. They do the scans and analysis, and they come up with, “Oh you got
a widow maker, you got severe coronary heart disease, and you need to go in for surgery immediately. I think my brother-in-law just had this and had an open-heart surgery to get the surgery done.

The perception is that their life’s at risk. It takes a pretty significant amount of faith to ignore the goal standard, which is to have a surgery and to do these alternative or complementary techniques to put your life on the line essentially. Ideally, you want to do them before, so you don’t get to that point. But my experience is that there are going to go with it almost every time, even though they’re your friends or relatives.

RR: It’s true. They do. They’re scared to death like with cancer, the doctor says, “We need to operate on you right away, or you need to start the chemo in three days, because it might spread.” Well, the science has shown that it’s already spread.

I want to mention one thing about genetics. Even in my own family, I have a first-degree family member, my brother. I have been on my brother’s case about diet for some time now. His diet hasn’t been bad. It hasn’t been the horrible American diet, but it also hasn’t been the way I eat. You would expect us to have similar genetics 50 percent, and he is the same blood type as me. Over the years, he has complained to me that he’s watching his cholesterol go up and his blood pressure go up.

A couple of months ago at a family reunion, we pass around the blood pressure cuff. Because my dad is 93 years old, he’s still alive, and he measures his blood pressure with a blood pressure cuff every day, so I don’t have to do it. It’s a machine that does it, so it’s not subjective. We passed this cuff around the table. My brother takes his blood pressure – he’s on a drug, mind you – and his blood pressure comes back at a 140 over 90. Then the blood pressure cuff gets…

DM: Controlled. [Laughs]

RR: [Laughs] Controlled, exactly. They passed it to me, I wrapped it, and his eyeballs – I could literally see his eyeballs pop out of his head, and almost land on the floor when the machine speaks my blood pressure of 88 over 56. It’s the same cuff he just used. He just sat there in awe and said, “I’m ready to hear what you’re doing.” He’s done it, and only four weeks into it, his blood pressure has dropped by seven points. Diet only.

DM: Yeah. That’s what happens. I can think of my own parents. My dad is in his mid-80s and my mom in her late 70s. Neither of them takes any drugs. Fortunately, they do actually listen to what I advise them to do, unlike my siblings – most of my siblings – and they’re suffering health complications as a result. Neither of them is taking drugs. When they have to see someone for consultation, for an insurance exam or something, the people doing the exam cannot believe that they’re at that age and they’re not taking a drug. It’s incomprehensible to them, because the average person on that age is like on 15 or 20.

RR: Ask yourself, what synthetic petrochemical pharmaceutical did God make you with a genetic deficiency of?

DM: Yes. Then we know that the answer is zero, of course.
**RR:** Right.

**DM:** We have another topic to discuss – oxidative medicine – in our future interview, but I’m wondering if there are any concluding comments you want to make about this topic of cholesterol and helping people understand it?

**RR:** Please don’t live in fear of cholesterol. Your raw cholesterol number – unless it’s around 300 or higher – I don’t believe that it’s going to be indicative.

The simplest thing you can do and the most powerful is to clean up your diet first. Eat more raw, uncooked, living foods organic, grown around you, ripe when in season – ancient Chinese wisdom. I’m not on your case to be a vegetarian.

Get exercise. Exercise can overcome – I’m not going to say anything – but a lot. We know that people have eaten toxic diets for years, including a lot of cooked foods. When they get exercise, it can overcome a lot of that. These are things that cause absolutely nothing for you to do.

I like your concept of eating fermented foods, keeping your mouth clean. The so-called antioxidants, particularly vitamin E or the natural vitamin Es, are good. Especially if you can get it in your food, these don’t cost anything.

I assure you that in most cases, if you start doing these things, you’ll see that your cholesterol drops. Mine is 175. My triglycerides are 100 or less. I use triglycerides as a marker, because the higher that is, it tells me the more refined carbohydrates you’re eating.

The more refined carbohydrates you’re eating, the more insulin you’re going to have. The more insulin you have, the bigger your belly. Here it’s going to be, with insulin driving all those carbohydrates into this raw fat, which generates inflammation and which is the same inflammation that might come out of your mouth. These are the things that you can do that don’t cost a penny, and can alter your health dramatically.

**DM:** Yeah. Just one minor tweak is that the triglyceride level you mentioned would be fasting.

**RR:** Thank you.

**DM:** Because, of course, it can go up after you eat. We wouldn’t want to unnecessarily alarm people to see, “Oh, I had a little healthy fat and it went up.” No. It has to be fasting.

**RR:** That’s correct.

**DM:** That’s the reflection of the bad carbohydrates. But it’s a very powerful test, fasting triglycerides. In fact, I look at fasting triglycerides over HDL as perhaps maybe one of the most potent predictors of heart disease. Because it’s the bad versus the good, and their ratio is really potent, so it’s powerful, too.
I want to thank you for all that you have done and will continue to do, and for taking the time with us to share your insights on this important area. We look forward to having you back.

**RR:** Thank you.

[END]