



- Dr. Steve Sinatra: As many of you know, I started out as a conventional cardiologist, but quickly started to see the failings of traditional medicine in treating the whole person. So I moved into more of an integrative approach to health.
- Dr. Drew Sinatra: We're very excited today to be joined by Dr. Suzanne Steinbaum, who has followed the same path that my dad has. As a traditionally trained cardiologist, she saw that people just weren't getting healthy.
- Dr. Steve Sinatra: We'll be talking to Suzanne about her journey, specifically what women can do to protect their heart health, and how we are all taking care of ourselves during the pandemic.
- Dr. Drew Sinatra: And she gives us two important “pearls” of wisdom about what you can do to protect your heart — right now.
- Narrator: Welcome to **Be Healthistic**, the podcast that's more than just health and wellness information — it's here to help you explore your options across traditional and natural medicine, so that you can make informed decisions for you and your family. This podcast illuminates the whole story about holistic health by providing access to the expertise of Drs. Steve and Drew Sinatra, who together have decades of integrative health experience. **Be Healthistic** is powered by our friends at Healthy Directions. Now, let's join our hosts.
- Dr. Drew Sinatra: Hi folks...if you like what you hear today, and you want to listen to future conversations on all things integrative and holistic health, subscribe to our podcast at **BeHealthisticPodcast.com**. Also, check out and subscribe to the Healthy Directions YouTube channel, which features video versions of our episodes, plus extra videos you won't want to miss. And finally, we have more with me, Dr. Drew Sinatra, my dad, Dr. Steve Sinatra, and other health experts at HealthyDirections.com.
- Dr. Drew Sinatra: Welcome, everyone, to another episode of **Be Healthistic**. Today, we're talking to Dr. Suzanne Steinbaum, an attending cardiologist specializing in prevention, who has recently opened a private practice in New York City at the Juhi Ash Center, encompassing heart health, wellness, and prevention, as well as the effects of stress and inflammation on heart health.
- Dr. Drew Sinatra: She is also the founder of SRSHeart, a personalized lifestyle management program that helps patients to reach ultimate cardiovascular health. And she's the author of *Dr. Suzanne Steinbaum's Heart Book: Every Women's Guide to a Heart Healthy Life*. Dr. Suzanne has devoted her career to the treatment of heart disease through early detection, education, and prevention. Her



explanation for life balance, success, healing, and ultimate happiness is simply described as living from the heart. Well, welcome, Dr. Steinbaum.

Dr. S. Steinbaum: Thank you, thanks for having me.

Dr. Drew Sinatra: Well, our audience knows my father's journey into becoming an integrative cardiologist. We'd love to hear about how you came from being a conventional cardiologist into what you do today, as a preventive cardiologist.

Dr. S. Steinbaum: Well, your father was accidentally part of my journey of becoming an integrative and preventive cardiologist. I started, really, when I was in my residency. And I wasn't exactly sure what I wanted to do, but I was in the emergency room and in my training, and at the time there was no such thing as "women and heart disease." And I would just see that women were being brought in to the emergency room...but there was one day, there was a 53-year-old woman. She was wheeled in, very uncomfortable. She was short of breath, she had jaw pain, back pain, she was nauseous. She was kind of holding her chest and her stomach — and they put her in the corner with a diagnosis of gastritis. And what happened was...now, I was that obsessive student that revered my attending doctors. And the next thing was that she had a heart attack in the emergency room, under the care of these doctors who I really respected.

Dr. S. Steinbaum: And I thought, this is nuts. Does anyone else realize what's going on? And I sort of had this a-ha moment, you know, Oprah's a-ha moment. Everything stopped, and I basically was like, "Did anyone see what just happened? Women are dying of heart disease." And they looked at me, they're like, "Women don't get heart disease." I'm like, "Well, kind of, they do." So my Chief of Cardiology in the hospital, I stalked him and went after him and finally he met with me and I said, "I really am interested in doing a fellowship on women and heart disease." And he said, "Well, there is no such thing." And I thought to myself, well, maybe what we need to do then is prevent women from getting heart disease, and then they won't get sick. So in my mind, it was all about prevention. I said, "Well, I want to do a preventive cardiology fellowship."

Dr. S. Steinbaum: And he looked at me and he's like, "There's no such thing." And I thought, well, that's crazy. And I was the luckiest person, because I was at Beth Israel Medical Center in New York City, and we were doing Dean Ornish's research, The Lifestyle Heart Trial, looking at exercise and diet and group support and stress management on the regression of heart disease. And my chief needed a fellow to run that program and the cardiac rehab center, and he got my preventive cardiology fellowship CGME approved, and I was one of the first preventive fellows in the country. We then ended up applying for an NIH grant to run some of these preventive trials, and one of our trials was on Coenzyme Q10. And he



said, "Well, you have to call my friend." And that friend was your dad. And he said, "Talk to him about Coenzyme Q10."

Dr. S. Steinbaum: So I actually remember getting the books, the research, and being a little scared to call. But what I did was I got on the phone, I said, "Dr. Sinatra, hello. I'm a fellow in cardiology with your friend, so be nice." And really got so much great information from you, Dr. Sinatra...so I want to personally thank you, all these many years later, for really helping me launch my career. Which was really about understanding, holistically, how patients develop heart disease and how we really can prevent it. And what's so interesting about the work you've done and the work that I hope to do is that we really rely on a person's internal structure, internal metabolism, genetics — and really understand how to maximize who they are in order to stay healthy and well, and hopefully to prevent disease. So I personally want to thank you.

Dr. Steve Sinatra: Oh, well, thanks so much. We have a lot in common. When I wrote the book *Heart Sense for Women*, geez, 20 years ago...the problems that we had years ago are still our problems today. And when it comes to heart disease, I mean, women need to be treated very differently than men. Just think about it, I mean, women get a delay in angioplasty or in stents, they have a greater mortality, greater morbidity. The coronary arteries are so much smaller, so their arteries are tougher to navigate with catheters. And even when I was in the cath lab myself, I experienced more complications with women. So when I wrote my book 20 years ago, I realized that someday there'll be a sub-specialty in women and cardiovascular disease. I mean, think about it, I mean, what's the group that gets diastolic dysfunction more? It's women, hands down. Most cardiologists can't even diagnose it today, they don't even understand it.

Dr. S. Steinbaum: I will tell you that 20 years ago, I was in the cath lab saying to my colleagues, and this was awful. "Wait a second...so we're putting a stent in this one area where there's a plaque, but atherosclerosis or blockages in the arteries that happens throughout the arteries, so are we actually putting a band-aid on the area, or are we fixing the disease?" Needless to say, I got thrown out of the cath lab after that, it was a fabulous experience. But I think what you're really pointing to is the fact that 20 years later, we are still really dealing with some of the discrepancies of care. And women have a different kind of heart disease. I'm going to tell you this, I've been a spokesperson for the American Heart Association's Go Red for Women for 16 years. It only started 16 years ago, but we started talking about this 20 years ago, and really now have a better understanding of women and heart disease. Being a disease of the endothelium, the lining of the arteries, that it is diffused, that the microvasculature, those tiny arteries really get damaged.



Dr. S. Steinbaum: And you bring up my favorite thing to talk about, that women get stiffened heart. And as they age, they don't get heart failure the way that we think of. You get a different mechanism, and the most amazing thing about this is that we can actually prevent this from happening. We can prevent one of the most significant disease processes for women years before — and that's during that perimenopausal, menopausal period. And we can do this through preventative strategies, 100 percent. And I think that that's where we need to sit when it comes to women and heart disease. Because as you say, the outcomes are still horrendous.

Dr. Steve Sinatra: Yeah, and a lot of doctors don't get this, but high blood pressure in a woman is a disaster compared to a man. Because women get diastolic dysfunction from hypertension. Men do, too, but not as much as women — and when you get diastolic dysfunction, later that can correlate with systolic dysfunction, they go into overt heart failure. And it's very sad, but women need to be treated differently than men. And a lot of board-certified cardiologists that are men don't get it, that's the problem.

Dr. S. Steinbaum: Absolutely. You know what the problem is, that this is not taught, and it's not discussed. And I have to tell you, listen, we're academic clinicians, we're in a system where research means everything, which of course it does. But it takes decades and decades and decades to push the needle just a millimeter. So for us to change the whole paradigm of how we think is so challenging, and I think what both of us are talking about is the old standard and the old way of looking at things needs to be altered just a little bit. Because honestly, that little blood pressure that we used to think of as being, "Oh, it's white coat hypertension," meaning you're nervous in the doctor's office — not okay, not okay. You don't want that at all, that our blood pressure goals need to be lower.

Dr. S. Steinbaum: That it's not okay not to exercise. It's actually not okay — exercise is a medication. It keeps this blood pressure down, it dilates the arteries. It's not okay to eat bad food, it's just not okay. And we have to really shift how we do think about all of these things. And I was just about to say, "Well, how do we get the message across to the doctors? Hey, maybe go on a podcast." Thank you for giving me the platform to really talk about it, because I think this matters so much.

Dr. Steve Sinatra: You know, I can tell you a story. When I was in my fellowship in cardiology, we were looking at shortness of breath in women, because we came from an institution where we had the greatest series on mitral valve prolapse. It was Dr. Jeresaty, he wrote the book on mitral valve prolapse. I was his fellow at that time, and I'll never forget, I did hundreds of phonocardiograms and stuff like that. But the amazing thing about women was back then is we did not



understand why women were getting shortness of breath, and why they were getting some ventricular tachyarrhythmias, and stuff like that. But it was all due to diastolic dysfunction.

Dr. Steve Sinatra: It wasn't even written up in the books back then, and we weren't even picking it up on echo cardiography back then. We didn't understand it back then, but diastolic dysfunction, in my mind, I think, is the greatest, most significant hardship that women face today, because again, a lot of doctors don't recognize it. If a woman has a little shortness of breath, or a little bit of chest discomfort, somebody may shrug their shoulders and say, "Oh, she's a little bit hypertensive. I mean, who cares." But that high blood pressure can prove to be a disaster 10 years down the road when she does develop heart failure. And then it's a different ball game, I mean, you're in deep trouble.

Dr. S. Steinbaum: You know what they say, actually, you know what those cardiologists say to these women? "You're just anxious."

Dr. Steve Sinatra: It's in your head...

Dr. S. Steinbaum: "You're absolutely...you're depressed, you're anxious. It must be hard being a mom working." Do you know what happens then? They call me, and they complain to me, and we spend a lot of time talking about how they're just not listened to. And I'm going to tell you something, it's bad — because it's maybe getting better and I see the next generation of doctors maybe are listening a little differently. But to be one of these women, who has been vital and feeling great and awesome, and all of a sudden, to have these symptoms of shortness of breath and to be ignored is one of the most despicable things that I hear on a regular basis, honestly.

Dr. Steve Sinatra: Yeah, and it's not just high blood pressure and mitral valve prolapse — but any infiltrative cardiomyopathy in a woman as opposed to a man presents itself as diastolic dysfunction. And what our conventional colleagues need to do, Suzanne, is really understand diastolic dysfunction. They just don't get it, they don't get it.

Dr. S. Steinbaum: I 100 percent agree with you, but I think it even goes a little deeper than that, because before even you see that diastolic dysfunction on echo, which you can see. Even before that you see endothelial dysfunction, which is that the arteries aren't dilating. So even before the heart starts getting stiff, the arteries start getting stiff. So here's the thing, for any single woman who has symptoms — whether that's shortness of breath, chest pain, palpitations...I promise you, it's not in your head. Because no matter what, you're not supposed to feel that way. So even though it doesn't mean you're sick, because we like sickness in



medicine — because sickness we could treat and so that's the paradigm. It doesn't mean you're sick, but it means something is not right. And I'm going to tell you that you can take care of your own heart. What we need to really understand is it's about dilating these arteries. It's about keeping the heart distensible, pliable.

Dr. S. Steinbaum: I always think about the marathon runner, whose heart doesn't have to beat that fast. It just dilates, it's just pleasant and calm. This is my “living from the heart” thing, you have to keep everything very zen in there. And the way to do that is by exercise because, as I said, I think it's the best medication. It is by eating a really healthy diet. It is also by stress reduction, and getting those stress hormones down, and decreasing that fight-or-flight syndrome. And it really is more about understanding that you're in control of this. It's about meditating, it's about breathing, it's about yoga, it's about really being the driver of your metabolism. And we can do that by doing all of these things.

Dr. Steve Sinatra: Oh, I absolutely agree.

Dr. Drew Sinatra: Yeah, Suzanne, I just, I love your enthusiasm and your passion for what you're talking about right now. It's fantastic.

Dr. S. Steinbaum: I've been talking about this for 20 years!

Dr. Drew Sinatra: We need more people like you out there. I mean, really you got to get the message across.

Dr. S. Steinbaum: Yeah. It's everything. Right, Dr. Sinatra?

Dr. Steve Sinatra: Oh yeah...and I'll tell you, I follow the CoQ10 literature like a hawk, because I have a new book coming out in a year. And actually, we're doing another textbook on cardiology that's going to come out in 2022, so I really follow the literature on Coenzyme Q10. And now the most recent literature is showing that CoQ10 supports endothelial cell function, which is really, really crucial.

Dr. S. Steinbaum: I know!

Dr. Steve Sinatra: Even in this COVID-19 epidemic, endothelial cell dysfunction is really at the heart of the matter, where we're getting thrombosis in these blood vessels, and hemorrhage, and things like that. So whenever you support the endothelial cell, you're really supporting the whole essence of life itself. And that's why with these 100 million diabetics in our country, who are insulin dependent or insulin resistant diabetics, this is a frightful situation now because remember years ago, every generation would outlive the next generation by 10 or 15 years. But now



with this generation of Type 2 diabetes, we got a problem. And again, it all is due to endothelial cell dysfunction. So I'm glad you mentioned it, because this is the buzzword, I think, going forward that younger doctors need to really, really understand.

Dr. S. Steinbaum: I really have to tell you that when my patients started panicking and calling me in March, when lockdown happened from COVID, and they said, "Oh my goodness, people with heart disease die from this, what about me?" I'm like, "We got you, because we've been taking care of your endothelium." And really having an understanding of this disease process, as we learned about it in real time, and as I started really understanding, this is a clotting thing, this is an endothelial problem. It brings me back to what I was telling you before when I got thrown out of the cath lab. You can't put a stent in, it doesn't fix the problem, right? You've really got to address the issue, and the issue is the endothelium. But in cardiology, in your generation, in...it was the beginning of my career when I was in the cath lab, as well, for three years, because that was part of my training. It never made sense.

Dr. S. Steinbaum: Now let's say that recently trials have come out that showed that stenting is no better than medication in preventing outcomes. So that was interesting, because it actually gave credit to the fact that it is a disease of the endothelium. But what I need everyone to understand is that...let's just step back, big picture. We went into lockdown from March to June; I didn't open until June 1st. Now here the medical system was sort of on radio silence unless you had COVID. So let's shine a light on the fact that if we don't figure out how to take care of ourselves, we're in big trouble. Because this was the moment where the world had to wake up and say, "Healthcare is a little bit up to you." Right?

Dr. S. Steinbaum: And the fact that we understood that this was now a disease of the endothelium — which is a disease of every single part of the entire body, from the brain to the toes — whether it's dementia, Alzheimer's, heart disease, eye disease, kidney disease, liver disease, peripheral vascular disease. Let's go through all of it, because everything has arterial delivery of oxygen to it. This is now the moment in time where prevention, and for really that profound understanding of how we take care of ourselves, becomes a reality. So moving forward, as COVID spikes and who knows what's going to happen. Is there a second wave? When is this going to go? Personally I'm not running out to get a vaccine tomorrow. Are you? I don't think so.

Dr. Steve Sinatra: No.

Dr. S. Steinbaum: Sorry, not to put words in your mouth, but come on. And I really think that we all need to grab ahold of this and say, "I got to take care of myself. How am I



going to take care of my endothelium?" And you know what, testament to you, you proved long ago and it's been proven, Coenzyme Q10 is definitely part of that story.

Dr. Steve Sinatra: Oh, it absolutely is. I mean, I am amazed at the medical utility of Coenzyme Q10. When I used to know Karl Folkers, and Dr. Bliznakov, and all these guys into CoQ10...I mean, these guys are all deceased now. It's amazing, I would learn so much from them, it was incredible. But now the research on CoQ10 is unbelievable, I mean, I can't keep up with it. There are paper, after paper, after paper that comes out — whether it's eye health, or skin health, or heart health. And you're absolutely right, it's the endothelium that's at the essence of the whole disease process, and if you can support the endothelial layer, you're there. So we're all on the same page.

Dr. S. Steinbaum: 100 percent, 100 percent.

Dr. Drew Sinatra: I think both of you need to start up a medical school and start teaching this stuff to clinicians, I really do.

Dr. S. Steinbaum: It's refreshing to have a like-minded person. There are such brilliant people out there, and in the system of how I was taught, there were brilliant doctors. But then there were people that were speaking in language that made much more sense to me, because a lot of it didn't make sense. Even back to stress testing. I remember being in my fellowship — and you'll appreciate this. They talked about nuclear stress tests, that that was standard of care. Well, guess what? A nuclear stress test only detects a blockage in the arteries if it's 70% or greater. Heart attacks happen when blockages are most often 30 to 50%.

Dr. S. Steinbaum: So I raised my hand one day and I was like, "Did I misunderstand this? Because why are we doing a stress test, and we're only going to pick up the 70% when heart attacks happen at 30 or 50%? Why don't we treat those?" And they rolled their eyes and didn't answer me. I was a little sensitive back then, I cried. I was like, "I'm stupid. I got to quit this job. I am never going to be a cardiologist. I don't get it." It was devastating. Called my dad, "I'm quitting." And my father, who's an oncologist, who's also a little like-minded said, "Ha! Don't quit. You're onto something."

Dr. Steve Sinatra: You're onto something. Absolutely.

Dr. S. Steinbaum: So the moral of the story is they still haven't caught up to us, but they're getting there. They're getting there.

Dr. Steve Sinatra: They're getting there. Right, Drew?



- Dr. Drew Sinatra: Absolutely.
- Dr. Steve Sinatra: You've been through it, too.
- Dr. Drew Sinatra: Well, you paved the way, Dad, for us.
- Dr. Steve Sinatra: Tell the story when I was Director of Medical Education, when you used to show my slides...
- Dr. Drew Sinatra: Oh, yeah, I'll be quick on this because I want to focus on Suzanne. But yeah, I think I was 18...16 or 18, somewhere around that age range.
- Dr. Steve Sinatra: You didn't know what you wanted to do with your life, yeah.
- Dr. Drew Sinatra: And I presented...and I helped my dad put together these slides for a presentation on statins, I think this was at Manchester Memorial hospital. And I went there, and I looked around, and no one looked happy. All the doctors were there, drinking their sodas and whatever they were drinking, and the fluorescent lights are up top, and just the lighting wasn't really great. And my dad was talking about statins, and people in the audience, the doctors, were so...actually, he was talking about, sort of, the cautionary tale around statins. You should be a little bit more cautious about prescribing them, and the doctors were saying, "No, no, no, they're safe. They're good to use. Everyone needs to be on them." And so at that point, I really decided that was a pivotal moment in my career where I didn't want to go the conventional route, and that's why I went more of the naturopathic route.
- Dr. Drew Sinatra: So anyhow, so Suzanne, I wanted to hear more about this practice of yours in New York City, the one that's incorporating acupuncture and Ayurvedic type principles. What's that like for you now?
- Dr. S. Steinbaum: So, here's what happened. I ran a lot of programs in hospitals in New York, and really had this vision of this holistic care. Because what we have looked at when it comes to medicine is the heart, the brain, the kidneys. We're not segmented, we're all one human and I really started realizing the profound effects that stress had on the body, especially with women. And it was really this inflammatory thing that led to heart disease, or symptoms in a lot of women. This is really funny, sort of.
- Dr. S. Steinbaum: In 2008, it was when the stock market was not doing so well, and I was in my office, and all of a sudden, in this women's practice — which at the time I actually saw probably 60% women and 40% men. But I always said that the men that came in had to be related to one of the women, so that's how it worked



out. So a lot of these women were sending in their husbands, boyfriends, brothers, friends with chest pain, and palpitations, and shortness of breath. And they were all these guys from Wall Street. And I realized that, "Okay, I think something might be going on on Wall Street because they are clearly sick, but it was so much about stress."

Dr. S. Steinbaum: And as we started seeing the downturn in the economy, I realized that either I can continue to give them higher doses of blood pressure medication, or I can actually address the issue — and that issue was their stress. So as the years of my career went on, I realized I needed to address all patients from all different aspects, and really address that piece that's not part of standard care — which is that mental part of the story. And so as I'm moving in through my career, and trying to figure out how to combine this, it all came back down to the endothelium. So in looking at the big picture, how is this all effected?

Dr. S. Steinbaum: Well, there's the genetic part to us and then there's the pure anatomy, is there an anatomical evidence of plaque? Then there's the physiology, how healthy are my arteries? Then there's the functional piece — can I exercise, what's my VO2 max? What's my heart rate variability or my heart rate recovery time? We don't really learn this in cardiology, per se, but I did a preventive cardiology fellowship in a cardiac rehab center, and this was just natural language to me. And this is actually the markers that detect the health of the endothelium. And then, to really combine all of that with the inflammatory markers, and combine the psychosocial piece to all of this physiologic data...well that, to me, is how to practice cardiology. I couldn't quite accomplish that in a system that didn't quite look at it the same way.

Dr. S. Steinbaum: And so I decided to do it on my own, and do it the way that I really wanted to embrace the patient to prevent heart disease. And I met an acupuncturist and an Ayurvedic doctor and I said, "Listen, I am a hard-core cardiologist, I am not coming in to just put needles in someone. But I need to really look at people in a big way, integratively, and understand when maybe what I know isn't enough, and maybe they need to see somebody more who can focus on acupuncture, can focus on their diet, can focus on supplements in a different way that's not in my wheelhouse."

Dr. S. Steinbaum: And that's what I decided to do. It's been fascinating, really interesting. Because it's not just the program, it's not just the approach — but then what happens is people become a participant in their own healthcare, and in their own lives. And the coolest thing for me is watching people get healthy. I always used to say, I can never really be good at taking care of people if they were going to be sick, because that really wasn't fun. And my father was an oncologist, and I would say, I'm not sure if I can wrap my head around that, but I just really want to help



people get healthy. And that's what I do every day...it's awesome to be able to do that.

Dr. Drew Sinatra: It's so gratifying to be able to do that work, and...are you accepting patients though? Because I got to tell you, I'm in the Bay Area, or at least I was, previous to living up here in Vancouver right now. But when I was practicing down there, and I still have a telemedicine practice...it's so difficult to find an integrative cardiologist. I mean, really, people always ask for my dad, and I say, "Well, he's not practicing anymore." So I refer to Dr. Mark Houston, but other than that, I have zero cardiologists that I can refer to. Please, will you accept new patients?

Dr. S. Steinbaum: I will, I will. I think that telemedicine has done an amazing thing, because now everyone can send their data and their information. I've been sending heart monitors, blood test kits all over the country, getting reports back. Every morning I get up and I go on my computer to see everyone's heart rates for the day, because I have monitors that we can do that with now. It's awesome because I can actually take care of people who are all over the world. So I am taking patients and I would...I open my arms and my heart to everyone, because I think now, like I said, now's the time.

Dr. Steve Sinatra: It's sort of a reframe. There's always something that comes good out of it, whereas the Chinese would say, there's always an opportunity in crisis. And the opportunity here is telemedicine. It might be the new form of medicine going forward.

Dr. S. Steinbaum: Yeah, absolutely. Like I say, I think that for the work that I do, there's not a lot of people out there yet. And so, I know that there are people listening who get what I'm saying and they're like, "That makes sense. Well, how do we do it?" And I always feel weird because I say, "I'm not sure how you do it, because I don't really know if there's a lot of people who do this." So I do think that telemedicine has opened doors in places that they wouldn't have been opened before.

Dr. Drew Sinatra: Yeah, well, before we go here, we're going to wrap up this episode with our regular **Wellness Wisdom** segment, where we share easy, healthy takeaways with our audience. So Dr. Steinbaum, if you had one big, simple "pearl" of wisdom for our listeners that can make a big difference in their heart health right now, what would that be?

Dr. S. Steinbaum: So, I'm really bad at one thing.

Dr. Drew Sinatra: You can say a couple of things.



Dr. S. Steinbaum: I was having a conversation the other day with a company, I was speaking on a Zoom call to a company, and it was all the women who are really stressing out with their kids at home, and trying to work on Zoom and take care of their children at the same time who are in school. And they're like, "What can we do?" And I'm going to tell you something, I think the one thing that can help our hearts and help our minds is just to breathe. Don't forget the power of breathing. And to me, that's a real intentional, take a deep breath in through the nose for a count of four, and let it out for a count of six. And just decrease that physiology, dilate those arteries, decrease your blood pressure, decrease your heart rate, slow it all down. Because once you slow it all down, you get the opportunity to actually think about how to take care of yourself better.

Dr. S. Steinbaum: And when you breathe properly, deliberately, in the right way — you can then be in control of your choices, and have better control over that emotional reflexivity that leads to feeling overwhelmed. And I think during this time we can't ignore what's happening to us emotionally, mentally. I think that piece of what's going on is the primary driver of sickness for so many. And so just breathe. Number two, because I've got to give you a second — you got to move. Everyone has got to get up and move, and exercise, and stay active and fit, and do something. That's it, I'll leave it there. I have about five more, but we'll leave it there.

Dr. Steve Sinatra: You just gave two pearls about improving heart rate variability. Alternative nostril breathing, or breathing on inhalation and exhalation, their heart rate variability is going to improve. And if you're walking outside and if you're barefoot, then you're grounding, you're going to improve heart rate variability, as well. So those are two great pearls.

Dr. S. Steinbaum: You see, it all goes back to the endothelium. I just snuck those in there.

Dr. Steve Sinatra: That's right.

Dr. Drew Sinatra: Well, Suzanne, thank you so much for coming on the show today.

Dr. S. Steinbaum: Thank you. Thanks for having me.

Dr. Drew Sinatra: That's our show for today, folks. If you have a question or an idea for a show topic, please send us an email or share a post with us on Facebook. And remember, if you liked what you heard today and you want to be an active member of the **Be Healthistic** community, subscribe to our podcast at **BeHealthisticPodcast.com**, or on Apple podcasts, or wherever you download your favorites. You can also find more great content and information from us and the Healthy Directions team at HealthyDirections.com.



Dr. Drew Sinatra: I'm Dr. Drew Sinatra.

Dr. Steve Sinatra: And I'm Dr. Steve Sinatra.

Dr. Drew Sinatra: And this is **Be Healthistic**.

Narrator: Thanks for listening to **Be Healthistic** with Drs. Drew and Steve Sinatra, powered by our friends at Healthy Directions. See you next time.