



Dr. Drew Sinatra: Hello, everyone, welcome to another episode of **Be HEALTHistic**. Today on the show, my dad and I are going to conduct another *Ask the Doctors* Q&A session, where we answer some of the most popular questions you've been asking us on Facebook. We've gathered together some of our most frequently asked inquiries from our health-conscious community, so that we can share some practical, actionable advice with you.

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: So, let's get started with a heart health question for you, Dad. "How does my family history affect my heart health?"

Dr. Steve Sinatra: Drew, that's a good question. I can tell you this, that if you have a family history where a mother, or a father, or a grandfather, grandmother, a brother, or a sister, has a sudden death of before age 50, and that's the cut off, I get concerned. When I saw family histories like that, I did an intense evaluation of what I call toxic blood syndrome. In other words, I would check their C-reactive protein, their homocysteine, their Lp(a). I would test even the genetic markers, like the APEL 2 allele, for example.

Dr. Steve Sinatra: In other words, I would get these genetic markers because when you do have a sudden death or an early heart attack in a family, that's a warning that something is amiss. Basically, you have to do a really good screen of these people. I would even check fasting insulin levels and fasting blood sugars. Anything I can do to stir up the mix, to try to be a detective, to figure out — is there something in that family history that I can correct, as a cardiologist, in the surviving member that could make them vulnerable to a heart attack, or even a sudden death, for that matter. So yes, I would look at these parameters very carefully.



Dr. Drew Sinatra: Yeah, so family health, certainly...or family health history, for that matter, does affect, or can affect, your health.

Dr. Steve Sinatra: Correct.

Dr. Drew Sinatra: Yeah, okay. The next question is, “My doctor wants me to go on a cholesterol lowering drug. What else can I try first?”

Dr. Steve Sinatra: I mean the easiest thing is to give up sugar. In other words, sugar is one of the biggest factors that gets transmitted into cholesterol in the body. Why is that? Well, you gain weight on sugar, you get an insulin response with sugar. And insulin is a very, what we call, endothelial unfriendly hormone. Cutting back on sugar is the easiest thing.

Dr. Steve Sinatra: The next thing I like is I like citrus bergamot. I’ve been using it for years. It comes from Calabria, from Sicily. It does have a good effect on HDL and LDL. It’s virtually...there’s virtually no side effects. Now, it does have some very minor statin properties, because it has some HMG co-reductase inhibiting capabilities in it. But I never seen any side effects with citrus bergamot. And I always would start low, like 500 milligrams, and maybe go to 1,000 milligrams. So my short answer is, again, avoid sugar, and then citrus bergamot next.

Dr. Drew Sinatra: And what about niacin? I’m sure a lot of our listeners are wondering about niacin as a cholesterol-lowering vitamin.

Dr. Steve Sinatra: Niacin works, I can tell you, it does work. The problem with niacin is the hot flash, and I don’t like the long-acting niacins. In other words, the ones that don’t give you the hot flash. The ones that do give you the hot flush, so to speak, they work. I mean, they have a good impact on blood lipids, but a lot of people can’t tolerate the hot flush. I would use niacin in Lp(a), for example. Many times, my patients could not get up to a gram of quick-acting niacin a day because the heat sensation was just too much for them.

Dr. Drew Sinatra: Dad, while we’re on the subject here of cholesterol lowering. When someone comes in, let’s say we’ve got a gentleman who is 50 years old, and his total cholesterol’s at 210, but his LDL cholesterol is at 140. And let’s say he’s got no family history and he has no risk factors himself for heart disease. What are your thoughts, or your conversation around that, in terms of getting the LDL down?

Dr. Steve Sinatra: At that point, if he’s clean, he has no other risk factors, he’s not overweight...the only thing I would tell him is, I would ask him about his diet, I would ask him how much sugar he’s eating in the diet, I would ask him how many healthy fats



he's taking in, how many healthy proteins, along those lines. I certainly wouldn't reach for a drug to treat that. I mean, look...the average Frenchman in Europe, for example, has an average cholesterol of 275, but yet they have the lowest incidence of heart disease in Western Europe. So we have to look at cholesterol...and some people may say, it could be olive oil, it could be the French paradox with red wine, and stuff like that. But with a negative family history, I wouldn't worry about it.

Dr. Drew Sinatra: Well, it's so amazing because the elevated cholesterol and the LDL that we sometimes see on lab work, that's probably the number one thing that we discuss in a visit with our patients because everyone's asking questions around cholesterol. There's this major fear around it...they come in, they see their lab value, and almost they're like shaking in their seats saying, "Oh my gosh, I have high cholesterol, I have a high LDL, what do I need to do." So I'm happy that you answered it that way because I feel like sometimes doctors, they jump too quickly to prescribe a statin or another cholesterol-lowering medication when you may not necessarily need to start there.

Dr. Steve Sinatra: Yeah, and somebody like yourself, who is a naturopath, you use probiotics on a regular basis. So basically, have you seen probiotics have an impact on cholesterol?

Dr. Drew Sinatra: Apparently, they do. There can be small decreases using probiotics, in terms of cholesterol reduction. Definitely not the first thing that I jump to in terms of cholesterol lowering, but you are correct. The research does suggest that they have a cholesterol-lowering effect.

Dr. Steve Sinatra: Well, what type of situation would you use a probiotic?

Dr. Drew Sinatra: Well, probiotics, we'll step back and talk about the gut in general. We have literally trillions of organisms in our gut. There's all these bacteria, there's yeast, there's even viruses, there's protozoa. When you digest food, I mean, it's going through your entire gastrointestinal tract, the organisms themselves in your gut are playing a role with that digestion. So probiotics are certain bacteria, or they can be yeast, as well, that you can get from your food. You can eat these in the form of sauerkraut and kimchi, beet kvass, tempeh, miso. And of course kombucha is one of these very popular drinks out there that does, in fact, contain probiotics.

Dr. Drew Sinatra: And you can also take probiotics in supplement form. A lot of these are research driven, they're research strains that we know have a certain affect with a condition like IBS, or maybe IBD. So really, there's certain strains out there that



have an affinity to help with certain conditions, one of which can be to help with cholesterol lowering.

Dr. Steve Sinatra: Yeah, in fact, when you were with me the other day, I ordered the sandwich with sauerkraut, remember?

Dr. Drew Sinatra: The Reuben.

Dr. Steve Sinatra: Yeah, because I tell you, I think sauerkraut is one of the healthiest foods you can eat. Because not only does it act like a probiotic, it also acts like a prebiotic. So the prebiotics actually feed the probiotics, isn't that correct?

Dr. Drew Sinatra: Yeah, that is correct. Going back to probiotics really quick, just so we understand their function, they're going to help your body digest food. They also actually help your body produce certain vitamins, like vitamin A or vitamin K, or some B vitamins. They're really going to compete with pathogenic organisms in your gut to make sure that there's no e. coli, salmonella, that are adhering to the intestinal lining. And also, the probiotics, they secrete these compounds called defensins, which are actually antimicrobial in nature, and these can actually protect your body from other pathogenic organisms. So probiotics really have lots of function.

Dr. Drew Sinatra: Then there's the prebiotic, which you just mentioned, which is really, essentially, the food or the fuel that the probiotics are using to do their function. So we get a lot of that prebiotic through fiber. There's certain insoluble fibers, and there are soluble fibers, and there's certain really prebiotic-rich foods — which might include Jerusalem artichoke, or dandelion, garlic, onion, those sorts of things. Those are all really good to really act as a substrate for fuel to help feed those probiotics.

Dr. Steve Sinatra: Right, right. Let me ask you this, I mean, do probiotics and prebiotics, are they really instrumental in healing the healthy gut, I mean, the leaky gut? I mean, as a naturopath, you must be dealing with that on a day-to-day basis. I mean, as a cardiologist, I never dealt with that, even years ago. But in the last 10 or 20 years, this whole leaky gut scenario of patients has really surfaced. I mean, probably a lot of it's come from people eating a lot of GMOs, for example, they don't know it. A lot of wheat, for example, may cause that. But as a naturopath, I mean, what's the role of leaky gut in all of this?

Dr. Drew Sinatra: Yeah, yeah...



Dr. Steve Sinatra: Because as a cardiologist, I don't know too much about it. I mean, I've read a lot about it — but I'm sure you're seeing a lot more patients with that affliction right now.

Dr. Drew Sinatra: Well, you know, Dad, when I was in naturopathic medical school way back, I started in 2002, there was talk back then of leaky gut. But in the conventional literature in modern medicine that was certainly not recognized. The other term that may have been recognized at the time was increased intestinal permeability. So that's what a lot of conventional physicians knew of back then. And, of course, there's this lactulose mannitol test that you can do via the urine in order to determine if someone does have a leaky gut.

Dr. Drew Sinatra: So over the last two decades, this concept of leaky gut has really come about. It's fascinating, really, because normally the cells lining your intestines, they're tightly bound together, okay? So you can think of it like there's glue holding the cells together. And what happens with leaky gut is that glue, it tends to break down. And so, you can have food particles, you can have proteins, you can have bacteria, yeast, go through those cells, through that intestinal lining, into your bloodstream. And as a result, your immune system starts to react to those different proteins or compounds that are coming through the intestinal lining that normally shouldn't be passing through there.

Dr. Drew Sinatra: And as a result, your immune system gets activated. And so, downstream effects that can occur from this might include joint pain, because a lot of those immune complexes might be deposited in the joints. People might experience something like a fibromyalgia, or chronic fatigue, where there's lot of fatigue and malaise. People can also experience obviously more localized effects in the belly, like a bloating. Or they might develop food sensitivities, or something like that. Or a condition like IBS could form, irritable bowel syndrome. So the problem with understanding and diagnosing and treating leaky gut is really seeing the whole picture. Because you're right, you mentioned some factors that might cause leaky gut, and you can spend 20, 30 minutes with a patient going over all these factors. The antibiotics, the steroids, the stress they're under, the glyphosates, the GMO, the gluten, food allergies, etc.

Dr. Drew Sinatra: And then you need to really focus on what could be happening symptomatically if there is leaky gut. In terms of testing, there aren't that really great tests out there yet. I mean, you can certainly do a zonulin test on a stool sample. Many different labs out there run it, I tend to run it via GI Map. I have no affiliation with that company, but I do find that they run a pretty good test. So if someone comes back with an elevation of zonulin, then you know there's likely some leaky gut that's occurring. Then we need to have a discussion around treating that leaky gut. So it's very important, I think, that more physicians are really



understanding more these days what leaky gut is, how to diagnose it, and then how to treat it. And I do think that some, there are lots of conditions and symptoms, that are associated with it.

Dr. Steve Sinatra: Yeah, even as a heart specialist, I mean...it wasn't called leaky gut back then, but I remember seeing patients who would come in with palpitations, PVCs, PACs, emotional stress induced. But it was emotional stress that was induced by leaky gut, but we didn't call it leaky gut, you know?

Dr. Drew Sinatra: Right.

Dr. Steve Sinatra: They would have gas, for example, or bloating, or abdominal discomfort, or right upper quadrant pain after certain foods. I'll never forget it, Drew, I would see patients with gallbladder situations developing PVCs. So the gut and the heart are connected, and even more so now, with...I mean, leaky gut can be a genesis for cardiac problems. I mean, like I said, years ago, I thought it was gallbladder induced. But the leaky gut causes the gallbladder to create a hyperactivity in that situation, then it can lead to the heart. So it's just amazing how the whole gut, including the myocardium, the heart, the pericardium, it's all connected. It's just amazing.

Dr. Drew Sinatra: Well, Hippocrates was once said to, or quoted as saying, "When in doubt, treat the gut." So it's obviously something that a lot of doctors should focus on and really learn more about.

Dr. Drew Sinatra: Now, Dad, what about stress and anxiety? In terms of increasing a risk for heart risk. Can you speak to that? That was one of our listener questions here.

Dr. Steve Sinatra: Oh yeah, I mean, look...even this leaky gut situation caused a lot of stress and anxiety for people. Again, I would see people with they would come in with palpitations. In other words, it was really the anxiety of the heart skipping that would bring them in, but the genesis was the gut. But I didn't know about it back then, in detail, like I do now. No, stress and tension are enormous factors for the heart, there's no doubt about it. Especially in COVID right now, in this day and age of COVID. People are putting out a lot more adrenaline, a lot more noradrenaline, blood pressures are getting higher. People are trapped in their homes, there's more panic, more anxiety, and more fear. And what happens here is we get a discharge of hormones in the body, and the adrenaline and noradrenaline and the cortisol that gets discharged from our adrenal glands, this has a big impact on the heart.

Dr. Steve Sinatra: So the most important thing that we needed to do is basically ground our body, try to release the emotional stress. I think crying is one of the best ways. In



other words, just try to let down into your body. Again, avoid the things that can be triggers, like sugar can be a trigger, certainly. Inappropriate foods. Wheat can be a trigger in people. So in other words, all the different hormonal systems are connected in the body. So if you do have a trigger and you know what the trigger is — whether it's food, or stress, or tension, or anxiety. You know, it could be the aging cat, where the aging cat is disturbing everybody in the house. I mean I've seen it happen, people have brought it up to me. It's just whatever it is, hopefully you can ameliorate the stressful situation and that'll have a calming effect on the heart.

Dr. Drew Sinatra: You know, Dad, when it comes to stress in the heart, what I always think about as a condition is hypertension, or high blood pressure. Now, what else should we think of in terms of a heart condition that could be stress related? Is there any other one that stands out to you?

Dr. Steve Sinatra: Well, I mean, the one that really stands out and one of the reasons why I wrote the book, *Heartbreak and Heart Disease*, was Takotsubo Syndrome. I mean, I called it heartbreak and heart disease, but this is a real syndrome. It was reported by the Japanese in the late 1990s, where a sudden death in myocardial infarction...where lethal cardiac arrhythmias were due to overwhelming bad news or heartbreak. Again, the heart's a very vulnerable organ and it's very vulnerable to emotional stress. That's why when we're confronted with heartbreaking situations — death of a loved one, death of a pet, overwhelming illness in somebody, even COVID-19 in somebody who is developing complications — the most important thing to do is when you're faced with these circumstances, if you can let down into your feelings, and let down into your emotion, and literally cry it out. That's one of the best ways of discharging the hormones that get rocketed.

Dr. Steve Sinatra: And you mentioned high blood pressure...high blood pressure, a lot of it, is due to surging hormones. In other words, I've seen high blood pressure in so many patients. Drew, it's like driving your car with your brakes on. In other words, these people are so stressed out that they have no outlets, they can't let down into their feelings. They have to just keep performing, and keep performing, and keep performing, without any discharge, and blood pressures soar. And the things that we don't want to see is a heart attack or a stroke. Those are the serious pathological situations that can occur in these overwhelming situations where the emotions just grab hold of us. You know?

Dr. Drew Sinatra: Right, right. Dad, another listener question here, which I think is fabulous and that a lot of people ask is, if someone does have high blood pressure or hypertension — why is it important to remove salt from the diet? Or restrict it.



- Dr. Steve Sinatra: Well, it causes volume expansion. People don't realize this, but a lot of hypertensives take in salt unknowingly, Drew. Here's what happens, they go to a fast hamburger place, and they get a flame-broiled chicken that's got about 1400 milligrams of sodium. They may get a dill pickle, that's another 1,000 milligrams of sodium. Right off the bat, they're at two and a half grams of sodium in maybe one meal. In other words, if they do that two or three times a day, or if they use a salt shaker at home, it's just amazing. But I've seen people ingest five, six, seven grams of salt in a day, and all of a sudden their blood pressures are going higher and higher and higher. I remember one guy, he was an olive freak. He used to eat olives all the time...
- Dr. Drew Sinatra: Really salty, talk about that.
- Dr. Steve Sinatra: ...loaded with salt. He came in with alarming high blood pressure. All I did was take away the olives. Three weeks later, blood pressure came soaring down. So people need to be privy about certain foods that are certainly salt-laden foods that contain a lot of salt, which will really drive the blood pressure higher. You know why? Because the more salt you take in, the more volume we absorb through the kidney. So now you have a volume expansion, because whenever you have in salt, the kidney has to compensate by reabsorbing more water. And that's how it works.
- Dr. Drew Sinatra: Got it, got it. Okay, okay. Well Dad, here's another question from our listeners. "Is a glass of red wine a day really good for the heart?"
- Dr. Steve Sinatra: Well, this is more of a naturopathic question, too. I mean this is kind of interesting. Well look, the French paradox, like I mentioned before. The average Frenchman has a cholesterol of 275 but the incidence of, let's say, coronary artery disease in Western Europe, or even...let's talk about France, for that matter. It's very low, it's one of the lowest in Western Europe. Could red wine be the answer? Yeah, it could be. Could olive oil be the answer? Sure, it could be. In other words, if you look at the Mediterranean basin, Drew, there are more 100-year-old people in the Mediterranean basin than the entire world. In fact, Spain and Portugal and Italy just surpassed Okinawa.
- Dr. Steve Sinatra: Look, the average American lives to like...we went back a year. We used to be 79.6. now we're closer to 78.8 right now. In other words, the average American lives to the late 70s. But the average Frenchman, or the average Spaniard or Italian, they live into their mid-to-late 80s. So there's something wrong with our society, whether it's what we eat, or the emotional stress. I mean, it's probably a conglomeration of multiple factors — but there's no doubt about it, I mean, diet is a factor. Look, a little red wine is good. Just remember this, the French have the highest incidence of cirrhosis in the world, remember that. So



everything in moderation, everything in moderation. And look, as a functional doctor and as a naturopathic doctor, I mean, you preach moderation all the time, don't you?

Dr. Drew Sinatra: Absolutely, and that's where it's...listen. If drinking a glass of wine for you helps you unwind at the end of the day, and you don't have blood sugar issues, and perhaps you're consuming that glass of wine with some cheese, or some sort of protein or fat to help blunt that insulin response that you might get from that...

Dr. Steve Sinatra: Oh, I'm glad you mentioned that, that's very important. That's so important.

Dr. Drew Sinatra: ...I see nothing wrong with that, as well. The only problem I see is when people, they start to have two plus glasses per night, I think that's really pushing the edge there. One thing I wanted to ask you, Dad, in terms of...since we're on the topic here with red wine. How much is resveratrol playing a role here, with that heart protection benefit? I mean, in terms of milligram dose, do we know on average about how much resveratrol is in a glass of wine?

Dr. Steve Sinatra: I would say probably less than a milligram. I mean, as a conservative estimate. I mean, look, if you drank a bottle of red wine you'd probably get a few milligrams of resveratrol. But we don't want to do that...the alcohol will kill you, there's no doubt about it.

Dr. Drew Sinatra: Yeah, yeah.

Dr. Steve Sinatra: I mean, a little red wine is good. I mean the polyphenols, there's no doubt about it, they make a difference. Like I said, I mean, I think it's the Mediterranean diet. I think it's the combination of some seafood, a lot of plants, a little olive oil, a little red wine. Certainly the reduction in stress and tension. I'll never forget when I met this doctor from Crete, I think we talked about it on a previous podcast. He told me that they take two hours, three hours for lunch in Crete. And when I was writing my book, *Heartbreak and Heart Disease*, when I stumbled across this data that there wasn't one heart attack on the island of Crete for over 10 years, that was amazing. That was amazing. And when I mentioned that in a lecture, one of the doctors was from Crete and came up to me and he explained why. I think when it comes to heart disease, just like what we've talked about the gut — the heart and the gut are connected. And the brain and the heart and the gut are connected. And I think emotional stress is a big factor in all three, no doubt about it.

Dr. Drew Sinatra: Dad, let me comment here on what you just said about what happened in Crete, with the lunch being two hours in duration. Let's talk about that. Because ultimately, we don't spend enough time with our meals these days. We're so



rushed, we're grabbing a bagel or something like that in the morning, out the door, eating in the car, swearing at people driving by because we're in traffic. I mean, it's just setting the stage for really improper and poor digestion. Now, these folks in Crete, obviously they're sitting down. I'm sure they're very, in a rested state, maybe they're being grateful for the food, thankful for the food in front of them, they're having terrific conversation with their friends and family members. And that's all part of the dining process, right?

Dr. Drew Sinatra: We've sort of lost that these days. We're so focused on just shoveling food in our mouth, to help with the hunger that we experience, that we're not really enjoying that food, and allowing it to be properly broken down in the body. Because I see that a lot of people suffer issues not only gut-related, but also systemically in the body because they're just scarfing down their food that are typically processed foods, or unhealthy foods, sugary foods. The whole act of eating, we really need to work on that again. Wouldn't you agree?

Dr. Steve Sinatra: We do, absolutely, you're so right on. We need to slow down...we need to be Type B eaters instead of Type A's. I mean, in other words, we have to slow down the whole process of eating, and chewing the food, and getting the saliva in the mouth, chewing the food frequently so we...digestion starts here, right, Drew?

Dr. Drew Sinatra: Yeah, yeah.

Dr. Steve Sinatra: People think it starts in the gut, but it really starts in the mouth with saliva. That makes a difference. You know, I'll never forget. I was on the island of Corfu in my 30s. I was at a bioenergetic conference in Corfu. People were sitting at outdoor restaurants, but I'll never forget one of them. At one restaurant, there were men playing chess. These were...I'm a chess player, you know that.

Dr. Drew Sinatra: Yep.

Dr. Steve Sinatra: And it didn't make a difference what language you spoke. There's one language with chess, you know? I'll never forget it, I was on a long break, and I just sat down and I asked if I could play this gentleman. He says, "Sit down." I didn't speak his language, he didn't speak mine, but we had common language in a chess game. And what really impressed me was that all the people around us were just eating slowly, and talking, and having conversations. It's just...you're right. In other words, there's something about the European way of living, where during the day when these men come together, instead of talking about money or business, they're talking about their family and about how they're feeling. It's so important, it's really so important. And we've gotten away from that in the American public. With COVID-19, I think we've gone closer to that, because families are more integrated right now, they're more indoors with one



another. That can create stress, but it also creates more communication, as well. Even with the pandemic, we can always find a reframe where we can use the pandemic as a way of really getting closer to our families, as well.

Dr. Drew Sinatra: Yep, absolutely. And Dad, I mean, I want to speak to this, as well, because you and I have spoke a lot about the autonomic nervous system, and how there's a sympathetic branch, which is more the "fight or flight," then there's parasympathetic branch, which is the more "rest and digest" branch. And really, in America, we are a sympathetically-driven culture. You look at this island that you were on, playing chess with that gentleman, and looking around and seeing all the people slowly eating their food in a peaceful environment. They are honoring the parasympathetic nervous system, they're really fostering that relationship with it — which I think we've truly lost in America, in North America really, with fast-paced eating and watching the news.

Dr. Drew Sinatra: I got to say, the worst thing people can do is watch the news and scarf food into their mouth. I feel like that is just one of the worst ways to chew your food and consume food, because you are in a sympathetically-driven state watching the news, because the news is really only reporting bad things. They're not reporting good things. So if you are going to eat in front of a TV, there are news...there's these feeds that you can look at that actually report positive news. So if you want to read about the news, let's talk about that then...look at something positive instead of negative, and that will actually influence the way that you digest your food.

Dr. Steve Sinatra: Right, right. You know, something else just came to mind. When I was in Greece years ago, in the marketplaces and in these little restaurants, there was concrete...like brick and stone roads in the areas. People wore a lot of sandals back then, but you know, when I think about it, people walked barefoot back then, as well. And I'm sure...I didn't know it back then, about how grounding heals the body. But you just gave this whole thing to the Russians, right? On grounding. Did you get that lecture yet, or is that...

Dr. Drew Sinatra: We filmed it yesterday, it was over 90 minutes, my brother and I. Yes.

Dr. Steve Sinatra: Oh really. Did you get questions from the Russians?

Dr. Drew Sinatra: No...unfortunately, it was a prerecorded one.

Dr. Steve Sinatra: Oh, okay.

Dr. Drew Sinatra: We will get to those questions when the presentation occurs. Yes.



- Dr. Steve Sinatra: Right, right. But again, it just came into my mind. But boy, I'll tell you. Again, I didn't know about it back then, but I think walking barefoot is really a key to health, as well. Because you said it...what does barefoot do? It attenuates the over-sympathetic nervous system. When you walk barefoot, you're raising the parasympathetic, and that's lowering the sympathetic drive. And that's what you really want to do.
- Dr. Steve Sinatra: And look...that's what sugar does, sugar rockets the sympathetic nervous system. We started with sugar. But again, we want to downgrade the sympathetic nervous system. And as a naturopath, the sympathetic nervous system is adversely affected. In other words, it adversely affects the immune system. As a naturopath, immune health is really right up your alley. So maybe we can conclude on, how do we support our immune system with digestive health?
- Dr. Drew Sinatra: Oh, well, there's a huge question right there. Maybe this'll help our listeners understand this immune health connection to the gut. And really, most of our immune system, they say around 75%, is located in and around your intestines, in the MALT and the GALT, which are the mucosal and gut associated lymphatic tissues. So there's a whole network of lymphatic tissue and immune cells that are down there. And so, imagine if your gut is inflamed, imagine if you're eating fried foods, or you're eating processed foods with lots of sugar in it. You're going to disrupt the balance of organisms there and ultimately, those organisms are in contact with the immune tissue. So there's going to be inflammation ensuing, and that's not going to lead to a healthy immune response.
- Dr. Drew Sinatra: So whenever...there's two things here. Two things come to mind, Dad. You can think of the immune system, looking at it from the stance of acute immunity, meaning prevention and colds and flus and such. Now, there's lots of different branches of the immune system that are working on that. There's the immune system that we look at when it comes to autoimmunity, and that's more of a dysfunctional immune system. And that's really where we're focusing on that gut health, is with the autoimmune conditions. Because like you mentioned earlier with leaky gut, that's one of the predisposing factors for the development of autoimmune disease. In fact, a lot of researchers out there say that you have to have leaky gut in order to develop an autoimmune disease. So again, there's this huge connection there between the gut, in terms of it being healthy, and also the health of the immune system. So they go hand-in-hand.
- Dr. Steve Sinatra: For our listeners, if you have a leaky gut, and let's say the food particles, instead of being digested inside the intestine, somebody's minute particles leak out into the blood stream. Then the immune system looks at these little particles and it



says, “Wait a minute, you’re not supposed to be here, I gotcha.” You know what I mean?

Dr. Drew Sinatra: Yep.

Dr. Steve Sinatra: So that sets up the antigen antibody response.

Dr. Drew Sinatra: Correct.

Dr. Steve Sinatra: Basically, that sets up a hyperimmune response, and then the patient goes to the doctor with various symptoms. But it’s really the hyperactive immune system that’s causing the symptoms.

Dr. Drew Sinatra: Exactly. And it gets confusing when, let’s say, someone eats a food and they develop itchy skin or something. Then so maybe they get diagnosed with dermatitis or an eczema. It’s hard to figure out, really, what’s causing this. Oh, a skin manifestation? Oh my goodness, could that be coming from the gut? Yes, in fact, it could. And so, that’s why you need to look systemically in the body, look at every symptom that person’s having and figure out could it be related to the gut. Not all the time of course, it is, but sometimes it’s possible.

Dr. Steve Sinatra: Yeah, and even some of the foods we mentioned. I mean like for example, we talked about red wine. Well, some people can’t tolerate sulfides in red wine and they get a headache. And that’s a factor, as well. In other words, I think one of the takeaways in this little chat that we have — if somebody eats a food and all of a sudden they notice, either the next morning or even a few hours later, a new symptom in their body, what they need to think about is, “Hey, what did I eat the night before, or what did I eat a few hours before?” Because a body always tells the truth, and the body is trying to heal itself. So the body is trying to give you a message, and in that message, it creates a symptom. A lot of us deny those symptoms, or a lot of us...they come to a doctor and discuss our symptoms. But basically, what we needed to do as an MD and as an ND, is empower our patients to use these certain clues where they can really develop insight more into themselves. And that’s what it’s all about.

Dr. Drew Sinatra: Well, Dad, what all you just said there is the naturopathic/functional medicine framework that all practitioners work on. So you’ve got it already engrained in your brain, it’s beautiful.

Dr. Steve Sinatra: I told you I’ve always wanted to be a naturopath!

Dr. Steve Sinatra: So Drew, as a leaky gut specialist, have you seen any heartburn as a symptom? Because see, one of the things that brought a lot of patients to my office was



that they would have heartburn, but they thought it was due to the heart. Because heartburn can be a symptom of heart disease. I mean, a typical symptom...it can be pressure in the chest, a crushing sensation. But some of my patients had a burning sensation that wasn't GI related. When I put them on a treadmill, for example, and I dropped their SD segments, and they had coronary ischemia, or coronary insufficiency, some of my patients said, "Doctor, I'm having that heartburn-like symptom." It was like a burn in the chest, but it wasn't heartburn, it was cardiac related. So that's a fine line between what your specialty is and what my specialty is. So heartburn can be a symptom of, I suppose, leaky gut or any GI symptoms. But certainly can be a symptom of heart disease, as well.

Dr. Drew Sinatra: Yeah, it's interesting that you say that, because I never really thought of heartburn being related to leaky gut. Essentially because we're talking higher up here in the esophagus. Is there a leaky esophagus? Perhaps there could be. But it's interesting, though, that I think one differentiation we can make there with heart-related vs. esophagus/GI-related would be, do you get that sensation after eating meals. Right? So if people are eating a very heavy meal, or whatever sort of meal that they're eating, and they tend to get that discomfort there behind the sternum right at the breastbone there, that's a sign that's likely heartburn that's coming from the stomach. Obviously, sometimes acid can be related to this — sometimes too much acid, sometimes too little acid, or it's acid in the wrong place that could be leading to that.

Dr. Drew Sinatra: But everything that we talked about today, Dad, everything we talked about — in terms of the chewing your food, the environment that you're in, in terms of creating a very peaceful, parasympathetically driven place to be. Not watching the news, being stressed out, setting up the environment for your body to properly digest foods...that's number one. That's absolutely number one when you're looking at treating heartburn. Because again, if you're just putting food in your mouth as a way to satisfy your hunger and you're not chewing well, you're likely going to have some issues down the road in terms of heartburn.

Dr. Drew Sinatra: So here's some other things that you can do that people may not know of. Oftentimes people can do heel drops, and this is when they take a glass of water, around four to eight ounces, they drink it. And then they stand up on their tippy toes and they let down really quickly. So you're dropping on your heels, and if you do that around 10 times, that can sometimes help...and if there's hiatal hernia, particularly, bring that stomach that might be going up through the esophagus back down. More anatomically aligned.

Dr. Drew Sinatra: Then, some folks benefit from elevating the bed six inches at night. I've really heard that's been tremendously helpful for a lot of people, and that's really



working with gravity with your body there. Then, of course, we talked about food allergies already, food sensitivities. Removing those foods, like you were saying, Dad, that you know you have a reaction to. You, personally...bell peppers don't do well in terms of...

Dr. Steve Sinatra: Oh yeah...nightshades, I can't do nightshades.

Dr. Drew Sinatra: How did you figure that out? You did it by trial and error.

Dr. Steve Sinatra: Right, trial and error. The other thing, too, is digestive enzymes. I think digestive enzymes are really, really crucial. And again, when I started to use digestive enzymes at Healthy Directions, 15-20 years ago, and I had patients come in where they would come in with these chest-related symptoms. But yet, I put them on a treadmill and I would reassure them about their hearts. It's amazing. Simple digestive enzymes worked in a lot of these people, where instead of developing symptoms in the chest like bloating or gas or whatever, where the symptoms are in the...they came up to the upper esophagus or the chest area. Look, it's hard to tell the difference between the heart and the esophagus. But when I put them on digestive enzymes, many, many of these people, they were home free. In other words...I'll never forget, I had one guy, I saw him in the office and he gave me a hug. I go, "What's that for?" He goes, "Whatever those pills you gave me, they worked. They took care of my problem." I'll tell you, it's just amazing that your patients can be your best messengers. There's no doubt about it.

Dr. Drew Sinatra: Well, Dad, if you take a step back from that and look at why someone would be deficient in enzymes, what have we been talking all about today so far? Stress.

Dr. Steve Sinatra: Stress.

Dr. Drew Sinatra: Stress. So if you're in a sympathetically driven state...

Dr. Steve Sinatra: They're stewing in their juices, they're putting out these enzymes all over the place. And again, I think that's one of the reasons why pancreatic cancer is on the rise. I think people are just...they're avoiding so many of their enzymes. They're wasting their enzymes, they're overdosing on their enzymes. And then when you really need it to digest food, it's lacking. That's why digestive enzymes...amylase, lipase, I mean, they're all really...proteases. All these digestive enzymes are exceedingly important. In fact, I do digestive enzymes after every meal. I mean, I just, it's like brushing my teeth at night. Whenever I have a meal, I pop some digestive enzymes.

Dr. Drew Sinatra: I do, too. I do too...and I'm younger than you, too.



- Dr. Steve Sinatra: One of my colleagues, the late Marcus Laux, I don't know if you knew Marcus. He was a naturopath.
- Dr. Drew Sinatra: I did. I met him once, yep.
- Dr. Steve Sinatra: Great guy, great guy. He was the one that really got me on to digestive enzymes a couple of decades ago. Just a wonderful person. And he was right on when it came to digestive enzymes. And again, a naturopath like you, amazing.
- Dr. Drew Sinatra: No, it's fantastic. That's great.
- Dr. Steve Sinatra: So Drew, we're talking about alternative medicine and conventional medicine, then there's naturopathic medicine and functional medicine. It's sort of a hodgepodge. I mean, what is the difference between functional medicine and naturopathic medicine? Or is there a difference?
- Dr. Drew Sinatra: That's a great question. I think when I was in school, functional medicine didn't exist. It was naturopathic medicine, that was really what people went to in terms of learning all this integrative medicine, treating the underlying causes, treating the whole person. These are all a lot of naturopathic philosophies. I think I may be angering some people out there by saying this, but I think functional medicine has taken a lot of those principles, which are amazing, and brought it into the functional medicine community. Now, I consider myself a functional medicine doctor, too. I consider myself an integrative medicine doctor, too.
- Dr. Steve Sinatra: To me, that's the best word. I think integrative medicine is, sort of, the pinnacle. Everything flows underneath integrative medicine.
- Dr. Drew Sinatra: Yeah. I'll tell you this, I love working with functional medicine doctors, if they want to call me up and discuss a patient case. That's fantastic, because we're speaking the same language, right? So I really appreciate this emergence of functional medicine, because not only can you practice it if you're a naturopathic doctor, a medical doctor, a doctor of osteopathy or a DO — you can be a nurse practitioner, right? You can be someone that doesn't really have a degree that can't prescribe pharmaceuticals. You can still be a health coach that has learned functional medicine, and you're working with these clients on their diet, lifestyle, supplements, their genetic profiles in terms of using something like StrateGene, like we talked about with Dr. Ben Lynch. There's all these different ways that you can use functional medicine. The greatest thing about it is anyone can learn it. I even think that our listeners, what you're



learning these days, this is functional medicine, folks. This is really functional medicine. So, take it...take it home and use it every day.

Dr. Steve Sinatra: Well said.

Dr. Drew Sinatra: So, before we wrap up the show today, we're going to share some **Wellness Wisdom** with our listeners. Dad, since we were generally focused on heart and gut health today, let's each share one big "pearl" of wisdom with regard to our specialties. I'll share one easy thing you can do for your gut health in a minute, but why don't you go first and give our listeners one easy thing they can do for their heart health.

Dr. Steve Sinatra: I'll tell you, the quickest thing that comes to my mind is just eliminate some sugar on a daily basis. If you have to have a soda, just try another beverage. In other words, if soda is your thing try mixing half the soda with seltzer water, just to cut back on the sugar. You know, people don't realize this but a 12-ounce can of cola contains 15 to 16 teaspoons of sugar. It's outrageous, it's crazy. So if you have to have a soda, if you're addicted to soda, let's say, I would dilute it with seltzer water. In other words, just dilute it. Be aware of how much sugar you're putting into your body. Because remember, especially during the pandemic, remember this — sugar has an impact, it stifles those white blood cells, it creates immune system decline. During the pandemic, the least amount of sugar you put into your body, the better.

Dr. Drew Sinatra: That's a great tip, Dad. For mine, I'm going to say this. You are in charge of what you put in your body, okay? Now, there's great marketing out there, there's fancy labels, there's hyped-up marketing that will sell you anything that has sugar in it and processed foods and such. Don't buy those things, they're not good for you. And there's no one above you saying, "Hey, this isn't good for your health." You are the one that is in charge of your health and bringing in good food. So when you're in the supermarket, stay away from the middle aisles. Of course, you got to buy some things there. But really, stay in the outside aisles, where there's lots of fruits and vegetables and such, and focus on buying those foods. Because those are real foods, those are whole foods. And you are ultimately in charge of what you put in your mouth, and it can make just a drastic change in your health. So, I'm putting you in the driver's seat.

Dr. Steve Sinatra: Well said, Drew. Well said.

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 like what you heard today and you want to be an active member of the **Be HEALTHistic** community, subscribe to our podcast at



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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**, powered by our friends at Healthy Directions, with Drs. Drew and Steve Sinatra. See you next time.