The energy nexus - America Out Loud News – Maria Nedum

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Our cardiometabolic system is the core energy household of the body. We know that many chronic diseases are really metabolic dysfunctions, including cancer, and there is growing anecdotal evidence of at least some cancers being completely cured with lifestyle changes. At the very least, healthy lifestyles, including fasting routines to introduce autophagy, should receive priority in cancer treatment. Heart disease and diabetes are also high on the long list of diseases that are preventable and/or reversible with lifestyle changes. Thus, lifestyle medicine is growing with leaps and bounds. Doctors can get a board certification so they can charge for lifestyle advice, including being reimbursed by insurance. The American College of Lifestyle Medicine and the associated certification board, ABLM, are doing wonderful work to bring this particular change about.

A few weeks ago, I discussed an interview with Dr. Peter McCullough and Dr. Joel Kahn, which provided a primer on lifestyle medicine, particularly whole foods and plant-based nutrition, which is the foundation and the closing stone in the arch of lifestyle medicine. That conversation was wonderfully informative, but the world is moving fast, and I could not help but notice that both doctors kept referring to legacy tests, while the problem with traditional testing methods is that they primarily assess the structural condition. The stories are endless of people having a heart attack within a month after a clean EKG. **We know from the medical malpractice lawyers that there are some 70,000 cases per year in the US of Emergency Room visits with chest pains, who die within a month regardless of having clean EKGs and blood tests. That is 70,000 times too many.** The liabilities to hospitals and ER doctors could easily amount to hundreds of billions. I ended the story with the story of nurse practitioner Marina Nedom, who has now been using the MCG, the Multifunction CardioGram, for a few years, primarily for herself and for friends and family. If we take into account the MCG practitioners, then lifestyle medicine on a worldwide basis is probably 10-20 times larger than the membership of the Lifestyle Medicine organizations, which now exist in many countries. I spoke with Marina, and her experiences are worth reporting here.

As a matter of interest, Marina told me how she had been in medical school in Russia before moving here 27 years ago and that, at least at that time, there was a stronger focus on natural healing, disease prevention, and reversal in the way she was taught compared to what she encountered here. Also, there was a lot more interest in natural remedies, as well as ‘biohacking,’ which is only now beginning to get some serious attention on these shores, such as cold exposure, heat exposure, and other methodologies. I will be looking into some of those

in future columns. On the whole, the allopathic monoculture of American healthcare is now pretty much obsolete, and changes will start coming faster, for the model we have cannot be maintained, and in the aftermath of the Covid fiasco, the trust in the medical profession is at an all-time low.

Marina told me how she had two episodes of Covid within a few months in November 2019 and then early 2020, and she experienced heart palpitations and irritability of the heart, which eventually landed her in a cardiologist's office. **The echo test and stress test were both normal, which is par for the course. These tests are about the structural condition of the system and often have trouble picking up subtle issues with the functioning of the system.** Inevitably, she ended up with a beta blocker, a calcium blocker for about four years, and an anti-arrhythmic drug that she kicked to the curb within months because of side effects.

It was during this time of struggle with her own heart health that she found out about the MCG – about a year after her Covid experience. At an anti-aging conference, she got her first test and found out quickly that she was in Category D on the scale that the MCG uses, which is concerning. In other words, **she appreciated promptly that this test picked up nuances that were missed by the legacy tests.** It did not take her long to acquire a machine. She ended up making lifestyle choices, including a fasting regime to induce autophagy, and within two months, she was back to health, in Category A on the MCG and with an A1C of 4.9. Besides the nutritional component (whole foods, plant-based) and the fasting, she also used grounding and sauna. Gradually, she weaned herself off of all of the pharmaceuticals, and by March of 2024, she was getting a Category A on the MCG again, and life was back to normal.

Since she worked for the healthcare system and was forced to take the "vaccine," she experienced a significant setback in that period from 2021, when she got the machine, until 2024, when she was free of all medicines and back to normal. **Shortly after her vaccination, she experienced a full-blown cytokine storm, which MCG could have picked up.** With her lifestyle routines, she eventually got back to Category A again. But then she went on a cruise in the Caribbean for just ten days, and she decided to go with the flow and not worry about her diet. Just for ten days, right? Going back home, she was a category B again. Lesson learned. **The important point here is that with the ability to directly analyze the performance of the mitochondrial activity and, therefore, the actual functioning of the entire cardiometabolic system, one can see instantly what is wrong.** So she ended up having to manage herself back to health several times before she finally could put this episode behind her.

During this period, she also studied the materials from Food Revolution, which is certainly one good source of information on all of the major concepts of whole foods nutrition and lifestyle medicine. She tells me that overall, she feels she is becoming much more intuitive about her

diagnostic capabilities, including picking up ever more strongly on the whole gestalt of the patient, thus developing a more holistic view of her patients, including recognizing that experiences of a *"broken heart,"* often precede times of heart trouble. Naturally, the chronic aspect means that these conditions build up over long periods of time. Still, then there is often a trigger that gets the ball rolling, and emotions and stress play a big part in health, which is why Lifestyle Medicine always takes these into account.

Thanks to MCG, I have now spoken with doctors who have been practicing lifestyle medicine since before the name went on because this test is not just highly accurate. Still, its prognostics also shine, picking up on issues sometimes 6-8 years sooner than legacy tests can do. That puts it in a time frame where lifestyle change is a real option. Today, regrettably, too many people only get around to lifestyle changes after their first stent simply because the testing regime gives too little information, as Marina experienced, but the MCG provides very detailed insight. America has some serious catching up to do, while this test is becoming a standard of sorts in hundreds of hospitals in the Pacific Rim, even though it was invented on Long Island.

Nedom recently gave a presentation that highlighted some of her experience. **One of the ways to look at the difference between MCG and legacy tests is that they tend to look at the vascular structure, while MCG looks at the myocardium, which is where the action is. MCG can detect inflammation at the cellular level. Apparently, about 50% of hospital admissions with acute coronary symptoms of MI test clean with legacy tests. Cardiologists then have to interpolate from experience, and it really becomes a guessing game, although with experience, one can obviously get quite good at it. Still, a more conclusive test would help everybody. Again, the idea that the test can be meaningfully used for screening long before manifest problems is a decisive advantage, for that can unclog the permanent logjam of *"interventional cardiology,"* which may make for great TV, but while it can solve the momentary crisis is a dubious value proposition. In general, the MCG can disambiguate many, if not most, of the actual contributing causes of potential heart disease ahead of an actual crisis when actionable information is of the highest value for the patients.**

The flip side of that coin is that from a primary care standpoint, many cardiology appointments can be avoided if the patient is willing to undertake serious lifestyle changes. Also, when a cardiologist referral is made, it now comes with a detailed test result that will exceed the typical tests in accuracy and detail. In short, a lot of guesswork can be eliminated, meaning speedier action.