

# CosmicCardio Episode 1

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## SUMMARY KEYWORDS

cholesterol, liver, cardiovascular disease, spleen, statin, love, heart, cosmic, anatomically, call, find, integrity, absolutely, medical intuitive, immune system, body, stress, nature, part, designed

## SPEAKERS

Carol Ritberger, Mary Louder

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- M** Mary Louder 00:00  
Hi, welcome. Dr. Mary Louder here, recording and sending to you a new podcast, Since You Put It That Way. This episode is going to be on cardiovascular disease, and it's part of our cosmic health and wellness series with Dr. Carol Ritberger, who has her PhD in Theology and Esoteric Philosophy and Hermetic Sciences. So she'll be joining us on this episode. And then there's a subsequent episode of Since You Put It That Way, cardiovascular disease, so all things are matters of the heart. Stay tuned, and welcome. We're glad you're here. Hi, Carol, how you doing?
- C** Carol Ritberger 00:42  
Hi Mary, doing well. Thank you.
- M** Mary Louder 00:43  
Good. This is so much fun to work together again.
- C** Carol Ritberger 00:47  
Absolutely,
- M** Mary Louder 00:48  
We got such good feedback on our Cosmic Health and Wellness, those first sessions and, and so we're going to continue on now we're going to tackle actually something clinical together. So that's going to be fun.

**C** Carol Ritberger 01:00  
It is.

**M** Mary Louder 01:01  
Yeah, cardiovascular disease. And so I'm going to dive right in on this, the card--now, cardiovascular disease, there's already one podcast I put out on cholesterol, the conundrum of cholesterol. Is it our friend or foe? And the answer to that is a clear yes.

**C** Carol Ritberger 01:20  
Absolutely.

**M** Mary Louder 01:21  
That's right. So there you go. So if you missed that one, go back and listen, that's a great podcast. And that's me talking to myself and I, the three of us in a very deep conversation together about all the facets of cholesterol. So, now recall, cardiovascular disease is one of the most important health problems in the entire world. And currently, it causes 1/3 of all global deaths. One third. So somewhere between 17 and 17.3 million people a year succumb to this disease and die. And cardiovascular disease is simply put as a plaque buildup in the arteries. And remember, it's not a plaque buildup in the veins, and if you don't know why that is go back and listen to the cholesterol podcast, but the cholesterol and the plaque that builds up, it blocks the arteries. So that could be the aortic artery, the carotid arteries, the arteries that go to the heart themselves, the peripheral arteries, which are the--peripheral means away from the center, so that could be the legs primarily. And it causes just lots of problems. And remember, cholesterol has a function of repair and development and design in the cell wall. It helps with neurologic function, immunologic function, it's an anti-inflammatory, and it is the backbone or what I call the mother molecule of all of our steroid hormones.

**M** Mary Louder 02:56  
Now, the other thing then, for the diagnosis and conditions with cardiovascular diseases, myocardial infarctions, ie the heart attack, or ischemic heart where the heart doesn't get enough blood because the arteries are blocked, which can lead to congestive heart failure, which then leads to fluid buildup and then over time, the heart can just fail. There's also ischemic stroke, which is lack of blood flow, and that's usually in the carotid arteries or up in the head, in the cranium, or the cerebral circulation. peripheral artery disease blockage down in the legs and then in the head, the small vessels vascular demension--dementia. So not Alzheimer's but vascular dementia, which can occur and I think someone in the news right now with vascular dementia would probably be be Mrs. Carter, President Carter's wife, the former First Lady, because she's well advanced in years and then is developing some signs of dementia that typically is the vascular type, not the Alzheimer's type. And then cholesterol

remember is a culprit within the conundrum, And we've got the low density, which is the lousy cholesterol L for low for lousy, and that's been oxidized or that gets damaged. And then cholesterol is also there to having to do a lot of repair because of blood vessel issues.

M

Mary Louder 04:25

So the the confusion comes and cardiovascular disease because sometimes people have low numbers of cholesterol maybe in the one hundreds or just even low two hundreds, yet they have advanced cardiovascular disease and there's changes in the blood vessels. Or they have very high cholesterol, often the high two hundreds, in the three hundreds, and their arteries to their heart are completely clear, the coronary arteries have minimal build up, as do the arteries in the leg. And so we've--and so there, there is this conundrum between these two, and I think that's where a lot of the confusion is, stems from for patients. And I also think because we don't look deep enough into issues of cholesterol, inflammation and vascular health that we just try a one size fits all, meaning everybody must have a statin, which we'll find out that that's probably not the case. And that's also what we talked about previously.

M

Mary Louder 05:27

So remember, the low density lipoprotein, LDL lousy, that's the one that builds a plaque. And so you've got at one end of the continuum, plaque, significant build up. The other end of the continuum is just healthy cell repair, cell membrane repair, and then some of the lining of the blood vessels go in between there. So it's a continuum of what that cholesterol does. And then the high density lipoprotein, or HDL, that's the cholesterol that floats around in the body, it's made in the liver, and it absorbs cholesterol in the blood, takes it back to the liver, where the small intestine filters it out for it to be deposited back into the colon to be excreted. And then the other part of cholesterol is the triglycerides. And that's the type of fat that's in the blood that we use for energy. So two, I think, very important studies, and then we're going to get into the cosmic part. So hang on to the tedious part here, because we'll get to the cosmic park next.

M

Mary Louder 06:31

But there's an emerging risk factor collaboration that came out as a study. And it's a meta analysis, which means it's a study of studies. And they had an--a population, a participation population of 302,430 participants, super high number. And these were folks without prevalent vascular disease at the time of enrollment. Then they studied them for a period of time. And the way the statistics come out, is they looked at 68 studies that were prospective in nature, so, looking forward. And in of all those 302,430 participants, 8857 had non-fatal heart attacks 929 participants had fatal heart attacks. And that was then decided to be over a 2.79 million person-years follow up. So how that--so that's very, very powerful statistics. So what they did is the 2.79 million person-year follow up comes from taking the total number of participants, and then you divide that. And so we come up with a study length time of about 9.2 years of study, which is very powerful, that's almost a full decade.

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Mary Louder 07:57

And then one other study that had even more participants is called the prospective study

And then one other study that had even more participants is called the prospective study collaboration, the same type of study looking forward. And there's they're looking at an analysis of 61 different prospective studies. And they had 892,337 participants. And so that equals a 12 million person-year follow up, which is just super tremendously high numbers. And both of those meta analyses came up with the fact that it was the low density lipoprotein, either high numbers of it, and/or oxidized low density lipoproteins, or the combination of that seemed to be the key for the plaque buildup, leading to the cardiovascular disease. And the importance of this is a couple things, we've got a retrospective study, we turn around and look backwards at what's been done, that has some power in its statistics, looking forward, and then, then seeing what the numbers tell us, that is--that power, or that data has greater power. And so it's considered a higher statistical significance. And so in that they came up with the fact that statins were what need to be done. Now, I love the fact that we came up with these numbers, and then we really have settled is it really the low density lipoprotein? And I, you know, I--it pushed me really towards that edge, because I was always kind of sitting on the bubble with that literally, like, I don't know, I'm not sure if it's the total number, but that evidence is pretty compelling.

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Mary Louder 09:45

But I'm not convinced that the statin is the only answer. Because it--cardiovascular disease is a chronic condition. Therefore, it's multifactorial in its cause and what you have to do is go back upstream, back upstream, back upstream to the individual's cause in order to find the best treatment options, so it doesn't become a one-size-fits-all. And statins as we recall came from a study, they were trying to find a new antibiotic in Japan, it was a scientist in Japan. And he was looking for a new antibiotic off with the fungus *Penicillium*, which gave us penicillin. And that he found a medicine that actually lowered cholesterol during the study. And they were using at that time, they were using animals, they were using dogs. And--but it had some pretty deleterious side effects, so they stopped using it. But then they found the same mechanism from a different fungus called *Aspergillus*. And they were able to isolate a chemical, and a compound that looks just like something that could be synthesized and had been synthesized in the lab for lovastatin, which is one of the earliest statins that was on the market.

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Mary Louder 11:02

So here we take from nature, nature being key. So here's something we humans are doing, and here--this is where we're going to step off into the cosmic part here too, is, humans are struggling to stay healthy based upon what they're doing. And yet something from nature that can come in, in the form of a statin that was first isolated in a fungus. And what we know about fungi is that they're going to survive the apocalypse. We might be creating the apocalypse, but they're going to survive the apocalypse. And yet, they're there to help us. So I found all of that kind of pretty fascinating, you know, when we kind of look at this from a more philosophic or maybe even cosmic, cosmic perspective. So Carol, that's a lot of introduction. I'm hoping I'm giving you some good talking points here to bring in the cosmic part. So come on in, and join right in with what you got to say, because I can just see you right now, you're just ready to go.

C

Carol Ritberger 12:05

You're very, very right. And, and I really appreciate your dual perspective on everything and doing the research that you do, because it's very true. So I'll kind of just go briefly over what

doing the research that you do, because it's very true. So I'll kind of just go briefly say, when we talk about this cosmic approach, what we're really doing is we're really saying, let's look at the big picture, let's look at all the different components to it, and not just look at it as heart disease or cholesterol, but how are these connected? And how do they work together, and I was laughing to myself when you said we had to go up, and then we had to go up, and then we had to go up, and keep going up. Because when we really go in and we start looking at this entire dynamic, we need to go back to the pineal gland and the pituitary gland, the highest glands in the brain itself, because they are basically what regulates hormones. And they're also what regulates the immune system, the liver, the DHEA, the melatonin, the production of how it--cholesterol, and just an entire dynamic.

**C** Carol Ritberger 13:02

So when you were talking about this, and we look at this cosmically, from that bigger picture, is that I found that what was being presented from that bigger picture, from the research that was being done, is if we started in the center of the brain and that pineal-pituitary part, deep within the inner part, center part of the brain, and we drew a straight line from there out to the right side of the body to the liver. And then we drew a straight line across the stomach, over to the spleen. And then we drew a straight line from the spleen back to the pineal gland, and to the pituitary gland, we would start to see the connection of illness. We would start to see the connection of heart disease, we would start to see the connection of how we utilize food and why we experienced the yeast infections that we're experiencing. And when you talked about statin, statin's basically a yeast. And yeah, and when we look at that, then it changes the nature of how we look at it. So if you take that triangle setup, Mary, and you look at it, then what you're going to find is those endocrine glands and the organs that are in--within that triangle are going to be susceptible to imbalances. It's that simple. It doesn't have to say susceptible to illness, but imbalances.

**C** Carol Ritberger 14:23

If we feed the liver, we feed the immune system. If we, for example, we hear a lot about this now, we get enough rest, because the body has two main healers, immune system and sleep. And the areas that get affected the most by the general stress, that general anxiety disorder that we have now, are the pituitary and the pineal gland. And the first thing that suffers is our sleep. So I think when we look at this and where you're headed with the research that you've done is, again, revalidating, this isn't a one size fits all, I think we need to go in and look at the effect of stress. And we need to take that stress on an individual basis, even though we can generalize, which I think is a great value. But we have to almost take it on an individual basis. And, you know, start out with a simple question like, Hi, are you under stress? And then, and then what kind of stress are you under? Are you under physical stress where you're not sleeping, not eating, not digesting? Are you under emotional stress? What does that look like? Are you mentally overloaded? Are you experiencing a form of burnout? And then the other part of it is the energetics. So that's a cosmic picture of it. Looking at it from all those perspectives.

**C** Carol Ritberger 15:45

So I think with the cardiac disease, what we're talking about, disease from a medicine standpoint, is a very defined symptomology and outcome. And I think that if we even changed

the perspective, from a cardiac syndrome, even, a syndrome meaning multiple things contributing, I think, then what we have is we have a better picture of the dynamics of what's happening in the individual, and then taking that information and saying, Okay, how does this apply across the board? How does this apply to how we assimilate foods, the vitamins that we get from them, what are we eating? What is, what is our processed-food process and the industrialized aspects of our country--na--global, actually, how's that affecting us? So again, I think from that cosmic standpoint, it's a big, but not overwhelming. But it's a syndrome.

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Mary Louder 16:45

So the spleen--you mentioned the spleen. I get the pituitary, the pineal gland, I get the liver because that's where cholesterol is made. Plus the liver is your primary filter. I get that. I get the stress for the pineal and the pituitary. Where--how do we bring the spleen in, in completing that triangle?

C

Carol Ritberger 17:05

Because the spleen--well, in my world is a medical intuitive. Yeah, the spleen, metaphorically. And I'll even go with Edgar Casey's work. Edgar Casey said that anger is like taking poison and waiting to die. And he said, resentment is like taking poison and waiting for others to die. That betrayal feeling, that resentment part that we hold ourselves accountable to, whether we created it or not, in my world as a medical intuitive is housed in the spleen. And that's our natural killer cells. And that's the real important part. That is the building block of well-being, from the standpoint that while we have the thymus and the lymphocytes, the B cells, it's the killer cells that go in and do their work. But if we're under a lot of stress, or and especially emotionally str--emotional stress, then those natural killer cells are running around like a bunch of minions trying to figure out where they're supposed to go. When they finally get where their brain is telling them to go, or their body, what do they do? Do they just give it a handshake and say, Hey, how are you? How are you doing? Or do they actually go into full force? And if they go into full force, they've got to have the support of the liver.

M

Mary Louder 18:24

So, so that's where even a--an inflammatory trigger could come in. Because it's--

C

Carol Ritberger 18:29

Absolutely it is.

M

Mary Louder 18:30

So if you've got even, and we're going to do, I've got one or two episodes coming up on genomics and cardiovascular disease, which is mind-boggling. But you've got the, you know, different SNPs in those genes that drive those killer cells. So they're levers. They're literally

levers, you can turn on or off with the environment that then tell the spleen what to do and how to respond to stress.

C

Carol Ritberger 19:00

Get the hormones of the pituitary gland and then we get the thyroid which the pituitary and thyroid are bosom buddies, and we have a tremendous outbreak, epidemic? What do we want to call it? A thyroid disease, whether we call it hypothyroidism, which can Hashimoto's, whether we call it hyperthyroidism, or thyroid is like a bouncing ball of the old Mitch Miller. I'm gonna show my age. The old mil--Mitch Miller sing along and the bouncing ball? That's the way this thyroid is every day. It's like what you say, it bounces, and how does this affect it? So when we look at the inflammatory response, then I think we do need to take into consideration, like you said, the hormones, estrogen, progesterone, testosterone, both male and female. And then I think we also need to look at the dynamics of the gut, and how it changes the pH. How we use food and just sleep and the immune system's activity.

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Mary Louder 19:58

Yes. Now, what does it mean cosmically from your standpoint, if we look at this holistically, the cholesterol. We need cholesterol, and yet we have too much cholesterol.

C

Carol Ritberger 20:11

And as a medical intuitive, I start first of all at the soul level, and I basically connect with a soul. And I said, okay, so lead me, where do we need to go when I'm doing the work? And it'll immediately go to the body. And it goes to the body, because that's how we ground who we are, psychologically. And what we find from that bigger cosmic picture and the duality of the mind, the heart, the body, the soul, is that they're designed to interact in a way of allowing a flowing. But when the mind intervenes, and starts creating limitations and distractions, we find ourselves at odds with our self. We don't know what to believe, we don't know what to say, we don't know what to trust. And on that cosmic picture, if we look at it from that evolutionary process, is that we are anatomically and energetically designed for always balance. And the only thing that comes in that intervenes and changes things are our thoughts, and how those thoughts create emotion. So my perception is, is that this is a call to action. From the standpoint of maybe stepping out of the roles, we play, both men--male and female, honestly, more female, because of the conditioning, and basically just sit down and have a good sit with ourselves and say, Okay, and so the question, who am I? So I think it's an evolutionary process, as well as everything else. Yeah. Evolution in the body evolution in the consciousness, evolution in our individuality, and evolution of humanity.

M

Mary Louder 21:45

Yeah. So really, it can become just too much of a good thing.

M

Marv Louder 21:51

Absolutely.

M Mary Louder 21:52

Yeah, and that imbalance, and we know like, with oxygen, if you have too much oxygen, it shuts off your drive to breathe in the base of the brain.

C Carol Ritberger 22:01

Exactly. And what's the first thing that happens when we get at odds with ourselves? So for me, when you ask about the cardiovascular, the cardiac disease quality about it, is it's basically in a very, again, little dangerous to be generalizing, but we're at odds with ourselves. Yeah, our heart may be saying something--literally, heart saying something. Maybe missing a beat, maybe racing, maybe shallow breathing, something, it's talking to us, and yet the head, it's like, okay, that's good. I hear you. Let's keep going. Let's not let's not stop right now. Because you're in the groove, you're in habits and so forth. So I think again, bigger picture.

M Mary Louder 22:39

Yeah. Okay. Okay, so what about, since this is the number one global statistic of the killer, with very high morbidity that goes along with it, so you know, co-problems? What cultural patterns do you see cosmically with this?

C Carol Ritberger 23:00

Division. Division? I think it's the feeling isolated. Cultures feeling isolated, even isolated within their own culture, they're living in the country where that culture is active and prevalent. I mean, whether we're talking about the United States, and we're talking about the political patterns, or whatever it may be, I think that it's just, we've been almost conditioned to accept the abnormal, because it's what we do, and it's easier for us to mentally wrap our heads around it, than it is to just step away. And this is where Heart Math comes in. Is that step away, and your heart talks to you constantly. It always speaks a metaphor and it speaks through the body. And I think culturally, we're having an opportunity to reconnect to that. To go in and to recognize we're all one, we're all connected, we're not alone. We may live in different countries, we may have different cultural beliefs, but we're still humanity.

M Mary Louder 24:14

One of the--

C Carol Ritberger 24:14

We're still all heart.



M

Mary Louder 24:16

Exact--exactly. And you know, and from the heart comes love. And so being connected through love, being connected through our heart, you know, I always say you first have to be connected to yourself in order for you to be able to connect with others.

C

Carol Ritberger 24:32

Absolutely Because self compassion we know, in a lot of the research done in the psychological, neurophysiological, psychological world, is that if you don't love yourself, then it's difficult to accept love, receive love, or give love. And for me as a medical intuitive, the number one metaphor for heart disease is the belief that we're not lovable. We don't feel like we deserve love, or we're lovable, or maybe we don't know what love is, or our relationship with love hasn't necessarily been the best role model. And so there we're confused. And what do we do? We starve ourselves. Listen to metaphor, we starve ourselves of that self-love that self-compassion that's naturally a part of it?

M

Mary Louder 25:16

Yeah. Well, and it just popped into my head about--actually park--it popped into my heart, to be, to be precise, about Louise Hay. You know, she was one of your very close people you knew and she's become after she's passed a mentor to me now. And she said that if she could just get people to love themselves, their bodies would heal.

C

Carol Ritberger 25:40

Absolutely. Because we are--and you know this as a doctor--we are anatomically designed to heal. We are constantly healing. So if we get stressed, then we have dopamine. I mean, our bodies are just exquisitely designed for this. But one of the things I know I've had--I had a lot of conversations with Louise about is about the confusion about what is self-love. Because in the conditioning, we had, again, many conversations, self love has been equated, connected to narcissism, hedonistic behavior, as self, ego, and all the different things. And then it's like, well, how do we get beyond those? Well, we don't. We don't even try to get beyond all that. What we do is we basically say, what do you love doing? And then we go, what do you really, really love doing? So when we say what do you love doing? The heart comes up and starts racing can go, I love doing this. And then we say, well, what do you really, really love? The body comes in and goes, well, I love when the heart does this. And then when Louise and I would talk, we'd say, so you ask yourself, what do you really, really, really love? And those three reallys engage the mind, engage the heart, engages the body, and it will surprise us what is said? Sometimes it'll be like, go outside. It's like, okay, what do I do then? Don't do anything, just go outside. So I think some of the dynamics that we have around the perception of not being lovable, is I think we're confused about what self-love is. And if we step back, self-love is compassion. It's acceptance. It's respect. It's courage. It's inspirational. It's just all the self qualities that get us through the day. And get us through the day in a very healthy way, instead of always feeling like we're fighting ourselves.

M

Mary Louder 27:42

Yeah. Well, it's interesting, you talk about getting to doing what you love. Having been in the clinic for 30 years, I mean, there are parts of that and years of that I just loved and thrived on. But always, at the very beginning of my career, and even when--before I was a doctor, I loved sitting and researching and reading and then just letting things speak to me. And then I, you know, talk about it. And it's taken me 30 years through my career to get to where I'm doing that, that's going to be the majority of the tasks that I'm going to be doing going forward, because I just keep getting drawn into that. And the more I do it, the better my body feels. And I feel better. I have more--and yesterday, honestly, preparing this podcast, I was outside sitting in our backyard under the trees, and just being out in nature and stuff just literally, I just wrote the podcast, it just downloaded, it just flowed, it was all the things I was thinking of, and it was just absolutely invigorating. It wasn't like, oh, my gosh, I have to hurry and get this done. And you know, get on schedule, that type of thing.

C

Carol Ritberger 28:54

That's what nature does, whether we're playing in the dirt, or we're sending it under a tree, or we're going for a walk and looking at it. So if we really go in and even take this a little bit deeper is, is that how we heal is through beauty. Yeah, and that's what nature's always giving us and what it's doing is, is that--I always say to my clients, I said, if you're feeling a lot of anger and hostility, which is again, part of the emotional component of the spleen and inflammation, is that go sit underneath a tree, see how long you can stay hostile and angry. Well, it's just pff. You sit under the tree, and it's like that trees energy just wraps its arm around you and goes, I love you. And I go, Oh, I love you too. So yeah.

M

Mary Louder 29:37

I know. And then, you know, I encourage our read--our listeners. You could read this too, I don't know, but you're listening, I'm sure, to look up what the nature is around you. For example, you can Google the spiritual meaning of a bluebird, spiritual meaning of a red pine tree. And you can get just some very interesting information about that and you will find more often than not, that's just the type of encouragement you've been looking for. And then you find yourself that you've been attracted to that in nature. Hands down, that happens to me all the time. All the time.

C

Carol Ritberger 30:13

You know, we all have a single--one single, this is the simplicity of healing, we have one single bird, or a tree or, you know, a frog, or whatever it may be. We all have what the ancients used to call amulets, they were the connections to the heart. And, hummingbirds. My mother's was a hummingbird. And my God, when my mother would see a hummingbird, it didn't make any difference what she was doing, she was out there looking at the hummingbird. And we have that, butterflies and stuff. And that's what nature connects us to, is it connects us to that part of ourselves. If we look at it differently, the butterfly is metamorphosis, we're always growing, we're always evolving. The frog is that we're always transforming from that tadpole to a frog.

Do we want to be a frog or we want to be a tree frog, or toad, or? I mean, it's just if you start looking at the metaphor of it. And I think that as we look at this healing, that you're bringing in, and I'm trying to bring in as well, is let's just stop looking through the limitations of the mind. And that's the gift of research. I mean, that's something both of our personalities. Research creates new thought. It questions. And yet, how often do we do something and it feels hard in our gut, or it feels like we're sucking the energy out of us? How often do we say, Do I really love doing this? And if the answer's no, then don't do it. It's that simple.

M

Mary Louder 31:43

Right. And yet, and I think that's a very important part of our heart health, because we, you know, I often ask folks, well, why is your heart attacking you? Or why do you feel you're under attack? Why do you feel that resistance in your, your blood pressure, because blood pressure is all about resistance in the vast--in the vessels. So what's that resistance? Where do you can you go with the flow?

C

Carol Ritberger 32:07

Well, and one of the things also is, as I learned over my 40-some years of doing this, that sadness, if we go back and look at some of the research that was done with researching people, and the emotion that they felt--this was part of the psychoneuroimmunology connection, what is the one emotion that you felt prior to the heart attack? And the common answer was sadness. And in my world, sadness robs us of life. But most importantly, it robs us of joy. Sadness isn't--the opposite of sadness is not love, or lack of it. It's joy. And we hold that sadness in that left ventricle, which is exactly where V-tach is, heart attack is. And then we, in the research, we would ask the people, what were you sad about, and the most common things that wasn't that they were sad about, they didn't follow, you know, they work too hard. Or they did this and that. What they were sad about is, is that they put their dreams on the back burner. It's when I get this done, if it's the right time, it's the right this, the right amount of money, then I can do my dream. Or it would be sad in that joyful part, about, I didn't play more, and trying to figure out that. So, again.

M

Mary Louder 33:23

Yeah. And it's interesting, because we're spending a lot of time and a lot of money and a lot of emphasis now, in our current medical climate, talking about trauma, talking about missed expectations, and how those are--can be microtraumas to us, and even thinking of the Divine Comedy book that was written where you're going up Mount Delectable, to find out it's absolutely nothing that you want, and you, you know, you ascend the different levels of hell in order to figure it all out. And you come back actually, to a wholeness, which is integrity. And integrity is not a moral situation. Integrity is--you want like an airplane, you want all the parts and pieces working so when you take off, off the runway, it's going to keep flying, you don't want it going kaput at the end of the runway.

C

Carol Ritberger 34:20

Well and again, it--integrity in my world is tied to liver

well, and again, its integrity, in my world, is tied to liver.

M

Mary Louder 34:25

Okay, so, well, wholeness, okay, so let's do that. If it's wholeness, and that's tied to liver, say more about that.

C

Carol Ritberger 34:34

So what do we do? In the liver, we hold guilt, we hold anger, we hold resentment, we hold shame. That's where we hold those emotions in our liver. And all of those things are humanly created and they're not integrity with--in, in integrity with who we are. And our liver has multiple functions. I mean, it's, we it's, we call it the waste management plant. That's one, but oh my goodness, we both know that it's so many, so much more. And from again, the metaphor and even Edgar Casey and his work that he shared, which was beautiful, and again, Louise and I talked about, every thought that we create is either live or die. We are either living within the essence of who we are, or we're taking ourselves away from it. And that changes the LDL, the HDL, the cholesterol dynamics, the triglycerides, it changes the way the body cleanses it just, it's just, it's like everything just gets put in there. And so, I have always found that if we're-- learn to be in integrity with ourself, then our liver just kind of hums along. It does what it needs to do. It builds red blood cells, it creates the platelet design. It just, it does what it's designed. But we, we have not, in many cases, in conditioning, we can do it culturally, we can certainly do it politically, is that our role models of integrity are waning, to say the least.

M

Mary Louder 36:04

Yes. I think we're challenged in that area for for sure. So staying with the liver, if we bring in the statins, the idea of these medications that are you know, if the--if, you know, medicine would have their way, we would put it in the water, right, everybody would have it. You know, as we said, it was discovered in Japan when they were looking for an antibiotic. It came from, first from Penicillium, had a little bit too much power with it, which caused the side effects. And then they found one that, that blocked the pathways in the liver where the cholesterol is made. And it's the mevalonate pathway. And that's literally the pathway that makes Low-Density Lipoprotein and blocks the High-Density Lipoprotein. So we've got even within that pathway, a seesaw, a balancing, and what that, that pathway also has key components, not only of cholesterol development, but of vitamin K, Coenzyme Q10. Yeah, Coenzyme Q10, CoQ10, and all steroid hormones. So if we just take a medicine and block that major highway, major pathway, and yeah, I'm putting a little bit of a bias in there, I'll be honest, you know, but that's for a point of discussion, putting that bias in, I get curious that, that, why we think blocking something is the best when we could balance something. What are your thoughts on that?

C

Carol Ritberger 37:44

I just, I think that's just again, an evolutionary process. I think it's a form of acceptance. I think it's a part that we're experiencing now where people don't really want to go to a doctor for just a diagnosis. I think they want to participate. I think that they want to be a part of that team, I think that they want to have be able to have dialogue. And they want to be able to throw things

out and say, Well, what if I try this, and then use the knowledge of the doctor, because my goodness gracious, they have tremendous amounts for what's required, and use medicine to go in and say, Okay, let's look at this differently. We--if we block this production of cholesterol, what's going to happen to us? I mean, the brain is what 85%, 90% cholesterol? I mean, and cholesterol is what holds our bones together and our skin together, what are we gonna be blocked on the ground, not be able to think?

M

Mary Louder 38:39

I can't remember why we're blobs on the ground, and--

C

Carol Ritberger 38:42

Exactly. So I think that what we do is, we look for things that, again, taking medicine, and looking at statins, if we take statins out of the range of people not understanding them. And really understanding what a statin is, that it's a form of a steroid. We have--we need those steroids, they're part of our protection of our immune system, they're part of the mitochondria, they're just very important. If we block all that, then it's what's going to happen. The body is going to become dependent on it. And then the livers going to, over the time, lose its remembrance of what that part of its job is. And it becomes dependent. And I think that--what I hear consistently with my clients is, I don't want to take statins. And I will say to them, I said okay, I understand that, I find value in that, but I wouldn't be so absolute. Let's go in and talk to your doctor or your cardiologist and and see what are the benefits, what are the values and then you can take and have an understanding, the value of it is this, but I could also do that, and now the person participates, now they're in integrity with themselves.

M

Mary Louder 40:02

Right. There's that engagement. And you know, and the thing is too, if the cholesterol is too low by any means. So what that number would look like would be 110, 120. And whether it's done through a medication or just that's where the person runs, there, there's always a risk of not having cellular repair in the membranes, which is where you have the mitochondria and the nucleus respond to, and then that's where you get abnormal cell death, which prevents that famous word of apoptosis, which is regulated cell death. Without regulated cell death, you get into a cancer. So it just again, and that's just another chronic condition of dysregulation. Now, many, many steps to that. That's a simple oversimplification of a simplification. But the point is, that's really what the root of that is, is, is removing that body's normal capacity to self-regulate those cells.

C

Carol Ritberger 41:08

And again, that that's the value of the liver, it's the value of the yeast, if we go in and take it a step further, is that yeast is something that is part of our gut. And if we--medication is acidic, that changes the yeast, so we have a higher propensity for yeast overgrowth. Well, where does, where does this liver? How is this going to work with all of this? How are we going to manage the natural part of a statin that is designed anatomically to be able to heal and repair, and to

support the immune system, if we're blocking it? If we're blocking the liver's ability to secrete the hydrochloric acid or the glucose the way it's designed, where's this going to end up? Going, it's going to change the lifespan of the cells.

M Mary Louder 42:05

Right. And coming back, when the High Density Lipoprotein being--brings the cholesterol back, that's filtered and processed and that turns into bile acids, which we need. And so you know, there's a change in bile acid production, which changes the metabolome or the micro and/or the microbiome. So, you know, we--and that's something that what we're seeing now is I have five articles on my desk about the role of the gut in heart disease. So that's coming up in some episodes here, as well, you know, as we look at, you know, taking that step into--and that's not just saying, Oh, we're eating too much bacon and cheese and beer, it's like, no, no, the balance of the of the bacteria, the balance of, like you mentioned, the pH, the balance of the communication between the microbiome to the immune system, which then affects the cholesterol production and affects the vessel health together.

C Carol Ritberger 43:06

So if we went back to that mapping, where we started in, and I'll talk chakras very briefly, started in at that sixth and seventh chakra, and we went over to the liver, and then we went over to spleen, that's the third chakra. What do we have? We have liver, gallbladder, pancreas, part of the pancreas. We also have the stomach, the esophagus is part of it. We have the liver, we have the kidneys, we have the adrenals, and we have the spleen. The third chakra if I go in, as a medical intuitive, the liver in that third chakra is integrity, self integrity. The stomach is self respect. And the spleen is self love. And if we hold those three areas, and if we feed the stomach what the body needs, the liver benefits and the spleen benefits. If we give the liver what it needs, whether that's you know, a little bit of detoxing or feeding it differently, or even alternative things, or even with certain medication, if we give it what it needs, everything else benefits. But psychologically and emotionall, what benefits the most is, we're involved in it. We're, we're actually participating in the well being of ourselves overall, including our body.

M Mary Louder 44:25

Okay. Now, we're getting to the end of our episode one, we're going to be making episode two here momentarily, which will come out in a little bit later date but, so that--I'm clearing my throat for the \$50,000 question here.

C Carol Ritberger 44:43

Drum roll!

M Mary Louder 44:46

Here we go. So. If cholesterol is a main backbone molecule, and it's a fat soluble molecule, does it sit in the hormone family or does it sit in the immune system because it's also anti-

does it sit in the hormone family or does it sit in the immune system because it's also anti-inflammatory? So is then cholesterol a shapeshifter? That's my question.

**C** Carol Ritberger 45:05

It is absolutely. Because if we go in and we even anatomically look at the pituitary and the pineal Gland, while they are both different functions, they're bosom buddies. Okay? And so from that standpoint, we've got the hormone which is the pituitary gland, and just directly behind it anatomically, not even--not even a fraction, really, is the pineal gland, immune system. And those two are always dialoguing. And so yes, it is a shapeshifter, both, both anatomically in the physical body, but also in the dynamics of the well-being of the body.

**M** Mary Louder 45:45

Wow. So that brings us back to cholesterol, is it our friend or foe? And the answer is, unabashedly, Yes.

**C** Carol Ritberger 45:54

Yes, it is. Both. It depends on where we are emotionally, first of all, and then psychologically. And so, I think the answer, as you said, is a resounding yes.

**M** Mary Louder 46:12

All right, well, stay tuned, all of our readers, that this is the end of our episode together, this Cosmic Health and Wellness and again, my co-host is Carol Ritberger. I'm your host, Dr. Mary Louder. And what we're going to do is we're going to take a break ourselves, we're going to gear up for putting part two together, which is going to be released here pretty shortly. So stay tuned for that. Send in your questions and comments, and we'll go from there. And thank you all for listening.