Caspar Szulc:

Hey everyone, Caspar Szulc from Innovative Medicine here to talk about heart rate variability on this week's episode, Charles Darwin once said that it's not the strongest or the most intelligent of the species that survives, but the one that's most adaptable to change. And although there's controversy on, if he actually said this or not, the theory is still incredibly important. Our survival and our level of health in much part is based on how we handle change and stress. And one really telling way to see how our bodies are adapting is through HRV or heart rate variability. They built monitoring of HRV into the Apple watch, and Oura rings all sorts of gadgets, but our guest today is going to show us there's a whole other world to HRV that allows us to see much more, including assessing our autonomic nervous system Thyroid balance or imbalances biological age, brain, and transmitter function, mitochondrial efficiency, circadian rhythms, Chinese meridians, and much, much more.

Caspar Szulc:

This is the story of HeartQuest with Dr. Michael Kessler. I'm here with Dr. Michael Kessler, and we're going to talk about really interesting topics today beyond heart rate variability in a technology that he produced in HeartQuest and his whole story behind it. Dr. Kessler, thanks for being on the show.

Dr. Michael Kessler:

Oh, well, Caspar, it's just great to be with you. You know I kind of have a history with you and your family actually, because I don't know how many years ago where I met your dad. And we did a five day course in San Francisco on the skin, our train on skin, our train.

Caspar Szulc:

That was a while ago.

Dr. Michael Kessler:

And that's when he was starting to develop his own technology in way of being able to pass.

Caspar Szulc:

Right.

Dr. Michael Kessler:

We go way back.

Caspar Szulc:

You are both on your own paths even then to create your own technologies. And that's wonderful because there is that history there.

Dr. Michael Kessler:

You know, who else was there was Dr. Tennant with his doctor,

Caspar Szulc:

Dr. Jerry Tennant. Yeah.

Dr. Michael Kessler:

That's where he was starting to develop his after that.

Caspar Szulc:

Oh man, this goes back to the pioneers.

Dr. Michael Kessler:

Was pretty amazing.

Caspar Szulc:

That's a very cool story. And I'm going to bring that up to him and see if he remembers that.

Dr. Michael Kessler:

Yeah, I remember, your dad had really good wine.

Caspar Szulc:

He always says when he goes to medical conferences, the way to open up doctors, because he's used to them being very strict and not opening up is a little bit of wine. He always talks about his time in Europe and Europeans. The only way to get the Germans and the Swiss to open up is with a glass of wine.

Dr. Michael Kessler:

Those guys, got to loosen them up.

Dr. Michael Kessler:

So, you know, I was going to tell you since we're talking about the HeartQuest maybe your audience would like a little bit of some history on that, you know?

Caspar Szulc:

Well, I want to actually even go into something beyond before the HeartQuest, which of course I want to dedicate time to is I want to lob you a real easy softball here. And can you explain heart rate variability to those that don't understand it because I think a lot of people see HRV. And even when you start HeartQuest, do you see like an EKG start type of thing? And they think it's just, Oh my heartbeat, what are you really monitoring here? So can you give a little bit on what even heart rate variability at its core is doing and monitoring?

Dr. Michael Kessler:

Yeah, absolutely. So traditionally, and this in, you know, there's thousands of research papers on heart rate variability, and it's giving us a window into looking at the autonomic nervous system.

Dr. Michael Kessler:

And, and for those who don't know, the autonomic nervous system regulates about 99% of our organs and glands. Without us thinking about it, you don't have to sit there and go, God, I forgot to breathe. I forgot my, my heart. I gotta tell my heart beat. It does everything regulates all these functions and it's broken up into two main branches. The sympathetic fight or flight you're mother-in-law is going to come

live with your free year. Oh no. I thought she was this thing through a wig. IRS is coming to visit me or I'm getting chased by a Wolf, the same thing's going to happen with our physiology, right? And we're going to go into fight or flight. And we know that stress stress actually kills over long periods of time. You can't turn that stress response off. You're going to have detrimental effects. And today that's really important because COVID-19, if you're in that stress phase, your immune system is going to drop right out from underneath you.

Dr. Michael Kessler:

And one of the parts of the immune system is something called secretory IGA. And that's part of, you know, that's part of that stress response. And if it's prolonged, what happens when that drops, then that's your mucus lining protection. So viruses don't penetrate, right? Those antigens don't get in. So, you know, right now we don't want to be in that part of the fight or flight mechanism. We want to be, have a balance between what we call sympathetic and parasympathetic. The opposite of the sympathetic is rest and digest as the nervous system that helps you regenerate. So when you're in a fight or flight situation, you've got, gotta be able to dance back and forth. You have to have this flexibility and adaptive capability. That's kind of what Darwin , you know Darwin said it's not the strongest of the species that survives nor the most intelligent that survives.

Dr. Michael Kessler:

It's the one that is most adaptable to change. Okay. Real important. And so heart rate variability is looking at that dance between sympathetic and parasympathetic, but that's limited. And here's the problem. Let me backtrack a little bit more so as we see the EKG, we see these spikes called R waves and that those are waves. Those spikes are controlled by the autonomic nervous system, fluctuating back and forth, and to have a good heart rate, variability, you need flexibility between those R waves. In other words, we measure the time between 300 times and you want to see, you don't want to see the same time, the same time. That means the person has no flexibility. And that goes all across the board in all directions, right? They've lost their adaptive capability.

Caspar Szulc:

And that's really it interesting because I think most people think having that resting heart rate or just having it very even would be a good thing where you're saying the opposite true. You want the variability of, you know, 60 beats, 62, 58 going back and forth in a sense.

Dr. Michael Kessler:

That's right. But the big thing here for me and probably for you is the second part of this whole equation that before I type the second part of this whole equation, most of the people out there with heart rate variability systems, they are measuring the ratio between sympathetic and parasympathetic. And they say, Oh God, that's a great range because they forgot the third component which we measure. And that's your hypothalamic pituitary limbic system access. And that's another huge regulatory system that has to do with regulating your endocrine system,

Caspar Szulc:

The HPA.

Dr. Michael Kessler:

Yeah, the HPA axis. So it's getting information from the higher centers in the brain, from the autonomic nervous system, it makes decisions. And it's going to regulate and produce different hormones into the bloodstream to regulate your adrenals, for example, or your thyroid, for example, and ask these things, build up in the blood. The hypothalamus is like a thermostat.

Dr. Michael Kessler:

It says, Oh, we've got enough here. Let's shut it down. It's got a regulate and inflammation and different things disrupt that including viruses and things can interrupt that whole thing, which is that's a whole other topic, the gut microbiome, and how that affects that. Right? And so this other third system, you can have a balanced sympathetic parasympathetic, but the VLF is the predominant one. They call that very low frequency. That's the HPA axis we're talking about. And that means that that person is really not regulating very well because that third part is kind of like, we call it snail mail as opposed to the fast speed autonomic nervous and the could regulate things and make changes very quickly. And if that's the case, people that are in that mode and I haven't broken this, the third part down, I'm going to tell you about that.

Dr. Michael Kessler:

The frequency ranges and what that means when they're in that range, they have more propensity for a metabolic syndrome. Their brains are working over time. They have a lot of problems. Those people with nervous system problems, they're more prone to the MS and the neurological stuff. There are certain patterns that show up with each of these three regulatory systems. But if they're stuck in that system, even though they have a balance on the ratio on the sympathetic parasympathetic, so people are getting false information on these little toys that are out there. That's one thing there's more, I'll give you more. But the other thing that we measure beside this time domain that we've been talking about is the frequency spectrum. So we break the heart rate variability down by a technique called fast foid transfer. It just breaks the heart rhythm down into its individual frequency spectrum it's individual frequencies that give us information about specific physiology.

Dr. Michael Kessler:

Let me, let me go further. So low frequency is your sympathetic nervous system. And visually you'll see that on the, on the, on the screen, like you see it, the big yellow part of the pie high frequency is your parasympathetic nervous system. Very low frequency is that HPA access. You can see it, but from that pie, we can break those frequencies. Now, as you see on the heart rate, variability, excuse me, a little cough there, make it break those frequencies down. Even further. We can break them down into all the meridians, very, very accurately, because everything's about frequency. We have one system. It doesn't matter if it's Functional medicine, Ayurvedic medicine, Chinese medicine, we've discovered with the heart rate variability that we can look at all these systems by looking at the frequency domain.

Caspar Szulc:

And this is what HeartQuest is doing precisely correct. Because heart rate variability itself, again, like you said, is a little bit limited in some ways, and only allows you access to some information, but the technology that you helped to create and build through HeartQuest is much more in depth.

Caspar Szulc:

And that's where you're talking about these multitude of angles you're looking at and the frequencies as they relate to all of the energetic system or the body itself, correct.

Dr. Michael Kessler:

That's right. So it's looking at the totality, the whole system and how it's responding. And a good example of this. There's a group in Palo Alto and it's called the Palo Alto longevity project. They're offering a million dollars. They've got people competing all over the world and they're trying to extend life, the winners of this, you know, what's the best way to extend life and the quality of life. The main thing that they're using as their biomarker for everybody is heart rate variability. They felt that it was globally gives you a look at the whole complexity and the changes.

Caspar Szulc:

That's really interesting because you, you, you see so much of medicine is really tied to biochemical analysis and so much of what we dictate treatment on where you fall, as far as your health is even your longevity. All of these things are run through lab analysis and, you know, functional medicine has done a great job of, of making so many more analytics and trying to understand it and utilizing nutrition and lifestyle. But it does seem that we're still missing a very large piece that HRV and especially something like HeartQuest can give us in truly understanding the scope of where a patient lies what's going on and how to correct that.

Dr. Michael Kessler:

Yeah. I mean, the reason that I was so excited about it, because I'm like you guys where I look at, yeah. I look at functional medicine and I also look at the bioenergetic, this whole other template that regulates our body.

Dr. Michael Kessler:

And I can explain that a little bit too, if you want. But a lot of practitioners would ask me, you know, I'm doing this PMF, I'm doing laser therapy, I'm doing homeopathy. I'm doing the whole homeogenesis treatments but, but the patient doesn't always feel anything, but I know something's happening. The HeartQuest picks that up and you can see the subtle changes. And, and I haven't talked to you about the newer system that we're creating, where you could do the remote testing with this light and then pick up the true constitutional pattern. Because when you test somebody, you'd go, okay, I'm getting a snapshot.

Caspar Szulc:

Right.

Dr. Michael Kessler:

What if we can do that over time? And the and the computer will calculate for you what their most predominant pattern is.

Caspar Szulc:

And that's a big thing too, that a lot of people don't understand is anytime you get a lab result or any sort of result of an evaluation assessment, it really doesn't matter.

Caspar Szulc:

It is a snapshot of a singular moment. The body within a few seconds has already changed completely, you know, and gone radically in some instances to something else, right? It can go the microbiome, we

know that changes. And so that's why my father always says, it's, it's a little bit silly to just check one point and say, all right, your microbiome is good in a week. It could be totally different. Same with some toxicology, other things like that. So the patterns are really important. That's kind of interesting that you're utilizing within HeartQuest, HRV all these things. You're now not just looking at snapshots, you're looking at patterns to a patient.

Dr. Michael Kessler:

That's right. And then here's a good example, too. You know, so people that have a regular you know, running the heart rate variable, and they see again, that the person is now in parasympathetic dominant. And they go, wow, this is great that person's in regeneration stage. He's ready to heal. In our system. We have something called the vital force. If that vital force was well, it's not good. It makes

Dr. Michael Kessler:

The person's real burnout and they need some sympathetic. They need a little, you know, what happens when you go to the emergency room and you're dying, they want to give you an apy. We need, we need that balance. Right. But what we're learning now with all this stuff, you know, and, and breaking these frequency patterns down, this is going to be wonderful for you guys, because it's going to give us so much more specific information. So instead of looking at stage, just the frequency range of low frequency, we've now broke it down in low frequency, into five different categories that tell you very specific areas of the body that may be stressed. And when you look at the meridians now, and it's access for deficient in one of those meridians with comparing those patterns, it's going to give you what organs are, the areas you might want to be targeting.

Dr. Michael Kessler:

So we're breaking that down for you. And I think that will coincide with a lot of the work that you guys are doing.

Caspar Szulc:

Yeah. I mean, that's the really interesting thing about HeartQuest. We talk about ANS autonomic nervous system, and you could see all that very clearly. And I love one of the things I I've always loved. And I know patients love this too, is the display of it is to see these things for me, my favorite is always the chronical biological age, because it says I'm much younger than I am. And I always take that as a huge compliment that I'm doing something right. I always compete with myself to try and Benjamin Button myself back in my twenties. So that's a great one. But aside from that, you're looking at numerous things, thyroid balance, or imbalanced brain functioning, Chinese meridians, you know, what are some, can you keep going with the list of things you're actually seeing and are displaying to a patient after an assessment with HeartQuest?

Dr. Michael Kessler:

Yeah. So the genius of my partner, Dr. Kara Mov, excuse me, an MD from Russia came here, got his nature, pathic license, right. And brilliant with his mathematics. And already, we had a lot of this information from Russia, but we've gone further. And he figured that it's all one system. You know, we have all one system, everything must be in those frequency domains, you know, and the, the neurotransmitters, the hormones, everything. So we have in there now, the neurotransmitters gives us an idea about excitatory or inhibitory we have in there, the hormones, you know, some of them like cortisol, DHA. We got a patent out of Russia, which is a patent telling us about thyroid function. And it's

an actual test. They did research on people with graves' disease, radiated their thyroid, and then they wanted to figure out a way mathematically, instead of sending these people, they had to run it, run blood labs on them all the time to figure out where they were and how to medicate them. We got that path. So we have another one for intercranial pressure. If it's building up, by the way, if the intercranial pressure is high, you got your machine there. Melatonin seems to lower that a little bit.

Caspar Szulc:

Hmm.

Dr. Michael Kessler:

So we got we're figuring out and what else do we got? So, so almost all systems, what the meridians and the meridians, the meridians are very accurate because we've taken that into TCM offices, put the needles in after they checked the pulse, and this is what we want to accomplish. And you'll see that change. You've seen it. I'm sure too.

Caspar Szulc:

Oh, absolutely. Yeah. The meridians you have, ayurveda dosha, right. Looking at all of these things. And it's, it's really a wonderful picture. A very holistic picture of the patient.

Dr. Michael Kessler:

Yeah. It actually is. And the ayurvedic portion is getting a little bit bigger. We're adding a whole new section in there, but we're not using all those names cause nobody knows what the hell is his name.

Caspar Szulc:

You do a good job of explaining it. Cause my mother who's a psychologist here at the center, always prints out that extra page on the doses because patients don't quite understand what is what, but it is very good that you have that empowerment tool within it to explain what is this meaning really? And patients do love that. One of the things you just mentioned that I have to bring up, why is it that Russia seems to be a head of the game when it comes to this sort of, of medicine. So much research comes out out of there. And it seems to be far beyond what you're seeing come out of America. Why is that?

Dr. Michael Kessler:

Well, you know, I think that pharmaceuticals don't rule didn't rule in Russia like they do here, you know, and they were, a lot of these guys were mathematicians, very good with math and physics right now. And they just had a way of looking at things where they look at nature. It was mostly mathematicians. They were looking at nature and fractals and, and, and, and, and how things show up in patterns of nature. Like I said, and they figured out that they could measure the heart and be able to see when we're out of range with nature, basically mathematically it's wild, you know? And so the fractal, neural dynamic coding, they call it. And so this started in Russia where they were looking at being able to track some Mariners and Astronauts. In fact, they use that on the space station, which is apropos today for, you know, the space station, right. They were using it up in space there. And I have all sorts of research that they did where they would measure people outside the spaceship when they were sleeping and all these things to track. And so they just have a different mind, you know, it's kinda like in the Germans or another one, a lot of the technology that I hear is from German, biological medicine, Dr. Ball, and Dr. Schimmel, all these guys created

Dr. Michael Kessler:

A whole way of looking at the body energetically, which, which is really missing in functional medicine.

Caspar Szulc:

I agree with you as much as we've taken these great strides to advance conventional medicine into things like understand nutrition, lifestyle, all these components that that can stress. Of course, we're still missing so much from around the world. That is the energetic body. Now HeartQuest seems to be a little bit bridging that gap of analysis and understanding these pieces. What are some of the other things that you're utilizing? Because you're, you're stating that hard quest is not a standalone. We'll answer everything to you and kind of do it all. Or what is your recommendation then for if a practitioner is listening right now and they want to implement HeartQuest, is that, are there other modalities and types of evaluations and analysis that you're utilizing?

Dr. Michael Kessler:

Yeah, yeah. So when I was in practice. I'm still in practice, but I'm doing Telemedicine right now. So let me tell you, when I was in practice, they come in and they get the HeartQuest, they get a baseline. So I could track their health. I run that you guys have my box, the angio scan. So we'd run the angio scan track their vascular health. I would then run probably the oligoscan, track their heavy metal toxicity. Right. I would run the, the Asyra to kind of figure out energetically what organs were being stressed at the same time, I would run that and I would run lab tests from functional lists, your organic acid test genetics, really good program from a guy named Bob Miller. Who's developed, I think one of the best genetic programs out there because he never stops just like us. He's always improving it and how, you know, the interface and being able to look at patterns.

Dr. Michael Kessler:

So I look at all this stuff and then once I figure out what I want to do, I check it energetically. Is it going to be effective and tolerant for my patient? I don't assume that, you know, and you probably take a good percentage guests here. How many people that do that you think are right on. But I just go with my mind and my intellect a lot of times I'm wrong.

Caspar Szulc:

Absolutely. Absolutely.

Dr. Michael Kessler:

I have, yeah.

Caspar Szulc:

This is one of the biggest pieces in medicine that, that I think is missing is that the doctor does not know everything the body your body does. And a lot of times, I mean, conventional medicine really is, Hey, this is my opinion on how I believe you should be treated. And that's it. I'm using a, a limited knowledge base that I've acquired. It's better. It's I mean, years of schooling, of course, but you know, your unique circumstance that has a patient should really dictate how the doctor is going to help you reestablish not the other way around that the doctor establishes what your body is needing in a sense, your body establishes that the doctor only reads that and decodes that, and that is a complete shift because the doctor is supposed to know everything you walk in and he looks at your lab.

Caspar Szulc:

Results says, Oh, we must try this. And if that doesn't work, we'll do this. And it, but anyone that's been in a chronic disease long enough knows that doesn't work because they just go from person to person, to person frustrated because we're taking guesses. That's really what a lot of medicine is as scientific as it is. It's a lot of guesswork and we're not tapping into the intelligence of the human body and a lot of what you're talking about and what HeartQuest does. And what you're saying with the bioenergetics is basically saying, yeah, I need to take myself out of this a little bit right now, listen to the body and then give it what it needs and be able to analyze it in that way. And that's what medicine should be doing, but we're missing that part so much. So it's really good to hear you say that because it isn't about you using your thought process and brain to then calculate exactly what a patient needs.

Caspar Szulc:

It's reading, what the patient is asking for almost in a sense.

Dr. Michael Kessler:

That's right. Exactly. And the body will tell you if you, if you, you know, how to listen to it with your, whether you're using the leper, it's your dad, whether you're using kinesiology, using a asyra, but you, you know, it's important that you have the data be able to test and the more you learn, that's why I study a lot. I got to know what questions put into the equation.

Caspar Szulc:

It's about awareness and there is an art form to it, right? This is not a technicality that you just plug someone up to the computer, it runs it, you sit back and it tells you everything to do. And, and that's it. I mean, if that were the case, I don't think we'd really need doctors, right? We just need more computers, but you still need to be an artist.

Caspar Szulc:

And it all, not a technician. And that's, that's sometimes a little difficult for some people, cause they don't want to put in the work that you're doing. They don't want to keep learning and adapting their awareness and their skillset to help the patient. They just want to be able to say, okay, this is the protocol I'm reading here. Let's do it. And that's it next, next, next.

Dr. Michael Kessler:

And that's the other problem I have, which is on the other side, we talked about functional medicine and its limitations, the bioenergetics I, where people just have a machine, this is what the machine says. That's another mishap.

Caspar Szulc:

Absolutely. And I think one of the best ways to say you have to look through different prisms to get the full picture. You can't select single, you know, ones to go with and say, that's it. You gotta look at the holistic picture of who the patient is on all sides, including the biochemistry, the bioenergetics, the heart rate, variability, all of that comes together to put the puzzle together.

Caspar Szulc:

Really otherwise you're just looking at a corner of the puzzle. The rest of the pieces are unknowns. So I do love your approach here that you're saying HeartQuest is a wonderful piece of the puzzle, but it is a piece of the puzzle.

Dr. Michael Kessler:

That's right. But the new plunge you'll be able to give somebody a system and you'll be able to track from a distance now because COVID-19, excuse me. You know, a lot of doctors are going to start to switch to telemedicine. This will be the perfect tool for them.

Caspar Szulc:

Yeah. I want to go into that now because you are making a good case. And a lot of people think that medicine is going to go in. It has to, in some ways more into telemedicine, remote you know, type of medicine, which in many ways limits the practitioner, of course, because they, they may not have as much information.

Caspar Szulc:

But what you're stating is you're coming up with a new piece to this technology and a HeartQuest that allows you to remotely gather information and look at the patterns of a patient through this. Because right now, if you don't know it, I'll just explain it quickly. You go in, you have a hookup just on the two wrists, right? Electrical conductors. You have about a few minutes that goes through and reads the heart rate variability. And then you have a readout and the practitioner or whoever it is, is there and goes through the readout with you. Or you can print it out, whatever it is. But that is a in-person evaluation. It's quite simple in a sense of the technology runs it. And then you evaluate, you read through it. But tell me more about this new technology that you guys have at HeartQuest and what that is doing and how that's evaluating the patterns from afar.

Dr. Michael Kessler:

Okay. No problem. So we're a couple months out because we've been testing and we want to make sure that the signal is incredibly accurate. So we've got that. Now we're putting in, we have all the mathematics is all mathematics with this altogether. We've got a great software engineer. And so the doctor in his office will do it. We'll have a machine like you have a little different, maybe it's going to go a little bit deeper. Then he can give the patient a little device. They could take home.

Caspar Szulc:

What's that look like?

Dr. Michael Kessler:

We've tested a couple. We're not sure which one we're going to use it. We may have a couple for different groups, whether you're doing biohacking or you're just a lay person and different information for the doctor. So we're kind of deciphering out which one, you know, for in different systems for different people,.

Caspar Szulc:

But is it going to be wearable? Is it like a patch, a ring? Do you have that at, at all? Or...

Dr. Michael Kessler:

Both. We have one where you can but your fingers on it. We have one that's kind of more like a holder, you know? So we're playing with which ones we want to use.

Caspar Szulc:

Okay.

Dr. Michael Kessler:

Okay. The key is accuracy for me. Yes. Cause sometimes we even pick up, you know, we save lives sometimes. Sometimes they pick up it altered EKG.

Dr. Michael Kessler:

You know, we go, okay, you know, this is showing up, you got lots of arrhythmias here. You gotta be able to see that and say, Hey, you, you know, you need to go and get that checked out. So, you know, you gotta have that kind of accuracy. And that was the main thing we just got it actually, honestly, yesterday it was clear. We finally, we did test after we was really testing this thing. So we got that. We have the form is ready to go to put it in there. So it's going to go pretty fast now. It's going to be able to give you more information on constitutional patterns because as it goes into the cloud, we have, we have intelligence. It's going to start reading information. We're developing an intelligence system. Now that's going to be able to take that information and do research for us and look at patterns and we're gonna be able to see your constitutional pattern. So some days maybe you're a sympathetic dominant some days, maybe you're more, very low frequency, which is the normal, you are irregularly from the neural hormonal regulation. So you're switching, but what's your predominant pattern that you're showing up and maybe the predominant pattern at night versus the day. So my predominant pattern at night was I couldn't sleep cause I was sympathetic dominant.

Caspar Szulc:

Yeah. And, and what you're doing is you're really advancing wearable technology. Cause right now you have a lot of different wearable technology, whether it's Fitbit or Ring and you know, they, they do some wonderful things and they give you some good information, but I've always thought it's a little bit limited. How is reading it? And it is again, in my view of it and what you've said simplistic, it's pure HRV, not going deeper into things like HeartQuest and other systems are doing it. Are you seeing that? I mean, you've been in medicine for over 35 years. Is this a bit of a game changer what's happening now because you're marrying wearable technology with analysis that is really going deep into the bioenergetics and showing you so much that you're now getting patterns from patients that you just couldn't a few years ago.

Dr. Michael Kessler:

It's going to keep evolving and you're absolutely right. And it's changing the way medicine will be practiced in the future. That's what we want to be at the cutting edge of this. So you mentioned like the over run, there's some good information there on the old Ring. So we have that ability actually we've already worked it out where we can put that information in as well. We can start adding these other apps in that we think could give us some other data that we don't have.

Caspar Szulc:

That's really cool. So you're piggybacking off of things like orang Fitbit's and all these wearable technologies that people are already utilizing.

Dr. Michael Kessler:

The ones that we think are going to give you good data, you know, along with what we're doing. So that way we could, we could have a system that is going to be more global in its look at what's happening with your patterns. And the other thing is a lot of doctors out there, we tell them, look, you got your education. Here's the patterns guys, figure out what to do, but they don't like that. They want answers. Give me the answer.

Caspar Szulc:

That's extra work. You should know Dr. Kessler doctors, don't like extra work.

Dr. Michael Kessler:

For putting in a lot of helpers in there. You know? So I have a list of all the herbs and oils, for example, that will help bring down sympathetic nervous system. Dr. McKenney, my wife over here, she's been working on this. So all the things that are going to make changes in parasympathetic and maybe bring that up. So we put all that in there. We have very specific patterns that we'll have answers for, you know, for the doctor, nutritionally all sorts of different ways. And for me, I'm starting to see patterns cause I do so much genetic work. So I'm starting to see patterns that may clue you in that you may want to look at this, you know, maybe they don't make vitamin D maybe they don't make gluten file very well.

Dr. Michael Kessler:

Looking at those patterns with questionnaires too. I tell you everything. So in this, I want to have, for example, here's the neurotransmitter section. They can fill out the neural transmitter questionnaires. They can look at the patterns at HeartQuest to look and see what things are going on at, at that level, we can make, say, dopamine, as well as high, give you an example. Then they think out the questionnaire. Here's the questionnaire saying, Hey, this looks like they're high dopamine. This is these are some genetic patterns that would show up. Here's a urine organic acid test. And this is where you would see it. I mean, I can keep adding and compounding these things so you can have choices and start getting your brain working in that direction. If you suspect. So you got the HeartQuest, you got the symptom survey, you got the suggestions, what labs to do.

Dr. Michael Kessler:

That's kind of where I'm headed with this.

Caspar Szulc:

And that's a really robust approach to it all. And I think that is the absolutely the way medicine needs to go. I want to address the component of genetic testing because it's, it's growing so rapidly and you have a lot of people I'm torn about this as is my father. As far as we have patients that I've taken 23 and me, and start to see their proclivities and predispositions and start to believe them to be true and start to hypochondriac, you know, association and come into the office saying, Whoa, I'm going to have this cancer. And you know, and all these things, and it almost starts to work on the HPA access and the thought process changes and everything that I almost see it in the hands of the wrong person. And this is a really a bad thing in some ways, meaning it leads you down the road to make it happen, to make it a

reality. How do you use and how do you think genetic testing should be used in the medical community to be a positive and not a negative?

Dr. Michael Kessler:

First of all you're absolutely right. The doctors need to be trained that these are probabilities. So in my software, it looks at this, it looks at the labs. It looks at the genetics. It looks at a symptom survey. I look at all three and it lights up when they're got a lot of those. And then I may clue me for some other testing, but it doesn't look at one gene. My system is an amazing system from Bob Miller out there. If you want to know, and he developed a system that looks at patterns and I'll tell ya when I bypass. And some of these, when I bypass nutrition, some of these patterns, it had some amazing results. And he did research online disease, thousands of thousands of line patients, chronic line patients. And he looked at their patterns to see what things show up over and over and over again, it's doing the same with autism.

Dr. Michael Kessler:

So he's a master at patterns. It takes a lot of study. It's not like you look, I mean, I study this stuff all the time because it's now I'm looking at things more three-dimensionally because of the study. And I can take that information again, back to the bioenergetics. And I go, this makes sense that they need this, this and this. Let me test it for tolerance and effectiveness on the Asyra, but you gotta, you know, I mean, a lot of people want simplicity. This machine, I run this genetic test that tells me to take this. And I mean, that's so simplistic and that's not how it works.

Caspar Szulc:

Do you find that that is what the future will look like? Is the marrying of all these things into one comprehensive, you know, one stop shop type of approach where we're like, you're saying it all falls together, the genetics, the lab tests, and they're all kind of combined into one or will we always need a little bit of the separation to studying these things?

Dr. Michael Kessler:

The problem with, with medicine problems, a lot of these things is everything's fragmented, right? They're all connected. That's why the hardcore everything's connect. All these systems are connected. One thing which I've learned from the genetics is that everything affects everything. It helps.

Caspar Szulc:

Yeah.

Dr. Michael Kessler:

And you got to put it all together. I mean, you don't have to, but I think need to get much better results, especially people that are chronic. Like you guys are saying where you're seeing the worst of the worst, they've been everywhere. And I find the genetics amazingly valuable, but used in a very targeted way. I'm not telling people that this is, you know, that, that this is exactly what's going on with it. This is let's investigate further.

Caspar Szulc:

Yeah. It opens the door to further knowledge about the patient and what's going on with them. But again, it is not an end. All, you know, we know epigenetics are so vitally important. This doesn't dictate

where you're going. It shows you the proclivities. But if you marry that together with the bioenergetics, like the functional HeartQuest, everything else that gives you a bit better picture for you.

Dr. Michael Kessler:

Right on cast. Really.I mean, so what sinks the share epigenetics combined with genetics.

Caspar Szulc:

Yeah.

Dr. Michael Kessler:

It's the combination that will sink that ship.

Caspar Szulc:

Absolute. Now for a practitioner that's looking to use or is using or a patient that's listening or anyone that wants to, you know, have HeartQuests done. Is this something your using yourself and advising people to do on a regular basis? Because lab tests, you run every so often other type of tests you're going to run, but you said something before also it's about those subtle changes that you're trying to pick up on.

Caspar Szulc:

So how often are you running a HeartQuest HRV variability test on patients as they go through treatment, even after how, how often should someone looking to monitor these different ranges of things be doing this?

Dr. Michael Kessler:

I'd say once a month.

Caspar Szulc:

Once a month, four weeks, that cycle.

Dr. Michael Kessler:

And they'd send me 130 tests, I mean, they just get a little crazy and I'm not going to name. Some of them are pretty famous and they sent me all this stuff. I go, this is crazy. You know, I said, check your people once a month. You'll see the pattern. You'll see the same pattern if you didn't change that pattern.

Caspar Szulc:

Yeah. I mean, that's what we've been doing. And I think that's the cycle of so much, whether it's the lunar, the hormonal cycles four weeks or so. So many of the body and nature cycles are month of core, we say, or four weeks or so. And that's where we should be dictating whether there's change or not, not on this hourly basis. That's too micro cosmic to really do that. And I get it. I mean, we have patients too that are constantly monitoring things on a minute by minute basis and sending you that. And that's when No becomes too much and you're not going to pick up bad patterns on a second to second basis. It really is. And you have to understand healing takes time. It does not happen within minutes. So that, that's good to know that you're looking at that four week pattern of everything.

Dr. Michael Kessler:

You know, honestly back to the, what you just said, you just triggered something in my brain, but yeah, my patients and their product, they want to know how long it's gonna take. And I tell them, this is, you know, I give them, I do videos for my patients, you know, and I give them education so they can learn at home. And I real visual, like, you know, like the HeartQuest and explaining things to them. And I always do Mount Everest. And how long is it gonna take you to get them out at risk?

Dr. Michael Kessler:

How long do you have to prepare to be able to do that? I tell him, you know, maybe sometimes I'll tell him three years, but you're gonna feel better before that. And I have some good positive things happen, but it's not a short term process. It took you this long to get there. And I'm sure you guys told him the same stuff right now.

Caspar Szulc:

It's, it's incredibly true that patient's expectations. And I think this is based off conventional medicines inability to truly put forth a successful outcome, meaning that you're healed and you just want symptom relief that can happen overnight with a pill. And that's not real success. That's not healing. That's management, that's suppression. So people think that medicine should provide relief as quickly as possible. And so when they probably come to us, they say, you know, chronic in a week, do you think I'll be better?

Caspar Szulc:

And again, like you said, how many years did you probably not even have symptoms that your body was already out of and trying to compensate for so much? So tackle on since you had symptoms another at least few years, that's how long you probably been truly sick. And you're telling me that within one week, you think you could turn that all around. That's not how the human body works. That's not how nature works. That may be how chemicals, you know, try and do set us and change us very quickly, but that's not a winning formula. So I completely understand that. And for anyone listening, if you're going through a chronic disease play the long game, set your expectations to months, if not years and not days and weeks, and, and, and monitor with things like HeartQuest on a monthly basis and see how you're doing right.

Dr. Michael Kessler:

That's exactly. Cause people will say, Hey, I started to feel better. And I say, look, you may feel better, but you're not there yet. I'm looking at my HeartQuest and I can see that you're far from there, you keep going, you know, you're moving in the right direction. That's another valuable way to do that.

Caspar Szulc:

What are some of the key outputs that you look at in HeartQuest? Because like we said, there were a number of different outputs there, a number of different variables that you're being shown. Is there something that you're just always looking at with a patient and showing them and highlighting them?

Dr. Michael Kessler:

Yes. One is the stress index. How much tension is on that nervous system? One is, and it's in the move that, you know, when you go to your meridians, there's this, there's a number called total power. That's

a big number needs to be on the front page there. But total power gives you a clue about how much mitochondria and how much energy that person has to heal. Huge. You want to see that go up vital force, you know, how much ability you have to dance back and forth and adapt. You want to see that go up. So those are just some there's more, but those are three big numbers that you want to see change.

Caspar Szulc:

Yeah. Incredibly important. I think overall for, for just health and for regeneration healing, those three parts, if you could.

Dr. Michael Kessler:

I forgot the SDNs cause that's standard medicine, standard deviation, normal to normal bates. They've cracked that in cancer patients, when that drops below, I think it was 10 or 13 prognosis, usually isn't as good.

Caspar Szulc:

Right.

Dr. Michael Kessler:

That happened. And so that's another SDN's another big one.

Caspar Szulc:

You mentioned that this is a very dynamic thing. You're learning things all the time. You're inputting it into this system. You're getting new information all the time. That's giving you a better picture of what's going on with the patient. What are you truly excited about? That's on the forefront of everything happening that you see coming up that will be implemented in medicine that, that, you know, excites you and you could see as something that will really change the way we're looking at medicine.

Dr. Michael Kessler:

I think that several things one is, is for example, which we talked about, we're going to have that device for patients, just the average person out there who can be able to track certain parameters of their health. We know that's where things are going. People are getting more education educated out there and they want to be able to not have to go to the doctor every second and be able to see, and maybe see some lifestyle changes that would improve their scores. And they could be able to track themselves, putting the responsibility back to the, you know, the average person out there on the street. Right?. And, and that's pretty exciting. And also, you know, I think I think, I think that's, that's big. That's a big one.

Caspar Szulc:

You know why that's a big one? That is empowerment. That is what so many patients are missing right now.

Caspar Szulc:

Right now. So much of what's going on in medicine is I go to doctor, doctor heal, me and a doctor never heals anybody. You heal yourself. It's like people right now are waiting for the vaccine. What is a vaccine, but information for your immune system to do what it has to do. It's not the cure it is doing. It is

only information. That's really it. So your immune system could do what it's supposed to be doing. So you can heal yourself. People think that the body needs stuff to heal. It does not. And when you empower patients to think that way and take them out of victimhood, that's huge because that does give you the ability to change on your own and not wait for the doctor to write you a prescription to then say, Oh, now I can heal. No, no, no, you got it backwards.

Caspar Szulc:

So I'm all on board with that. Cause patient empowerment is where we need to go. That's we have to give the power back to these people that are suffering and not make them think that they can, they have no ability to change or to improve their situation without medicines intervention.

Dr. Michael Kessler:

That's exactly right. And that's why I do videos, educational videos. Some of my patients know more than the doctors. They act to a doctor's office and walked out because the guy couldn't answer the questions, but I go into depth with them. I don't, you know, but in a way that is visual, they can understand. So I think that the, that educating the public is, is huge. For those that want the education, you know, that's, that's gonna be a a life changer. I had a gal come in, she's got CBO, did a video for her and explaining, you know what? That is, what the tasks are. What's the research and she's, she's not here. They're in South Africa. So they went in and the doctor didn't know enough. She knew more than the doctor. So she said, no, I've got, I know what I'm going to do.

Caspar Szulc:

And now you have this ability to, you have access to so much information, which is great. You have access to it to a lot of data.

Caspar Szulc:

Do you think at times though, it's too much, do you still need a doctor there to interpret and to know what's going on? Because the patient enpowerment, you're seeing patients start to do their own treatment, start to basically say, get the doctor completely out of the picture. I want nothing to do with those guys because they screwed me up or whatever, you know, in the past. Do you still see the need for doctors in a sense, or is this a, a dying breed in some ways, when you empower someone enough to heal themselves.

Dr. Michael Kessler:

They're always gonna need people like you guys and us, they do, because there's, there's only so much you could teach them and only so much knowledge that you could impart with them.

Caspar Szulc:

Yeah.

Dr. Michael Kessler:

We'll never probably make some good decisions, but they will make some not so good decisions.

Dr. Michael Kessler:

They need us, you know, to some degree, but as far as, you know, we can educate them where most of the time they get to make really good decisions.

Caspar Szulc:

Yeah. Is there anywhere that HeartQuest you would say shines even better as a evaluation or assessment tool when it relates to specific conditions, is there a perfect type of patient that would really be a candidate for her quest? Or is this just across the board? You know, everyone should be looking at this stuff regardless. And this is a great way to assess somebody.

Dr. Michael Kessler:

Across the board. I can say right now across board . People come in, I don't treat cancer, but you know, I've had people who have cancer, where they use it to monitor. And I have other doctors out there who have actually an Oncology Center, they use it to monitor, right. They have people who I'm just making lifestyle changes and they want to make sure that they're going in the right direction. And you got the whole other side of people out there who have PMF units, laser light therapy. And they want to validate what they're doing. You know, whether that's a practitioner or somebody in their home. There's, I mean, it's, it's really, for everyone. I was going to tell you, I did develop, but I didn't put it out through yet. Years ago, I developed a patch that a person can wear to monitor themselves. But a lot we didn't follow through with that because sometimes it was, you know, when they moved around, we got a lot of artifacts. I had scan that, but we did get some readings. So we took some gal with us to have lunch. And she was patched. We went to the cheesecake factory, we ate healthy, me and Dr. Piketty, she ate all the worst things, all the refined carbs. You saw the shift like that immediately and what that did to her. So I think the impact that we're going to have with this system is going to be real interesting as far as how people make decisions.

Caspar Szulc:

That's really cool, because a lot of times what you're seeing, if you're, you know, studying or looking at other analysis is a downstream effects, you know, after some time, so you eat something, you process it, you know, but what you're looking at through this is the subtle shifts that are happening in real time.

Caspar Szulc:

That once you ingest something, your body is having a reaction you could pick up on that. You don't have to wait for those levels downstream to pick it up and not really start to understand what was it that triggered that because we're looking at something as a snapshot, much later down, down from where it started. So you could pick up even on certain, you know, events that are happening throughout the day, whether it's interacting with somebody, how that is affecting you on that subtle level. So I think that's really cool. Are you making this now more available to directly to consumers? Or is this still a practitioner based system now HeartQuest?

Dr. Michael Kessler:

We're going to have with this new system, we'll have one for the public. We'll have a more sophisticated one for the doctors and we're not sure exactly the one that they send the patient home with. What things we're going to put in there just yet, but we can have, definitely we'll have one out there for the public.

Caspar Szulc:

That's great. Because again, that's empowerment. And I know a lot of people are probably really excited to, to try and use that. Not have to go find a doctor if they're unhealthy or anything like that, because that is a barrier to utilizing it. Where do you see medicine as a whole? You know, I'll ask you this, we're in a really weird position right now in 2020. And I always, I've been talking to a lot of different doctors, a lot of different people who are seeing it many different ways, seeing the silver lining, seeing it going into telemedicine, where do you see medicine going? Now that we've reached this, this very kind of, I would say tipping point in some ways in 2020 and everything going on with COVID with so many tensions with so much going on in the world. So much stress so much, you know uncertainty, where do you see medicine going as a whole?

Dr. Michael Kessler:

Well, I see telemedicine is a big part right now, especially, you know, cause the COVID-19. I also see that out of this whole thing, we, and our group of people, the way we do things may shine because it's not just about the COVID-19 it's about your whole lifestyle and how that's gonna affect your ability to be able to offset these kinds of infections. It's not, you know, everybody's just, they, you know, what they play on, on the radio on TV, it's about just waiting for a vaccine, which is totally ludicrous. We have more tools. You know, we have frequency medicine to offset things. We have homeopathy, we have herbal medicines that are just phenomenal for boosting the immune system. And again, we know that longterm stress is going to lower your ability to fight anything. So you gotta work on that aspect. And by the way, the microbiome affects that because the microbiome turns off, you've got the healthy bacteria in there.

Dr. Michael Kessler:

It turns off the stress response. But guess what? These infections, these infections can trigger, they can trigger panic in the brain via the vegas nerve, right. Coming up from the gut to the brain. And they can turn on this panic and anxiety. And why do they do that? Because they want to create a response where you end up having diarrhea. So all the healthy bacteria gets pooped out and they can take a hole and have new real estate for themselves. I mean, there's this that's when we were talking about this whole complexity, you can't, you know, you got to heal the gut, you got to work on reducing the stress levels you got. I mean, it's this whole arcade of things that you got to do and mainstream medicine is this, was this given the backseat, it's back to the same old, you know, you know what.

Caspar Szulc:

Yeah, I have been saying, I see this as a wonderful opportunity to usher in a new era, a new era where people truly value their health because it is so necessary.

Caspar Szulc:

Now, you know that this virus and everything that's come of it, it is discriminatory against people who aren´t healthy as all viruses have always been, you know, it's the path of least resistance. And if you are unhealthy, it is now showing more and more that you are at risk or at higher risk. And the only way to get around as not through vaccination is not through a cure quote on quote it's through your state of health, that's it.

Dr. Michael Kessler:

And your product, by the way, I was going to throw this in there though, because we need to have a talk with you because what does it talk? Would you do it each of these senescent cells that were going to

cause us to have diseases, they get older. So this process called autophagy, eats those guys up, saves the good stuff, make shiny new cells and eats up viruses.

Dr. Michael Kessler:

And if people in your product helps to get people in a topic, cause the opposite of a topic is MTOR and worries about protein synthesis and growth. And it's also about the enables this virus to replicate.

Caspar Szulc:

Yeah.

Dr. Michael Kessler:

Most people today because they eat too much sugar because they're exposed to too many Xeno estrogens because there's iron fortified, iron. I'm just naming all these things past this. I keep going for a long time, all amp M tour, when you're four, you can't be on the top of you when they take your product. Isn't it does. It helps to bring up that. I talk with you the opposite of that.

Caspar Szulc:

Absolutely. And we actually wrote an article on that, that NAD and, and you know, what we had, Natta Beeman, there's other products as well, but NAD is the only way to really activate that cert one that can keep them tore in check in some ways.

Caspar Szulc:

And yeah, there has been research in the last two months alone, looking at how coronavirus, like many viruses replicate through M chore. So the only really direct way to inhibit MTOR reproduction like that is activate cert one, autophagy, all these things. And how do you do that? Through things like NAD, nictonic at an IDE, a dine nucleotide. So yeah, thank you for bringing that up because it's true. There's so many different ways to look at this and how you can improve your health. And I think the bottom line is you have so many actions you can take without waiting for a vaccine without waiting for some kind of magical cure, because trust me, as soon as Coronavirus is over, something else will be there. And this is nature, right? We have billions upon billions, trillions of different bacteria out there and everything. They're just waiting for us to get a little sick.

Caspar Szulc:

So to weaken our immune system and then come in and wreak havoc. That's what most patients are dealing with.

Dr. Michael Kessler:

So that's, you always triggered these things in me. I've got to tell you you're a good trigger of thoughts, but you know, like I have patients who have cidal Miglia for example, or they have any of the viruses they could be in your system for 10 years.

Caspar Szulc:

Yeah.

Dr. Michael Kessler:

And when you get script, they read your stress hormones. And when your stress hormones go high and they know the immune system is going to drop, that's what they get you.

Caspar Szulc:

They come out and party, right? That's when they're there, they're sitting low lay, lay low, and they're there in your body. And it's only when you lower it that they out. And that's when symptoms happen. That's when it becomes a chronic infectious disease that we treat with antibiotics.

Caspar Szulc:

And what does that do? It just lays waste to the good bacteria in you. It creates an environment that's incredibly toxic, acidic, and that's what they love as well. And they are resistant these days. Most of these viruses and bacteria they've learnt, they also have adapted as humans have adapted to different things and antibiotics, they're adapting very well to those.

Dr. Michael Kessler:

That´s right. Even like Cipro they've studied, you know, with Shipra when people take Cipro, it causes anxiety and panic. Just like I was talking about the bugs, start to trigger through the biggest serve up here. They produce their chemicals and they cause you panic and these kinds of stresses. So then when you're panicking, you're stressed, it affects any, you get the diarrhea and the things that are that are in response to that. And that creates a better environment for them to grow.

Caspar Szulc:

And that's just the vicious cycle of what most of the medicine and what most of the patients are seeing. And most of us are actually patients. These days, we're all have a little bit of symptoms and other things because we live in a world that is just, you know, that's, that's commonplace, unfortunately, too many toxins, too many things, too many stressors, EMS, all of these different things. But I'm really happy that there is technology out there like HeartQuest. That's able to show us different things and how we can improve in the right way and do it through these subtle actions and not through forcing our bodies to try and compensate. And that's where healing can really occur. So Dr. Kessler, where can people learn more about HeartQuest? You what's coming up anything.

Dr. Michael Kessler:

So for right now, they can go to HRVhq.com basic site for HeartQuest, they can call me if they're interested, they could call me (415) 646-6112.

Dr. Michael Kessler:

And they could email me Dr. Kessler@Sbcglobal.Net. The company is small. There's only a few less, so it's not like you have to go through a whole ray of people. You've got Dr. Paqueta here. You got me. And you got Dr. Caramel. And then we have, now we have a whole team actually of really smart people in South Africa. We've got a software guy there. We got another guy who who's very smart about getting this out there and combining everything together. So we have a team, but basically it's not like going through a huge company. Facebook people go, wow, you answered the phone.

Caspar Szulc:

That is a beautiful thing. You know, I'm an entrepreneur. I always said, I don't want a large company. Cause I know that means loss of quality, loss of actual compassion. Your mission usually is lost. You're not as passionate about these things and you don't have that sense of connection to your end user.

Caspar Szulc:

And I think that's incredibly important. So I actually applaud you for having that ability to say, here's my number, right? Call. I want to get in touch with people like you. I want to help. That's the bottom line. I think here, it's not a profits, this or that, or kind of, you know, any of the downstream data that most companies deal to say they're successful or not. It's whether or not you're helping people. And that's what medicine should be. And that's what businesses should be in a medical business. That's absolutely what your, you know, level of success should be. So I'm glad to hear that. And I hope people can hear what was said here today. Process this, learn more, reach out to yourself, any final thoughts or anything you'd like to leave with the audience as we exit this.

Dr. Michael Kessler:

You know basically this is going to be we know it's going to be affordable and it's going to be something that everybody out there can access.

Dr. Michael Kessler:

And it's going to tell the actual peron, industry things that they may not have known before about themselves and give them the clue about how they can make improvements. You know, whether that's any part of their lifestyle, exercise, diet, thought processes, it's just going to be an amazing tool for you out there. So consider that.

Caspar Szulc:

That's amazing and a great way to end it. And I hope more and more people utilize this HeartQuest HRV reach out to you. So thank you again, Dr. Kessler, for everything you're doing.

Dr. Michael Kessler:

I want to thank you guys. You guys are doing amazing workout there really. I know what you guys are doing.

Caspar Szulc:

Yeah. I can't wait to keep utilizing HeartQuest on patients because it really is such a valuable tool and it's helped so many people. So yeah. Thanks.

Dr. Michael Kessler:

Thank you Caspar. And when I, when I get this done, I'm going to get you the prototype before we put it out there. So you guys can play with it.

Caspar Szulc:

Please. Do I want to be the Guinea pig.

Caspar Szulc:

I'm so used to that by now, my father has been doing, you know, things on me since I was a little,

Caspar Szulc:

A little boy and he did acupuncture on me and I thought he was torturing me for bad grades, but I love being the Guinea pig. So I'll gladly be one of the first to try it out.

Dr. Michael Kessler:

Excellent. Excellent. I know because I got your dad's book of all the different modalities in there. It's almost everything I studied over the 35 years is in that book.

Caspar Szulc:

Yeah. About half of those are I started as the Guinea pig.

Caspar Szulc:

So, yeah, no, this chat was great. Thanks so much. And, and, you know, hope to connect some more and keep sharing this a really important message.

Dr. Michael Kessler:

Thank you. Again.

Caspar Szulc:

I've always felt seeing something through multiple prisms allows for the most complete picture of what's really going on. And Dr. Kessler did a great job showing what that can look like in medicine with the use of HeartQuest, HRV technology. I love getting my HeartQuest evaluations and seeing how my body is adapting to change and where it stands. It gives me that deeper insight over regular tests and shows me things conventional testing. Simply can't pick up combined with energetic testing bioresonance analysis, genetic testing, and other mappings in analysis that are out there. A train dye can put the puzzle of your health or state of disease together to provide a personalized treatment program that actually works and heals. You not just manages your symptoms in the end. There is no one right way to look at anything including health, but let's start taking some of our blinders off and see the importance of things like HRV and his application in medicine for the sake of the patient and our collective health until next time stay healthy, happy, and maybe most importantly, adaptable to change.