Chris Wark (00:00.29)
of you and then and your last name is pronounced Schweldt, correct? Yeah, great.

Roger Seheult, MD (00:03.852)
Well, yeah.

Roger Seheult, MD (00:20.825)
Thanks.

Chris Wark (00:21.144)
Thank you, Julie. Okay. All right. We're recording here. Okay. All right. I'm going to read your bio and we'll jump in. Here we go. Hey gang. Well, today I'm excited to interview Dr. Roger Schwelt. Dr. Schwelt is an associate clinical professor at the University of California, Riverside School of Medicine and an assistant clinical professor at the School of Medicine and Allied Health at Loma Linda University.

Roger Seheult, MD (00:33.316)
Okay.

Chris Wark (00:50.648)
He is quadruple board certified in internal medicine, pulmonary disease, critical care medicine, and sleep medicine. His current practice is in Beaumont, California. He's a critical care physician, pulmonologist, and sleep physician. Formerly director of intensive care services at San, San Giorgino Memorial Hospital. He lectures all over the country. And, he graduated from the Loma Linda School of Medicine.

And he, some of you may know him, not based on all that criteria I just shared, but because he's the co-founder of the MedCram channel on YouTube, which has a million subscribers, more than a million. And it's a fantastic YouTube channel of medical education, health and wellness education that is evidence-based. He's, he's a great teacher and really I've learned a lot from his videos. I wish I had time to watch every single one.

But there's quite a few now. We'll catch up on that how many they've made in a minute. But there's a lot. and he's just been really great, really great for just educating not only med students, but educating the public that want to really dig into the incredible science, especially around diet and lifestyle medicine. And so as a, know, he's big on a plant based diet. He's also a believer.

a fellow believer. so I just, love so many things about Dr. Schwelt. I'm so excited to introduce you to him. So, without further ado, Dr. Schwelt, thanks for taking the time to do this.

Roger Seheult, MD (02:30.435)
Thanks Chris, I appreciate you inviting me on.

Chris Wark (02:33.004)
So let's start with, I guess, your backstory. How did you get into diet and lifestyle medicine? this is, and let me, before you answer, I want to say it's exciting to see this growing, but it's still sort of on the fringe. And most medical doctors don't have the education or training or a practice that's centered around healthy living and...

nutrition and things like that. So how did you find that path?

Roger Seheult, MD (03:04.047)
Well, for me, it was very gradual. I would say the two biggest steps in my life were going to medical school. That's the first step. And the second step was being a medical doctor during the COVID-19 pandemic. And those are the two major. leading up to that, was raised and still am a Seventh-day Adventist. And for those who don't know, diet and health and lifestyle are big aspect of that. But you would be surprised. It's not monolithic.

And I actually grew up eating beef, chicken, all sorts of things. In fact, there's a Adventist health study that was done. And the largest group in that Adventist health study were those that were omnivores. So being an Adventist doesn't necessarily mean that you're plant-based or vegan. However, when I got to medical school and I started to learn about lifestyle and things, especially at Loma Linda, when you're growing up in that environment,

the science becomes available and you start to question, you start to understand. And it was at that point that I started to slowly start to eliminate some of the most egregious dietary habits in my life. First of all, cutting out beef and then chicken, and then, you know, those sorts of things as I went older. So graduating from medical school, understanding that lifestyle is important, it really didn't hit me truly as how powerful it could actually be

until we got to the pandemic. And then I started to really have to search for things because I was given, thrown into a situation where I was in the intensive care unit, taking care of patients that were dying, despite everything that we're throwing at them and starting to really go back and look at the data on things that maybe, you know, are off label or maybe not FDA approved, but could actually be beneficial. And really looking at that idea of risk benefit. And if there's not a lot of risk, then maybe it's worth trying.

And that really got me interested in looking at it. And what I found was that a lot of the stuff that, not all of it, but a lot of the stuff that I looked at actually has really good evidence. If we just start to look at it and we don't sort of prejudicely just cast it off as being, you know, not scientific.

Chris Wark (05:18.104)
Was that frustrating for you during the pandemic? Because my observation was that so many doctors seem to be under threat of persecution from the medical establishment if they dared to treat a patient with something off label. And we know that doctors were told there are no

approved treatments. And so all of a sudden there was this ethical dilemma, right? That if you...

because we've told you there's no approved treatment. you prescribe any drug for a COVID patient, you are now unethical. Was that a dilemma for you? Was that frustrating?

Roger Seheult, MD (05:57.215)
It really wasn't for me. I'll have to talk about it personally because fortunately, me, myself and my colleagues really were in very good standing at the hospital. People were looking up to us. It was interesting because one of my friends is a vice president of a major medical center in Los Angeles County. And he was telling us what they were doing in preparation for

the pandemic that was coming. This was in early 2020. And he was, because of his position, he was learning about what they were doing and how they were resourcing it. They were already starting to get personal protective equipment. They were already starting to figure out how to have extra ventilators. And he was telling me all of this as a physician at my hospital, which is a much smaller hospital, further inland and not as big. And I started to realize how woefully unprepared our hospital was.

for this pandemic coming. So when I approached the administration, I told them, hey, we need to do this, we need to do that. And it started to come true. Myself and my colleagues, we were the ones that were looked up to. And so what we did, we really weren't giving carte blanche. Whatever we wanted on the protocol, we got on the protocol. And people realized that much of the stuff that we were doing, we might not have had a lot of evidence for, but it was a risk benefit ratio. And we were looking at the best evidence that we had at the time. So.

you know, as part of our protocols, we had high doses of vitamin D, we had zinc, we had at one point, we even had hydroxychloroquine on that. I was giving my patients hydrotherapy in the intensive care unit, we were doing everything we possibly could. The only goal that we had, there was no other goal, the only goal that we had truly around that table when we sat down the nurses, everybody was, what is it that we can do to prevent death and destruction? And whatever it was, if we had a good

if we had the best evidence that we possibly could for something. And I said, let's go with it. Everybody was on board and we did it.

Chris Wark (07:58.606)
That's amazing. it's, it's, you know, I know multiple doctors that were fired from their positions at hospitals and did not have that freedom to practice medicine. And so it is encouraging to me that, you know, there were some good guys out there and there were some hospitals that, that were listening to the frontline doctors, right? That's the whole frontline critical care Alliance was really formed by frontline doctors who were like, Hey, like

Roger Seheult, MD (08:21.657)

Yeah.

Chris Wark (08:28.366)
Listen to us. We're the ones working with patients. We're trying to save lives. know, anyway, I didn't mean for this to turn into a COVID conversation, but it's, you know,

Roger Seheult, MD (08:35.319)
No, well, I'm the one that brought up COVID and as we'll talk about, if we get into things like sunlight and sunshine, a lot of the data is gonna be involving COVID.

Chris Wark (08:41.463)
I want to.

Yeah, that's great. That's awesome. and I think that's when I first found you too. I think your channel probably really started to get a lot of traction during that time too, cause people were looking for answers and, and, and, know, we're, given such a little hope or options by their physicians and by the, authorities, the medical authorities. well, okay. So, so let's talk about diet and lifestyle. you know, before we get into it, I want to ask you this. Was your education at Loma Linda university, was it more

diet and was there some diet and lifestyle curriculum built into that being that it's sort of Seventh Day Adventist, mean, than a typical medical school.

Roger Seheult, MD (09:23.415)
Yes, yeah, there was. had nutrition, we had nutrition lectures, dietary lectures. And part of it was not so much what was actually written into the agenda. A lot of it was the research that was going on the campus. So Gary Frazier, cardiologist, someone that we rotated with, he was one of the leads on the Adventist Health Study. So kind of just like ooze, it was just like this osmosis almost on the campus of understanding and some of the...

Chris Wark (09:36.962)
Yeah.

Roger Seheult, MD (09:51.311)
the breaking news and some of the news releases that were coming out. So certainly there was an exposure on the campus to that understanding of dietary and lifestyle. And then of course, if you go back to the founding of of Loma Linda way back in 1905, this was a university that was founded on the spot where there was a health center. It was a health center that was going defunct. It was going bankrupt. The Seventh-day Adventist Church picked it up at a fire sale and they started the very first two schools on that campus.

was a dietary school and the School of Nursing. And from there, the School of Medicine grew in 1909. And I know this history well because I'm a former president of the Alumni Association of

Lomelan University School of Medicine. there's a lot of history that goes back. Yeah.

Chris Wark (10:36.098)
made you memorize it. You had to take a test to get the position. That's fantastic. I did not know that. I had no idea. That's really, that's pretty awesome. So go ahead.

Roger Seheult, MD (10:41.547)
Exactly.

Roger Seheult, MD (10:49.327)
Yeah. The founding principles of Loma Linda University was these pillars of good health and were very preventative. Many years ago, back at the turn of the century, there were a lot of ailments that were going on on the East Coast. People were breathing in bad air. They were having all these issues. And the prescriptions that they were being given was to go out to the West.

You know, some people were near death and the doctor would write a prescription, you need to go out to the West, to California, because the air is drier, the sun is brighter, you have more days of sunlight. So people, it was very popular in that time to get on a train and the train would come out West and literally the train station would stop right there at Loma Linda and you would go up this long hill of stairs up to the sanitarium to get your life back. And this is what was going on a hundred years ago.

Chris Wark (11:41.59)
Yeah. This is where they're shipping all the people with tuberculosis, right? From the, from new England out West. Right. I know it's, like the, and the sanitarium days are like a long gone and even Dr. no, he wasn't. Yeah. Dr. Kellogg, right. Famous for having a.

Roger Seheult, MD (11:46.831)
Exactly.

Exactly.

Roger Seheult, MD (11:58.137)
Dr. Kellogg, yeah, he was the medical director of the world's largest hospital in Battle Creek, Michigan, and presidents, Amelia Earhart, Henry Ford, JPMorgan, all these guys went to this hospital, the sanitarium to get better.

Chris Wark (12:15.704)
There's a, there's a pretty funny and interesting movie about that. And I'm trying to do you, do remember the name? Wellville. Yes, that's it. So folks watch the movie Wellville, Matthew Broderick's in it. It's, very entertaining, but it's about, and I don't know if it's a hundred percent accurate, but it is about Dr. Kellogg's. Okay. Well, it's, it is entertaining and it's, and it is kind of

neat to see. I mean, the fact that, that, you know,

Roger Seheult, MD (12:20.483)
Yes. Wellville. Wellville.

Roger Seheult, MD (12:34.231)
It's not even 50 % accurate. It is entertaining, yes. Yeah.

Chris Wark (12:45.112)
That at that time they were incorporating diet and holistic therapies and hydro therapy and a lot of things like that, for, sick people and seeing them get well. And it's, I don't know, anyway, Hollywood version of it, but, you mentioned the Adventist health study. I've interviewed Dr. Gary Frazier and I think the Adventist health study folks, I'll put a link to it in the, in the show notes, but, just such a neat study because it's one of the few studies that really looks at diet and lifestyle.

choices in humans, American humans over many decades, the Adventist Health 2 study specifically, really found some remarkable conclusions. Do you want to, I don't know, mention a few of those?

Roger Seheult, MD (13:28.909)
I'm not Gary Frazier, but I can tell you what I gleaned from it. First of all, the reason why the Adventist Health Study was so important is because for years, the accusation was on many of these studies is that eating a vegetarian diet, eating a vegan diet was a healthy user effect. So people who did not smoke, people who exercise were also engaging in this behavior because they believed it was healthy. And what we were really seeing instead of

the health benefits coming from a plant-based diet, the health benefits were coming from all of these other good behaviors. Well, answer the Adventist Health Study, where just about everybody in that study, none of them smoked, none of them drank alcohol, all of them went to church. But what was variable in this study was their dietary habits. So really, this healthy user effect goes out the window, and you're really able to study the effect of diet on outcomes. And in fact, the largest group,

in that study were the omnivores, followed by the semi-vegetarians, followed by the pesco-vegetarians, followed by the vegetarians. And then finally, the vegans, ironically, were the smallest group. But what's funny about that, if you look at a graph of this, as the graph goes down and down and down in these groups, they get healthier and healthier, actually. You'll see on similar graphs that the rate of diabetes goes down exactly the same way, the risk of obesity. In fact, the only group

that was not technically overweight. The only group that had a BMI of less than 25 was the vegan group in that study. really groundbreaking, there was a number of other landmark things

that came out of that study. For instance, the usefulness of nuts and things of that nature. So yeah, no, a lot of good stuff there. This has gone back decades. So the data that's come out of Loma Linda at Venice Health Study 2, 1, and even prior to that,

shows that there's definitely a record there.

Chris Wark (15:28.942)
And I think it's important to point out because right now there's a growing movement of carnivore and paleo and keto promoters. And look, these are healthy looking people generally. They're fit, they're muscular, they're young, generally speaking, and they're what I call pied pipers.

who are sort of doing their best to convince as many people as possible to eat as much meat as possible. And the reality is, there are no studies and correct me if I'm wrong, cause you know, more studies than I do. There are no studies on health and longevity proving that eating a, an all meat diet or a high meat diet reduces your rate of cancer or heart disease or diabetes or.

or increases your lifespan. Am I correct?

Roger Seheult, MD (16:29.901)
Yeah, there is no long-term studies. This is the big issue at most of the meetings that I've seen and gone to where they highlight this. So in fact, I think we even did a MedCram video on this aspect of it is that there's no long-term studies that show that this type of a diet is actually beneficial for longevity. People will bring up all sorts of arguments. For instance, the one I find interesting is that, evolutionarily, this has been the best diet. Well, if you think about it, the human species,

reproduces at an extremely young age with respect to the normal age lifespan. And so if you were on a diet that reduced your lifespan by 50%, it should not have any bearing on your ability to reproduce. So I don't understand that argument at all. If we look at anthropological studies, we see more and more that the major diet of most...

civilizations was an agrarian and plant-based diet. Yes, there was meat involved, but you've got to realize that it's only until recently that we've been able through mechanical engineering and farm equipment to harvest enough food to be able to use that food and quote unquote waste that food and not give it to human beings and instead feed and graze it to animals with with enough, you know, scalability.

to be able to actually have meat on a regular basis. That's a relatively new thing.

Chris Wark (17:55.214)
That's right. Yeah. Yeah. Our ancestors weren't able to eat meat three times a day. I mean, was dang near impossible to catch and kill that many animals every day.

Roger Seheult, MD (18:05.923)
It was actually, if you really want to know something that's really amazing about this, it's the reason why meat was something that was necessary, a necessary evil, I would say, is because it was able to be preserved when it was heavily salted. And people lived in parts of the world where you could not grow vegetables year round. A great example of that is the Northeast of the United States prior to the 1850s, prior to the 1860s.

Prior to the railroad. So it was the railroad that really enabled us in the United States to be able to get fruits and vegetables from one part of the country to just about all parts of the country at all times. Prior to that, prior to the railroad, people in the Northeast were pretty much stuck with eating preserved meats. And it's really interesting to me because at the time that Loma Linda came into being and this really this

reform health movement in the mid 1800s. This is when this reform movement came into being is when it actually could be practiced because you had technology, i.e. the form of railway and transportation to be able to get these fruits and vegetables locally to people just about everywhere in the United States.

Chris Wark (19:22.53)
That's really interesting. you know, even the evolutionary arguments a little bit silly too, because you can, you can take a baby and, and, and put a bowl of grapes or some bread or, you know, maybe some potatoes in front of a baby and then also put a rabbit, you know, and the baby's not going to try to eat the rabbit, right? Right. It's just not.

Roger Seheult, MD (19:42.787)
Yeah, it's gonna run away.

Chris Wark (19:44.493)
Yeah, it's, might pet it, right? It might, it might pick it up and maybe put it in his mouth for a second, but it will not try to eat it. Right. But it's going to eat the grapes or the bread or the banana or whatever. So it's like, even before a human baby is taught or told what to eat instinctively, like we gravitate towards fruits and vegetables and plant food.

Roger Seheult, MD (20:01.359)
So, yeah, so two more points on nutrition. And I'm not an expert in nutritionists or a dietician. I'm a critical care physician, internal medicine, but I know enough. In my opinion, I mean, we see a lot of anecdotal stories about people who have gone completely carnivore, have completely ditched all other food and gone to purely carnivore and have actually, know, anecdotally have noticed an improvement in their health, better energy, all these sorts of things.

And I would say that's not completely out of the question when you consider the fact that probably the worst thing that we can eat is highly processed carbohydrate foods. And that's probably the absolute worst thing that you could possibly eat. In my opinion, second to that

would be meat in general. And then the less egregious and actually the best and most healthy would be a plant-based diet. So it makes sense if somebody previously to this was, you

consuming sodas, beverages, things of, you when you go to the supermarket that are in the middle of the store as opposed to around the edges of the store, things that come in highly colored boxes, things that are processed, and they completely cut all of that out and went to a carnivore diet, it's not that far-fetched that they might actually get some benefit from that. But does that mean that that's the best diet? I think the answer to that is gonna be in, you know, studies that actually show this over a long period of time.

And then the other aspect of it is a little bit more, I guess, biological in terms of what we're talking about. Is the meat that we're eating today of the same quality that our ancestors ate 100 years ago or 500 years ago or even a thousand years ago? There's some data that would suggest that that's not the case. If you look at the fat content of today's food,

versus meat that was done 100 years ago. If you look at the way, for instance, in the Bible, the way that meat had to be killed before it was eaten, all of the blood had to be drained out of that animal. There's very specific rules about how that had to be done. When you're butchering an animal, that animal is undergoing a tremendous amount of fear unless it's done in a way that the animal doesn't know. And all of those adrenaline and things are going into the blood circulation.

Roger Seheult, MD (22:23.907)
And if that blood is not drained from the body, that's part of the food that you're eating. There's kosher rules that are very specific about how meat should be prepared before you eat it. None of those rules are actually going into place right now in terms of how in the United States, meat is butchered. So if you want to use justification and say, this is what they used to eat meat in the Bible, in the Old Testament, and this is clean and unclean, take it to its logical conclusion.

You may be eating an animal that is declared clean, but unless it's being butchered in the same way as it was back then, you may be dealing with a completely different situation. so, and that's not even taking into consideration antibiotics and all of the other things that are exactly hormones, all of these things that are being used to take these animals to market faster because they grow faster. There's hormones in there. There's antibiotics to make sure they don't get any infections.

Chris Wark (23:07.758)
steroids.

Roger Seheult, MD (23:20.557)
and then you're eating that meat and then you're internalizing these antibiotics. I mean, there's the meat itself, but then there's all the other issues that we haven't even touched on H5N1 and chickens and what they're doing and how they're raising them. just found out today, yesterday about how, you know how you hear about these dairy farms, not the dairy farms, but the chicken

farms and the eggs.

And if they find H5N1 in any of these farms, they have to kill the whole lot. Well, do you know in the United States how they do that? This blew my mind. When you have all of these chickens in one place, in one building, all they do is shut off the ventilation. And there's so many bodies of chickens in that enclosed space that the temperature very quickly rises to over 150 degrees Fahrenheit.

Okay, we're talking about 70 degrees Celsius and those chickens are cooked. They basically die because of complete heat exhaustion and it's not a pleasant way to die. In fact, it's so inhumane that it's been banned in Europe. They actually kill them in a completely different way by instilling carbon dioxide and nitrogen gas to asphyxiate them. So they become unconscious before they die. But think about, is this natural?

Obviously this is not natural, right? It's not natural to have that many chickens put together in such a small area that their literal body heat would kill them off as an entire population. And yet this is exactly what the economics of meat and the economics of eggs does. And obviously this is not natural. And here we are dealing with the H5N1 pandemic. Maybe I've said too much, but this is, yeah.

Chris Wark (25:11.822)
Well, I love that you said that and I did not know that was how they killed them. my, you know, I, I'm not an expert on chickens and the chicken industry, but my perspective, just thinking about it rationally is why would you kill the whole lot? Right. Because there's a certain number of chickens that will not get it, that have some natural immunity. Those are like your super chickens. So to me, it would make more sense to quarantine the whole lot and let the sick ones die.

pull them out, let them die and then get you know, let some time go by make sure everybody's the chickens rest of the chickens are healthy and they're good right but anyway

Roger Seheult, MD (25:48.697)
Well, it even gets beyond that because it's about 90 % deadly. So about 90 % of the flock is gonna go. I think they probably just realized and write it off. By the way, the US government pays the farmers when they do this. it's been over, like in the last, I think in the last few years, the total, it's hundreds of millions of dollars, hundreds of millions of dollars that the government has paid out to do this. I was just researching this actually last night. It's incredible, it's incredible.

Chris Wark (26:02.008)
Got it.

Chris Wark (26:19.022)

Well, let's, I'd love to talk about, uh, well, two things. Uh, I'd love for you to talk about forgiveness and the research on forgiveness. But before we get to that, we're going to save that for the end. Uh, I'd love for you to talk, you know, you have a, fantastic, um, uh, is, is anagram the right word? The, the new start. Yeah. New start. Uh, and, and I heard you talk about it in another interview and I think it's just, it's just great. mean, these are.

Roger Seheult, MD (26:40.289)
yeah, new start.

Chris Wark (26:48.542)
Before you get into this folks, I know you hear me talk about this all the time, but you know, the truth is simple and health and wellness and dietary practices. Really? The truth is so simple of what you need to do to be healthy. And Dr. Schwalz has a great, great, again, anagram. Is that right? Is that the right word? Yeah.

Roger Seheult, MD (27:09.945)
Yeah, New Start. So New Start is not something that I invented. It's actually something that a university called Weimar University, actually Weimar University just outside of Sacramento to the east is actually on the grounds of a former tuberculosis sanitarium. So this is another example where there's a sanitarium that's now become a university and they have a sort of...

have come up with this anagram of New Starts. Dr. Neil Nedley, who you may know is the president of Weimar University. And New Starts stands for these things, very simple things, these eight simple rules. N stands for nutrition and specifically plant-based nutrition. E is exercise. And I would make a note there that when I say exercise, I'm not talking about the commercials that you see on television where you have these well-toned bodies.

in 24 hour fitness. We're talking about moderate exercise is really what's beneficial. W is water. Obviously the use of water internally, but also externally. We can talk about that too. And then start S-T-A-R-T. S stands for sunlight, sunshine, lots of data that we can talk about there. T stands for temperance. So, know, eliminating things that are toxins in your body, alcohol, tobacco, drugs, all sorts of bad things.

A stands for air. So the air that you breathe is really important, not just for the stuff that it doesn't have in there, but also for the stuff that it does have. So there are chemicals that are given off by the trees that are natural substances that actually can have benefit. And then R stands for rest. So I'm a sleep physician. So having a good night's sleep is really beneficial and it's near and dear to my heart. But also a weekly rest is also very beneficial as well.

And then the last T is trust. And we'll talk more about that, guess, Yeah.

Chris Wark (29:11.96)
trusting in God. I know I wish I had like six hours with you because I want to go deep on all

those. But okay, let's start with diet because this comes up a lot. There's a lot of what I call food fear happening right now where, you know, meat lovers or fringe, you know, sort of diet gurus are trying to make people afraid of plant food. They're trying to make them afraid of lectins and phytates.

and oxalates. Would you mind sort of alleviating the fears that people have, you know, have about these plant compounds?

Roger Seheult, MD (29:52.515)
Yeah, so there's so many studies, many of them are epidemiological, many of them are observational, and so they do allow in for some confounders, but there's also many of them that are interventional, prospective, randomized controlled trials. And so we have mountains of data that show that these sorts of vegetables and things and fruits are actually very beneficial. Now, there are specific

elements or compounds in here like as you mentioned lectins and things of that nature. What we have to be careful about is what I call scientific reductionism. Now what is scientific reductionism? It's this idea that if you find that something or some element or chemical can do something bad, that means that anything that contains that chemical must be bad.

Let me give you the biggest fallacy that many of you may not be aware of, and we're gonna actually talk about it when we get to S in New Start, is ultraviolet light. We have plenty of data that if you shine ultraviolet light into a Petri dish, it's gonna cause mutations and it's gonna give rise to cancer. So ultraviolet light gives rise to cancer, specifically skin cancer. And so what's the logical leap that we've made? That anything that contains ultraviolet light,

must also cause skin cancer. And yet, we'll talk about this. There's very little data that we can show that sun exposure gives rise to skin cancers in moderation. There's a really good publication that just came out last year, Richard Weller, a world renowned dermatologist published in a very prestigious journal called the Journal of Investigative Dermatology.

in August of 2024, the title of his paper was, Sunlight, Time for a Rethink. And it's true, know, many dermatologists have led us to believe that the sun is a deadly laser. Well, in fact, the data is actually showing that the more time we spend in the sun, the longer we live. And this is really interesting stuff. There's a number of studies that we could talk about. But again,

Roger Seheult, MD (32:14.381)
What's in sunlight? Yes, there is a component of ultraviolet light, but it's combined with visible light and infrared light, which may mitigate the bad effects of ultraviolet light while allowing the good effect of ultraviolet light B, which is to create vitamin D. The same thing happened before with lung cancer. I'm a pulmonologist. I know this study very well, except that the opposite way. We knew that people who had diets rich in vitamin A,

and vitamin E, beta carotene and vitamin E, actually did better in terms of lung cancer. So what do we do? We extracted those chemicals out of those dietary habits. We refined it down and we increased the dose and we fed it pure vitamin E and beta carotene to patients with risk of lung cancer and with lung cancer. And the study had to be stopped early. Why?

because exactly, it actually made it worse. So again, here is this false understanding and sure, absolutely, our capitalistic society, I'm not against capitalism by the way, but I say this capitalistic drive to make money is in the way with, in terms of copyrights and trademarks is if you can find this magical ingredients and

Chris Wark (33:12.832)
It increased the risk. Yeah. Right.

Roger Seheult, MD (33:38.647)
Refine it and copyright how you're doing it now You can sell it and make a lot of money when in fact probably the best way that the human body could deal with that Substrate is in its natural form Yes, exactly Right. So so here's the so exactly so you bring up a great example We could go out there and say look at all it look at this study where Beta carotene and vitamin E was so detrimental

Chris Wark (33:50.872)
Carrots.

Roger Seheult, MD (34:06.841)
to people in terms of lung cancer. And then we could turn around and say, don't eat carrots, don't eat anything with vitamin E in it, don't eat anything with vitamin A in it. And we would be making exactly the same fallacy as people who say, don't go out into the sun, it's got ultraviolet light in it.

Chris Wark (34:22.104)
Well, and that, that actually has been repeated many times and that study, you know, that study just sort of is like a necromancer. Like it just keeps coming back, right? It keeps rearing its head. I deal with it constantly. Just people, know, what, what about this? says beta carotene is bad. I not be eating carrots? It's like, and I tell them the same thing you said, right? I'm like, this is on an isolated compound. This is not on carrots. Okay. It's not, they didn't give them carrots. didn't care. Didn't give them carrot juice. And, and so thank you for bringing that up because.

Roger Seheult, MD (34:39.075)
Right. Yeah.

Roger Seheult, MD (34:48.931)
Right. Well, even that, and you bring up an even better point to show how things can change dramatically. So there are studies that show that eating a diet rich in fruits and vegetables can

actually reduce your hemoglobin A1C, can actually reduce the incidence of diabetes. However, there are studies that show that taking that same substrate, fruits and vegetables, and juicing it, getting rid of the fiber,

and allowing the sugars to come out very quickly can actually increase your risk of diabetes. Something as simple as the fiber content can change dramatically how this happens. When you eat a piece of fruit, all of that sugar is locked in into this wonderful fractal of fiber so that when you masticate and you break it up and then you swallow it and it goes into your stomach and then the enzymes start to break down in a way that's so well designed.

so that the sugar comes out at just the right velocity and that there isn't a spiking of insulin. All of this stuff is put together in a very well-packaged way. And so if we try to manipulate that, the end product is gonna change. And I call that almost like a gestalt. The gestalt means it's a German word, which generally means that the whole is greater than the sum of the parts. And that's what I think we have to...

That's one of the major mistakes that we make in science today, is not understanding that.

Chris Wark (36:22.05)
And that, yeah, and that's coming back, coming back to the phytates and the lectins and oxalate conversation. Yes, these compounds, if they were isolated and you took them, you know, in a pure form might cause some problems in your body, but they seem to be vastly outweighed by all the wonderful, nutritive elements in an apple or a pear or a pepper or a potato, right? Yeah.

Roger Seheult, MD (36:29.145)
Correct.

Roger Seheult, MD (36:49.281)
Exactly. Exactly.

Chris Wark (36:51.776)
Okay. So, you talked about sunlight. there any more you want to add to the sense since you dug into that a little bit, like to add to the sunlight research, any light, any research that really kind of.

Roger Seheult, MD (37:01.903)
I could spend the next two hours talking to you about sunlight. In fact, that's what I'm so involved with now is I just had a patient today who we...

picked up yesterday, he's been in the hospital for weeks. Yeah, it's just incredible. Yeah, okay, so this guy's been in the hospital for weeks, he came in with the RSV pneumonia, he's been getting all the standard of care, standard treatment, but he's just been languishing. He was intubated, then he was extubated, then he's almost intubated again, on, he aspirated some stuff down into his lungs, he's got secretions, he's just languishing. And I picked him up yesterday.

Chris Wark (37:16.918)
I saw your post. Please. Yeah. Please talk about it.

Roger Seheult, MD (37:41.645)
He's on 40 liters of air going into his nose, 40 liters of minutes. That's a very high flow. And 40 % of that by volume is pure oxygen. So we call that 40 liters, 40 % oxygen. And I just, I felt like this guy just, these guys need to get outside. I mean, this is what we used to do back in the 1900s, early 1900s. And it's for good reason. For many reasons, which we can get into the details about.

But just to give you an example, I could not get him outside because he was a little bit unstable. His heart rate was a little bit low and he's not someone that could emulate. If we put him in a wheelchair, he could just literally flop over and it would be difficult and maybe a little bit unsafe to get him outside. So fortunately, he was in ICU bed in a room that had a fairly large window. But even more important than that was there was a panel in that window that I could open and allow pure unfiltered light and air to come in.

So we put him right up against that wall, put his head right up against that area where the window, we opened that window up and we let that sunlight come in. The fellow that was with me, he had been there the whole, he's been there the whole month seeing this guy. And I said, this is gonna do it. This is, and they're all kind of like chuckling because they know me, they know that I'm the light doctor, I have a reputation, you know, and they just kind of like let me do that. I said, no, this is, you watch, okay, you watch and see. So we put him up against that wall and I went home.

Yesterday came back today The guys on two liters of oxygen saturating 97 % we could practically turn off the oxygen I mean it happens so rapidly in all of the patients that I've done this on And patient and people that have called me to tell me about their stories. It happens rapidly sunlight works very quickly It's not a vitamin D dependent pathway. It's something completely different. It's nitric oxide. It's melatonin It's infrared lights. It's all of that stuff. We'll talk about it

And this guy's doing better. His face is a little bit redder today. He's been in the hospital for six weeks. He has not seen the sun in six weeks. And so now he's getting his first dibs of sun. He feels better. He's talking more. He's almost completely off the oxygen. I told the nurse before I left today, he needs to get back into that area there. And you can see the picture that we actually posted on X. But here's the issue. Really briefly.

Chris Wark (39:48.642)
Wow.

Roger Seheult, MD (40:08.483)

Sunlight is so important and it's so much more than vitamin D. When you look at the sun, don't look directly at the sun, but when you see the light coming from the sun, that's only 38 % of the photons coming from the sun. There is a small slice of ultraviolet light, which is really important for us in terms of making vitamin D, but there's this huge swath of photons coming from the sun in the infrared spectrum that we cannot see.

The way that we can interact with that light that we cannot see is in the form of warmth or heat. If you close your eyes, go outside, you can feel through your clothes the side of your body that the sun is on. That's the type of stuff I'm talking about. That's the type of light that you cannot see that penetrates through your clothes, penetrates through your skin, goes into your body. Your body is, these very low powered photons bounce around

and illuminate the inside of your body. Okay. We already have proof of that. It's been all tested. This is infrared light. So Robert Fosbury, astrophysicist, European space agency in Great Britain. He works at University College London, sent me a photograph of his hand, infrared photograph with an infrared light source behind it and his whole hand just lit up. So all of this is going right through.

Chris Wark (41:14.574)
And this is infrared light we're talking

Roger Seheult, MD (41:38.191)
Glenn Jeffrey, his colleague, Department of Ophthalmology at UCL, took this light, this was red light actually, 670 light, basically applied it to subjects' backs in a randomized fashion. After they ate 75 grams of pure glucose and got a big glucose spike, what happened was the glucose spike went up not so high. And what they hypothesize is, and what they know actually from

prior studies is that red light, infrared light basically speeds up the mitochondria's process of making ATP. And we know that because these same subjects, they are exhaling out higher concentrations of CO_2, which is the byproduct of metabolism. Basically what's going on here is that you're supercharging the batteries in all of your cells when you expose yourself to red light or to infrared light. And that has an immense impact on your health. Why is that?

Because let's face it, we know whether you're talking about diabetes, dementia, hypertension, cardiovascular disease, cancer, inflammation, COVID, all of these things are related at the core to malfunctioning mitochondria. This is really important to understand this. As you get older,

Your mitochondria decrease output of ATP, which is energy, by about 70%. Seven zero. This is part of the whole understanding of the aging process. The aging process is your mitochondria shut down and they don't make as much energy. So imagine in your house, if the energy in your house dropped by 70%, you would not be able to do very well the microwave. You would not be able to do very well your

your computer, you would not be able to do very well your washer or your dryer, your lights would be dimmer. You can imagine all of the functions of all of the cells of your body are gonna be worse because of one problem and that is all of your mitochondria are working less than they should be. Therefore, if you introduce something that improves the output of the mitochondria, which are like engines in your car, they make locomotion and in the process of burning fuel and making locomotion,

Roger Seheult, MD (44:02.809)
They generate heat and unless you deal with the heat, it's gonna make your engines less efficient and it's gonna make them shut down. So the mitochondria in your cells also make heat except it's called oxidative stress. And if you look at COVID-19 as an example, this is really where it hit home for me. I had to study up on this because I have my patients in my ICU that were dying of COVID. And why were they dying of COVID? Here's why they were dying of COVID.

It wasn't the people as they told us at the beginning. It's going to be your COPD years, your asthmatics, people with lung disease. Those are the people that are going to be coming into your intensive care unit and dying. No, that's they did come in, but not in high numbers. Who came in at high numbers? Everybody that had a disease tied to mitochondrial dysfunction, diabetes, obesity, dementia. We cleared out the nursing homes with dementia. They were the first ones to come with COVID-19.

They were the first ones to come. So this is what I saw. saw people, COVID-19 was like a test. COVID-19 was like a hill. COVID-19 was this test that you're driving your car, your engine is a little hot, but it's making it through okay. And then all of a sudden this hill comes and you're trying to drive up the hill of COVID-19 and that's when your engine overheats and that's when your engine freezes up and you stall. And those are the patients that were ending up in my intensive care unit.

And what did we find? Something that was well known at the time. In all of the patients that did well in the hospital, they had high or normal vitamin D levels. The ones that did poorly had low vitamin D levels. So what did we do? We started saying, vitamin D is the answer. We can just give everybody vitamin D and they're all gonna get better. Well, I can tell you for a fact, on my protocol in my hospital,

Everybody that stepped foot into the door and was admitted for COVID-19 got 5,000 international units of vitamin D every single day, regardless of what their levels were. Everybody did. I didn't see a difference. So it became clear to me that there was something more to this than just vitamin D. And when I started to research it, I started to realize that there was oxidative stress occurring. And this oxidative stress, to make a long story short, the oxidative stress that we were seeing

Roger Seheult, MD (46:26.499)

and it was happening in the pulmonary vasculature, this is what was causing all sorts of clotting factors to be secreted into the pulmonary vasculature. And this is where we were getting blood clots and happy hypoxics and all of these people. And we could prevent it if we were able to restore the antioxidative effects to the mitochondria.

And what we found out, and this was a paper that was published by Scott Zimmerman and Russell Ryder back in 2019, ironically a year before we needed it in the pandemic, but I had no clue about it until I read it later, was that infrared light, infrared light from the sun, penetrates through deeply into your body after it penetrates your clothes, goes into your mitochondria, and it stimulates your mitochondria to produce high, high levels of

on-site melatonin, which is one of the most powerful antioxidants known to man. It upregulates glutathione. It is powerful. And so what it does is it basically protects the mitochondria from the ill effects of COVID-19, which is a pro-oxidant, allowing you to go up the hill. It's like adding on a new radiator to your car. That's what going out into the sun is like. And so I started putting people out into the sun.

This was toward the end of the pandemic. I didn't have a lot of opportunity to do this on a lot of people. But I remember one day there was this guy with COVID-19. They asked me to go down to see this guy in the hospital from the ICU because he looked like he needed to be intubated. So I went into his room. He was on 35 liters, 100 % oxygen. The next step was either going to a non-invasive ventilator like BiPAP or being intubated. This guy was dep...

The room was dark. His daughter was there. He looked at me. He said how much time do I have? I immediately knew we needed to get this guy outside. My respiratory therapist took two oxygen tanks, hooked them up together. We got this guy on some sort of amount of oxygen that we could actually get him detached from the hospital so he wouldn't be hooked up to the wall. We managed to get him into a wheelchair and we wheeled him outside into the sun on that sunny day. Two weeks later, he told me that was the best feeling he had ever had in his life.

Roger Seheult, MD (48:46.031)
that feeling of sunlight on his body. By the next day, he was down to 15 liters. After that, eight liters, then six, then four, then two, and then off. Five days later, he was out the door, home without oxygen. So this has been, yeah, this has been a revelation for me how.

Chris Wark (49:02.798)
It's amazing.

Roger Seheult, MD (49:07.759)
how important sunlight exposure is. We could talk about why it's so important and why now specifically it's so important. But yeah, I'll stop there because I could go on.

Chris Wark (49:22.368)

Man, I wish we could. So I want to be respectful of your time and cram in a few more questions. you know, what's really cool. And I think people might've kept been catching on as you were talking is that you can be out in the sun fully clothed and the infrared light will go through your clothes into your body and create these incredible benefits. So you don't have to be, you know, in a bikini. You don't have to have your shirt off and, and, and in fact, being fully clothed outdoors in the sunshine does protect you from.

Roger Seheult, MD (49:36.772)
Yes.

Chris Wark (49:51.608)
getting your skin burned, right?

Roger Seheult, MD (49:52.905)
Absolutely, and I'll go even a step further, which is even more mind-blowing, get ready for this, is that plants, trees, leaves are highly reflective of the same type of infrared light that we see as beneficial. So getting outside in green spaces is even more beneficial than just going outside, which is really amazing. There's a study, I have to mention this study, because we've known for decades that people who live in green spaces...

have much better overall health, less diabetes, less hypertension, live longer. And for many years, people thought just like we're talking about the Adventist Health Study, that's a healthy user effect. people who live in green spaces, they're more socioeconomically off, they're more likely to exercise. That's what's causing them. No, no, no, no, no. Just last year, this was published. South Louisville, Kentucky, four square mile area, measured everyone's highly sensitive CRP levels. This is correlated with strokes,

heart attacks, it's a measure of inflammation. Exactly. Then they went out and they planted 8,000 trees, mature trees with leaves on them. Took them about a year or two. Then they went around and measured again, everybody's CRP levels. Did not institute an exercise program. Did not put money into their pockets. Everything's the same. CRP levels drop anywhere from 13 to 30%.

Chris Wark (50:53.784)
C reactive protein like marker of inflammation in your blood. Yeah.

Roger Seheult, MD (51:22.263)
after that happened.

Chris Wark (51:22.328)
Wow. Just from planting trees in the neighborhood.

Roger Seheult, MD (51:25.369)

Just exactly, exactly.

Chris Wark (51:28.686)
That's crazy. That's awesome. Wild.

Roger Seheult, MD (51:31.299)
Yeah, so going outside in green spaces with a broad-rimmed hat, fully clothed, long sleeves, if you're afraid of getting sunburn or you've had a skin cancer before, that's fine. What you're blocking there is ultraviolet light. You're not blocking infrared.

Chris Wark (51:48.82)
Is there a prescriptive amount of sunshine that you feel is good advice for an average person to get per day?

Roger Seheult, MD (51:55.661)
Yeah, at least 15 to 20 minutes. And I'll tell you why. Glenn Jeffries experiments, whether it was fireflies, fruit flies, mosquitoes, bees, human beings, the mitochondria all behaved the same way. After about 15 minutes of infrared lights, the effects became smaller and smaller and smaller. You're gonna get the majority of your benefits after the first 15 or 20 minutes of light.

Chris Wark (52:22.028)
I'm curious if there's a, if you got 20 minutes in the morning, 20 minutes in the afternoon, if, the effect is doubled, so to speak.

Roger Seheult, MD (52:30.465)
It could be, but you bring up a good point. Glenn Jeffrey did an experiment with elderly people who had problems with vision and that was mitochondrial in nature. You may know that the retina of the eye is actually the retina in the whole human body. It has the highest concentration of mitochondria. Anyhow, he shone red light, 670 nanometer light for just three minutes. And the improved color discrimination.

lasted for three days. Now, it only worked when he put the light in their eyes in the morning. So there is a circadian aspect to this. And that's why I say if you're gonna get lights and you can choose when to get that light, get it in the morning as much as possible.

Chris Wark (53:18.51)
20 minute walk in the morning. That's one mile folks. So can actually double up. You can get your exercise and sunlight, right? It's like, this is a twofer. So easy.

Roger Seheult, MD (53:23.66)
Absolutely.

Hey, it could be a threefer if you walk through a forest with trees that give off these phytocides,

that's also beneficial. You could be doing three things all at the same time. And if you're doing it right after breakfast, think about that. Exactly, exactly.

Chris Wark (53:40.578)
Then you're using up glucose too. Yeah. Yeah. That's great. Love it. It's so simple. Okay. Last couple of questions. This is about sleep. Now I I'm huge on sleep. Talk about all the time and how wonderful it is. And I've done a personal experiment with sleep trackers. Look, I've got two of them on me. I've got an aura ring and I've got a whoop. And what I've found is they are not accurate. Right now.

One of them may be more accurate than the other one, but they do not give me the same result, right? Every day I can look at, and one will say, you got an hour and a half of REM sleep. The other one says, you got 40 minutes of REM sleep, right? You got two hours of deep sleep. You got one hour of deep sleep. I'm like, I don't know which one's better or which one's more accurate. Do you have any input on that?

Roger Seheult, MD (54:09.657)
Which one?

Roger Seheult, MD (54:19.171)
Yeah.

Roger Seheult, MD (54:28.675)
You know, my, so I have not seen any head-to-head data, but in general, the data that I have seen when we compare the things that you're wearing compared to the gold standard, which would be a polysynography, they're actually pretty accurate. Now they may not be to the sense about exactly the numbers, but in terms of the trends, if you're gonna have less sleep, they're both gonna trend in that direction. So I would say what you're gonna really use this for

I would imagine is to see the effect of certain behaviors on your sleep. For that, I would say that it's very, very accurate. If it's gonna pick up, if you're doing something, for instance, if you were to go into a sauna right before you go to bed, that's been shown to actually improve your deep sleep. So if you were to do sauna right before you go to bed, I would expect to see an increase in the amount of time that you're in deep sleep. And I would say it's probably accurate enough to be able to pick that up.

Chris Wark (55:02.434)
Yes.

Chris Wark (55:25.88)
I've wanted to do a proper sleep study here locally and where the device is while I'm doing it and just see which device is closest to the heavy duty equipment that you all use.

Roger Seheult, MD (55:33.891)
Yeah, that would be good. That would be, yeah, that would be a good thing to do. That's an old proverb. If you have one watch, you know what time it is. If you have two watches, you're never quite sure. Yeah. Yeah.

Chris Wark (55:46.127)
That's my problem. That's it. That's my problem. But it's true, the one benefit of both these devices, which I've never endorsed them publicly, because frankly, I don't know which one's better. Maybe I will soon but and I've worn them both for years as a personal experiment. It's just gone on and on. But it is true. You can see if you drink alcohol, you will see your sleep quality will be affected.

If you stay up too late, you will see your sleep quality be affected. If you eat too late, you will see your sleep quality be affected all negatively with both of those sleep trackers. So to me that there's a lot of value in that for a person to really see, you know, to get that feedback and like, wow. Yeah, my sleep was lousy and I shouldn't have had that glass of wine or I shouldn't have eaten dinner at nine o'clock, you know, whatever. So, okay. Last question. And then I'll let you go. promise.

Would you talk about forgiveness for a minute? Because I know there's some really, there's actual science on the benefits of forgiveness.

Roger Seheult, MD (56:46.147)
Yeah, so forgiveness and trust and things of that nature, they all seem very squishy and stuff that would not be lend itself to studying, but in fact, it's been studied very well. So there was a study that was done in Texas where they actually did surveys, 1500 surveys to older people who were all Christian. So they wanted to have a homogeneous audience so they could, it would be easier to get endpoints.

And what they looked at was forgiveness and specifically two types of forgiveness. So there was conditional forgiveness and unconditional forgiveness. So what are those? Conditional forgiveness is where if someone did something to you, you would consider forgiving them if they were to come back and maybe ask for forgiveness or apologize or do something. There would have to be sort of an exchange or a negotiation to give you, to say they would have to do this before I would forgive them. That's conditional forgiveness.

Unconditional forgiveness is where you just forgive regardless of what they would do. They did something to you, you would think about it in your mind, you would forgive them, and you would forgive them regardless of whether or not they were even sorry or whether or not they would come back and say anything to you. So when they looked at these two populations of people, they found that those that forgave conditionally, the ones that were wanting someone to do something first before they would forgive, had higher levels of anxiety.

had a decreased quality of life, had end of life anxiety regarding their death in the intensive care unit, for instance, these sorts of things. And those people that forgave unconditionally had much lower scores in terms of those bad things. But that wasn't enough in terms of the researchers. They wanted to know, not only it was fascinating to them to understand that the way that you forgive was associated with

the types of bad things that you experience from a medical standpoint, right? These were not just mental things. There were actual medical aspects that manifested as a result, perhaps, of how you forgave. And they wanted to make sure, they actually did a part of that study to see which came first. Was it the forgiveness that determined the medical issues or was it the medical issues that determined the forgiveness? For instance, you could say that maybe because

Roger Seheult, MD (59:05.743)
I'm feeling bad or I don't have wellness that I'm more likely to forgive conditionally. No, it actually went the other direction Anyway, they wanted to know what determines What was it that determined if somebody forgave conditionally or unconditionally and There was a number of factors that had a very small Push one way or the other but one of those factors stood out

It was like two to three in terms of odds ratio, maybe even up to four in terms of odds ratio. So it was very powerful. And it was this, what determined whether or not someone forgave conditionally or unconditionally was determined on whether or not they felt that they were forgiven by God. So it was this idea that if I have been forgiven by God, it is why would I not forgive somebody else? If God has forgiven me,

unconditionally. Why would I not forgive somebody else unconditionally? And so that was an amazing aspect that I felt very interesting because in my profession, working in the intensive care unit, oftentimes I have patients that I cannot interact with mentally. They're not mentally awake, they're unconscious, they're in septic shock or they're intubated or they're sedated. But I do have occasionally some patients

that are, and one of the issues that we deal with all the time in the intensive care unit are patients that are agitated or anxious. And this causes them to breathe rapidly and all sorts of problems. And I started to realize, you know, anybody that's awake and conscious in an intensive care unit, they're obviously thinking about their own mortality, right? I mean, think about it. If you're being rushed to the hospital, you have to think that this may be, you know, your final trip or something is going on. Maybe you're not coming back home. Maybe something

Maybe something happens so bad that you don't come back home. Imagine going to the intensive care unit. That's the highest level of care that we can provide in an acute hospital setting. And so people often think about their lives. People often think about the things that they have done, things that have not been resolved. And if you as a physician are well-trusted because you're providing care, one of the things that I have to say in the Adventist,

Roger Seheult, MD (01:01:27.193)
tradition of healthcare, which we are very adept at, we provide healthcare. This idea of a physician and a minister being two separate people and having different jobs is kind of, is not really was rooted in the original plan. These things were supposed to be married to each other, that the physician was also the chaplain. So the physician would not call the chaplain to pray, the physician would pray. And sometimes I think it's been a benefit, and I've done this when the

when the situation arrives, that you can actually talk to your patients and even pray with your patients about these things and see a measurable difference afterwards, knowing that they don't have that anxiety about their end of life. They're able to put some of these issues to bed. you know, it's a privilege to be able to not only treat the physical aspects of your patient, the emotional aspects, but also the spiritual aspects.

Chris Wark (01:02:24.654)
That's amazing. And, know, it's worth mentioning that many hospitals were started by churches. I mean, you know, way back hundreds of years ago, A hundred plus years ago, many hospitals have their origin and starting as, as extensions of local churches and funded by churches. And, uh, you know, they've sort of distanced themselves from that. And it's, it's unfortunate that that's happened, but, know, I talk about forgiveness a lot.

in our community and a lot of people in my community are facing cancer. And so they're really thinking about their life and their future and how many years they have left to live or days or months or weeks. And so they may not be in intensive care, but they're facing their own mortality. And there's nothing like facing your own mortality to quickly shift your perspective and your priorities and to sort of

You know, the expression, there's no atheist in the foxhole, right? And when you have cancer, it's like you're in the foxhole, you know? And so, we find many people turning to the Lord, turning to God and getting right with God and, and wanting to also resolve conflict with people and forgive. so one of the things I encourage every person in my community to do is forgive every person who has ever hurt you. Unconditional forgiveness, right?

Roger Seheult, MD (01:03:23.822)
Yeah.

Roger Seheult, MD (01:03:50.616)
Absolutely.

Chris Wark (01:03:51.342)
They may never be sorry. They may be dead, right? They may never be sorry or whatever, but when you forgive them, you are releasing that pain and that anger and that bitterness. You're giving it to God and you're just saying, God, I'm going to let you deal with them and I'm not

going to hold onto this anger and this bitterness anymore. And it really does free you. I mean, it's a weight that comes off of you. And I know you've seen it firsthand in patients you've counseled with.

Roger Seheult, MD (01:04:15.341)
Yeah, absolutely. And that's the thing that it's interesting as a physician to do because you want to make sure that you're not missing anyone. But I also believe very strongly too that I don't want to impose my beliefs on somebody else as well. And you'll know this when you see the characterization of Christ in the Bible is he never forces himself on anyone. He knocks at the door.

He tells his disciples that you go to a town and if you're rejected then just dust the sand off your sandals and go to another town. So it's important when I engage in a patient, I need to make sure that they're wanting to engage in that way. And if they're not, then I certainly don't want to do that against their will.

Chris Wark (01:04:59.5)
Yeah, it's not a wrestling match. Pray or say uncle or something. Yeah. It's a beautiful invitation. And I think that's a great place for us to close and wrap up. like, you know, and I do want to say it is easier to forgive when you know that you're forgiven. As you mentioned from that study, when you turn to God and you have this revelation that your heavenly father loves you.

Roger Seheult, MD (01:05:01.174)
Absolutely. Yeah.

Roger Seheult, MD (01:05:06.415)
Exactly, yeah.

Chris Wark (01:05:29.326)
and is willing to forgive you in a, just in a moment of repentance. Then that, you know, it says in in the Bible, we love because he first loved us. And so like, when you experience God's love and his forgiveness, then all of a sudden it does make it so easy for you to forgive others. Cause you know, you're not worthy of forgiveness and you've received it. They're not worthy, but you can give it. so anyway, we're,

Roger Seheult, MD (01:05:55.363)
Absolutely.

Chris Wark (01:05:57.868)
I'm glad we're on the same page. It's great. And, and, on the same team, same mission, Dr. Schwell, you're, you're awesome. I love what you're doing. I love your knowledge. I hope we can do another follow-up interview sometime and go deeper on some of this stuff. And thank you for taking the time.

Roger Seheult, MD (01:06:12.111)
there's so much stuff that we could talk about. Absolutely. I'd love to come back.

Chris Wark (01:06:19.032)
Well folks, thanks again for tuning in, for watching. Please share this video with people you care about. Dr. Schwelt is an amazing resource. You can find him on YouTube Med Cram, M-E-D-C-R-A-M is the YouTube channel. Are there any other places that we can direct people to connect with you?

Roger Seheult, MD (01:06:37.795)
You know, there's X, I'm on X also on Facebook. So on X, it's just, there on MedCram, but also I'm personally on X. So if they want to engage with me personally, it's just roger.schwelt. So actually there's no, it's just at roger schwelt. I'm sorry, at roger schwelt on X. MedCram is on Facebook. Yeah. So those are the major. Instagram, we're on Instagram as well. And of course YouTube.

Chris Wark (01:07:00.194)
Instagram.

Chris Wark (01:07:04.488)
Yeah, all the places. So follow them wherever you, wherever you enjoy spending your time online. Okay. Well, thanks again. We'll see you on the next one.

Roger Seheult, MD (01:07:15.919)
Thanks, Chris.

Chris Wark (01:07:17.792)
Alright, I'm hitting