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How the Heart Controls Where Blood Travels in the Body

Analysis by A Midwestern Doctor | September 02, 2023

STORY AT-A-GLANCE

- Innovative ideas which challenge longstanding orthodoxies and commercial interests are always attacked by the medical profession. Because of this, as we all saw throughout COVID-19, many critically important concepts simply never see the light of day
- The conventional model of the heart views it as a mindless pump — a belief that is incompatible with much of what the heart is observed to do
- Forgotten Russian researchers demonstrated that the heart is constantly observing the body, sorting the blood it receives, and then sending the correct type of blood to where it is needed by the body. This immensely complex task makes life possible and mirrors what many different traditions believed about the heart

One of my foundational beliefs is that many things exist around us that hide in plain sight and once you spot them, your entire perspective of reality and the way you live life can be profoundly transformed. A large part of my passion for medicine in turn arises from the fact I always discover things in the bodies, minds and spirits of my patients that I had completely missed each previous time it had been staring me right in the face.

This process has given me a deep appreciation for how many facets of life simply cannot be explained within our reductive scientific models and how often the body's design incorporates many exquisite functions modern science has only the faintest inkling of.

With The Forgotten Side of Medicine, I've tried to focus on showing how this applies to the heart, as while our culture (understandably) places a huge emphasis on its importance, the heart simultaneously remains one of the most misunderstood organs in the body (e.g., cardiovascular disease predominantly originates from damage to the vascular system and the blood clots used to repair that damage — yet most cardiologists erroneously believe cholesterol, something essential for life, is the root cause of heart disease).

Traditionally, the heart is viewed as just being a pump that propels blood through your body (despite many things clearly contradicting that assumption).

Likewise, in a recent article, I discussed how organ transplants profoundly undermine our current conceptions of reality as they have demonstrated that much of what we consider to comprise our "consciousness" in fact originates from the heart and not the brain, as memories, talents and preferences from a donor are observed to transfer to the organ recipient.

This suggests that the heart is innately intelligent and in this article we will explore how its intelligence makes life possible.

The Politics of Science

Something not appreciated about science is how incredibly political the entire institution is; scientists typically only want to study topics that do not threaten the existing narrative as it is well known anyone who dissents from the narrative will be both relentlessly attacked by their peers and cut off from their economic livelihood.

To share a contemporary example, when the SARS-CoV-2 genome was made public, I looked at it, saw a few preliminary analyses of it and was relatively sure it came from the Wuhan lab (it was **really obvious** the virus was not natural). Before long rumors began swirling that this was the case and a team from India published a paper showing SARS had parts of the HIV genome (the part Fauci and his colleagues had spent decades trying to make a vaccine for).

The paper was immediately was harshly condemned by scientists around the world, causing it to be withdrawn from the pre-print server two days after it was posted.

Later, a very smart virologist (who knew a lot about SARS) showed that by the established criteria used to determine if a virus's genome was natural or lab made, it was statistically impossible that SARS-CoV-2 came from nature. When I asked them why they never published this (my friend loves publishing papers), they told me if they did they would have been permanently blacklisted from any type of employment (and possibly had worse consequences as well).

Public knowledge SARS-CoV-2 could have been a lab leak (due to how obvious it was) created a lot of potential problems for everyone involved in making it. Before long, a paper, co-written by a team of **expert** virologists was published in a prestigious journal which stated SARS-CoV-2 was 100% natural.

This paper set the public narrative — it was widely promoted by our authorities and the media, and any discussion of the Wuhan lab became "misinformation" Big Tech did everything it could to censor.

This new narrative allowed those responsible for creating COVID-19 (e.g., Fauci) to assume control over the pandemic, create the most devastating public health policies in history (both in terms of deaths, general economic costs to the country, and the number of people that were thrust into poverty).

Because of how ridiculous and harmful the policies pushed were, had the public known the pandemic pushers had also created COVID-19, it would have never been possible from them to have them to have had so much power over America. Similarly, because of the power of the narrative created by that study narrative, we all received an immense amount of pushback from our peers for advancing the "conspiracy theory" SARS-CoV-2 came from a lab.

Note: Much more could be said about this process, but my favorite part was that Peter Hotez (one of those who most vociferously denounced the lab leak hypotheses) had a grant from the NIH to create a vaccine for SARS and justified it as a countermeasure for

the scenario where SARS leaked from a lab. That grant was then used to fund the gain of function experiments that created SARS-CoV-2, and Hotez ultimately was able to get a widely utilized SARS vaccine to the market.

The type of gaslighting we saw with the origins of SARS-CoV-2 happens all the time (particularly from the national media), so I didn't take it personally. However, what's amazing is what happened afterwards. Independent investigators (and FOIA requests discovered that):

- After SARS-CoV-2 emerged, Fauci per his emails appears to panic and switches to discussing things off email.
- Prominent virologists are asked by Fauci to produce a paper which he reviews multiple times.
- After the paper was published, Fauci repeatedly uses it to debunk the lab leak hypothesis and the lead author receives a 9.8 million grant from the NIH. Notably, the paper's lead author lied to Congress by saying they were not being paid off after Republicans asked if he was.

  Note: Fauci controls who gets these grants and has previously cut off political opponents from the grant system, thereby destroying their careers.
- Subsequent leaks showed the authors of the paper did not believe at all believe what they published. This brief video makes the point quite clearly.

This episode is noteworthy in my eyes for two reasons:

1) It is one of the most clearly documented examples of a conspiracy occurring I have ever come across (e.g., intent was directly proven).
2) It helps to illustrate how hard it is for politically unpopular ideas to be published in the scientific literature. SARS-CoV-2 being a lab leak was really obvious and a lot of people knew it from the start.

Likewise, consider how clear it was that our COVID-19 treatment protocols (Tylenol at home and then remdesivir plus a ventilator) did not work while other non-profitable ones did, or how clearly unsafe and ineffective the experimental COVID-19 vaccines were — and how resistant everyone was to any of that being published in the scientific literature due to the politics at play.

I share the second point to help explain why the politics of science have prevented many other "controversial" ideas from ever seeing the light of day.

Note: as bad as the above video is, it only touches the surface of just how far reckless virologists led by Anthony Fauci have colluded to betray the American people for their own financial benefit. This recent five minute clip paints a much darker picture of exactly what those scientists were complicit in:

Russian Science

Although Russians in general have suffered from a significant lack of personal freedoms ever since the days of the Soviet Union, with science it has been quite the opposite and they have been able to perform and publish a wide variety of experiments we could never do here without facing significant political repercussions. I suspect this scientific freedom is due to a combination of:

- Russia having significantly less money, so overpriced monopolies (e.g., the medical industrial complex) simply aren't viable in Russia, and thus there is no incentive to invest in suppressing competing scientific models. Rather, their culture is incentivized to find the most economical solutions to the problems it faces.
- Russia having a daring culture which is willing to be upfront about challenging entrenched dogmas and exploring unorthodox ideas scientists there found compelling.

Because of this, I find many of the promising but suppressed alternative medical technologies (e.g., ultraviolet blood irradiation — which is incredible for many vexing hospital conditions) now are primarily researched and utilized in the communist (or

former communist nations) such as Russia, Cuba, and some of the former Soviet states in Eastern Europe.

The great shame with Russian research is that it's very hard for English speakers to get access to it and a a result few are even aware that much of it even exists.

Conjugated Heart Ties

Years ago, I came across an intriguing paper by a team of Russian physiologists lead by Dr. Goncharenko. It took me years, but I was eventually able to find a colleague who knew the researchers and received a copy of their research. What follows is an abridged summary of a longer article I wrote detailing all of it.

Dr. Goncharenko's research originated from a study in the 1970s where a baboon experienced a heart attack and was then autopsied. There, it was observed that a fatal heart attack had occurred in a very specific site in the heart that was accompanied by the typical thrombus [clot] seen at the site of a heart attack. However, a curious observation was also made.

A large hematoma was found in the left iliac artery (suggesting damage had occurred to the artery during the experiment), and at that arterial hematoma, six thrombi were found matching the thrombi in the heart. Since no other thrombi were found in the arterial system, this suggested the heart was inexplicably directing thrombi from itself to the site of the injury in order to repair it.

Note: I am conflicted about sharing these animal studies as I have strong objections to the abuses animals regularly suffer during experimental research.

While investigating this, the researchers recalled another curious observation repeatedly made throughout the history of medicine; that blood in different blood vessels differed in its composition.

For example, blood to the brain is warmer and contains younger red blood cells (which are better able to nourish and meet the needs of the brain), something also seen when

an actively exercising arm (which needs the healthiest blood) is compared to a resting arm (this has also been found when comparing an exercising hand to a broken one).

Conversely, blood to the spleen (which breaks down blood cells that have aged and lost their viability) typically receives older and weaker blood cells. Other examples occur as well, for instance, the blood that goes to a pregnant woman's uterus has more nutrients than the blood the rest of her organs receive.

With their preliminary data, the researchers decided to repeat the initial experiment and discovered that for monkeys, dogs, rats and rabbits the same phenomenon was observed. If a specific artery was injured, multiple spiral-shaped thrombi containing heart tissue would appear at site of injury and nowhere else.

Reciprocally, a specific part of the heart would be experience a myocardial infarction (heart attack) when this occurred and the correlation between the specific artery and part of the heart, were similar in all the animals and identical for animals of the same species.

Conversely, they also found that injuring a part of the heart would gradually weaken the blood flow to its conjugated part of the body (e.g., a rat's tail became necrotic or a dog's leg muscles atrophied).

Suspecting the heart was somehow able to sort blood into different types (e.g., the fresh blood for the brain), they tried placing radioactive tracers in different parts of the left ventricle (the chamber that sends blood into the body) and found that each section of the left ventricle ended up in different parts of the body.

Goncharenko's team eventually discovered the responsible structures were the tiny structures lining the inside of the ventricle (the Thebesian veins and the trabeculae carneae muscles), as blood conjugation stopped once these structures were destroyed.

While it was not ethically possible to repeat Goncharenko's experiments on humans, there were a variety of observations that suggested the same thing was occurring in our species. For example, many surgeries require injuring an artery (e.g., by clamping it off)

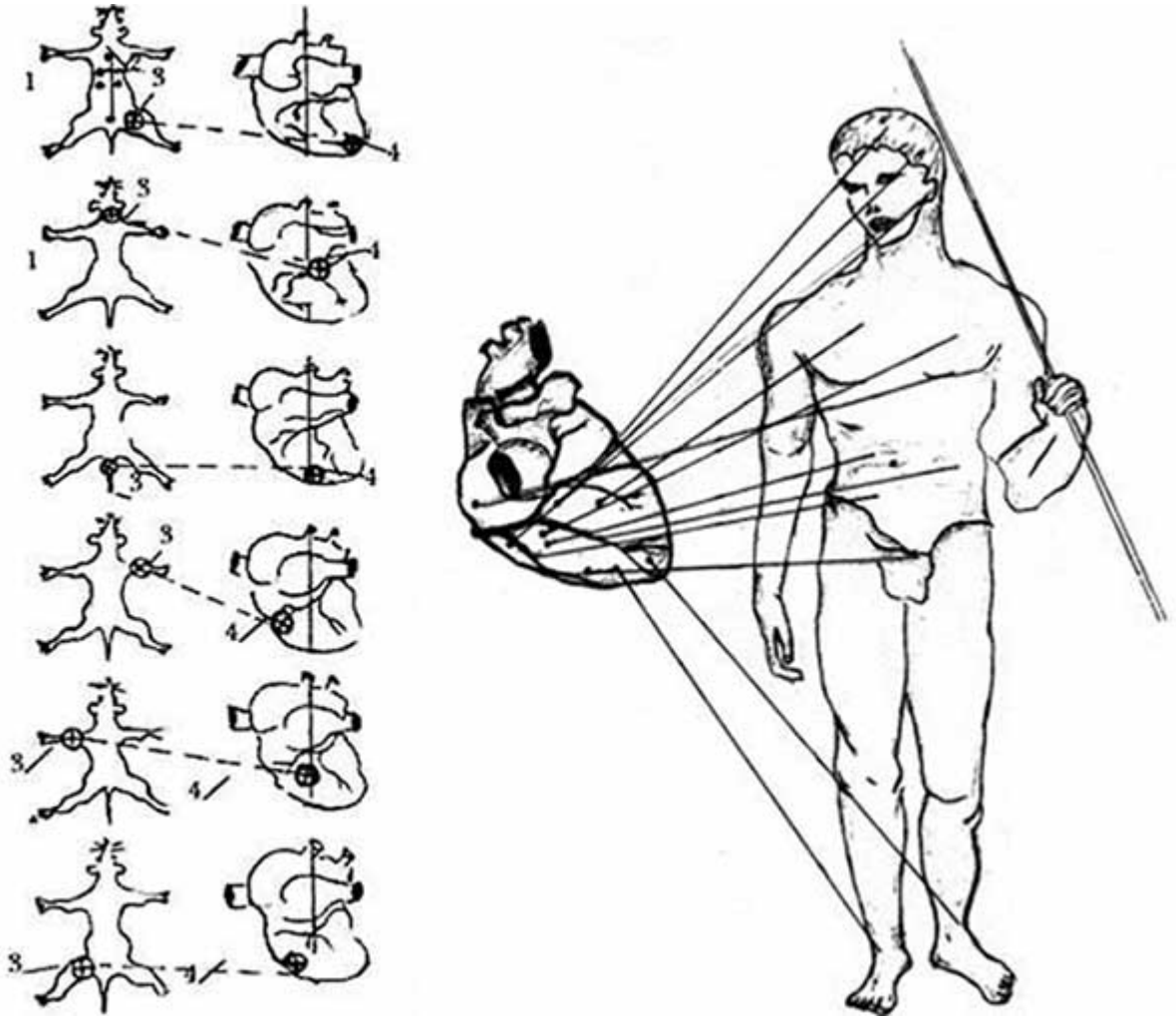
and there are numerous reports of individuals having heart attacks during those surgeries.

Goncharenko's team was able to do autopsies on some of those cases and discovered the same thrombi clustering at the site of the arterial injury he'd seen in the animals he studied.

Likewise, there are thousands of reports in the medical literature of an arterial injury causing a heart attack. Conversely, Goncharenko also noted that operations on the cardiac base (which conjugates blood flow to the brain) were known to create disorders suggestive of impaired blood flow to the brain and heart attacks in specific areas of the heart have been observed to cause necrosis of the nose, ears, arms and impotence.

Note: similar brain damage also occurs when a patient is put on a heart lung machine (e.g., during a heart surgery) which suggests something besides just pumping blood to the brain is needed for its health.

From these reports, his own numerous observations (e.g., measurements of pulses throughout the body when heart attacks occurred), and the animal data, Goncharenko created a proposed map of the conjugations (discussed further in **the longer article**).



However, while it was possible to prove this conjugation was occurring, it also posed a much greater question … how was it happening?

Note: I've asked manual therapists who treat the vascular system and the heart and the most talented ones have told me they can consistently feel a connection between regions of the heart and specific parts of the arterial system. Based on all of that, I am inclined to believe this is a real phenomena, but I am at a loss to explain how the heart is able to know where it needs to send blood and then get it there.

Goncharenko's team tried to assess the most obvious mechanism (signals from the nervous system) and found that anesthetizing the nerves for the injured artery had no effect on the heart's ability to detect and clot the injury. Later they tried fully disabling the central nervous system and that did not prevent the heart from doing this either.

Spiraling Currents

Previously, I touched upon Viktor Schauberger's forgotten research which discovered that the ideal way for water to travel (both so it was energized and so it had the minimal amount of resistance) was in a spiraling vortex where everything carried within the water (e.g., abrasive elements like rocks) was concentrated in its center.

Schauberger's conclusion was heavily influenced by his observation that streams and rivers would consistently adopt curved patterns (both horizontally and on the bottom of the riverbed). This suggested this was the most energetically favorable way for water to flow and that water was molding each waterway to match its motion (e.g., Schauberger was able to prevent rivers from further eroding riverbanks by restoring the natural curved motion of water).

If this is true, then natural selection should favor a similar architecture in the circulatory system — the benefits of reducing the energy needed to move blood through the body, and more importantly to reduce the damage blood flow causes to the lining of the blood vessels. If blood indeed travels as a spiraling vortex two things would be necessary:

- Something to initiate the spiraling motion.
- Blood vessels with a curved shape that create the vortex (a manner not all that different from what Schauberger observed with rivers).

As it so happens, there is such a curved shape to the arteries throughout the body, something I have seen best demonstrated by plasticized cadavers (e.g., see this video, or this high resolution image of a heart, a structure which is also curved to facilitate the spiraling motion of blood).

Blood Vortexes

From studying the tiny Thebesian vessels, they discovered the work of another anatomist who had filmed the Thebesian vessels spouting **vortex** shaped microjets during diastole (when the heart fills with blood).

This suggested sorted blood was being packed into individual vortexes that had the ability to travel to their chosen location in the body, and when it was subsequently tested in an artificial heart model, the researchers found they could direct exactly where the vortexes they created arrived.

Note: vortexes are known to a very stable liquid structure, and thus likely to be maintained while the blood travels throughout the arterial system.

To study exactly how this happens, dye was injected into hearts, which (along with arteries) were then flash frozen and sliced into slides looked at under a microscope. It was observed that in the openings to the Thebesian vessels, blood cells were packed into donut shaped rings (surrounded by **microbubbles** and containing other blood components in the center) which transformed into vortexes once these packets began to move.

Lastly, they saw that each of the individual micro-vortex would merge together to create a combined vortex that exited the heart before separating into each individual vortex that traveled to their conjugated parts of the body.

This mirrors what experienced vascular workers have repeatedly told me over the years — where blood ends up in the body is often predetermined long before its arrival (e.g., blood near the start of the left versus right sides of the descending aorta consistently goes to different arteries in the body).

When I thought this over, I also realized another major benefit of vortexing motion — its dispersive force plays a pivotal role in keeping blood separated. Conversely, once blood leaves the blood stream and loses that motion, it rapidly clumps together (which frequently prevents us from bleeding to death).

Note: Blood components will periodically stop being evenly mixed together and instead separate by density, which causes the red blood cells to clump together and stop moving. Normally all the negative charges of the blood prevent this from happening.

However, in **many** acute and chronic disease states (e.g., spike protein injuries), due to increasing positive charges or a loss of negative charges, the total electric repulsion (zeta potential) reverses and the blood cells clump together, which frequently leads to microstrokes (which for example are one of the most common types of vaccine injuries).

Electromagnetic Communication

Goncharenko's team also found some (speculative) evidence to suggest a faint electromagnetic signal was emitted by stressed arteries which the conjugated areas of the heart may have detected and responded to.

Additionally, they argued that there may be an electromagnetic resonance at work that helped to guide blood to its preselected locations (as in some cases the vortexes appeared to move in the opposite direction to the flow of blood.) One of the most interesting proofs they found for this resonance coupling was:

> *"In the phase fluorometer, histochemists observed the same plausible glow of DNA and RNA preparations from heart tissues and organs, conjugated with each other, that confirmed their relationship … In addition, in portions of linking emboli [conjugated thrombi] the blood had an identical glow."*

Note: many holistic healers believe embryologic connections are maintained through your life and often are very important to consider when treating a patient. The above is one such example.

Goncharenko's team eventually settled upon the hypothesis that electromagnetic radiation was being transmitted from the heart trabeculae to the conjugated vessel through fibers in the smooth muscles.

To test their theory, they exposed one carotid artery to a bioelectric current with a spool of wire wrapped around the vessel under the theory this external field would interfere with the electromagnetic flow through the vessel. It did and the heart's thrombi no longer arrived at that carotid once it was injured.

Lastly, Goncharenko advanced the hypothesis that since the blood vortexes are packaged in specific shapes with specific vectors, information is transmitted to the target tissue and conversely that the heart is continually processing information it receives from the blood it then sorts. When you consider all the data bits involved, this in total represents an immense amount of information processing potential.

In a recent article, I discussed the inexplicable observation that memories, personality, preferences, and skills appear to transfer when someone receives a new heart. The hearts ability to monitor and communicate with the entire body would potentially explain both those observations and the belief in many traditions that the heart is where consciousness resides and is the structure that governs connection to everything in the body.

It also provides an entirely different mechanism to explain why organs stop functioning once they no longer receive their blood flow; rather than just losing their energy source, they also lose their instructions on how to functions. Conversely, it is well-known that (excluding a need for a ventilator) the entire body can continue to function for a prolonged period when someone is brain dead, which implies there may be another system (such as the heart) which regulates the body.

The Mystery of Blood Distribution

An axiom I've learned from one of my favorite authors, Dr. Malcom Kendrick, is that if you repeatedly encounter inexplicable "paradoxes" in your model (e.g., the COVID vaccines are **completely safe and effective**), then your model is probably wrong. Presently, our existing circulatory model includes the following foundational premises:

Any liquid system in the body is evenly mixed and the same throughout.

Movement of fluid requires a pressure (e.g., one created by a pump) to drive it.

The pressure generated by the heart's beat creates an elevated pressure gradient that pushes blood through to the arteries, then the capillaries, and then back to the veins

where it then reenters the heart. This movement occurs due to the established fact that high pressure fluids will flow into low pressure areas.

Increasing or decreasing the blood flow to areas is controlled by increasing the heartbeat (which allows a faster turnover of fresh oxygenated blood) and constricting arteries or arterioles (small arteries), which reduce or increase blood flow in a specific area.

5-6 liters of blood fill the entire circulatory system and continually cycles through the circulation as it is propelled by the heart's pressure waves.

Circulation follows the laws of hydrodynamics and hydraulics. By those laws, blood should be evenly distributed throughout the entire fluid circuit of the body.

This model is based off of what is observed in engineered systems where a central mechanical pump is used to push fluid through the system and the resulting fluid motion is then studied. The problem with that model is that what is observed within the body frequently contradicts what is expected according to the model. For example:

- The **pressure**, temperature, oxygen saturation and composition of blood, when measured at the same time differs within different portions of same chamber (ventricle) of the heart. Under the existing models (e.g., simple diffusion or fluid hydraulics), this should not be possible.

- Blood flows are often observed going from low pressure areas to high pressure areas (e.g., a capillary bed to veins).

- The rate of blood flow in the smallest blood vessels (capillaries) within a tissue such as a muscle can rapidly change in a few seconds while no change occurs in the tiny arteries that feed those vessels.

  Likewise, there can be a huge increase in the blood flow to one organ but not the adjacent organ (Goncharenko cited the example of one kidney at times being

measured to have 14 times the blood flow of the adjacent one despite the arteries to both remaining at the same diameter).

- Blood has been observed to flow spontaneously in the absence of a heartbeat (e.g., after death).

Note: many of the above points (e.g., that **liquid crystalline water** may be the driving force that makes these inexplicable motions possible) were discussed in further detail **here**.

Another major mystery Goncharenko explored was blood sometimes appearing to change in size. For example, 7-8L of blood taken out of the body can shrink to being 6.5L over time, much more fluid is required to fill the blood vessels than the total amount of blood that embalmers first withdraw from a cadaver and when a heart-lung machine is used to keep someone alive while their heart is being operated on, significantly more blood than the patient initially has is needed for it.

Likewise, blood's density can also change, as when blood moves further away from the heart (especially once it enters the veins), the red blood cell concentration increases, suggesting the fluid surrounding those cells somehow shrunk.

Goncharenko eventually realized that cavitation bubbles (bubbles created by abrupt localized reductions of water pressure) frequently formed within the blood and thereby allowed blood to expand or shrink as needed.

Some of the evidence he collected included microbubbles existing throughout flash-frozen blood, the electrical impulses and sounds detected from each heartbeat matching those created by artificial cavitations timed to the heartbeat and artificial models of the heart creating cavitation bubbles.

Cavitation bubbles appeared to serve two crucial roles: they significantly reduced the total amount of blood needed by the body (by allowing blood to expand as needed) and release significant amounts of energy (thereby allowing them to serve as an energy source to propel blood). In turn, both the heart and blood itself appeared to have a

variety of unique adaptations that greatly enhanced their ability to form cavitation bubbles for the body.

One of the things I find the most intriguing about this entire theory is that within Chinese Medicine, there is a belief that the lungs are responsible for moving the blood through the body, and a variety of breathing exercises exist that seem to do just that when you try them out. Why this works never made sense to me and Goncharenko's model provides a very elegant explanation for it.

Conclusion

One of the things that continually amazes me is how much people with relatively primitive instrumentation were able to figure out about the body. In the case of the research put forward here, much of it was done **over fifty years ago** (something that was likewise the case for many other areas I've previously covered like blood sludging and zeta potential).

This to me speaks of the issue with modern research I discussed in a recent article — that science is no longer producing paradigm changing discoveries, and when independent scientists nonetheless make them, the orthodox scientific community typically bands together to denounce those discoveries.

In short, because there is so much money in science, science in the wealthier nations has become a career where the goal is the protecting one's career, not advancing science. If things like this could be discovered with instrumentation from half a century ago, imagine what our modern scientific apparatus could do if scientists were free to pursue unconventional ideas.

Presently, I believe Goncharenko's thesis of conjugated heart ties is valid, but I am less sure about the other things (e.g., the cavitation bubbles), since they will require an independent and unbiased corroboration — something unlikely to be found in the current era. That said, if we simply assume the heart-arterial conjugations are true, this

completely changes countless beliefs that underlie the practice medicine. Likewise, it helps to explain:

- Why it has not been possible to make a mechanical pump that effectively replaces the heart — making an artificial heart that can replicate blood sorting, conjugation and vortexing borders on impossible.
- What causes heart attacks and circulatory diseases. Likewise, my colleagues who have the most success in treating immensely complex medical issues frequently utilize the heart-arterial conjugations.
- How the heart has a consciousness and is connected to the entire body (something many different traditions believe).
- How the body solved the problem of not having enough space for all of its necessary blood vessels. Space is a key limiting factors in biology, and as a result the human body is very tightly packed with everything needed to support life. So by allowing the heart to direct both the volume and distribution of blood, it radically increases the available space for other essential tissues.
- Why arteries (but not veins) are vulnerable to the endothelial damage which causes heart disease — as the shockwave from each cavitation the heart creates can be quite powerful and might damage the endothelium if it was sent out on a vector that causes it to collide with the arteries rather than smoothly transit through them.

As we conclude, I would like to share one of my core beliefs: If something is true, different systems will inevitably rediscover it. Consider for example in Chinese Medicine that the heart is viewed as the emperor that coordinates the functioning of the entire body, something that initially seems implausible.

Yet this begins to make much more sense if the heart in fact is responsible for monitoring everything in the body, sorting what blood is needed for each tissue, protecting the entire arterial system from damage, and emits a repeating electrical signal that entrains the tissues of the body.

Furthermore, in Chinese Medicine, the heart is viewed as the “fire element” organ of the body, and a fundamental characteristic of “fire energy” is that it travels in a spiraling pattern. This seems abstract, until you realize that that is exactly how the heart moves blood through the body.

This was a lot of ground to cover and I thank you for having an open mind and sticking through all of it. If you would like to learn more please consider reviewing **the longer article** and **this compilation of all Goncharenko’s research**.

A Note From Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician in the Midwest and a longtime reader of Mercola.com. I appreciate his exceptional insight on a wide range of topics and I'm grateful to share them. I also respect his desire to remain anonymous as he is still on the front lines treating patients. To find more of AMD's work, be sure to check out **The Forgotten Side of Medicine** on Substack.