Introduction and Speaker Background

Hello everyone. Welcome back to Reversing Hashimoto's and Thyroid Disorder Summit. I am your show host, Doctor Anshul Gupta, and I am really excited about today's discussion because the person I have over here has a lot of credentials behind his name and a lot of expertise and experience in helping people, treat cardiovascular diseases, and especially how it connects to thyroid patients is what we are going to talk about today.

But let me introduce our speaker today before we start the discussion. So Doctor Joel Kahn, is in Detroit, Michigan, is a practicing cardiologist and a clinical professor of medicine at Wayne State University School of Medicine, known as America's Healthy Heart Doc Doctor Kahn As has triple board certification, internal medicine, cardiovascular medicine, and interventional cardiology.

He was the first physician in the world to certify in metabolic cardiology. With a forum and the University of South Florida. He founded the Kahn Center for Cardiac Longevity in Bingham Farms, Michigan.

Kahn has authored scores of publications in this field, including articles, book chapters, monographs. He writes health articles and has six books in publication, including Your Whole Art solution, dead X, Don't Get Bonuses, and the Plant based Solution, and Lipoprotein The Heart's Silent Killer.

He has regular appearances on Doctor Phil, the Doctor Show, doctor, also Larry King Now, and the Joe Rogan Experience. He has been awarded a Health Hero Award from the Detroit Grains.

Business doctor Kahn also leads the annual online summit Reversing Heart Disease. Naturally. Doctor Kahn, welcome over here. Thank you very much. And we got a lot of important information to share this morning or this afternoon, depending whenever anybody is watching this.

That is correct. That is correct. So thank you so much for coming over here. And as I already told people, lots and lots of great experience and especially like, you know, a lot of thyroid patients do, you know, suffer from cardiovascular diseases or cholesterol problems or blood pressure issues, and they have no idea why that is happening from them.

So I would like to shed some light on all those problems they deal with. And the better. What is the solution to fixing those problems? So why don't we start with like why should the thyroid patients be concerned about how heart diseases.

Yeah. Well, you know, number one, we should be concerned about heart disease in everybody, men and women at every stage of life. But you know, we all know as adults the number one cause of death is our disease.

And we always estimate, I think, very fairly, that 80% of heart disease could be prevented. You know, identifying as early as possible all the root causes.

A lot of them are lifestyle. We know that your fitness, your diet, your sleep, your stress, you're smoking a lot of them. You have to do a little work like check your blood pressure and get some labs, maybe get some screening for Silent Heart disease.

Maybe we'll talk about. But we're always hunting for the root cause.

Why Thyroid Patients Should Watch Heart Health

You know, it's a dime a dozen to go to your, internist or your family doctor, your gynecologist, and, you know, hear the word your cholesterol is up a little bit, and I think you should go on medicine.

And then 25 years later, you stayed on medicine. When thyroid disease could be, you know, the root cause, thyroid disease abnormalities. So it's always important.

And all my patients at my clinic, do you know, full, complete thyroid panel, iodine panel. And, you know, just either cross that one off the list or find a correctable root cause that avoids needing to go to prescription drugs.

Absolutely. And again, I also keep seeing in my clinic each and every day that a lot of the patients will have elevated cholesterol levels. And they have obviously been said that, you know, they need to go on a statin sooner or later.

But then, you know, like you and me know that those statins might not be the best choice for each and every person. And there are other alternative ways of, you know, improving the cholesterol levels.

But first of all, have you seen that connection between the thyroid and the cholesterol levels being high? Or it is just a coincidence? No, I think it's pretty proven fact.

And you know, this topic right now is just one of the thyroid heart connections. There's actually many and they're all important. But the thyroid cholesterol connection is completely established in the medical literature.

We're not talking any conspiracies here. But you know, there are people that are overtly hypo thyroid, clinically hypothyroid and you know that syndrome better than me.

But fatigue and slow heart rate and edema and, dry skin and hair loss and you get the labs and you confirm hyperthyroidism. And we know that that elevates the cholesterol.

And I think you would agree you're the expert, that some people have been hypothyroid for months to years before the diagnosis manifests clinically. And they've been running a very high cholesterol.

We're talking total cholesterol, LDL cholesterol, sometimes triglycerides. And interestingly, if you identify that they need treatment and you normalize your thyroid hormones, which may take, you know, weeks to months, the cholesterol comes down and you didn't need to go to a statin.

I don't think statins are the worst drugs in the world. They need to be used selectively and carefully and watch for complications like all other drugs.

But why use a drug when the root cause was overt? Hypothyroidism? A little less, obvious is, you know, this subclinical hypothyroidism. Every patient in my clinic on intake gets a full and complete thyroid, panel.

And there's a lot of people with, you know, and it is called subclinical. They're not as obviously symptomatic. They're not as obviously bradycardia and swollen and the rest but their TSH is up.

And maybe it's six, seven, eight, maybe it's 11, 12, 13, but they're not yet really obviously symptomatic. And some of them will have a significant elevation in cholesterol.

And, that decision of whether to put them on a very low dose thyroid replacement, is again, you're more expert than me, but it will sometimes correct the cholesterol disorder.

And the fact that people with hypothyroidism untreated have a higher risk of atherosclerosis, fans who work for hardening of the arteries. And of course, if you have atherosclerosis, you're going to be dealing with higher risk of heart attack, stroke bypass stands, there's no doubt about it.

So we have to screen everybody really, I think routinely, but certainly in a cardiology clinic and select those with hypothyroidism that might benefit from, you know, maybe very low dose replacement or proper low dose replacement and retest them, come back and, you know, eight weeks, 12 weeks and, retest them.

But yeah, I see that over and over and over. Absolutely. And again, like, you know, you brought about an important topic about testing because, you know, like a lot of people, when they see a cardiologist or even their regular PCBs, they just get a regular cholesterol panel, not even an advanced cholesterol panel.

And you initially talked about, you know, the screening tests that can tell us about, like, you know, much more about cardiovascular Tre and what is a person's risk for getting heart disease in the future.

Thyroid Dysfunction and High Cholesterol

So shed some more light about what are these potential tests, especially people with thyroid disorders can get to know their risk of heart disease. Well, in my clinic, you know, we're getting age free gene for three T3, reverse T3, we're getting the thyroid antibodies, TPO and thyroid globulin.

And I'm usually getting a urine iodine level. I see a lot of vegans. I'm plant based myself for many decades. And it's not just vegans, but it is true that getting adequate iodine in the diet, everybody is a little salt, adverse, which is fine with me, but we used to get iodine in Morton Salt, Morton's iodine.

I sell some people do eat kelp and kelp flakes and seaweed salads, and these are sources of iodine. But my observation, I don't have a statistic for you is many, many people test low for iodine.

So, you know, you're not going to have a fully normal functioning thyroid gland in some people if you're deficient in iodine, you know, the backbone of making the hormone.

So I'll put them on kelp flakes. You know, there's a number of seasonings and spices that are salt free that are available in all the stores online that are kelp flakes.

There are some multivitamins with a small, reasonable amount of, iodine in them. Most multivitamins don't, in my experience, have, iodine in them, but I kind of favor the ones that do have a small dose, particularly in my, you know, plant based community, which is, you know, not all my patients, but it's a sizable number of my patients.

And that that's what we're going. You know, I've said, I'm going to ask questions about, you know, any potential symptoms, physical findings that go with hypothyroidism.

But, you know, most of these people, I'm going to test them no matter what, even if they are without symptoms. But tell us a little bit more about, you know, specific preventive, like or risk stratification for checking their risk for heart diseases.

So people coming in their 40s and things and they want to know their risk for heart diseases. What are the certain tests that can tell them about that?

Well, that's a very good question. A very big question. I wish every endocrinologist in the world was listening. Every internist in the world was listening, every, you know, primary care doctor.

But, you know, heart disease is a very tricky disease. It's silent for years and years. It may seem like it came on all of a sudden. I ask people all the time, you know, grandpa just died one day at age 64.

You know, my brother, and it could be a woman. So I should probably my sister, you know, was doing fine. And an hour after pickleball had a heart attack.

But it wasn't sudden. It was going on for years. And for some reason, in the medical community, we screened for cancer. We screened for breast cancer, colon cancer, cervical cancer, prostate cancer.

There's many more cancers. There are technologies now to screen for, but those are the standard ones. But we don't screen for our disease. So the bottom line is ask your doctor for advanced lab work.

And in addition to what your doctor's probably ordering, get a, inflammation test, high sensitivity C-reactive protein, maybe get an omega three index, a level of that nutrient, get the thyroid panel, get a genetic cholesterol called light bulb protein, little AA, which is widely available.

And is a very important factor in developing early heart disease, stroke, aortic valve stenosis, another heart condition. Maybe get a homocysteine level and then finally, just like you're going to go at age 45 nowadays for your first mammogram or first call an ask a B or alternatives.

If you want alternatives like a Thurman gram and Apollo GAA stool test, ask for a heart calcium CT scan, a ten second, noninvasive CT study. You just hold your breath and you go home.

It's very low dose radiation, like a mammogram. It's painless. There's no allergies because nothing is injected. And about age 45, or if you're listening to this and you're ready over 45, it's not too late.

Go do it. You know you want to be a zero score, which is the most accessible, least expensive, reliable way. 7000 peer reviewed studies to, determine if you're on a track of avoiding heart attacks, bypass and tends to nearly 100% degree.

If you come back with a heart calcium score of zero or like what I do day after day after day with patients all across the United States in my clinic, you know, you're on a track where your risk of heart attack is higher.

Advanced Screening for Heart Disease Risk

It may not be outrageous, but it's higher. And we're going to do a deep dive and a root cause dive and lifestyle dive. But you may end up on supplements.

You may end up on prescription drugs if your risk is high enough. And everybody should get that. I don't care if I'm seeing a 108 pound woman who does yoga for an hour, swims for an hour, eats healthy, and I'm actually thinking of a specific patient, she is going to get the full workup.

And the one I'm thinking about came back loaded with silent heart disease. And, you know, I'm going to work with her for 20 years of I'm still in practice to avoid ever needing to go to the emergency room, ever needing a stent or a bypass.

And, finding it early works in every other disease. We just ignore the heart. So all those thyroid patients should listen and be sure because of this thyroid heart connection.

And we've only talked about once of our cholesterol elevation and increased risk of atherosclerosis. But there's actually many more overlaps between thyroid disease and heart disease.

Absolutely. Yeah I mean I got my calcium score done because, you know, like, heart disease runs in my family. So I wanted to be on a, on a safe side. So turned out to be everything was okay.

But do you repeat it like, you know, after certain years, like five years too? Well, that's a good question. You know, if you have a normal colonoscopy to hear, repeat it.

And of course, you know, and I know the usual recommendation might be 5 to 10 years. If you have a normal PSA and, you know, prostate exam, you know, might be every couple of years.

The science says if you do come back with that calcium score of zero, you probably want to repeat it in 5 to 7 years. In stage zero, you really want to stay zero.

Don't go start eating pepperoni pizza. When your calcium score comes back zero, you know, work even harder to keep at zero because you're on a good path.

And if you're high and again, I see people every day with calcium scores of 408 hundred, 1700. I mean, these are just numbers, but the higher they are, the bigger the burden of heart disease.

You may not ever need to repeat it. I go to more advanced testing. CT angiograms, the calcium score is an amazing, inexpensive screening test. It's not a great test to follow the disease over time, because if you're high, it's just going to go up.

We do not know how to keep it from going up. We can reverse something called soft plaque in the heart arteries, but you can't see that on a calcium score.

So you got to do more advanced testing and work with a patient, in a more advanced way. Absolutely. Now, you also mentioned, you know, an important test, which was the lipoprotein, you know, like little late checking for that.

So shed some light on that. What test is that? And, you know, like, what kind of indication that might mean if that level is high. Yeah. And just so that the viewers will get an advantage, because it's so important and this is a little bit self-promotional, but I'm the only guy in the world so far that's written a book about light bulb protein, little A, and I'm showing it.

And those that are, you know, watching this as a video because you can see how it's actually written out. And that's what you want to write down and ask your doctor to check in your blood work.

And you have to be very specific because there happens to be this is a cholesterol particle. There happens to be another cholesterol particle, which gets messed up by doctors a lot.

And they order apolipoprotein A and it's capital A, but if you notice this is not a capital I, it's a lowercase A. It's a awkward name by which we come up with another one.

It's sometimes called the sticky cholesterol. But about 20 to 25% of every human on the planet. So we're talking, you know, nearly 2 billion people get a gift from their parents.

And chromosome number six, where they have the ability to make that cholesterol. And about 75 to 80% of us don't get that gift. Those who get it are at more risk.

It's not certain, but it's more risk of heart attack, stroke, atherosclerosis throughout the body, and a narrowing of the, valve to the heart called the aortic valve, which is a rather serious.

It's a slow condition, but it's a serious condition. And, you have it in your blood from the time you're born. So it's a life long exposure. It causes inflammation, it causes atherosclerosis, and it may increase the risk of your blood clotting.

So if you learn that you inherited a high level of it, it's a simple lab test. LabCorp quest. But if you're in, learn that you inherited at a high level.

Some doctors are putting patients on a baby aspirin a day. That's a a new thing. And what I was going to say to you, Doctor Gupta, is what I'm seeing in my clinic over the last year.

I'm friendly with the well known functional medicine doctor, Mark Hyman, and he's started that lab service called Function Health. I am not an investor.

And there's another one called My Life force.com, and there's another one called Life extension.com. So a lot of people are paying cash and ordering these big lab panels.

But all those thyroid tests I talked about but they're all getting their light bulb protein level. They check the right one, the correct one. And like, my phone's ringing nonstop now because it's no longer depending on the family doctor, the internist, the gynecologist.

A lot of people are, you know, learning about their increased cardiovascular risk or thyroid abnormalities because, you know, the standard panel done in a typical internal medicine office is pretty limited by, you know, just tradition.

Absolutely. So let's say, like, you know, if a person walks, you know, as you said, now people are checking this lipoprotein and a lot of those people might have high levels of it.

Some of it is genetic component, as you mentioned. So can people do anything to lower this? Lipoprotein? A well, if we look just a little into the future, first fact people need to know is the most commonly used cholesterol medicines, statins, like Lipitor, cholesterol absorption inhibitor zeta, which is a great drug.

The injectable drugs called were a path. They barely or do nothing for light bulb protein. A they were designed and approved to lower total cholesterol and LDL cholesterol.

So there is no drug FDA approved for light bulb protein, even though it can cause heart attack strokes and actually kill people. And it's common. There are people that have it.

I don't want to create great fear, because I have many patients that do inherit a lot of light from protein production, but they don't have disease. We don't know why it's a good thing for them, but we have to test them all with the calcium score and other testing.

But in the next months, two years, the pharmaceutical industry now is salivating.

Lipoprotein(a) and Genetic Risk

Whoa, we got this big target we don't have a therapy for. So Novartis is a big company out of Switzerland, Amgen a big company out of Silicon Valley, Lilly a big company, Indianapolis and others are all testing drugs just for this cholesterol.

And the first one will be released. If it goes well with the FDA in the next 12 months, they'll be very restricted to people with high risk, like people with prior bypass.

They're going to be very expensive and they're all right now, injectable drugs, there are oral ones being developed. Now. Ultimately this is a disease where we could do what's called gene editing.

And maybe in the next ten years, you'll be able to just turn off that single gene and all of a sudden your blood level will be fine. There will be no need for medication.

Absolutely. Well, I'm waiting for that time that will help all of us, you know? So with so many diseases, you know, which can be improved. But until that time, what can people do to lower the risk or burden of heart diseases?

Right. Well, these are all my secrets, you know, this is what I do there. So number one, you obviously want to focus on lifestyle. Check your thyroid, make sure it's in balance.

But the typical ones, a very wholefood healthy diet. I favor a plant based diet, also known as vegan. But not a junk one. I mean, you're going to be chopping a lot of vegetables in your kitchen.

And, you know, not ordering carry and then ordering frozen foods. You got to make it high quality. So nutrition matters a lot. Lot of fiber. Fiber lowers Glasgow, lot of fitness.

I work out every day. You should do good sleep. Don't smoke. Monitor your blood pressure. Monitor your blood sugar. I'm wearing I don't think everybody needs to a continuous glucose monitor right now.

Just as a little self experiment. But if you don't do that, at least know your fasting insulin and your hemoglobin A1. See, as you know, Doctor Gupta, people of Indian background are much more likely to be insulin resistant.

And we should test everybody for insulin resistance. That's more blood work, of course. You know, and then beyond that, for lipoprotein level AA, you can use niacin.

And over the counter vitamin B3. It's been used for cholesterol management for 60 years. It's very inexpensive as a vitamin. It's out of favor with cardiologists.

But it does lower cholesterol LDL cholesterol and lipoprotein A and sometimes it lowers it a lot, you know, 75%. So the numbers drop like crazy. But you have to watch it carefully.

You have to work with somebody who's going to repeat your labs and monitor your blood sugar, your uric acid, your liver enzymes. You can go on hormone replacement therapy if you're a woman just entering menopause.

That lowers lipoproteins, as well as improving some other cardiovascular risk factors. There's a green team from India, the Indian gooseberry. Amla may lower lipoprotein, a little ground flaxseed may lower leg bone protein, a little vitamin C, and high doses may lower lipoprotein A and protect the arteries.

You probably want to work with somebody who's got experience with higher doses of vitamin C protocols. I'm one of those, and one last little trick. And I'm giving them all away here, but that you're on Lipitor.

You're on Lipitor for ten years. You go get your function health panel or your doctor, or is it? And your lipoprotein A is high. Well, it turns out statins lower cholesterol, but they raise lipoprotein a, and although some of the university experts downplay it, I've drawn lipoprotein A and 10,000 patients over the last 15 years.

Some patients it really really boosts light bulb protein a higher. Now what you want. So what I'll do with that patient is I will lower. I may take them off their statin for four weeks and find out what their real light bulb protein a baseline level is.

Nobody's going to get hurt by doing that. Or I'll drop. Let's say they're on 40mg of Lipitor. I'll drop them the ten and I'll add the other drug we use a lot called as a to my inexpensive generic cholesterol drug.

And when you use them together, those two low doses do as well as 40 milligram solo therapy. And what I see is we keep the cholesterol down. But the lipoprotein falls a lot.

I've seen that over and over and over because we're using less statins. So that's a little twist. Now some people go on a pathway that's an injectable cholesterol medicine.

Very expensive. Or probably you ain't got to get insurance approval. They can lower lipoprotein a about 25%. That's pretty modest. We're looking for more than that.

The new drugs we hope to have in the next 12 months are lowering lipoprotein by 90%. So that's what we're going to hope to see. Big protection for patients.

Absolutely. So those are like all trade secrets that you already shared over here. But a lot of I'm out of work. I got nothing to do on Monday.

Lowering Cardiovascular Risk with Lifestyle and Supplements

That's great. That's great. Let's does a little bit you know like about omega threes. You know because you know obviously there is a big controversy. Some people believe you know omega three is really good for heart health.

And then obviously we have these population based studies some of them which claim that they actually don't do anything. One of them was published recently.

What is your take. So people you know like you know or get some like expert opinion on it. Yeah. Well, my view is that almost all. And I'm not answering your question yet.

I'm going to answer almost all the cholesterol medication studies, the primary prevention ones, the people that haven't had a heart attack or bypass, they're fairly bogus because they didn't do a heart calcium CT scan.

So that population was mixed with people with heart disease, silent, without any heart disease. It was also mixed with people with lipoproteins, without lipoprotein A but we're just treating them as one big group with a statin or a placebo.

But you're not going to expect the same benefit in somebody with a high calcium score or a zero, or somebody with a high level protein, a zero. So then you get to omega three, and that's answering your question.

And I think it's the same deal because there is a simple blood test called the Omega Index quest does it LabCorp does it. There are many people are not low in omega three, and there are many people dramatically low in omega three.

And I find in my clinic many of my vegan patients are very low in omega three. And I got to teach them about eating two tablespoons a day of ground flaxseed and chia seeds and walnuts and leafy greens and sometimes a vegan algae omega three supplement.

But I find a lot of meat eaters and chicken eaters and turkey eaters are very low in omega three. The salmon eaters may do okay when I check them, or some people are already buying their fish oil, usually at the corner, you know, drugstore.

So we're looking at data from, you know, many cardiology studies. They never check the blood level. They just put half the people on fish oil and half the people on placebo.

And as I just indicated, some didn't need it and some did need it. So I wish we did better studies. It only makes sense. Just give omega three to the people that are very low and do it with food if you can.

But if you can't do it with food, you know up the game to a supplement. But in my clinic I fix low omega threes. I see a lot of benefit. The inflammation panel, like the high sensitivity C-reactive protein goes down, the triglycerides go down.

Sometimes the LDL cholesterol goes down and sometimes other things. Brain fog improves. It's good for the brain. It's good for vision Omega three, for sure.

So I think there's a role I usually it's about 1000 to 2000 milligram a day. There's a little bit of data because there is one prescription. Well, there's two actually prescription omega threes that are 4000mg a day that there may be some small boost in atrial fibrillation rates.

And I sure don't want to trigger atrial fibrillation in a person because I'm using omega three. So I don't usually use those high doses. And, you know, I don't see any problem in people personally.

And those that are on the, the 1 to 2000mg a day. So with your typical experience, you know, because you see a lot of vegan and vegetarian and obviously they have been told that it is very difficult to raise your omega threes if you are a vegan just with kind of, you know, diets which are high in CR flak because they were told that they're only high in L. A, not actual omega threes.

So you know, in your clinic do you see that? You know, like doing these vegan diets with a supplementation of let's say chia flax and dietary changes does also help people in raising their omega three levels.

Yeah I do see that it helps, but they don't get anywhere near the super high levels that are people taking, you know, 2000mg a day of fish oil. You know, the normal level on the lab panel I use is omega three index, 5.5% or higher.

And obviously people go from 2% to 4.5%. They're getting much closer to normal with food, but they're not usually

getting to seven, 8 or 9%. And if you take, you know, omega three fish oil, you might get the seven, eight, 9%, although maybe not everybody needs to be there, but it definitely helps.

The other trick is I think, personally, we've over, emphasized the danger of seed oil, seed oil, you know, organic sunflower oil. You know, God, we hear this all the time.

I don't think the data actually supports are as dangerous as can be, but there's some data that if you're really knocking down, ground flax seed, chia seed, hemp heart.

But you do have a high omega six intake in your diet from seed oils, it may be harder to convert that ground flax seed over to omega three. So I teach that group, in that case to keep it a little light.

Now, extra virgin olive oil is not particularly rich in omega six, so it's always my first choice. So now you open a little bit of a bag of worms over here about talking about different kinds of oils, you know, so we have olive oil, then we have the seed oils, and then we have the saturated oils like either coconut oil or Indian ghee.

What is your preference or take on any better than the others? Or is this just kind of a mix of everything? Well, if you go with science and this always shocks people, if you go with the Harvard School of Public Health, they are studies of almost 200,000 doctors and nurses for over 30 years.

The biggest drop in heart attack rates is actually with the seed oils.

Other Thyroid-Heart Connections and Summit Closing

The polyunsaturated fatty acid oils, about a 25% drop in heart attacks from not using butter, not using beef tallow, not using lard, not using ghee, but using organic canola oil, organic sunflower oil, organic safflower oil.

It drops our heart attack rates. It's undisputable. The data second on the list is extra virgin olive oil. It does drop heart attack rates in big prospective studies.

And of course, it's part of the famous Mediterranean diet, which is associated with lower heart attack, and early death rates. And the last choice is, well, margarines with trans fats, which is what I grew up on, but they don't really exist anymore, you know, good old mozzarella or an oil with trans fats and, butter lard guy and beef tallow, coconut oil, palm oil, I would say beware, beware, beware.

And yes, are there doctors and health authorities that still push them? They do, and I certainly don't push, you know, omega six rich oils in my clinic.

It's basically extra virgin olive oil or nothing. That's great. Any other tips or tricks that you have then you know that we have not covered, you know, especially for people on a daily basis that might help improve their cardiac health.

Well I would just say just for thoroughness on the topic of your important summit, we've talked about the hypothyroid, high cholesterol clogging your arteries.

But there are many other implications to thyroid disease and heart disease. There's, you know, overactive hyperthyroidism triggering atrial fibrillation.

Maybe your doctor's giving you too much or your medication. Maybe you're taking too many iodine supplements that your functional medicine doc gave you.

Although always talk to your doctor before you make changes. There's everybody's heard a condition called congestive heart failure. All those people need, you know, exhaustive thyroid panels because hypothyroidism can trigger congestive heart failure.

And the last one is and this is on a personal note, I've got a mother taking a heart drug called amiodarone for her

atrial fibrillation. I've got other relatives.

And this drug is tricky and it provides an enormous amount of iodine to the body. Every 200 milligram tablet of amiodarone is 75mg of iodine. It's a lot.

And people on that drug can develop hypothyroidism and all the manifestations. They can also develop hypothyroidism. And it's actually very hard to interpret the thyroid panel.

But if you're a patient that happens to be on amiodarone, don't be like one of my relatives that was dealing with a doctor that never checked their thyroid panel and ended up with really, really severe hypothyroidism that needed to require stopping that drug and, you know, aggressively fixing the thyroid.

So there's a lot of heart thyroid connections. And, you know, the last little tip for heart health, the three most nutritious foods in the world for survival and heart out are beans, peas and lentils.

The legumes, nuts and seeds and whole grains. So don't fear them unless your doctor told you to avoid them. And, you know, protect yourself. I hope you never need to see a cardiologist that does bypass or stents.

Absolutely. I think those were really, really great tips. And I know, like, you know, we we can keep talking about this topic for like, you know, hours and hours and still like, you know, we will not cover everything, but in respect of time, we will have to end a discussion today.

But do you have a great, reversing heart disease summit coming up where people obviously can learn more? You have so many great experts talking about it.

So tell people more about that. You know, summit which is coming up and how they can sign up. Well, that's very kind of you. But also through Doctor Talks, the parent company that's supporting your important summit, this will be the third year that I'm doing a summit, in March 2025, reversing heart disease, naturally.

And we really do have great academic doctors and clinical doctors and people that are expert in a variety of approaches to heart disease. Some in the natural world, some in the more academic world.

So it's going to be fun and very informative. Again. Absolutely. Again, we will have all these like, links in the description. So please check it out if you want to prevent heart diseases or like just want to get more information, this summit is going to be great.

As Doctor Kahn mentioned, great speakers, great lineup. So please check it out. Doctor Kahn, thank you so much for coming over here and sharing all this expertise that you have.

My pleasure. Thank you. All right guys, thank you so much. This is it for my site today. We'll see you next time.