America's Heart Doctor on the Labs That Matter Most Transcript

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Opening on Heart Disease Prediction

What is the number one predictor of heart disease? Actually, you know, I quote a European physician very, very well known in Europe, Ernest Schneider, who said, the best way to predict clogged arteries is to look at arteries.

I mean, You can do every lab test in the world and come up with a pretty good prediction. then look at an artery. And if you find disease that wasn't predicted, you've got to completely reassess what's going on.

If you don't find a disease, that was predicted you got also reassessed. Maybe stop some of the meds. Stop a statin if find no atherosclerosis. You're listening to the Lifestyle Medicine Podcast with Dr.

Ivan Rusilko, brought to you by Access Lab, where we explore new perspectives at the forefront of personalized healthcare. Welcome back to the Lifestyle Medicine Podcast.

I'm Dr. Ivan Rosilka, your host, and we're powered by Access Labs. Again, if your doctor's not checking your labs, then they're not a doctor. Today we have America's heart-healthy doctor, obviously his mother's favorite son, of course, Dr Joel Kahn, who's from Michigan.

So it's definitely great to have you on the podcast, my friend. How are you doing today? I am great and we're going to have fun. And I, I actually have tattooed on my chest, test, not guess.

If you don't have 20 tubes of blood when they draw your labs, you have not been to the right doctor. So we've only just met, so this was not a setup, but I couldn't agree more.

Podcast Introduction and Guest Welcome

learn so much about your health, but it's going to take, you know, not just lab work, the labwork is key. We'll go from there. Oh, for sure. A hundred percent.

Again, like my biggest thing is I tell everybody lab works like the picture of a puzzle. Us as physicians, we have so many different pieces of puzzles that we can kind of piece back people together.

But if you don't have the actual picture to look at you, your kind to shoot in the dark. So I'm definitely happy that were sharing the same kind a vibe and especially since access is our big post here.

It kind make sense. So first and foremost, can you kind of tell me how it is treating cardiology and everything heart related up there in Michigan? Yeah, you know, honestly, I'm in my late 60s.

I've been doing this since I got into medical school when I was 18. It's true, University of Michigan too, a good one. Graduated number one a long time ago.

I really thought by now I have a unique boutique practice. We were just chatting. I'm licensed in Florida in about 20 states. That was a great idea to build my unique preventive practice, but it's killing me now.

It's distressing how much heart disease there is. Just talk about start at age 35 and let's go up. Occasionally, I had a patient this week. First documentation of atherosclerotic heart diseases was 32. It's not a guy smoking two pack of cigarettes a day or doing cocaine.

They would happen to be born to a family from Mumbai and South Asians are very much at risk for heart disease. So it is distressing how much heart diseases there is.

And if people write nothing else down, prevent nuts, then catch it early. Diagnoses early and get rid of it. But we catch it in the emergency room when it's been around for 20 years.

So we'll talk about, you know, how do we improve that paradigm? But somebody helped me. I am truly overwhelmed with patients and I'm grateful, but it is a lot of work.

No, I can only imagine. Now, have you seen an uprise like you were saying? So since when you started back then versus now, are you seeing a lot more people or is it just different ages that are coming?

Well, you know, the good news is there's some evidence that overall death from heart disease, it's still number one. Men, women, number 1. The number-1 thing you should ask at your doctor visit or any other visit you have is, tell me about heart diseases.

What's my risk? And forget about risk. Do I actually have heart You know, so it's still number one overall deaths and heart attacks are down a bit, but not in young people.

Heart Disease Trends and Prevention

They're just boys, you know peer reviewed, good quality scientific publication that like in the under 60, under 50 age, actually heart attack are on their way up.

Oh my God, with all these dollars and. technology and national institutes of health, that should not be the case. But young people are eating like crap and sitting around playing video games.

Of course, there's all kinds of exceptions, vaping and smoking flour and hookah and a whole lot of other contributors. So no, we are not at the verge of eliminating heart disease.

It won't happen in my lifetime. Man, that's crazy. And again, like you're saying, just the high stress lifestyle, plus we have the food that we're eating.

I mean, I just got back from Southeast Asia and I was eating their versions of pizzas and then rice and all this kind of stuff. So I lost weight. It felt great.

The second I get back to the United States and put one thing near my mouth, you swell up. Just what's in the foods, it's just taxing our system. Like it is pretty much unbelievable.

comment, even people that are gluten sensitive, that they go to Europe and they eat the typical food. It could be some pasta here and there, some pizza here, and some baguettes, croissant, they feel good.

They don't have their typical reaction. And it's not just gluten. The whole spectrum, it is the wine, the production of produce, fruits, vegetables, legumes, beans, peas.

They do have tighter regulations. We all know our government allows all kinds of chemicals in our fruit loops. They don't allow in the fruit in England, small inroads being made.

So anyways, yes, that's a contributor and you got to be smarter, wiser and work harder at it to navigate our current health. in toxic environment and you can adjust today.

I mean, I'm a literature freak. If you say what's your hobby reading articles today, paper was published out of France that the purchase of organic vegetables over conventional vegetables.

This is a controversial topic because they're expensive. Maybe I was at Costco this morning, buy my organic berries because. They got a lot of them and they are about half the price of the other markets around here.

And I don't have a tag that says Costco on it. But breast cancer rates were 10% lower in women than answered in

a very big database. I buy organic blueberries, organic strawberries, what's called the dirty dozen from the environmental working group of people.

do or don't know that they should know what what's the dirty does it you should probably buy organic so and doesn't matter apparently breast cancer rates go down 10 percent i'd like to slash breastcancer rates about you know 99 but we'll take 10 just from buying organic blueberries yeah No, for sure.

And again, like it's scary. Honestly, it is. It's just terrifying. I love when you talk about prevention, I think that's probably the most important part.

When somebody comes in, what are some of the labs you actually look at? Because we all know HDL, LDL that kind of stuff. But did you do any more in depth type of cardiac testing like apolipoproteins or things like that?

Yeah. To give a shout out, and I have no financial relationship to access medical labs. I don't. We have, I just looked online, we have three brick and mortar facilities in Southeastern Michigan.

None of them are right near me, so I've not utilized them. You guys got some kick-ass panels, the CardioPro Advanced Panel and the Cartio Pro Advanced Plus Panel, CP3.

And that's just honest, because that pretty much Very close to what I draw, and I'm not joking, if you leave my office and we haven't drawn 15 to 18 tubes of blood on the first visit, more focused, selective on follow-up visits.

Yes, it's always an advanced lipid panel. The actual research has your standard cholesterol panel, cholesterol, HDL, triglyceride, LDL. LDl is calculated.

The number one number cardiologists try and treat is not actually directly measured.

Diet, Environment, and Organic Foods

It's an estimated number. Now we can't be doing very well if we're doing that. So I do the advanced lipoprotein fractionation. The data is it's most important in people with metabolic disorders, pre-diabetes, hyperglycemia, obesity.

Well, welcome to 70 plus percent of America. Everybody gets a lipoprotein A, I've done that for 20 years. I'll take credit for that. This is a shameless shout out.

Because it's a genetic cholesterol that we inherit from mom, dad, or both about one in five people, one and four people if you're African-American. And it can destroy your arteries and your valves at a young age.

But it's not necessarily going to do it. You just got to start by finding out if you inherited it and you have a high level or not. Then we have to look at your arteries.

Apolipoprotein B. Again, I don't want to sound like all I do is sit on the toilet and read medical literature. Something proof of that. A big, big prominent journal called Circulation Research, June 4th.

How's that for being up to date? You know, 2026. Only talk about APO-B when you're talking to your doctor. That's called Apolipoprotein B or APoB. 30 years ago, I gave a lecture on cholesterol with another lipid expert and all he talked about 30 ago was APob, APobe, Apob is the best test.

Thirty years later now in this research article, strongly urging us to change the conversation. Every inflammation marker I can order, every insulin, insulin resistance marker, your hormones like testosterone in a woman, a full menopausal panel, full thyroid panel.

Vitamin levels, B12, brand new article. The elderly are being told their B12 is okay, but there's a reevaluation. It's not okay in the elderly to have a B120 400. it may actually let your brain age faster and you may need a little better.

And the other thing is if your B 12 is low, which I am vegan and plant-based, so I have to be very careful with my patients who are. like me that they supplement adequately with some form of B12.

But then your homocysteine level goes up on a vitamin level or a genetic basis or stress basis. So you got to check a homocysteines level. I do more than that. I do some dementia prediction lab work.

Maybe one of those blood biopsy cancer screening, I'm sort of mixed on that, they're so expensive right now. It's a lot of lab work. And then strive to improve the findings on the next visit, of course.

Well, for sure. I always sit there and say, you know, the first lab testing is their report card. The second lab test is my report. So we're going to try to make sure and it's nice.

We'll sit and find things like, a high SCRP or something like that. Patients don't really pay attention to that and all of a sudden you take them from a two, two and a half, three, all the way down to a one.

That's kind of like getting a Super Bowl, especially in this day and age. Can you touch on some of that? I just left a car dealership this morning, little minor adjustment.

It's just a Lincoln dealerships, it's not a Ferrari dealersship, not Prestige Imports in Miami. He was a friend of mine and the owner of that. Yeah, they send me a video.

I'm the technician Joe when they show me as they're scanning and they look at, you know, a 20 point checklist. We don't do that for our body. we do it for a car body and we got to start doing it.

No, for sure, and again, I think those kind of markers and those kinds of testings, even though they're not sexy, they are not fun, you know, testosterone, that's fitness, fat loss, sex and that kind stuff, when you start looking at inflammation markers, it's one of the most important gauges of why our hormones might be off, why are our fibroids off?

Why are hairs formed out? All this different stuff. So the correlation that you can make is not just one specific cardiology only, but cardiologist is translated to every different other part of a body.

So I think the lab testing is the most important.

Advanced Cardiac Lab Testing

When it comes to that, what would you say the more important heart marker testing diagnostic could be? Would it be something like a lab test, would it a CTA, or what?

What would say? It's a good question. My Instagram reel a couple days ago was, what is the number one predictor of heart disease? And semi-popular post, because I try and be provocative so people will watch for 59 seconds.

And I quote a European physician, very, well known in Europe, Ernest Schneider, who said, the way to predict clogged arteries is to look at arteries. I mean, you can do every lab test in the world and come up with a pretty good prediction, then look in an artery.

And if you find disease that wasn't predicted, You've got to completely reassess what's going on. If you don't find a disease, that was predicted you got also reassessed.

So maybe stop some of the meds, stop a statin if find no atherosclerosis. There's a concept called vascular age or arterial age. You're 49 years old, but a report comes back that says you've got the arteries of a 72 year old.

You know, when you stop crying, you get serious. And there's a couple of ways to do that. If you can find the location, very hard in Miami, a carotid intimal medial thickness, special ultrasound of the artery to the brain.

The report said the arterial age is, and it can come down and get better with lifestyle and other changes. Probably even more important is the $100 corn artery calcium CT scan.

Only since 1990 has it been available, but widely available for 20 years for $10, $75, and $125. About a three-second test, painless, no claustrophobia, not needle, nor injection.

If you're a calcium score of zero, you can take all those lab values and work on them. You still got a pretty darn good outlook for five or 10 years, even if you have that high lipoprotein, little a genetic cholesterol or a high ApoB.

I don't put people on prescription cholesterol medicine if their lifestyle is good and their calcium scores zero. That's supported by science, American Heart Association, guidelines, and others.

But if your calcium score, like the 35-year-old I saw two days ago, who at age 32, his primary care doc, I give him credit, ordered a calcium scored at the age of 32. Came back 38. I mean, 99 out of 132-years-olds would have a Calcium CT score of zero.

He was 38, he went on to have the final test, the coronary CT angiogram. More involved, got to inject the iodine guy. Got to have a low heart rate with a beta blocker, little more radiation and a lot more money from $700 to $2,000. But incredibly accurate nowadays, probably the most accurate imaging of your blood vessels available.

And a test I've ordered, you know, nearly a thousand patients in Southeastern Florida, Michigan, California, wherever you can get it anywhere. It's called a CLEERLY.

That's a trade name of a AI software company, C-L-E-R-O-Y. But if you really, really want to dig deep, grandma had a stroke, dad had to bite gas at age 49, mom has high cholesterol, high blood pressure, and you're worried, you can start with a calcium score, but you probably want move to the more advanced coronary CT angiogram.

May not be insurance covered, the best care in the world is very often not insurance-covered, unfortunately. Yeah, I know. Go figure, right? So I'm curious.

Actually, i'm going to bring my own labs in since you are a guru at this. So she got the actual CT angiogram everything came back zero score zero calcium score, minimal uncalcified plaque.

But then when you take a look at my actual labs, you know, my cholesterol is around 300 My LPL is 160, my CRP is 0.5. You know what I mean? It's great.

My PLAC is very, very low. How worried should I be? I'm mean my APO-B was minimally elevated and my Apo-A was perfect. how worried I should be or focused on that when I have such a good result for my angiogram versus my labs and cholesterol.

Yeah, how old are you? 42. You're young, but you went beyond the calcium score to evaluate what we call soft plaque or non-calcified plaque, and you have very little.

The challenge though is hopefully you've got 50 years ahead of you. And so step one, you do want to reevaluate. Three years would be a reasonable interval, four years, something like that.

But that person probably does you, probably don't need a statin. Unless you have a very high lipoprotein, you don't need an aspirin. These are research studies that have shown that.

Whether you need to do anything about your high cholesterol, start with diet, look up something called the portfolio diet. Other subtle changes, I'm completely plant-based.

You can drop your cholesterol 80 to 100 milligrams per deciliter with a lot of beans and peas and lentils. You also can raise your Cholesterol, 100 milligram per desilater.

I had a lady this week that was so stressed out at Merrill Lynch. All she does is eat beans for breakfast, lunch, and dinner because she has no time. And she bumped her cholesterol up in a few months, a hundred points.

We'll get it back down. get her a chef or food delivered or work on lifestyle. How worried should you be? There is a website you can put in some of your labs and your calcium score called AstroCharm, funny name, A-S-T-R-O-C-H-A- R-M dot org.

Artery Imaging and Calcium Scoring

It's from University of Texas Southwestern, good research. And it'll tell you over the next 10 years, including your calcium score, it's a better calculator than most.

What's your risk of a heart attack is, what's the risk for the stroke is. It is going to be pretty low with a calcium scores zero. We don't have a similar calculator to put in your CT angiogram data if you did it quantitatively.

So, you know, there are supplements, red yeast rice, niacin, because statins are not overwhelmingly indicated in that setting. You could take five milligrams of a risuvus statin every other day and maybe get your cholesterol down in the 230s, 240s if diet doesn't do it.

You know, big bowl of oatmeal every morning. I just was quoted in Parade Magazine about the cholesterol lowering impact of Oatmeal. It does, it's science, It works.

So I would, you know and workout, although workout it'll move your numbers. in the right direction, but I definitely would retest a few years down the road.

I was just kind of curious, and I attribute that, because again, I live a very healthy lifestyle, exercise, all that kind stuff. My father, God rest his soul, five heart attacks from atherosclerotic disease.

So it's a situation where I'm set up to have a heart attack and have this all go on. And I do attribute my, again I think you can agree, the healthy life style, my dad drank like a fish and smoked like sailor, uh, when it came to cigars and I think, you know, I don't, mean, like I do drink like a fish.

I'm not gonna lie. Uh, but the whole cigar smoking, uh you get to bed at the right time. Lifestyle is part of the reason, y'know, that I've been maintained because I been testing my labs since 2012, religiously, four times a year.

My whole cardiac aspect and my cholesterol has been that from 280 to 320 the entire time, LDL's been high and that kind of stuff and, by my genetics, i think I should have had a heart attack already.

But I, do attribute, the healthy lifestyle is what's kind have kept that that whole diabolical thing from happening. So I do think lifestyle is a gigantic portion of, and it kind of goes along with what you were saying.

Well, I'll tell you, it's kind funny. One of the patients I had this week was a gynecologist and he wanted me to write a note. He's in his mid sixties.

I've known him forever. And he's got some mild coronary disease and is on a number of lifestyle and prescription drugs. He wanted me to write him a note that his one cigar a day, which he finds works better than Prozac or Xanax, is completely innocuous and I had to right the note to his wife.

He's a smart man. We together, I say you don't have to be perfect, but we together looked at the medical literature. And unfortunately, about a year ago, there was a massive review article with hundreds of thousands of people.

And, you know, stroke rate and congestive heart failure rate do go up with regular cigar use. So I bummed them out. Okay, I'll cut back a little bit. I won't do it every day.

Yeah, so your poor dad, you know, his cigar smoking may have contributed. May have definitely caught up with

him. I'm curious though, when it comes to those kind of predictive factors, how much do you rely on HSCRP as a huge predictor of potential strokes, heart attacks, angios and things like that?

Well, it's kind popular right now to actually say on social media that elevated inflammation panel like a high sensitivity C-reactive protein may be more predictive of heart attack than your cholesterol level.

You know, cholesterol matters, but there's people with high cholesterol that don't have disease or heart attacks. People with average cholesterol, they do have diseases and heart attack.

And you can say the same thing for C-reactive protein. But number one, you have to check it. Number two, then you got to put on your thinking gap. Why is it high?

Are you 50 pounds overweight? Do you stop at McDonald's on the way home and have a Diet Coke? fish filet or regular coke even worse. Maybe worse, do you never go to the gym?

Do you snore all night long because you won't go for the damn home sleep study? Have you not been to a dentist and your gums are all infected? And your root canal has a silent little infection that you need a CT scan to find?

Do you have psoriasis, lupus, rheumatoid arthritis? Do have no omega-3 in your diet because you don't like salmon and you'd rather eat chicken, which doesn't have any omega 3 like most Americans.

So you got to go through that whole list. And if you just get kind of cause you supplement omega three and get it better. But yeah, so C-reactive protein is very important.

Little tough to bring down. Some of the drugs like statins, if there's an indication, do lower C-reactive protein. A more expensive drug called Nexlatol lowers C reactor protein, that's a cholesterol prescription drug.

Not all the cholesterol drugs lower a C reactive protein but if you lose a ton of weight with ZepBound or Wagovia, you'll probably lower your C Reactive Protein if that is appropriate for you and you just can't manage it.

Jelly Roll lost all that weight. Without, you know, Wigovia Mungiaro, he did it with kind of a mind, body, psychological approach. A lot of fitness and change in diet.

God bless him. He's a really good example that we all needed to see somebody famous trimmed down, not due to drugs, due the hard work. Good for him or.

And when it comes to obviously HSCRP, what about PLAC or LP, PLA? Yeah, it's always on my panel. Yeah. Less well known. More important than HSCRP. So I'm kind of curious to see what your thoughts are.

It wasn't called the plaque test, PLAC, and now probably it was trademarked or something. I don't know the legal background on it. Maybe a patent expired, but now it is called LPPLA2 test.

Not so easy to say.

Interpreting Labs Against Imaging

And it can predict that a plaque in your artery, a heart artery or brain artery that may be unstable, may at risk of what we call plaque rupture, heart attack, stroke.

And we try like the devil to change diet, fitness, everything under the sun, dental health, sleep health. Stress and the rest and see if we can get it down.

It does, it does move. I mean, you can bring it. Medication does bring you down too. Not a big pill pusher, but. If you've got serious heart disease, it's pretty hard to ignore decades of data for medication.

No, for sure. Again, that's kind of one of the reasons I like testing. So, I mean, especially again, you're coming to my clinic. It's a longevity. Why are you checking my heart?

But it's definitely a good predictor of lifestyle. Obviously, if you have bad, bad inflammation markers, your not living the best lifestyle most of time.

But, it is also a unique thing too, because you'll see patients that come in or just, their inflammation marker is through the roof. And then, its kind a wake up call.

You know what I'm mean? Because when somebody comes in and hears like, oh wow, my hearts actually inflamed. And they aren't, I mean, you can have great HDL, LDL and all that kind of stuff, which is fine.

But if you have that underlying fire that's beneath the floorboards, the situation where as I think, for myself at least, again, no way a cardiologist like yourself, but I don't really pay much attention to the cholesterol unless there's something wrong with the actual inflammation markers.

Is that something that you would agree with or is that like, well, they're equally important? I dont think it's necessary that you have to have both to plaque.

It's additive, but it's not necessary. There are people that just have, you know, because my panel is extensive and I examine their arteries. And sometimes we conclude the only target we found on your 22s of blood was lowering your LDL cholesterol, lowering you ApoB, your inflammation panel looked good.

So it can happen without inflammation, yeah. On the other hand, we have a lot of cannabis business in southeastern Michigan, all over Michigan next to California.

I think we're number two, strangely. And one of the big dispensary owner friend of mine, not that I'm a user, but a patient friend. You got to see my brother this week.

So his brother's 49, three pack a day smoker, not really working on his health very well. And we got the whole panel of blood about 10 days ago and I met with him yesterday.

What do you think his high sensitivity C-reactive protein is on three packs of cigarettes a today? You know, it was over 20. Or do think is LPPLA2 black test, you know it's over 180, which is insanely high.

He's lucky his calcium score was only 58, not 580. I didn't yet get a chance to do a CT angiogram. And I wanted to get something right away. Amazingly, his lungs did not show a cancer or emphysema, but I don't know that we're going to teach this old dog new tricks.

He is not real open to it. No, no, for sure. How important is hyperglycemia when it comes to the formation of atherosclerotic plaque? I mean, when I see that, I try to go after that first and foremost if I suspect anything, you know, heart-related, obviously I refer out if it's needed, but you hyper-glicemia I think is just as diabolic as a very high LDL.

And again, very common on social media. I can name you the names that will say sometimes MD, DO, PhD, something. You know, that we'll say insulin resistance is a more important predictor of atherosclerosis and cholesterol.

And you know they do go, they overlap because you get. Low HDL, you get bad LDL particle profile. You get high triglycerides with insulin resistance from an elevated waistline or a processed food diet, or it could be some genetics or too much soda or other factors.

It's on the list. Do I think it's more important? No. Cause again, I got too many people, way too patients. that have a completely benign insulin resistance.

Their insulin is 3, their hemoglobin A1c is 5.1, there's seed peptide is checked. There's other labs that do HOMA IR and a way to handle it. Maybe they wear a CGM and all they want continuous glucose monitors.

It's clearly important.

Inflammation, Plaque, and Blood Sugar

The one that's often left out, statistically, actually, high blood pressure is more predictive of heart events than the things we've talked about. Way back, 70s, 60s the Framingham Heart Study outside of Boston.

looked at smoking, blood sugar, cholesterol, diet, kind of early in the game. And actually blood pressure was a much stronger predictor of developing a heart event than any of the others.

I begged my patients, buy a home blood-pressure cuff. You know, I've got an Apple watch on, and I have tried all the wearables. None of them do blood pressure right now.

They say they do, they don't. The trend is certain findings for the stop blood pressures. You just got to spend 60 bucks, put it on your arm once a week or more.

Make sure you're not walking around 170 over 90, because that may harden your arteries, take your sexual performance to hell. It's powerful. Now people are listening.

You mentioned sex, you know. All kinds of ways to lower your blood pressure if it's elevated from natural lifestyle and prescription. Yeah, no, for sure, I gotta say this has been great.

Usually whenever we come to the end of the podcast I like to ask everybody two questions and again I'm curious to see what you're going to say. So first and foremost, if you are a patient that's looking to get more into the alternative aspect of looking at medicine from kind of a different way, being like okay maybe I want to treat lifestyle as well as medically and things like that.

What's some good advice you can give the patients to kind of sit there and find a practitioner that you could trust who leads by example, who actually knows more than just what the books teach them?

Yeah, it's actually tough because medical school, residency, grand rounds at hospitals, drug reps come into the office with pepperoni pizza all the time.

Not in my office because they know. They better bring tabouli and hummus or something. It's tough. And that's the good thing about Access Medical Labs and some of the others, you can probably order some your own labs.

You may have to do a little research. Go get a cardio pro panel on your. And you may have to put it, I'm not a big fan of putting it in chat, GPT or Claude or something, but you can actually get some reasonable feedback.

And then the challenge is to find somebody to work with that can help you make progress. Maybe you'll get AI advice. I wouldn't necessarily trust AI inherently, it's not completely worthless.

Well, there's integrative trained doctors. There's an organization called A4M, the letter four, dot com. They have a drop down, find a practitioner near you or online.

Institute of functional medicine, that's called IFM.com. they have, uh, Find a Practitioner. Some of the plant-based organizations, if you want to kind of really push lifestyle over anything else will drop-down, you know, in search.

You know, that's why people call my office. They're online. You'll find me an integrative cardiologist, you know. After doing 500 episodes of my podcast called Hard Dog VIP and thousands of blogs and many, many interviews, and six books and other things, they find you right away.

I'm grateful they found me, but stop calling, I need to get some sleep. And so also curious now for doctors looking to become more integrative with the practices who are coming from that either right out of medical school or just transitioning and a linear state.

What's some good advice if the physicians or healthcare practitioners that are actually trying to get more into this integrate of space? Well, number one, it's incredibly rewarding.

I'm not even talking financially, I am talking patient care. To have lifestyle medicine training, there is a group called American College of Lifestyle Medicine.

You can become certified, better understanding of diet, sleep, exercise, and other parameters. Then there's these integrated medicine groups like A4M.com, IFM, Institute of Functional Medicine and others.

And you're going to pay some bucks to go through courses and get trained. You're probably not going have anybody else pay for it.

Finding Integrative Practitioners and Training

Your group or your hospital, you know, there are formal fellowships like Andrew Weill, the white bearded doctor at University of Arizona. It's another one.

He's been teaching a course for a long time. So, yeah. Putting in the effort and I get called all the time. How do I have a practice like yours? And I tell them exactly.

But the problem is I started all this. I learned social media. And more important than any of that, I did the courses for a year and spent tens of thousands of dollars, got certified and keep up to date.

But then it's so rewarding to have the big toolbox. Prescription pad easy, testing pretty easy. What do you do with an elevated LPPLA2? What are you doing with elevated lipoprotein A?

You know, the standard toolbox is here's your statin and aspirin, I'll see you next year. Works, people, but some people need much more than that. Yeah, no, very, true.

Well, Dr. Kahn, it's been an absolutely amazing time. Can you tell everybody where they can find you? Your books, your social media, you're podcasts. Where can people find your wealth of knowledge at?

Trying to hide, and I don't want to tell people. I have a central website, drjoelkahn.com, D-R-J-O-E-L-K-A-H-N. COM. I think people can see my name on screen.

And it'll take you to my clinic, 500 episodes of a podcast called Heart Doc VIP, blogs, YouTube posts, many Instagram. I'm new to TikTok in the last year, but a little late there.

Yeah, easy to find me. Okay, perfect. Well, I gotta say, it's been a pleasure again. You know, thank you for stopping by the Lifestyle Medicine Podcast.

Like I said, we're powered by Access Labs. you can find us on YouTube, you could find it on Apple, on Spotify, anywhere there's an actual podcast, You can you find our smiley faces.

So Dr. Khan, Thank you so much for stoping by. It's, been it has been real treat. Real pleasure. I hope we meet in Miami soon.

Closing Remarks and Access Labs Promo

Rock and Roll, or maybe at an A4M conference. I'm always at them. So, excellent. Oh, yeah, I am speaking in December. Yes, you will. Fantastic. Well, we'll have to get some taboo-y.

All right, my man. Have a good one. Thanks for joining us today on the Lifestyle Medicine Podcast. At Access Labs, every innovation we pursue is driven by one bold purpose, making personalized medicine more practical and accessible for patients and providers.

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