Introduction and Parkinson's heart-brain connection

Welcome again to The Parkinson's Solutions Summit. I'm your host, Dr. Ken Sharlin. Today's guest, Dr. Joel Kahn. It's been a pleasure to chat with Dr. Kahn.

He's a returning interviewee to The Parkinson's Solution. Somebody with such an excellent, speaker. This last year, I wanted him to come back and inspire everyone some more.

So welcome, Dr. Kahn to Parkinson's Solution Summit 2.0. Thank you. I'm definitely here, and I'll try and inspire. well, we always, you know, it's like prerequisite.

We have to begin with this idea, of course, that the heart and the brain are connected in in really many ways. I want to touch on even an esoteric way.

And then, please, Dr. Kahn dive in. but a lot of people don't know that in the movement disorder society criteria for the diagnosis of Parkinson's disease, which is largely observation panel, meaning that folks come in, they see me and I spend a lot of time with my patients.

And, you know, they've often seen a neurologist who said, well, they just looked at me and they said, you have Parkinson's, and here's a prescription and I'll see you in six months, you know.

but I said, well, actually, that's not very good bedside manner, but it is mostly observation, however, supportive in the diagnosis of Parkinson's, although I've never ordered this test.

Is the cardiac send tography to demonstrate drop out, adrenergic, neurons in the heart. Well, that's fascinating. And I can tell you, I don't mean to cut you off.

I got to go back to 1987. I was a cardiology fellow in Dallas, Texas. We had a big academic program, and you had to do a year research. And I really didn't want to do, benchtop research.

I was a nuclear cardiology fellow, and we had. And it's called a nice and tope, it's a nuclear agent. It was novel in the world at the time, called my BG.

And it turns out it's a sympathetic nervous system, marker. And we were using that in Dallas. And then we also used it in, University of Michigan in Ann Arbor.

And I was there and you know that you can actually, you know, we should probably start out that there's a parasympathetic vagal nervous system rest and digest, and there's a sympathetic nervous system, of fighter flight and the fact that you can actually inject I mean, it looks like water, but it's radioactive and it's taken up in these sympathetic neurons.

And it shows you if there's a healthy, sympathetic nervous system presence in the heart or the brain or other parts of the body, it's occasionally done over the adrenal glands at all or abnormal.

And, you know, I've actually published a couple of papers about my BG and diabetics and congestive heart failure, but I was aware that they were doing that in, brain imaging and Parkinson imaging, I just didn't know was part of the criteria.

So this is very nostalgic for me that you bring that up. The exact test in this context and abnormal result is decreased uptake in the heart. Yeah. It's called you know, you know the term it's you're the neurologist, it's denervation.

Autonomic dysfunction and cardiac testing in Parkinson's

And again I just relate my research project actually going before Dallas was in Ann Arbor was on the autonomic nervous system function, parasympathetic sympathetic in diabetics and it's very common, particularly for type one diabetics, to get damage to the nerves, to the heart.

And, you know, the term it's denervation and the first nerves that are damaged are the parasympathetic nerves. And what happens in a type one diabetic is their resting heart rate slowly goes up and up and up and up and see there's a lot they're lying on a table, just calm as can be.

And the heart rate's 98 or 102. It's a very ominous sign in a diabetic, and it's pathetic denervation. And then if you inject my BG, you'll see that the heart is lacking the normal supplies.

And it remains a very big challenge. It becomes problems in the operating room. All of a sudden their blood pressure and heart rate is unstable. but it's rarely checked for.

So the mid big nuclear injection in a Parkinson patient would be one way, the other way. And you know that your blood pressure is 140 over 80 lying on the exam table.

And you have them stand up your Parkinson patient for three minutes. And their blood pressure is 84 over 58 standing. They might be dizzy. They might not.

But unless they're dehydrated that is you know, yeah, that is sympathetic denervation. And and they just can't handle the stress. Of course, orthostatic hypotension and Parkinson's disease.

I remember the term shy Drager syndrome. And that's probably still used now and then. And you know, you can look at the resting heart rate in a Parkinson patient.

there's one that actually I described, which is and I hope people that are listening, this isn't too high level, but on an EKG just done in the office, there's all kinds of measurements.

One of them is called the QT interval QT interval, nothing about being a cutie pie but QT. And it gets prolonged when the heart's suffering autonomic nervous system damage.

And I actually describe that if you have a diabetic with a long cut, you have a high risk diabetic. I've actually heard that there's similar literature in the Parkinson's, system.

So, you know, there's tests. You wonder why they're not more common. It's possible within 10 or 12 minutes to attach a couple EKG electrodes or a couple finger probes and actually really measure the autonomic nervous system in a diabetic, in a heart patient, in a Parkinson's patients, and really get a report.

This is since the 1970s where you show me a clinic that does that is very rare. You know, there actually isn't an this fantastic. You're ahead of the game.

Yeah. There's an autonomic function clinic at the Mayo Clinic. But, you know, I don't even do it here. I have access to, a great local company in Detroit that does have a machine.

Maybe you're using it. if I need any X medical, I'll give them a shout out. Unpaid shout out machine. But I don't have it in my clinic. Well, well, I should say, I almost wish my wife Valerie was on the interview with, She, is a member of my, team here.

Sharlin Health and Neurology. she is a health coach. Life coach, and she's a certified heart math instructor. like, she really gets into the whole heart.

Math, biofeedback, and, has the data analyze, pulls tons of statistics. And of course, she has noticed and I want to

back up just for a minute, that in general, when I talk about these chronic diseases, diseases that affect the heart, cardiovascular disease risk, brain disease risk, Alzheimer's, most of the time, if you analyze what's called heart rate variability, and we can certainly get into that, the problem patient, if you will, has disproportionately high sympathetic nervous system tone.

Right. They're always there in a fighter plane all the time. And then you hook up one of these Parkinson's folks and she's like, I don't know what to do with this because they're like all parasympathetic, right and right out.

There's sympathetic nerve fibers. That's the same thing happens in diabetics, happens in advanced liver disease, some alcoholics. So and it's, you know, it's you don't wish that on yourself or somebody else.

It's not. And there isn't a good, easy solution for it. I mean, hard math is a wonderful training device, but it doesn't restore your sympathetic nervous system.

You got to take somebody and shake them and get them going. Now. Yeah, there's nothing you can really do about it. Stay well-hydrated, you know, avoid standing up and falling and breaking your hip, of course, would be a good plan.

Put them in a we put them in a cold plunge. Wow, wow. I mean, in short term cold plunge. Of course it's going to activate your sympathetic nervous system.

Is there any persistence to that? Yeah they do. now we don't do that right in the office. We get people, of course, to do that at home. but many people notice that when they do their cold plunge and they can there are many ways to do that.

You can do it in the shower, the bathtub, whatever. but there, of course, it also stimulates a dopamine release. And so for several hours after their cold plunge, their energy is better, their focus is better, their movement is better.

So it's a simple, inexpensive tool. Just turn on your cold tap. It's not fun. but you learn. A lot of bio hacks I like. But cold plunges are not a bioactive yet accommodating to my life.

Give me a sauna. Give me an infrared sauna. I'm a happy guy. But cold plunge. I, I laugh at the people on social media, but I know they're doing something, you know, potentially healthy and good.

Yeah, well, shall we dial it back a little bit and really kind of talk about cardiovascular disease and the things that with folks at risk and what metabolic syndrome is and all that stuff.

Yeah. Well, you know and let's keep it simple and, you know, relevant. You know, I'm aware of data. You know, I take care. There's people in my practice with Parkinson's disease.

There is data that there is a higher risk of cardiovascular disease in a Parkinson patient. High risk of heart attack, higher risk of stroke, higher risk of needing a stent or a bypass or even dying of heart disease.

You know, it tends to be a somewhat elderly population, not exclusively. It tends to be a male oriented population. So there's a increased rate of diabetes in Parkinson patients.

So you obviously may develop cardiovascular disease earlier.

Heart rate variability, cold plunges, and symptom support

The only thing that doesn't fit, because people have written papers about the common risk factors of heart disease and Parkinson's, is you're probably aware there's some data that smoking.

Nobody recommends smoking. But cigaret smoking may be slightly protective against Parkinson's. Maybe the nicotine wear is obviously not protective for heart disease.

So that's where they associate. So in my opinion, you know I'm easy. Everybody needs hard screening. You know we do cancer screening. It's crazy. And some people get diabetic screening you know at bloodwork we don't screen for heart disease.

And I would take just about any Parkinson patient as early as possible. if they're having these problems with blood. Well, now, when I do an electric cardiogram looking for the heart rate in this short interval, that's a simple office test.

I would certainly want all the important bloodwork, but I'd wanted on you and me and everybody else. Do your all the standard numbers kidney, liver, cholesterol, inflammation, diabetic, you know, panels.

But maybe your homocysteine level, a blood test that isn't routine. Your light bulb protein little a cholesterol genetic number that everybody. Now, it's recommended by all the cardiology societies.

Everybody should once in their life at least get a light bulb protein, a so-called mouth button topic that in my clinic in Detroit, it's probably the number one, 2 or 3 biggest reason people come to see me here in Detroit is their high lipoprotein level.

I had a lot of experience dealing with it. it can clog your arteries, clog your heart valve, you know, can clog your, cerebral vessels. So you develop, you know, vascular dementia, which is obviously no fun.

Everybody should have that extensive lab work. Now, there are some companies out there. I'm not affiliated with. My patients. Come to me. I spent $400 online and I got 85 blood tests.

You know, they're just this gigantic shotgun that's out there now self-pay. And, they include all the things I mentioned and many more. out there, inflammation, hormones.

you know, it's kind of a good thing sometimes it's ridiculous. But I had a patient today that at a very high and a level kind of, you know, consistent with an autoimmune condition didn't fit at all.

And I wouldn't have ordered the test, but it's on one of these pre made panels. And then my real, real thing I would do for a Perkins inpatient, but I would do it for you and me is there's a test that is now we get a mammogram.

We get a call and ask AP. We get a prostate exam. Where is the heart exam? Well, the heart exam equivalent is called a heart calcium CT scan. Every hospital with the exception of a 20 bed small, you know, rural hospital.

Every hospital for about $100 will offer a test where you're on a stretcher. You go in a CT scanner, Cat scanner, no ivy, no injection, no allergy, no claustrophobia, no pain.

You hold your breath, they take a picture and you go home and a report comes back. And I just emailed two patients in the last 20 minutes. Your calcium score at age 70 was zero.

That means incredibly clean arteries. At age 70. The other gentleman was 62. Husband and wife. You're a calcium score was zero. I mean, great news. That's what a Parkinson patients should know.

That's what we all should know. That's the equivalent of a mammogram. call and ask me. The heart cost about $100. And except if you live in Texas, you're going to pay out of pocket because the insurance companies don't understand heart screening at all.

You know, there's 60,000 research studies on heart calcium scans. This isn't new. It's not novel. It's not expensive. It's not dangerous. but it's not used, hardly at all.

It's crazy. I'd want to see those labs. I'd want to see the calcium CT scan. The only people that don't need the calcium CT scan. If a Parkinson patient already had a bypass or a stent, or a heart attack, or a stroke or a carotid stent.

I mean, you know, there are vascular patients, and they need treatment, treatment, treatment, treatment, treatment. But, you know, majority of the time, people don't know people with hypertension and atrial fibrillation and all kinds of disorders.

They've never really had their heart arteries examined. So, you know, if you do those two things, a few extra blood tests and one heart CT scan and maybe an electrocardiogram, that's a third one.

You know, you've you're so far ahead of the game now, of course, if it isn't zero, I had a nice 61 year old man in the clinic today. Stud. I mean big, strong, good looking guy.

I know his wife's a little. So he's in our over, really very favorable risk factor profile. I mean, his lunch at work isn't what I would eat, but other than that, lab work was strangely pretty good.

Cardiovascular screening and calcium scoring

and his calcium score was in the 90s, eight percentile, meaning way in the stratosphere. And he's got young kids at age 61. This is an issue. I mean, are you going to be there to see your kids graduate high school?

So we're going to spend a lot of time going deep on genetics and diet and nutrition, and it's wonderful. And, and put a program together. So that's the scary part.

You're walking around playing pickleball and you get one of these scans and it comes back awful. And it doesn't mean you're about to die. It could mean you're about to say it doesn't guarantee or.

A big. Heart attack. You're one to find out. You know, how do you deal with it? And that's true of Parkinson's patients who are at high risk for heart events.

And it's true for everybody else, too. I want to tell you a little story. you know, we don't often think of these summits as necessarily spread. We're spreading information, hoping people take action steps, but it's a little different than the feedback we get in our office.

Of course. Patient of mine. Great guy, very health conscious. Does everything he should be doing from a functional medicine perspective. Listen to your interview last year doesn't have any cardiovascular risk factors like high blood pressure, dyslipidemia, that kind of thing.

Had a coronary calcium test, abnormal stress test recommended by his doctor. Abnormal. He's kind of he's got a left anterior descending stenosis. It's going to get treated.

And this guy has worked so hard to maximize its function and quality of life with Parkinson's. You know, how tragic would that be? Turn around. Die of a heart attack?

Yeah, it would be tragic. And you know what? What still isn't mentioned a lot in the cardiology world. This is not to discourage people that are working hard on their diet and their sleep and their fitness and their stress.

But it's genetics are growing in importance in cardiology and the ability to measure genetics. And, the number has gone around. There still are some really, really competent experts in the field that say less than 10% of heart attack strokes.

Bypass is due to genetics, majority is lifestyle. Your diet and your stress and your sleep. And you know your blood pressure. Your blood pressure is huge number.

You should always own a home blood pressure cuff and use it regularly and use it properly. But others? Well, I just finished reading a really interesting book.

The Genome Odyssey, I think was the name by a Stanford cardiologist, and he estimates that 4,045% of

cardiovascular diseases on a genetic basis because he's actually sequencing the whole genome of patients.

So if you jack, you find stuff. And in my clinic, we don't do the whole genome. We don't do every gene, but we do a lot of them. And, you know, we pick up tremendously powerful genetic influences.

So people are eating well, exercising. I couldn't have heart disease that way. But mom and dad gave them, you know, roulette wheel roll that wasn't so favorable.

and, you know, so the bottom line is get the heart calcium scan. If it's a zero, your genetics and your lifestyle, even if it doesn't seem obvious, seems to be working pretty well.

And do it again in about 5 to 10 years. And if it comes back, like the 61 year old father of two young children, very high, you know, you can get we may be able to prevent, you know, something that was five years down the road, but emergency room or stent.

So, yeah. Just maybe we need more aggressive approach. In fact, there's, another Stanford cardiologist I've never heard of, but he just published a book, and I'm going to steal.

IRA, steal. The title of the book is called Fight Heart Disease like Cancer. That's the name of the book. I actually not to diss it. I love the title in the cover.

I thought the book was a little disappointing because it wasn't aggressive enough. Maybe you should think about a heart scene. Take it $75. Don't you want to know if you're walking around with the number one killer of men and women?

And, you know, there's so much overlap between heart disease and brain disease and gut disease. I mean, kidney disease, it's a great clue to general aging.

In fact, when I hear anti-aging experts talk about your telomere length and nobody on the panel is talking about your cardiovascular aging measurements, and I put my hand up.

Excuse me? You know, nobody's dying of telomere problems directly. What we're dying off is, you know, old, you know, to the brain and right to the kidneys and to the sexual organs and certainly to the heart organs.

And, let's let's, you know, do the basics. We always and by world neurology, we see that brain disease starts in the heart. Yeah, actually. So true. Yeah.

I, you know, I did a I have a weekly podcast I did about three weeks ago a new study came out. Just take I think it was patient. No, it was just a cross-section of heart patients.

How often they have white matter and other abnormalities on their brain MRI. And the final recommendation was maybe we need to consider a routine non-conscious brain MRI, people, because the number of white matter abnormalities, lacuna in, you know, unknown infarct, a brain atrophy, it was extraordinarily high.

And some of those were like, I think in total, it was more than half the patients had unknown unexpected brain findings. Just because they were in a cardiology clinic.

And so, This is a huge point. And for folks listening or watching, I really want to clarify this a little bit more because, you know, in my world, I can't even imagine how many thousands of memories of the brain I've probably seen ordered and going back to even before I was a functional medicine doctor, regenerative medicine doctor.

If we look, you know, we get a report back from the radiologist. Sure, we can look at the MRI, but the radiologist tells the narrative. And there's sort of what we call a spiel.

You know, it's what they say over and over again when they when they make the report and they'll say nonspecific

white matter changes little areas, chronic small vessel disease, you know, generally, you know, related age related.

And it's, it's it's sort of it's there, it's mentioned, but it's handled in this almost nonchalant kind of way. And yet to your point, studies have shown very clearly that the qualitative we don't even have to we if you and I had a stack of 100 scans, I'd say, okay, Joel, you know, would you consider this mild, moderate, severe.

And we can divide them into piles and those with the more moderate to severe change is that microvascular disease are far greater risk for risk for stroke, dementia, Alzheimer's, early death, on and on and on.

It's a critical narrative that should not be dismissed. I couldn't agree more. And, you know, in cardiology, we're having a little renaissance and quantification.

You know, traditionally we look at a heart catheterization that looks about 50% black. We looked at a CT of the arteries that looks about 25% black. We're getting AI to come in and make, you know, independent measurements without, subjective assessment.

And I find it amazing, radical and even hopeful that we can really be precise. I mean, you want to be precise on brain measurements, you want to be precise and heart measurements.

you know, the only people good at it are the people doing cancer screening where they're doing, you know, all kinds of CT and MRI and Pet measurements.

and we're catching up in my field at least, it costs a little bit of money. They're not all insurance covered, but I'd want my heart disease if present, to be as quantitative as possible.

Oh, yes. And this is definitely entering the neurology world. If folks have a pencil and paper handy, there's a company called Active Bioscience. And right now, their main focus are heavily invested company, I think up to about $40 million now.

their main focus or their sort of stage one rollout has been multiple sclerosis. And they're using 18 separate biomarkers divided into four broad categories, and then ultimately synthesize all that into a single number.

They call their M. S. Disease Activity Scale. But, Michael J. Fox Foundation just invested $10 million into this company. And again, these you know, this is where what I call conventional medicine really starts to overlap.

Or let me just say, catch up with us guys. Right. because we've been talking about this sort of thing for a long time. but there has been, in the last year or so, a publication looking at staging and Parkinson ends.

And then as we combine that staging with biomarker data, which they are developing, they will have a test that actually leads to then decision making.

Brain MRI findings and precision biomarker medicine

Because ultimately you get all the tests in the world, as you know, but you have to make a decision based on those tests. You have to make a habit change.

You have to do something with the information that you get. And I think this is going to be incredibly valuable. we're one of 90 clinics in the country that includes Beth Israel Hospital, Department of Neurology.

That's a Harvard mass. General hospital. For those who don't know, has adopted the active bioscience and this disease activity tests. And they have, a component of that where they're using Cortex Labs, neuro quant, the, quantitative 3D volumetric analysis of the brain.

They are that is already proprietary. But octave is taking that and they're tweaking it and they're utilizing that, you know, in their scoring system and so forth.

So taking that data to a whole nother level. And then we're going to see this soon hopefully with Parkinson's disease as well. So just kind of keep it on your radar.

It's a fascinating cognitive active bioscience. Yeah. And I actually I read a lot of people read there was a book that Tony Robbins and others wrote a few years ago called Life Force, and he talked about, you can get a non contrast MRI of your brain and a company from Finland called come.

But Gnostics would run this software analysis and tell you this region's a little larger than average, is a little smaller than average. Your alcohol is shrink in your brain hair and there, poor sleep is shrinking in your brain there.

So I actually finagled away in Detroit to get that done. We don't have it routinely yet. And, it came out okay. But, you know, it's it's a whole different thing when, you know, when the radiology report isn't mild atrophy, when it's, you know, you're at the 88th percentile for people your age or something a little bit more specific.

It takes a little work. This is precision medicine, folks. And this is really the medicine of the 20th, 21st, 21st century. you know, as we move into this new approach to health care really brings people value.

I want to in light of that, I want to ask you about something. I know you're, real expert on, and I'm often asked, and it really gets into how we take old, old and older perspective and tweak it into this new precision medicine perspective.

And that is about cholesterol. Cholesterol is a big issue for the heart. Cholesterol is a big issue for the brain. But it's really about what your total cholesterol is.

Or maybe there's more to that story. Yeah. Well, one approach, number one, there's a routine cholesterol panel that doctors have been doing for 40 years total cholesterol, HDL triglyceride, and probably the most important number in cardiology right now is LDL, or low density lipoprotein cholesterol.

And sad to say, if you actually look at the report, it says calc, meaning it's actually calculated. It's not directly measured. So when we talk about precision medicine, the most important number that we're using for, guidelines and treatment is a estimated number.

Now you can order a better form of LDL, but very true. Doctors do that. then you can get a more advanced call, like a, LDL particle panel that's been around for 15 plus years.

It's quite inexpensive, and you can get a more accurate breakdown on your particles. and then two more. Just to mention, there is a very inexpensive blood test called Apob Apo capital B, and it's one number scientifically supported.

Some people say the best cholesterol number of any. That tells you in one number all the bad particles that are in your blood that could cause atherosclerosis.

and you want to lower it if you have atherosclerosis, less than 90, less than 60, less than 50. These are aggressive approaches. And then there's the one IRA mentioned.

You want to ask your doctor for a lipoprotein, a, low LP, little a lipoprotein. I, I've written a book on the topic and go look at, yeah, it's a genetic cholesterol that affects 20 to 25% of people.

And it can cause any artery in the body, including brain arteries, to get clogged. It's not destined to do it, but it can do it. And it can, actually cause one of the heart valves to get, involved, too, so not very nice.

I mean, is cholesterol bad? I mean. Well, so, you know, like, a lot of things, there's a sweet spot perhaps, you know, I was in Dallas, I mentioned, in the 80s doing fellowship.

And the Nobel Prize in medicine was awarded to two doctors there on cholesterol metabolism. Doctor. Michael

Brown and James Goldstein. That was a big deal to have two Nobel Prize winners at the university.

And even back then, this is very radical. They said you need LDL to support. That's the backbone. You need cholesterol. LDL is a carrier. You need cholesterol to support your hormone synthesis and your sex hormones and your vitamin D synthesis.

But they said you probably need about 25 to 30mg per deciliter in your blood. Remember, most people have a cholesterol about 200. You need about 25 to 30 to support all that.

And everything else might be excess. And there were a lot of native populations running around eating tubers and bugs that had, you know, cholesterol is a 90.

There still are in, Bolivia, but Germany, and, low levels. And they were fine. They, you know, had good brain function and good energy levels and, all the rest.

but it was proposed just to answer your question real quickly. So is all clear. Cholesterol is not bad, but in some people it kills. There's no doubt there's a genetic disorder.

Again, we studied it very specifically in Dallas. When I was there. Were you inherit two genes from your parents familial hyperlipidemia homozygous and your cholesterol is 1000 and you're having bypass surgery when you're 11 years old. Yes.

Cholesterol, ApoB, and lipoprotein(a)

There are 11 year old to get bypass and stents cause a heart attack. And we find out that they have been walking around since birth with a cholesterol of 900 or 700 or 1400.

And there's other therapies, but I mean, it can clogged arteries that fast. Yeah. You might get a liver transplant. There's, you know, aggressive. You know, now we got better drugs too. But so cholesterol can kill.

So the bottom line is now you can smoke your whole life and not get a heart attack and not get lung cancer. But when you talk to one patient, you're probably going to advise quitting smoking.

in general, of course, when I talk to one patient about their quest of 300, I tell them, you know, this puts you at risk for clogged arteries causing stroke, clogged arteries causing heart attack, clogged arteries clogging sexual dysfunction like arteries getting clogged.

You might have an amputation. We're going to check your arteries. This was a hypothesis proposed 40 years ago. Proposed 15 years ago, that not all people with high cholesterol develop advanced atherosclerosis.

So do an ultrasound, do a calcium score, maybe a like ultrasound if you need to. If you have clean arteries you may not need treatment. And that was a radical idea proposed in 2007 by a bunch of academic vascular specialists.

But even the American Heart Association in 2019 caught up, took about 12 years to say, if you go for one of these CT scans. So my advice is, if you got a high cholesterol, check your arteries.

If you have a calcium score of zero, even the American Heart Association says that you might consider not taking a prescription drug for focus and diet, focus and weight loss, focus and exercise, maybe supplements.

So, very few doctors practice that way, I do. If you've got clean arteries, I'll watch you over time and probably not introduce prescription drugs. But the mistake made is people don't get their arteries checked.

So, after that mistake is they're taking the drug for their cholesterol, but they don't need it. And that is a mistake. I mean, there are, you know, some downside to these drugs.

Not everybody has a downside. There are some. And the other half, the mistake is their cholesterol is high. They don't focus on it. They read a book. There's lots of books, lots of podcasts, lots of YouTube channels that say cholesterol doesn't matter, but they're telling the wrong message.

Cholesterol may not matter if you very carefully check your arteries and they come out very, very plain. And then you go back and check them again and they're still very clean.

But nobody says, they just patently say, you know, cholesterol is important for your brain. we know that the brain makes its own cholesterol. So when you check your blood, that's not your brain cholesterol.

The brain has its own system separated by the blood brain barrier. But, you know, many people need cholesterol lowering, and it's very impactful. It's ridiculous to say cholesterol doesn't matter.

It's so anti-scientific. It's crazy. So I want to, You're educating me a lot, and I really appreciate this. and putting aside the folks with the familial hypercholesterolemia, one of the narratives I often use looking at cholesterol, you know, it's with the people who maybe have an elevated total cholesterol.

It's, you know, it's not a thousand, but maybe it's in the, low to hundreds or something like that. And of course, we look at their cholesterol, HDL ratio.

I look more at oxidized LDL than particle size, but maybe I'm wrong, but I think of them largely as reflecting the same type of information. And I say, look, I'm not here to demonize cholesterol, but I want you to think of a good olive oil that you purchased.

And, you know, you spent a lot of money. Maybe you were on a special trip to Italy or Greece or wherever. but it gets lost in the cupboard. And five years later you find it.

And now, unfortunately, it's rancid and you probably would need it. So is it really the cholesterol or is it sort of the oxidative stress? Is it the impact of these drivers of disease on these cholesterol particles.

And ultimately we need to solve these problems of inflammation, oxidative stress. And if we don't maybe then we might consider some drug intervention.

But if you're seeing me, you're probably motivated to make some changes right. And there's rarely you know, I very honestly don't repeat this to my peers.

The gentleman, 61 year old man with the two young children and a very high calcium score. you know, he's going to need a statin, but I didn't have him leave the hospital today with a statin.

He clearly wasn't ready. He's not a fan of drugs. There's a lot to do with his diet. There's a lot to do with further testing. And we'll get him there. And he does.

He needs to go from a cholesterol at 200, a cholesterol about 120. That's total cholesterol. And the rest. But, there's rarely an emergency to get on, you know, get on the prescription drugs.

People deserve a chance. And some will startle you and they'll make it's two parts. They've got to make a profound lifestyle change, largely based on dietary change, largely in my world, based on adopting a whole food, plant based clean diet.

And the second part is genetics impact. You can put two people with a cholesterol 200 on the same diet, eight weeks later. One has a class scale of 120 and one has a class of 190.

And you see how that happened? I mean, that happens with husbands and wives all the time. We went on the same diet, and he's got a class of hundred and 20 and might barely budge because there's major genetic input into how much cholesterol you make, how much cholesterol you absorb, and all the rest.

Are there any supplements that help? Many, many, many? Probably the most potent one is, but it's a little controversial, is red yeast rice. It's a tablet.

It's been used in traditional Chinese medicine for 800 years. It can lower cholesterol 30 or 40%, which is a lot. And there's a lot of peer reviewed data that Chinese have published, paper, papers with 5000 people randomized to placebo or red use.

Diet, supplements, and practical prevention strategies

Right. So I like science, and, there is science, but you can get a key. It's it's a vitamin that's a bit statin like. And then there's bergamot, which is a citrus from Italy, and there's berberine which is an herb from India, and there's, amla and there's, you know, many, many others, ground flaxseed, you know, put two tablespoons of their ground flaxseed in your oatmeal and eat your oatmeal.

And, you know, you'll lower your cholesterol. There's a there's a diet research at the University of Toronto called the Portfolio diet. If anybody's struggling with their cholesterol and doesn't want to go on a pill, look up the portfolio diet, follow the diet, and recheck your cholesterol.

Eight weeks later at the University of Toronto, it drops cholesterol on average about 25%, which may not be enough, but it's a nice little start. And it's not a completely vegan pathway because not everybody is willing to go that route, even though I'd strongly urge them to consider that I'm a 47 year old vegan, so I don't make apologies for eating my lentils and my arugula.

Whole wholefood plant base. Like you said, I want to say something a little. Maybe a controversial, maybe not a be interested in hearing if you if this has been your observation as well.

but you know, for many, many years especially, you know, in the sort of the blogosphere and the, you know, areas where people are going online and getting advice and, there's been such an interest in things like coconut oil, MCT oil, ketogenic diet said very heavily emphasize these saturated fats.

And what we've seen in our clinic is many. I won't say everyone, but many people who I'm not against a ketogenic diet, but maybe an olive oil based ketogenic diet, because what we see when folks are heavy on these saturated fats particularly are eight belief we're a carriers is we're seeing cholesterol numbers just go through the ceiling.

and I think it's a real problem, that, that unfortunately, you know, I don't want to include everyone. You know, we're not all one person. We're not all in one group, but in the holistic circles, the alternative medicine circles, it's, you know, you're going to fix your Alzheimer's by taking scoops of, raw coconut oil.

And I think you're you. They'd probably kill yourself in the long run doing that. But that's just me. So I just want, you know, it's I out. well, I think we've covered a lot of good ground here, doc.

And if it's okay with you, I have a clinic schedule to get back to, but, I have enjoyed the conversation. 100%, Dr. Kahn, I appreciate it so much. Two very, very quickly, if folks want to connect with you or reach out to you, how do they do that?

Yeah. Pretty easy. I am in, Southeastern Michigan Clinic, but I'm also licensed in 20 states. So a lot of patients all over telemedicine. drjoelkahn.com, and you can find my podcast and my clinic and blogs and, some videos, all kinds of fun stuff.

Well, thank you so much. You know, we want you to know folks who are watching this interview and similar interviews that doctors like Dr. Kahn, myself, here we are seeing patients in the clinic every single day.

So we the information that we're sharing with you is our personal experience with patients or knowledge or education. And we're very proud to bring to you this information The Parkinson's Solutions Summit.

So thank you so much. I look forward to reconnecting with you soon. Keep up the good work.