Explore The Brain-Heart Connection In Your Parkinson's Journey Transcript

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Introduction and Guest Welcome

I'm Dr. Ken Sharlin. Welcome to the Parkinson's Solutions Summit. Very excited today to introduce a special guest, Dr. Joel Kahn, the cardiologist hailing from the great state of Michigan.

Dr. Kahn and I have had an association for several years now through a group of top thought leaders in the health field and it is a really unique pleasure of mine to introduce a doctor who not only is focusing on improving people's heart from a disease perspective, but also creating heart health from their health perspectives.

And so without further do, Dr. Joel Kahn, welcome to the Parkinson's Solutions Summit. Thanks, Dr. Sharlin. Excited to be here. Dr. Kahn, I know that those watching this interview would love to hear about your background in cardiology and really how you became passionate about helping people in this way.

Sure. I'm in southeastern Michigan and Detroit suburbs grew up here. I had a heart murmur as a young child, and I started to see a pediatric cardiologist, and it never amounted to any serious disease, which is good news.

But I spent a lot of time in cardiology clinics as a young child and teenager, and I thought it was all fascinating. So I decided I wanted the same path, but I chose an adult cardiology, not a pediatric cardiology path.

From Interventional Cardiology to Prevention

I went to University of Michigan University in Texas a little few hours from here Kansas City, Missouri, and been practicing since 1990. Originally, the main focus was interventional cardiology, angioplasty and stents.

Heart attacks and treating bypass patients. But about a decade ago, I threw that all away. Loved the 25 years of crazy life. Three in the morning, driving as fast as I could to the emergency room.

I wasn't tired of it. I just got passionate about prevention. I had gone back to gain formal training and nutrition and mind, body and fitness and supplements.

And so that's all we do now is what I used to do. I try and prevent that. I have the trademark prevent, not stent. So I guess my colleagues think that I lost my brain.

But there's literally, unfortunately, an endless pool of people that want to know if they have heart disease, want to know if they can reverse heart disease.

And germane to the topic today, I do see people from age 18 to age 97, but a lot of my patients are in the Medicare age range and they have both neurologic degenerative disease and cardiac degenerative disease.

So I don't take over the role as their neurologist. I'm not trained in that, but I do have input on who they go see and some therapies I recommend and you know, a good number of them do have Parkinson's disease.

Absolutely. I'm wondering when you kind of took that turn about a decade ago, were you were you seeing some folks, you know, whether it's the cath lab and maybe they were going back for their second or third stent and saying, you know, I know I'm just putting kind of a I'm saving lives, but I'm putting a Band-Aid over a problem.

And I'd like to, you know, maybe take a different route. What made you start thinking about nutrition in mind, body work and all that? Well, that's another quick personal side story.

But I grew up in a home in Detroit where we kept the Jewish dietary laws called kosher. And so even as a kid, I would pause for a moment before something went in my mouth.

And if it was a cheeseburger or bacon, I didn't do it because I was grown and taught to do that. And I honored it and rather enjoyed it, actually. And when I went to college at age 18, the only way to survive in the dormitory was actually a massive salad bar.

Everything else was off the menu. And that word great. So I've actually been vegan since age 18. You can't help when you're in, you know, pre-med and mad and all the rest.

I started to read some books on the side and, you know, there was no I mean, you know, I'd go to the library and read a bit about nutrition and that sort of started it all.

So I was pretty deep into particularly heart disease, nutrition. Dr. Ornish, the famous Mr. Nathan Pritikin. I mean, I was aware of all their work from the day my practice began, and I was teaching patients at aspects I was.

CARTER It sort of was like you said, I'll put your stent in, but you have to read a book or watch an online documentary. Once we got the Internet. And that just flourished.

A point that I found that so rewarding and so underserved. There were plenty of stent doctors. I had trained so many of them. There were plenty that were 20 years younger me that were doing a great job.

I figured, you know what? I'm going to go into uncharted territory and talk about prevention and reversal.

Plant-Based Nutrition and Heart Disease Reversal

And there's plenty of science there, too. There's just not a lot of practitioners. You touched on Dean Ornish and I think he was one of the early pioneers to show that these types of interventions could really change the direction of heart disease.

Right. He was the first one to take an idea Their lifestyle focused on a whole food plant based diet could actually reverse heart disease and apply high tech to it.

You know, applied PET scans of the heart and applied digital analysis of heart catheterization and take away all the subjective. People felt better, but, you know, was there also documentation of actually real pathophysiology and improvement?

And lo and behold, it worked out and has been validated. And that's what I teach people. It's wonderful. You know, I think most people at least intuitively kind of understand the fact that, you know, diet is important to preventing heart disease, to preventing brain disease.

They may be perhaps less familiar with the fact that if you focus on nutrition, you can actually reverse the disease that already exists. Right. And we you know, we never have enough data.

A typical drug you bring to market. We have a whole bunch of new cardiology drugs in the last few years and a whole bunch more are coming. But a new drug to market might cost $1,000,000,000 and it might fall flat on its face.

That's the gamble the pharmaceutical company takes. But, you know, we don't spend $100 million a year on all nutrition science in the United States, far less than that.

So, you know, for a couple of million dollars, we could do a really good six month study and a lot of important questions. That's why these pearls of science from Nathan Pritikin and Dean Ornish and Joel Fuhrman and some of the others that have actually done studies, published them.

They're never big enough. There's never enough of them. But they're so consistent that we know for sure. Now, we have actually new technology that I can study a patient and track them just like they were in. Dr.

Ornish, his study, just by what I do in my clinic now, we have that ability to prove that your plaque is reversing and

people are highly motivated to achieve that, because there's no doubt in fact, there's an article in our medical literature this week A 1% reversal of plaque reduces the risk of cardiac death by 25%.

So imagine you go reverse 5% of their plaque are 10%. They'd live forever. They'd be Methuselah. Wow. Yeah. You know, when I first got interested in this sort of approach to neurology, I learned about that number needed to treat statistic.

And I remind folks that, look, you know, there is a time and a place for the medication, but oftentimes we take a statin drug or a blood pressure drug, we sort of automatically assume that it is eliminating our risk.

And in fact, it's a it's a risk reduction. And on an individualized level, folks may be shocked to find out that the likelihood of this drug actually preventing that heart attack or stroke or what have you is is shockingly low.

Right. Exactly. In fact, in the cardiology world, if you've had a heart attack and you go on a statin, you reduce your risk of a secondary attack by about 40%.

But that leaves 60% of the risk that we don't talk about, and that might be sleep and diet and toxins and dental health and fitness. A lot of it's genetic genetics that we haven't made a dent with.

So we're getting better. But, you know, when we apply the whole, you know, functional medicine approach, we can do more than just pharmaceutical. I'm just curious, do you stills on an ad, you know, on an individualized basis, prescribe medication to your patients?

I do. I do. I mean, I'm a supplement train supplement friendly guy. There are questions about the quality and the purity and, you know, some supplements have impressive research.

Coenzyme Q10 is one of those. And that pertains to Parkinson's patients. Other supplements, including the hot ones out now NAD Nicotinamide riboside resveratrol.

Yeah, we don't have big clinical trials to talk about that are really clinically important. But so I use pharmaceuticals, you know, they generally had to go through some hoops to do some science, particularly any newer drug has to do exhausting clinical trials.

You hope they're honest and sincere. There's so much money involved. You have to wonder sometimes about the influence on the actual outcome and the publication.

Nonetheless, I do.

Personalized Risk Assessment and Imaging

But if somebody says to me, I want to wait three months and change my lifestyle dramatically and recheck my lab work and let me see if I'm one of those famous people that drops my cholesterol by 100 points and three months, with very rare exception.

I'll certainly give them that opportunity to do that. And surprisingly, a lot of people actually do achieve that. So we might be able to avoid medication or certainly use greatly reduced doses.

Well, for the folks who are watching the summit, they may be saying, gee whiz, you know, you're interviewing a cardiologist, but I thought this was the Parkinson's Solution summit.

And I absolutely promise there's some rich information to come and is absolutely connected. But one of the things, the pearls, if you will, that I want folks to get out of this interview is that their experience with their doctor, whether that's the neurologist or the cardiologist, can be very different than what they are accustomed to.

It can include things like nutrition. It can include things like mind body work and so I was wondering if you could

walk us through a little bit of what the experience is like if I come and see you as a cardiologist?

Well, you know, there are people that show up with prepackaged records and they've had bypass and stents and heart attacks and some lab work, usually very superficial, routine lab work.

And of course, I go through all those records and then I got to take, you know, a detailed history about diet and exercise and sleep and relations and work and toxin exposures and dental health and all.

But then we're going to do very extensive lab testing way beyond the average. Usually we can do that through an insurance program. Most of it's done in quest very widely available labs.

We may need to do some extra imaging. We do a lot of carotid imaging. There's a concept called vascular age. You are as young as your arteries At an English physician 400 years ago, Dr.

Thomas II and him and there's a way to do a digital carotid ultrasound, save no radiation and actually learn your vascular age. There are more and more we are using CT scans in place of heart catheterization.

There is some radiation exposure. They may be insurance covered, some people self-pay the accuracy of our diagnosis of do they have heart disease? What kind of heart disease?

How extensive has been completely transformed by CT scan imaging of heart arteries called the CT angiogram? We'll go over that and we'll make a program program of improved nutrition, improved fitness supplements of missing nutrients and their blood work.

You now pharmaceutical agents, sometimes rearranging their pharmaceutical agents, getting among lower dose statins in combination with some supplements that give them the same cholesterol level with far less medication.

And we'll track them over time and try and actually, like I say, if there are coronary artery disease, patients prove that they're reversing their plaque, like Dr.

Ornish showed in a small study. But we can do that with anybody. Now, a larger group of people come to me and they just want to know if they're okay. Their brother had a heart attack, their mother had a stroke.

And we go back a step and we try and determine if they have atherosclerosis. It's a horrible disease that kills so many people, sometimes suddenly, sometimes slowly.

But there's a long period when you have no clue they you're aging inside. Maybe it's your carotid arteries, your heart arteries, other vascular arteries.

And we work through to determine where you are. That same concept, vascular age. Are you a 55 year old and your arteries like a 40 year old? That's a celebration.

Are you? Like many of my patients, 55 years old, in the arteries, like 80 year old. And we got work to do. And it's still potentially reversible to some degree, but we got work to do.

And it's just it's a very puzzling system why we screen for cancer routinely. Very important. We screen for prostate and cervical and breast and colon and lung cancer.

We don't screen people for heart disease, even though it's a much bigger burden of disability and death and cost in the United States and around the world.

And it's so simple. There's a CT scan called a heart Calcium CT scan takes about 10 seconds available at almost every hospital in America. No I. V., no injection, no iodine, no allergy, no pain or claustrophobia.

A very small exposure to radiation. And in some hospitals that cost $50, some hospitals that cost $99, if you want

to know at age 40 plus how you're doing, you go ask your primary care doctor may get a heart.

Calcium CT scan. You screened me for cancer. I want to be screened for heart disease. And you want that to come out with a result that you're a00 score, which would be wonderful news and really makes you you're never bulletproof, but nearly bulletproof for 5 to 7 years.

And you do it again. And if you come back over zero, you better start reading some of my blogs and my podcasts, because that's all I do is work with people.

They feel fine. They're playing pickleball for 2 hours, but I'm telling you, their their vascular age, their heart, artery age is way beyond their birth age.

And there is this great opportunity to pick them up before they're in an emergency room and work with every modality we have. And, you know, the commonality with Parkinson's disease is there is a big overlap.

Partly it's aging. You know, there are 40 year olds that have serious heart disease, even 30 year olds. And I'm talking more than degenerative kind atherosclerosis, cause you can be born with a hole in your heart like I was.

And that's not lifestyle related, but majority of hard patients are in the Medicare age range, and so are the majority of Parkinson's patients. And they share a lot of the same illnesses high blood pressure, high cholesterol, high blood pressure, poor diet, limited exercise, obesity, you know, poor nutrition.

And it's been shown that the same pathophysiology inflammation through the body, which is very detrimental to heart. Patients also can involve the brain, you know, and neurologic inflammation that some fancy term called oxidative stress or rusting of your tissues, glycation or glucose coating of your tissues occurs in the heart, arteries occurs in the brain.

So we share so many common abnormal pathophysiology. Fancy word there that there are a lot of heart patients with Parkinson's disease and a lot of Parkinson's disease patients that have heart disease.

And that's why I see them. And, you know, I have to cross the line. I never want to be their neurologist, but I do give them three, four, five, six lifestyle recommendations to consider.

Common root cause is really when it comes to understanding why we get sick and what it takes to ultimately turn that around and get better. When I when I first learned functional medicine and was introduced to the idea of functional biological systems, but just sometimes called systems biology, it really clicked for me because we're so used to, as you and I are both specialists, to think, Well, there's the heart, there's the brain, you know, there's the gut, the gastroenterologist or whatever.

And as if everything is practiced in its own separate box, and in fact, in conventional medicine, it is practiced in its own separate box, which causes maybe as many problems for folks as it has the gains that they may get.

You know, to think that these are somehow not connected. Right. Right. And there are we know I'll just go through and, you know, I hope this doesn't offend you from your perspective, but I do talk to people in my clinic that have Parkinson's disease about nutrition.

I mean, they're in my clinic because they probably have a cardiac disease. Right. But there is some data I wrote a book about five years ago called The Plant Based Solution, and I have a chapter on neurologic disease.

And I pulled out all the references that eating healthier. And in my world, that means whole food plant based had some impact on neurologic disease.

Parkinson's Disease, Metabolic Syndrome, and Shared Risk Factors

But just recently, a famous resource called the UK Biobank published a paper and predicted it is healthy eating,

effective at reducing your risk of Parkinson's disease.

And you know the study at over 100,000 participants with dietary histories. And they found in a very large study, you know, there were nobody with Parkinson's disease at the beginning of the study, and there were about 600 that developed it over the next 12 years that those that ain't the healthiest plant diets had, the lowest rates of Parkinson's disease and low those that ate the unhealthiest plant diets.

They were still bland diets, but they might be fried food and processed food and packaged frozen food. Stuff that doesn't really qualify as coming from your garden.

Had the highest rates of Parkinson's disease developed. So it's almost the exact same paper you do for heart disease or cancer development. And, you know, it's it's what you know.

And I know we got an association study and you have to then go do the research and say, you know, what was it in the bad food that's toxic or what's it and good food that's therapeutic.

But why was there such a significant spread? So, you know, I try and get most people and I largely hope food plant based diet but I will extend that to people with you know neurologic degenerative disorders And maybe Parkinson's disease is the best study.

There's little there's little data on Alzheimer's, too. In fact, to circle back, Dr. Dean Ornish right now, how many years after the lifestyle hard trial, 33 years later there was published in 1990, is doing a prospective Alzheimer's study with whole food plant based diets and the Ornish lifestyle.

So there's been no data to suggest that's helpful. But he got enough funding that he's doing. A prospective randomized dietary lifestyle trial will be excited to see those results.

I don't know about you. Almost everybody in my practice takes coenzyme Q10, a widely available supplement. A lot of my colleagues say, Why do you use supplements?

It's expensive urine. Well, in cardiology, without doubt, there's more data for coenzyme Q10, also called Concu, then as a beneficial supplement than any other supplement in our vitamin shop, there's data for congestive heart failure.

That's impressive. There's data for longevity from Sweden that's impressive. There's data for hypertension and arrhythmia. But there have been a number of studies of coenzyme Q10 in Parkinson's disease, and they remain mixed and somewhat inconclusive, certainly very safe.

I like the studies because they use crazy high doses of coenzyme Q10 over 1000 milligrams a day. Most people take 100 to 200 milligrams a day, and they certainly have proven the safety of high dose coenzyme.

And in these studies. But it isn't a it isn't a magical cure that works overnight. But it's you know, it's something that I do bring up to them that they probably needed for their disease and they may get some benefit.

I actually encourage my patients to drink coffee if they don't have jitteriness or palpitations. And there is a little data about coffee potentially being Parkinson's disease preventive.

And there's a statistic out there that a lot of people get more antioxidants from coffee than anything else in their diet because they're eating so few fruits and vegetables.

And obviously fruits. Vegetables are where most of the antioxidants are for oxidative stress. But coffee is something that we talk about. One of my colleagues has cardiology.

Coffee is a brand new market which. Helps fund a. Little bit beyond what I'm doing now. But nonetheless, I am a coffee drinker, a couple of cups in the morning and of course exercise and there is some clinical trial data that

people that are in good shape and do moderate or vigorous physical exercise have a lower risk of Parkinson's disease and a whole lot of other diseases.

And of course, of their vigor, have they already have well developed Parkinson's? They may have some challenges. I don't know about you, but I've got this group of people with Parkinson's that are doing boxing glasses, you know, in their seventies and eighties. And it's just such a hoot.

But they love it and it's non-contact boxing. So nobody needs to get too worried. We're not beating up the elderly people, but there's just something about their coordination and their balance and they seem to benefit.

So and then the last one I bring up with some of my patients, and I know it's on the edge and not completely proven, but I have several red light panels in my house, red light therapy called photo bio modulation, and they expose your body to a spectrum of red lights.

But there are some unique you know, caps or brain exposure by light is the one that I know company. And, you know, I would judge them to be pretty harmless.

And they I try and provide my patients. You know, these are things you can decide. It's a couple thousand dollars to get one of these dedicated light devices for the brain.

But some of them involve even a little probe up the nose. So you're really almost directly exposing brain tissue. Right. Right to red light. So, I mean, these are the kind of things I, I cross the border, as your neurologist might think.

We're crazy here. When you're done taking coenzyme Q10 or using a red light or, you know, and all. But again, as much as possible, we want to prevent, you know, disease before we have to treat it. So everybody needs to eat healthy, largely plant based need to get an exercise program together and, you know, maintain a proper body weight.

There's probably something there about reducing inflammation and stress. Absolutely. Some of it what you're saying reminds you of the famous line by Michael Pollan about eat real food.

Not too much. Mostly plants. Right. And we see real shifts when folks do that, whether or not they choose to be vegan entirely. But going away from the meat and a little side to the mostly side and at least, you know, a smaller portion of the animal based protein, it now shifts the numbers and there is data out there for Parkinson's disease.

A lot of folks, if they say, well, you know, kind of breakdown what food is in terms of vitamins and things like that. And they know that there's, you know, fats, carbohydrates in proteins.

Most people know there are vitamins and minerals, not a lot of people know there's a whole other class of micronutrients said from the numbers perspective really is a much larger group than any of the other components of food, and that is phytonutrients.

And there's actually been some pretty provocative data on Parkinson's disease and looking at Flavonoid Polyphenol type intake, and these are basically what we're talking about is so these active compounds in things like green tea, but also found things like blueberries, strawberries, blackberries, the colors, dark chocolate, by the way, would also count, but ultimately in both prevent were slowing the the progression of Parkinson's disease from a neuroprotective perspective.

Right. Absolutely. And you know, this polyphenol files in all science, it's such a mouthful and difficult to keep track of, but, you know, take cow powder or cocoa.

I mean, who wouldn't like to put a little cocoa in your coffee and make it taste like a chocolate coffee? And now we're learning that both for cardiac disease and neurologic disease, it's a very good idea.

I mean, clearly, you don't want to put in sugar sweetened versions. I buy raw, organic cocoa powder that many providers online to do that. Let us scoop in your coffee and you got yourself a double health drink.

So I do that regularly. Super big treat. So we're hearing that anything that puts you at risk for heart disease puts you at risk for brain disease. And we can do the broad brush stroke kinds of things, diet and exercise, etc..

But I'm also hearing that if you if I visit you in the office, when I'm going to get is a very personalized type of approach, I'm not going to get well, you know, and I see this in my office.

So I'm curious kind of how you approach it, but I'll see folks who have what maybe in the most generic sense would be high cholesterol, whatever that sort of means.

And but they don't they don't have any other you know, they don't have high blood pressure. They don't have insulin resistance. They have healthy looking carotid in the coronary arteries.

Yes, their cholesterol is high, but maybe their so-called good cholesterol is also high so that their ratio of cholesterol to HDL is good or they have very I don't know if you want to get into talking about particle size studies or oxidized LDL, but those numbers look good.

And oftentimes it seems like there is a knee jerk, well, your cholesterol is high, change your diet or get on a statin. But maybe we don't need to be so obsessive about that.

And think of things a little more on an individualized level as it's really a problem. Yeah. And unfortunately, you know, most studies are done and report on a group 10,000 patients, 5000 patients.

You can derive lessons where you really care. When you're in a doctor's office, you care about your health and your doctor has to apply all the science and boil it down to one patient at a time.

And it's hard work and it takes time and effort.

Lifestyle Tools: Supplements, Coffee, Exercise, and Red Light

So you presented an example. Your cholesterol is high and the primary care doc is recommending to go on prescription medicine for life. And they're all good intentioned, but there is a problem there.

And way back in around 2007, the cardiology group got together, called This Shape Society, and they challenged that convention to say, you know what, before you get on lifelong prescription cluster line medicine, I'm not talking about people who've had a heart attack or bypass or stents I'm talking about.

I feel fine. I played pickleball, but my cholesterol was 260. Get a carotid ultrasound, See if you've got plaque you don't know about. You might want to go on a medicine if you do get a heart.

Calcium CT scan for $75. If you're a zero, you're in good shape. If you're 470, do just a number. But a very serious number. You might want to go on a statin.

And they propose that there is a lot of pushback. But over the years have been so many studies that say if you do these imaging studies and they come back clean, you really forgo the statins.

So as of 2019, to this date, the American Heart Association, the Canadian Heart Association and others have agreed with this proposal and 15, 20 years ago that we can individualize care, personalize care and, you know, give the people with a high cholesterol, but apparently bleeding arteries a good bill of health and encourage fitness and sleep and weight loss and proper plant based nutrition, maybe use some supplements, but we don't need to put them on prescription drugs.

And that's a rather radical breakthrough. It's still practiced by a real minority of primary care and cardiology groups.

I mentioned this heart CT scan a couple of times.

It's absolutely puzzling why we have a medical system where we screen for five cancers lung cancer, prostate cancer, cervical cancer, breast cancer and colon cancer.

And number one, there's about 50 other cancers we don't screen for, although there are new blood tests that allow that. But we don't screen for heart disease at all.

We wait two year in the emergency room to find out absolutely no. And you don't have a minor case heart disease. When you're in an emergency room, you've got end stage heart disease.

So this scan done at age 45 for 50 to $100 serves such a useful screening capacity. If you're a zero, you come back and do it again in 5 to 7 years. It's the easiest test.

You just lie down, hold your breath and go home. No needle, no injection. And if you come back for 478, you better find some preventive doc to work with you on. Why?

And that's going to be a lot of blood work, a lot of questions about your diet and lifestyle and putting together a program to start reversing that problem.

Dr. Khan I'm wondering if we could define for the listeners of the viewers metabolic syndrome. This is something that we easily associate with heart disease, stroke, and yet the literature tells us this is a major risk factor for Parkinson's disease.

Yeah, metabolic syndrome, you know, has had other names in the past, but it's had this name for a good 20 years. There was something called Syndrome X, and I think it was Raven's syndrome after a researcher.

But it's it's a constellation of findings that often go together high triglycerides, high blood sugar, high blood pressure, waistline abnormalities, and low HDL.

Five things. You can have three of them, four of them, five of them that meet the criteria. And it predicted the future development of diabetes, the future development of heart disease, and a future development of other degenerative diseases like certain brain diseases.

We've had that data for a long time. There are, you know, billing codes for metabolic syndrome, so you can enter it in your chart. Note if you're perceptive and noticing the pattern, it's reversible.

Might take weight loss, might take exercise, might take diet changes, might take supplements, might take prescription drugs. Just in the past couple of weeks, there was a very large study that just reemphasize those that met.

The criteria for metabolic syndrome had a much higher risk of disease in general. It's just, you know, bad biochemistry going on insulin, even though it doesn't include the blood test for inflammation and the blood tests or this oxidative stress, those are out there.

But the definition of the metabolic syndrome preceded some of that work. But, you know, birds of a feather go together. The metabolic syndrome is about insulin resistance, which isn't good for the heart and it's not good for the brain, not good for cancer.

So it's it's a useful term to say, yes, ma'am or sir, you're just you're just worn out. Your car needs a overhaul. You are you are you are not firing your your pistons, you know, and a good, good synchronized manner.

And so often when I see folks and there's maybe that hemoglobin A1C and maybe it's like 5.9, I say, well, 5.9 is, yeah, my doctor, I'm not diabetic yet.

Not diabetic. That's right. And as if we're sort of waiting till we become diabetic or has anyone actually looked at that fasting insulin level and said, look, you know, this this is really a gateway disease.

Yeah. Right now pre-diabetic is still a disease. And it's you know, it may be pre-diabetes, but it doesn't mean it's pre heart disease, pre-cancer, pre brain degenerative disease.

And also, you know, if your doctor tells you your hemoglobin is over 5.6, you want to ask the question, you know, can I reverse that? Can I drop 20 pounds, change my diet, hit the gym, take some supplements as some people get on prescription drugs like metformin that can lower that number.

And over the long haul, you're going to be very grateful if you identify that. Other problem is, I don't know if 10% of primary care docs draw a hemoglobin A-1 C, you know, of course endocrinologists do.

If You're there for diabetes, but that's already advanced disease. But this term, pre-diabetes should me should they have some scarier name for it, you know, or premature death syndrome or something.

That would be. There to catch more attention. Yeah. And trying them for a loop even further is of the percentage that check the hemoglobin A1C, a farsmaller percentage check an insulin level.

And that tells people so much more because, you know, your sugar's really only going to be as high as your insulin level is and insulin could arise.

Autonomic Dysfunction and Orthostatic Hypotension

You'll become insulin resistant by adapt of mechanisms that the cell is trying to protect itself. And then ultimately, when thing when the system is just completely overwhelmed, that's when the blood sugar really starts to go.

But I tell people that when, you know, when you give yourself insulin as a diabetic and I'm talking about type two diabetics who have gone that far and beyond the pills and all that, you know, you're not inaccurate.

You're just shoving it into the cell. I'm sorry, I'm not in say that. Right. You're not paying out the sugar. You're you're either, you know, you're shoving the sugar into the cell, potentially making the problem even worse because insulin resistance is is sort of a good thing in a way, in the sense that it's your body's way of protecting yourself.

It's not a it's not inherently damage trying to prevent the damage from happening. Right? I said. Well, we have a few more minutes left and there was a topic I just want to spend a couple minutes on.

I hope if you go there with me. And that's one that's very important to Parkinson's patients and that's autonomic dysfunction and often having that drop in their blood pressure when they stand up, some of the men having erectile dysfunction and cardiologists, neurologists, both manage this sort of problem.

Yeah, I actually had the pleasure in medical school and residency and working with a very esteemed endocrinologist whose research project was on anemic apathy in diabetics and published many papers with him and 1980s.

It's a long time ago. But, you know, those lessons have stood in my career. Well, as we spoke for a minute before we came online, we were scanning people in Ann Arborin the 1980s with what's called nuclear medicine and injection.

And then you lie on a table under a scanner. And we have a unique agent that nobody's ever heard of called MIBG that could scan for your autonomic nervous system.

In your heart, we identified many diabetics and abnormal, sympathetic nervous system and were at risk for dying suddenly, which was known. But we didn't know that it impacted the heart that way.

And it turns out that imaging agent is still around and used in certain centers and has been studied in people with Parkinson's disease and has been shown to identify that the nerves supply to the heart can be very abnormal.

In Parkinson's disease, the sympathetic adrenergic adrenalin system can be very depleted. So that's not the only reason. But you stand up in the normal response, which is mainly your sympathetic nervous system, to maintain your blood pressure so you don't feel lightheaded, dizzy and risk of blacking out is weaker than it should be.

And that's called autonomic dysfunction or those static hypotension or something. I think you guys call in your field the Scheidegger syndrome as very challenging.

That's why we want to prevent Parkinson's disease, if we can, before treating it, because this is a difficult one. We, you know, get people volume replete ID carry around a water bottle, but a few salt tablets or mineral solutions in there like a lot of people do.

Be careful getting up. Maybe some exercise can improve the tone and, you know, a rebounder or squats or something that improves venous blood flow support hose to improve venous blood flow back to the the heart.

There are there's really no vitamin for this situation, but there are some prescription drugs, not particularly nice prescription drugs that have you hold on to more salt and water.

So you stand up and you're less likely to experience this. But it's it can be extremely disabling in the Parkinson's group. I can be their number one symptom.

And it's it's again an ounce of prevention where the pound of care. So you don't want to get this syndrome don't get Parkinson's disease. One answer is not to get old.

That's not a fun one. One is just, you know, eat this healthy, plant based diet that this recent study said. Get your exercise in most days of the week.

Try and maintain a flat belly and a good ideal body weight. All of these things are tough. Get good sleep and get jacked, get checked, get checked.

Closing Remarks and Contact Information

Well, well, you've heard it from one ofour nation's leading heart doctors, Dr. Joel Kahn He's been a guest in the Parkinson's Solutions summit, talking matters of the heart and the brain and how much they overlap.

If you're taking care of your heart, you're taking care of your brain. And if you're taking care of your brain, by golly, you're going to be taking care of your heart.

And so it's so important to think of these as really brethren, you know, as we are. Dr. Kahn, it's been a pleasure chatting with you. If somebody wanted to reach out to you, they're concerned about their heart health.

They want to have a calcium scan under your watchful eyes. How how do they how do they reach you? How do they find you? It's kind of you. I'm licensed in about half the states.

In the United States, I do office and telemedicine and the central website is drjoelkahn.com. you know, we're in suburban Detroit. A lot of people come visit me here, and otherwise the option is to set up something by telemedicine.

But yeah, we work hard every day, but we love what we do. It's a small but mighty clinic. Well, Dr. Joel Kahn, thank you so much for being part of this.

Our Parkinson's Solutions Summit today. Yeah. And I certainly look forward to having some more conversations with you in the future. Thank you for all the work you do. Absolutely.