Heart Disease Reversal: Fact or Myth? Transcript

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Opening and Summit Introduction

We can conclude, 100%, it's worth doing everything you need to do with your lifestyle, because heart diseases are reversible. And number one I'd say would be the lab values, the risk factors.

Plant-rich nutrient diet lowers your blood pressure. A plant- rich nutrient and diet can lower your cholesterol and your sugar and inflammation and help resolve your sleep apnea.

This is Doctor Talks. Welcome back to our Reversing Heart Disease Summit with Dr. Khan and myself, Dr Furman. Today, we're lucky enough to have Dr Khan himself with us.

We can interview him and discuss how heart disease can be reversed and if it can't be reverse, of course. And Dr. Khan obviously works with heart disease patients for decades from all over the world and has seen this firsthand.

He's a great person to talk about this. Dr Khan, great, glad we could have this discussion today and just focus on, narrow on this topic of heart-disease reversal and how we as, you know, both have used as incorporated the advanced nutritional treatments and advanced You know, aggressive nutritional interventions to have our people, even with a very advanced heart disease, be able to reverse it and recover their health.

So let's go into this now with more depth. Okay, great. And I say there's so many skeptics that heart and disease is not reversible.

How Heart Disease Reversal Is Possible

This is a core topic for this summit. Honestly, give you a shout out. You wrote a book called The End of Heart Disease, which was a masterful book that sits on my desk in my office.

Between the two of us, I think we got some opinions on this topic. Absolutely, we got to get this out there. Everybody should know it. If you have friends, relatives, everybody should that heart disease is irreversible and you don't have to have high blood pressure and heart diseases or even have a heart attack death.

We have too much information available to be able to help people and prevent that. And that's still the leading cause of death, obviously, for adults in America.

So let's go through the broad approach first, Dr. Khan, on how we know heart can be reversed. Yeah, and we're still learning this is an evolving field, but I would answer three different ways we can conclude, 100%. It's worth doing everything you need to do with your lifestyle, because heart diseases are reversible.

And number one, I'd say would be sort of the lab values, the risk factors. We know that a plant-rich, nutrient-dense diet lowers your weight. Plant-Rich Nutrient Diet lowers you blood pressure.

can lower your cholesterol and your blood sugar and inflammation and help resolve your sleep apnea. A lot of the things we've talked about throughout this summit can be improved with diet.

It isn't a direct leap to say, okay, three months on a nutrient-dense, plant-rich diet and look how much my labs have improved means you've reversed your heart disease.

But you're obviously setting it up for that to happen. And the skeptics will still say, that's your labs improved. And I think that is a valid objection because there is paper or two with the ketogenic diet and a paper with other crazy diets that the lab values improved, but I'm just putting that down as one pillar.

You can see the cardiovascular lab panel improved dramatically. along with the weight and sleep apnea scores. And that suggests we've created a much more fertile setting for stopping and reversing atherosclerosis.

But then we get into the second big pillar is symptoms. That's where you've had broad experience. You've published on it, as I recall, about 2015. you wrote a great survey of patient cases.

I think it was hundreds of people involved in that survey. Yeah, 450 cases 450 people, and the average systolic blood pressure lowered 26 points, by the way.

In the low sodium-dash diet, their systatic blood pressures dropped 11 points but they kept them on the same medications that dropped the 11 point.

Evidence from Labs, Symptoms, and Imaging

in my study, the systotic blood has dropped 26 point while medications were being taken away and withdrawn. Because if people were left on medication, their blood pressure would have gone too low.

So the people came off their medications and they still had a 26-point lowering from where they were on medications to where there were 26 points lower on off medications.

And people still ignore that study, especially like U. S. News and World Report and Newsweek. They'll say the low sodium dash diet is the most effective lowering blood pressures, when here I have a study of 450 people with systolic 26. And of course, in that study, we showed cholesterol dropping and also a whole series of cases with advanced heart disease that people were able to be taken off having their heart function go back to normal, including ejection fractions improved.

Right. And I think that's amazing. That's what I was going to say, that second pillar. Okay, so we've improved your lab values. that doesn't absolutely mean we reverse your disease.

Foundation pillar number two are case studies and other research. And again, if anybody wants to look this up, I'm giving Dr. Furman the appropriate shout out.

American Journal of Lifestyle Medicine, 2017, Improved Cardiovascular Parameter with a Nutrient Dense Plant-Wrench Tide. This is a research study, but it's a very easily readable one.

And you've got eight case studies of people having cardiac symptoms, angina, and they were getting other forms of cardiac treatment from standard cardiologists that were not helping them.

And within a relatively short time, the symptoms started to lessen and resolve. So pillar number two is classic cardiovascular symptoms. Whether they be angioma, whether they'd be the leg circulation symptom called claudication.

In some cases, male erectile dysfunction, improving, reversing. strongly suggests that either there's a wonderful placebo impact to eating this way, which is fine, because eat that way anyways.

But I think a reasonable person would presume the case studies like you have, we could look at the Lifestyle Heart Trial, you interviewed Dr. Dean Ornish on the summit, and we're glad you did.

The case study that Dr Esselstyn presents in his book and his long clinical career, they are a second pillar to say, yes, Cardiologists should be teaching patients as well as other healthcare providers.

This is a disease you can halt and a diseases you reverse, not just with a stent treating a one centimeter segment of your heart artery, but we're talking stem to stern throughout your body.

We can hold and reverse atherosclerosis because the second pillar says the symptoms improve. And we do know

that even modest improvements in the opening of arteries.

lead to major improvements in blood flow. So we know that stress tests can improve and other objective measurements. It's not like we're here to sell people G bonds, just to say that, it's because we now it works.

And the third is the technology now. We've talked through the summit, you and I have talked about CIMT, carotid ultrasens. If you feel you have to know you've reversed your heart disease, get a baseline, start your program, nine months, 12 months later, and get another.

My clinic is full. In fact, my office is of examples of reversal of carotid atherosclerosis and that's a real deal and it's measurable. You have to have precision technology like a CIMT.

It won't work with the hospital ultrasound. They're just not precise enough. And then nowadays, again, I interviewed Dr. J. Earls. We went through case studies.

of measuring heart artery plaque as precisely as we've ever had in the history of medicine in last couple of years and following that up a year or two later with a repeat study.

I mean, it is just glorious and invigorating to actually measure with the precision. Incredible. You can't get these precise measurements on a heart catheterization and you can do it with non-invasive CT scan.

It's still a pretty big study, but you could do that and just seeing plaque shrink. There's no question we can reverse atherosclerosis. Now the final thing is the skeptic might say, you can't, as far as we know, take an artery with a 90% blockage and make it look like when you were 15.

We don't know that we could get that far, but it's not going to stop. It's going keep progressing. Just that kind of phenomenon is going take years and years.

You're eight weeks away of having a much healthier endothelium, much better blood flow. And if you're having symptoms, potentially much improved symptoms.

So it doesn't take long to see a lot of important measures. Right, and the soft plaque is also called juvenile plaque because it's newly laid down from weight gain, or an early plaque, is softer.

It means that the vessel wall can move more and perhaps a fissure which exposes that soft cholesterol. might cause a heart attack or a clot to form, whereas a plaque that's been calcified for years and years, even though it may obstruct a little bit, it's not going to cause heart attacks, not likely to crack open and cause clots as much as an early late plaque.

Now, what I'm saying right now is that your measurement of visceral fat in your body is very proportional in studies to the amount of dangerous vulnerable plaque.

Plaque Types, Calcium Scores, and Weight Loss

Visceral fat, vulnerable plaques go hand in hand. And we see visceral go down when you eat healthy and lose weight. That means you're moving juvenile and vulnerable plac.

So what I'm saying right now is the most dangerous type of plaque that's really a heart attack causing plaque is what melts away first as the easiest to get off your body.

Absolutely. You really, again, you're so experienced. You bring up a really good point. It's very important people know because again we were always tackling skeptics and debates that one measure of atherosclerosis that's available, we've talked about it, and you interviewed me on this topic, is the coronary artery calcium score.

And people ask me, Doc, my coronary calcium score is 183. I don't like that. Can I make that go away? And

unfortunately, calcified plaque, bone-like plaque is not juvenile plaque.

It's not what you're referring to. And we do not have clear evidence that the older stable burnt out calcified regions, the calcium may not go away. So I did not tell my patients expect your calcium score to go down.

I don't even encourage them to repeat the study because I think it's going to be of any benefit to them. And some of my patience, I just presented this case to Dr.

Earls from the Clearly company have gone off and done chelation therapy, intravenous, oral. There's some scientific basis for it, but they actually, we've measured their placket and got much worse on chelasion therapy.

I'm very surprised and disappointed because, you know, I'd like more tools in my toolbox. And if chelaion, therapy would work routinely, that could be one to throw in, But that's not what we're seeing with these advanced studies.

And in fact, even the diet, fitness, lifestyle approach may not bring your calcium score down, but it will shrink the soft, newer juvenile plaque. And it may take technology like the CIMT to prove it.

If you don't have access to the technology, do it on faith. You are improving your arteries when you are eating in the way you described in that 2017 paper, the Nutritarian Diet, and other approaches that are out there.

Right, because people think they can just reverse their arteries and still eat poorly and be overweight. And I'm saying if you really want to suck the cholesterol out of your coronary arteries, you've got to remove some fat from the body because removing fat in your body is going to take away your visceral fat, is correlates with the coronary artery disease fat, and also visceral fat is more saturated.

And visceral fat which is saturated raises cholesterol more, the subcutaneous fat does. So you've got to get weight off and you got eat healthy. This is what doctors do wrong is they just medicate people's risk factors.

They don't have the passion, motivation, time, or the expertise. to enable people to make the changes that are necessary in their lifestyle and diet to really particularly give them true protection.

Agreed. But the exciting news is science has confirmed what we've seen for decades. We can measure it. You can absolutely halt and reverse your atherosclerosis, your juvenile athroscleriosis.

I'll just make a comment because I've ordered a lot of these advanced CT scans on people. that everybody's got some soft plaque in there, this juvenile plaque, in their heart arteries.

Some people, it's 80 to 90 percent of all the plaque and their arteries is this Juvenile plaque. And that stuff can go away like no other. So this combination of the science you've done and taught so many of us your book, The End of Heart Disease, and actually this technology to measure it.

It's very hopeful and very exciting time to be a lifestyle based doctor and a life style based cardiologist. Yeah. It certainly is hopeful, and people have the power in their own hands to protect themselves from heart disease.

And that's why we're doing what you and I are doing this summit, to put the powerful back in the hands of the individual so they can take control of their life and not just wait for something to happen to them, but to say they don't have to have happen them.

What happens to other Americans? Because almost all Americans develop heart diseases if they keep eating the same foods that other American are eating.

They're all going to develop a heart-disease. Maybe cancer might get some of them but if the cancer doesn't get them they're going have heart attack or they'll have a stroke.

Supplements for Heart Health

You can't escape from the dangers of the American diet. Right. I agree. And obviously, I'm passionate, and I can't about this subject because I see people with, after having heart attacks, their ejection fractions are low, the prognosis is poor, yet I've seen them, you know, three, four, five years later, then ejecting fractions go back to normal.

They're living a robust and healthy life, they changed their diet, there don't even need the doctors anymore, that blood pressure is normalized, They are feeling great, don´t have atrial fibrillation anymore.

They don't have the PVCs go. It's just amazing how some of these really sick people, I've even seen people with significant cardiomyopathy that improve their health.

And the doctors say it's not reversible, but I have seen it reverse. So much of this is reversible for those of us who've been doing this for 40 years and seeing hundreds of patients who have advanced heart disease using this approach.

You too, right? You've seen some really advanced cases make progress. Yeah, absolutely. I give our patients hope, but base it in science, and we can really restore a patient to really excellent health.

And of course, you were a real trailblazer in that, so thank you. But a lot of us are carrying on that tradition. So how do you then now also use supplements to advance or protect further these people with advanced heart disease or with heart diseases or high blood pressure?

Are you careful about the supplements too as I am? Yes, absolutely. And you've got to stress the lifestyle we've talked about so many different times in this summit.

But there is a role and there's science to supplements. Not all supplements, but there IS science. For example, you just brought up the terms heart failure and cardiomyopathy.

It's hard to get a vitamin called CoQ10. You can call it a Vitamin. you could call an antioxidant. One more name just to confuse everybody, ubiquinol, but CoQ10 is actually often sourced from animal foods, things like cow hearts, which I don't know why anybody eats, But our largely plant-based community here is not eating.

But you talk about the science that Coq10 given to a patient with a low ejection fraction, weaker heart, Maybe after a heart attack, maybe after cardiomyopathy, and maybe with congestive heart failure, can raise the ejection fraction, a way doctors measure the strength of the heart, it can relieve the shortness of breath we call congested heart-failure.

There's so much data in basic science and actually in human studies. there's actually been that high-level study called a randomized double-blind clinical trial called Symbio-Q study where A few hundred milligrams a day of CoQ10 did not only make people feel better, but there seemed to be an improvement in their actual overall lifespan with a very serious disease called congestive heart failure.

And fortunately Coq10 is a, very low toxicity vitamin. So we don't worry too much about giving it to people. Somewhere in the last. 12 months there's been what we call in science a meta-analysis of supplements and cardiovascular outcome.

And the conclusion of that very big study taking all the studies and lumping them together in an analysis was there was over a 30% reduction in bad heart things happening to people if CoQ10 was in their supplement list.

So that is a definite go-to to me and I can confidently tell a person that CoQ10 is based in science. Because the first thing many primary care docs will say to them or their family is, just make it an expensive urine, you're wasting your time.

Well, there are some that might do that, but Coq10 would be very different in terms of science base. And since we're talking about reversing heart disease, I'll just mention one or two others.

It's crazy science, but this is a sophisticated audience. They've heard about coronary CT angiography. We've had about juvenile plaque, soft plaque. There's actually seven or eight studies from University of California, LA Medical Center, the cardiology department, that aged garlic.

can help shrink soft plaque, juvenile plaque and arteries. And the mechanisms may be through lowering cholesterol, a few points, lowering blood pressure, few point, slowing inflammation.

If there's other mechanisms, they're not as clear. You can eat garlic and encourage you. It's not exactly a G Bonds food, but it's there as obviously related to them.

But there is something about taking garlic cloves, letting them sit for up to two years, to harden and concentrate and then making tablets out of them.

And the science is amazingly strong for that. So it's a go-to in my clinic when we're trying to reverse juvenile plaque and people will say, well, why do you recommend it?

It happens to be quite inexpensive too, which is nice. And the bottom line is it's science-based and people are getting their eating better, they're exercising better.

They're sleeping better and they are taking garlic. When we repeat their carotid ultrasound, it looks better it is hard to point to which one. So I've got to rely on studies like have come out of UCLA into the standard medical literature.

Good stuff. Yeah. Last year we interviewed Dr. Matthew Budoff, who did a lot of those studies and is a very premier academic cardiologist. So, you know, just do your research, get with credible people, put most of your effort into your lifestyle.

Garlic, Diet Synergy, and Closing Remarks

But a supplement like CoQ10, a supplements like Aged Garlic are worth talking about here in the summit. Sounds great. I also use, you know, because raw garlic tastes so, it's too strong tasting.

So, but when you roast the garlic and make it sweet and more tasty, It's not as effective. so we do it partially. We like partially cook the raw garlick, so it still maintains some of that benefit.

And people use it. They can use the partially cooked garlic, only cooking for 15 minutes instead of 30 minutes, and still maintain some those properties.

Of course, we cook it with the skin on, So it doesn't get burnt out. And we see it lowers blood pressure, lowers cholesterol. People could pop it like a blood-pressure medication if their blood pressures borderline.

So these things are very effective and it incorporates very well into this whole dietary approach because as the organosulphides from onions, the mushrooms, all these, things the eggplant, All these foods have compounds that lower blood, pressure and lower cholesterol that works synergistically.

so it's really a holistic approach. Right. OK. Well, thank you all for joining us. Thank you, Dr. Khan. And we look forward to seeing you back again as the summit continues.

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