Heart Disease Reversal: Fact Or Myth? Transcript

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Summit Introduction and Heart Disease Reversal

Welcome back to our Reversing Heart Disease Summit with Dr. Kahn and myself Dr. Fuhrman. And today I am lucky enough to have Dr. Kahn himself with us.

We can interview him and discuss how heart disease can be reversed. And if it can if it can be reversed, of course. And Dr. Kahn, obviously works with heart disease patients for decades from all over the world and has seen this firsthand.

Who is a great person to talk about this? Dr. Kahn, 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 both have used as incorporated the advanced nutritional treatments and advanced aggressive nutritional interventions to have our people with even most even with a very advanced heart disease, be able to reverse it and get and recover their health.

So let's let's go into this now with more depth. Great. And as it has so many skeptics, that heart disease is not reversible. So, I mean, this is like a core topic for this summit.

And I 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. So between the two of us, I think we got some opinions on this topic.

Why Heart Disease Is Reversible

Absolutely. We've got to get this out there and everybody should know it. Everybody I mean, if you have friends, relatives, everybody should know that position reversible and you don't have to have high blood pressure and heart disease 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, even for adults in America.

So, all right. So let's go through the the broad approach first. Dr. Kahn, and how we know heart disease can be reversed. Yeah, and yet 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 disease is 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 your blood pressure plant rich nutrient diet can lower your cholesterol and your blood sugar and your inflammation and help resolve your sleep apnea.

And, you know, a lot of the things that we've talked about throughout the summit can be improved with diet. And 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 your labs improved. And I think that's a valid objection, because there is a paper or two with the ketogenic diet and a paper or two with other crazy diets at the lab.

Values improve, but I'm just putting that down as one pillar. You can see that cardiovascular lab panel improved dramatically along with the weight and sleep apnea scores.

And that suggests we've we've created a much more fertile setting for stopping and reversing atherosclerosis. But then we get into the second big pillar is symptoms.

And 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 and I think it was hundreds of people involved in that survey.

Yeah 450 cases, 450 people that and the average cholesterol, the average systolic blood pressure lowered 26 points, by the way, you know, in the low sodium dash diet, their systolic blood pressure dropped 11 points, but they kept them on the same medications.

They dropped 11 points in my study, the systolic, which is about 26 points. While medications are being taken away and withdrawn, people were left on medication.

That blood pressure would have gone to low. So the people came off the medications and they still had a 26 point lowering from where they were on medication to where they were 26 points lower on off medications.

So it was the it's 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 pressure when here I have a study of 450 people which systolic 26 points.

Evidence from Symptoms and Case Studies

You know with with and of course in that study we showed cholesterol dropping and also a series, 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 and group.

Right. And I adds, you know, amazing. And 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've reversed our disease foundation, pillar number two, our case studies and other research.

And again, if anybody wants to look this up, I'm given Dr. Fuhrman the appropriate shout out American Journal Lifestyle Medicine 2017 Improved Cardiovascular Parameter with a nutrient dense plant rich diet.

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 resolved. So pillar number two is classic cardiovascular symptoms, whether they be angina, whether they be the leg circulation symptom called clarification, in some cases male erectile dysfunction improving.

Reversing strongly suggests that either there's a wonderful placebo impact eating this way, which is fine because it's away anyways. But I think that reasonable person would presume the case studies like you have.

We can look at the lifestyle heart trial. You interviewed Dr. Dean Ornish on the summit, and we're glad you did the case. Studies of Dr. Esselstyn present 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 health care providers is this is a disease you can halt and a disease you can never reverse.

Now, just with a stent treating, you know, a one centimeter segment of your heart artery, but we're talking stem to stern throughout your body. We can halt 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 bombs just to say that it's because we know it works. And the third is the technology. Now, we've talked through this summit.

You and I have talked about CIMT, carotid, ultrasounds. If you feel you have to know you've reversed your disease, get a baseline, start your program nine months, 12 months later, get another.

My clinic is full fact. My office is full 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. Jay Earls. We went through case studies of measuring heart artery plaque as precisely if we ever had in the history of medicine in the last couple of years.

And following that up a year or two later with a repeat study. And I mean, it is just glorious and invigorating to actually measure with a precision, incredible.

You can't get these precise measurements on a heart catheterization and you can do it with a noninvasive CT scan. It's still a pretty big study, but you can do it and just seeing plaque shrink.

So there's no question we can reverse atherosclerosis. Now, the the final the thing is, this 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 can get that far, but it's not going to stop. It's going to keep progressing. It just that kind of phenomenon is going to take years and years.

But, you know, you're eight weeks away from 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 clack is also called juvenile plaque because it's newly laid down from weight gain or it's oral and early plaque is softer.

It means that the vessel wall can move more and and perhaps a fissure which exposes that soft cholesterol might cause a heart attack or clot to form, whereas a plaque that's been calcified for years and years may have the it may be, even though it may obstruct a little bit, it's not going to be cause a heart attack.

Not likely to crack open and cause a clot as much as early. Like now. What I'm saying right now is that your measurement of visceral fat in your body is very proportion in studies to the amount of dangerous, vulnerable plaque, visceral, fat, vulnerable plaque go hand in hand.

And we see visceral, we see visceral fat go down when you eat healthy and lose weight, and that means you're moving juvenile and vulnerable. Plaque So what I'm saying right now is the most dangerous type of plaque.

Measuring Plaque and Atherosclerosis Regression

That's really the heart attack causing plaque is what melts away first, as easiest to get it off your body. Absolutely healthy. You really again, you're so experienced.

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

And people ask me, doc, my garden artery 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 now what you're referring to. And we do not have clear evidence that juvenile that I'm sorry, the older stable, burnt out calcified regions, the calcium may not go away.

So I do not tell my patients. Expect your calcium score to go down. I don't even encourage them to repeat the study

because I don't think it's going to be of any benefit to them.

And some of my patients I just presented this case to Dr. Earls that clearly company have gone off and done key lation therapy intravenous oral. There's some scientific basis for it, but they actually we've measured their plaque and got much worse activation therapy.

I'm very surprised and disappointed because, you know, I'd like more tools in my toolbox and if relation 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 this simply to prove it. And if you don't have access to technology, do it on faith. You are you are improving your arteries when you are eating in the way you described in that 2017 paper, the new territory and 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 from the body is going to take lower your visceral fat.

And the visceral fat is is correlates with your coronary artery disease fat and also visceral fat is more saturated. And visceral fat, which is more saturated, raises cholesterol, more of the subcutaneous fat.

So we got to get rid of so you've got to get weight off and you got to eat healthy. And and this is what doctors do wrong is they just medicate people's risk factors and they don't then they don't have the passion, the motivation, the time or the expertize to enable people to make the changes that are necessary in their lifestyle and diet to really particularly give them true protection.

Agree. 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 atherosclerosis.

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. There's juvenile plaque in their heart arteries.

Some people it's 80 to 90% of all the plaque in their arteries is is juvenile, black. 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 lifestyle 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 power 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 to happen to them.

What happens to other Americans? Because almost all Americans develop diseases. They keep eating the same foods that other Americans are eating. They're all going to develop heart disease.

Maybe cancer might get some of them, but if they can't sit up and get them, they're going to have a heart attack and going to have heart disease or stroke.

They can escape from they can't escape from the dangers of the American diet. Right? I agree And then obviously, you know, I'm passionate. I can't about this subject because I see people with, you know, after Haven having heart attacks, their ejection fraction so low, their prognosis is poor.

Yet I see them, you know, three, four, five years later than ejection fraction. So back to normal. They're living a robust and healthy life. They change their diet.

They don't even need the doctors anymore. Their blood pressure is normalized. They're feeling great. They don't have atrial fibrillation anymore. They don't have the PVCs go.

It's just amazing how some of these really sick people, even I didn't I didn't see people with significant cardiomyopathy, you know, that that improve their health.

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

Right, you two. Right. It seems to really advance cases, make progress.

Lifestyle, Visceral Fat, and Advanced Disease Recovery

Yeah, absolutely. Gives our patients hope. But based on 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 where a lot of us are carrying on that tradition. So and how do you so how do you that now also you supplements to advance or protect further these people with advanced heart disease who with heart disease or with high blood pressure.

Are you careful about the supplements, too, as I am. Yes, absolutely. And you know, 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 is science to supplements, not all supplements, but there is science. For example, you just brought up the terms heart failure and cardiomyopathy, and it's hard to get a vitamin called CO Q10.

You can call it a vitamin. You could call it an antioxidant. You can also call it coenzyme Q10 or one more name just to confuse everybody. You between all but CoQ10 is actually often sourced from animal foods, things like cow hearts, which I don't know why anybody needs, but our largely plant based community 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, maybe with congestive heart failure can raise the ejection fraction a way doctors measure the strength our can relieve the shortness of breath we call congestive 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 symbiotic 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, gochujang is a very low toxicity vitamin, so we don't worry too much about it giving it to people. Somewhere in the last 12 months, there's been what we call in science a meta analysis of supplements in cardiovascular outcome and the conclusion 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 developers that CoQ10 is based in science and you know because the first thing many primary care docs will say to them or their family is it 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 talking about reversing heart disease, I'll just mention one or two others.

Supplements for Heart Health

It's crazy science, but this is sophisticated audience. They've heard about coronary angiography. We've heard about juvenile Plaque, soft plaque. There's actually seven or eight studies from University of California, L. A.

Medical Center, the cardiology department, that aged garlic can help shrink soft plaque, juvenile plaque in arteries. And the mechanisms may be through lowering cholesterol, a few points, lowering blood pressure, a few points, lowering inflammation if there's other mechanism, you know, they're not as clear you can eat garlic and encourage you.

You know, it's not exactly a g binds food, but it's there as obviously related to them. But there's 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 a go to in my clinic when we're trying to reverse juvenile plaque and people say, well, why do you recommend that?

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

When we repeat their carotid ultrasound, it looks better. It's hard to point to which one. So I've got to rely on studies like have come out of UCLA and to the standard medical literature and 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.

But a supplement like CoQ10 supplement like gauge garlic are worth talking about here in the summit. Sounds sounds great. I also use you know because raw garlic tastes so it's too 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 cooked the raw garlic. So it's still maintaining some of that benefit and people use it. They can use that the partially cooked but only cooking for 15 minutes instead of a 30 minutes and still maintain some of those properties.

Of course we cook it with the skin on so it doesn't get burnt out and we see it low levels, blood pressure levels, cholesterol. You know, people could pop it like a blood pressure medication if their blood pressure is borderline hiccups, you know.

Garlic, Diet Synergy, and Closing Remarks

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

So it's really a holistic approach. Right. Okay. Thank you all for joining us. Thank you, Dr. Kahn And look forward to seeing you all back again as the Summit continues.