Introduction to Heart and Brain Health

Welcome back to this episode of the Reverse Alzheimer's Summit. I'm so excited to introduce you here to Dr. Joel Keene. He is America's Healthy Heart, Doc.

He's a prolific writer, very committed to the science. He's been featured on The Dr. Oz Show, Joe Rogan and many other places where maybe you've already been introduced to him.

But I'm excited to dove deeper into the connection between heart health and brain health with him today. Welcome, Dr. Kohn. Thank you so much. This is going to blow a lot of people away.

Good information. Awesome. Well, let's dove right into it. Heart health is brain health, you say? So tell us, what are the connections like? How directly do we connect the brain to the heart?

Well, you know, when I was training in medical school, which is a long time ago, in fact, I graduated medical school 40 years ago this year. We didn't learn any of this, but it's almost like week by week.

It's a steamroller that heart health is brain health. Brain health is hurdles. And there are there's a few exceptions, but things like cancer of the brain.

But there's more commonality. So, first of all, is blood vessel health and the blood brain barrier. People may have heard of the blood brain barrier. It's a lining of blood vessels.

And all cardiologists have been trained about something called the endothelium.

Shared Risk Factors and Lifestyle Prevention

This magical 50,000 miles of arteries in your body that have a wallpaper, one cell layer thin that regulates the health of your arteries. And it's in the brain and it's in your heart arteries and it's in your kidney arteries.

It's in your sex organ arteries. We don't think about it that much in the brain, but you need healthy endothelium. That means healthy arteries to the brain.

Of course, we all worry about the topic of this summit and various forms of dementia and vascular dementia, which is blood vessel disease. Dementia is a big piece of the pie and that's sick arteries.

So sick arteries, heartsick arteries, brain sick arteries to the legs and all they share. The common risk factors. Bad brains come from smoking. Bad brains definitely come from high blood pressure.

I'm a fanatic. Get a home blood pressure cuff and use it using more than your scale. It's more. There's. Normal blood pressure than an optimal weight.

They're both good metrics. Use your home blood pressure cup more than your continuous glucose monitor. I mean, that's a nice new age one, too. But whatever, you know, high LDL cholesterol, many people haven't heard of a special genetic cholesterol called high light bulb protein, a cholesterol, you know, want to inherit that from your parents.

But one out of every four of us does know your blood sugar, at least your fasting blood sugar and your hemoglobin a1c and maybe your fasting insulin and trying to optimize and are you fit and what's your family history like?

These are the questions that cardiologists asked, but it's the questions that a cardio brain doctor asks. Now to and

we know that when you work on your lifestyle which to optimize the advice I give in my busy clinic in suburban Detroit to heart patients is identical to the advice I'm giving to my brain impaired patients with early memory issues.

I'm not a neurologist. I refer out to neurologists, but they don't talk lifestyle, so I have to manage the lifestyle, even if the primary symptom is early memory issues or other, you know, neurologic syndromes, even Parkinson's has some relationship to lifestyle, and we're learning more and more.

So one of the most fascinating studies of 2023 just teed up for this summit was an analysis out of China. And you can argue maybe Chinese citizens aren't necessarily identical to U. S.

and European citizens, but they're humans with a genome. And 29,000 Chinese were assessed for the presence or absence of a gene called APOE E4, which, if you inherited, does definitely raise your risk of early Alzheimer's dementia.

But they were judged in how adherent they were to an excellent lifestyle, a heart friendly lifestyle. Did they eat fruits and vegetables? Did they exercise?

Did they avoid smoking? Did they have social support? Did they avoid excess alcohol? Did they play brain games and other interactions with humans and things that stimulate you?

And the good news out of that study, we know that lifestyle dominates heart disease. People have heard of Dr. Dean Ornish and Dr. Joel Furman and the Prediction Longevity Center, Miami.

We don't really have the equivalent for brain health, but this study from China blew away the idea that it's largely genetic input. You're predetermined to have dementia.

And, you know, if you start early in your life and you take care of your blood vessels, your heart will benefit. Your brain will benefit. And in the study that came out this year in China, your risk of losing your memory and progressively losing your memory goes down statistically and dramatically.

So lifestyle wins. It's such a good message. And, you know, people say all the time, I have a family history of Alzheimer's and a serious piece of history to consider, but don't sit and dwell on it.

Get off your keister. Go take a walk, go eat blueberries, eat walnuts, read about the mind, diet and indeed diet, which is a diet for brain and memory that everybody should be familiar with.

And it's a research out of University of Chicago, I think, is the academic center. And, you know, don't smoke and don't abuse alcohol. Ask me about alcohol, because there's a new study, too, that I think is so outrageously controversial.

But when there's data, we've got to deal with the data. But so that's that's the coming out. Let me just give one specific shout out to atrial fibrillation.

Atrial Fibrillation and Blood Pressure Control

I've been a cardiologist now in practice for 34 years. I've probably taken care of ten, 12,000 people with atrial fibrillation. It's so common. It's an irregularity of the heartbeat that can be felt as a palpitation, racing, jumping, or some people aren't aware of it until they happen to get their EKG or their heart rate taken.

But it's an irregularity that raises the risk of blood clots. And there is definitely a relationship between having atrial fibrillation and dementia. It causes little mini strokes all through the brain.

Now, we've had for decades a drug called Coumadin, not a nice drug, but a drug. And for over 12 years, we've had new drugs you see on TV called Eliquis and Xarelto.

These are all powerhouse blood thinners. But if you're in atrial fibrillation most all the time, you absolutely have to take these thinners because they prevent these little blood clots from affecting the brain.

And the brain is really susceptible to dementia. If you have atrial fibrillation, it's just a classic kind of heart dementia nexus. And I'm going to say something that some people won't like, but the current president of the United States has had atrial fibrillation since 19 actually since 2003, I think is the correct answer.

And his physical and he's on one of these blood thinners and we can, you know, have a sidebar discussion on another day about whether that's relevant or not.

But I've always thought it is relevant and should have been a teaching point. But leaders of our country get special protection from discussing medical issues.

So I hope we just didn't lose everybody and blow away. I'm only talking medicine and atrial fibrillation. You know, get an EKG at your doctor and read a little bit about how to avoid atrial fibrillation to protect your brain by focusing on your heart.

I never thought I would have to learn about blood thinners. Right? I thought I just always refer out to cardiology or back to your PCP. And because of exactly what you're talking about, in my patient population, being those with dementia, many of them have atrial fibrillation.

And so I have had to dove into the literature and understand how those drugs are managed and how to manage this clotting risk. So I'm so glad that you brought that up.

And we're emphasizing just what an important piece that is. I'm sure you're familiar with The Lancet, a very reputable journal out of the UK. In 2020 there was a commission report on Alzheimer's and dementia and they said that the only medication that they really could support as prevention of Alzheimer's and dementia at this point was blood, blood pressure medications.

And that they it blew me away. I had that that mind blown emoji in my mind because I was like, wait, what? They didn't talk about Aricept and Namenda and these other drugs that we kind of more commonly associated with being used for dementia.

They said blood pressure medications are really what is going to prevent dementia later on. And so this this made me rethink how how tight I want to keep that range.

And you're suggesting that people take their blood pressure. How often would you have them take it? When do they worry? You know, a lot of my patients will say, oh, it's just because I'm in the doctors that my blood pressure is high.

When I take it at home, it's normal, but then it's probably higher when you go to see your friends and when you sit in traffic and when you do other relatively stressful things.

So how do you measure that? When do people intervene? Like when you get interviewed for some medicine, your blood pressure goes up. So, you know, step one, you have to own a home blood pressure cuff.

I have absolutely no interest in a company called I'm Ron Omar. Ron but most docs like to bring that up and they have one called the Platinum for about $79.

I'd recommend everybody buy themselves a gift right now after this summit interview. There is no watch, there is no ring, there is no woop, there is no anything that measures your blood pressure other than the old fashioned digital.

Put the cuff on your upper arm, have a nice digital unit and you have to have one. You have to leave it out. You put it in the closet, you'll never use it.

It's not a very good gift if you don't unwrap it and plug it in the wall. I have the batteries engaged and up to date. Number two, I would check your blood pressure daily for two or three weeks.

Don't care what time of day do it. And the proper way to do it is sitting relatively relaxed. Don't cross your legs. I always have a pet up on the couch next to me, which reportedly lowers your blood pressure and you can say, that's not fair because you don't have a pet at work all the time.

But I'll take the advantage and really the ideal way, if you check your blood pressure and it's 1 to 8 over 68 during the course off and say I'm good, but for most people it's not 108 over 68 is 140 over 79 or 152 over 94.

Turn the machine off. Wait a minute. Check it a second down. Turn the machine off. Wait a minute and check it a third time. It's absolutely amazing how minute to minute our sympathetic nervous system is.

Nobody likes getting their blood pressure checked. Nobody likes the cuff, the Velcro, the noise, the squeezing. Is it going to be 180 over 110? There's anxiety about it all and you have to do it three times.

You're supposed to really record for your medical person the third number.

Viagra, Blood Flow, and Early Detection Tools

And, you know, my patients bring me one, 62 over 94 drops to 150 over 86. Third number is 128 over 68. And we'll say, okay, you're a little reactive, but we don't need to necessarily increase or start medication.

And it's always about lifestyle and weight loss, sleep evaluations, proper diet, magnesium supplementation, vitamin D, omega three, half the world's deficient in omega three.

Maybe they don't eat salmon. They don't take a vegan or a sardine anchovy based fish oil. And you supplement with Omega three, your blood pressure drops along with many other brain specific benefits.

So it doesn't mean you have to go on a drug immediately, but check your blood pressure. It's a really interesting study you brought up. I couldn't agree more. Potassium is another one.

Do you ever use potassium to help modulate blood pressure? I do. And you get it out of leafy greens and nuts and seeds. You're not going to get it out of soda, cookies and cakes.

Banana is my go to in my clinic is a combined magnesium potassium supplements that makes. A lot of sense. Real well with that unless they've got advanced kidney disease but that's a pretty rare subset.

You know that's not as common as what we're describing as this elevated blood pressure. But I have it, especially the women, the thinner women who have low blood pressure.

So we check it and it's 85 over 55. And is that an issue that maybe they're not getting enough blood flow to their brain and that could be a risk factor?

Yeah. You know, if they're not dizzy, if they're standing up out of bed, standing above the toilet and exercising and having no problem, you know, there are natural population options in the Amazon and in other remote regions that, you know, a blood pressure under 100 is a normal average.

I mean, eighties is pretty low. You might look at some endocrine test thyroid tests, cortisol tests, make sure that they are hormonally they're in good shape.

That be a person. I'd be a little bit more liberal, of course, with sea salt, Himalayan salt, salted salt or just table salt. Whereas normally I'm advising for the high blood pressure.

People, of course, to limit trying no spices and other substitutes than salt. So if they're feeling good, I wouldn't be

too concerned. I'm not aware, as we're recording this, of a study that says asymptomatic, low, normal blood pressure is an issue.

You know, as long as you got a nice clean carotid or relatively mild carotid arteries, your brain, you should be able to get enough perfusion pressure to feed the brain.

Good. All right. So I want to get everybody's attention back. I realized recently that there are two conflicting studies around the use of Viagra for preventing brain disease and Viagra rate.

What we're talking about, it's increased blood flow rate in men are using this for erections. However, the brain and the heart both have blood vessels that are extremely important to their function, and increasing blood flow has the potential to make that all function better.

Deliver better nutrients and an oxygen, of course. And so there were conflicting reports on that. Do you have any insights on the benefit of taking this sort of medication for brain or heart health?

Absolutely. Yeah. So, you know, originally not everybody knows this, but I'm an old guy and I'm an old Ann Arbor, Michigan guy, but a pharmaceutical company that got bought out called Mark Davis developed sildenafil, which ultimately was marketed as Viagra, but, you know, researched it as a cardiac drug because it boosts that magical chemical called nitric oxide, a chemical that one for its researchers, the Nobel Prize in Medicine in 1998.

But it was tested at the Ann Arbor VA Hospital for heart patients. Nothing to do with anything else. And there was a very strong response by the veterans.

The side effect I'm experiencing is so good. Keep me in the study. And it was of course, improved sexual performance. So that's how it started. But it never lost its ability to potentially improve the health of arteries.

And there was a well-described study in a really premature journal called Nature in the last year and a half out of the Cleveland Clinic that men who reported through pharmaceutical databases, not elegant studies, not randomized double blind studies, but men, they reported they had a prescription and used sildenafil.

And the other drugs like Cialis tadalafil actually had nearly a 70% reduction in Alzheimer's disease, you know, and they looked at like they do in these studies where they're equal numbers that had diabetes and high blood pressure and smokers and heart attacks.

And I try and balance all that. It was provocative and it's what we call an observational study. And again, within this calendar year, 2023, there's been another study that reports for heart disease in a pharmaceutical database.

So maybe you search every prescription at CVS and you follow those people up just as an example, those that had a prescription. Now it's a question where they using it or not, but they had a prescription for erectile dysfunction drugs, drop the risk of heart attacks by substantial, nearly up drug orders.

So your brain avoids damage. Heart avoids damage. Now, being an active clinician, I think a lot of this is some guys and it is usually a guy thing. Of course, there are a few women.

They use these drugs. There actually have been studied. There are women that use these drugs for cardiac disease called pulmonary hypertension. So it isn't a male only thing necessarily, but a lot of guys have given up.

They don't have a relationship. They don't have an intimate relationship. They have complete inability to have erections so they don't even bother with the drugs.

And I think you've identified a subset that's going to show up in these studies as not as social and not as open and not as maybe happy. And all that plays in, whether it's the drug itself or the patient.

Plus, the drug is unclear, but it certainly gives me a lot of comfort to write prescriptions for men and occasionally for

women with heart disease, that these are very, very safe drugs.

You can't take nitroglycerin when you're taking Viagra or Cialis, but very few patients are taking excuse me, nitroglycerin. So it's really, I think, a drug that's gaining more and more uses.

And we'll probably have a prospective Alzheimer's placebo study and maybe one day we'll see that they're actually labeled for the prevention of Alzheimer's.

But that's now to be determined. And with healthy side effects. I love it. So what is the way that you prefer to detect early read my I'm a natural Catholic doctor.

I want to prevent these diseases, whether it's heart disease or Alzheimer's. I want to see people thriving into the last quarter of their lives. And so prevention and early detection are huge in terms of achieving that goal.

What are your favorite tools for early detection of heart disease? Yeah, so I'm going to do, of course, very extensive history that goes beyond the average.

It's going to go into diet and fitness and sleep and probably order a home sleep study, which is one of the greatest breakthroughs of the last decade for a few hundred dollars in your own bed, you can get a really elegant report from a sleep doctor, whether you have non or mild or moderate or advanced sleep apnea.

And the relationship between sleep apnea and brain disease and sleep apnea and hypertension and sleep apnea and heart disease is profound.

Calcium Scoring and Treating Artery Disease

So you don't want to guess about the idea of whether you got obstructive sleep apnea, if you're snoring or sleeping poorly or gasping at night, or even if you just have unexplained atrial fibrillation or unexplained hypertension, get a home sleep study or you.

Wake up tired, right? Yeah. Just unexplained fatigue would be you know, these used to be five, $6,000 studies at an office building with wires in your brain.

I use a brand if people want to read about it. I didn't develop it. It's called Watch CPAP. We do too. Okay. Amazing. Useful home device. It's disposable.

So, you know, things like that. Dental health, big dove into dental health. I'm going to do extensive labs. Are you deficient in B12? That's not going to be a brain vitamin D, not good.

Omega three, not good. Obviously, thyroid, kidney hormones. And in my clinic, a deep dove into, you know, cholesterol abnormalities. And then to answer your final question, if you come to my clinic and you just want that cardiovascular checkup, maybe a friend died or a family member had a bypass.

And you're concerned? I've had a run lately on people that found out that their parents aren't their parents. They did ancestry.com and they found out that dad wasn't really bad.

There's some other dad out there, and they've gotten to me and said, Just check me out. I don't know my family history at all. It's kind of an interesting little sequence of patients I've had recently due to the technology of Ancestry.com and others.

We're going to do a heart calcium c.t scan and i hope everybody by now since this is a scan developed in san francisco in 1990, you call your local hospital, you need a prescription from your doctor.

In most states, not every state heart calcium ct scan. There's no needle, there's no injection, there's no iodine. Takes about 5 seconds. You're on a stretcher, you're going to CT scanner.

The machine voice says, hold your breath. The machine voice says, breathe. You never take your shirt off and you go home. And you've been exposed to less radiation than a mammogram.

And maybe about age 45 or 50, you want to ask the question, I know heart disease is silent because people drop dead with no warning. In fact, that's one of the most common presentations of heart disease is a funeral.

Maybe I ought to know. Just like my mammogram and my call and ask Abby. Give me a clue if I have unexpected cancer in those regions or my cervical exam.

And the gynecologist or my digital rectal exam for prostate. But nobody's checking my heart, for God's sakes. And I've had an issue with my cholesterol and my blood pressure, my family history, my blood, blood sugar, whatever.

I think everybody about age 45 to 50 should spend. Now, this is the good news. In 1990 and 1995, this heart calcium C. T. scan could be way over $1,000.

We have insurance companies, even in 2023, don't cover the cost, but it can be $50, $75, $125. So I'm very sensitive to health care disparities based on gender, race and economics.

But when you talk about that, we have a test, a stress test might cost $1,000. We have a much more accurate heart calcium c.t scan. That's $50. If you live in cleveland and go to the university hospital, they'll give it to you for free.

So there's almost no barrier of any kind to get the same workup. I'm going to recommend to a multimillionaire CEO of a big automotive supplier in Detroit.

And I love that it's an equal playing ground to get the data, you want to be zero. And if you're a zero, you're really good cardiac shape. And the data is really low risk for Alzheimer's.

That's studies that have been done in nice news. Good heart, good brain. Another connection. I'm so glad that you brought up this cardiac calcium score because this is one of those things that a lot of people don't realize is available to them.

Now, what do we do with the results? So the goal is zero. If somebody is a result is not zero, how does this inform what we do? Does it does it mean to stop calcium supplementation or is there more to it than that?

So that's a good question. So always it's the you know, you're a functional medicine naturopath and I'm a function medicine cardiologist. It's the medicine of why I literally saw a patient this week flew from England to my clinic because it's difficult to get good medical care in London.

He happens to be an American there for business for a decade, and his calcium score at age 55, which should be zero, came back higher than 99% of all people on the planet 1800.

And he brought me all his records. And not one time did a doctor ask the question, why does this thin, athletic, a good appetite, good diet, individual, have such an outrageous calcium score?

And so I have to get extensive labs. What you're able Gene, did you inherit a gene called NP 21? Did you inherit something called light bulb protein, a cholesterol which is very common and can be very serious in some people, not everybody.

And all the other basics, blood sugar, you know, metabolism and cholesterol, metabolism and kidney function, thyroid function, hormone function. It's again, not all that expensive and it is appropriate to put it through usual insurance plans. Most of it will be covered.

And then we're going to have, you know, if they're not on track. My first question is, have you ever heard of forks over knives? You've ever heard of the Prediction Center or Dr.

Dean Ornish or Joel Furman or perhaps Dr. Caldwell Esselstyn, the Cleveland Clinic? Do you know anything about the food? Is medicine, heart plaque, connection?

And if not, I give them homework. And if they come back, they haven't done their homework. They don't have a happy cardiologist. They've got to be part of the team.

We're going to go over the lab results. We're going to try and correct their sleep in the sleep apnea test and look at their fitness, suggest a gym, a trainer, some home equipment.

But then what we're going to do is we're going to decide if you have a high calcium score. The science does suggest you should take an 81 milligram aspirin a day of your body. Calcium score.

Sometimes I use natto kinase, a natural blood thinner. Instead, there's data for a couple unusual supplements. There's an aged garlic supplement called colic where all I see, I like one called Formula 251 or two tablets a day.

It's odorless, and studies out of the UCLA medical center repeatedly show heart arteries benefit from garlic tablets. Isn't that crazy? And there's another secret of mine, but I'll share with people.

A vitamin company I have nothing to do with makes a combination of pick marginal and go to cola. These are herbs from a strange places in the world, but a series of studies in Pescara, Italy, that's the Abruzzo region, show that arteries improve on these two natural supplements.

And that's a product you can buy online called Arterial Protect. You won't see my face on it. I'm not in charge of that company in any way. And then we got to decide blood pressure, medicine or not blood sugar control or not, statin medication or not.

I'm almost always going to give my patients three four months to show me their cholesterol on an optimized diet, and only then might I consider prescription cholesterol medication, with rare exception.

Good news nobody likes drugs, but the drugs for cholesterol have gotten insane. Only better. Just the number of options it used to be Lipitor. Now we have the Lipitor family and the Zedillo family and the next little family and the Repatha family and the like.

Vale family. I know these are just names. We're getting new drugs in the next couple of years for elevated lipoprotein, a drug called Poloncarz and it's really fun now to manage cholesterol and those that need it because we can knock it out of the park.

It takes work and you got to find drugs that people really like. But we can knock it out of the park. Is it okay? I want to go back to a couple of things.

One is oral health, but before leaving the cardiac calcium scores, you didn't mention anything about specifically targeting the calcium. And so do we need to change our calcium intake?

What's happening here? And I want to make sure people understand is we're not talking about fats and plaques per se, but more calcium in the arteries that make it less elastic.

Do I understand that? Right. I'm explaining that. Well.

Oral Health, Inflammation, and Statins

If you have a high heart artery, calcium score, you have lost the elasticity of your heart arteries. That's why we call it hardening of the arteries. You've probably lost the elasticity of other arteries in the body.

That's one reason your blood pressure might go up. You don't have flexible arteries and you've lost some of that natural elasticity and health in your sexual.

Oregon arteries, which is why erectile dysfunction in guys and there must be some equivalent in women is such a common pairing with brain disease and with heart disease.

In fact, it's taught and everybody needs to hear this loud and clear. A guy is starting to experience erectile dysfunction, doesn't need Viagra, he needs a heart artery, calcium scan.

And I won't give men Viagra or Levitra or Cialis till they get a heart artery calcium scan because it's such a strong clue that they got dangerous and sick arteries.

And sometimes it comes back good news, sometimes it doesn't. So oral calcium intake is a pretty soft factor in developing calcified arteries. There's a mixture of studies.

Some suggest, you know, well over a thousand, 1200 milligrams a day of supplemental oral calcium in women correlates maybe causes a high calcium score.

Usually I find it's the genetics, it's the lipids, which is cholesterol, it's the blood sugars, it's the lifestyle, the smoking, the sleep, the stress.

I think oral calcium intake is a very small factor. So eat your leafy greens, plant big calcium, you know, you love your kale and your love your arugula and you love your bok choy.

Enjoy that. Never cut back on those things. Great. Okay, so oral health, there is this very strong connection between gingivitis, periodontal disease and heart health and brain health.

What do you do? What do you tell your patients? How do you navigate that? Well, first of all, number one, it's a great question. And I ask it's on an outline that I kind of keep on my my intake form as I'm asking, but I don't like to have them fill out forms ahead of time.

I love asking questions, getting answers. It builds a relationship, but other people have them fill out the format of time. But I'm always asking, you know, with the pandemic, a lot of people haven't been to the dentist since 2019.

You know, bad move. It's time to get back to the dentist twice or three times a year. Be sure you're having good periodontal. You know where they check in the, the depths of the pockets.

Two millimeter, four. Mm. Five, six, seven. You might need to see a periodontal specialist in that situation. You bleeding of your gums. Do you know, do you brushed, you've lost your water pick.

What kind of foods are you eating? There are some nutritional supplements that are particularly good for the gums and they include Coenzyme Q10. I think everybody should be on Coenzyme Q10 if you're over 40 or 50 every vitamin shop in the world carries coenzyme Q10.

Every Costco in the world carries coenzyme Q10. There are some better brands and not so better brands, but just get some in. Lycopene, the antioxidant from tomatoes and some other plant based sources is particularly good to hold off on periodontal disease of course, eating sugar, candies and all.

I like xylitol gum after a meal. If I don't have a toothbrush, just do a little cleaning it all. But ask, ask, ask. You got root canals? Are they? Are they in fact, did you need a pan or x x ray or even a t of your mouth to find unidentified side infections?

And really often the trigger is the bloodwork. You have an elevated inflammation blood panel. The most famous is the Hs-Crp high sensitivity C-reactive protein test.

And if there's no clear explanation why your inflammation panel is so off, it's not nutrition, it's not psoriasis. And it's not a wound infection. I mean, you know, send them to a dentist that's going to evaluate their their root canals and their crowns and their bridges and look for hidden infection because it's often there.

I look at LPL, too. Do you run that marker and connect that with dental disease? Scares the heck out of me. That's a blood test. We used to call it the plaque test.

PALESE But it got renamed a mouthful. La Plata supposedly predicts that artery lesions are going to rupture, and rupture is heart attack, rupture, stroke.

And it really worries me when people have highly elevated LPL, too, and I'll educate the patient. Now, this is why you need to watch forks over knives and eat better.

This is why you're skipping the gym is hurting you. This is why your COVID weight gain is a setback. That's why you're so bad thing. You know, I got to educate them.

But yes, it worries me. And good news is it often responds dramatically. And I hate to say it because people in the natural world don't like it, but even Staten prescription medication when needed, you recheck the inflammation panel and you see it dramatically lower because statins, as problematic as they are, they are anti-inflammatory, you know, scientifically and certainly in my experience.

So ask about oral health and get your health in line. Well, I really appreciate what you've said and I have a similar approach. With rare exception, I will support people being on statins, but only after they have tried these other interventions.

Right, that have a little bit less risk.

Hormone Therapy and Reversing Heart Disease

And I get that as the medicine and as the science of catching up, we have less risky statins that don't reduce the CoQ10 that that don't hurt the mitochondria that are not associated with my allergies and so and liver issues and kind of all of the other things that we associate as the negative side effects of statines we're getting better at that and there are so many other interventions and let's try those first.

Let's use these numbers to motivate us and get them down through diet, exercise, treating, sleep, doing everything else that we can. Good. I agree. Yeah.

One of the neatest studies I don't want to step in and I know we also have time. But you know, one of the things I recommend we've talked about men in erectile dysfunction, but I want to give women a shout out.

I bring up with that all the women in my clinic, if they're menopausal perimenopause, is the potential value for their heart health long term for hormone replacement therapy, particularly an expert that uses bioidentical hormones.

And I refer that out, but I bring it up and teach them and ask them to read a book called Estrogen Matters that People Can Find in paperback from 2018.

And one of the greatest studies of 2023 was looking from a European group of women, perimenopausal, that had the gene for Alzheimer's. APOE E4 Some of them had the double gene APR e 44 But women that were on hormone replacement therapy with AP for did not progress on to Alzheimer's like women where they before that were not on hormone replacement therapy and you know you've got to do all those other lifestyle things.

We started out the conversation with, but knowing that there's now some additional support for within the first ten years of beginning menopause to get to somebody who can measure and evaluate and guide you in well done, say, hormone replacement therapy and a woman with menopause and worries or a family history of brain disease.

I think it's one of the most exciting, you know, new research avenues that I've seen because people that get that gene test on their 23 to me and then they go read about it, it's anxiety to learn that your brain is at risk and Alzheimer's is much higher than the average person.

I couldn't be more grateful that you brought that up. You know, I wasn't expecting that conversation with a cardiologist, but yes, absolutely. I couldn't agree more.

I think that women were done a disservice when I results were published and it was stopped early. There was a lot of media hype around its connection to using non bioidentical estrogens and many of them oral estrogens and progestins that that was associated with an increase in all cause mortality because of strokes and heart attacks and also breast cancer.

And this created this media frenzy that really prevented women from having access to something that I think on the whole is very beneficial for their brain health, heart health, bone health, of course.

And there was just in the past this past weekend in The New York Times magazine, there was a big article about this. And as we look at the literature and even that study with a little bit more, I guess, nuance, we see that these increases in risks are actually quite minor and can be mitigated in many, many ways.

And so I just couldn't be more grateful to hear it from a cardiologist as well, that this is something that we can do to really support women and their health long term, both from a cardiac perspective and a brain perspective.

So, yes, I encourage people to be talking to their doctors about that and doing that in a safe way. So tell me about the reversal of heart disease. So a lot of what we're talking about is prevention.

But are we, as the conversation the same with prevention and reversal? It is. It's just more intense. And, you know, it's not a theory. It's definitely real that if you haven't caught your risk for clogging and hardening your arteries early and prevent it, and we know that a ounce of prevention is worth a pound of cure, as Ben Franklin said.

But if you haven't been lucky enough to have prevented it, you get that heart calcium scan and it's 784, which is quite high. You've had a Stanford, you've had a bypass or maybe some other way.

You maybe your carotid arteries have blockage. You want to wrap your brain around the idea that slowly, slowly, there's no miracle drain out here. You can stop that process and start to reverse it and actually go back a year later and see better arteries.

I see that in my clinic all the time and it's the supplements I talked about. It is the complete lifestyle I talked about. There's no moderation in everything.

If you've got serious atherosclerosis and you're trying to reverse it, it's a big hairy goal, but it's doable and it's going to take regular fitness and good sleep and monitoring your blood pressure and lots of labs and major changes in your diet.

A delicious, colorful, whole food plant based diet. But you really want to know who Dr. Dean Ornish is and read his book called Undo It. And you want to know who Dr.

Caldwell at the Cleveland Clinic and read his book Prevent and Reverse Heart Disease Might Know About Me and a book I wrote called The Plant Based Solution.

And there's others I certainly want to include Dr. Joel Furman and the power of lifestyle. And I think it's lifestyle plus it's lifestyle plus sleep, medicine and lifestyle plus oral meds, oral dental medicine.

And it's lifestyle plus supplements. It's no longer enough. There's some data for, you know, some alternative therapies like pulsed electro gold, magnetic frequency and red light therapy.

But it really boils down to, are you eating the burger? Are you eating the bun? Are you knocking them off your plate? Having beans do and I would prefer it do.

So it's very hopeful that you can reverse your heart disease. The diet I recommend for brain health. And there is a

significant amount of literature and certainly my clinical experience is a ketogenic diet.

And so I know that that that isn't completely in alignment with what you recommend, but what I recommend is going back and forth between being in ketosis and maybe having some animal protein while you're there and a plant based diet or at the very least a Whole30 diet and really focusing on reducing the amount of carbs, particularly processed carbs and any highly processed foods.

I'm curious, do you think that there and what I see is that typically the the cholesterol numbers will go up a little bit, but then they tend to drop because people are burning fat for fuel.

And in addition, we're treating the sleep and the exercise and all of those. I'd love to hear your thoughts, even if they conflict with mine. Yeah, a couple of quick thoughts.

I suggest people get into ketosis and get out of ketosis, but I use Dr.

Diet Strategies and Closing Remarks

Longo's Prolonged Fasting mimicking five day program, which happens to be largely plant based. There's a little honey, so my patients that are plant based can do it and my patients that are whatever other diet can do it.

And the strong science which watch for more and more data about prolonged fasting diets and brain health. There's already animal and some human data, but there's clinical trials ongoing and was just have to wait for them.

I have patients that are paleo keto carnivore and obviously a lot of junk food patients. I will tolerate their diet, but I'm going to check their heart and I will give them some pause if they've had the bypass, the heart attack, the blockage.

We just don't have data about stabilizing and reversing plaque on ketogenic animal based diets. We simply don't. And if we have diet that there's alternatives that favor artery health and we're talking now not so much Alzheimer's brain health.

I'm talking back to cardiac atherosclerosis and avoiding heart attacks, strokes and the rest I'd favor the whole food plant based diet. But if I have somebody and this is true with a calcium score of zero, I have a woman right now that's on a carnivore diet and she chuckles when she comes in.

The carnivore is seen the you know, the vegan cardiologist. I have not talked her out of her diet. I don't think it's working very well for her. Her cholesterol is over 400.

And when I check her arteries, there's just a touch of plaque. So I'm being tolerant. If she had lots of black eyes, crack the whip this possible, of course, she's going to do what she wants to do.

But I'm I think what you're doing with patients is fine but I would get our heart artery, calcium CT scan just to screen out the very high risk patient that there may not be ideal for.

This is so helpful. I've learned a ton that having a conversation with your doctor and it's just been a privilege and a pleasure. Thank you so much for joining us.

I want to make sure everyone knows how they can find out more about you and what you're up to in Detroit and and globally. Well, excellent. I just came off a big international summit, as you're doing now, called the reverse heart disease.

Naturally, some of that, I hope, will become a annual event because we had so much fun and success. And I'm a clinician with licenses in many states and do telehealth and clinic health in Detroit, but it's all at Dr.

Joel Connect drj0el K. H. and got a weekly podcast, got blogs, got a clinic, got books and invite people. But I'm busy, so don't call too quickly, eat your diet better and see if you can fix yourself.

Just read a few books. I've managed to write it so fine when somebody comes in. Dr. Bredeson is a mentor of mine and I can't tell you how many people have come in with his book or Dean Ornish book and said, I did this and I got most of the way there.

Can you help me get that icing on the cake? Can you help me get those next steps by doing all the lab work? But really, there's so much that can be done from home.

And I really appreciate the empowering message that you're sending here today. Thank you again for coming. Thank you.