Heart Health Secrets: Dr. Joel Kahn on Early Detection, Prevention & Plant-Based Living Transcript

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Introduction to Prevention and Dr. Khan's Background

We know for sure there's a major study going on in Madrid called the PESA study, P-E-S-A, where they take 45-year-old healthy bank workers and they screen them for heart and vascular disease, carotid, heart, abdomen, and legs.

And over 50% of them have plaque that you can detect at age 45, just routine cross-section of thousands of people. But we don't do it. So you could either say the medical system wants us to have heart attacks.

I don't think that's actually true. Or you could say there's not enough people waging a fight to start screening for heart disease. I'm one of those people that's fought about this for 25 years, educated about this.

This is Dr. Talks. Today's episode is very special to me. This conversation goes straight into my heart, literally. And not only because of the guest that I'm about to sit down and have a very meaningful conversation, but because it touches what I'm passionate about it right now.

lifestyle medicine, prevention, and helping people to take care of their health before disease takes a hold. So today we are cutting through the noise and we're going to talk about what really matters, prevention and how to get a hold of chronic diseases before they start showing up.

So I have Dr. Joel Ken, a practicing cardiologist between Florida and Michigan, who is Professor of University of Michigan, also the author of more than six books.

He is the first physician who was board certified in metabolic cardiology by the A4M, a part of the fact that he has another three boards. Please, Dr.

Khan, introduce yourself to my audience. Oh, very kind of you. We will be great colleagues in the future, partly because we both do practice in Boca Raton, Florida, year round, and I'm there.

I'm what's called a snowbird. When it's Michigan winter, I'm down and I'm in Boca Raton. I come back and enjoy Michigan summers. But I've actually been practicing cardiology 35 years.

I'm in my mid to late 60s. I grew up in Detroit suburbs. I attended University of Michigan undergrad medical school residency, did graduate summa cum laude, did a lot of research, loved it.

Went to Dallas, Texas for cardiology training for three years and went to Kansas City, Missouri. because I wanted to be a cath lab guy. I wanted to do heart attacks and stents and angioplasty.

That was the place in the world. So way back before you were born, Dr. D, in 1990, I moved back to Michigan, first Ann Arbor, but then suburban Detroit.

And I've been practicing in Detroit ever since. 25 years I practiced like cardiologists everywhere. Office, a lot of hospital, a lot of emergency room, a lot of coronary care unit, a lot of catheterization time, thousands of them, thousands of stents placed.

I did a good job. I wrote a lot of papers, a lot of research books. But about 15 years ago, I was not bored and I was not frustrated and I didn't hate medicine, but I am a curious individual.

I'm a little bit of a contrarian. If they say black, I say white kind of guy. And I knew there was more. I had adopted a

plant-based diet. We call that vegan if you want to.

When I was 18 years old, I've never eaten meat, chicken, turkey, eggs, or dairy since age 18. My cute little girlfriend at the time has been my cute little wife for 44 years and a nurse.

quite a partner to be with. She did the same thing at age 18. So I was interested in nutrition, but I wanted to know the full functional medicine spectrum.

So I went back while I was working, of course, but some weekends, evenings did very intensive training. And that was all about 2012. And I did go back and continue to practice relatively conventionally until 2015, but now it's been 10 years.

I walked away from a big practice. I walked away from the hospital. I walked away from insurance reimbursement. People told me it's not going to work in Detroit, but I had learned how to write books and blogs and podcasts and social media and local TV.

Then I did a lot of national TV like Joe Rogan and Dr. Phil and stuff. I had a fun little run last decade right before COVID. And, uh, I'm going to keep going.

I love it. I love teaching, love educating. And honestly, perimenopausal, menopausal women, that kind of timeframe. I'll see women in their twenties, thirties and forties.

Maybe it's palpitations. Maybe it's blackout spells. Fair amount of post COVID women that don't feel well. Maybe it's the vaccine injury, but. Most of it is I've got a family history of heart disease.

I've got a high cholesterol. I've got risk factors and I don't want to go through life blind. So I help them figure out what's going on. Well, so it is your life story blended with the passion for cardiology and bringing you a moment in life where I think prevention, it is the word that we are putting on our medicine in general that never had as much attention as before.

Functional medicine, which is always looking for the root cause, that's what it is about prevention. you also are an example on how that can be applied to your life because at the end the idea is to put in more life into your years than years into your life and that has to be done through prevention.

And let's start with the basics, Dr. Khan, and it's heart disease. And it hasn't changed. Is heart disease the number one killer for men and women in this world and most probably in this country and the planet?

And why is it that we don't screen it as much as we screen for other things like cancer? Yeah. So actually in the United States since 1918, heart disease has been the number one killer of men and women.

Um, and you know, it's always neck and neck with all cancers combined.

Why Heart Disease Screening Is Missed

That's number two in most statistics, but we have not lost the title, you know, 2024, it was still number one cause of death and women are just as at risk at men.

Maybe on average, a little later in life menopause is when The risk really starts to go up, but many women may have heart disease much earlier than menopause.

There's fascinating, and very briefly, there's very few species on the planet that have heart attacks. Humans win the award for being the species with heart attack.

Now we know that there was heart disease thousands of years ago. If you do x-ray studies on mummies, you can detect that they had calcified arteries. They had heart disease.

There's a famous 5,000-year-old man that fell in an ice crack named Otzi, and they found him 30 years ago, and he had heart disease on his analysis. He's a very famous case study.

But really, the word heart attack wasn't actually in the medical literature until 1919, and until World War II, it was pretty uncommon. After World War II, people came back, smokers, McDonald's opened up, Coca-Cola, moms went to work and weren't cooking in the kitchen quite so much, so carry-out meals became a great convenience, kids going to soccer practice, and you know, there's way more fast food restaurants than there are high quality whole food restaurants.

And we started to get overweight, who knows why, all the plastics, all the endocrine disruptors, air pollution, Wi-Fi, we can talk about that, but nobody knows for sure because it's everything.

And now we have a real big problem. We have all the drugs and all the surgeries and all the procedures and all the imaging. But you asked a very interesting question.

Why does a woman at age 45 to 50 hear about a colonoscopy, a pap smear, and a mammogram? And a man around age 45 hears about a prostate evaluation and a colonoscopy, and they leave their internist, and there's no discussion about screening for heart disease.

Actually, we know for sure there's a major study going on in Madrid called the PESA study, P-E-S-A. where they take 45-year-old healthy bank workers and they screen them for heart and vascular disease, carotid, heart, abdomen, and legs.

And over 50% of them have plaque that you can detect at age 45, just routine cross-section of thousands of people. But we don't do it. So you could either say the medical system wants us to have heart attacks.

I don't think that's actually true. You could say there's not enough people waging a fight to start screening for our disease. I'm one of those people that's fought about this for 25 years, educated about this, talks about it.

In reality, the simplest plan, we can talk about lab values, but There in 1990, I'm going to jump right to the chase. This is what everybody listening needs to write down, except if you're driving, just go back and listen.

A CT scan, a CAT scan of the heart was developed. Usually it's called a coronary artery calcium score, C-A-C-S. And by the mid-90s, it was in Miami, it was in Michigan, it was in Texas, it was in California.

Now everywhere, for several decades, everywhere, you get a script from your doctor, you go lie on a stretcher, you go in a CT scanner that looks like a open tube.

It's not scary and it's not claustrophobic. In fact, if people are watching rather than listening, I'm showing a picture of a woman, mid-aged, lying about to go in.

There is no needle. There is no injection. There's less radiation than a mammogram. There is some, but it's less. There's no allergy. There's no claustrophobia.

You leave one minute later, you just hold your breath, and you get a report. The CACS should be zero. If you're 45 and you're a zero, things are going well, and do it again when you're 55. If you're 55 and if it's a zero, things are going well, do it again when you're 65, like a colonoscopy.

But, and again, those that are watching might see this, those that are listening, I'm showing three examples of heart arteries that show up on this CT scan from, if I got this right, because I'm holding the book backwards, arteries that have no calcium in them, so the score is going to be zero.

to women that are playing pickleball two hours a day, like all my patients, but their arteries are already showing very, very severe. So there's a number that might be 100 or 300 or 500. And then we can say, okay, at age 49, that's higher than 97% of women your age.

Something's going wrong with your metabolism, with your diet, with your stress, with your genetics. That's when we dig in. That's when we become functional medicine doctors.

The standard approach in a cardiology clinic was developed in 1961 and hasn't changed. All we're going to ask a woman is, are you a smoker? What's your blood pressure?

What's your cholesterol? What's your blood sugar? And mom, dad, brother, sister, do they have early heart attacks or bypass? And those are very important five questions.

We're not gonna ask about what they eat, or what kind of stress level, if they had preeclampsia, or if they had pregnancy-induced hypertension, or lots of miscarriages, or what age was their menopause, or how's their sleep, what's their dental health like, what's their infection history, and all the questions that I ask, and I'm sure in your clinic, you go deep on a functional medicine history.

Do they have psoriasis? Do they have rheumatoid arthritis? They have colitis kind of Hashimoto's kind of chronic inflammatory conditions. And we're going to try for the woman who's abnormal to identify the root cause, not always possible, but we're going to try.

And obviously address it through lifestyle first, better fitness, better sleep, better food, clean food, whole food. I favor plant-based foods. You want to do Mediterranean or a very clean version of paleo.

I'm not a big fan of carnivore and ketogenic, and I'm obviously not a fan of junk food, soda pop, fried food and all. And then we're going to track you.

And that's the basic screening test that despite all the excitement going on in Washington DC with Robert Kennedy Jr. and Make America Healthy Again. He's talking about, you know, even this week that stem cells and other therapies won't be discriminated against.

And, you know, some of the functional medicine, I call them rather fringe approaches will be. Welcome, let's talk the basics. How do we get people to stop dying?

And let me just, this is my last little thing. You know, every 34 seconds in the United States, somebody dies of heart disease, every 34 seconds. In the world, since you're from Columbia, we should include the world.

Every two seconds, somebody dies of heart disease. Every 40 seconds, somebody has a heart attack or stroke. And 1,000 people a day in the United States drop dead suddenly, sudden cardiac death or cardiac arrest.

No warning, maybe no history known. We actually lost a 59 year old cardiologist out of Houston two weeks ago, tragically said to have died unexpectedly, of course, of a cardiac arrest.

And if a cardiologist can die of a cardiac arrest, Despite all the knowledge out there, we got a little more work to do now. We have more advanced lab values.

We have more advanced CT. evaluation. MRI scanning of the heart isn't able to detect blockages. It's good for myocarditis. Ultrasound of the heart is great for the heart valves, but it doesn't detect the blocked heart arteries.

So we've got to resort, good or bad, to CT imaging. Everybody needs one. Buy age 50 for sure, for a woman. Man, I'd do about 45. And if a woman went through menopause at age 40, I'd probably do 45. Yes.

Yes. So on your opinion, the cardiac calcium score, it will be the only screening imaging that maybe we can have a hold on it.

Coronary Calcium Scoring and CT Angiography

Nonetheless, if this is my understanding, it will only light up whatever plaque has been calcified already. Is there a

way that we can screen for plaques that haven't yet been calcified and maybe are in the process of doing it?

The reason I speak about the CACS scan first is because I didn't mention it's in most cities about a hundred dollars. You may have to pay out of pocket, but the cost is doable.

The radiation is low and it's so widely available and there's literally nobody that can have it. I don't order it on people who've had a stent, a heart attack, a bypass.

They know they got heart disease. I'm not going to waste my time and put them through it. But yes, there is in an artery that is clogged, there is a combination of soft, fatty, cheesy plaque that doesn't have calcium in it and hard bone like calcified plaque.

And the images, I have another picture here for those of you that are watches on a video version, but I'm showing an example of a heart with a yellow arrow pointing to a white spot in a heart artery, heavily, heavily calcified heart artery that's called the Widowmaker LAD artery.

And this disease is asymptomatic. You are literally playing pickleball. and going to your Pilates and bar class, and you're walking around with something that is abnormal and could be very dangerous.

But you can't see soft plaque. So we now, very fortunately in 2025 and in the future, have a CT angiogram where they do have to put an IV in. They do have to inject iodine dye.

Iodine's not radioactive, but it makes you feel warm all over. The IV comes out, the test is maybe two minutes instead of one minute. You have to have a nice, low, relaxed heart rate.

So you gotta do a little breathing or take a beta blocker an hour before. And now we see the arteries just like an invasive catheterization, except the test is much less expensive and much safer.

But if you wanna pay for this iodine-based coronary CT angiogram, It's about $700 in most hospitals and I've ordered it that way, self-pay on hundreds and hundreds of people.

The insurance will pay for it if you're having chest pain, if you're in the emergency room, if you've flunked a stress test. But we don't want to wait that long.

We want to be proactive. And then the real breakthrough is we can take those CT angiogram pictures made with iodine dye and send them predominantly to one company called CLEERLY and they'll use artificial intelligence.

It's the real thing in cardiac imaging. And I'll get a report back very quickly. You have. 80% of the plaque in your arteries are soft, non-calcified plaque.

20% is hard, calcified plaque. So we didn't see 80% of the plaque on the calcium score because you can't see the soft plaque. You've got a 28% narrowing and 11% narrowing.

48% narrowing, and it really measures every speck of plaque in the heart arteries. And then we make a plan. It could be a mildly aggressive plan, moderately aggressive plan, or all out war, depending on what we find.

And that'll be lifestyle, and that'll be supplements, and that'll be mind-body practices, and that'll be prescription drugs if needed. Very powerful prescription drugs if needed.

And then we'll repeat the study in a couple or three years. We are really doing experimentation now in every patient where we're really trying to shrink their plaque.

It's the soft plaque that shrinks. The calcium stays there, but the soft plaque shrinks. And it's an exciting time. There is an ongoing study called the paradigm study.

Yeah. That's enrolling 7,000 people to get this advanced CT scan. They're at risk for heart disease, but they don't have known heart disease, men and women.

And half of them are not going to get the results. They're going to keep them locked up. I think that's crazy, but this has been approved. Half of them are going to get the results sent to their primary care doctor with a cardiology consult.

And the half that get the results are gonna be treated different if they have disease more aggressively. And three, four, five years later, they're gonna see, does it really make a difference to have this data ahead of time?

Just recently in the last six weeks, there was a randomized study published for the calcium score, for the simple test, the $100 test. And when you give the results of the calcium score to the primary care doc, You get much better results a year later because they know to treat you as a heart patient.

In fact, if your calcium scores 300, it's the same prognosis as if you've already had a heart attack. But doctor, I rode my bike 22 miles today. I don't care.

Your calcium scores 380 and you are not young inside. You got wrinkles inside. Your heart arteries are sagging. You're worried about your rear end sagging.

I'm worried about your heart arteries having wrinkles and sagging and we're going to institute a plan. So we have every tool we need, but everything I just explained is done by 2% of cardiologists and 5% of family docs, sadly.

Right. Correct. Absolutely. And there is actually some field as well to extend towards us. So I'm not internal medicine, I'm not a cardiologist, but because I am considered a preventive medicine person, I'll be happy to apply the pillars of lifestyle medicine to improve from the perspective of prevention more than to treat.

I'm talking about, like you were saying, someone who is almost considered a heart attack. A 300 score of a CT score should be treated as a heart attack.

So if we make awareness, many of us physicians that are even a little bit outside of those fields can help. Oh, yeah, it has to be. I can't order the labs and the calcium score in every person in the United States.

I do what I can. I mean, you have to have It has to be made into a guideline, into a strong recommendation. It's really incomprehensible why the insurance companies haven't required it.

Bypass surgery, $120,000. Stenting, $30,000, $40,000. The problem is people shift their insurance so much. Uh, you know, one insurance company might say, I'm not going to invest much money in preventive cardiology because a couple of years down the road, they're not going to be covered by us.

They're going to be covered on a new job. And maybe that's what keeps it from getting full attention, but it's wrong. And when you talk about a calcium score for $75, I had a consult two days ago, the patient got it in Cleveland for free.

The university hospital actually does. calcium scoring and they don't charge. I mean, that's a great example of a group that really cares about, you know, screening the public.

For a hundred dollars, there's no reason it isn't mentioned. Mammogram, colonoscopy, you know, Pap smear. Let me tell you just the other side because I'm talking about the scary data you might be walking around.

There's women listening right now that are on a statin, Lipitor, Cresta, and there are also women that are taking an aspirin and there's clear-cut research data.

that if you're a woman on a statin, no history of heart disease, and you do this simple test, $100, and you come out zero, the American Heart Association says you don't need a statin.

So I take people off, I de-prescribe because we're treating them excessively. And secondly, same thing, there's good research if you're on an aspirin.

But your calcium score is zero and there's a lot of women have a calcium score of zero. So we take them off of drugs and we say lifestyle, lifestyle, lifestyle, you know, change your diet, change your fitness, change your sleep, change your life.

Yes. Dr. Khan, talk to me about the lipid profile, because I'm trying to put together exactly that. What is an screening for cardiovascular disease? So we spoke about imaging.

Now let's talk about the labs, a part of the lipid profile. What other markers will lead us towards an actual kind of plans to prevent cardiac disease in the future?

Well, right now, assuming this airs in 2025, which I'm sure it will, there's like these certain hotspots if you're on social media, if you're listening and you're on Instagram and you're on TikTok and you're on Facebook.

You're gonna hear seed oils, good or bad. We can talk about that or not, doesn't matter. You're gonna hear about protein, high or low, save your life, ruin your life.

We can talk about that. But you're also gonna hear, unfortunately, 115 years after the first reasonable experiment was done showing cholesterol in the blood is necessary to block your arteries.

If you have a low cholesterol, you've got an incredibly low chance of blocking your arteries. We can say, you know, is cholesterol the primary problem?

Is it a secondary problem? But it's definitely an actor in the symphony of clogging your arteries and dropping dead. There's so much debate out there.

It's crazy. Not in the cardiology world. 99% of cardiologists around the world agree.

Blood Tests, Lipids, and Risk Markers

that an elevated LDL cholesterol is a risk. Now I have people with an LDL cholesterol and a cholesterol of 370. I had one this week and an LDL cholesterol of 220 and they have no heart disease because I checked.

I checked the carotid arteries. I checked the heart arteries. Very, very confusing. How can your cholesterol be so high? So we're not going to rush to put them on medicine, which is odd.

Partly that person was drinking a big mug of what's called bulletproof coffee every morning, a stick of butter, MCT oil and coffee. You've probably heard of it.

So I asked her, you love it. I know, but for four weeks, drink black coffee and let me recheck your blood. I'll let you know if her cholesterol dropped 150 points in a mic.

But cholesterol matters. So there's the routine cholesterol panel. It serves a purpose and all the cardiology guidelines focus on LDL cholesterol, low density lipoprotein cholesterol.

We say L for lousy. Of course we need cholesterol in our body, but the two doctors in Dallas, Texas that were there when I was training over 40 years ago, won the Nobel Prize for LDL cholesterol metabolism, said you really need an LDL cholesterol of 25 to drive your body healthy.

Everything above 25 is the LDL cholesterol of a healthy baby. And some tribes out in the wild that don't get heart disease and many animals Also, when you hear people say, I'm going to drive my cholesterol super high with bulletproof coffee in the morning with butter, it's not consistent with Nobel Prize winning advice.

We want to do more. There's something called advanced cholesterol panels. We like inflammation tests. The most important one is the high sensitivity C-reactive protein.

We like blood sugar tests, fasting glucose, fasting insulin. You can calculate things called the HOMA score or the insulin resistance score. We like the Hemoglobin A1C 3-month blood sugar.

Maybe you want to wear a continuous glucose monitor on your arm. It's all good stuff and it's inexpensive. But the most important blood test, again, if people are watching, is a word that's very hard to remember right down and understand.

Lipoprotein little a or LP little a. It's not capital A, it's lowercase a. Many doctors order it with a capital A and it's actually the wrong test. You have to order just like it says, lipoprotein, every lab does it, LabCorp, Quest, hospitals, doctors offices.

This is a genetic cholesterol discovered in 1963, available for routine testing for 20 years because I've been ordering it for 20 years. And 25% of everybody listening right now has inherited, it's all genetic.

from mom and dad, the ability to make regular cholesterol and the ability to make a second cholesterol. And if you really had to pick your parents, you'd rather pick parents that didn't give you the gene to make the extra cholesterol.

Because again, it's not inevitable, but it might be six times more. able to clog arteries in regular LDL cholesterol. There's not as much of it in the blood, but it's six times more potent at it.

So I have women that are young and have very bad arteries because of this. And thank goodness I have women that are young or middle-aged and they're not suffering.

So you just got to. Do the blood test and check the arteries and see where you're at. There's no drug available for lipoprotein little A right now. There will be probably in the next five years, multiple drugs.

The pharmaceutical industry's salivating to sell billions of dollars of new drugs. We actually do need them. They're going to be very expensive and injectable.

There's none now. Lipitor, Crestor do nothing for this genetic cholesterol, so we're limited. The vitamin niacin lowers it. I actually had emails this morning from a patient and we've been able to get the lipoprotein A normals under 75 nanomole per liter.

They were over 300 and now they're 80. Nobody believes you can do that and that was using stopping their statin and putting them on niacin. But most cardiologists don't do that.

I've just got a clinic full of people with that problem. You wanna know your vitamin D level, you wanna know your omega-3 level, you gotta know your homocysteine level, your B12, your magnesium.

And really, let me just say, it's not a CT scan, it's not a lab. If you really wanna be healthy, you go buy a home blood pressure cuff and you put it on your end table and once a week, minimum, you sit with your feet on the floor and you check your blood pressure on your arm, you just hit a button.

Excuse me, because more people die of elevated blood pressure than any other single number on the planet. And nobody talks about it. And it's again, a silent medical indicator.

And to do it right, you check your blood pressure, you turn the machine off, you sit calmly for a minute. You do it a second time, sit calmly for a minute.

You do it three times in a row. Cause even at home, people get nervous checking their blood pressure. But if it isn't 115 over 70, you may be developing.

And if you certainly had high blood pressure during pregnancy, you're much more at risk of developing blood pressure in perimenopausal time. So a home blood pressure cuff, I always say the best biohacking thing you can buy at home is not a cold blunge.

It's not an infrared sauna. It's not a red light panel. It's an $85 blood pressure cuff on Amazon. Fantastic. But there is some observations. I can see some of my patients, especially women, and if they've been athletic all their life and now they're going through the transition, that they actually manage very good blood pressures in general, but the lipid profile is the one that it goes off due to all the metabolic changes that is happening through this transition.

So not always there is a connection. Right, and you know, people are puzzled. Doctor, I eat so healthy, whole food, clean, and my cholesterol is 240. Genetics are a big part of it.

Now that we have all these endocrine disrupting contaminants like PFAS and PFAS called the forever chemicals, they raise cholesterol. So if you were in a area where it's in the water and in the soil, or you've been exposed to it in other ways, it may be the reason your cholesterol is frustrating you.

At menopause, cholesterol goes up. And menopause, lipoprotein A goes up too. So that's part of the reason, and sleep gets more difficult and obviously the hot flashes and the whole thing, but that's some of the reason we see so much more heart disease from menopause forward in women as opposed to before menopause, because the risk factors do change for the worse.

So you've got to fight back, you know, you just got to expect it. And in fact, hormone replacement therapy is one approach The lowering in women, of course, lipoprotein, literally testosterone therapy doesn't seem to do it, but bioidentical hormone therapy or good conventional hormone therapy does.

Yeah, I learned a lot about lipoprotein little a and I actually got that part of always ordering as little a and how important it is of the sticky lipoprotein that doesn't respond to not even our lifestyle changes sometimes.

So many patients ask me, so why are you tested? I don't want to know if I can do nothing about it. I said well because you could do something for the LDL cholesterol that is not little a that you will be reduced with the changes that you do with lifestyle.

So it's a very special kind of test that we do, because I like to order things that they're going to be actionable. Something that I can show to the patients and say, we can do something about it.

But knowing that you have it, I think it's a plus for you to be maybe a little bit more obsessive about the things that you can change in your day to day.

Maybe the butter coffee is not for you. A hundred percent agree. And maybe the third espresso martini is not for you. Things like that. I agree. Oh, fantastic.

As a practicing cardiologist, so what is the scariest case of a silent heart disease you've ever seen? And what do you change if it was caught earlier?

Well, again, you know, when a 59-year-old internationally known cardiologist drops dead cardiac arrest, There's nothing scarier than that. I find this sudden cardiac death, cardiac arrest, thousand people a day, men and women, some older, some 38 years old.

And on autopsy, 80% of them have advanced heart blockages. You know, probably not known. Um, and no symptoms or some people, unfortunately, misinterpreted as heartburn, you know, symptoms in women can be classic doc.

I was on the elliptical at lifetime at LA fitness plan of it is, you know, I just got burning. I got tightness. I was short of breath. I was tired. Pretty classic, but it can be, you know, short of breath, fatigue, palpitations, sometimes back pain, jaw pain, arm pain.

So. Uh, nothing scarier than losing people who also don't get a chance.

Silent Heart Disease and Sudden Cardiac Death

You know, you have cancer and you have hospice. It's horrendous, but you get that final goodbye to your family and it's very emotional. You get your estate in order and all the rest, uh, sudden cardiac death that doesn't happen.

So there's nothing scarier to me than worrying about that. Um, it's just. unbelievable when you start ordering root. There's nobody in my clinic that doesn't have a calcium score except those that have had bypass and stents because we don't need the calcium score.

The stories, I went with my buddy because she said she was asked by her doctor to get the calcium scores. I went too, but I knew it was going to be fine because I do yoga 90 minutes a day and I eat clean.

and the friend came out zero and the one that just went along for the ride comes out 600. I mean, I see that story all the time. That's why you just got to do it.

I don't care if your cholesterol is 120 and your blood sugar is fasting 78 and your blood pressure is 110 over 70. Prove to me once that you really are on track and talk to me again in 10 years.

But from that sudden death, it's really the highest percentage of sudden death. I'm talking about an autopsy already showing it's atherosclerotic process or it's more of the rhythm process that most probably it's triggering a sudden stop in the heart.

It's probably 90% to 10%, atherosclerosis 90%. There are people that have rhythm problems and they can collapse or they could drop dead suddenly. Some of the athletes have had rhythm problems.

There are genetic rhythm problems, but they're far, far, far less common. Unfortunately, family doctors are not being encouraged to get a simple electrocardiogram on a routine physical.

The insurance companies don't want to pay for it. Sometimes serendipity on that electrocardiogram, you do pick up a electrical problem. Atrial fibrillation, left bundle branch block, something called the long QT interval, Brugada syndrome, these are fancy terms.

So, you know, people aren't even being screened with that simple, you know, $25 test or come to my office. We don't charge for electrocardiograms. So anyways, we're missing some of the rhythm people, but the big, big scary beast is hardening of the arteries.

And we have every tool we need to identify it. And we have so many tools to deal with it. So if 90% is atherosclerotic cause of this sudden death, so without doubt, sudden death, it is a preventable way of dying.

Yes, it should be. Again, this is an untested hypothesis, but if at age 45, we could separate people, you're doing well, or you got an alarm bell, And we work with the alarm bell people, that being those that have an abnormal CT scan, because after the CT scan, we're going to get all those lab values and we're going to get that extensive history about lifestyle.

And we continue to monitor those people. There's no doubt that we're going to have the ability to prevent a lot. Unfortunately, that exact study hasn't been done, so how much is a lot is under conjecture.

In my clinic, I think the way I treat very aggressively once we find disease, educate on nutrition, fitness, use lifestyle coaches, whatever it takes, do sleep studies, identify sleep apnea.

correct sleep apnea, if we have to use a Wigovie and Zep-Bound for Weyla, whatever we gotta do, if you've got disease, we're gonna do what you need to do.

I'd rather do it natural, but we would stop a lot of sudden cardiac death. Wow, that totally is an eye-opening for me because I totally agree with you.

The calcium cardiac score absolutely will give us a vision on it. But now knowing that 90% of the sudden death is really secondary to atherosclerosis, a CT angiogram should be almost too a screening tool for everybody.

There are those that argue that fancier, more advanced tests, the CT angiogram with the iodine injection, You can go to a facility in Orlando, Dallas, and New York called Fountain Life.

Every executive will get the more advanced test. Now they're also paying 15, 18 grand, thousand dollars for a day visit. Not everybody can get in that league of care, call it elite, call it top flight.

That's why I still argue. that when you look at, you've had a calcium score of zero. Yes, you might've missed soft black. And you look over the next 12 years, how many people have a heart attack?

This is published studies. It's very close to under 1%. But it happens and you always feel bad for that. But if we're going to reach large numbers, we've got to start with a test that's inexpensive, quick and widely available.

So if you have the ability, people in my clinic all the time, doc, I just want the fancy test. Okay, well, they got the funds. I explained on the pros and cons.

I've never yet seen an unbelievable, you know, calcium score zero and massive soft black. There's some, even myself, I'm a calcium score zero human. Last time I did it, I'm 66, I was 65, so recent.

And I did the advanced tests and I had a speck of soft plaque. I've only seen three or four people in the last five years that have no plaque. I mean, not even a speck, but they tend to be about 45, 50. By the time you're my age, it's pretty rare.

Yes.

Nutrition, Plant-Based Eating, and Plaque Reversal

At the end, having a plaque is part of the aging process, but I guess the importance is as minimum as possible and as far in chronological age as possible as well.

That would be just the approach of the CCS, the CACS. I would love to touch base on nutrition because from all the books that you wrote and you just show us the cover of that book that you show in the lipoprotein A and it's a recipe book and I'm passionate about nutrition and one of my favorite pillars on lifestyle medicine is nutrition and you being like a plant-based cardiologists, preventive cardiologists.

I would love you just to give us a little bit of all this broad spectrum of nutrition and how it makes a huge impact in your cardiovascular system and the future of it.

Sure. The second most recent of six books I've written was called The Plant-Based Solution in paperback, full of information that's still very relevant and very good recipes that people like a lot.

I am writing book number seven right now, but it won't be out till next year. It's a big book, a solid book. You know, by my nutrition guru and everybody should know the name is Dr.

Volter Longo, L-O-N-G-O. I don't have his book right here. He's written a book a few years ago called The Longevity Diet and he has a more recent book called Fasting Cancer.

He's a professor at University of Southern California in Los Angeles, but he's Italian and he spends half the year in Milan at a cancer Institute back and forth.

And I think he's the number one funded NIH researcher in nutrition in the United States. The other one is at Stanford, Dr. Chris Gardner. He's quite a force too, but Dr.

Longo talks about, and he just did a masterpiece two hour podcast that I listened to five times this week. I took notes, I made memes. But that, you know, if you look at the last three, four nutritional studies or don't look at studies, just go to Instagram, go to TikTok, go to Facebook.

You'll conclude that maybe the ketogenic, the carnivore. the high protein diet that doctors are teaching has some health benefits. And if you look at three, four studies, you might conclude there's health benefits.

If you look at 100 years of nutrition science, and I say the same thing when we talk about cholesterol, dangerous, not dangerous. Don't tell me about one study.

Let's talk in this case, 115 years, because the first big study was in 1910 for cholesterol. But if you look at a hundred years of nutrition science, there are hundreds and hundreds and hundreds of studies that conclude right away a moderate carbohydrate.

And we're talking complex carbohydrate, not donuts, not skittles. Talking beans, peas, lentils, starchy vegetables like sweet potatoes, purple potatoes from Okinawa.

We're talking plant-based lower protein diets, maybe with olive oil instead of butter, maybe with water instead of soda, maybe with a glass of red wine.

You can call it Mediterranean style. If you read Dr. Longo's book, it's a little stricter. Dr. Longo only has plant foods and fish in his diet. He excludes all fowl and all red meats and all dairy completely and justifies why.

You're eating the healthiest diet on the planet. If you have advanced heart disease, you start there and maybe you even do 100% plant-based because the only data that you can shrink plaque with diet that's ever been proven.

Is the work of Dr. Dean Ornish using cardiac catheterization, the work of Dr. Caldwell Esselstyn at the Cleveland Clinic and Joel Furman when he was practicing in New Jersey.

He's now in San Diego. Um, I, for fun now, I use grok or chat GBT and I'll say, you know, please provide me all the studies that red meat can halt, prevent, and reverse atherosclerosis in humans.

And the answer comes back, doesn't matter which AI platform you use. There actually is no data that meat prevents, halts, and reverses atherosclerosis.

In fact, there's multiple studies that it promotes plaque and progression of plaque. And yeah, maybe grass-fed lower fat cuts are better than what you're buying at the average grocery store.

Clearly processed meats, bacon, hot dog, pepperoni, salami are the worst. But red meat itself doesn't get off the hook. You can create a healthy diet of salads, broccoli, organic grass-fed red meat.

It's healthier than the average American diet. But if you find out your calcium score is 600 and you're following Jason Fung who teaches, you know, ketogenic diets with high animal products or Dave Asprey who teaches, you know, moderate, you know, clean animal food based, you know, uh, I don't use the word vegan.

I use the word whole food plant based, but the enormous, enormous amount of science for health. is how many servings of brightly colored fruits and vegetables, nuts and seeds, legumes, soy products, organic tempeh, tofu, miso, are you eating a day?

And if it's a lot and a hundred percent and you tolerate it and feel good like I do for nearly 50 years eating those foods, fantastic. If you need to add back a little bit of something, okay.

Um, but give it a try. And that's why, you know, we got simple recipes in this book and so many, you know, forks over knives, tremendous documentary people should watch.

So all those recipes in your books, do you write them by yourself? Is your own invention? My wife doesn't participate in social media like I do, but I call her hashtag Mrs.

Khan. She's a very good cook, but the recipes in the plant-based solution are hers. For example, I've got a couple other books that have good recipes.

The Lipoprotein A book, it's a professional recipe maker, plant-based, very well known, and people love the recipes in that book too. Yeah. Oh, that's awesome.

I love food too. And I really, I'm very open to try new things and new spices around the world. But since, since lifestyle medicine has been kind of the world that I want to walk through, despite that I still, I'm not plant-based 100%, but I'm 80% plant-based.

I do enjoy a lot more the recipes that come from so many vegetables. And we should take this as a luxury because I was having a conversation with a nutritionist, Olivia Thomas, which is fantastic.

She's as well one of the co-founders of Culinary Medicine at the University of Boston. And there is a lot of the variety that we have access to date with to certain vegetables and fruits are so low in comparison with 100 years ago or 200 years ago.

So why just to limit everything to five types of vegetables in one week when the variety at least whatever we can put a hand on Ideally, whatever is on season, but we cannot do that because of the world we live in today and for practical purposes.

But why not take advantage of whatever is available and start doing this creative way?

Takeaway Message on Prevention and Heart Health

of not only being preventive and healthy and investing in our heart, but more mindful and going back into having a dinner together as a community, with friends, with family, and not the sandwich on the desk, which it's pretty Western type of feeding your body and forgetting what good food and good products are for.

I agree completely. Dr. Khan, this has been an amazing conversation. You are so nice to say yes to this. It's a very humble podcast. I'm just starting, but I'm doing it from the bottom of my heart, free of bias and with a lot of science back.

So you are creating for me this luxury stamp on my podcast, especially on today's episode. But before you leave, I would like you to give like a takeaway home message, a goal mind home message on the cardiovascular health and preventive health that our audience would like to grasp and put it in action.

We've talked about some really great topics and it's very kind of you to invite me on, but I feel life is so precious and it's such a gift, it's such a miracle.

Maybe you're not in a great spot in your life right now and you're hoping for better, but there's a famous saying, when you've got good health, you have a thousand dreams.

And when you have poor health, you only have one dream left. And you know what that is to get back in good health. So in terms of cardiovascular health, we've laid out a plan.

All you got to do, and this is difficult, is work with your healthcare team and say, I want to get this heart test. This cardiologist talks about the coronary calcium score.

You'll get pushback. Be persistent, be the CEO of your health. I want to get these extra labs, or you can also order them online. or work with Dr. Paolo and get these labs done.

If you're in a boat car, she will work with you by telemedicine, but you know, be persistent. Don't take it for granted. Life is fragile. And yet we already know so much to protect your health.

So wishing everybody good luck. I'm falling in love with your life. Absolutely. Well, we finished today's episode on cardiovascular health and a lot of on investment in the future of your heart.

So prevention medicine. And with this, I finish my episode on double down with Dr. D with Dr. Joelle Can. Thank you to everybody for listening and I'll see you next.

Thank you for tuning into Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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