Introduction to Dr. Kahn and Heart Health

Welcome back to the conversation. I have Dr. Kahn with me today to talk about heart health. Hi, Dr. Kahn, how are you? Hi, Laura. Thanks for having me on.

I am so thrilled and so glad we're doing this again. So you are a cardiologist, Triple Board Certified in internal medicine, cardiovascular medicine and interventional cardiology.

You're also a clinical professor of medicine, and you're America's Healthy Heart Doc And our viewers can find you at Kahn Center for Cardiac Longevity in Michigan And we're going to go into heart today and heart health.

So because our summit is all about inflammation and the Silent Killers. What I'd like to start with is this whole concept of implement inflammation impacting the cardiovascular system and heart health.

So what's happening there? Why is this such a big deal when it comes to heart health. And there is no bigger Silent Killers than heart disease, numerically and tragically so it's absolutely right to be talking about this.

So there's probably for 150 years plus, there's been an interest in inflammation and heart disease. There were autopsies done 150 years ago that showed white blood cells in plaques and white blood cells.

Of course, one of the characteristic features of inflammation and it never was always all about cholesterol or all about calcium, it was always about the immune system and the white blood cell activation.

Because why heart disease is a Silent Killers is because you can walk around it or rock around with it. Let me speak a little more precise English. Walk around with it for years and years, decades, and have no clue.

You have heart disease and one day it transitions from a silent, chronic, unknown disease, or maybe a silent chronic known disease, people. And one day you start having angina, chest pressure, sustained chest pressure, shortness of breath sweating, and you're having a heart attack and you're in an emergency room if you're lucky, if you're not like you're on your way to a family gathering called a funeral, because that happens, you know, well, more than a thousand times a day from heart disease.

Inflammation as a Driver of Heart Disease

And so the focus is what is the trigger of that transition? As still a lot of work, but inflammation is a big part of it, that there's a lot of these bumpy, bumpy areas up and down your arteries may be in your carotid, may be in your three beautiful heart arteries, maybe in your leg arteries, kidney arteries.

And there's this accumulation we call plaque, we call atherosclerosis. It can be very stable and can be covered. Just think of a volcano that's not spewing smoke and lava and it's all covered up by a cap.

In fact, we call a volcano has a cap and we call arteries have a cap. But the trigger that creates a weak, thin, friable and bursting open cap in an artery, the trigger is simply inflammation.

White blood cells release enzymes. They work on thinning that cap, undoing that cap. And then if you have all that ugly stuff, all of that cholesterol and white cells and calcium and scar tissue exposed to the blood, that's when your coagulation system, which is intimately tied into the inflammation system, starts to get activated.

And then you got to an artery that's really not been bothering you for years, but all of a sudden it's just an ugly mess. And clot forms and clot is stroke, clot is heart attack, clot is chest pain, clot is dying suddenly.

So inflammation is critical even just today. And by the time this interview's release, there'll be five more articles. What's more important, the whole family of lipids, LDL cholesterol, lipoprotein cholesterol, which is inflammatory or is it primarily inflammation?

And this is like a constant argument back and forth to be a good debate. It's really both. But inflammation is huge in triggering heart attacks, strokes and premature death.

So get it under control, but get a check to solve measurable. I feel like this is a big debate. And, you know, I spent 20 years working in one of the biggest health systems in America.

And when talk about inflammation, we talked about cholesterol levels and blood pressure and blood sugar levels, but we really didn't focus on helping people with inflammation.

It's a huge missing piece in the Western medicine world. And I know you've spent an entire career in Western medicine as well. What why is it why is inflammation not?

You know, it's lethargy. It's it's not as sexy as a new CT scanner or proton beam treatment center or a new drug that's changing a little bit. And really, it's just a matter.

Everybody write this down. If you want to know if you have and I'm talking in this conversation mainly about vascular inflammation, blood vessel inflammation, you can have, I'd say, 4 to 5 blood tests and you can do my quest.

You could do them a LabCorp. If your doctor's on the ball, you can get them covered through your insurance for at least partial. And everybody should have their high sensitivity.

C-reactive protein HSCRP got to be 5000 research articles and HSCRP a blood test around for 25 years. And if you just get that one done, you're ahead of the game and you want to be less than 1.0.

And if you're between one and three, you're mildly inflamed. If you're over three, you've got some vascular pimples growing. I hate to use that example, but it's a very vivid and real example.

Because you just explained about that. We call it a volcano and more vulgar people call it a blood vessel pimple. But it's it's that same pressure and white cells and all the rest.

You want to go beyond that. You can get a blood test called Milo peroxidase we shorten it is MPO. Milo is Latin for white, so it's white blood cell peroxidation enzyme.

And there's many studies, I think it's patented by the Cleveland Clinic, but it's available again, a quest and LabCorp and other labs. And it is a bad thing to have a high MPO level.

There's a brand new paper out on the topic. It's really a strong adverse prognosis and good news. Clean up your lifestyle, drop the weight, do the exercise, eat healthier, get your omega-3, get your sunshine, sleep better.

It goes down and you can use supplements like curcumin and co enzyme, Q10 and some other anti-inflammatories. There is a blood test, very important one.

And this maybe I'll stop at this one LP PLA2 That's a mouthful. LP PLA2. It's been around for 20 years. It's available. It's a very important vascular inflammation test.

Now, if doctors just started drying one of them and every patient we'd move medical precision dramatically ahead. I do all of them and a few others and my patients and trying to track them getting better.

It's a goal. We work hard. And, you know, one of the biggest obstacles is when you're excessively overweight. There's a lot of inflammation coming from, particularly if it's around the belly.

The visceral fat, the apple shape where you're kind of round around the middle, that really triggers a lot of inflammation. So we're working on healthy weight loss and lean muscle mass increase, diet changes, supplements, again, anti-inflammatory supplements and better sleep.

And we can correct these and bring them down. And it dramatically lowers the risk for future heart attack and stroke. And it's incredible because you did spend an entire career doing interventional procedures on people's vascular systems and their hearts.

And here you are saying, let's get your lifestyle dialed in.

Testing for Vascular Inflammation

And I haven't heard once in this conversation so far that you said the first line of treatment is a medication. Right? It is in there. And the reason I did give a clue about 2 minutes ago that maybe we'll start to see more doctors testing for this is interestingly and I'll do this in like 3 minutes, the concept that inflammation has been really important in triggering heart attack and stroke, erectile dysfunction, peripheral arterial disease in your legs has been around for, as I said, 150 years, but really solidly for 25 years for sure.

But we didn't have much to do about it with pharmaceutical agents. And if it isn't about pharmaceutical agents, doctors aren't learning about it at Grand Rounds.

Nobody's bringing them pepperoni pizza at lunchtime to teach them if there isn't a drug involved. So in 2017, the Harvard team published a study called Cantos You have to Look It Up.

But it was a 10,000 patient study with a unique pharmaceutical agent drug that lowers that high sensitivity CRP, HS CRP and proved the theory that if you could lower CRP, you could lower the risk of heart attacks and cardiac complications.

But the drug was so expensive and so riddled with side effects. It will never be commercialized, but it proved the point. So since 2017, there have been attempts.

There was another study using methotrexate, a drug used in rheumatoid arthritis didn't work. There's been some work with a drug called ALLOPURINOL. Not clear that it works, but aha.

About two and a half, three years ago, researchers got together. I don't even know how they funded it and took an old gout drug called colchicine. If your toe is on fire from a gout attack, a lot of people will pop colchicine tablet till it goes away.

Very inexpensive, older drug that's an anti-inflammatory pharmaceutical agent and they've done two huge studies, 5000 people. Shazam. Colchicine is a available, inexpensive, highly, dramatically effective pharmaceutical agent that costs pennies a day.

And if you've had a heart attack and you're on colchicine, you're going to have a much lower risk of having a second heart attack. So we have the agent and there'll be others.

It's nice that it's a generic. What did the pharmaceutical industry do? The original colchicine dose it's crazy was 0.6 milligrams a day, but that's pennies a day.

So they graded a tablet that 0.5 milligrams a day. Since that's new, that's patentable. That's what they use in these studies. And they're charging $600 a month for the zero you get.

You spend 30 times more to get a little less medicine because you're getting 0.5, another 0.6, 0.6 is very hard to get. And the but I saw I have no idea how easily the insurance companies are going to let us use $600 of colchicine just ordered from Canada for, you know, $10 a month or something.

Or do you can order from a few other Arab United States places? I mean. Pretty infuriating. But I do think very soon doctors will be sitting at lunch, eating pro and amateur pepperoni pizza and learning about the role of inflammation, hopefully learning to check eye sensitivity, C-reactive protein and being pitched to add the $600 a month expensive colchicine.

Crazy stuff. It is called If I remember Low Doco. That's the name of the drug. Of course, when it's a name brand, you can give it a a cute little name low doc.

That's crazy. Crazy. All right. So I want to hear when our audience wants to hear about underlying root causes of what's leading to vascular disease and heart disease.

So pollutants, toxins, hidden infections, just anything that's taxing our body. What is it? That's the big contributors in vascular and heart disease.

Which toxins should they be on the lookout for? Yeah. Yeah. You know, the standard medical model was developed in the 1960s, 1970s, and said, check five things.

And that was, are you a smoker? Do you have diabetes? Do you have high blood pressure, hypertension? Do you have high cholesterol? And does your mom, dad, brother or sister have early heart attacks, strokes or sudden death?

And that's not even root cause because what caused the diabetes, probably the lifestyle, what caused the high blood pressure? Probably the lifestyle. So the real root cause is a more complex formula that most doctors don't get trained on and don't ask about the quality of your food and the quality of your sleep and the quality of your fitness and your stress management.

And do you live close to a highway where you're getting a lot of air pollution? Do you work in a warehouse? We are walking by truck exhaust. And I had a patient today, 30 years old.

He's a sculptor artist, but he sculpts in bronze. He's and I said, do you ever run toxins? It goes, all I do is breathe in little metal birds and by brass and other things that go.

Yeah, well, just an example. I was like any. Brother's a painter and his brother's around paint all the time to young men. And I'm going to try and pursue a bit of a toxin work.

Lifestyle, Toxins, and Hidden Causes of Vascular Disease

So the real break down, it's complex. I mean, air pollution has come on as a huge factor. I think it's reasonable to buy a home air filter and consider one at work, too.

And I'm really, really smoggy days. Be careful and walking through parking lots where there's lots of car exhaust, be careful and things like that, you know, got to be a little neurotic.

Heavy metals in cardiology are ignored, but the data is huge. The data is not small, the data is huge, let being your lead being probably the one with the most data.

But in my practice, mercury is the most common mercury from bad dental care, mercury from tuna and raw fish, big fish particularly. And I see mercury toxicity all the time, but lead is the big one and there's still that out there in the industry and there's light in people's homes and land, in people's water pipes.

You know, there are tests, there are blood tests. They're not perfect, but they show up. There are urine tests are much more accurate. And there's also hair analysis that can be done.

I mean, LED is believed to contribute to millions of cases of cardiovascular disease a year worldwide, high blood pressure, for sure. Atherosclerosis really creates inflammation.

So we don't talk about it much. It's a awkward treatment and one eliminate the source if you can find it and get your water tested at home and you know, other factors like paint, but paint shouldn't be a factor anymore.

Children's toys. And then, you know, there is something called collation. It can be oral or if it's FDA approved, it's insurance reimbursed for heavy metal toxicity.

It's a pretty rare path to go down as a cardiologist, even as an integrative cardiologist. But it's an important one. Other sources of information, obviously, diet, processed foods, sugar, sugar, sugar, sugar, all the chemicals that are in our food chain.

Bad idea. You know, people are still drinking out of plastics, drinking out of Styrofoam cups, being exposed to p fast, fast wearing pajamas that have flame retardants, you know, things that can get in through the skin quickly.

I mean, putting things on your face and on your hair and on your body, whether it be suntan lotions or facial lotions or other sources. So, you know, go to environmental working group dot org EWG dot org is just one website and read a little bit about upgrading some of these items.

You know, anything you put on your skin, it's in your body in about 26 seconds. So but a good quality product, not one that's full of heavy metals and all.

I mean, I think lipstick is famous for being very high in heavy metals and perfumes being very high in what are called endocrine disruptors that can lead to some inflammation.

You know, there are diseases that cause inflammation. Psoriasis isn't a skin disease, it's a systemic disease. Of course, there is a condition called psoriatic arthritis where the skin condition causes your joints to be terribly inflamed.

But it causes vascular inflammation, also sleep apnea hugely ignored. If you're gasping at night, if your partner says you're snoring at night, if you don't have a partner, you can use a free app called Snore Lab that records your noises all night and then analyzes them for free.

Or do a home sleep study. Like we do in my clinic, we use an Israeli device called Watch Pat. It's very accurate, very inexpensive. But if you have a diagnosed, untreated sleep apnea, you're threatening your mental health, your cardiovascular health, your longevity, your diabetes risk or sexual health.

And you may have to approach it with weight loss, with sleeping on your side and at your back. With oral devices, a train dentist can make certain kinds of laser and pallets, surgeries and ultimately, of course, CPAP, the mask on your nose, your mouth to give you airway pressure.

So, so many origins. I mean, being low in vitamin D can be pro-inflammatory. My clinic, everybody's low on omega three, maybe 10% of people eat enough flaxseed, walnuts, koirala and salmon and sardines to have a good omega three butterball.

But the vast majority are deficient and it's it's pro-inflammatory to be low in omega three. And we don't get taught as children or young adults or middle age adults, said Omega three is a critical nutritional component that we don't make.

We got to get it. So I don't, you know, rush to put people on Omega three fish oil. There are vegan versions from algae, but just put two tablespoons of ground flaxseed on your food every day.

That's anti-inflammatory. That doesn't cost much. They're not charging $600 a month for a ground flaxseed. You know, you're just I feel like you could go on and on about lifestyle.

It just never ends. And I will tell you, in all my years in working in the Western medicine space, this was not really discussed. It was really minimal discussion.

Well, you know, you could lose a few pounds and, you know, eat healthy, but but real instructions weren't given to people on what to do. It's so confusing.

Well, we're going to keep going here. But I sort of pauses for one moment. And thank you so much for joining us today for this talk on Heart Health to our audience.

I hope you're finding our conversation insightful and helpful if you're a summit purchaser. Stay right here, because we're about to dove even deeper into this discussion with Dr. Khan.

If you're not, click on the button on this page to get access to a continuation of this conversation and many others, and get the tools you need to reclaim your health if you're watching this continuation of my talk with Dr.

Khan, thank you for being a valuable member of our community, and we're going to dove right back in. So, Dr. Khan, you just got done really unpacking so many different lifestyle changes that people can make to support their health.

There's a lot of directions we can go in this talk right now. Something that you haven't touched on much yet and I think we should talk about it, is the impact of stress and traumas on people's vascular health and heart health.

And what would you say about that? What kind of advice would you give our listeners? Yeah, I mean, it's a real deal. Again, just in the last week, there's been a scientific publication that women that have been dealing with post-traumatic stress disorder of a variety of causes, work, marital break up children, illness cycle as psychologic issues when tested for their health of their carotid arteries, a simple little ultrasound, but they have more elderly thickened and disease filled carotid arteries than women that haven't experienced post-traumatic stress disorder.

That's just in the news this week. And just one example. I mean, there are variety, there are dramatic examples. There's a cardiology diagnosis called Broken Heart Syndrome.

It's got a Japanese name that's more fun called Dr. Sue Bose. But it's basically a huge emotional stress, a breakup up, death in the family, a break into a home, and it mimics a heart attack.

It's just an enormous release of adrenaline, stress hormone is the current theory, and it mimics a heart attack. And there's actually 911 an emergency room.

And everybody says we've got a heart attack on our hands. But when you look at the heart arteries, they're clean or nearly clean and it's all a stress, hormonal access, and you can recover from it pretty well, mostly, but it can happen again.

So you really got to wrap some stress management techniques from yoga, Taiji meditation, good sleep devices. I'm a fan of something called Heart Math, which is a little smartphone based research program, but it's commercially available to manage stress and protect you from the next episode.

Breathwork You know, four, seven, eight breathing and parts breathing and such things. So there's clearly trauma and stress. You know, stress sometimes just means you're eating chips and cheese sauce at 10:30 p.m..

Stress may be the fourth shot of tequila. Stress may be a sleepless night, which just offsets all your hormones. And now your blood sugar is up and your blood pressure's up and your cholesterol's up.

So, yeah, it stresses, you know, estimates are three quarters of all doctor visits can be tracked back to stress one way or another. That's the origin of the back pain or the origin of the migraine or the origin the blood pressure problem.

So you got to bring it up and talk about it. And, you know, sometimes you got to refer out to trained professionals that can help a person. So it's a teamwork.

Yeah. So could you cover some of the supplements? I know you are just an encyclopedia of supplements that can support vascular health. We've done interviews on this before and covered lots of different things.

You mentioned Omega three already in this talk, but there's a lot of really good things that people can do. And so what do like to use in your patients?

Yeah, it doesn't have to be a super long list of Omega three. You know, ask your doctor, can I please get it's called the Omega three index. It's a blood test again.

Quest, LabCorp, other places, you might be fine, but if you're super low, which is very common, start working on it. Go read a little. How do I increase my omega three through food?

Use food before use a supplement. Vitamin D. You know, next most common deficiency by far.

Stress, Trauma, and Heart Health

And we learned during the pandemic that people with good levels of vitamin D, maybe 50 to 80, were more resistant to severe infection than people that had very low levels.

And I still see every day I had one in the clinic today, you know, unbelievably low vitamin D levels because not everybody gets sunshine, whether they live in California or Michigan.

We don't have the access to sunshine like you do, Laura. But nonetheless, once people down and you replace it, my standard in the clinic. But talk to your health care professional.

There's 5000 IU of vitamin D3, probably taken with a meal for better absorption, but some of my patients, I personally take a little bit closer to 8000 a day and I have a blood level, just about 75 in the sweet spot.

Not too high. Not too low. It doesn't vary, but some people don't need that 2000 international units a day. Probably next on the list for inflammation would be coenzyme Q10.

Everybody's heard a Coke you. Then you walk into Costco and Wal Mart and there's a display, there's liquid, there's tablets and all. You know, probably one of the most research supplements on the planet with safety data.

That's extreme. I mean, I'm not even aware of any possible toxicity to a super high dose, but most people, maybe 100 or 200 milligrams a day of coke, you ten, you don't spend a fortune.

It's not really available from food. Maybe more important, as we get older over 40, 50, 60, with some really good data from Sweden, if you're over 70 Coke, you ten may really avoid heart disease.

And if you're on a statin like Lipitor, Crestor, there are advantages and disadvantages to statin cholesterol medicine. But one of the disadvantages is they block your body's ability to make coke you then pretty much guarantee you're going to be Coke ten deficient and you may get more headaches and your blood pressure might go up and your inflammation might go up and your energy level might go down.

So since it's not readily available in food, you're going to do that as a supplement. I mean, those are the big ones. Probiotics, you know, still a challenging field of science.

Which one? What do they do? How do you measure it more about Whole Foods and supplementing with probiotics? But the big thing, maybe as a probiotic that's called a prebiotic with a probiotic combined and I'll give a shout out, I didn't have any conflicts or investments, but there's a California based company called Seed, and they make a really good science based probiotic.

But there's many out there. You know, they're in terms of inflammation, suppressing supplements, turmeric, and it's a sub supplement called curcumin. And some people that have colitis and real rheumatologic inflammation

disorders, they really benefit from them.

So that's a good one. I mean, want to go back to food for a minute? Ground, flaxseed, ground, flaxseed, ground, flaxseed, that's a two tablespoons a day as a habit.

Really awkward habit, but important habit lowers your cholesterol, lowers your blood pressure. You get it in every day. You know, I'm not a big smoothie person.

I throw it on my lunch at work. I have these little packets of just rip it open, two tablespoons of organic ground, flaxseed. You combine an Amazon companies called Carrington Farms.

I hope they send me a check for giving them a shout out they never have before, but that's how I tend to do it. But if in the morning I'm having a smoothie that's one day a week or a bowl of cashew yogurt with blueberries, I'll throw it in there.

Pretty benign stuff, you know, and that's good anti-inflammatory. Other supplements for inflammation. I mean, I don't want to go too much further down the road there.

I don't think people need too much. I mean, I'm a big fan of algae. Algae is really a food, not a supplement that specifically Corella and Spirulina. Well people we have energy bit sponsoring this.

Okay, so I'm going to give them a shout out. That's what I use. Catch the talk with Catherine Arneson. It is so she's. So fine queen of everything algae and knows this science but you know that's a food and you get your omega three which is anti-inflammatory vitamin K2 which is anti-inflammatory.

You can get a little melatonin if you take Lorella before bed and good sleep is anti-inflammatory and good amount of plant based protein and lots of minerals and nutrients.

So that's a home run to create a habit, you know. But we're already talking dark. I don't I've never used ground flaxseed.

Supplements and Nutritional Support

I don't even know what Corella looks like. All I can say is to keep Corella away from your dogs because my dogs want to corella more than anything else in the planet.

They love Koirala. It's crazy and good for them too. So we have a little, you know, father dog, Colorado party. They love it. That is so odd. Yeah, I.

They literally stand live three dogs and small ones, and they just line up in my wife's closet. She keeps a little jar of corella, their energy bed, sclera, and they just line up.

And they're most well-behaved when they know they're getting some green energy tablets coming down. Have you told Catherine that you feed your dogs? CORRALES She would love that.

Maybe she knows it. Yeah, you need to tell her. So good. Okay, so I have another question for you. You know, this is something we've touched on in the past and something I actually heard you on a podcast touch on.

And I'd love for you to talk a little bit about the comparison. When we look at conventional medicine, conventional Western medicine treatments were the ones you used to do versus lifestyle changes in helping people live longer, have fewer cardiac events, have stronger vascular systems.

There was a point where you switched what you were doing and could you talk a little bit. Do you have some statistics off the top of your head or some studies we could quote or just your personal experience of how impactful this is?

Yeah. And you know what I do now in my clinic in Detroit, it's a hybrid. I mean, there are people that need prescription drugs. I occasionally have people that need bypass stents and valve replacement.

But we work like the dickens to be sure there's no other option. And it takes a courageous medical team and a courageous patient to say no to the convention because they're going to get beat down by their primary care doc and other specialists.

But it can be done safely. We have the science, so it's fun way to practice. It's just as big toolbox rather than just a prescription pad. I've got grocery lists for people and supplement lists for people and, you know, sleep and stress management and yoga and sauna and, you know, good dental care.

That's a real good, important point about inflammation is you better get in. I had the whole office today. When was last time you're at the dentist? No, Doc, I'm sorry. Two years ago.

Three years ago. Four years ago. People brush their teeth Waterpik and floss, but, you know, you need to get in and get an exam. Periodontal disease causes inflammation throughout the body.

And if your C-reactive protein is high bar boom, go ask about your root canals. Maybe you got a little hint an infection up there. You might need to skip a seat belt.

I got to give a shout out to Dr. Sander. Moldovan. She's here on this summit speaking about every single topic you just mentioned. Literally every single one from water picks to cities to root canals, all of.

So make sure you catch that interview because it is very, very, very helpful. And it really is important. And I mean, you know, gum disease and heart disease absolutely proven gum disease and dementia.

Absolutely proven gum disease and erectile dysfunction. Absolutely proven. They should just combine a toothbrush with a vibrator and make it into one device because it's this mouth sex connection isn't even questionable.

It's just one thing I was shaking around anyways. I use one of those electric toothbrushes. Just put some other appliances. Okay, we'll get back to talking.

I was the best thing ever. Everybody listening to this. That's right. It was so good. Okay. Yeah, you're going. I could go down that path more, but let's keep it clean in case kids are watching me now.

But I'm about a dozen years ago, I left, you know, putting in stents. It's a very lucrative thing to do. It's fun. It's a video game. I was good at it, too.

I treated thousands of people, but it's much more meaningful. I'll give you an example. We're running a program through my clinic. A lot of people have heard of a food program called Prolonged, a five day fasting mimicking diet back created by Dr.

Valter Longo, world famous scientist. And you can use it to lower inflammation, lose some weight, regenerate your tissues. It's patented to promote longevity.

So I don't want to over claim what it does and I don't own the company but you know, you got to be cautious with what you claim. And if you've never heard of line, go to website pro on FMD dot com.

FMD is fasting mimicking that. But we've got a family of type two diabetics in my clinic and what they're doing lifestyle five days a month. That's all it takes.

They're using the pro line. It's a special version for type two diabetics by the parent company called El Neutra. So they say, give me five days a month for six months and the other 25 days eat healthy.

But five days I want you doing this fasting, mimicking diet program. And what we're finding is at the end of six

months, they're and it's really remarkable.

They're losing a lot of weight and just from five days a month of extra work their hemoglobin A1 C diabetic control is dramatically better. Their hemoglobin 20 is dropping and they're on less medicine.

And that's unusual to get better diabetic control and less medicine. You can always get better control with more medicine. And if they go for something like a DEXA scan, they're losing fat around the belly, but they're not destroying their lean muscle mass.

They still got their lean muscle mass. You want to keep your muscle mass. You don't want to become a frail blow in the wind kind of person. So it's just a win win, win win using in this case, a pre formulated food program.

Of course, you want a couple with exercise and sleep and all the other parameters we talked about. So a stunning example and that's all published science.

So first the research was done and now the clinical rollout is ongoing. So a great, great if you're a type two diabetic, you might be six months away from dramatically better control and less medication.

Just you don't negotiate it. You got to do it just as the science says to do it.

Lifestyle Medicine, CAC Scan, and Lipoprotein(a)

Okay. Such I mean, there's so many nuggets of information here. You've talked to me before, and I think it's worth mentioning again here about a particular scan that you recommend people get for heart.

Yeah, you talk about that scan because I tell you, the last time we did an interview, I got a million emails about what's that, what a doctor can recommend.

So let's talk about it. No problem. And I actually wanted to circle back to two topics and that was one and topic is Silent Killers. Oh, there it is. So I know this is going to be hard for people to see.

Virtually impossible. Let me perhaps do one thing, but it might be dramatic to actually show this. And unfortunately, I have what many of us do. I'm using the blur function. So I took it up.

So that's on my phone. That's a picture of a C, T scan of the chest. The test is called. Anybody watching can get this test, coronary artery, calcium scan, CAC as it should cost except in whacko California, about $75.

In Wacko California, sometimes you got to pay 250. I don't know why. It takes 5 seconds. You do need a doctor's prescription. In most places, if you live in Cleveland, you can get it for free.

At the University Hospital. And in those 5 seconds, no needle, no injection. Images like this are made. That's the breastbone at the top. That is the black area are the lungs.

That's the backbone back here by my finger. But that's the heart. Normally a gray blob in the middle, but maybe it's projecting there's some really dense, dense white areas that look like a bone.

There's a bone. There's about. But this to somebody who's playing pickleball every Sunday and their arteries are like a 99 year old, they had no idea they got this $75 coronary artery, calcium scan.

This person's waiting to drop dead. And, well, you know, evaluate all my blood work and a stress test. And they may need a catheterization and they may need a stent or bypass.

They may need an exercise. Program is a variety of approaches to what to do with them. But you have no idea. And you might say, but, you know, my lifestyle is good and I feel fine.

Silent killers. Silent killers. So, Joy, you don't want to wait to you're having symptoms because that's when your arteries are critically blocked you want to identify.

So if you're getting a mammogram, call in a skimpy rectal exam and age 45 or 50 as screening for cancers. Throw in the CAC as Gordon Artery Calcium Score.

We've only had 34 years of research in 6000 papers and. It's again like the other blood work. It's the lethargy of kicking patients in the butt and kicking mainly doctors in the by the hand a prescription to patients and say we're not going to risk it.

So and there was one other and I actually don't normally do this but I know I think I have very readily in my a visual saying that it's all pictures of my granddaughter and she's gorgeous.

Oh, we'll do that another day. Let me just show you one thing. Here we go. So many of you, I only got to take off. I'm I'm a tech freak. We're just going to go for another minute and Laura to upset you.

But Dr. Minnick just canceled on me. She texted me. I'm having video trouble. This can be worth it. Everybody hang with me. I'm an old man, you know, we don't do this.

So that's the cover of a book. But I want you to look at the word lipoprotein a lot. But you can also buy the book on Amazon since I wrote it. If you want to Lipoprotein(a) is a cholesterol and everybody listening right now, one out of every four people your parents gave you the genetic ability to make this cholesterol up and you get a blood test for 20 bucks at any hospital LabCorp QUEST Doesn't matter, Rupa.

Health anywhere you want. And you find out if you're one of the 25% of people that inherited that from mom and dad. And since you inherited it, 25% of people, 1.8, 1.9 billion people around the world, you've had it in your blood since you've been six months old and you didn't know it.

And your doctor told you ten times your cholesterol is okay, but they never checked that. That's a different cholesterol. It's not the LDL cholesterol.

And it can destroy your arteries in a heart valve and cause clotting and it causes inflammation. There's another root cause. Why do I have inflammation?

Well, maybe you inherited that. A whole nother discussion. What do you do about it? But the pharmaceutical industry is bringing out new drugs that are solving the problem.

And we are right now relying on the pharmaceutical industry. Although niacin, a very inexpensive over-the-counter supplement, does a pretty decent job of lowering lipoprotein(a) Lipitor and Crestor do not lower lipoprotein(a).

So we've got a vacuum of therapy. But anyways, I have a clinic full of people that have that and not all of them have heart disease, but you absolutely have to get CAC as coronary artery calcium score, which is CT scan and get one blood test called lipoprotein A to see if you're a genetic risk individual.

We covered a lot of tests. We also talked about HS-CRP, MPO, LP PLA2, and the last one was an Omega-3 index. Yep. Now that's a lot of stuff for people to do, but this is what I was hoping for, is that we'd really give people really terrible things that they could do because literally you can't see the whole planet.

You can't take care of the whole planet, although you do see patients in. A lot of patients. Yeah. I like using cool words and interview and I never get to use the word granular, but I think these are granular tips we're giving.

Granular. I love it. So where where can our audience find you if they want to come work with you? See you in Michigan. Yeah. License in about 27 states.

So you couldn't do it by telemedicine. Or you can come to Michigan. And in the winter, I spent a couple of months

seeing patients in Florida because getting old and spoiled and like that sunshine.

So I'm all over the place, but it's a very busy practice. drjoelkahn.com drjoelkahn.com And there's a link for the clinic and a link for my podcast and a link for my books and a link my blogs and pictures are a little old.

I look a little younger on the website than reality, but I'm working on that. You know, all that all that energy bits, gorilla and spirulina is helping me.

I know. I've got some in my cupboard. I'm going to go get some. It's time to eat them. Today, I. Will say I'll give you a shout out. I've been vegan for 46, 47 years.

There's a long time. I mean, I started in age 18 and I just did a, you know, a pretty science credible aging test called Glycan age. G-L-Y-C-A-N It's big science out of here.

And it said, I'm 23 years old inside. Ha! My wife laughs at that. She goes, You are no closer to 23 than Methuselah, but that's because she's alive and. You've been with your whole life.

It keeps me honest. But anyway, so she does. Well, thank you. This has been delightful. As usual. Just a wealth of knowledge and fun to boot. I you probably dropped the the most fun bomb in the entire summit, I'll have to say I'm still studying the toothbrush.

Yeah, we can do that, right? Yup. That was pretty. Good. The rabbit brush. I think we can bring it out. Dr. Kahn is going to. Going to corner the market.

Yeah, you're going to corner the market and make your, your bazillions on that and retired. I love that you still see patients because you know, you don't have to, but you do.

And it's pretty wonderful. Great. I love I love them. They they keep me going and they they're my friends. Yeah. Well, thank you for all your contribution to the natural medicine space and thank you for being such a delightful talk on this summit.

And until next time, everyone take good care. Bye now.