Introduction and Dr. Kahn's Background

Hi everyone and welcome to this session. On Fasting, Longevity and Cardiovascular Health. I have with me Dr. Joel Kahn one of the most prominent cardiologists in the nation and known as America's Sweetheart Doctor.

Several appearances on The Doctors Several appearances into the media to talk about his passion, which is plant-based diet, eating healthy and helping the nation prevent cardiovascular disease and or early diagnose cardiovascular disease.

I'm going to let Dr. Kahn introduce himself officially, and we're going to start this session focused on longevity and cardiovascular. Welcome, Dr. Kahn.

Thank you so much, Dr. Antoun. Although I'll probably go casual and call you Joseph, and you're welcome to call me Joel, but I'm beaming to you live from suburban Detroit, Michigan.

I grew up here. I trained at University of Michigan in Ann Arbor, and then Dallas, Kansas City and came out of training as a stent doctor and angioplasty doctor, a heart attack doctor and was amazing career for 25 years.

But I adopted personally a whole food plant-based, obviously also called a vegan diet. I adopted that for my own reasons at age 18. And then as I was, you know, in the cardiology world, I realized what I was doing at home with my wife was something that I needed to be educating patients about the opportunity to use nutrition.

And then it expanded to lifestyle of a variety of causes, of which fasting is one aspect of lifestyle you can adopt. And about ten years ago I sort of left traditional cardiology and opened in suburban Detroit, my own advanced preventive Heart clinic called The Kahn Center.

You see people all over the world literally, and license in half the states in the United States, including Texas, where you're beaming out from. And so we have a great time, you know, trying to help people make accurate diagnosis, trying to understand, as we say in functional medicine, the why why do you have heart disease?

And then we create programs. And I say, I just have a bigger toolbox than I used to have. My toolbox used to be pharmaceutical drugs, you know, stents, bypass heart valve replacements.

And those are still needed. I don't you can't throw those out and say they're worthless. I mean, I've treated over 10,000 people with stents. I helped a lot of people.

But we all know the higher goal is prevention. extension of healthspan. So you feel good when you wake up in the morning and I'm just about hitting my mid-sixties and I do wake up in the morning feeling good and part of that is regular use of fasting in my own life, my own clinic.

So we'll talk about all that. I just wanted to say as a backdrop and of course, you know, this as a medical doctor and most of the audience knows it, but I don't get tired of repeating it.

The number one cause of death in the United States and most of the Western world is no longer infectious diseases and trauma and accidents. We have a horrible opioid crisis, but the number one is cardiovascular disease, of which heart attacks, clogged arteries, things related to obesity, inflammation, type two diabetes, sleep apnea, fatty liver, nonalcoholic steatohepatitis or fatty liver disease.

They're all degrading our healthspan degrading our quality of life and robbing us of life. This statistic that just I hope I do live to a 150 and I hope the effort you and Dr.

Valter Longo are making will help me get there, because I literally don't get tired ever of shouting out that in the United States alone, 1000 people a day die of something called sudden cardiac death.

They don't say goodbye to their relatives. They don't get to give hugs. They don't get to have their minister, Rabbi or priest or shaman or any other religious leader.

They just they're found dead in bed. They're found dead in their car or they're found dead in the bathroom. And it's tragic. And it's the number one cause of death overall.

And we have to stop it. Then we can stop it by earlier detection of heart disease, earlier education, so we prevent heart disease. And better and better tools to reverse heart aging and heart disease.

So this is such an important topic. You know, it just never I never lose my fire, my flame, to just wake people up and say, I know there's so much going on, you know, kids and dogs and global warming and politics and, you know, border grace is that I mean, there's just so many things that grab your attention during the course of a day just to get through the day, but be mindful for two, 3 minutes a day that your heart health should be very high on your list. I'm at right now.

I'm at home. I'm at one of my treadmill desks because at my office I have one. I'm not going to run the treadmill right now. It's a little bit annoying on video interviews.

I've done it before, but I'm bouncing up and down and it just is distracting. But I am standing right now and that's just one small thing. People can do more, take short walks, become little like exercise snacks, stand more, you know, stretch more.

Cardiovascular Risk Assessment and Early Detection

So not a day goes by. I don't grab some exercise. Could be 10 minutes. Could be 30 minutes. I'm never going to make an excuse and I encourage the audience, the educated audience, to, you know, put nutrition and fitness and sleep and stress management.

And now right in there, if you come in my office, you'll see fasting on a chart I have is one of the fundamental tools of promoting, you know, a healthy, long life.

And I've learned so much from you and Dr. Longo, so it's a great team to be on the house band team. And this is I couldn't agree more Dr. Kahn kind of tragic is the number one disease but it's preventable or at least we can delay the onset of it.

So in practical word but practical words, if you if you have a patient coming in and I know you have a functional medicine clinic, meaning you take care of the body also from a holistic way.

If today I say I'm 45, I'm 50, I'm 55, I come to your clinic. What, you're going to test me for? What you're going to recommend that I do now. The greatest risk.

Now, we still take histories. We don't use ChatGPT, AI necessarily, although that could be useful. We still take a stethoscope out and absolutely check blood pressure.

And I just want to say get a home blood pressure cuff. Anybody who follows me on social media knows I post pictures of my blood pressure all the time in no way to be obnoxious, but it always says, Please check yours today, get a home blood pressure cup, use it.

We use that in the office. But really we're going to do an old fashioned electrocardiogram, simple safe tool. Sometimes primary care docs can't do that anymore.

They don't get reimbursed for it. So in my clinic we don't charge, we just do one. But the real answer to that

question is we're going to do a deep dive even lab values.

I want to know all the basics. Your internist and your primary care doctor, kidney function, liver function, blood sugar, magnesium, hemoglobin, vitamin D.

But we're going to do inflammation. At least your high sensitivity C-reactive protein, but probably some others. I won't blow people away with terms, but MPO and LBP PLA2 and fibrinogen levels and ferritin levels.

We're going to look for genetics. There's a cholesterol. This is so important. Everybody write this down. In fact, I don't want to be too promotional either.

I got so excited when I learned about 15 years ago that there's a cholesterol and I'm mainly showing this so people can see the word Lipoprotein(a). That's a cholesterol that 20% of people inherit the ability to make in their liver they inherited from mom and dad or both.

And it can it's there from birth, 20% of people just for a minute. That's like 80 million Americans. I mean, that's a lot of people. It's a billion and a half people around the world, maybe 2 billion around the world.

And they get the unfortunate gift of having not just the ability to synthesize cholesterol in their liver and possibly genetically making too much cholesterol in the liver.

But they're also synthesizing the second form of cholesterol and they can early in life, clogged arteries cause heart attacks, cause strokes, lead to valve problems in the heart, even cause early death.

So we're going to get bloodwork like that. And I urge everybody listening, just write down and say, I'm going to ask my doctor to please check my blood.

Very inexpensive test. Right now, only about 1% of physicians draw that in addition to the routine cholesterol panel. So we're going to do interesting blood work.

I do a few more genetic tests. We used to say 10 to 20% of heart disease was of a genetic basis. In reality, now that it's easier and less expensive to check a genetic heart panel, we're actually have seen estimates that maybe 40% of heart disease is genetic.

You can still influence your healthspan and your cardiovascular health. Over 50% of it is still. Do you smoke? How how's your exercise? How's your diet?

How's your stress? How's your sleep? How's your toxicity? Air pollution has come on. So we're going to do the blood work. And last thing, everybody write this down.

You want to know internally, are your arteries aging or are your arteries youthful? And you can either do an ultrasound of your carotid arteries. And if you can find a place that does a special kind called a carotid IMT Intimal-Medial Thickness Ultrasound, it comes back with a report.

You're 45 years old and your carotid arteries are more like a 72 year old. You better get to a preventive specialist and figure out why, why, why? Lots of blood work, lots of lifestyle questions, lots of genetic work.

And then there is this C. T. scan. I'll order. I knew this. The greatest test. We do a we do a call in asking people. We do mammograms, we do gynecologic and prostate exams.

We don't offer people heart screening. And in reality, in 1990, in San Francisco, a CT scan was developed. Now it's available all over the world. Amazingly, used to be 1500 dollars out of pocket because the insurance companies won't support cardiac screening, except in Texas.

In Texas, the insurance companies will actually pay. But fortunately now for about 50 to $100, your doctor can write

you a script. Heart, calcium CT scan.

You go to your hospital, it takes 10 seconds. No pain, no injection, no allergy. And you get a report in your doctor and it has a score, your heart, calcium score, and you want to be a zero.

And if you check your carotid artery, you check your heart arteries, you check your lab work, and it comes back favorable. You're pretty close to bulletproof.

I never guarantee anybody the complete freedom from heart attack and stroke. But you're pretty close. The amazing data. Just as I end up like in Denmark, they've been doing studies where they're offering these tests to huge portions of the population, healthy population, 25,000 people and studies they've done this in Sweden, do about half of people that say I'm fine, I'm a healthy 45 year old.

I'm a healthy 50 year old. Am I healthy 55 year old have detectable and potentially serious silent. We call it atherosclerosis or hardening of the arteries.

And there's a lot you can do for it. There's a lot you can do if you know you have it. Wouldn't you want to have a heads up and have an opportunity to learn they might need an 81 milligram aspirin a day and you might need to drop £20 and you might need to get a trainer and, you know, you might need to be perhaps on medication or nutritional supplements that are targeted for your findings.

So, I mean, you know, I just get everybody listening. You got about a 5050 chance of silent arteries grossest. And we know for sure identifying it early gives you years of opportunity to make changes.

And even if it's just one day, you wake up feeling bad, you've got a heads up, you need to call 911. So this heart, calcium C. T. scan is the biggest tragic missing piece in American medicine.

You just should be automatically age 45. Colonoscopy, mammography. Prostate exam. Gynecologic Exam Heart. Calcium Score. We would make a huge impact. And, you know, I'm not the only one that feels that way.

It's our legislation and our insurance companies and our primary care team hasn't yet grabbed on to this 33 year old technology. It's time to grab on to it.

Well, this is this is really, really valuable. The character thickening in the ending and the cardiac scan, I think are two very important in the LPA.

I think for our all our listeners, they're very important early detection and and that gets you a risk of cardiovascular event. And then like Dr. Kahn said, you can at least change your lifestyle, including losing weight, eating a little bit more plant based diet in in how about fasting since this is a focus here on fasting and cardiovascular, what kind of fasting are there for?

For me, say I have a high risk or already I have a blood pressure that's a little bit high or have an LPA this little bit high. What kind of fasting you recommend, Dr.

Kahn, and what is the difference between between those? Yeah, well, there have been clues. Number one, as I said, I like to use the word toolbox. We need to have tools to help patients.

We want to empower patients. In fact, we want to have educated patients that can day after day after day on their own, make an impact on their health span.

And, you know, visit the doctor periodically and hopefully avoid procedures. So we want tools. So there have been some clues. There's the group of people in mainly Salt Lake, the Mormon group.

They've been studied and published, not perfect data, but very commonly they will fast periodically for religious allegiance. And it has been studied that those Mormons that do adhere to their religious fasting and are tracked for

heart disease appear to have less heart disease than those that don't.

Whether it's because their body weight is better, because their inflammation goes down, because blood sugar, blood pressure, blood cholesterol may respond to it.

Now it seems to be a powerful tool. You know, these were not randomized studies. These are observational studies because we don't have a lot of them. Ramadan's a little tougher.

The Muslim religious practice of not eating between sunrise and sunset for the month, because sometimes the dietary choices in the morning, in the evening aren't optimal, but nonetheless, there is a few clues from Popular Science in the Ramadan area that, you know, it's a effective same strategy for the majority of people.

But really the breakthrough has become the pioneering work of your co, you know, co leader in the field, Dr. Valter Longo, and others, that there are these biological changes that occur when we give our body a break from either all calories or at least high calorie, high processed, westernized food.

There are changes that occur cellular regeneration, cellular renewal, weight loss, lowering of inflammation. And, you know, the typical patient that comes to see me and wants to get this full evaluation, I mean, they have issues, their weight, their sleep, their inflammation battle, their blood sugar.

And we're looking for tools. So, you know, a lot of them come to me and they're skipping breakfast. I then I ask in my clinic, we know what you eat for breakfast, lunch, dinner, snacks, soda, cookies, cakes, sweets.

I want to know I want to know if you cook at home, if you at restaurants, I encourage you to eat at home. And I would then educate people. I mean, I'll give a shout out.

I don't have a dietician in my clinic. I ask people to watch every document areas, forks over knives. Everybody can find out on the web what the health and game changers movie until we get an amazing documentary that you make.

Fasting, Breakfast, and Cardiometabolic Health

Joseph and the power of fasting that I can add is the fourth one. I want to educate my patients about the power of food, but I will encourage them to actually eat 2 to 3 meals a day, not one meal a day.

A lot of mine are following what's called on add one meal a day diet. I don't educate them on it. They come to me on that program and they pack in 1800 or 2500 calories within a couple of hours, usually in the late afternoon or evening.

That's been studied at the National Institutes of Health about 15 to 20 years ago. It did not prove to be of benefit for markers like inflammation, like blood sugar, like even necessarily body weight.

It has worked for certain people. But when you take a scientific stance, the weight of the data is breakfast is a healthy meal. I usually referred to a series of studies out of Madrid, Spain, called Pace PSA, but they did monitor in over 4000 healthy bank workers in their forties who ate breakfast and who didn't based on dietary reports.

And there actually were poorer outcomes in people that skip breakfast. And you always got to ask the question, it's an association. Does it prove that skipping breakfast, there's that famous statement, you know, eat breakfast like a king, lunch like a prince, and dinner like a popper, packed more calories early in the day and don't eat late at night and maybe don't eat the majority of your calories later in the day.

So, I mean, I'm going through all this with patients, but in a very non promotional way. I mean, this the introduction six years ago of prolonged which is in my clinic and I'm going to give a shout out the educational power of handing a patient first I hand them a brochure and maybe I send them an article I've written on a fasting mimicking diet, but the power to literally open a box and show them, you know, and what I say to them, you can go to a spa, spend

thousands of dollars and eat 800 calories a day, red quinoa and vegetables and maybe a yogurt fruit parfait in the morning.

I mean, you can go have that experience and it's a wonderful experience. But, you know, most of us aren't spending most of our time at a high level spa and I haven't been on in years and years.

You know, we can open this box and enjoy that scientifically proven benefits of three meals a day, a small breakfast, small lunch, small dinner, all pre-made and the highest quality away.

And I find it gives me an opportunity to teach them about calorie restriction, about their own ability to handle a bit of hunger without falling apart.

I think people aren't used to the feeling of being a little hungry. And we we are built. We know we're wired from our legacy of having had periods of hunger and periods of low calorie exposure.

But it is in our current Western life where we have way too many calories available in the work fridge or later in the vending machine at fast food and the gas station.

I mean, the idea that we get our food at the gas station is just something people need to know. I think it was Michael Pollan, a famous food author, who said, you know, don't buy your gas.

And your food in the same building is sort of a teaching point in a joke. But other than a banana and maybe a black coffee, you know, get your gas at the gas station.

Don't get your breakfast or your lunch on the run at the gas station. So anyways, so we teach them about, you know, reducing calories. We teach them about it happens to be a gluten free product, which I don't endorse for all my patients to always eat gluten free unless they need to.

But so many people are interested in it. It does lower the bar in their or they're excited about it, certainly because it's in all plant based fasting mimicking diet.

From my viewpoint as a cardiologist that believes that the scientific literature most favors you eat a nearly or totally plant based as Dr. Longo teaches in the longevity diet.

This is a great five day introduction. Sometimes it's the first five days that somebody has gone without eating necessary chicken or pork or turkey or beef.

And what they want to do at the end of the five days is up to them. But I love that it introduces under the concept it's more than a meatless Monday, it's a meatless five days, and it's a great introduction.

You know, the fact that grains are healthy, that some of the soups have quinoa, for example, I some online docs have really scared people that things like beans and lentils and grains are unhealthy when scientifically we know it's the opposite, unless somebody actually has a gluten sensitivity, which is real, but very, very rare.

So the fact that there are some black beans and and quinoa, I love that that because, you know, even a recent research study called Global Burden of Disease Study found that the top three foods for health were whole grains, legumes, nuts and seeds.

And you actually have all three of those in some of the packages that come with the fasting mimicking diet. So it's totally consistent with the science worldwide and the global burden of disease, just an enormous database of diet and outcome in many, many countries around the world.

So it kind of cuts through kind of cultural differences. So that's what I've used for six years in my clinic. Now, I didn't mention the benefit that at the end of five days you might be down to £3, you might be down six or £7.

I have a few superstars that actually lose close to £10 in five days. Everybody's jealous of them, but it's up to your own physiology, probably your own microbiome. But and then if you do, you know, if you do blood work relatively soon after, you will see improvements.

So most exciting and maybe you'll be interviewing somebody. But as you know, I'm participating with al-Nusra right now and some type two diabetics that are doing a special version of the fasting mimicking diet.

Once a month for six months. And then we'll see after that. And based on published randomized research, I can tell you from my own experience, it's going very well.

These people are enjoying this five day break from the regular foods, the the commitment that, again, empower patients to have a tool. And we know how powerful. Hippocrates told us that.

And science tells us food is truly one of the medicines you can use to promote, you know, cellular and generation cellular renewal at really a very basic level.

So I'm always excited about it. Now, we can't yet say what can't we say? I mean, if you use the fasting mimicking diet consistently and lose weight, you're almost certainly going to lower your blood sugar if you measure it by the three month hemoglobin agency.

But it depends how consistent, how regularly and what you eat the other days and how much you exercise the other days. It's probably going to lower inflammation if we do biomarkers, we can't say for sure at this point about impacting atherosclerosis.

At some point we'll have a study. It would probably need to be a year's study showing that if you measure the carotid thickness in people regularly using the fasting, mimicking diet or not, and we may even have a there are now ways to use coronary C. T.

studies, a little different than the calcium one I mentioned at the beginning. So we will one day hopefully have the ability to have you guys a range of funded study and actually be able to talk about the impact of regular use.

I can't predict what it find. It certainly would anticipate there'd be positive findings, but even in the mean time and again, you always got to do risk benefit.

I mean, what's the risk to taking five days? And I love when I have a couple married or together significant other and they do it together for five days and support each other and they both get healthier.

I mean, it's a wonderful activity. So, so yeah, I everybody out there eat healthy breakfast can be a small one. It could be a grab an apple, wouldn't be a bad breakfast.

A lot of people make know healthy smoothies, grab oatmeal, but just stay away from the gas station, stay away from the prepackaged garbage, and maybe stay away from skipping breakfast as a regular rule.

I mean, I can do it, but I actually personally in a small amount is breakfast on purpose because I believe it's actually healthier. And then I, you know, I'm a little more measured in how big a lunch and how big a dinner I need because I started the day right and at all.

But I do a I mean, just to finish up, there's a term that I'm sure by the end of this summit, all the participants will be very familiar, but teary time restricted eating, which isn't exactly completely intermittent fasting.

It's a different approach to eating. But I will go at least 12 hours, sometimes 13 hours, 7 p.m. to 8 a.m., and you know, there'll be nothing going in but water.

And that's another good habit that's scientifically safe and proven. You know, there's two studies that come to mind because if my patients don't come to me doing the one meal a day diet, the old mad crazy diet, they're usually

coming to me.

I'm an intermittent faster and I don't eat breakfast my first meals at noon. And I know that Dr. Weiss at University of California, San Francisco, Ethan ETR Jen Weiss did a randomized study.

He was a big proponent of the health benefits of intermittent fasting, if you call that or long time restricted eating, no breakfast either everything in a 6 to 8 hour window.

And his randomized study did not show the benefits he anticipated. There was, I think, around 2019 and I think it was last year from China, there was a study you're going to eat less calories a day to try and gain some health benefits.

Can you do it in a small window or can you do it in a 12 hour window? And the small window didn't have any advantage over the 12 hour window. So the science has not completely supported that.

This small window of eating that's so popular and so many people talk about, yeah, clearly it's not black and white. There are people that respond to it.

There are a few studies with diabetics that it may be a way to improve their their blood sugar control. But I prefer this. Just give me five days of focus of mindfulness and commitment and will improve your health with science.

And that's why I'm excited about it. In that you touch in the last part on so many, so many different verticals and the liaison with fasting and the cardiovascular outcome, the theory and intermittent fasting.

And to categorize that, what you're saying is I don't like my patients going way longer after in the morning without without food and restricting all the food intake to a few hours.

And you're right, there's there's different what what is being done today? The 18 hours or the 16 hours or the oh, my God, one meal a day. And people are surprised that we thought that Ramadan fasting was was the way to go.

And the studies were very positive. And actually, what the science is figuring out today and what we are figuring out is it's more so about eating early and starting your theory time restricted or intermittent fasting earlier, then actually prolonging it the next day.

What we notice is people who stay with two and three and 4 p.m. until they eat, they actually are then binge eating and and also eating all the way to ten, 11 and 12 p.m..

And people need to understand that eating calories, a calorie at noon is different than the calorie at 11 p.m., and it's different than a calorie at 9 a.m.

because at night is when your growth hormone, your anabolic are high insulin is little bit higher, and then growth hormone is higher and you captured what you eat.

So intermittent fasting is a good approach when it's done front ended and like you said and Dr. Poulter always recommend is that 12 hours window, but we called circadian fasting.

A lot of people read that Nobel Prize or appreciate the Nobel Prize in medicine in 2016 and artificially with it with fasting. But the Nobel Prize in Medicine 2017 was under biological clock of the body, and we need to respect that.

So like you said, actually having a breakfast, eating lunch and then an early dinner thought your fast early in the night and get it all the way to 12 hours they need to breakfast.

That seems that circadian fasting seems to be most correlated with longevity when when our in a you mentioned Dr. Valter Longo head of the longevity institute USC when he studied centenarians people living a hundred and beyond.

One of the most common if not the most common feature that they had. They actually were happy and social capital was high, but then they were not snacking late at night.

They don't stay late and they across TV and eat their snack. They practice the 12 hours by default. It's not that it's a practice that they're aware of, but by default they eat at six, seven, they sleep.

You walk a little bit, then they sleep, and then the next day they have their breakfast at 7:08 a.m.. So so, you know, when I talk about my own habits, it's an end of one study.

But I typically leave my medical clinic 4 to 5 days a week and five my home by 520.

Intermittent Fasting vs. Fasting-Mimicking Diet

And my wife knows now, God bless her, wonderful, wonderful cook, because we eat most meals at home, we usually eat dinner by about 530. Now, that's not exactly 4 p.m. because I'm still working and a little habit I and if I'm having a glass of wine, it's at 530.

It's not going to be at 11, partly for the calories, partly for the sleep interruption. And, you know, many days I don't have a little glass of Chianti or canna now one of the great Italian maybe longevity wines, but I'll go and brush my teeth.

I will, actually. Well, I tell you this, it sounds silly, but I will water big and brush and floss. I don't want to do it again. So it sort of taught me I'm done.

My my mouth is closed to more calories and it's actually worked out well. I mean, we all need little fences around our maybe bad habits or weaknesses because.

Sure. I mean, if there's a nice little wholegrain cookie that she's made that's in the freezer, I mean, it's it's seductive to me at 8:00 when I'm still working at the kitchen table or my office.

But I literally cleanse my palate and then I just shut it down and wait till the next morning. And maybe that will help a person or two. That's fantastic.

And I fully agree. Actually, do do do almost the same. Brushing your teeth early and they just oh, I don't want to go through that again. Just and then if I work, I try to walk in the hallways and then and then, you know, and then continue working instead of binge eating or going and opening the fridge late at night.

So the second thing, so that's intermittent fasting and try to front ended front-loaded sorry in a start you eat you dinner early and then go over 12 hours.

And then you mentioned the ProLon fasting-mimicking diet. You mentioned that for for for is it for healthy people who want to rejuvenate themselves and live live a healthy, you know, practice healthy aging?

You do it like three times. And then you said if they have overweight and or now diabetes, you're you're part of the new the new intervention called the Diabetes Remission Program.

Where do you do it? Six times in a row. Is that the frequency you recommended at your clinic? Yeah. You know, the healthy and fit people I'm talking about 3 to 4 times a year is just a and I don't usually like the word cleanse.

This is too scientific and there's too much, frankly, garbage out there that uses the word cleanse. But, you know rejuvenation regenerative program we talk a lot in my clinic is called Kahn Center for Cardiac Longevity.

So I'm always trying to offer them healthspan tips and yes, two, three, four times a year doing the five-day fasting-mimicking diet ProLon is a good idea.

But, you know, a lot of people come inflamed and significantly overweight. And then there are the type 2 diabetic population and we'll use it or many of them gravitate on their own and start using it more regularly.

I would say I know you absolutely don't want me to say this, but I just remember about five years ago, a patient came to me, new patient, and he's just telling me I'm down 30lbs.

And I said, Wow, that's fantastic. And you do that. You go, I did. I did. ProLon six times in a row. We did it for a whole month. Nobody study that. Nobody endorses it.

It made me chuckle. And then he went back to a little bit more reasonable program of, you know, three or four times a year. But yeah, there's a lot of ways.

I mean, I'm very active online and I see people die. Why don't you just buy 800 calories a day of Snickers and you'd probably lose weight compared to a 2500 calorie a day diet you had before.

And we all know this is, you know, this is nutri technology. I have great respect that, you know, the L bar that you eat for breakfast is not there randomly and the glycerol drink is not there randomly.

And the the spices and the teas, even the teas, they're not there randomly. So no, its the muscle to. Enhance your health with 5 bars a day at 800 calories a day.

I don't I don't recommend that this is I know it's such a highly funded NIH program that we should be teaching science based medicine. And then this is one where we're separating almost every other fasting program from, you know, really confirmed science.

Well, I know we went a little bit over time today. It was a very important session because cardiovascular disease is the number one disease. Right. Fasting has been studied a lot on on cardiovascular.

So it was important to touch both on the intermittent fasting and the fasting-mimicking diet before we part. And then two sentences. If you want everyone to listen to us today to learn two things today and go away with them, what are what are those?

I'm going to give you three real quick. I talk about PDR Heart disease is preventable, even if you have genetic input, you got to know that. So you need to get it, number two Heart disease is easily detectable, but it's just not the routine I talked about that get an ultrasound, get a CT scan, get the labs.

Key Takeaways on Prevention and Reversal

And we didn't talk about this. But heart disease is actually reversible. If we find plaque, if we find obstruction, if we find atherosclerosis, you may have to work very hard.

You may have to change your diet. You may have to take supplements and prescription medication perhaps. But we can add to your healthspan and probably add to your longevity.

So that's the optimistic note. Why, Doc? What I want to find out, I have heart disease at age 45 because we can prevent it. We did detect it and we can start to reverse it rather than wait to 65 years old and you're going for bypass.

So very optimistic about the ability to influence heart disease. Thank you, Dr. Kahn, for this valuable session information. Appreciate you very much for being a guest and hopefully all these thousands of listeners today have learned something really valuable that can change their life.

Thank you for all you do.