Sexual Dysfunction as an Early Heart Disease Warning

Turns out sexual difficulties, which unfortunately much more of the data is about male erectile dysfunction and female sexual health. But we got to believe it's all one physiology system and connection, but a loss of interest in sex, a loss of ability to have a sexual response is actually a very reliable clue that you have bad cardiovascular disease and you can't ignore it because all those other, clues are called heart attacks and stents and bypass and death.

This is doctor talks. Hey, everybody, welcome to another episode of our Sexual Health Summit. I am so excited about our next speaker. Our interviewer here is Doctor Joel Kahn, an amazing cardiologist who's got to make so many connections for us around the cardiovascular system and sexual health.

He has recently put on the Reversing Heart Disease Summit that's going to be relaunched soon. So we'll learn more about that. Let's get started. Thank you so much for showing up for this interview today.

I'm really thrilled. I'm excited. It's actually an incredibly good and important topic to bring sexual health and cardiovascular health, because they are largely one topic.

Yeah, they really are. And let's let's start with that. You know, you really launched into a, I think great way of starting. So tell us why they're one topic.

How are they related. Let's start there. Yeah. You know so I am a cardiologist practicing in Detroit. And you know, the medical model that I've been using for nearly 35 years is you find out about heart disease when you start to get burning, pressure, tightness, mowing the lawn, or you find out about heart disease when you call 911 because you're sweating, can't breathe, and you're just as tight and 2 a.m..

Or maybe you have a stress test, or maybe you drop dead. You know, a thousand people a day in the United States. I don't know how many around the world.

The first clue to heart disease. It's a horrible problem. It's called sudden cardiac death is actually you're found dead in the bathroom floor you find dead on the toilet.

Like Elvis. You're found dead in bed. Maybe your car is at Walmart and they knock on the door and you're dead. I mean, this is a horrible system. We have to identify the number one killer.

Men and women. It turns out sexual difficulties, which, unfortunately, much more of the data is about male erectile dysfunction and female sexual health.

But we got to believe it's all one physiology system and connection. But a loss of interest in sex, a loss of ability to have a sexual response is actually a very reliable clue that you have bad cardiovascular disease and you can't ignore it because all those other, clues are called heart attacks and stents and bypass and death.

So, for example, the most remarkable study and it hasn't been reproduced everywhere but around the Mayo Clinic, if I remember the county that the Mayo Clinic in Rochester in, it's called Olmsted County, a publication maybe ten, 12 years ago said that a man in Olmsted County who's reporting erectile dysfunction to his primary care doc had more than 40 times for zero a smoker, 2 to 3 times a man with erectile dysfunction, 40 times the risk of developing clinical heart disease, angina, heart attack, stent bypass, death.

And, you know, pay attention. Doctors and nurses and spouses and partners and friends. It isn't just the bedroom or wherever. It's taking. It isn't just the frustration.

It isn't just the ego, hit that it takes to start having sexual impairment problems.

Why Sexual Health and Cardiovascular Health Are Connected

It's the clue. It's the clue. So for anybody that hasn't heard this, there was a habit. 100 years ago, miners would take a canary in a cage into the coal mine.

Because if the carbon monoxide silent, killer was, in excess, the bird would stop chirping and fall off its perch, and it would be assigned to the miners to get the heck out of the mine and get some fresh air.

And we say the same thing that erectile dysfunction or sexual impairment may be a canary in the coal mine. May give you a clue. So you get to your doctor and you check your blood pressure, check your blood sugar, you know, your cholesterol, you get a stress test.

You get a heart CT scan. We can talk about these and maybe it turns out it saves your life. Now, not every case of sexual embarrassment is cardiovascular, but it's a big piece of the pie and it has to be addressed rather than just pull out that script and write that generic cialis, or maybe a hormone replacement or some other approach for a female, having issues, you know, get your heart checked.

So the last thing I'll say is there is, an abbreviation used widely ed erectile dysfunction. But we say the other abbreviation for Ed is endothelial dysfunction.

The lining of your arteries are sick. And the final Ed is the emergency department. Where you go and you have a heart attack, you're dead. There's a lot of overlap between those three Eds, erectile dysfunction, endothelial sick arteries and the emergency department.

But we have the ability just by these conversations, bringing it up, making it public. And everything I'm talking about has been well known for a good 25 years.

There's, a symposium and a seminar called the Princeton Seminar, where they bring urologist and technologist, cardiologists, vascular specialists, hormonal experts, and they've been publishing data that primary care docs hearing about sexual dysfunction should think cardiovascular should test for cardiovascular referred out to get tested for cardiovascular.

But it doesn't happen. It's just too easy to get the script pad out and not address the potential root cause, which I'm sure you practice, I practice.

It's the medicine of why? Why are you having this problem? Is it testosterone? Is it a no complete hormone imbalance, thyroid imbalance, stress, sleep, psychological relation issues?

Or is it just simply the number one killer? Men and women, bad plumbing, bad plumbing, bad plumbing. Yeah. There's. So I appreciate all there's so much there for people.

And I think the realization that this is an early canary in the coal mine, as you, you know, called it early measure right of cardiovascular problems is really important, especially in men.

And, Mike, my next question for you is thinking about females. And we do know that females still have circulatory need to the female erectile tissue. So would you say then for females since it's not as easy to classify something like with men, it's like it is a lot easier to be like for men to be like, oh yeah, there's there's a problem here.

So for females to watch out for, say, an earlier sign of cardiovascular, would you say that, say a lack of arousal. A lack of lubrication would be reasons to consider a cardiovascular problem.

Yeah, absolutely. As everybody knows, there has been now for I don't know, 25 years these drugs like Viagra. So the NFL and levitra and now the market leader is generic cialis called tadalafil.

And they work through that endothelium lining of arteries. And that miracle molecule nitric oxide which won the Nobel Prize in Medicine 2526 years ago.

Women have the same, you know, biochemistry and anatomy and physiology of their arteries in their lining. So it's absolutely known, that, for example, there have been studies and I'm not sure I'm up to date on every one, but there are women that respond to these same drugs, because of improvements in blood flow, improvements in moisture improvements and lubrication, improvements in artery health.

I know there was some research in type one diabetic women. There are going to be more prone to early artery disease that they responded to, a drug like Viagra with improved sexual interest and performance.

So I think we've got two ways to go. I mean, the research is just easier. It's easier to measure a man's erectile ability. All of the scales that I see, that I see published in urology data are usually about male erectile health because it's just a measurable function that's a little simpler, but I think there's no question there's complete overlap.

And the bottom line is women should be focused on their heart health. Just as much as men and not necessarily waiting for sexual impairment as a clue.

Get checked earlier than sexual impairment. Get checked when you're, you know, lusty and, capable and horny as hell. It's still time to get checked. Because heart disease is has such a slow, silent deterioration, time frame, you know, years to even decades.

And we just don't do it. Well. So all the ladies listening, you know, if you're over 40, you should be asking the question. Diet, sleep, fitness, stress hormone levels, vitamin levels, you know, regular cholesterol levels, regular blood sugar levels, regular blood pressure levels.

Some advanced things like inflammation, blood tests and my favorite little genetic cholesterol called light bulb protein, little A, which is going to bust out if you want to buy a stock at a low price.

Look at light bulb protein, because in five years from now is going to be a multibillion dollar pharmaceutical, victory. And there are companies like Novartis and Amgen that have drugs coming down the road.

But it's not a secret. It's it's out there. So I'm not giving insider information, but, you know, there's a lot of things. And then I'm going down a path, but I'm a pretty, you know, I want everybody to know their cardiovascular health in detail.

There is this simple test called a heart calcium CT scan. You know, you're 45 years old. You're going to get recommended to have a mammogram, earthworm, a gram and a gynecologic exam to screen for uterine or cervical cancer, and a man or prostate exam for prostate cancer and a colonoscopy.

A color guard. Nobody screens for heart disease in the United States, and it's a enormous flaw in our medical system when we know that more people die of heart disease even in their 40s, 5060s, than breast cancer, uterine cancer, ovarian cancer, all these things combined prostate cancer, they're all horrible.

But they are number two compared to heart disease. So you ask your primary care doc, I don't want to wait till I have erectile dysfunction or female sexual dysfunction.

I want to be confident that in my mid 40s, I am weathering the storm of heart artery disease. Just like you recommended. I make sure my colons clean and my cervix is clean and my prostate is healthy.

So you go get this heart calcium CT scan, which you can do, in Golden, Colorado and Boulder and, UCSF and Miami and New York. It doesn't matter where you are.

And it's about a five second test where you're on a stretcher, you go in a circular CT scanner. No, I've no injection,

not claustrophobic, no pain. Five seconds.

You hold your breath, you go home strangely. Strangely. It's a self-pay test. Except for Texas. Texas has a law that they will cover it when you're 50 years old.

But I think you might want to even do it a little younger than that. And it might be 99 bucks, 75 bucks, 50 bucks could be $125. So it's a pretty, inexpensive, accurate, advanced heart test.

And you want to be zero.

Screening Women and Men for Early Artery Disease

You want to have no evidence of what's called calcified plaque in your heart arteries. Hugely reassuring. And then do it again about five, six, seven years.

Make sure you're staying a zero. But I tell you, if we would just institute that as a routine screening, men and women, men for sure. By 45, women by 45 to 50.

But I would never, turn a woman away at age 45. They really wanted to get it done, and maybe even 40 if they had big issues. Cholesterol. There were super high blood pressure, super high mom, dad that had heart attacks.

Bypass at the young age, get checked early. We would revolutionize and we would save some people. Artery, damage because you'd identify the problem early.

Just like you'd like to know you have a little polyp, not a big polyp in your colon. And you'd like to know you have, you know, hopefully a stage one breast cancer, not a stage four breast cancer.

Find heart disease at an early stage. Change your diet, change your fitness. You know, get to a preventive doc. They can work with all the aspects, that are available.

Wonderful aspects, a lot of natural stuff. And you might save yourself central Paramount or you might actually get a return, you know, treat your arteries and see your sexual interest and your sexual performance and, your ability to enjoy this wonderful aspect of life.

Come back revived. You know, there's a famous documentary called Forks Over Knives in 2011, and they talk about raising the flag on the flagpole. You know, men who hadn't had really much of a sexual response for a while.

Diet changes, lifestyle changes, stress changes, biochemical changes measured in your labs, like your cholesterol, inflammation. All of a sudden, healthy arteries.

Sexual response comes back. Maybe with cialis, maybe without cialis. So it's going to happen in women too. I mean, you know, real regenerative medicine real renewal.

Yeah. So just so everybody is, you know, making sure everybody's following this line of thought. It's like we have this these situations of erectile dysfunction or arousal for, you know, females too, sometimes as being the early signs.

And then you know where doctor cons taking as is some of these other early diagnostic, you know, mechanisms where you can get these, you know, an ultrasound for example, of your carotid artery to see what's the vascular ages to see if you have a problem there.

One of the things, too, I think would be helpful for people to talk about is I, I typically the some of the research I've seen is that total cholesterol hour ratios, these types of, standard blood work don't really do a perfect job of correlating to what's going on on the artery level.

So I think that would be another good thing to cover is like some of those basic, you know, lipid panels that people are seeing. What are the pros and cons, how good of a job do they do with this early detection?

Can you kind of continue the conversation a little bit there. And there is a bit of an obstacle. I mean, you can go to your primary care doc and say, I learned about this heart calcium CT scan.

I've got 99 bucks, I want one. They may actually say I've never ordered one, and I don't believe in it. And I discourage you and you're too young and your profile, so you sometimes have to be proactive and it can be a bit of a roadblock because in most states, for that CT scan diagnostic, you do need a prescription.

A couple states, I think, like Indiana, you actually can arrange and, get your own without a doctor's script. Same can be with the bloodwork you mentioned.

Your primary care doc may not be comfortable or experienced in ordering, so I have no stock in this. You can go to a company called Life extension.com, big vitamin company.

You can order your own bloodwork. There's a new one out called Life force.com la Forex.com. I have no stock in them, but you can get a pretty exhaustive, advanced panel of bloodwork that you arrange on your own and they charge.

I last I looked about 499. You know, if you had a doc cooperate with you, you might get more of it covered by insurance. But this is self-pay. And these are, you know, for proactive people listening to this, summit, you know, the kind of things you want to do.

So, you know, a standard cholesterol panel is fine to do and nothing wrong. You want to ask for an inflammation test like the high sensitivity C-reactive protein.

If it's elevated, you got to say, is my diet off? Is my dental hold off, is my sleep like sleep apnea? Do you got psoriasis? Do you got gut issues? Colitis?

Are you never exercising or you're 50 pounds overweight? Are you eating processed food that dries up C-reactive protein? You want that you want to test? Go.

Homocysteine. Homocysteine, which reflects this complex system called methylation. But an elevated homocysteine I seen in my office. Maybe one in every ten patients super high.

You want to know that because it's easy to correct it with changes in diet. And lastly, something called b-complex vitamins that are geared for homocysteine.

And then your blood vessels are better and your sexual health is improved. You want to know your three month blood sugar called hemoglobin A1C. You also want to know your fasting blood sugar, but this gives a little better perspective.

Some people will get a fasting insulin level is even a little more specific measure of something called insulin resistance vitamin D there's some primary care doctors don't check vitamin D for overall cardiovascular or metabolic health.

What the biggest deficiency in my patient group and I have a big vegan population because I am. But it's only still maybe 40% of the patients. Is omega three fatty acids the only fat in the body?

We actually need from our diet? There are others that may be healthy, extra virgin olive oil, but we don't need that. We need omega three fatty acid. Ten for our eyes, for our brain, for our heart health, for our joints.

And there's a blood test for it. And I can't, overemphasize how often people are deficient. And I will one day write a child's book about what omega three is.

And why it's important, and why you should ask Mom and dad for ground flaxseed and chia and, strain them early, and then they'd have better bodies and better brains.

It's amazing how frequent that's deficient. And then the last one I kind of mentioned, I believe. But there is a genetic cholesterol. Everybody has a liver that makes cholesterol.

And you might have a liver that makes way too much, or you might be eating a diet that stimulates way too much, or you might have a liver that just makes a adequate amount of cholesterol for good health.

But 25% of us inherit from our parents a liver that makes a second cholesterol. And it's called light bulb protein. Little A it's a whole mouthful lipoprotein.

And then lower gets a 25% of people, you know, about 1.8 billion people in the world, nearly 2 billion. And you get it from birth, from mom, from dad or both.

And your body's revved up. Making two cholesterol is your whole life. You have no clue. But 1 or 2% of doctors add this to their panel. And patients, even in cardiology practices, 100% in my office, but 1 or 2%.

And you find out when you're 45 or 50. Damn. I'm developing cardiovascular disease.

Blood Tests, Lipids, and Advanced Risk Markers

And somebody tells you, well, it's, strongly based in part on a genetic, inheritance, and then we can deal with it with integrative and nutritional approaches.

But there are drugs that are being developed by some of these drug companies that will be helpful and will be welcome and will make a difference. There's no drug out right now for lipoprotein little eight that's actually effective or improved.

So Lipitor and Crestor are not the drugs for the 25% of people that inherited it. That would be a good beginning. 5 or 6 blood deaths beyond the standard.

But you don't see that in cardiology offices either. It's not like, you're necessarily going to get better care. It's more advanced precision. We can call it integrative care.

Yeah. And it's, it's people that are thinking beyond statins, like, you know, like you are here. So, I want to clarify something I said earlier too. So you're talking about CT scan.

One of the things I was talking about was more and I shouldn't say this Croco is more like a CMT, like an ultrasound. So are you actually ever using that ultrasound or you're more folk, you more recommend people ask their doctor for the CT.

Yeah. So just so everybody understands because your question is excellent. The CT scan is a wonderful thing. It's widely available every small, medium, large city at the hospital.

It's inexpensive. It's the same radiation exposure as a woman gets in a mammogram, which is usually considered, you know, something to consider, but low.

Plus you only get this heart CT scan maybe every 5 to 7 years if you get it repeated. So it's and it costs $100 or less. But there are people that are hesitant about radiation.

And there is there are a few limitations to this heart CT scan. You can't see something called soft non calcified plaque. You can't actually measure how narrow the arteries are.

There are ways to do that. But you can't do it on this kind of widely available screen test. So yes, in my office we

are a major center doing carotid intimate medial thickness ultrasound, CMT, ultrasound problem with it compared to the CT, it's not widely available.

It's rare that a hospital, even a university hospital with an interest in vascular disease offers it. It's not covered by insurance, except for a few odd places like Texas.

So you might pay 200 $250. The CT scan is a little less expensive, but you don't have radiation. You do see soft and hard plaque. You do know how narrow the arteries are.

It's better than what people get at lifeline screening. As an example, people pay $149 and they run a probe here and they run a probe on their abdomen.

I welcome that data and people. It's not as accurate as I need for precision. But I mean, if the report says mild plaque in your carotid and you're a 44 year old woman, that's disease.

Because when you're 54 and 64, there's going to be some serious issues perhaps. So I pay attention to these subtle little clues. I mean, we're born with clean arteries.

We can maintain clean arteries till the end of our days. But so many influences air pollution, stress, sleep, you know, you know, diet of course. Fitness. Of course.

You know, all these xeno estrogens, plastic bottles, microplastics, but Wi-Fi, you know, there's a zillion things that are stressing our vascular system out.

The basal, obviously smoking. I didn't mention, you know, some of the ones that people are familiar with, but. So you don't find out. And even if it's a church based screening program, if it doesn't say completely normal, I'm a bit worried about you.

The other thing just is, some people have gone for the chest CT. They had a cough and their doctor ordered a chest. Or maybe they had belly pain and they got an abdominal CT in the emergency room.

A good radiologist should mention, although the CT was done for the lungs for the cough or the abdomen for the appendix or something, a good radiologist will mention that the blood vessels are calcified, or which is a sign of disease, and on a chest they can actually comment that the heart arteries are calcified.

It's basically a free heart calcium CT scan. So there is a movement to get radiologists to more routinely comment on the blood vessels and then alert a patient, I've actually had multiple cases where a dentist did an X-ray or maybe a CT of the jaw looking for a hidden abscess, and the carotid Zoll calcified, and they referred them to me.

You know, it's serendipity, but pay attention to those extra predominantly CT studies and ask the question, did they comment on my blood vessels? Look, I want to make sure I have young blood vessels.

Yeah, thank you for that. And for everybody listening. Remember, if you're. I like frantically taking notes, which I know some of you guys are, if you missed this and you want to make the list of everything that Doctor Kahn's recommending for lab tests, remember, you can always go back and buy the summit and slow it down and take that list, because I know there's a lot of things that, you know, we've covered here.

Where I want to move on. Next is you mentioned this in the beginning around something that you and I share, which is the question of why. And so let's go there.

Like, why are we dealing? Why do people really manifest? Besides, you know, the apple lipoprotein a and we have a genetic component. So we know there's genetics.

But beyond genetics why the heck is this happening? Yeah. I mean, you know, the classic cardiology construct that goes back to something called the Framingham study, the American Heart Association is there's five big things that

cause your blood vessels to get disease, and then you get sexual problems and other problems.

You know, you got diabetes, which has grown enormously, as everybody knows, because weight and obesity has grown enormously. And, you know, McDonald's and Arby's and Taco Bell and processed food and grocery stores and, you know, two income families where nobody cooks and nobody likes vegetables and nobody eats fruit.

And everybody thinks fruit makes you diabetic when you know, it's probably your donut and your, Frappuccino making you diabetic. Anyways, we've got, you know, so we got blood sugar, blood cholesterol, blood pressure, smoking.

Mom, dad, brother, sister had heart attack strokes, bypass density, young age. Those are the classic five. In reality, there's easily 2025 testable factors that can harm your arteries.

Ultrasound vs CT Scans for Detecting Plaque

We've talked about some of them like lipoprotein level homocysteine, inflammation like C-reactive protein, and including tough ones like air pollution has come on in my field of cardiology.

There's an article a week about air pollution and heart disease. And, you know, I'm living in Detroit, and we've got this smoky air coming in from Canada where have an air quality days like we're in Los Angeles slightly crazy.

So, you know, we got air filters in my office and air filters in my home, and you do your best, and, you know, it's passing over. But it's been a real issue this summer and this fall.

You know, we I think the root root cause is we haven't educated people to the point that they're aware that this, silent, deterioration in your cardiovascular health is a real deal, is a testable deal, is a reversible deal, is a preventable deal.

And I tell you, you catch people's attention when you talk about sexual health. You know, they may not care so much that they might have our bypass stent.

And I talk to all the guys, you know, I mean, what are you going to do when you can't get it up anymore and the meds don't work and you're going to start sticking needles in your penis and, you know, putting bumps down there and getting gains.

Wave shockwave therapy, which I've done on many men. And it's a role that's, another strange way to approach it, but that's end stage medicine. You know, you get dead meat already.

And I'm speaking to the women, too. Let's move upstream and, you know, start taking super good care of yourself when you're 25, 30, 35. That's where the magic happens.

You know, don't assume you're immune. Nobody's immune to the risk of cardiovascular disease. But it's also not inevitable. If you like your gym and like your grocer and like the produce department and love your pillows seven eight hours a night, that's another one.

Sleep. You know, the American Heart Association has taught something called, I think Life's Simple Seven Steps to Avoid Heart Disease. Anybody can look that up in a search engine, but they just upgraded it to the essential eight because they added sleep.

Now there's so much data that whether we're talking blood sugar, blood pressure, blood cholesterol, actual clogged arteries, sexual health, brain health, memory health, you know, if you think you can shortcut and get by with 4 or 5 hours of sleep or you have a pathology, sleep apnea, restless leg, maybe got too many dogs on your bed.

Like I do something that's interfering sleep. You got to really set a goal and try and get that seven eight hours sleep most nights of the week. And, you know, catching up on the weekend doesn't really cut the mustard.

So you got to re restructure your life a little bit. Yeah. Thank you. And we've talked about so obviously sexual dysfunction is an early clue. We've talked about late clues which are much more severe heart attack that these sorts of things and early detection.

But besides all of that, are there any other early clues that there's a heart problem? There's a vascular problem that's going on that we haven't talked about that would be good to mention?

Yeah, there's a few that get mentioned in men a little bit more. But it's premature balding, particularly right on top of the head. But there are women.

They get that mean early nutritional failure. Early hormone failure, genetic inputs, early salt and pepper, gray and white. You know, if you're 35 years old and you're prematurely gray, it's been linked to early cardiovascular disease.

You know, these are called associations. They're not perfect relations, but they are there to pay attention to them. You know, you don't want to look to distinguish too early in life with, gray hair on the sides.

In my mid 60s, I kind of like the little gray hair, but it's still, appropriate for age. There is a strange one called the diagonal ear lobe crease. And there are people.

Go look at Steven Spielberg, the famous movie producer. Look at his ears. He just. It's on all the, search engines. He's got a deep groove in his ear lobe, and I tell you, he didn't have it at age 13.

It's a strange finding that a doctor, described about 50 years ago in a medical article, but it's held up with science, and it's about 70% accurate. That's not 100%.

But if you look in the mirror and you got a deep groove, you know, if you wear heavy, heavy earrings, it might get hard to figure it out. But if you got a deep groove in your earlobe, and it's been described in men and women, you know, it's just one more kick in the butt.

Nobody's quite sure the connection. There's a theory about your college in maybe weak. And arteries are made of collagen and earlobes are made of collagen, and the earlobes may be failing to have healthy structure.

Why Arteries Become Diseased

And the arteries may be too interesting. Little finding. We talked about, obviously sexual health. Those are the big ones actually. Physical findings.

Okay. That's really helpful. And I want to make sure we cover a little more on treatment too. Obviously, we've mentioned some of the basics around some of the pharmaceuticals around sleep when when it comes to food, I typically get a question in my clinic around something along the lines of, if we're talking cardiovascular or sexual health, like, what is the perfect diet for, you know, for these types of conditions.

So can you go into kind of diet? It's obviously hard to go super detailed, but just big picture dudes do not those kind of things. When we're talking about both heart health as well as sexual function, in research studies.

And I think like the Harvard School of Public Health has looked at relationships between sexual impairment and diet choices. Actually, fruit shows up is the most helpful, fruit just rich, you know, talking whole fruit.

I'm not talking sugar sweetened or fruit juice necessarily. Not a big fan of drinking fruit juice, but, you know, eating berries and eating cattle open, eating oranges and eating apples.

There's so rich in all the plant based, nutrients we call, phytonutrients. That's the scientific data that's there. I'm sure that green leaves, you know, green leaves and beets help you make more nitric oxide through a dietary pathway that's well known.

There is an interesting, since we're, you know, it's always fun to throw out oddities. There's two ways we make this miracle molecule nitric oxide, which if you want a good, healthy sexual response, you want a lot of nitric oxide, even though you can't directly measure it.

So, if you avoid smoking, if you have some gym time, if you keep your weight down, check your blood pressure, your arteries are probably going to make more nitric oxide.

But if you like fried chicken and, you know, marbles, you're probably in trouble. The arteries can make nitric oxide, but we learned about ten years ago that there's a second way that as you chew food, you may make nitric oxide through a saliva mechanism and get a second boost.

And that's particularly chewing green. Leafy is like a nice arugula salad. Chewing beets, maybe slowly drinking beet juice. That's why there's all those beetroot supplements for athletes and beet lozenges.

You know, the marketing industry has picked up on this. You could just eat beets or green leafy, but if you use a antibiotic mouthwash, like, I'll just shout out a Listerine or a scope.

Studies have shown you lose the benefit. You still get the fiber, you still get the vitamin C, you still get, you know, some of the other wonderful things that come out of the produce department.

But you don't get the nitric oxide boost, so shift over, get to some non antibiotic unless you're working with a periodontist and you really have no choice for gum health.

There is a connection between periodontal disease and sexual dysfunction. And it could be a source of inflammation through the body. Could be a source of some bacteria entering and causing what's got endotoxin.

Diet, Nitric Oxide, and Supplement Support

Yeah. And and inflammation. So get your gums checked, but also get away from those antibiotic mouthwashes so you can enjoy that nature's bounty, you know, and I choose to eat in all plant diet.

And I've done that for decades. But at least get a giant salad a day, heat an apple a day, have fruit, and you know you're doing yourself a big sexual boost.

Beets and greens. It's super helpful. And I'm really glad you brought up the microbiome is I feel like that's one of the most talked about things right now in the holistic health space is like the large degree that what's happening orally is impacting so many different things.

So we are getting started to get a little low on time here. Do you are there any other treatments though that you want to make sure we cover today to help people in this regard?

Well, there are you know, I'm a supplement trained doc and you know, after exercise, after sleep, after eating, after weight and all the rest. I mean, we can support nitric oxide.

There are supplements for men and women that have citrulline in them. Citrulline is a chemical that helps the body make more nitric oxide. It's also in watermelon rind.

So it's summertime or fall and there's watermelon around. Scoop some of the white part two. It's rich in citrulline, but there are vitamins that have that.

Many people have heard of L-arginine. It's another amino acid that supports nitric oxide, better blood flow, better arteries, more robust sexual health.

There are some of the special, maca, maca root. A lot of people maca a Peruvian root vegetable that can be designed to boost, actually stabilize female hormones and improve sexual response.

There's a version for men. And so we use a fair amount of maca root, capsules in my office. I have a kind of one brands for men and one brand for women.

Before menopause. After menopause. Kind of a neat little scientific approach, backed by some published data. That's a good one. I think that's really the key ones, actually.

Okay, beautiful. And just so everybody knows to the nitric oxide that doctor cons talking about here, one of the things it's doing is it's it's a vasodilator.

So just want to make sure everybody understands what's happening, that it's dilating the blood vessels. And it's really helping with circulation through that mechanism.

Right. Is there anything else that you feel like we did not cover today? Right. You're like, this is just an important thing to make sure people hear in our conversation.

I think you've asked great questions, and I know it's a lot for people to jot down, but, it's really important. You know, I go by a hashtag on social media test, not guess.

Don't assume you're healthy. Heart disease is too prevalent. There's too many examples. There's people dropping. There's athletes dropping dead, you know, get the basics extra blood work, the extra imaging of either your carotid, your heart or both that we talked about, you know, feed your body premium foods and, you know, I don't know that there's only one diet for mankind, but there's every diet should have a lot of salads and vegetables and fruits.

Yeah. Thank you. And I want to make sure to remind everybody that Doctor Kahn has his reversing heart disease summit coming out, relaunching again soon.

So look for that and look for the information and a speaker bio. As far as learning more about his work. And it's drjoelkahn.com is your website, is that right?

Got it. Thank you. Yeah. So that'll be in his speaker bio if you just need reference on how it's spelt and all of those sorts of things. And thank you again.

This has been so insightful and so useful and so actionable for everybody. So really appreciate you taking the time to come and talk to me today. A total pleasure.

Thank Thank you for tuning in to 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 but empower your wellbeing.

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