Plant-Based Diet For Weight Loss Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to Dr. Joel Kahn and the episode topic

In this, episode, in this module of Doctor Talks, we have a fantastic guest. I have Doctor Joel Kahn today, and he is a cardiologist and a clinical professor of medicine at Wayne State University School of Medicine, and he is the founder of the Khan Center for Cardiac Longevity in Michigan.

And I am so excited to have you talk today about the relationship between weight, heart health and some of the strategies of what we can do to improve heart health through diet, nutrition, exercise and weight.

So thank you for joining me today. Thank you so much. Great pleasure. Well, let's start a little bit talking about, just the relationship, if we can, between weight and heart health.

Can you talk a little bit about what that relationship is? Yeah. It's really quite profound and extensive and I'll try and be, you know, efficient and succinct and people can go learn more.

But, you know, it is not, as I'm sure you do in your practice in Colorado. It's not fat shaming, it's science.

How weight affects heart health

But in many people, not every person, as body weight gets into the overweight and certainly the obese and the markedly obese ranges, which is just so common all throughout the Western world, there's a lot of things that go with that.

And, there's inflammation, for example, particularly if there's a waistline that's, extended and excessive visceral fat around the internal organs and, you know, detectable by just measuring a waist, hip ratio.

But we know that there are many, many, many factors that are manufactured in that visceral fat. And we can measure some of them, but we can always measure the simple inflammation markers, high sensitivity C-reactive protein.

And in my clinic I do 2 or 3 more. There's one. These are widely available miles old peroxidase that was patented at the Cleveland Clinic. And another one called LP plate two.

And there's literally 150 years plus of data that increased inflammation detected on these simple blood tests raises your risk for atherosclerosis and other forms of heart disease and atherosclerosis.

This leads to heart attack, strokes, loss of legs, loss of kidney function. So whoa. There's a whole lot to unpack just by bringing up inflammation. Certainly obesity raises the risk of perturb glucose metabolism.

And if you become pre-diabetic, insulin resistant, and are second, type two diabetes, you know, that is at least doubling your risk of atherosclerosis.

And there's special risk if you're obese and diabetic. There's a special risk to something called congestive heart failure and cardiomyopathy, a weakness and enlargement of the heart, a very serious condition, a life shortening condition that all of these that I mentioned can be life shortening condition.

And they're all related to weight increase. As our weight goes up, as you well know, the risk of sleep pathology, particularly obstructive sleep apnea, goes up.

People may snore and gasp and stop breathing. In my clinic, we are very aggressive about doing home sleep. Studies are very inexpensive and safe and accurate.

And we diagnose, you know, so many cases of unknown, obstructive sleep apnea. And we encourage people to lose weight. We refer to special then as we refer to sleep, you know, board certified specialists, that come from pulmonary and neurology and other disciplines.

And, you know, weight loss can be tremendous in, reversing, sleep apnea. And with increased weight with sleep apnea comes a terrible problem called atrial fibrillation.

There just was a study just published that your lifelong risk of nation and estimate in a country in Europe was 22% risk during your whole life, but that's increased now.

That's the point I want to make. It's now 31%. And when they looked at factors and why has it really gone up 50%? It's largely wait, wait, wait. There's more obese people.

There's more people developing atrial fibrillation in atrial fibrillation. And irregular heartbeat is a direct path to strokes. And it's a direct path to congestive heart failure.

So we're getting there again. Obesity and high blood pressure, no doubt. Related obesity and cholesterol, lipid disturbances. That again put you at risk for at risk process.

So, there's nothing joyful about this whole cascade that literally affects head to toe from all the perturbations that can go along. Now, there are healthy, overweight people and they can be tested and distinguished.

They don't have sleep apnea. They don't have insulin resistance. They don't have inflammation. You know, certainly if they're exercising, it may help.

But, you know, this kind of propagation that it's cool to be obese. And, you know, you can think of some Instagram and Twitter and pop stars that have sort of promulgated that it's just not medically correct.

And. Yeah, and I think, you know, one thing I try to emphasize with, with my patients and with the education I do is we have to look at the individual.

Right? Because there are some people and I'm absolutely sure you see this for cardiovascular disease, who a small amount of weight gain has a really big impact on, on their health.

And then there are people who, you know, based on their BMI, have overweight or obesity.

Individual risk, belly fat, and fatty liver disease

But when we look at their blood work, and we look at their exercise tolerance and we look at other markers of health, they are healthy at that weight.

And so the weight that's too much for any one of us can vary from person to person. Cardiovascular disease is really personal to me. My grandfather died of a heart attack and he definitely had metabolic disease.

His weight wasn't really that high, but he had that extra weight around the belly. He had diabetes. He had all those things. And so I do think it's really important that, you know, someone see their their own doctor and figure out what, how much of an issue their weight is. Right?

Because again, it doesn't always have to be these really high weights before weight is becoming an issue for someone. Now, I agree, you know, even just being in the, you know, it's it's common to be in that overweight group.

If you believe BMI has any value. And even at that level, there may be some insulin resistance. And I left one off the list. I'm sure others will speak about it, but obesity and what you know, some people term, epidemic of fatty liver disease or nonalcoholic fatty liver disease, there's about five different terms, or the same condition.

And, you know, I get a lot of heart CT scans now. I mean, a lot of them ten, 20 a week and patients for their calcium score, their CT angiogram. And you very often see about half of the liver on a heart CT scan.

So the report commonly mentions mild moderate advanced fatty liver disease. Or people may be getting a CT or an ultrasound for other reasons. And you know, it is not the number one cause of progressive liver damage and can lead to cirrhosis and shorten lifespan.

So that's all tied in with cardiovascular disease too. Fatty liver disease is is a risk for early heart events. So. Right. Right. Yes. You know, I was recently at a presentation about fatty liver disease by a gastroenterologist, and he kind of quizzed the audience and he said, what's the number one thing that kills people with fatty liver disease?

And I was like, heart attacks, right? And he was like, yeah, absolutely. So all of these medical conditions kind of go together and the good news is that they can all be sort of reversed or improved together through the same strategies.

Right? So even though it can feel like doom and gloom when someone is struggling with their weight, when we make even small improvements in weight and metabolic health, we often see really big rewards.

And it improves all of those things with with sort of one fell swoop. So let's talk about what people can do if they are struggling with overweight, obesity, or at risk or even have cardiovascular disease.

And I know one of the things that, you're sort of known for is talking about plant based diets. So can you tell us about the role of plant based diets for weight and metabolic health?

Sure. And, yeah. You know, number one is discussing it with a patient and charting it in the chart. I'm always surprised that I do a lot of second, opinion consultations.

And I look at my colleagues notes and they're all good cardiologists and internist, but very often, you know, internists, more likely cardiologists are very, too generous and overlooking in that charting that obesity is one of the medical problems.

And, you know, there are billing codes for it, you know, ICD ten code.

Plant-based diets for weight and metabolic health

So it's easy to add it to the chart. So that's step one is recognition. It's a problem. And discussion with the patient. It's a problem. I mean they're usually aware but having a frame talk is important.

Number two you know it shows that there are there's multiple reasons. And you're more schooled than me on obesity as being an obesity specialist. But nonetheless, you know, I am good friends and follow closely doctor Joel Furman, a multiple New York Times bestselling author and PBS specialist.

Who has an equation health equals nutrition over calories. And if you can get lots of nutrients, that's atop the equation of a relatively small amount of calories.

You'll feed yourselves, you know, the, the, cellular nutrition they need, but you won't necessarily give them an excessive amount of calories to get there.

And nothing does that better than plants. Plants are packed with fiber, they're packed with vitamins, and they're packed with, of course, the special nutrients you find only implants like phytonutrients, some of the antioxidants and all. And, vitamin C, of course, and on and on.

And, you know, you don't have to eat that many calories to get a lot of the nutrients you need to fuel your body. And you can be a weightlifter and you could be a runner and you could be a, athlete on plants, but you can do it with that equation.

Health equals nutrients over calories and really pack in the nutrients, without jacking up the denominator in that equation. So we encourage people I'm very low key about it.

I give them a list of 4 or 5 documentaries to watch at home with their spouse or significant other, or over overnights. What the hell Game changers will be?

There's a new documentary that a lot of people heard about in 2024 on Netflix, called You Are What You Eat. And encourage them to read a book, watch a couple other, you know, free resources.

It's amazing how many people get it. They they just get that they've been eating wrong. And for a long time they visited doctors that haven't brought up nutrition.

And of course, you know, with one change, you know, moving from, you know, and I'm not a big fan of intermittent fasting as people call it. I would call it more time restricted eating, skipping breakfast.

One that is a proponent of usually eating breakfast for my patients and myself. We can agree I'm a I'm team breakfast. I always say. Yeah. Yep. And you know, if you're going to skip a meal, you know, eat your dinner early and get get your meal and your days and your calories done by 5 or 6, or even earlier, kind of the upside down pyramid from what most people are doing.

But I do encourage them to, you know, start somewhere a giant green smoothie in the morning with flaxseed or hemp parts or seeds. Maybe that's not their thing, and maybe they'll willing and have access to a big salad bar and have one very large salad.

But we're going to watch and maybe do it without what everybody calls protein. There's plenty of protein anatomy and kidney and beans and, chickpeas. You get plenty of protein.

So get them away from animal foods. And, certainly get them away from processed foods. So maybe it's one big salad a day to get started. Maybe it's like that mentality, right?

Like you don't have to do everything all at once. Can you change your breakfast? Can you change your lunch? Like, you know, sometimes some people are all or nothing.

They like to dive all in, but sometimes just changing one of your three meals a day is going to make an impact on your health. Yeah. And we know that, you know, you're eating processed foods.

You're getting way too much salt. You're getting way too much sugar, you're getting very little fiber and a lot of other environmental junk that comes with it that are obesity, genic and, endocrine disruptors.

So they all go together. You know, we got two simple habits of cooking your own meal and meal prepping on weekends. And, you know, saving some dollars at restaurants and carry outs and learning at home.

So we try and teach all of that in a very simple way. You know, this has been studied. There's, organizational wash. And you see the Physicians Committee for Responsible Medicine and Doctor Neil Barnard, MD, heads it up for many decades.

And they actually do randomized studies on standard diets and whole food, plant based, simple, inexpensive. You don't have to be a cordon blue chef kind of diets.

And consistently sustained weight loss is superior with a whole food plant based diet. That's generally naturally low in fat. They're not, they're lenient about, you know, you do want to watch nuts, seeds, avocados and oils to some extent just because the calorie density is so high in those foods.

But there's a good number of published, science to support, that eating plant based can help is sustained. You know, it's, you know, you might do it for a week or two, but we're talking as a sustain better.

And it's also. The point you made about it. Being Whole Foods is probably very important as well. Right. Because someone could eat a very processed and plant based diet.

Right? They could eat vegan mac and cheese from the box and you know, crackers and cookies and chips and things that are plant based but are not whole foods are not vegetables and beans and fruits and things like that.

And they may not get all of the same benefits, particularly with weight loss, if they're eating those ultra processed foods that just happened to be vegan.

Yeah, some, you know, some people are challenged. People have gone so far away from, you know, cooking at home. I mean, so many of my patients, I talk to them about, you know, where's the meal from?

Exercise, sleep apnea, and GLP-1 medications

Who cooks us in that? You know, 70, 80% of their food comes from a restaurant, so it's obviously a problem. You know, always going to be talking fitness as an adjunct.

I don't know that you're going to have sustained weight loss. You're going to have to work out 90 minutes a day or something to really get major sustained weight loss.

But the combination of moving towards a whole food, plant based diet and exercise is obviously a powerful one. Get a home sleep, study. If you got sleep apnea, find treatment that may help you lose your weight.

Of course, simple things like thyroid studies and liver studies. You know, in a cardiology clinic more and more, and I know you'll be talking about this with other, experts, but we're bringing up the topic of, GLP one agonists and the rest because we've got data now, you know, all funded by Novo Nordisk and always a little bit worried about, you know, conflicts and all, but that, you know, in people without diabetes that are obese, that start to lose weight with these injectable drugs like Wego V and Zap pound and the rest, that there are cardiovascular benefits, there are fewer cardiac, events that occur like heart attacks and admissions.

And if somebody just can't, you know, bridge the gap with exercise and diet and sleep apnea therapy, and the rest and, you know, I relatively consider my use of these drugs.

But since the select trial came out at the end of 2023, and now that there is an FDA approved indication to using these drugs, for cardiovascular risk reduction, I think we're going to see a big uptake if people can get an insurance approval and if there's a supply, I'm not sure it's a great long term answer because of the enormous Yo-Yo effect when people go off of this. But, you know, for some that have just struggled and have cardiovascular disease and have congestive heart failure and have a triple fibrillation and, they have atherosclerosis, it may be urgent to get effectively some weight off and get them feeling better.

And then maybe we can teach them all the lifestyle habits too. I will say I was pretty, prevalently for my patients. And what it often does is it lets them stick to the plan.

So there may be someone who has been intentional. They would like to go plant based, they would like to eat more salads, but they struggle for reasons they sometimes can't articulate.

And then for many people, once they're on the medication, they just are able to do it all the sudden. And so it all kind of comes together and then they've lost some weight and they feel better.

And now all of a sudden they're they're walking every day. Some of them have even started running at like 50 years old, which I think is pretty cool. So sometimes it does let it all come together.

And then like you said, the data for cardiovascular disease prevention, that came out in, in the end of 2023 was a 20% risk reduction for people at risk, which is is pretty good.

I agree, it's, important data. And then and I know you're going to be having conversations again with other experts, but in my clinic where we take a food first preventive approach, you know, try and minimize prescriptions when possible, but that's not always possible.

We have used a lot of the five day fasting mimicking diet. I came across it in early 2017, just about when it was launched. Did it myself, found it to be a wonderful program.

I'll make it admission. I was a chubby kid. I wore a husky bar mitzvah suit. I'm not a naturally, you know, BMI 21 kind of guy. Even though I've been plant based for decades and decades and healthy whole food plant based, almost all home cooked meals.

That, ever happened to be married to a very good cook. And she's very healthy. Cook, for years and years. It's still a challenge. And I found that, you know, 3 or 4 times a year, taking five days and hunkering down and doing the prolonged fasting, mimicking diets, was a great assistance.

I started sharing it with patients. And, I have some just wonderful success stories of people maybe doing the five day fasting like three months in a row, and then backing off to maybe 3 or 4 times a year.

And, it's just a lot about portion size. I think they really, you know, learn about their previous food addictions and their Clean the Plate club. And here's the first time that, you know, they're getting through almost a week at, you know, 800 calories a day, and they didn't drop dead and.

Yeah, right. Right. Right, right on that. And, you know, there's lots of really cool things about parallel on the data, I think is, is really compelling.

The fact that it's five days and then you can sort of go back to eating a generally healthy diet the rest of the month is really doable for a lot of people. I feel like, great, five days I can do.

So I've played around with it myself, and I've used it for patients and I think it's really unique and evidence based solution that that, definitely can work for a lot of people.

Yeah. I agree, I agree the last little thing, and I don't know if anybody else is going to bring this up. We've been using in my clinic.

Fasting mimicking diets and appetite control

There's an interesting research program in New Zealand funded by the government, but big funding like 15, $20 million trying to identify natural substances to curb appetite.

And it turns out after 800 substances, bitter hops, activates a receptor in the small intestine and their receptors actually leads to the release of GLP one CC.

Okay. And I think the third one is p y. You know, I got the hormone world expert, and there is now human data. They're taking a little capsule, bitter hops.

It's a commercially available vitamin. It's not a prescription drug. Can suppress appetite and cravings during fasting and during, just long term use.

There's an ongoing weight trial right now, so it's a little premature to claim, that we know for sure you can lose weight with this stuff. But when I have combined, the five day fasting mimicking diet, which I do pretty well, but, you know, you get hungry, and combine it with this little, naturally available supplement.

It's been magic. Because just don't seem hungry at all. Yeah. And, you know, the fact that it's bitter hops pretty low risk, right? Like, you know, it's, a low risk, supplement for someone to try if it helps them.

Yeah, it is, and I've read that the pharmaceutical industry is aware of this, well-documented now pathway of, a bitter taste receptor in the small intestines.

And they are, hot on the, you know, search for pharmacologic agents. But the natural supplement is actually quite inexpensive. Wonderful. Well, any final thoughts about this connection between heart health, weight, weight loss, plant based diets?

Yeah. I just, you know, never stop, never stop. Keep trying something new. It's important. You know, it all starts with the proper mindset, conviction, maybe frustration.

You know, small little baby steps are great. You know? That's fine. Doesn't have to be rapid. I do share with people a couple of books. I love the book by the comedian.

The book is called Presto, and he's a tall comedian in Vegas that's done comedy for 40 years. Penn and Teller. Answer. Penn and the he lost over 100 pounds almost a decade ago.

And a great book about very funny book about the mindset to lose weight.

Mindset, resources, and how to connect

And he did it through, a rather bizarre but whole food plant based approach continuously that way. There's a new book out called escape. Which is about, you know, food and alcohol and drug addiction and overcoming it to become sort of a pretty famous athlete.

And that just was published and, you know, these are interesting. There's people out there struggling and probably thinking, I'm the only one out here with this mindset or this difficulty or this addiction.

And reading books like that and realizing that, there's a lot of people out there just like you. If someone wants to connect with you further or learn more about what you do, how can someone connect with you?

Yeah. I, I realized, very busy cardiologists doing sort of integrative natural cardiology in Detroit, but I'm licensed all over, so I do a lot of telemedicine, license in Colorado.

And I have a central website, drjoelkahn.com, Drjoelkahn.com and, love seeing new people even though we're very busy small little boutique clinic. We take very good care and a lot of pride and good accessibility and quick response to patients.

But we hope and, you know, weight has to be one of our, you know, targets because of all these connections we talked about. So it's a very important summit.

You're doing. Well. Thank you. And I really appreciate you being a part of it. Thank you.