Introduction and Heart-Brain Connection

Welcome back to this episode of the Reverse Alzheimer's Summit. I'm your host, Dr. Heather Sandison. And tonight I'm introducing you to Dr. Joel Kahn.

He's at Detroit, Michigan, where he's a practicing cardiologist and a clinical professor of medicine at Wayne State University School of Medicine. He's also known as America's Healthy Heart Doc.

Dr. Kahn is Triple Board Certified in internal medicine cardiovascular medicine and interventional cardiology. He has authored scores of publications in his field, including articles, book chapters and monographs.

He writes health articles and has six books and publication. He's also been the summit host on You'll Have to Remind Me the name of your summit. Reversing heart disease naturally 2.0.

Amazing. So you are a pro at this. And I have to tell you that I'm actually personally and selfishly really, really excited about this conversation because I don't see a whole lot of cardio metabolic health in my practice.

Typically, by the time someone comes to a naturopath, they really taking care of the diet and the exercise pieces, and they're struggling with memory loss.

But this week I am working on a presentation for colleagues of mine about where brain health meets heart health. And I've learned so much, so I'm really excited to dig in and pick your brain about some things, and I know that I am going to learn a ton and our listeners are too.

So let's jump in to the risk factors that are shared between brain diseases and heart disease. Well, basically everything, because 20% of the blood flow to the body goes to the brain is organ that doesn't occupy 20% of the weight of the body.

We all know that amazing statistic. If you study a little biology and you know it takes healthy blood vessels, it's not just blood vessels, but it definitely takes healthy blood vessels to support a healthy brain through all stages of life.

And we have you know, we're always evolving. We're learning more all the time. But we got a pretty good idea what promotes healthy blood vessels and what destroys healthy blood vessels.

And that's important because one of the biggest causes of dementia maybe we don't call it Alzheimer's dementia, but when the biggest cause dementia is vascular dementia.

And of course, for people that aren't medically sophisticated, vasculature means blood vessels. So blood vessel, dementia is a major portion of all people that suffer this horrible disease that robbed me of my wonderful grandfather, Jacob Kahn, long ago.

But I watched him go from a dynamic businessman to a shriveled older man in a nursing home in a wheelchair. It was horrible. I was a young person and I remember it so vividly after years of a very close relationship, so vascular dementia.

So, you know, we should have multiple tattoos on our body. One of the tattoos should be love our blood vessels. So I mean, the basic five, if you go to a standard cardiologist and they're good people and you should love your standard cardiologist, they're going to say the big five are great blood vessels are do you smoke or not?

Do you have high blood pressure or not? And you need a home blood pressure cuff. If you don't have a home blood pressure cuff, you're not serious about dementia because you really want to know.

And, you know, daytime, nighttime, weekend, weekdays. I feel dizzy. I feel short of breath. You need a home. Blood pressure cuff on your upper arm. Check your blood pressure three times in a row a minute apart.

It's 140 over 80, goes down to 130 over 70 minutes later drops 120 over 72. You're probably pretty good. You're just a little reactive, like white coat hypertension at home.

Okay, so you want to know your blood cholesterol, you want to know your blood pressure. or know your blood sugar. Maybe you want to know your insulin.

Maybe you want to know your hemoglobin a1C Obviously you need a smoking history. And finally, mom, dad, brother, sister, maybe grandparents who had the early heart attack, the early stent, the early bypass, the early stroke, the early, you know, pacemaker.

You want to find out about those factors. But that formula is lacking a lot. It's better than not asking about the big five, but it's not enough. And again, get a home blood pressure cuff.

So nowadays, whether your are functional integrative cardiologists like I practice or even if you're just in a good clinic, you want to know your inflammation.

Shared Vascular Risk Factors and Blood Testing

And inflammation is at least high sensitivity C-reactive protein Hs-Crp are your blood vessels to your brain and your heart and fire inflammation in the middle where it is flame.

Such a simple blood test, but there's about four other inflammation blood work if you can get them. myeloperoxidase MPO LP PLA2 tough name but LP PLA2 these are actually available at Quest LabCorp you can get these are not exotic you don't need to do a advanced genetic panel you have to know.

I'm just going to show real quick because it's such a bad word. Oh, there you go. lipoprotein a L I P O PROTEIN a it's a genetic cholesterol that affects about 25% of the population you're inherited from mom or dad or both.

And if you're elevated and you can measure it two different ways, which is a problem, it can cause vascular damage. And if you have vascular damage, you could develop vascular dementia.

And if you have this problem, it's difficult to bring down this is a book I wrote, but there's many good references all over the Web and things like Lipitor and Crestor don't help this.

Things like Lipitor and Christopher might lower your regular cholesterol, but not this very common second cholesterol that everybody should know. And if you're out there listening and you don't have a home blood pressure, if you don't know your HSCRP or you don't know your lipoprotein a you need to step up from amateur to professional, heart expert and dementia prevention expert goes.

You know, Ben Franklin was right. An ounce of prevention is worth a pound of cure. You should know your homocysteine level homocysteine, simple blood test.

Genetically driven nutrition driven. And make sure it's not elevated because if it's elevated, it can impact your blood vessels and that can lead to an intervention.

How's your omega d I excuse me, omega 3 level and your vitamin D level for omega 3, particularly. You know, I in my clinic, which is in Detroit, Michigan, the number one abnormal lab is low omega three in the blood.

Simple blood test. Many labs provide it. But if you're not eating flaxseed chia seeds, hemp hearts, walnuts, leafy greens, salmon, sardines, mackerel, anchovy and herring the smash fish, you're probably low in omega three and your brain is going to suffer.

So you want to amp that up? I amp flaxseed up because I'm plant based and some algae based omega 3. But you can do it anywhere you want. So let's just some basics and I'll say one last thing.

We check. We screened for breast cancer with the mammogram. We screen for colon cancer with the call and ask me. We screen for prostate cancer with a rectal examine, a PSA, and we screened for cervical cancer.

Nobody's screens. How are my blood vessels doing? And no, it's there's a statistic out there that the number one cause of death is blood vessel disease.

So there are carotid ultrasounds you can get at church fairs and hospitals and better clinics. And you can also get this CT scan of the heart called the heart calcium CT scan for about 100 bucks.

Got to go talk to your primary care providers. I want a heart calcium CT scan. If your arteries are harder aging, I'd be really worried about vascular dementia.

If your heart arteries come out zero calcium, you're probably doing pretty good. It depends on your age and your probably lower risk. And there are scientific studies as the heart arteries age, so do the brain arteries age and the future risk of dementia.

So those are a few little tidbits. I just occupied five or 6 minutes with. But that simple process of better blood work than average, better lifestyle than average, and a little better cardiovascular testing would transform health care.

But nobody wants to do it. It's so frustrating and yet so tangible. Thank you. That was really helpful. There's a couple other common risk factors that I came across as I was kind of digging into that and this and I want to dove into them.

So obstructive sleep apnea is another one where there's a lot of risk for it. And again, it's kind of a plumbing problem, right. What you were talking about is a plumbing problem is that the arteries being clogged and not getting enough blood flow to the brain, enough blood flow to the heart if it's heart disease.

Now, when we talk about oxygen, obstructive sleep apnea becomes a plumbing problem in the airway. So can you talk about how that relates to both cardiovascular disease and brain disease?

And thank you for bringing that up as a brilliant thing to bring up. And, you know, I can remember I'm just a couple of years older than you probably old enough to be your father.

But when I was in medical school in Ann Arbor, University of Michigan, we probably had 5 minutes on sleep apnea. And I can remember it because it was called the Pickwickian Syndrome after the Pickwickian papers that Charles Dickens wrote.

And there was one character in there that was so overweight that he suffocated himself every night and it had a bad outcome. Nowadays, you know, there's actually a study that if you just take a cross-section of Americans and across section of Americans are overweight and obese, you'll find about 50% of adults, if tested, have obstructive sleep apnea.

So this is really I mean, you know, we don't want to call the sky is falling on every single topic in the world, but obstructive sleep apnea is a huge medical problem.

And the clues obviously might be disrupted. Sleep, snoring, dry mouth, a partner that has to sleep. I mean, I have so many patients have had the sleep, divorce when sleeping down the hall once we've been in the regular bedroom for a variety of reasons.

But snoring and disruptive signals one or so the if you have moderate or severe obstructive sleep apnea and episodes at night where your oxygen saturation is dropping and your heart rate may be accelerating and you're sympathetic, nervous system is going cuckoo and your cortisol is being released because your body is under

stress.

You may age your brain and your cardiovascular system faster and you may have a shorter lifespan. There's no doubt the good news is the old fashioned.

I have to go to the hospital, the office building and have wires in my head and spend $7,000 and have a sleep study that I'm never going to sleep at because I don't sleep in uncomfortable situations.

You do a home sleep study and some of the devices are just a simple little watch based apparatus on your arm. They're very accurate. They're very inexpensive.

We do, you know, dozen of home sleep studies a month and we pick up it, make like so much unknown sleep apnea. And then I will refer it out to a good sleep doctor, a good sleep dentist, maybe a good sleep air, nose and throat specialist.

Occasionally there's people in town. They do laser therapies. People can lose weight and resolve their sleep apnea. That's kind of the natural route. But you do not want to ignore that because your brain will just shrink and it will promote, you know, future dementia.

Such a good preventive step. And it's so simple. Find somebody in your community that does a home sleep study that you can just pay a few hundred bucks for and get it done.

Don't wait. You can get it done tomorrow if you find the right practitioner might be a dentist. That's the interesting thing. Many dentists are competent and well trained and able to help you with potential obstructive sleep apnea.

I even read that some mouse tape. So taping your mouth shut at night can help with mild sleep apnea. So if you're waiting on a sleep test, a sleep study, that might be something worth trying. Right?

I am a mouth taper in the year 2028, during the peak of COVID, a book came out called Breath by James Nestor. A lot of people read it and that was fascinating.

I actually got quoted in the book, I don't even know why. I've never met Jane Nestor, but if you read it carefully, you'll see my name is there.

Sleep Apnea, Mouth Breathing, and Nitric Oxide

It's just a little bit of self-promotion. I apologize for that. But the mouth taping thing really became hot. And I'm a big fan. I if your dry mouth sleeping with your mouth open, if you know, like bugs and dust and bats fly in your mouth, you might think about taping your mouth.

And the interesting thing, I'm a kid that grew up with, you know, stuffy nose and allergies. When I taped my mouth, my nose suddenly is clear as day. But from a cardiovascular standpoint, if you're breathing through your nose, you have a system that makes nitric oxide.

And, oh, the Nobel Prize winning molecule of 1989, I think got that right. I hope I did. It might be 1998. It might have inverted them. I think it's 1998.

But you actually make nitric oxide, which lowers your blood pressure, improves blood flow throughout the body. If you breathe through your nose, if you're lying in bed with your mouth open, waiting for a 747 jet to land in there, you may not make nitric oxide because there is no nitric oxide system.

So you literally either go on your online store and buy a little bit of special tape or you get a little bit of soft surgical tape, which could be gabby little careful.

It can be a little tough getting it off, but and some people literally tape their mouth. There's a tape out there I don't

know any connection with called the hostage tape.

I hate that name, but it's literally just like duct tape over your mouth and some people will sleep great. But it's not a therapy for moderate or severe sleep apnea.

So get your test and don't rely on that. But for the rest of us, my sleep is enhanced with mouth taping a little crazy habit. My wife loves it because you can talk to her all night.

So you also mentioned El-P play two and I want to talk about Ginger Vitus and the infections that can increase both brain health risk and heart health risk.

Yeah, absolutely. And you know, you could throw in the hs-crp high program out of approximates but you know at the mouth we all know that the mouth is very vascular.

You know, you go to the dentist and there's blood while they're working. It's very, you know, well supplied. And that's a good and a bad thing because it heals quickly just good circulation.

But if you should have a root canal that has a little infection under it or a cracked tooth as well, infection or gum disease, gingivitis, periodontal disease.

And you go to the dentist if you ever had that exam. And if they're calling out to millimeter, three millimeter, you're happy they're calling out like I get six millimeter, five millimeter and I'm crying.

You know, you're a little concerned why I got those deep pockets. I can breed certain types of bacteria like our own as a another. So you do want to get right.

I think the pandemic did a lot of disruption to people's dental care. You know, they stopped going every six months and they never got back on track. So that's a standard question that I ask people.

But you really do want to do your brushing and do your water picking and do your flossing and eat healthy food that is all sugar crazy and don't walk around all day with blood in your mouth.

You know, I like xylitol mace gum. The dentists tell me that's an okay thing when I can't quickly get a toothbrush, but get those examinations. If you want to go beyond that, you can actually measure what kind of bacteria you have in your mouth.

There's a company called Oral DNA, and there's another one called Direct Diagnostics. Pretty inexpensively you can get a report that says warning, warning, because those bacteria, the point of the vascular by mouth, they can get in the bloodstream and they can circulate.

They can cause a wave of inflammation and a high inflammation state like the help lead to inflammation test promotes cardiovascular disease, promote cerebrovascular disease and dementia.

And that's a warning warning. Another one we haven't talked about and you probably because you're asking great questions, you have to mention atrial fibrillation.

And again, atrial fibrillation is the transition from a regular normal heart rate that cardiologists call normal sinus rhythm to a usually a chaotic, irregular heartbeat bubble all over.

You might feel it. You might not feel it. There are many people that have asymptomatic, atrial fibrillation. The problem with age of fibrillation and there's usually some underlying heart pathology could be simply high blood pressure could be an enlarged heart, could be a leaky heart valve, could be thyroid disease, could be alcohol abuse.

These are common causes is that blood clots may form inside the heart. If you have repetitive and prolonged atrial

fibrillation could be symptomatic and you're getting medical attention could be I now those little blood clots are like little Jell-O pieces and they like because the heart's always moving, the heart sides moving.

They can break loose and fly up to the brain. And there's a very strong connection between atrial fibrillation and stroke on the one hand, but there's a strong connection between dementia.

And it's probably little tiny showers of micro clots that are going at times up the blood stream to the brain and causing little micro infarcts, micro strokes, micro white matter destruction.

And there's many studies that have said in a population of people with atrial fibrillation, in a puppy population, maybe without it you'll find dementia at a higher risk.

And if I may say something that's a little controversial, we have a president of the United States who was diagnosed 20 years ago with atrial fibrillation, and he's on a blood thinner, according to his medical records.

And some of us are a little concerned that the president, United States, has suffered a little bit of cognitive decline. I'm not saying anything and one political party or another, but there is no written record of that disease and that observation that we have.

And it's one of the reasons if you have atrial fibrillation, you do want to work closely with a specialist called an electrophysiologist and maybe try and do your best to get rid of atrial fibrillation and, you know, drop the weight, treat the sleep apnea, watch the blood pressure and correct it and correct your thyroid disorder.

Oral Health and Atrial Fibrillation

Cut back or eliminate your alcohol intake and do everything you can to end up with continual episodes of persistent atrial fibrillation. That's a big one.

That makes a lot of sense. So I've had an outsize number of patients with both dementia and AFib now, and the corner they get backed into is usually by the again.

By the time they're in my office, they're doing everything right. They're at a good weight. They're trying to exercise, but exercise can sometimes trigger their afib and they're on the medications and they're worried about doing an ablation, which is one of the potential treatments for AFib, because a procedure like that has a risk associated with it.

Of course, doing anesthesia is toxic in heart of the brain. Many people will have a procedure like that and feel like their cognition never returns to baseline.

And so I'm curious if you have other alternative treatments or ways to navigate those tough decisions. That people with age of ablation do need to work closely with?

A really well trained specialist in cardiology and that's called an electrophysiologist. And ablation is getting better and better and safer and safer just in 2020 for a type of ablation called pulsed.

Ablation has just been FDA approved. And we're hopeful that it was approved because it looks like it's safer and effective to eliminate. One would hope if you've been having episodes of age fibrillation and you get an ablation, that your risk of dementia will go down.

There are suggestive studies or not definitive, but alternative approaches, information. You mentioned weight loss. We talked about alcohol reduction.

We talk about blood pressure control. We talk about thyroid regulation. Yoga has been studied in randomized studies and can reduce episodes of atrial ablation.

Acupuncture has been studied in certain observational studies, can reduce the risk of episodes, reach for ablation. It may not be enough, but it's certainly worth pursuing.

Actually pulsed electromagnetic field therapy, EMF therapy, particularly there are you know people think of big pads that you lie in their are little pocket devices P EMF pocket devices you can put right there.

You don't want to put your cell phone right there. Those are EMF devices. But pulsed electromagnetic frequency devices have been fairly helpful in anecdotal case reports of dramatically reducing atrial fibrillation.

But you got to be sure you're checking, you know, your Apple Watch recording or some other measure, measure of really knowing if it works now called Q10 and Magnesium Meditation, what would help berberine berberine a supplement many of us use for blood sugar, cholesterol, GI Health?

There's actually some published data about Berberine having beneficial effects for a variety of heart rhythm, including atrial fibrillation. So these are all things we can pull out.

Some people have unusual going back to the mouth. Maybe they have a titanium post next to a gold filling next to an old silver filling. And there actually are currents that can be developed that seem to be able to trigger atrial fibrillation.

And they'll go work with a holistic cardiologist and make some modification of what's in there, all these different metals, and can see some improvement.

I think they're called galvanic currents. Yeah, it's been a little while since I read about that. Fascinating. So early identification of silent heart disease might be a clue for future memory issues.

Additionally, erectile dysfunction comes up and this as well as like some of these early things that are, you know, meaningful, of course, symptomatically, but they might even mean something more insidious isn't going right in the blood vessels in the vasculature.

Can you speak to that? Sure, absolutely. You know, the current medical model, as good as it is, is very deficient. And most people find out they have advanced heart disease when they start suffering angina, chest tightness or shortness of breath or they're actually having a heart attack.

And unfortunately, a substantial portion of people find out they have an advanced heart disease the day they drop dead suddenly with no warning. Horrible thing.

I guess it saves you from having dementia down the road, but it's a horrible ending to your life. And, you know, it's called sudden cardiac death. So there are I mean, I don't think these are adequate.

But if a man's having erectile dysfunction, they need a big time. And it's a big part of my practice. You know, they need bloodwork, they need a heart.

Calcium CT scan, another measures because poor blood flow to the pelvis may be poor blood flow to the heart. And we're worried about poor blood flow to the brain.

And that may come a few years down the road. So you never ignore that premature graying of the hair has been reported. Premature, balding and top of the head has been reported.

A very unusual finding, but very common called the earlobe crease. Your 46 year old man or woman and you look in the mirror and say, why do I have a deep groove in my ear?

It's usually both sides called the diagonal earlobe. Crease was reported 50 years ago to suggest the presence of silent heart disease. Multiple studies have confirmed it's pretty good.

It's about as good as a stress test for predicting you might have clogged arteries. Now there are people that have it and don't have heart disease, but people come to my office and say, Look at my ear lobes, I want to see you and get some of those heart tests and a substantial portion of heart disease diagonal earlobe crease.

Just put it in your browser and take a look at some pictures and take a look at your ears and don't freak out because it's not predetermined. Recently, just recently, men with benign prostate hypertrophy BPH they're up at night peeing and it's hard to be have been related to early heart disease but that's down the road the real upstream medicine is at age 4035.

Get those labs, get the inflammation labs, get the lipoprotein labs, get the blood sugar and the vitamin levels and maybe at age 40 and 45, get a carotid ultrasound, a heart, calcium CT scan.

There's a more advanced test called the heart CT angiogram. Know. Don't wait till you're 55 years old and you need a stent, you know, easily could have been found a decade before.

And when you introduced the exercise program, the nutrition program, the sleep program, the stress management program, the weight management program, that I and all the rest, you know, you'll protect your brain.

Secondarily, while you're protecting your heart, protecting your sexual health. I mean, it's one giant system that's in a related by this 50,000 miles of wonderful blood flow.

You mentioned the coronary calcium score a couple of times. If someone has an abnormal coronary calcium score, is there a way to reverse that? So good question.

And it's an evolving target, if you would ask me that question five years ago, I would have said you can't reduce the calcium score. It's pretty much the same answer, but we still can reverse heart disease to some degree.

And that's based on data from 1990 by the famous Dr. Dean Ornish, M. D., and others. Mr. Prediction, the Prediction Center. We have a technology now, and this is a little esoteric in terms of Alzheimer's risk, but nonetheless called coronary c.t angiogram.

Silent Heart Disease and Early Warning Signs

Read by artificial intelligence software. You come to my office and I get a calcium score back. I knew that it's quite abnormal and I say I'm concerned, but there's certain limitations to this.

$75 CT scan you have, you're a little classical. It doesn't tell me how clogged arteries are. It doesn't tell me what kind of plaque you have in your heart.

We're going to schedule you and you might have to pay out of pocket more than $75, quite a bit more, maybe 1000 or 1500 dollars. We're going to put a little iodine in your I. V.

and we're going to do a C. T. angiogram. It's a one minute test, simple test, but it's a little bit more expensive and it's a luxury item to choose to have one if your insurance doesn't pay.

And I'm going to be able to tell you exactly how much plaque you have in your heart and how much soft, non calcified, more younger plaque and how much hard calcified older plaque.

What we've learned, to answer your question right now is you can shrink the soft, non calcified plaque with diet changes, with exercise changes, with prescription drugs, with supplements, we can treat the plaque.

The calcium may not go away. We don't have a good way. It's unproven if key lation with EDTA and other agents like that reduced the calcification, it's very unclear that that happens.

And I've seen examples in my clinic where it has been a disadvantage to go forward with our plaque X people. I've

heard of an infusion you can get for coronary disease that's relatively unstudied, but somewhat popular.

But the soft plaque can go away and usually translates to get your cholesterol under control, along with your blood pressure and your inflammation and your blood pressure.

Which leads to an interesting point. People are so scared of statins, Lipitor, Crestor and the others because of dementia risk. And there's absolutely no reason to take Lipitor, Crestor and statins.

If you have a calcium scored down a zero or if you have a nice carotid ultrasound, it's clean and really clean, or of course, if your cholesterol is good.

But there are now, just in the last couple of months, multiple news studies that say statins actually reduce your risk of dementia, reduce and patients come to me and I'm not here to push pills on them, but I have to give them the science.

And there's a study in the last two weeks and a study the last six weeks and growing evidence because of vascular dementia, if statins are needed and lower your numbers significantly, if you can't do a diet, if you can't do it alone with exercise because a lot of cholesterol is genetically driven.

The problem is this little bugger I come back to statins do nothing for this. Statins do not treat this genetic cholesterol and 25% of people. So that's a real problem.

And the pharmaceutical industry has some new agents that will hopefully be available in a couple of years after clinical trials are finished. But do not fear if you absolutely need Lipitor, Crestor and other statin drugs in terms of your brain going to hell because the study says the opposite.

So thank you for clarifying that because it's a question we get often. And I have had patients say, hey, I got off my statins and now my brain works better, or I stop having that fatigue or muscle pain.

So there are anecdotal. I feel like I've heard reports of the opposite. So maybe there's individual experience that is meaningful there. I don't. Know.

I just I would separate brain fog from actual dementia, no doubt. There's no doubt people experience brain fog from statins at times it's actually in the package insert.

So it's secret that only a few of us know the fact that that can happen. But brain fog isn't, you know, grandmas in the nursing home, you know, and doesn't know her grandchildren kind of situation and sometimes brain fog you can reduce the dose change agent I always have people on coenzyme Q10 always if they're on a statin 100% of the time and a lot of it, it's a very safe supplement.

It's not too expensive. There's an interesting supplement called G. G Journey L Journal. It's a supplement that also helps protect the body if you're on a statin and a few different supplement companies make and Neil and Gerry Nile are G, g one brand is called g, g, pure.

And there's actually some clinical trials that it really does prevent statin induced side effects while allows you to have statin induced benefit. The other strange heart brain connection dementia that's come up maybe in the last year and a half.

You know, it used to be easy in the 1970s and eighties.

Coronary Calcium, Plaque, and Statins

You know, ma'am, you've got a very high HDL cholesterol, high density lipoprotein cholesterol. You're never going to have a heart attack. Your blood vessels are great.

And don't worry about, boy, has that changed in the last decade and in the last decade. Multiple studies say HDL cholesterol is like a sweet spot on a tennis racket.

You don't want to low, but all of a suddenly learn. You don't necessarily want to high. You don't want an HDL of 90 or 110 or 120. There's a number of people like 40 to 80, 50 to 80 is that sweet spot.

And being very low is a vascular risk for dementia, for heart attacks, but also is super high. So just recently, there are papers coming out that a high HDL cholesterol is a risk for dementia.

And we don't fully understand it. It seems like it promotes atherosclerosis and poor blood flow to the brain and the heart. At the low levels and the high levels, the problem is there isn't really a drug that brings it down.

There isn't really a lifestyle measure that brings it down. I have patients with super high HDL cholesterol that have no vascular disease, but I do have some that have pretty significant vascular disease.

So that's next year when we come back and do this summit again, because it's such popular summit, maybe we'll have more insight. But that is in the past couple of months, a hot topic, super high HDL.

So, you know, what do you do? You know, make sure your Omega three is good. Make sure you exercise, make sure your weights good, make sure your blood sugars could get their home.

Blood pressure cuff and check, check, check. And, you know, do all the other measures to optimize your brain health. So I want to talk a little bit about treatment really quickly.

And one of the treatments that I am a huge fan of for cognitive support is the ketogenic diet. And many people will say, well, I have high cholesterol, so maybe this isn't meant for me.

And I found this paper that I actually laughed out loud when I read it because. That's the Oreo paper. No. Oh, okay. I have to read you some of this and I know bear with me.

Everyone is be pleased for a moment because I just was so surprised by it. So from the abstract, the ketogenic diet has been shown to have a multifaceted effect on the prevention of the and treatment of cardiovascular disease.

Among other aspects. It has a beneficial effect on the blood lipid profile, even compared to other diets. It shows strong anti-inflammatory and cardioprotective potential, which is due, among other factors, to the anti-inflammatory properties of the state of ketosis, the elimination of simple sugars, the restriction of total carbohydrates, and the supply of omega three fatty acids.

In addition, ketone bodies provide rescue fuel for the disease heart by affecting its metabolism. They also have a beneficial effect on the function of the vascular endothelium, including improving its function, inhibiting premature aging.

The ketogenic diet has a beneficial effect on blood pressure and other cardiovascular disease risk factors through, among other aspects, weight loss. And I think I have never read a more emphatic endorsement of the ketogenic diet.

I had to scroll down immediately and say, Is this the ketogenic diet lobby? Like who? Who paid for this? And others had no nothing to to declare. Things issue the other.

End. And he did find this because you know if these people have conflicts of interest. Right. Mhm. Yeah. Now this is really I that sounds like a nice piece.

I was going to do something, throw bread to go watch it, but I couldn't even imagine yourself that that would, you know, is that science and is that safe for heart patients.

And they are. The science seems to suggest not everybody, but it may be 30 to 40% of people have a genetic predisposition called they're hyper responders.

And you add saturated fat in their diet through it sounds like, you know, meats and fish and other sources and their cholesterol goes crazy. And then, you know, it goes 184, 150.

And I know there's a very tiny segment out there, and I can name the names that believe that super high cholesterols like crazy 500 are LDL as of 250 are not necessarily risk.

But no credible cardiovascular specialists would take a person with dementia, bypass stents, you know, known blockages by calcium score, known blockages by these computerized coronary angiograms, and would drive their cholesterol two, three, four or 500.

So, number one, anybody doing a ketogenic diet eight weeks later, get a good lab panel, see if you fit the profile of this marketing. Come to Jesus moment.

You know what? Your cholesterol, what's your LDL, what's your C-reactive protein, what your hemoglobin A1, see? And make sure you're not a hyper responder zooming your cholesterol if you're a cardiovascular patient or a cerebrovascular patient, I'd be concerned.

Now, you know, and there's, you know, a couple of anecdotal case reports in certain kinds of brain tumors. And, of course, in seizure disorders, there's no doubt for decades, resistant, recalcitrant seizure disorders may respond to the ketogenic diet.

And you do what you got to do to get your seizures under control. But is that, you know, ready for primetime? I mean, show me the randomized study that meets that hype.

You know, right now, Dr. Dean Ornish, famous for his cardiovascular, is doing a randomized study for pre dementia a mild cognitive impairment of whole food plant based diets versus standard diets.

And, you know, we'll have to wait for the results. These things need to be studied very carefully before we can embrace, you know, the the messianic fervor that was in that paragraph.

No, it was against the objective. It says there at the Institute of Health Sciences in Poland, I sent you the the link to the to the citation. But yeah, the language was so emphatic it didn't feel like it belonged in a scientific paper.

I was really surprised by it. I do think the journal that's published in I Don't Want to be critical. Please buy your way into that journal. I mean, I literally think you pay your way into one of those.

Ketogenic Diet Debate and Final Prevention Advice

So I mean, I don't know these people and all, but I'd like, you know, my my favorite nutritional professor of extremely high standing is Dr. Valter Longo, M. D.

University Southern California. I said M. D., he's Ph. D. But he talks about the five pillars in nutritional science. And you have to have basic science that support your hypothesis in case studies that supports your empathizes and randomized studies it supports your empathizes.

And what happens in centenarians, the healthy 100 year olds plus, which there's quite a bit of science in overall. And, you know, that diet wouldn't meet those five pillars of longevity.

You'd have to go back to the baseline and and the lab and say, look, we got to do some studies to support that. Yeah, absolutely. So potentially a predatory journal is what you're saying there.

But I don't want to, you know, damn them to hype and that science. But it sounds like it's not ready to embrace

without questioning, you know, the whole field.

I don't want to go off on a tangent, but the last book I read was on the, you know, sordid nature of pharmaceutical research and collusion between the FDA and drug journals or medical journals and researchers.

And it's very hard to parse out science and try and figure out what's credible. One stat, which is a disadvantage for all practitioners, disadvantage patients and a bonus for the pharmaceutical industry because they pretty much can distort things to their profit.

We've all seen that, right? Yeah. And yeah. Hard to make sense of things sometimes. Well, do you have any final parting suggestions for what people can do for a healthy brain?

Healthy heart? No, I just go back to the basics. If you do nothing else as this interview and again, get a home blood pressure, gas, get your labs done, but get more than average and you know, read about yeah, there's some really good services now that you can pay 300 or $500 and get these insanely in-depth panels and know your lipoproteins and your homocysteine and your C-reactive protein and your hormone levels.

And, you know, if your doctor won't or you don't need your doctor anymore, and I think that's a good thing that we've democratized the set order to use a lot, the access to these extreme lab panels, you know, get a little idea of your vascular age a position in the 1600 some assign them said you are as old as your arteries and that applies to the brain too.

So if you get a carotid ultrasound or a heart CT scan and you find out your arteries are aging, odds are your brain is aging, too. So don't take that lightly.

But you know, follow that dictum I use test not guess I don't just say I assume I'm going to be okay I mean prove the point and if it's not going well for you, get with somebody like Heather that can help you, you know, right.

The ship and get it in the right direction either with a plant based diet, maybe a keto diet. Now, fitness, sleep supplements, the whole package. Dr. Kahn It's such a privilege having you here as always.

Entertaining and informative. So, so grateful for your time. Well, thank you. I'm so glad that I can participate in this really important summit you're doing.

And please share with our audience where they can find out more about you. Sure. I spend most of my time in Detroit a little bit in southeastern Florida, where I have a clinic, but drjoelkahn.com I got a weekly podcast and blogs and newsletters and pretty much busy doctor because I love what I do. Fantastic thank you again.

Thank you.