Introduction and Shared Mission

Hi Dr Kahn, I'm excited to have the opportunity interview to you today to dr Joel, get to talk more about heart disease. Thank you. I'm looking forward to it. Right. Right. And you know, it's it's always been a pleasure to have doctors have like minded physicians, especially a person with your experience being a cardiologist treating heart patients utilizing, you know, nutritional methods. Because there's so few people like us across the United States, you know? Yeah. I started in the stent world, I was the heart attack doc and I wondered how long these people were going to do well and have reformulated my cardiology life to line completely with the kind of work you've been doing for decades. So thank you.

Great mentor. Right. So in your in your practice over these years, what kind of like how have you like diagnosed heart disease in the past versus now, give me a little information about how you actually used your cardiovascular um expertise to work with these people Happily. And there's so much going on.

There's a term that I love that didn't exist 10, 15 years ago, precision medicine, precision cardiology, you know, it may be shocking to people, but in my field, as a specialist in coronary angiography, cardiac catheterization stents, everything's an eyeball estimate. So if we're going to talk on a summit about Roy reversing your heart disease naturally, one would hope we actually have the precision to measure it. Of course we can measure it by symptoms, which is key people walk further people feel better.

People can demonstrate on a treadmill test that they have better capacity.

Precision Diagnosis of Heart Disease

But you know, let's get back to an artery. Can we actually show that in arteries improving that? We have changed the course of natural history of cardiology. And until just recently we relied on visual estimates. You would never build an airplane or a house or a car by saying that's about six ft of metal and that's about 100 ft of airplane wing.

You need precision and we didn't have that I'll share with y'all A really fascinating by shocking statistic. Even back in the 19 seventies, they published a series of papers, they being so Some of my mentors in the field when I was just entering medical school that if you took a heart catheterization that had disease spots of plaque and gave the same catherization to 10 world experts and had them write on a piece of paper what they saw. The numbers were incredibly wide in the results.

The same area of narrowing could be judged by one exp. It is 30% and another expert is 80% and at 30% you're going home and you might be told you have nothing wrong with you because cardiologists tend to overlook mild disease, even though we know mild disease can erupt as a heart attack at any time.

And similarly the 80% narrowing is going to be more likely to be treated with either increased medication, balloon or stent or even bypass. And these were experts looking because we didn't have precision. Uh There was a technique used by our colleague Dr Dean Ornish and his co authors using a computer to analyze these.

But it never got into practice and never really became a routine in my 30 plus years of cath lab experience. So it would actually be very hard. So what we've developed in my clinic and what is available it one is a technique that you used but I don't think the listeners are going to be super familiar with it.

We do a carotid ultrasound right and left artery to the brain, which is routinely available at health fair synagogues, churches, schools, hospitals. But that's not the one We do.

We do the one like you where you use computer digital measurements. If you're gonna be precise, you need to really digitize and use even increasingly Now the language of artificial intelligence.

So my patients bring me a report from the hospital that says their carotid arteries are less than 50% narrowed. But we unfortunately have to repeat the study with better equipment with them. You're 11% narrowed with a one millimeter by two millimeter plaque. Your 22% narrowed with a two by three millimeter black and that's of course called carotid internal medial thickness ultrasound.

There's a measurement of the thickness of the arteries that's precise in sub millimeter measurements, hopefully submillimeter and utilizing that. We really have seen hundreds of examples that a year later and two years later using precision measurements. Now it's a carotid artery but it's a surrogate for all arteries in the body. We can actually talk about reversing arterial disease, measure it and be precise in it. So that's uh one very effective tool and the other one's even newer.

I'm not a fan of applying radiation procedures to patients. The most common stress test cardiologists order called a stress nuclear treadmill scan is a very high radiation procedure and it's not precise.

I was quite an expert in that field and wrote many papers but the reality is it's still eyeball evaluation. We now are utilizing C. T. And geography. You have to get an I. V.

Die and you get pictures of your heart arteries. But utilizing artificial intelligence, these computer algorithms, we are now talking in a language with patients about how many cubic millimeters of plaque they have whether it's calcified or soft, non calcified. It is finally finally a reality that we can be precise in the field. And if you can't measure it precisely you can't document the reversal other than by the very important clinical criteria.

So we are seeing case after case after case of actually documenting reversal of atherosclerosis in the carotid kids in the streets and validating that what you've taught for decades and showed uh you know in such large papers about clinical improvement. We can actually in a single patient documented to give me a year. We got to work with somebody for a year before.

We're gonna subject them to a assessment. But that's the core of what we're doing reversing disease and and identifying in a highly precise way their burden and the improvement over time. And these are all backed by multiple academic studies.

Using Carotid Ultrasound and CT to Track Reversal

It's just it's a little easier to do it in a clinic like minus specialty clinic than actually trying to access this information at a university or major medical center. These things are often not available there.

Yeah that's fantastic. That's great. And then people love when they can see the improvement like in the I. M. T. Measurements going getting better. It gives them more reinforcements. They're doing the right thing personally it helps them you know get most stay motivated you know. Yeah.

Idea works both ways. This carotid ultrasound, carotid I. M. T. Internal media thickness measure. You know when the report comes back and it says you're a 64 year old man with the carotid arteries like an 80 year old man because of the pathology.

It's very distressing and very upsetting. But it actually does spark compliance with the diet with the fitness with the substance and if needed prescription drugs.

And when a year later it no longer says 80 year old carrots, they're a year older but the carrots are five years younger, nine years younger because that's not uncommon to see a big shift in the amount of arturo plaque we think it's probably what's called soft, non calcified plaque, shrinking and reversing. But you know, to know now that this is a reversible disease. He's documented to precise levels backed up by the decades of clinical improvements that you get great credit for and your peers.

I mean, I've never been more excited as a cardiologist. I remember I had one person who lost £80 and then they had an 80% occlusion, which went to 40% in one year and the second year after that, they couldn't detect anything.

So when 82 42 0 and he was that they lost £80 you know, Yeah. You know, the the vascular surgeons that these patients might also be seeing, or many of my patients see another cardiologist in the community or they've come out of town and they look at these results and you know, they're puzzled. Uh you know, they just, it's not the standard paradigm to try and alter the disease. Of course, you have to alter the basic path of physiology, the stress, the nutrition, the sleep, the fitness, their genetics as much as you can.

But then to be able to actually say it's getting better. And that's why you're seeing people live too long lives and even with the burden of heart disease. And I am too right, fantastic.

So go give an overview of the nutritional approach at the con center. Yeah. You know, I think the biggest challenge is reading the patient. I spend a lot of time with patients.

Often there's a spouse or significant other. I always encourage that or if it's telemedicine, I want them online. You know, not everybody's willing to jump in full force day one. I mean I have been a whole food plant based for over four decades. I mean there's no difficulty challenge or thought about it anymore and there hasn't been for a long time.

But for a lot of people, that's the scariest part is the idea that their breakfast, lunch dinner snacks have to be rethought their grocery list, their pantry, the refrigerator, the freezer, the recipes, maybe they're the ones responsible for cooking, maybe the spouse or the significant other is what do we do at restaurants. So I mean it's a lot of information and truly the kind of center that you've established in san Diego need to live resort.

I mean gives people a chance to get out of their environment. But I'm dealing with people that aren't out of their environment and they've got these challenges. So I mean they will always leave with a curriculum um of, you must watch forks overnight.

You must watch what the health, you must watch game changers movie, you must read a book, a book that has both the science and some easy recipes. It might be by the plant based solution might be yours and reversing heart disease.

They have to commit and they're going to be quizzed on this stuff. I want some commitment from them that at a minimum they're going to do that. Uh, I usually suggest a podcast or two. I have a podcast that way while they're driving in their car, walking exercise and they've got education streaming in.

I tell you that step alone has been so impactful if you can find a support group and we've had the pleasure and you've had the pleasure speaking many times to the support group we have in Detroit the plant based nutrition support group any time whether live or now, unfortunately more so digitally you can get people around others and get them into a community very helpful. Now sometimes I will take a step and say when we visit in four weeks, we're going to re discuss all these concepts, but I'm going to make it easy for you for four weeks.

And what I will present to them is David Jenkins research study sometimes referred to as a portfolio diet. If you can't transition to completely whole food, plant based nutrition terrian diet. Today you can add four food groups that will naturally lower your cholesterol, the nuts and the seeds.

The high fiber foods, The soy based foods, I get to mommy and tofu and then healthy sources of plant sterols like sunflower seeds and sesame seeds and occasionally even avocados.

I'm going to give them a low bar so they don't fail and when they come back and and we get lab work and they've seen the difference and their weights improved and maybe their bowel functions improved. We're gonna go for the next step, which is the complete transition. I have to make that judgment and to some degree the patient has to make that judgment.

Whole-Food Plant-Based Nutrition and Behavior Change

But you know, so many of them the day you show them the carotid study their coronary data, their lab data, of

course, some of these are very uh longstanding cardiac patients.

And you uh for the first time bring up the idea that they can get better that they can halt that they can reverse. I mean, many of them don't need much more than opening the door and they're ready to not just walk through, run through. So they come back and they're 15 £20 down in six weeks, eight weeks. And it isn't, I do have a local dietician who gets all this and is familiar with nutri terrian diet.

I do use health coaches plant based health coaches occasionally to get some uh credibility with the patient and accountability is the word I'm looking for so that they commit that small little bites if they're sick.

If they're facing bypass, if they're facing stenting uh if they're recently post heart attack, we're gonna really jump in harder and uh not accept much more than complete commitment to the program. Fantastic. And his other lifestyle inputs as well.

Always, always, you know, uh what has been supported by the medical literature are sleep disorders being so crucial for overall health and for cardiac health.

Um We take the time to ask we take the time to do home sleep studies and then we refer out those with real sleep pathology uh and doing all the sleep hygiene and all simple sleep support, maybe magnesium at night or melatonin at night.

A lot of stress. Uh and using AIDS, whether their phone apps or meditative yoga classes give very simple 12 minute meditative program called the Curtain Korea that anybody can learn. Yes, you have to have stress management tools.

We're talking a lot about dental care, you know, with the the last few years of the pandemic. A lot of people have not seen their dentist, the deterioration in your gums or maybe old root canals and implants is connected to inflammation and heart disease.

So we've got to approach, you know that um sense of community purpose joy the whole range. But we're doing also very advanced lab work. I want to show them.

I think they get very before they're going to see their carotid improve before they're going to potentially have a repeat ct of their arteries. And I'm not talking the simple calcium score. Unfortunately, I don't anticipate calcium scores going down. But we're using more advanced cTS and we're only going to do that every few years before. They'll see improvements in the vessels.

They'll feel better and they will see improvements in the lab work. so they will see their inflammation panel dramatically improved their cholesterol panel dramatically improved their blood sugar parameters dramatically improved that oxidized LDL measurement. You do oxidized LDL or any other type of interesting labs you do that aren't you know conventional cholesterol tests and hemoglobin A.

One C. And what else do you do? Um Tm. Ao I got E. M. A. We're gonna be interviewing Cleveland clinic expert stan Hazan as part of the summit but T. M. Ao trim ethel and I mean oxide which is elevated in the blood with excess red meat, excess egg yolk, some supplements and so strongly related with heart outcome.

That's one of the quickest to turn around doc. It wasn't easy but I changed my beef burger for a portobello burger and I changed my uh three egg omelet, sunday morning the bowl of oatmeal walnuts and flax seed and then they're TML level goes from 40 down to four. And it's just reinforcing that their physiology over your physiology that's very motivating to get them off the animal protein to see that pushes the level down and then you know one of your favorite blood tests will always draw an omega index. A simple blood test that measures the the amount of E. P. A. And D. H. A.

Omega three fatty acids. Knowing humans can't make omega three we have to eat it or supplement with it and whatever diet they're coming from a poor quality plant based diet, junk food, vegan american diet. They've been

doing keto paleo.

A lot of my patients show up with I tried the keto paleo before I came and saw you think they're often just so so severely deficient in omega three and I'll work with food for a little bit but it's usually food plus supplements.

And if they're on the plant based pathway of course it's algae based E. P. A. And D. H. A. Which get them to healthy brain friendly and of course it helps their cholesterol panel dramatically. Their triglycerides tend to come down quite nicely when we get their omega three levels back in a healthy bountiful range.

Of course you do more things right. It facilitates people getting well faster and assured given more probability of making a dramatic recovery. So one of the main and then they came for their heart but their brain fog goes away.

You know because of the omega three. So it's uh it's a joy. Yeah that's right you can't you know it's this and the nice thing is you're dealing with people with heart disease but you're also at the same time lowering the risk of cancer and of all cause mortality and reducing the risk of dementia.

So what's your you know you're not giving a statin for example it's just going to increase the risk of diabetes or you know slow their weight loss. Your that's the holistic approach is so much more effective.

So exciting what you're doing. What are those which supplements um what are the supplements you might add use the most let's say um two people with cardiovascular disease in your practice.

Lifestyle Support: Sleep, Stress, and Dental Health

Well after a pretty extensive panel of lab work of course if there's clear cut deficiencies if they're ultra low in vitamin D. Or they're very low in vitamin B.

12 or the omega index, you know we're gonna work to correct those as soon as possible. But it's interesting. I'm very strict with my practice. I want to see science and although you know mouse data and basic science is how it all starts. I'm looking for human data and there actually is some human data that some unusual supplements support the rate and the complete reversal of plaque in the arteries. So for example we had a chance to chat with Dr Matthew booed off chief of cardiology at U.

C. L. A. Harbor. But he has orchestrated six randomized studies in humans using aged odorless garlic and that sure doesn't sound like a strong therapeutic approach. But in studies based on size science in japan and then studies repeated at UCLA over the last maybe 12 years if you have coronary plaque particularly if you've had one of those advanced ct angiograms and have a lot of bulky soft plaque and you just simply take an aged odorless garlic tablet daily.

And it is really odorless. It's very easy to take and it's very inexpensive a year later in research studies double blind randomized, There's improvements in coronary plaque. Now I found when you combine that with the rest of the program, it's more powerful than the data that's published in the literature because we're not asked to change their lifestyle. They were just asked to take a or a placebo supplement, powerful, powerful, simple step. The other studies about age, odorless garlic show it naturally lowers blood pressure, which is a joy because patients are looking to reduce or eliminate their medications and it tends to lower cholesterol in double blind randomized studies. So, and the other one that I tend to go to is equally unusual. But there there are a few products out there that combine to natural antioxidants. One called picnic original, which comes from the bark of a french pine tree of all things.

And one an indian herb called gotu kola. These would be of no, No interest to me.

Advanced Labs and Targeted Supplements

But I research center in Italy has been studying patients with plaque in their carotid arteries and 400 patients randomized to a placebo or to a combination vitamin with very safe inexpensive antioxidants that I mentioned and

consistently and repeatedly in about half a dozen studies.

Again, there's an improvement in plaque, volume, plaque, uh, size, uh, severity of the thickness, the C. I. M. T. Measurement. So I will readily add them in because they're safe. They're inexpensive.

They're available And fortunately there's multiple studies using them. The last one I mentioned. And again, I know you're saying that's that's some propaganda and coca cola. We're not we're not encouraging sugar sweetened beverages. The last one that I think is interesting is a citrusy from italy called bergamot and bergamot. It looks like a lemon but it's concentrated into tablets or capsules. And there's at least one good randomized study in humans about berg amount reducing and shrinking Kurata black compared to placebo.

It also tends to drive nitric oxide production up, improves athletic ability in some studies randomized double blind. So I mean that's three supplements out of hundreds and thousands. Yeah. I think the pomegranate data is interesting.

Of course the Israelis and I say of course, because many listeners won't know this. The Israelis took again, people with carotid artery plaque because it's a simple test to do and repeat in six months in a research study and drinking about eight ounces of unsweetened pomegranate juice. You know, it has a very powerful impact on cholesterol measurements, particularly HDL function oxidized LDL.

And they reported a decrease in carotid plaque with pomegranate. There are pomegranate tablets out. Their whole pomegranate concentrated pomegranate. I know there have been other studies that couldn't confirm the original Israeli data. So I'm a little mixed on it right now and I'm not a big fan of fruit juice as I think you're probably better.

Yeah. I have the whole pomegranate trees here. I have the whole trees. Well we'll all come. Not all of us do. Although my grocery store in season, you know it's it's a messy you can you can buy the area was frozen and you can get the pomegranates and open them up and keep them in your freezer too.

And the other trick is if you clean the whole pomegranate, do it in the sink with water because as you take the seeds out there aren't going to destroy your clothes and make you swear off ever eating pomegranates again. But I am I I am still looking for a little more data on pomegranates. Um you know there's a lot of products out there that are miraculous for heart and arteries. There's no human data and I do stay away from those. Sure. So what's the like the new most exciting findings that you found in the last five years or the new exciting approaches you're using in your practice? Yeah. I think it's the introduction of artificial intelligence. You know we have we've had super powered computers for years but we haven't applied them in clinical practice.

And this this lack of precision which just you know, there aren't many tests a heart patient will go through that are more impactful than having a heart catherization.

What's called coronary angiography and getting results in the status and artist which may determine their lifespan, their therapy, their need for surgery, their need for stenting and it's all been vision assessed and understanding even more than that that you may see a 50% narrowing. Some of it may be calcified, older, burned out, stable narrowing and some may be soft, non calcified plaque. That recent data says is that a higher risk for leading on to future heart attack And that we now can in any patient who is an allergic to iodine and has good kidney function. But we can measure and we can assess in such a precision and such a advanced manner that yeah, I think we're just starting to get good at cardiology to be honest.

What's the name of that test you're talking about now and there's no involvement financially between myself and the company. And we will be speaking to a world expert on that during the summit, uh, that that particular company is called clearly health.

But what they do is they take a ct of your heart arteries that maybe you've had done to your local hospital and in new york city they will analyze and report out to you.

Artificial Intelligence and Future Cardiology

You know, you have 288 cubic millimeters of plaque that 100 cubic millimeters is calcified and 100 and 88 cubic millimeters is non calcified. This is one recent patient of mine, 97% all the plaque in his heart arteries.

And it was a lot of plaque and a 49 year old man. It was a lot of black, 97% of it was what's called non calcified soft plaque. If we had done that simple inexpensive calcium scoring ct scan, a wonderful test to do. Once you want to avoid radiation of course.

But once in his low dose we would have missed 97% of his plan. Because it wasn't calcium would have looked okay. You're not that much beyond average. And then because of a lot of risk factors and challenges he was having went to this more advanced.

So yes, the biggest advances, precision, precision, precision, Well um looking so so glad that you invited me to be part of the summit with you. And I think this this these this information is going to benefit humanity and a lot of people going to benefit from this information. Everybody in America has to know that they don't have to just be sick and just wait till they die of heart disease because obviously it's still the number one cause of death for people over the age of 65 is still heart disease and strokes. You know, it doesn't have to have happen just to jules can make a difference. But we need a whole lot more people on board and that's what I think the summit will help us introduce.

So thanks for asking some really great questions. Terrific. Thank you