S2 EP 25 - Understanding the Impact of Veganism on Cardiovascular Health with Dr. Joel Kahn Transcript

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Introduction and Special Guest Introduction

Welcome everybody to the Eat Pray Faith podcast with Dr. Tracy. That's me. And today we are going to be talking about a very interesting topic and one that I wanted to provide my listeners due to my high respect of my very special guest today, Dr. Joel Khan. We're going to be talking about the value of veganism and cardiovascular health and just health in general. So, Dr. Khan, welcome. I'm so glad you're here. I finally got you on my podcast and I'm always a big fan of yours as you know. Very kind of you. I'm happy and excited to be with you and I love the name of your podcast because that book Eat, Pray, Love, still remains one of my favorite reads that uh I've ever had. So, if somebody doesn't by chance know what I'm talking about, go enjoy reading that book. Great book, great movie. Got to love Julia Roberts, right? It just was uh such a good movie and yeah I was inspired by that because I felt the underlying like spiritualism as well as the passion for life and I just was like that's a great thing. I just turned the last word to faith for me. So we have an interesting topic because prior to coming on Dr. Khan asked me am I a vegan and I have to say I used to be a vegan. Uh I'm no longer a vegan but primarily I turned into a vegan because my father couldn't cook steak well. So I think I was a forced vegan because everything he cooked was just completely a hockey puck. So I'm not now. But I do like to provide a different perspective and honestly I want to learn.

Dr. Kahn's Background and Journey

I mean if there is something that I can glean from this or my listeners absolutely worth it to me. So Dr. Khan, can you give us your background, your credentials just so we can set the precedent for the listeners?

Sure. Uh, and I'll be brief, but I grew up in suburban Detroit and 65 and a half years later, I still live in suburban Detroit, although I didn't think that was going to happen. Uh, I entered medical school in Ann Arbor, actually at age 18. They had an accelerated program and graduated 6 years later with a medical doctor. Did graduate sumakumlad found out I had an aptitude for memorizing all kinds of stuff. some of which I still remember, most of which of course is either wrong or I don't remember and always wanted to be a cardiologist. So it was a straight and uh narrow shot to uh 1990 at that point I was what's called an interventional or kath lab cardiologist. I had moved out of the area to Dallas, Texas for three years in Kansas City for a year to get what I thought was the best training. I still think it was the best training and I've been back in Michigan since 1990. a couple years back in Ann Arbor in suburban Detroit though I now have uh offices both in Detroit and in Boerbaton Florida kind of a nice setup um I did again kind of straight and narrow cardiology hospital kath lab coronary care unit for about 25 years very busy wonderful practice wrote a lot of research papers taught a lot of fellows uh even though I was at a private hospital in Detroit it was a very academic hospital connected to um medical school so We did a lot of great work, great publications. And then 10 years ago, I had already completed going back for sort of functional medicine training, integrative training. Um, and have been practicing on my own for 10 years in a preventive cardiology clinic called the Khan Center, licensed in about 25 states, and do a lot of wonderful work. I love what I do. A lot of my peers, I just heard of another one today, retiring.

The Impact of Upbringing on Dietary Choices

Uh, I hope we can talk in 10 years and I still got an office full of people from all over the world, all over the country. Um, it's just wonderful. Uh, the only other path worth mentioning because it's important to the topic. I grew up in a home in Detroit where we kept certain dietary laws called keeping kosher. We didn't eat cheeseburgers and pork. And when I got to Ann Arbor at age 18, it was relatively important to me to keep honoring that. I was pretty steeped in it. And um the only uh solution was the salad bar. So you uh became vegan because your father was a horrible steak cook. I became vegan because there was nothing but a really pretty amazing salad bar. There was a restaurant in Ann Arbor called the pretzel bell with an amazing salad bar. And the last part is my parents around that time went from a traditional family to my mother dragged my father to the Pritikin Longevity Center which at

that time was in Santa Monica, California. and they took classes and my mother started making lentil loaf instead of meatloaf. So during the week I was eating the salad bar. The weekend if I drove 45 minutes home from Ann Arbor I was eating lentil loaf and then I read books. I read John Robbins diet for a new America. Many people know John Robbins and the food revolution network. And then I read the amazing research of Dean Ornish. And I'd been eating this way and now had raised a family with the option for the children. But many of them you know they ate a lot of fruits and vegetables and uh you know really have always taught patients that food is medicine.

Nutrition is a fundamental foundation for cardiology, health and uh treatment. Um and it has been with a plantforward uh focus for my own life. 100% plant-based now for 48 years. Uh literally nothing but plants for 48 years. my wife too. We were on the same track at the same location all the time.

But, you know, I'm very open with my patients. Uh they have to make their own decision. I provide them education. Um uh some uh you know, follow the path and really grab on to it. Some come to me already grabbing on to a plant, a vegan, uh you know, lifestyle and others have no interest. So, uh, we keep them under the fold and hope that one day I have a lot of faith as part of the title of your podcast that at least they'll grab an apple over a donut and a salad over French fries. And that's such a health upgrade. Except if the French fries are in beef tallow, they have to be healthy now. No. Oh, Robert Kennedy Jr.

The Importance of Home Cooking

, don't talk about French fries and beef tallow. Teach them how to eat a baked potato for God's sakes. Well, yeah. I mean we can go down that rabbit hole and you know my whole thing is if we can help people be more educated in their choices you know and I mean it the issue with our entire society as I feel I don't know how you feel but the convenience is just overplayed so much that we have taken food out of the home and put it into restaurants and fast food and I think that's where primarily the issues start is that we're not cooking you know tradition traditionally like you were like you came out of a kosher family. I came out of a bad steak cooker. But you know our reasons were different but we it it shaped how we then chose next steps in our life. And that's the biggest thing we have to take out is what you do in the home matters. I actually completely agree. the loss of the art and the time to cook, slow cooking and you know fresh cooking and you know and might have to compromises of batch cooking on weekends and all and you can find some nice ready to go meals to pick up. You have to be pretty picky about it and all but I didn't grow up in a fast food home. I didn't grow up in a pepperoni pizza home. And you know those lessons stuck with me and of course I agree with you. I hope some of the next few years of making America healthy again without political implication is that lesson. You know, spend your dollars at home, not to hurt the restaurant industry, but if you're looking for health, it's pretty hard to find it. Uh certainly in the convenience restaurant world, and I'm a former and reformed restaurant owner.

Plant-Based Nutrition and Heart Disease

I thought that would be a cool combination to be a plant-based cardiologist and a plant-based restaurant owner. And been there, done it, and can talk about it. Um, right. People don't want healthy food in a restaurant. They're in a restaurant not to be judged. Even though we were providing about the healthiest food on the planet. Yeah, they don't.

They want convenience. They want quick. They just didn't want to cook. So, totally get it. Well, let's get into this whole plant-based uh nutrition that you have kind of built your entire Instagram around. I mean, I follow you on Instagram. You have quite a following there. Your videos are so great.

Let's talk about, you know, plant-based. Let's talk about with it reversing heart disease. Let's start there. And then we can actually just maybe start at the top and roll down with how does it impact inflammation because you're not just I mean you are a cardiologist, but you're not just that. You are a longevity practitioner, a preventative cardiologist. You don't just stay within that title. So, I watch you and I watch your patients and the people who come to you. So, just give me a little insight on what have you seen in all of your years of practice implementing this plant-based concept? Yeah.

Historical Studies on Plant-Based Diets

Well, first of all, you know, it's a personal choice that I've chosen to eat 100% whole food plant-based. I mean, uh I don't eat Impossible Burgers and Beyond Meat burgers. Once in a while, a new product comes out and I'll literally try it just to say I tried it. So, I tell my patients why they should stay away. But, I eat whole food. And you know, that's a personal choice, but one of the reasons I've stuck with it um because I could cook kosher chicken uh in my home if I wanted to. Um is uh the science. And really quickly, I'll just hit maybe five bullet points that are all out there, but way back way back way back. in 1948 49 1950 in Los Angeles was a very forward-thinking internal medicine doctor named Lester Morrison MD and he had this whole big practice of cardiology patients and there was nothing really to offer people in the late 40s there was a lot of heart disease post World War II all the smokers were coming back young people having heart attacks and he actually did a randomized study not double blinded of a plantforward low-fat diet it was a published onepage sheet eat this not that would be very similar to Dean Ornish and uh Joel Ferman kind of foods um and the other group it was a hundred heart patients we're just told keep eating like a typical Los Angeles person ate and he published the data the weight loss was phenomenal on this plantforward diet the cholesterol drop because there were no meds was like 300 down to 200 with this plantforward diet and at the end of 12 years half the plant four diet people were alive and zero of 50 of the standard Los Angeles diet people were alive cuz there were no bypasses there were no stances there were no statins um aspirin was known I don't even know if it was being used widely back then um and that caught the attention of Nathan Pritikkin who was an engineer in Santa Barbara but a brilliant man and he went down and met with Dr. Morrison he was about 40 years old said Dr. Dr. Morrison, there's this thing called cholesterol in the blood. You're checking. Can you check mine? And is like a typical American was about 350. And Dr. Morrison had him do a little walking stress test upstairs, downstairs, upstairs, downstairs. Very simple. He actually flunked it. And Dr. Morrison said, "Here's a sheet of paper.

If you don't follow this, you'll probably be dead like the rest of my patients." And he wasn't really a heart patient yet. It was maybe the first preventive program in America. And Pritikin got so excited about it, he kept doing aerospace engineering, but he opened first in Santa Barbara, then in Santa Monica, and now it still exists in Miami as a beautiful preventive wellness clinic, the Pritikin Longevity Center. Uh he started teaching people, but he knew without doctors around he was going to get push back. So he got doctors around him. And um it was, if you look at what they teach, it's 95% plus whole food plant-based. There is even to this day a little bison, a little salmon um and all but uh you know the power and then you jump to Dean Ornish MD who is a very young medical student took a semester off and did a study combining whole food plant-based diets to be honest with a little egg white and a little non-fat yogurt because it was 1979 1980 1981 there were barely any whole food restaurants no Trader Joe's he was worried his people would never stick in the study if they didn't have a little variety of food. And um he combined it with yoga, meditation, and group support. And he showed in a study in 1983, nobody remembers, that serious heart patients started to feel better in 3 weeks. And then he did a a randomized study, that's the very famous lifestyle heart trial published in 1990, the year I started practice, had a huge influence on me. Oh my god, I can teach heart patients what I've been doing and actually quote them peer-reviewed, you know, highlevel science published in Lancet, one of the better journals in the world. Um, but he showed actually using cardiac cathization that blockages very slowly can get better better over time with a lifestyle program, but the diet was food plant-based forward. And then there's the famous Cleveland Clinic doctor Caldwell Esselston who independently developed at the Cleveland Clinic. He went to the surgeons. He actually was a breast and thyroid surgeon, but he's just one of these guys, a huge brain, huge curiosity, and he developed a food program. Ultimately was totally plant-based and actually famous for being very low in fat. He's not a fan even of extravirgin olive oil. I am a fan of extra virgin elbow but he went to the surgeons and the cardiologists give me your worst patients the ones you can't treat and let my wife and I cook for them and talk to them and published you know dramatic reversal he's sort of a folk hero now at age 91 because he's just he's this handsome former Olympic athlete major surgeon who you know is now a preventive doc and you can add a few people on Joel Ferman and others that's you know famous PBS, a real doctor, but very successful on PBS specials on health. You just can't find that database with any other food program. You can't find it in the Paleo, Keto, Carnivore. You really can't find it in the Mediterranean world. I mean, I'm all a big fan. My patients tell me they're eating a real Mediterranean diet. You know, I got to ask them what that means. Um, you know, pepperoni pizza is not very common in Naples, Italy. It's a margarita pizza with almost no cheese on it actually.

Um, and you know, or the MIN diet, which is more a a brain preventive diet, but they just take the Mediterranean

diet and throw more blueberries and walnuts and salmon or um uh lately I really really like Dr.

for Walter Longo in general, the gerontology expert at University of South Car uh South Southern California, USC, but he's got he calls it the longevity diet. And he basically took the Mediterranean diet and critically as you know, the most funded researcher in nutrition in the United States. I mean, a major academic force. Cut out all red meat and all chicken and all dairy and left fish and vegetables. uh fish about three times a week and vegetables all the other meals. I really like Dr. Longo's longevity diet, but you can't even say that's got data to prevent heart attack, strokes, bypass stance and all. Whether these prolonged life is always a tougher issue. I mean, there's no doubt if we could really nail it down, the ideal diet for longevity has to involve a lot of colorful, whole plant-based foods providing tons of fiber. I'm a big fan of fermented foods. You know, we want to feed our microbiome. Fiber, fiber, fiber for all the short- chain fatty acids and protecting our gut wall and polyphenols like crazy. Those are all the brightly colored foods and vegetables. Now, whether 10% animal foods, 5% animal foods, you know, what would it look like if we could actually do a 25 year study of uh all plants versus, you know, nearly all plants? I don't think the ketogenic and the paleo and the carnivore a paleo could there's obviously very healthy versions of the paleo diet. Why is the vegan diet work so well? I mean number one it's what it doesn't have. I mean and let me say Harvard School of Public Health and others have done a great job doing something called the UPDI remember the unhealthy plant dietary index and the HPDI the healthy plan plant dietary index. Meaning, if your plant diet is largely processed food, that would be the unhealthy pattern. It doesn't work.

It actually may be worse than what the average American is eating, you have to do the HPDI, the healthy plant dietary index. That's what we're talking about.

What you eating, I eat whole foods, hopefully home-cooked, brightly colored, some fresh, raw. That's a salad. I mean, a giant salad every day. Eat a giant green smoothie every day. I'm more a salad guy than a smoothie guy. So, you got to do it healthy. Um uh but I you know the longevity diet of choice when the research is done or maybe AI will solve it for us is got to involve tons and tons and tons of plants. I don't think it's going to be the all meat diet. It's clearly not the standard American diet. We know that. Um you know why does it work so well? It's as I say it's the fiber. It's the you know phytonutrients plant-based nutrients you can't get out of animal products.

Vitamin C and Cardiovascular Health

It's also, you know, it doesn't have the processed junk food if you do it right. Um, still the weight of the evidence controversial, but is that a lower saturated fat diet is more associated with freedom of cardiovascular disease.

And plants, with the exception of coconut oil and palm oil, which aren't really plants or processed foods. They're very low in saturated fat. Olive oil, olives, nut seeds, all have some. Most your fruits and vegetables have nearly none. That's where the beef tallow discussion gets in again. Why are we telling America to up their saturated fat content when 99% of academics and uh a large number of just general cardiologists would agree that avoiding saturated fat is a good idea. So, you know, a vegan diet can be low in saturated fat. It's high in fiber. It's high in plant-based nutrients. I think one of the un and this is the last thing I have to say one of the unsung advantages of a whole food plant-based diet is the vitamin C content and I've really been a student particularly in the last 6 months of reading old literature on vitamin C and you know it's this amazing uh observation that few people know that humans are one of the very few species on the planet like 99.9% of all animals on the planet make their own vitamin C dogs cats squirrels, elephants, tigers, lions, and bears. Oh my. Humans can't make one milligram of vitamin C. We lost the ability 40 million years ago. There's a little uh enzyme in our liver called glow, glow, and we don't have it working anymore.

It's there, but it's been turned off. Uh some people say we were living in the jungle, and we had so much access to vitamin C rich uh tree foods, plants, you know, fruits and veggies that we had no need to make our own. But we don't live there anymore. And vitamin C is critical for good vascular health because of its important role in producing collagen, the substance that's makes every organ an organ but makes our arteries uh intact. So we are, you know, relatively vitamin C deficient compared to a dog which never has a heart attack or a bear. A bear has a cholesterol of 500 in the winter. They don't have a heart attack. And it's an interesting theory promoted more by Lionus Pauling, PhD, double Nobel Prize winner, uh, in an article in 1992 called the unified theory of cardiovascular disease where he said, you know, it's all due to weak arteries and the weak arteries are all due to vitamin C

deficiency. And he, you know, I've read that the average American gets about 100 milligrams a day of vitamin C in their diet. The average vegan gets two to 300 milligram. You can get more if you really up the vitamin C rich fruits and vegetables. There's not much in, you know, legumes and whole grains. There's some, but I have been teaching and it's a different topic. It's not food, but I have most my patients supplement into the multi-g level of vitamin C. But even if you just have a big salad every day, have an apple every day, eat an orange, you're going to do better than having another chicken breast or another tilapia filt where you're not going to get vitamin C at all, you know, essentially. Yeah. No, I completely agree and I remember watching your video on that on vitamin C where we had lost the enzyme functionality. Yeah. I want to volunteer. If anybody's listening to this and they have crisper 9 technology, take my body and turn that enzyme on. I really would like to see what a human would be like if we were making it's estimated 10 to 20 grams a day of vitamin C if we were if we didn't lose this enzyme. And when we're sick, then you got a a cold, a flu, and pneumonia, we may make 30 to 40 grams a day. It's estimated um to compensate. And I do that. I take my multi-gram amount of vitamin C and I double triple it if I get sick. And I tell you, 12 hours later, you're not sick anymore. So, uh, you know, just a few little tips from an old, uh, you know, natural oriented cardiologist, right? Don't be scared of good nutrition, right? I think, right, will call me and say, "Wasn't that too high?" And I'm like, "No, because if you actually had correct levels, you wouldn't be sick right now." Right. reminder. Well, you unpacked a lot and I have a few questions because, you know, I'm going to play devil's advocate today. There's a lot of stuff and do ask me about inflammation because I didn't mention that specifically, but questions listed, but I do want to know um you know, what do you think a plantforward diet does with hormones? I think a lot of men and here's what I found out about researching peptides. Lentils are one of the best forms of a peptide that helps youain and attain muscle mass. Right.

That's strong comes from which is a patented peptide that is made from lentils. And so I'll always use that. Is that pep strong? Is that what you just said? Right. Yeah. Familiar with that. Yeah. So I always use that as an example of like I don't care if you're a vegan and you get your macros that way. just make sure you're getting complimentary, your B12 levels are good, right? He's more compliant that you So, you know, you you you are bringing up good points and I um you know, there's a lot of trails to go down, but um go down. Many many people would argue, and I bring up the name of Dr. Valter Longo again, that it's very hard to um dot every eye of nutrition with food alone. Therefore, supplementation has a role. Now, of course, there are anti-supplement people in the uh academic world, there's not too many anti-supplement people in the natural health world, but a person like me that eats nothing but plants, should be aware that obviously the famous ones, and B12 is the most famous, you know, either get your blood level checked after 3 to 6 months of eating this diet or just take a B12 supplement, sublingual, oral.

Don't you don't need shots unless you have pernicious anemia. It's kind of crazy. Um, you know, look at vitamin D levels, but everybody should look at vitamin D levels. Look at omega-3 levels. I think that's the one people miss. Um, omega-3 uh sufficiency, and I try and get it through chia, flax, hemp, walnuts, chlorella, spirulina. Um, but you know, I like ALA, but I still got to convert my ALA over to EPA, DHA. uh you know check that um check your homocyine level. If you're not getting enough B12, your homoyine level may go up. You should be getting enough folate if you're eating big salads because leafy greens. You know, magnesium should be more abundant in a plant-based diet, but um you know, it's the soil quality and the rest. So either check a magnesium level or I take magnesium before bed and trying new ones all the time, different threeates and different glycinates and different acetates.

Inflammation and Diet: The Connection

But uh at any rate um so you know there are some companies out there making multivitamins for vegans makes it very simple um allin-one or just be aware of it. But the broader topic is our government says most people over age 50 should take vitamin B12 for their brain and nerve health, whatever their diet is. And those of us in the functional medicine world that do extensive lab panels know most people have 1 2 3 4 very easily identifiable vitamin deficiencies.

Hormones and Plant-Based Diets

And then if you get into the what's called and it's not a term I ever used till a couple months called the orthomolecular world which is the highdosese vitamin C world and the highdosese vitamin B6 world or the highdosese vitamin B3 nascin world with fascinating data you know it's not just about avoiding deficiency about it's

about hitting optimal targets which could be really quite high like vitamin C really quite high so um the vitamin replacement approach is a common soft belly for veganism. Well, you guys got to take a vitamin. Well, I don't find there much of an argument. None of them are expensive or particularly dangerous. You might have yellow urine from rioplavin, but you know, it's kind of cool. I always want to be more yellow than the guy next to me in the public bathroom, baby. And then let me just say inflammation. Um, you know, generally a whole food plant-based diet should be a low inflammation diet. Of course, you can check blood tests like high sensitivity C reactive protein. There is a randomized study published, I think it was 2018 out of maybe it's New York University, it was one of the Manhattan hospitals of heart patients given a standard American Heart Association diet or a plant-based diet. the end point 12 weeks or so was high sensitivity C reactive protein and it did fall on the um kind of an orangeish style low-fat um whole food plant-based diet. It didn't fall in the course of the weeks on the others. So we at least have some actual academic data that um you know there's many reasons you have inflammation, your dental health and your heavy metal burden and your sleep apnea. But from a food standpoint, there should be a rather uh anti-inflammatory diet if you don't have a a food allergy to something you know you didn't identify. So, you shouldn't be aarian.

Yep. Right. Talk to me a little bit about hormones and plant-based diet because I think right men with their testosterone, women with hormone balance and then I want to get into a little bit of insulin resistance and metabolic health because that always is the big Yeah. Right. Right. The big one.

is so I do I check a fair number I mean extensive thyroid panels a lot of male and sex female hormone panels on my patients um certainly if there's symptoms but sometimes otherwise just as part of a health and wellness check. Yeah, I think the literature doesn't say there's any consist there's two issues eating plant-based and hormones and eating a low-fat plant-based diet and hormones. Um, you know, I work with very good, very famous functional medicine doctors around even the Detroit area who tell me, "Boy, you got Mr. Smith's cholesterol down to 125 with your plant-based diet and he can't make enough pregn to support his hormone pathways." And I told him, "Back off and add in lamb." And I've said, "Where's that data that, you know, a whole food plant-based diet drops your pnegnolone and your whole, you know, cascade of hormones?" And honestly, the answer was, well, somebody told me it happens. And from the person this came from, and I'm going to keep my lips zipped on who I was rather surprised there wasn't an academic, you know, publication reference, uh, you know, word of mouth isn't enough when you're teaching doctors around the world. So, um, I don't see it. I mean, I see lots of guys with very low testosterone panels and all, but you know, they're of any diet and it's usually really unclear. One yesterday, you know, that's he's a Mediterranean eater, but there's plenty of fish and chicken in his diet. Total testosterone is 220 and, you know, he's got some symptoms, so I'm getting them referred out for proper uh hormone replacement therapy. Um, I don't see it. I mean there I would say the best doc who's written on this is Dr. Neil Barnard MD. He's in Washington DC. He's head of an organization called Physician Committee for Responsible Medicine. He's very plant-based doctor, but he's very academic. He he writes some of the he funds some of the best double blind randomized food studies that are coming out, 16week studies on insulin resistance, on weight. But he's got a book out about plant-based diets and hormonal status. And there's a lot of women PCOS, PMS, menopausal, hot fleshes, particularly if you're not soy adverse organic soy products. A lot of benefits of phytoestrogens, not animal estrogens on a lot of these syndromes. You know, there's data about men with erectile dysfunction. I'll go back to Dornish, you know, data, Dr. data. There's actually an ongoing randomized study at Montafior Medical Center in New York on whole food plant-based diets like an Ornish type diet on male erectile dysfunction, but the studies underway. There's no results to report. Um, but there are certainly many examples of erectile function coming back. We haven't talked about it, but a benefit of a very plantstrong diet or plant only diet is more dietary nitrates to make more nitric oxide uh via your oral pathway. If you don't use listerine and you don't use scope and you don't use fluoride toothpaste, then you shouldn't use those three products. And if you're not on a acid blocker like Protonics and uh Nexium because uh if you're not on the acid blockers and you're not on the scope and you're not on the fluoride toothpaste, if you eat a big salad, you make a lot of nitric oxide and uh you can see guys erectile function return uh just with diet alone.

Cholesterol: Understanding the Nuances

So uh that's the old you know nitric oxide pathway. So that's a hormone pathway too indirect. Yeah, absolutely. You know, I usually tell men, you know, ED is a combination of vascularity, nitric oxide, and insulin resistance. Yeah, correct.

your first signs of cardiovascular disease, right? And you know, going back to the hormone pathway, whether you eat a lot of protein, a lot of fat, or whole plant food diet, moving forward, the stress that most people are under is really what creates the hormone disruption at the core, right? It's a cortisol dominant environment within the body, which is going to steal your pregnenolone. It's going to steal your progesterone. It's going to use that to create cortisol versus creating DHEA and your androgens and your testosterone and for women your estrogen. So, there's a lot more than just this diet creates great hormones, but I like to address it just so people have a path as to what would adding in more plant-based nutrition do for you, right? Just like you said, nitric oxide. It's interesting you me mentioned Listerine and PPIs. I mean, I think you just eliminated 88% of the United States probably. They're all like, "Oh, no." Because it is. It is a very, very high percentage that have got some reason that they're blocking their body's ability to make optimal nitric oxide and, you know, it won a Nobel Prize in medicine. There's just no easy blood test. There's no pharmaceuticals. So we ignore, you know, a pathway in the body that promotes health throughout the body, not just the heart, but brain, sexual health, vascular health everywhere. And um uh we could do it with diet and a couple little modifications like we just said. Yeah. Well, let's go down the cholesterol path. It's a big topic today. I see a lot of people talking about it. I personally look at cholesterol and I ask more questions. You know, I'm not always trying to repress it. You know, for me, I'm looking at why is that cholesterol elevating? Is it vascular damage? Is it a need for brain regeneration? Is it a hormone imbalance? You know, what is it? But we're getting really granular on the testing. And so I would like if you would as a professional in the space of cardiovascular health explain to us how you look at cholesterol and then can we get into APOB and what that means particle size because there's just so many questions that come around it if you don't. Yeah for sure. And you know, I think I spend a third of my life ordering lab panels, big lab panels on patients and uh looking at them and reporting them back to patients with recommendations and you know some of it reading what's new, what's the latest science. Um certainly the traditional and everybody knows this. traditional cardiology framework for about seven decades maybe five decades uh 1970s 1980s is the higher the level of LDL cholesterol the greater the risk and risk is the key word because risk doesn't mean you're going to get the condition and talk about risk of atheroscerosis risk of coronary disease risk of heart attacks bypass stent sudden death the greater the LDL cholesterol the greater the risk we know it in the plaque of diseased arteries, you will find cholesterol. That's undeniable. Um, uh, you know, you don't find a lot of other things like sugar, which may be a very bad thing to eat in excess, but you find cholesterol. Um, and there's just so many studies that there's a straight line between the higher the LDL. But when you get down to one patient in your clinic, I can tell you from, you know, hundreds of thousands of patients, terrible lab values and no disease and relatively modest lab values and disease. So it's it's not the line may be straight when you've got 30 studies in a meta analysis. But on a single patient, it's very difficult to know and you got to test the patient. I'll talk about that in a second. And of course we used to say of course HDL highdensity lipoprotein the protective the one that did something called reverse cholesterol transport low HDL was bad. So we call it the happy healthy cholesterol because high was good. But in the last 1015 years there's without a doubt complete confusion about HDL because high is also a risk. I see people in my clinic all the time. I saw one yesterday with an HDL of 135. Now, some people will say there's something wrong with that person. Maybe it's a response to chronic silent infection.

This person doesn't seem to have that. It's, you know, it's clearly genetic also. And she just had a major heart attack. So, uh, HDL is now a sweet spot.

Uh, we don't want too low, we don't want too high. We don't have a drug that modifies it. So, most of us ignore HDL right now because there just is confusion and lack of therapeutic clarity. we, you know, we don't really know that we want to lower it and there's no really effective way to lower it. Um, the one we have to mention, everybody has to have their lipoprotein little a cholesterol checked, a genetic cholesterol that's on every lab slip panel, lab corp, quest, hospital panels, but it's the particle that everybody needs to know and nobody gets checked. you know, maybe one or two or 3% of clinicians will order it because it's therapeutic nealism. What do we do about it? We don't have anything to do about it. In reality, that's what I do. I'm sort of a lipoprotein a guru. Uh I see people all over the world with that.

There's a lot you can do for it. And we don't have drugs yet. We will have drugs in the next 5 years. Many studies ongoing. Hopefully, they'll be helpful because we need ways. Uh I have patients who have had massive heart attacks, strokes, open heart surgery solely because they inherited from their parents uh lipoprotein little a and they need a really powerful therapy that works. And yet same thing, it's a risk factor. I have 78-year-old patients who've got skyhigh lipoprotein A levels, meaning they've had it since birth and they don't have any disease. So you just got

to unpack people one by one. So, you know, I don't promote any particular lab. Uh, Dr. Mark Heyman has introduced the functionhealth.com, you know, $500 extraordinary lab panel, but it has lipoprotein A in it. So, my office phone rings a lot because people are finding out and my lifeforce.com I think offers labs like that. Life extension has offered labs like that for decades. You can find out and you should know. Uh, you know, and then you can do the advanced lipid particles. I still do them on everybody cuz it's really just a couple extra dollars. So instead of knowing total cholesterol, HDL cholesterol, triglycerides, um, and u LDL cholesterol, I think I didn't mention you get LDL particle number. You can have two people with an LDL cholesterol of 120. One is lean, exercises, eats clean, and one does the opposite. And by doing the advanced cholesterol panel, you can see significant differences.

Niacin: A Deep Dive

If you look at the LDL particle number, one person with an LDL of 120 doesn't have that many particles in the blood, but the particles that are there are all chuck full of cholesterol. So the LDL particle number is pretty low. And studies say that person's at lower risk for aththeroscerosis than the other LDL120, not such a great lifestyle, probably insulin resistant person who has these small little and very prolific number of LDL particles. So you have LDL particle of 800 in one and 2200 in the other. And the one with the 2200 LDL particle number is at greater risk. And there's certainly a few large long-term studies that say the LDL particle number performs much better than LDL cholesterol. Apo B is a great test. It's a blood test. Apo lipoprotein B. Cost a few dollars. It's been around for 30 to 40 years. And there are certain people like the famous Dr. Thomas Daypring, MD, a lipid expert in New Jersey. They've been talking about this for decades. But every LDL cholesterol particle in the blood has an apo lipoprotein encircling it. But also of key importance, every lipoprotein A particle in the blood has an apo lipoprotein B encircling it. So by one number you can measure the two most atheroscerotic particles that might be in the blood. 25% of people have both. So I track apo lipoprotein B in everybody but particularly in the 20 to 25% of people that we identify have inherited lipoprotein little A and you know if I do an intervention maybe I start extended release nasin maybe we start hormone replacement therapy maybe we put in a food and exercise program maybe god forbid we add a statin which does not work for lipoprotein little a but sometimes is needed because of other pressing cardiac issues.

uh following and tracking the APOB is the best way to know if we probably benefited or did not benefit that patient. Interesting. Talk to me about nascin and the impact on those numbers. Yeah, niacin is a little pet project of mine. Um talk about it for a long time, but briefly it is vitamin B3. Some people argue it's not a vitamin. Some people argue it's an amino acid because if I remember you can make some nascin in the body from tryptophan um and um it has this distinctive reaction of causing if you take enough of it particular if you take lane nasin uh it releases prostaglandins in the skin and there's a hot flush that might last 10 minutes 30 minutes some people enjoy it I kind of like it some people uh do not enjoy it and once in a while it's more than a flush you can get a rash from nin a very safe drug that in 1955 was discovered during studies that were being done to use highdosese niain for schizophrenia and mental health which works. It's published there's books written on it.

Top Plant-Based Foods for Heart Health

It was used widely in the 50s and 60s but when prescription drugs like held doll came out u you know orthomolecular psychiatry sort of fell out of favor there's still people doing it but it was discovered in 1955 that it lowers cholesterol and it does everything right. It lowers total cholesterol, LDL cholesterol, triglycerides a lot. Um, raises HDL cholesterol, and it took a few more decades, but about 20 years ago, it lowers lipoprotein little A. So, it's about the only single pill out there that hits all those targets favorably with a very safe liver profile. It can raise homocyine a little bit. I track it, but it's been very minor. Um, it doesn't do much to blood sugar. Some people ask that question, but so I still use a lot of extended release nascin um particularly in my lipoprotein a patients and it can be dramatic. We don't have a long-term outcome study.

Misconceptions About Heart Disease Prevention

So I have to tell people I don't know that this is going to reduce your future heart attack and stroke but man I sure made your numbers on paper look a whole lot better and you're feeling fine and I'm you know it's costing you 25

cents a day instead of uh some other you know uh not so reasonable number. So I still think there's a role for nascin um uh there's an interesting old data about using non flushing nascin for degenerative arthritis. So we do some of that in my clinic. You got to read these old papers. Um yeah, the real lab testing though, and it's not lab testing, people need to know their arterial age. They need to get a really good corateed ultrasound called a CIM ultrasound, which is hard to find. And and although I do not like CT scans, there is a $100 coronary artery calcium CT scan, which is the equivalent philosophically of a mammogram or a thermogram or a colonoscopy. you feel fine, but are you at age 45 to 50 developing early signs of a disease that we can jump in and try and squash or reverse with a lot of what we've talked about. So, um if you have a high cholesterol and a high lipoprotein A, but your curate and your heart arteries are clean, I'm very permissive and I look for, you know, root causes.

Can't always find root causes. Genetics is a lot of it. It's 100% of it for lipoprotein li. And if you're developing, you know, early aththeroscerosis, we got to really work hard. Yeah, absolutely. So, what are your top plant-based foods you would say to our audience today that every person needs to eat more of? Yeah, there. I'm going to steal two acronyms because they're so good. Dr. Joel Ferman created an acronym Gbombs.

Some people have heard of it. G for greens, B for beans, O for onions and mushrooms. Well, M's for mushrooms. B's for um berries, and S is for uh seeds and nuts. G B O M B S. Um as a you know, that's not all you eat, but that would provide a lot of these critical phytonutrients and fiber. And one of my favorite health gurus is Dr. Russell Jaffy in Washington DC, Virginia. He's got one at GG OB ginger, garlic, onion, brassica, because those are sulfurrich foods and that may not only augment your nitric oxide production, your immune health. So, ginger, garlic, onion, brasacica, well, brasa being broccoli and, you know, um, kale and bok choy and, um, Brussels sprouts and all those wonderful things, right? All the foods nobody eats. So, as we finish up the podcast here, um, what do you think is the biggest misconception about heart disease prevention?

Sadly, most people still don't uh realize that it is preventable and reversible. It's not perfectly reversible. You know, you're not I can't make your bypasses disappear, your stances disappear, but you can shrink plaque. There no doubt about it. And you can prevent plaque. The earlier in life you start, the better. Even if you've been handed a genetic high-risisk profile, you can hugely influence it by, you know, we've talked about food, but obviously sleep and don't smoke and good fitness and stress management and optimal nutrition in the north. Uh, so that's sadly people I mean 98% of my patients coming to see me for the first time have seen cardiologists and have never gotten 5 seconds on nutrition. I just have them watch Forks Over Knives.

I mean, I don't I have good dietitians in Detroit. I don't employ them here. You know, watch What the Health. Watch Forks Over Knives. Read a book and let's have a little discussion. Listen to Tracy's podcast. Do something. But, um, you know, don't wait for your cardiologist or primary care doc to probably give you a nutrition seminar. I hope that improves in the future. Yeah, certainly a misconception. And I mean soy, the whole soy topic, I don't know where you stand on that, but largely phytoestrogens are not dangerous. The the substances found in soy and some other products and they seem to have some pretty protective aspects. That's the second one comes to mind.

Conclusion and Resources

Well, that's an interesting topic. probably we could go down a whole rabbit hole there that started with the entire you know estrogen dominance breast health but I I I see as we move forward Dr. Jen Simmons, who is a former surgeon, she's a good friend of mine. She's going to be on the podcast later, but you know, her entire functional medicine practice now is all about breast health and she's a big proponent of soy, right? Yeah. Yeah. I've interviewed her, she's interviewed me, and you know, I agree with her. I would say number three, and I've done whole grains. You know, people like Bill Davis and David Pearl Mutter are wonderful people, but they made people grain phobic. And for many of us, you know, forget about how I feel eating whole grain. The research says over and over longevity foods, nuts and seeds, legumes, and whole grains go around the world. It's the same equation. Actually, fruits and vegetables come up lower on the list than nuts and seeds, legumes, and whole grains. So, if you like Ezekiel bread or you make a homemade whole wheat bread, uh I tell my patients, you know, go for it. It's right more fiber, more short chain fatty acids, more butyrate, all the good stuff. There's more danger in how our food how our raw ingredients that we're using to cook are processed and poisoned versus the food itself that you know I always say we're so foodhobic now. We we just put people in food prisons and we're like that we think we're good practitioners and that's not what every person needs. What works for one doesn't work for another. And I

have clients right now that I'm thinking of that I'm gonna go back and say, you know, from listening to Dr. Khan, I think you need niacin. And I after listening to Dr.

Khan, I think you should explore a vegan or at least plant-based diet because of the numbers and they're not moving. So, you know, a good practitioner is going to take in the knowledge and turn it into a powerful play. You know, it's about me thinking one way and you thinking one way. what works and what what does the science say? So I do appreciate that you are always well researched. I can count on you to bring three or four studies to any you talk about which we need to have that because there's a lot of influencers and I I look at you as an influencer Dr. Colin. I mean you have a really wide reach but there are many influencers out there that a are not a clinician. They don't sit in the chair with people. They're not looking at functional testing. They're just saying things. And number two, they have no science to back it. Nothing. It's just opinion. So I think that is where a lot of the confusion is now coming in with a lot of people that are trying to be healthier. So do appreciate that's how you process. Thank you for having me on your wonderful podcast. Absolutely. So how can people find you? Are you taking new clients and patients? Also, do you have any resources, books, anything where we can find out more about your research? I usually have some of my books in my study, but one of my kids has taken over my study for a couple months, so I don't have any of the show and tell, but um yeah, I take new patients from about 25 states, all the big ones, California, Texas, Florida, New York, and Michigan, Ohio, all the ones around here. um druelcon.com djelk ahn.com there's a link to my podcast my blog but my clinic and I I love patient care yeah my colleagues are retiring and I'm just gearing up just getting going just going to open a few more clinics right well I'll put your link in the show notes plus any other resources that you have including your book so that people can find out more over your 40 plus years in the industry and I want to say thank you so much for your heart and for your faith and for just being there and you know taking a different approach to preventative cardiology uh than what we see in mainstream medicine which I really think we need. So thank you. Be well. All right. You too. Thanks everybody for joining us today. Uh make sure that you like and subscribe to this podcast and also to any other social channels. Make sure you connect with Dr. con because he's always such a wealth of information. And thanks for joining us today.