Stop Aging Your Heart: Science-Backed Solutions You Need Transcript

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Introduction and Michael Gregeru2019s health habits

This is doctor talks. Real talk from real doctors. Only issues that matter to you most. Well, I know everybody's as excited as I am, and I am really excited.

And I'm high energy even when I'm not excited to have the amazing and the great and the world expert Michael Greger, the author of the How to books It's Not How to Fix Your Cards, How to Fix Your Body books.

It's so good. And I am actually holding one of them just by chance. There's somebody in the world doesn't know about how not to die and how not to diet, and how not to age with another book coming up.

Always is the term doctor Gregor D'Souza. Thank you, doctor G. Happy to be here. I'm always, looking for ways to support your great works. Thank you. It's kind.

I know you're standing. You're not walking right this minute, are you? I'm. Well, I can turn it on. I just, everyone always complains. I make them seasick.

Well, you're welcome to it if you need it for your 38,000 steps a day, go for it. Very well. I'll. Yeah, I'll try not to make people nauseous. I am standing, I used to have a under desk treadmill, and then I decided because of patient feedback, they didn't want me swaying like I was on a boat back and forth, and I kept spilling things.

Anyways. Yeah. And an interesting new study actually said, you know, when you sit all day, you certainly promote cardiovascular disease. Oh, stand all day.

You don't prevent it. You just end up neutral. And they talk about, you know, issues of varicose veins. I stand about seven hours a day. I mean, I'm, I'm a big fan of getting off your, your, bottom as much as possible, but I'm with you.

Yeah, absolutely. So let's talk heart disease, reversing heart disease. Naturally. Summit. Maybe this is an oddball question, but you're in your early 50s.

We were just celebrating your birthday. It's one of my favorite days of the year when everybody should donate to Nutrition facts.org and, have a nice giant arugula salad with a candle in it or something.

You make you hungry. What do you do? And you can, you know, be as personal or as sort of, vague about it. But what do you do to prevent heart disease in Michael Gregor's body?

Because, you know, you are here on the planet with us? Diet that since 1990, since, Ornish his lifestyle hard trial. I've been, trying to eat healthy, centering my diet around whole, healthy plant foods.

I encourage people need primarily plant based, not necessarily exclusively bland. Plant based diet is really more about getting people to maximize the intake of the healthiest foods out there, right?

As physicians, we realize that you know, labels like vegetarian, vegan. Just tell us what you don't eat. I mean, do you actually eat vegetables? And of course, it doesn't matter what you done your birthdays, holiday, special occasions, day to day stuff, it adds up on a day to day basis.

Preventing heart disease with a plant-based lifestyle

Really? Should I center our diets around natural foods from fields, not factories, unprocessed plant foods? Okay, well, that would be a good protective shield we already mentioned.

You're obviously famous for walking a whole heck of a lot while you work. Do you have you ever calculated how many steps a day you get on a busy day at the desk?

Well, so it comes out to, like 14 miles an hour. How many steps that is. Wow. It's about 5000 steps a mile. So that's helped me large 70,000 steps. The world record.

Other than maybe a post. It's very slow. It's like two miles an hour. So I'm not even getting my heart rate up. So it's really just not being sedentary more than actually an exercise.

Yeah. Do you own a home blood pressure cuff or when you do visit. Oh. I my blood pressure is perfect. But, and part of that is from, sodium restriction and eating healthy foods, but.

Yeah, but if I did have problems with blood pressure, I would check it more frequently. Is there? I'm thinking for a minute. It was your grandmother at the Prediction Center, right?

Wow. Oh, absolutely. Absol. All right. With Nathan prediction in the 70s. 70s. Yeah. Late 70s. So I was going to ask you if there's any family history of cardiovascular disease in the Gregor clan, but, there isn't any.

Yeah. Parents do or parents not, parents. Not my parents, not, but, dad Parkinson. So that's something to, to, worry about. And, Yeah, maternal grandma Alzheimer's.

Had, pancreatic cancer in the family. Paternal grandfather. Yeah. Well, you know, you know, the sad truth is, even the healthiest person in the world does, leave the world at the end?

We haven't yet, match Methuselah for, longevity. So we have to pay attention to our family history and genetics, too. And, yeah, I'm going to just ask 1 or 2 more Michael Gregor specific questions.

Do you actually get bloodwork about once a year? I sure it's actually, it's on my list. The problem is, I live in the middle of nowhere these days. And so, I mean, I'm overdue for the dentist.

I'm overdue with, like, all the kind of standard stuff. I know. We're going to edit this. We're going to edit this right out. I'm sure you have to be perfect people or.

No, no, I yeah, I it's just it's just to get into civilization. It's a yeah. Yeah. I mean, see, if I was forced to get groceries, but now with like Instacart and stuff, like, literally, I don't, I don't have to take my jammies off or anything.

And so it's just hard to, to, to get in and, you know, I haven't been traveling since the, you know, what's the what's the book tour ends now? I can really kind of, you know, get into to deep work mode.

Yeah. And so, yeah, some of these things I've got, I've got to catch up on. Well, next time you wander through Detroit or I do have a clinic two months, a year in Boca Raton, Florida.

Nice. Right. You are an honored guest, and, nice. Well, go ahead. And. Oh. And, even even run that fancy, advanced glycation end product scanner. I. Oh, oh, now you're now you're getting me excited.

Oh, yeah. I'm nuts. How much is that monster? It's about $6,000 machine. Okay. I'm not I'm not charging. Just if since people listening don't know what that we're talking about.

So cool machine from Europe. Oh, cool. Yeah. I mean, so you can you can measure advanced glycation in products in the blood, but it changes based on what you just had a meal where it's the up in the in the skin gives you a sense of kind of long term.

Yeah. Yeah. So super interesting. Now I, you know. Yeah. I'm finding it so interesting. I'm not charging patients. It takes seconds. I can exactly, you know, put a big price tag on it.

Family history, testing, and advanced glycation markers

I just buy in because it's such an interesting science. So cool. Yeah, I'm fortunately not some of the, most dangerous age is actually not auto fluorescent.

And so you're getting kind of a subset. Know that you're right. The methyl like Cox. Right. So but, but but but you know, but presumably they're traveling in similar foods.

And so I mean, it gives you it gives you a sense. So certainly yeah it really fascinating film. Not surprising, but I'll give it up to the fact that, you are up to date, because that is the one limitation.

But there is no lab I can find that offers the blood levels. They do it in research studies, but. Right, right. So I want to know and I and the last question I don't want you to answer is what your Guarneri calcium score.

But when you're in Detroit or when you're in Boca Raton, I'm going to nail you in a CT scanner for about five foot, and maybe we can hook a treadmill up to the CT scanner and you can walk away right in there.

But there we go. There we go. And they make me director of cardiac health for the new, Maha movement. Everybody gets a calcium score at age 45 or 50. There we go.

All right, all right, so you've got a chapter in How not to age called preserving your circulation. Thank goodness nobody talks about heart disease. The big elephant in the room, literally.

So, you have such wonderful subchapter. So, normal cholesterol is a deadly cholesterol. And, in fact, I trained with William Roberts, the famous cardiac pathologist, that you quote.

And, of course, he was editor. He just passed at age, I think, 95. God bless him. He was editor of the American Journal of Cardiology. And, man, when you submitted a research paper, Red ink everywhere, he was a cruel editor, but he was awesome and, always admired him.

He used to say, we kill the cows and the cows kill us, which is, I quote, you can put it in a next book, but, tell us you talk a little bit about populations that genetically are born with a defect, like a Pcsk9 variant, and they whole life have a low LDL cholesterol.

That's got to be bad for you because you need that cholesterol for your brain. Tell us what happens to these lifelong low LDL cholesterol people. What they get is what are what are referred to as longevity syndromes.

And that's one of the ways we know that the relationship between LDL cholesterol and heart disease is cause and effect, because people, regardless of what they eat, if they are just born with a genetic predisposition to have a low LDL cholesterol their entire lives, what they what happens to them is they live longer, or they have less cardiovascular disease.

And so that's where we got the whole idea for these Pcsk9 inhibitors is, well, wait a second. If we can tinker, with the same gene pharmacologically, maybe we can get the same kind of benefits.

What's interesting about the studies suggest that this, sense of, of cholesterol years, just like we have, you know, pack years for smoking. It's not just.

Do you smoke or do you not smoke or how much do you smoke? But how much do you smoke? And for how long do you smoke?

Cholesterol, plaque years, and statin tradeoffs

There's this kind of building up of risk, such that, you know, you, you get a sense with pack years of how many packs a day have you been smoking for how long?

Similarly, there's a sense of, well, really cholesterol. Years matter. How not only what's your LDL cholesterol, how high is it? But for how long has it been high?

And that's why what's remarkable about these longevity syndromes is that their LDL really isn't that low when one would expect. So you get your LDL. If you have a lifelong LDL under 100, you can get the kind of remarkable benefits that you would get later in life trying to shove your LDL down to 70, for example, for primary prevention or down to 30 or lower for secondary prevention.

And so if you don't get on the train till later in life and you've been, you know, building up this, plaque and inflammation in your arteries, then you really have to shove your LDL extraordinarily low to get the same benefits you would get, from a lifelong of, a more moderate LDL.

And so that's why you when you see these populations, like in sub-Saharan Africa and rural China, that, you know, do not have or historically have not had epidemic cards and you're like, wow, I bet their LDL was like, you know, 15 their whole lives to get that low rate.

But no, it actually wasn't that low, but it's because it wasn't that high their entire lives that, you know, you don't get that, build up across the population scale.

Yeah. In fact, you know, one of the most esteemed cardiologists in the country is Eugene Brown Wall, chairman of the Department of Cardiology and the Harvard Medical School system.

He's like 96. He's been publishing since the 1950s. And he published a paper in the summer of 2024. And the term he uses is plaque years. Oh, I was your cholesterol.

For how many years is your cumulative risk for our, blocked arteries? So we should be teaching kids and teens and young adults to live a lifestyle of Michael Gregor's diet.

There's no doubt about it. The daily does. And, healthy measures. Right. Lot of the. I'll even throw in a few g bombs here and there for our mutual friend.

Doctor Furman, a wonderful guy. So the problem with these people that have this genetic, inheritance where they run a lower LDL their whole life is they don't get to be on statins.

Apparently, they don't develop heart disease. You know, you did a pretty nice job. How effective are statins? I was, they say first statins. Reggie's rice.

Do you think it should be in the water, or do you think, we shouldn't put statins in the water? The biggest concern is diabetes risk. And so, you know, if statins didn't, didn't contribute to diabetes, I think, you know, many of these muscular complaints are really, overblown and kind of a nocebo effect.

You know, when you when you actually take people who claim they have these muscular symptoms, the standard drugs, and you actually randomized them to placebo or not, you know, week by week.

Often people cannot tell whether they're actually on statins or not. But but yeah, the this, the, the increased risk of, of diabetes just because diabetes such can be so devastating in terms of increasing risk, you know, river blindness and kidney function and kidney failure and lower limb amputations on down the list that from a population scale, I wouldn't want, to, to bump it up.

Now, of course, you know, diabetes down like killer number six, heart disease, killer number one. And so, look, if you had to take the, you know, you then, you know, it's not even a competition.

But if there was a way we could decrease risk, both of heart disease and type two diabetes at the same time, that would be a preferable option. And you can do that one. Heck, does that.

What the heck does that, healthy enough lifestyle. And you can treat the underlying cause of both those conditions which is raise LDL cholesterol and insulin resistance.

Yeah. And I got to say, as a, you know, I still have a very busy practice. I see a lot of mild, hypoglycemia, elevated blood sugar, elevated hemoglobin A1, see, in people on statins.

And there's ways to get around it best by reducing the dose. And, or, you know, teaching lifestyle and maybe getting them off. I actually stopped, patients atorvastatin 40 milligram today because he has no heart disease.

And we don't treat with chemotherapy if you don't have cancers. I don't believe you treat with statins when you have no heart disease. Of course I did the appropriate tests.

He has terrible low back pain. I'm very curious if he's gonna call me in three weeks and say miracle worker, but I don't know. That's a fact. So you go on.

I'm a you know, I'm a formally trained and board certified interventional cardiologist. You know, maybe 10,000 stents, in my history. But it's been a decade back, and you have, subchapter called The Great Stent Scam.

And frankly, I own the trademark prevent, not stent. That got me in trouble at my hospital, long ago. But tell us, your perspective on, you know, wildly placing stents, which is pretty simple to do, but why are you not a fan?

Yeah. Well, so in in emergency settings, stents can absolutely can be lifesaving. But otherwise, may do more harm than good. And we, know this from, you know, from these, remarkable, studies where they did, sham surgeries.

You talk about, you know, it's easy to give somebody a placebo pill, all of your, you know, testing a medication. But, you know, how do you how do you do?

How do you do a placebo surgery? Well, you literally can, you know, cut into somebody and shove a catheter up. And at the last minute, you know, eject a stent or not, and you can and people, you know, they have the wound, they went through the thing, and then they will, like, have this miraculous, alleviation of their angina.

And they say, this stent was amazing. I'm going to invest in this medical instrumentation company. When it turns out they're in the placebo group and that they actually never got a stent at all.

Actually, angina is really remarkably, Susceptible to placebo effect, and I forget the exact number.

Stents, sham trials, and when procedures help

So there's a number of things, osteoarthritis, that, that and some things that are less susceptible to placebo effects. But there's certain things like angina that you really have, you really have to make sure that you discount that.

And the same thing goes with lifestyle interventions. You put someone, you know, radically changed the way they're living, the way they're grocery shopping, the way their entire family's eating.

And all of a sudden they're feeling better. Actually, how much of that is, particularly early on? Yes. Maybe it's, improvement at artery function. You're certainly not affecting the structure of the arteries at that early stage.

And so, yes, maybe you're getting a little more nitric oxide or something, but part of that may be a placebo effect. Whatever keeps people on the program.

So they actually are staying on a long enough to get the long term proven benefits. You know, whatever it takes. But, you know, but, you know, when, you know, Ornish says, look, 80% drop in angina.

Well, you know, if you just give people a sugar pill, I forget what percentage drop you get an angina. But it's really, it's, it's not trivial. I agree with you and my general approach to patients who see me in the clinic.

Do I need a stent? Is if you are healthy enough to be discharged from the hospital, the emergency room, or the cath lab to consider what's going to happen.

You're healthy enough not to get a stent. And we've got, you know, the lifestyle hard trial and doctor assistant experience. And, the orbit, is the, randomized sham study out of England, one of the boldest, craziest studies because we have so controversial.

Like, I mean, it was like they were accused of like, you know, Nazi doctoring, you know, human experimentation. Until, of course, results came out and it's like, oh, yeah, yeah, yeah.

And we got that monster trial called the ischemia study with over 5000 people, bad heart disease, either randomized to an early stand or bypass or watched on good medical therapy and then critical therapy.

And there was no benefit at three and a half years. So I agree with you, as you said. And there and there is, and it's not just always a waste of money and time, but, you know, there are rare, serious, complications that can occur like.

Yeah, well, you know, little, little below the minor ones, too. Yeah. Okay. Yeah. And, and and just and when you do millions of procedures, you're going to end up with some really tragic cases.

That is, if the, if the risk benefit, equation work is totally understandable, that's what medicine is all about. But if you if there actually isn't, the benefit that people are being sold on, then it's really scandalous.

I totally agree. You know, people do sign an informed consent form, but that doesn't mean they really expected age 48, having played golf yesterday to come out in a pine box.

And it does happen, even in the hands of qualified, competent people, but sometimes not so competent. Qualified. Well, let's go to the topic, here about, doc, I don't want to eat vegetarian.

I hear they have more strokes and more bleeds in their brain. And I, you know, I saw a carnivore tell me that the vegetarians are, dropping from a stroke risk.

So where is Doctor Greger? In that nugget? Yeah. So the, epic Oxford study, found increased risk of hemorrhagic stroke. Now actually found decreased risk of cardiovascular disease overall.

But that's because the drop in heart disease risk, overwhelm the increased risk of hemorrhagic stroke. So if you're worried about cardiovascular disease, even based on that worrisome study, you'd still, want to be eating that way.

But it certainly raised the question, particularly looking at the risk factors associated with stroke. You think you would expect having lower blood pressures, etc., that we would see, a decrease in risk.

And so that led us to think what are we missing here? So I did a whole series uselessly. I did a whole series of videos talking about, you know, the various hypotheses as to why that might be the case until, of course, what happened is once that story was published, it was so kind of shocking to everyone.

Everyone took their cohorts that they've been flocking to the Harvard folks looked at their cohorts, everyone looked at that, and they already had the data and they were like, okay, let's drill down and see.

So there's been five studies, done so far.

Stroke risk, taurine, and omega-3 supplements

Since then. And you put them all together and, turns out visions have lower stroke risk overall. And that, that the Oxford vegetarian, result appears to be a fluke.

And so it turns out I wasted a lot of time, digging into the hypotheses, but, you know, we should not take for granted. We should not just assume that, you know, kind of one and done, that.

We kind of have the answers, and then we know what's what's what's healthy. Nutrition is a dynamic, exciting field. Things are changing all the time. And if we need to eat something different, we will eat something different.

You know, I just did a deep dive into taurine, you know, this, this landmark, study on showing, extraordinarily extraordinary healthspan and lifespan benefits of, taurine supplementation in laboratory animals.

Yes. Actually came out. It was actually published after I had submitted my manuscript for How Not to Age and so, only now am I able to go back and do the deep, dive necessary.

And so in February, I'm going to be doing a webinar whether we all should be taking supplementing with taurine. Very interesting. Kind of like the sperm 18 story where, yes, our body makes it, but there's a decline in our, our body's ability to produce it and whether restoring insulin levels will have beneficial effects.

What are the pros? What are the cons? What's the dosing frequency source, etc., etc.. Really fascinating story. And that's the kind of thing where one study can really set us down a different path and really change, how we look at things, crossing out the commercial name because we're not doing a product, sales pitch here, but this is a little powder I personally take that has taurine and sperm.

There we go. It's actually very, very inexpensive. And, you know. No, we don't know for sure. Know a gram of touring costs a penny. Yeah. I mean, I mean, it's absolute dirt cheap stuff.

And so and so it's convenience. The question is, is it safe? What is the downside? Blah blah blah. The contraindications super exciting. Very interesting.

You know, people eating strictly plant based diets have about 20%, lower taurine levels. We didn't think that in any clinical, implications. But and we never we know, but we didn't really look into it.

And now that we're looking into it, we may have to change our mind. So it's just an example of, you know, we can't sit on our laurels, and we have to constantly, you know, keep an eye out for ways to, make things even better.

Yeah. And as you have mentioned in your lectures, in your book on how not to age, you know, wheat germ is a source of sperm, adding, I'm not sure I need to read your what's a natural source for taurine that's in the plant world because it is richer in some animal products.

So, you know, studies will go whether this is a cheap, you know, reasonable supplement, it does tend to support a healthy blood pressure too. So a lot of people need that help anyways.

All right. Let's I don't know right. We have to have good human data on on blood pressure reduction. Yeah. One more topic. The old fish tale. You know, my cardiologist told me I should be taking fish oil every day, even if I'm a vegan. I need fish oil.

And that's, you know, a raging controversy between doctor McDougall camp. God bless his soul. I confirming gab. But it's also in the middle of the cardiology world.

So what did your analysis, lead you to conclude about routine omega three supplements from fish oil? Yeah. I mean, so it's really an interesting story going back to the original Dart trial showing this remarkable, reduction in, cardiovascular risk, people don't forget about the dart two trial, of course, was even bigger. Showed opposite results.

Basically. Look, the latest meta analysis of any kind of controversial question, the latest Cochrane review, finding that, that high dose fish oil supplementation or advice to eat fish, does not appear to reduce, cardiovascular risk.

If anything, the only omega three they found associated with lower risk was Ala of London lactic acid, which is kind of like the short chain, omega three found in, you know, walnuts and, you know, flaxseeds and hemp seeds.

And so, so, yeah, I mean, so it appears to be a, a fish tail, although it birthed this massive, really profitable, you know, fish oil industry. And so I talk about these latest, but and, and it birthed some really good trials. Right.

So we had these, these small trials which kind of flop back and forth, and then we just had the publication, what, 4 or 5 massive trials where we randomized people, and they all universally flopped except one which used as a, as a, as their control group.

They gave people, a mineral oil which has its own negative properties. And so, when you see benefits. So it's kind of a it's been accused of kind of using standard kind of big pharma trick of, you know, pitting your product against something that's known to be substandard, to make your product look a little better.

That's the only one that suggested that any benefit. And so really, at this point, the, the science really seems to be, tipping away from, routine supplementation of omega threes.

Okay. Well, I think we've covered, you know, 5 or 6 really hot bullet points. And for the viewing audience, I think they learned a lot.

Vitamin D, public health, and closing remarks

I think we're going to do a go Fund Me to pick you up in rural, area right there, Mike, and fly into Boca Raton and we'll get it. Oh my God. Love it. Yeah. Give me five program. Oh that's nice.

You know I want one thing I have to do is check my levels. I had such low D levels despite supplementation. I had like the D levels of an institutionalized elder.

But you can just focus. I don't get outside, you know, at all. I don't get and so and so. But then I ramped up my southern state. So then I started taking like 5000 days a day and actually gotten to toxic levels.

Oh yeah. Yeah. So I got that. So, so I really should follow up and make sure that I'm not doing myself harm. I think that would be good. And if you want to check your D in the D, as we call Detroit, but I'd still suggest Florida would be a better option.

It sounds good. That sounds good. We got mine. Still is. Sunshine area. All right. And let's get you in the new administration to, All right. I like my high as eyes a good goal and make, America's heart healthy again is certainly. Love it.

And I don't hear a lot of people talking about that. They've got other agendas, which may be quite important. And beneficial, I think. I don't think we need to talk about healthier Froot Loops.

I mean, I think we need to talk about banning Froot Loops and, here we go, here we go. Did people I love it, oatmeal or, a nice flaxseed smoothie. But thank you for your time.

We'll be looking forward eagerly. When the when is, new book coming out late 25 or early 26. Like 25. Okay. 25. Well, that is soon enough. They will be lining up and pre-ordering it and being sure we push it to the top of the New York Times bestseller list where it deserves to be.

Right. Fantastic. Now keep up the great work. Thank you Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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