Introduction and guest background

Hello and welcome to this episode of Bioidentical Hormones and Mental Health. Overcoming anxiety, depression. Brain fog and ADHD in women. I am your host, Doctor Cassie Smith.

I am a holistic endocrinologist based in Oklahoma City. Today I'm interviewing Doctor Joel Kohn. He's a cardiologist who's going to talk to us about how heart disease and brain health really matter when it comes to hormones.

So, doctor Joel Kohn is from Detroit. He's a practicing cardiologist and a clinical professor of medicine at Wayne State University School of Medicine.

He graduated summa cum laude from the University of Michigan Medical School. Known as Americans America's Healthy heart doc. Doctor con has his triple board certified in internal medicine, cardiovascular medicine, and interventional cardiology.

He was the first physician in the world to certify in the metabolic cardiology with a forum in Army and the University of South Florida. He founded the Kohn Center for Cardiac Longevity, longevity and, Michigan as well.

Doctor Kahn has authored scores of publications in his field, including articles, book chapters, and monographs. He writes health articles and has six books published, including Your Whole Heart Solution, The Plant Based Solution, and lipoprotein a The Heart's Silent Killer.

He has regular appearances on Doctor Phil, The Doctor Show, Doctor Oz, The Larry King Now, and Joe Rogan Experience. He's been awarded a health a Health Hero award from Detroit's Detroit Crain's Business.

Doctor Kahn also leads the annual online summit Reversing Heart Disease. Naturally. So thank you for joining me on the summit. Thank you. It's really a great, important topic.

I'll tell you, I'm a big fan of bio identical hormone therapy for women. I don't prescribe it. I find the best I can find around the United States in the world, and they do such a good job.

So I'm happy to talk about heart disease in women. It's a that's a crucial topic. It is. And so maybe you and I can become friends. We were just chatting about how we're both licensed in several states and can help people because there are I know there's a lot of people who listen to this and who listen to me, and probably you who live in other states and have a hard time finding people to actually help them, you know, be healthy once they understand the importance of hormones with their heart.

I agree completely. And, yeah, we we help people in about 20 states and, I'm going to keep going for another 35 years. I've only been in practice 35 years so far.

I love that. So I've said on my social media and on one of my podcasts prior, you know, heart disease is still the number one killer of men or women. I'm sorry.

And also just to point out, it's not only the number one killer of women, but it's it's it kills more women than the number two through 16 causes of death combined.

I don't know if you knew that, but. So it's more than cancer. It's more than, you know, all the other things. Suicide. So heart disease is still the number one killer of women.

And I'm sure you know this. I tell my patients this all the time. The other frustrating thing with it is that two thirds of

women that die of heart disease typically have never had a symptom prior if they're postmenopausal, right?

So a lot of women will just have heart issues and die. If they're not being screened, if they're not really listening to their symptoms, things like that.

So it's very, very important that if you're a woman listening to this or you love a woman listening to this, that you make sure that they listen to this.

Why heart disease is the top risk for women

Not only is it the number one killer of women, but it also presents most commonly after menopause, which is why I have you on here to talk about heart disease and and hormones and the loss of hormones impacts not only cholesterol, but weight and sleep, blood pressure, vascular health.

So I've talked to people about this a lot. It's not just, you know, your heart. There's lots of things that hormone loss will impact. But we're going to focus on the heart today and actually doing, you know, bioidentical good hormone replacement therapy will lower your risk of heart events.

And so that's what I want you to kind of talk to the listeners. That sounds like we've got a lot to talk about. We'll go fast. The only other thing I'd add to your wonderful summary is if you wait till a woman woman has heart disease, a heart attack, a stent, a bypass, they do not have the same outcome that a man does.

They do worse. So you can't be satisfied just waiting to find out. If you get heart disease, you have to be more proactive. And we have a medical system that searches for colon cancer, breast cancer, cervical cancer and a man prostate cancer.

We don't have a medical system that searches for silent, asymptomatic, early heart disease. But let's knock it out of the park for your audience that that's wrong.

And it's not expensive and it's not elite. And it's been around for a long time. And, how do you do it? And all of that? Yeah, I would completely agree.

By the time you have heart disease as a woman, you're in trouble, right? Because it's hard to it's hard to go back and fix all that. What we want to do is prevent it.

So why is heart disease so common in women? Can you tell us that? Yeah. Well, one quick fact is it's just common in humans. We are unfortunately in a big disadvantage.

I imagine when we lived an average age of 30 to 35, not that long ago, you know, when we didn't have toilets and sewers, we lived age 35. We were dying of, you know, junk everywhere.

It didn't matter that much. People do die of heart disease before age 35. But we're really talking now about the modern era. We're in women. It's a post-menopausal event for many, many women.

So, you know, we're predisposed the way our intestines and our metabolism are. We build plaque in our arteries. Some species don't. Dogs don't do it. So we need to teach everybody they're at risk.

And until we prove that they don't have the disease, just assume you have heart disease. Lead your lifestyle in that manner. But go get the details. Check it out.

That's number one. Number two, women go through that cataclysmic hormonal episode called menopause. You know, men gradually dwindle down in terms of their hormonal support of their blood vessels and cholesterol and sleep and the rest.

But women, you know, it's a dramatic, as you know, better than anybody as a specialist in the area, dramatic

collapse in hormonal support. And we know that hormones like estradiol and progesterone and pregnancy alone are supportive of good artery function.

And you mentioned some. Yeah, there's optimal weight. There's supportive of optimal cholesterol levels. Support of a better sleep, which is now considered as important almost as exercise to get seven eight hours of sleep.

So it it all just is a scaffolding for better health. It collapses between age, you know, 48 and 55 or kind of a natural menopause. And a lot of women go through surgical menopause and you know, this predisposition to clogged arteries that humans have suddenly becomes a race to the finish.

Who's going to have a heart attack? Who's going to have a stroke, who might, God forbid, drop dead suddenly, like you implied? Something called sudden cardiac death.

So we can't wait. We know all these facts. We know that this is the number one killer of men and women in the United States since 1918. Every year. Number one, and you know, we have a war on drugs, and we race to the moon.

But hardly anybody talks about heart disease. Yeah. So those were all great points. I like that you should assume that you have heart disease. And like you said, estradiol and progesterone are very protective of and beneficial for your heart.

And I did not know that that since 1918, number one, cause of death every single year. So I also think that heart disease is really common in this country.

Well, just now in general, because I believe that all diseases start with inflammation, you know, and so our lifestyle is not it's very conducive to lots of inflammation.

Right. Like you said, we're not sleeping well. We're eating poorly. We eat a lot of processed foods. We're not exercising, we're not sweating. We're doing a lot of things.

And then, you know, like you said, there are things you can do, hormones that are beneficial. Unfortunately, we get to an age women do where we lose a ton of our estrogen almost all at once.

And so then we start to develop this inflammation and plaque and and ultimately heart disease. So how can it be detected? Like what can people do to detect that they of heart disease.

What should we be doing? Okay. Well, first of all, and I just want to repeat the point I made.

Screening for silent heart disease

If you just stop and pause for a minute and you say, you know, I have a good internal medicine specialist, I have a good family doctor, good gynecologist.

Maybe you see a very good endocrinologist, like you're trained in, doc, you know, and all those things. And they told me to get my colon as could be in my mammogram and my cervical exam and my, you know, for a man across exams, nobody mentioned checking my heart.

Yeah. I need to go to the doctor. Hopefully take your blood pressure. They do a routine cholesterol panel and maybe a blood sugar, but nobody told me about the screening for my heart.

So one would assume that there is no screening for the heart. And that scientifically couldn't be more of an error, not on the part of the patient and the part of the medical community.

For some reason, we have been lethargic on this topic and way back in 1990, in San Francisco at the University of California, they identified that a CT scan of the heart.

And let me just fast forward to now. You're on a stretcher. You go in a circle called a CT scanner. But they're much different than 1990. They're phenomenally better, faster, safer.

You hold your breath for 10s and you go home. You have no needle, no injection, no Band-Aid, no allergies, no pain. And it's not even claustrophobic because your head's on the other side of the scanner.

Not anywhere near the scanner. And that is called a coronary artery calcium score, CT scan. We've talked a cacs. Now about 7000 research studies over the years that says in those 10s or less that the CT scanner is on, you can quickly identify, just like a colonoscopy, just like a mammogram.

I have early phases of this disease that we call my field coronary artery disease or blockages. I have early phases because the detected calcification, everybody knows the term hardening of the arteries.

We think of very elderly people, but their process starts in their 40s and their 50s, occasionally in their 30s. It involves the arteries getting stiff and calcified.

They lose elasticity. They become rigid pipes. The CT scanner finds it. So if you do that scan, which in the 1990s cost $1,500 cash because the health insurance system was upside down and wouldn't cover it, but nowadays make us $75 cash and the health insurance come.

These are still upside down and dome covered. Incredible with 7000 research studies behind it. But if you come out of zero and age 48 or 50 2 or 46, maybe 55, you get it done around that, come out of zero, you're in really good shape and you're prepared for menopause.

You're entering menopause at very low risk. Now that may change and you always want to repeat it in about 5 to 7 years. And if you're zero and now you number 6498, 112, you know your arteries are being beat up and you need to get to somebody quick and interrupt that process.

But if you're 48 or 54 and that scan already shows calcifications of your heart arteries, something's been wrong. Maybe you're used to smoke. Maybe you don't know what fitness is.

Maybe your diet's off. Maybe your cholesterol, your blood pressure, your blood sugar. The traditional risk factors are up. A lot of people don't know that maybe 70% of heart disease is what you and I call lifestyle choices we make.

It's under our control. You know, the power of the fork is a big one. The power of your gym shoes is a big one. That your pillow is a big one. Get your sleep.

Go to the dentist. I have patients, haven't seen a dentist in 15 years. It's tragic. It's a big mistake, little things like that. But about 30% of heart disease is pure genetic.

Some of it's easy. About 1 in 250 people inherit the overproduction of cholesterol. So you'll get a blood test somewhere in your life for cholesterol.

And it comes back 380. Unless you're slamming down an all steak diet or an all egg diet, or an all cheese diet, it's probably 380 because you're one of those 250 people, 1 in 250 that genetically overproduce is cholesterol massively.

But there's a real subtle one. And I'm setting this up to make a point. There's a real subtle one. 25% of the women listening to this conversation inherit the ability to make a second cholesterol.

And most people, including many physicians, have never heard of called light bulb protein. Little egg, light bulb. I'm going to show you soon on the screen.

It's not really a promotional thing, but I want you to know the word right there. Light bulb protein, small case A this

is the title of one of the books I wrote, but I want you to know the word.

And one out of every four women I go to places and I like my enemy salads, and I lights out at 10:00. And I've never smoked and my weight is good, but they've inherited the ability as a child from their parents to make this extra cholesterol, and things aren't necessarily going fine inside.

That's why everybody needs a CT scan. I would also suggest this is a very simple blood test quest LabCorp, your local hospital, your local doctor. So ask for the blood test, too.

It's about a $30 blood test, so you got to get screened, just like your screened for breast cancer and colon cancer, and you want to get a couple extra blood tests just to finish up.

Doctor Smith, you mentioned the word influence Nation. Well, for 20 years we've had now a whole panel. But at least the high sensitivity C-reactive protein has CRP.

You know, if your HSA crp is up and your cholesterol is up and your life of DNA is up, double, triple, quadruple whammy. In fact, I always like the literature.

Just in the past couple of weeks were discussing this. A big study that included Harvard professors Paul Ridder said, if your LDL cholesterol is up, that's the common one.

Doctors measure if your HS crp is up and you inherited lipoprotein and it's elevated triple threat over the course of following women. And there was an all women study was a tremendously increased risk of heart attack bypass stent and being, you know, suddenly found to be dead without recourse.

So that's why you got to do those are just a bare minimum in my clinic. We do more than that. But if we could just get a CT scan, you have to ask your primary care doc for a prescription for a coronary artery calcium CT scan.

It can be a real struggle. And you're going to have to say there's 7000 studies and it's my $75 and I want to pay it. It might be $99. So fight for your health and get screened and celebrate.

If you're a zero, just repeat the scan in 5 to 7 years to see if your staying is zero. Just like you were. Beat a normal golden escapee you know with a period of time.

So that was great information. So here's my question to you. I see a lot of women who go through menopause before 48 or 50, right? Whether it be surgical menopause or we have a lot of people who who go through menopause.

Unfortunately, now we call premature ovarian failure. 3839 should those people be doing these coronary calcium scans at that point? Yeah, I think they should get the blood panel.

They should be questioned about their lifestyle. Are they gaining weight? Are they sleeping poorly? Even intense vasomotor symptoms, hot flashes. Some women, as you know, go through menopause with minimal symptoms and some some go through with just disabling symptoms.

Hormone replacement and cardiovascular protection

But those are the more disabling symptoms actually show down the road, more heart disease. So all those features. But yes, I would move the screening up.

I would get the lab work on everybody. I'd get the lab work on premenopausal women. I want to know what their LDL, their HSC, CRP and their lipoprotein A is at least once premenopausal.

But I would move it all up. And you know what you and I call personalized medicine? It's not a cookbook. It's, you know, one patient, one doctor. You're making quality decisions.

I will say. Yeah. Again, within the last six weeks, it was a really important publication, made headlines everywhere about just how you can track total cholesterol and LDL cholesterol going up and HDL going down at menopause.

And how that was certainly part of this rapid rise in silent heart disease that becomes tragic heart disease, you know, within the next 5 to 10 years after menopause.

So, we understand a lot about it, and it all can be blunted if not prevented with early detection, early hormone replacement therapy with bioidentical choices and a great lifestyle, you got to do the lifestyle.

So I would agree with all of that. We we check high sensitivity CRP is on all of our patients. We do a lot of lab work. I like to look at insulin levels and cortisol levels.

And we do uric acid. Lots of things. So I would also say that if you're a woman listening to this and you have a lot of family history of heart disease, not something, you know, like you said, you can probably get all this done for less than $200 if you go to, you know, quest deal.

I know in our office we have, prices for patients to get lab testing through Quest Diagnostics, and it's much cheaper than even, you know, having your insurance pay for it.

So I think we don't check a ton of lipoprotein a but we will start. That's a good caveat. So we will start because we're very preventative based as well.

So now that we know heart disease is very common in women and we know what should we should be tested for, what we should be asking our doctors about, and you've kind of given us this, you know, I guess sort of grim picture for some people.

What are the proactive actions of hormone replacement therapy? Why are you so, you know, for hormone replacement therapy and women especially as but at the time that they're transitioning to menopause?

I know you said you can track LDL going up and HDL going down. I would say clinically, I see that all the time because I do a lot of blood work on people. Right.

And I have the privilege of taking care of women for a long time. And I will see. I can almost tell them they're going through menopause before they're they know they're going through menopause, right.

Because I check FSH and estradiol. And so I do see that. I see their insulin levels rise too. They start to gain weight. Their blood pressure starts to go up a little bit.

All very subtle things that you can see it. So what are some protective actions of hormone replacement therapy. Well you know you mentioned a lot of them.

But just a repeat number one that very often battle with the waistline that occurs at and following menopause. It's not going to be easy. It's not easy for most of us because we live in a what's been called obesity genic society.

No matter how clean your diet is, it's still challenging. We've got plastics everywhere. We've got microplastics now throughout our body. So it's challenging. But nonetheless, women on hormone replacement therapy maintain their weight better.

Their insulin resistance is less than issues. So they have the flip side insulin sensitivity, better blood sugar control of course, you got to work, to avoid your diet messing that up with Coca Cola and the rest.

Don't do that. Number three, sleep is better. And sleep is like this magical, mystical. Even Elon Musk, the richest man in the world, has to sleep at night.

He's not found a way to, you know, offload his brain to a computer and he can work 24 hours a day. We all have to

sleep. And some of the most successful people in the world make sleep their number one.

Most, focused habit. Brian Johnson A lot of people heard his name spending $2 million a year on, his track to reverse his age at age 47 or so, called sleep his number one bio hack.

And he's actually charted some of the highest quality sleep of anybody in the world using various risks. So all that there. But even on a more basic level, you know, we know that blood vessels resist hardening of the artery.

Atherosclerosis more with female hormones support bioidentical hormone report. And you can test for this not only by the calcium score. There's various devices you put on your fingers and you put on your arm, but arteries remain younger and more flexible.

We have this miracle molecule called nitric oxide. And oh, that won the Nobel Prize in medicine for the three researchers that identified how crucial nitric oxide was.

For arteries that relax and allow blood flow and keep the blood pressure down and give us blood flowing to our brain and our heart arteries, our sexual organs, and every part of our body.

Now, there's more nitric oxide when they're, being bathed with good hormone levels, as identical hormones would do. So it's clearly a play to stay as youthful as possible, and it has to be coupled with lifestyle.

It's not a magic bullet, and you can enjoy your Kentucky Fried Chicken. That's not going to work out well for yourself. But you know, for a lot of people, it's a springboard.

I will say, on a personal level, having been married to a exceptionally fine woman for almost 44 years who's been unveiled ethical hormones now for probably about 13, 14 years, it's clearly a fountain of youth for some women.

I happen to be married to one of those, and even my 92 year old mother has been on very carefully managed biomedical hormones for decades, and her brain is like a supercomputer.

And I may have been that way, but I think part of it is excellent hormone support. All these years. Yeah. So when you say bioidentical hormone support, explain to the listeners, are you talking about estrogen?

Are you talking about for just your own? What are you talking about? Are you talking about testosterone? Are you talking about combination? Yeah. Well, I handpick whom I'm going to refer patients to.

And, you know, we have some excellent practitioners in Detroit, but I have a practice all over the country. I often look for people that are certified through one of the better integrative groups, like a for Macomb.

I have, and I'll, and I'll find a good practitioner for them, but it's typically, you know, a combination of estrogen, progesterone orally and then, some testosterone.

I'm all in favor. I'm not a biggest fan of testosterone pellets. I'd rather be done, you know, and a topical cream and all, but I don't actually handle it myself.

I know some of my practitioners monitor, levels, and that's the first question I ask. Is your doctor getting levels on you? Probably more than once a year and making adjustments.

That's the sign of good quality, identical hormone replacement care. And are they doing it by blood or saliva. And I think you can do it either way. We have a little bias in Detroit about saliva testing.

But, I think most of the practitioners are doing blood testing, but at least get some testing. Even my men that are on testosterone replacement therapy and they're only getting checked once a year, I encourage, and that's just not enough.

Yeah, I would agree. We do hormone checks at least twice a year, sometimes every three months, especially if we're adjusting doses of hormones. So I would agree with that.

And, you know, to echo some of the things that you said, the women that do estrogen replacement, progesterone, even testosterone replacement with me typically tell me it does.

You know, progesterone is wonderful for your sleep. So the women out there who can't sleep and are afraid of taking progesterone, I tell them all the time, it is a miracle drug, if you need it.

And I feel like, you know, this is just my personal bias, but God made us exactly how we're supposed to be. And when you're pregnant, you're full of progesterone and estrogen.

He's not going to make a human, you know, in a way that's going to be harmful. So a lot of women say, well, I can't take estrogen or I can't take progesterone because, you know, it could be harmful.

Well, when you're pregnant, you have astronomical levels of both of them. And if you think about it, a lot of women, when they're pregnant actually sleep really well.

And they actually feel really well, all things considered. Right? Once they get through that morning, you know, kind of nausea that they get at the beginning of pregnancy.

And so hormones actually do help. Progesterone especially helps a ton with your mood in your sleep. And you know, I tell my patients estrogen is very beneficial for your heart.

Lifestyle, genetics, and reversing heart disease

It helps with that vasodilation like you were talking about helps prevent that plaque buildup because women get really you know you know this we get very nasty, difficult heart disease that's very diffuse whenever we go through menopause and it's not treated.

Whereas men a lot of times we'll get single vessel disease that you can go and just stent. Women typically don't. We usually have pretty complicated heart disease right.

And that's because the lack of estrogen. You're eating a homerun there, as we call it, diffuse. The entire artery can be coded like a glazed donut. Don't eat glazed donuts. Never.

But the whole artery in women can be coded where a stent is not really a great option. If you're very symptomatic and have advanced disease, whereas men may have more like a spot weld problem.

Slip a little stent in there and all of a sudden their chest pains go away. But that's very advanced disease. If you're having angina tightness when you're in a of is class, you know, we're talking about going upstream, you know, 20 years before that and never get in that situation.

You're absolutely right. And that's what I want to make sure all the women listening know I feel fine. I'll put off that heart test that I've talked to and talked about it.

I don't own a CT scanner. I you know, I just want people to know every hospital in your neighborhood offers a coronary calcium score. You can't wait till symptoms.

There's a very, very famous cartoon picture of a sink overflowing, overflowing. And the American medical system has got mops wiping up the floor. And, you know, the problem is the root cause.

The problem is the sink. Turn off the sink. So I favor plant forward or plant only diets. Mediterranean diet doctor Walter Longo's longevity diet, the mind diet, the Dash diet or I personally eat it all whole foods plant based exclusive diet.

We call it usually vegan. You know, get your 30 40 minutes. In fact, there's studies that show women listening. They get more than 30 minutes a day of exercise, five days a week or more, eat more than 5 to 6 servings of fruits and vegetables a day, because fiber is magical, fiber reduces breast cancer risk.

Fiber is cholesterol. Fiber improves gut health. So get get your plants in. Get your fitness in. Don't smoke. Sleep 7 to 8 hours a night. And very controversial, but I'm quoting an actual study.

Have, less than a glass of alcohol a day. Many people would argue zero. But the heart science still favors. Or the European approach of a little, dry red wine with dinner.

If you do those five things, your risk of heart attack drops to about 85%. So lifestyle is so important, but I'm still stressing. You got to do the testing.

So even the woman that says I'm doing five of five, or maybe you're doing 4 or 5 and you're, you know, having mocktails, it's just totally fine with me.

Don't avoid getting the task. Get the test because you may have the genetic input and you need to learn that early. I'll just make one more statement about this.

Lipoproteins genetic cholesterol. If anybody would read about it. There's no drug on the market right now for it. And that's why there is such nihilism amongst medical practitioners.

There's nothing I can do about it. Why do I need to test for it? Number one, it's inexpensive. Number two is so common. Number three, in the next couple of years, we're going to have a whole new class of drugs just for people with a high light bulb protein, a and the magic is one of the things that will lower it right now while we wait for the pharmaceutical industry, is bioidentical hormone replacement therapy.

It goes up at menopause. It comes back down with, hormone replacement therapy. So don't wait. You healthy women, you pickleball queens. You be sure you get your heart checked anyways.

I would agree. So can heart disease be reversed then? Yeah, that's always an interesting question. And as you briefly said, I actually have my own. Some have called reversing heart disease.

Naturally that comes out in the spring every year for the third year, this year coming up. And, you know, I gotta stick to the science. So we interview the giants and the legends and this field, and I can tell you about a, physician MD in Los Angeles in the late 1940s that showed a very, very strict diet.

Er, the standard guide at the time, was able to reverse heart disease and prolong life. And then, of course, the famous Nathan Pritikin of the Prediction Longevity Center.

Many people have heard that name. It's in Miami now, has been shown reverse heart disease. Multiple scientific publications certainly. The big name is Dean Ornish, M. D.

the Ornish lifestyle absolutely shown to reverse established heart disease using a plant based diet and lifestyle. Recently, this same program, called the Ornish Lifestyle Program, is reversing early Alzheimer's.

So it's all amazing. And a few other just, you know, major players. Doctor Joel Furman, MD. Many people know him from PBS and incredible book. So it can be reversed the early earth you reverse it the better.

You know, once it's at very advanced stages, you can make an impact, but it's harder and better to prevent than reverse. But it can be reversed. We have more advanced CT scan nowadays, and one day I found this on the web for a very, very strict series to standard.

Turning on for reasons that I have my hands off the computer, I apologize, but there are more advanced CT scans now than this coronary artery calcium scan.

This entry level scan everybody should get. But I many of my patients, we do the more advanced CT scan called a clearly health artificial intelligence angiogram.

We can measure every detail plaque. We institute a whole program. We come back a year later and repeat it, and we see plaque shrinking. And if your plaque is shrinking and going from high risk to low risk, it's going to be a much smoother road over the next 10 to 20 years.

So technology is part of, this whole program. So, Doctor Khan, what I'm hearing you say is that you can reverse heart disease to a certain degree with bioidentical hormones and a really good lifestyle, but the sooner we do it, or the sooner we know we have it, the better off we are.

And I tell my patients that all the time, you know, like, that's why we do so much bloodwork when you come to see me, because I tell people, you know, when you talk to me about symptoms and then look at me for a solution, it's like you're asking me to blindfold myself, spin around 30 times, and try to hit a target with a loaded shotgun.

Like, that's not very fair. But, you know, if I can look at you, I can get all this blood work. And I'm a huge proponent of gut health, too. You brought that up.

You know, I do a lot of gut health testing as well. So I do stool samples on almost all of my patients. All of them. That will let me because your gut health, you know, you were talking about fiber.

Fiber is so important for your gut health. And I will tell you that I have yet to find a single person that has a healthy gut that is, you know, if you are, let me let me put like this I've yet to find a single person that is unhealthy, that has a healthy gut.

So if people come to me, you know, and they have heart disease or they are gaining weight or their their gut is is never right. But the good thing is, you know, you fix their gut and some of these other things change.

And like you said, if you fix someone's diet, if you fix their lifestyle, if you fix their hormones, which is something that we really focus on, you know, we've focus on that as well.

Then you do start to see reversing of of a lot of issues of insulin resistance, of weight issues, of blood pressure issues. And you're saying of heart disease as well.

Yes. Correct. Perfect. Said okay. And so I do. And I'm a, I'm a very I like numbers or I like being able to show people like, you know, hey, this is actually improving because I think that that's to me that's just important.

And so now knowing that you can get these, you know, CT scans and you can follow this, that is that's exciting information. And I hope that listeners are thinking, you know, now you're prepared to go back to your doctor and to ask these questions.

And if your doctor does it give you the answer you want, which is yes. Let's order these three basic tests this high sensitivity CRP, this lipoprotein A and this CT calcium score.

Then you find another doctor, right? It's challenging. Like you said, you can order the labs online and self-pay, but in most places to get the CT scan, even though there's nothing injected in you, you need a nurse practitioner or, you know, physician prescription.

And I've seen people struggle. They walk in carrying my books and they an article and it's crazy.

Men, testosterone, and closing thoughts

I mean, it's safe and expensive and it can be very life altering and even life saving. Yeah. Well, I think that's why it's important to do things like this so you can educate people, patients and providers.

Because sometimes I think, unfortunately, providers say no just because they don't understand or they don't have the knowledge or, you know, they're just scared to do what do I do with the results if they're abnormal, you know?

So I will just want to add one note for anybody listening. You know, part of this search for heart disease is the up side. You know, you don't find it.

You don't find any heart disease. Calcium score zero. We do something called deep prescribing. I take people off some of their prescription drugs. You know, Mary, you don't need to be on that statin your internist gave you because you're calcium score zero.

We can focus on diet and exercise and sleep and hormones. You don't need a prescription. And that's actually an American Heart Association approved statement.

I didn't come up with something radical. So, you know, that's the reason get checked to maybe I want to get off my blood pressure medicine. Maybe I want to get off my classroom.

I always work with your health care team. That may be a challenge for you, finding a health care practitioner that will support that effort, even reversing type two diabetes.

But it can be done. And, and you can lead a more natural life. But check your heart first. I've helped hundreds, if not thousands of patients come off diabetes medicine and come off thyroid medicine and come off.

So yes, I appreciate that. So I think that we've done an awesome job educating and focusing on, you know, heart disease in women and hormones. Can you make a brief statement about men?

So do you feel the same way about men or are you just treating women typically? No, I you know, my practice is probably pretty close to 5050 by the genders.

But, you know, it is more urgent in men. You know, if you take people under age 65, men are dropping like flies and they always have. And I don't see any real hope that that's going to stop.

So I'll get that calcium score for sure. My age 45 on a man. And you know, and honestly, they get dragged into my office. Typical. You know note on the chart is, you know, you're seeing Jim scheduled by his wife Shelly, you know, heart disease checkup.

I mean, that's all the time and, you know, there are some really bright men out there, but a lot of them, I just see themselves as invincible and, maybe, you know, time issues and ego issues, but.

Yeah. So if you're a woman going through this evaluation and you've got a man somewhere in your life, drag that man in. I don't want to tell all my pain.

Why am I seeing just you, you know, what was your husband saying? Because there aren't too many men to try that. It's an alternative. So, men, you would recommend the same testing.

And then also hormones as well. You know, I get a lot of backlash from cardiologists sometimes about men that I put on hormone replacement therapy. But what I will tell you is when you have a 60 year old man who's gaining weight and their blood pressure is going up and they're tired and they don't want to get off the couch, you know, and they just want to lay there.

When you give them a little bit of testosterone therapy, they feel better. They want to get up. They want to do things. Their blood pressure starts to go down.

Their insulin starts to go down, their weight starts to go down. They get muscle mass back. And so what you're telling me, then, Doctor Khan, is that I'm not trying to kill those men, and I'm actually doing beneficial work.

They are absolutely augmenting their long term health and, keep doing it. Okay, perfect. Well, I appreciate you taking the time to come in and talk to the listeners about the importance of heart disease, especially in women.

And again, being the number one killer we have to focus on. I think, like you said, in this country, we have to focus on better education and prevention.

Unfortunately, because I live in your world, the A forum, functional medicine world, and it's not the world that unfortunately, health care always lives in and insurance companies always live in.

But it's the world that if you care about your health, you've got to start living it right. Well, we're only two, but we can make a difference until we have 20,000.

Yeah, well, we'll keep we'll keep fighting the good fight. Thank you so much for coming on. And we will make sure that all of Doctor Khan's information is linked.

After this, you guys will have access to get all of him and his team, all the great books that he's done. And then he also does a summit as well, like he said, talking about reversing heart disease.

So make sure that you look out for that. On doctor talks.