Introduction to Sexual and Cardiovascular Health

Hey, everybody, welcome to another episode of our Sexual Health Summit. I am so excited about our next speaker. Our interviewer here is Dr. Joel Kahn, an amazing cardiologist who's going to make so many connections for us around the cardiovascular system and sexual health.

He has recently put on the Reversing Heart Disease Summit that's going to be relaunched soon. So we'll learn more about that. Let's get started. Thank you so much for showing up for this interview today.

I'm really thrilled. I'm excited. It's actually an incredibly good and important topic to bring sexual health and cardiovascular health because they are largely one topic.

Yeah, they really are. And let's let's start with that. You know, you really launched into a, I think, great way of starting. So tell us why they're one topic.

How are they related? Let's start there. Yeah, you know, the so I am a cardiologist practicing in Detroit and you know, the medical model that I've been using for nearly 35 years is you find out about heart disease when you start to get burning, pressure, tightness, mowing the lawn, or you find out about heart disease when you call 911 because you're sweating, can't breathe and your chest is tight at 2 a.m.

Or maybe you have a stress test or maybe you drop dead, you know, a thousand people a day in the United States. I don't know how many around the world.

The first clue to heart disease, it's a horrible problem. It's called sudden cardiac death is actually you're found dead in the bathroom floor. You're found dead in the toilet like Elvis.

You're found dead in bed. Maybe your is at WalMart and they knock on the door and you're dead. I mean, this is a horrible system. We have to identify the number one killer, men and women, it turns out sexual difficulties, which unfortunately much more.

The data is about male erectile dysfunction and female sexual health.

Erectile Dysfunction as an Early Warning Sign

But we got to believe it's all one physiology system and connection, but a loss of interest in sex, a loss of ability to have a sexual response is actually a very reliable clue that you have bad cardiovascular disease and you can't ignore it because all those other clues are called heart attacks and stents and bypass and death.

So, for example, the most remarkable study and it hasn't been reproduced everywhere but around the Mayo Clinic, if I remember the county that the Mayo Clinic in Rochester and it's called Olmsted County, a publication written maybe ten, 12 years ago, said that a man in Olmsted County who is reporting erectile dysfunction to his primary care doctor had more than 40 times for zero a smoker, 2 to 3 times a man with erectile dysfunction, 40 times the risk of developing clinical heart disease, angina, heart attack, stent bypass, death.

And, you know, pay attention. Doctors and nurses and spouses and partners and friends. It isn't just the bedroom or wherever it's taking. It isn't just the frustration.

It isn't just the ego hit that it takes to start having sexual impairment problems. It's the clue. It's the clue. So for anybody that hasn't heard this, there was a habit 100 years ago miners would take a canary in a cage into the coal mine, because if the carbon monoxide silent killer was in excess, the bird would stop chirping and fall off its perch and it would be assigned to the miners to get the heck out of the mine and get some fresh air.

And we say the same thing, that erectile dysfunction or sexual impairment may be a canary in the coal mine, may give you a clue. So you get to your doctor and you check your blood pressure, check your blood sugar, you know, your cholesterol.

You get a stress test, you get a heart CT scan. We can talk about this and maybe it turns out it saves your life. Now, not every case of sexual impairment is cardiovascular, but it's a big piece of the pie and it has to be addressed rather than just pull out that script and write that generic cialis, or maybe a hormone replacement or some other approach for a female having issues, you know, get your heart checked.

So the last thing I'll say is there is an abbreviation used widely, E. D., erectile dysfunction. But we had say the other abbreviation for ED is endothelial dysfunction.

The lining of your arteries are sick and the final ED is the emergency department, where you go when you have a heart attack, you're dead. There's a lot of overlap between those three.

ED's erectile dysfunction, endothelial sick arteries in the emergency department. But we have the ability just by these conversations, bringing it up, making a public.

And everything I'm talking about has been well known for a good 25 years. There's a symposium and a seminar called the Princeton Seminar where they bring urologist, endocrinologist, cardiologist, vascular specialists, hormone experts.

And they've been publishing data that primary care docs hearing about sexual dysfunction should think cardiovascular should test for cardiovascular are referred out to get tested for cardiovascular but it doesn't happen it's just too easy to get the script pad out and not address the potential root cause, which I'm sure you practice.

I practice. It's the medicine of why? Why are you having this problem? Is it testosterone? Is it a complete hormone imbalance, thyroid imbalance, stress, sleep, psychological relation issues?

Or is it just simply the number one killer of men and women? Bad plumbing, bad plumbing, bad plumbing. Yeah, there's so I appreciate all there's so much there for people and I think the realization that this is an early canary in the coal mine, as you, you know, called it early measure.

Right, of cardiovascular problems is really important, especially in men. And My My next question for you is thinking about females. And we do know that females still have circulatory need to the female erectile tissues.

So would you say then for females, since it's not as easy to classify something like with men, it's like it is a lot easier to be like for men to be like, oh yeah, there's, there's a problem here.

So for females to watch out for, say, an earlier sign of cardiovascular. Would you say that say a lack of arousal, a lack of lubrication would be reasons to consider a cardiovascular problem.

Yeah, absolutely.

Female Sexual Function and Heart Health

As everybody knows, there has been now for, I don't know, 25 years these drugs like Viagra, sildenafil and levitra and now the market leader is generic cialis called tadalafil and they work through that endothelium lining of arteries and that miracle molecule nitric oxide which won the Nobel Prize in medicine 25, 26 years ago.

Women have the same, you know, biochemistry and anatomy and physiology of their arteries in their lining. So it's absolutely known that, for example, there have been studies and I'm not sure I'm up to date on every one.

But there are women that respond to these same drugs because of improvements in blood flow improvements and moisture improvements and lubrication improvements in artery health.

I know there was some research in type one diabetic women that are going to be more prone to early artery disease, that they responded to a drug like Viagra with improved sexual interest and performance.

So I think we've got a ways to go. I mean, the research is just easier. It's easier to measure a man's erectile ability all of the scales that I see that I see published in urology data are usually about male erectile health because it's just a measurable function that's a little simpler.

But I think there's no question there's complete overlap. And the bottom line is women should be focused on their heart health just as much as men and not necessarily waiting for sexual impairment as a clue.

Get checked earlier than sexual impairment. Get checked when you're, you know, lusty and capable and horny as hell. It's still time to get checked because heart disease is such a slow, silent deterioration.

Timeframe, you know, years to even decades. And we just don't do it well. So all the ladies listening. Yeah. If you're over 40, you should be asking the question.

Diet, sleep, fitness, stress, hormone levels, vitamin levels, you know, regular cholesterol levels, regular blood sugar levels, regular blood pressure levels, some advanced things like inflammation and blood tests.

And my favorite little genetic cholesterol called lipoprotein A, which is going to bust out if you want to buy a stock at a low price, look at lipoprotein A because in five years from now, it's going to be a multibillion dollar pharmaceutical victory.

And there are companies like Novartis and Amgen that have drugs coming down the road. But it's not a secret. It's it's out there. So I'm not giving insider information.

But, you know, there's a lot of things. And then I'm going down a path. But I'm a pretty you know, I want everybody to know their cardiovascular health in detail.

There is this simple test called the heart calcium CT scan. You know, you're 45 years old. You're going to get recommended to have a mammogram or therm, a gram and a gynecologic exam to screen for uterine or cervical cancer.

And a man. A prostate exam for prostate cancer and a colonoscopy are Cologuard. Nobody screens for heart disease in the United States and it's a enormous flaw in our medical system when we know that more people die of heart disease, even in their forties, 50, 60 than breast cancer.

Uterine cancer, ovarian cancer, all these things combined, prostate cancer, they're all horrible, but they are number two compared to heart disease. So you ask your primary care doctor, I don't want to wait till I have erectile dysfunction or female sexual dysfunction.

I want to be confident that in my mid-forties I am weathering the storm of heart artery disease just like you recommended. I make sure my colons clean and my cervix is clean and my prostate is healthy.

So you go get this heart calcium ct scan, which you can do in Golden, Colorado, in Boulder and UCSF and Miami and New York. It doesn't matter where you are, and it's about a 5/2 test where you're on a stretcher, you go in a circular CT scanner.

No, I've no injection, not claustrophobic, no pain. 5 seconds. You hold your breath, you go home strangely. Strangely, it's a paid test, except for Texas.

Texas has a law that they will cover it when you're 50 years old. But I think you might want to even do it a little younger than that. And it might be 99 bucks.

75 bucks, 50 bucks could be $125. So it's a pretty inexpensive, accurate, advanced heart test. You want to be zero.

You want to have no evidence of what's called calcified plaque in your heart arteries, hugely reassuring.

And then do it again about five, six, seven years. Make sure you're staying a zero. But I tell you, if we would just institute that as a routine screening of men and women.

Men, for sure, by 45, women by 45 to 50.

Screening Tests and Advanced Bloodwork

But I would never turn a woman away at age 45. They really wanted to get it done and maybe even 40 if they had big issues. Cholesterols. There were super high blood pressure, super high mom, dad that had heart attacks, bypass at a young age get checked early we would revolution and we would save some people artery damage because you'd identify the problem early just like you'd like to know you have a little polyp, not a big polyp in your colon and you'd like to know you have, I know hopefully a stage one breast cancer, not a stage four breast cancer, fine heart disease at an early stage.

Change your diet. Change your fitness. You know, get to a preventive doc. They can work with all the aspects that are available, wonderful aspects, a lot of natural stuff.

And you might save yourself sexual impairment or you might actually get a return, treat your arteries and see your sexual interest and your sexual performance and your ability to enjoy this wonderful aspect of life.

Come back, revived. You know, there's a famous documentary called Forks Over Knives in 2011, and they talk about raising the flag on the flagpole, you know, men who hadn't had really much of a sexual response for a while.

Diet changes, lifestyle changes, stress changes, biochemical changes measured in your labs like your cholesterol, inflammation all said healthy arteries.

Sexual response comes back maybe with Cialis, maybe without Cialis. So it's going to happen in women too. I mean, real regenerative medicine, real renewal.

Yeah. So just so everybody is, you know, making sure everybody's following this line of thought, it's like we have this these situations of erectile dysfunction or arousal for, you know, females, too.

Sometimes as being the early signs. And then, you know, where Dr. Kahn's taking, as is some of these other early diagnostic, you know, mechanisms where you can get these, you know, an ultrasound, for example, of your carotid artery to see what the vascular age is, to see if you have a problem there.

One of the things, too, I think would be helpful for people to talk about is I, I typically the some of the research I've seen is that total cholesterol, our ratios, these types of standard blood work don't really do a perfect job of correlating to what's going on on the artery level.

So I think that would be another good thing to cover is like some of those basic, you know, lipid panels that people are seeing, what are the pros and cons?

How good of a job do they do with this early detection? Can you kind of continue the conversation a little bit there? And there is a bit of an obstacle.

I mean, you can go to your primary care doc and say, I learned about this heart calcium CT scan. I've got 99 bucks. I want one. They may actually say I've never ordered one and I don't believe in it and I discourage you and you're too young and your profile.

So you sometimes have to be proactive and it can be a bit of a roadblock because in most states for that CT scan diagnostic, you do need a prescription.

A couple of states, I think like Indiana, you actually can arrange and get your own without a doctor's script. The same can be with the bloodwork you mentioned.

Your primary care doc may not be comfortable or experience in ordering, so I have no stock in this. You can go to a company called LifeXtension.com big vitamin company.

You can order your own bloodwork. There's a new one out called Life Force dot com of the FARC dot com. I have no stock there, but you can get a pretty exhaustive advanced panel of bloodwork that you arrange on your own and they charge it.

Last I looked about for 99, you know, if you had a duck cooperate with you, you might get more of it covered by insurance. But this is self-pay. And these are, you know, for proactive people as in this summit, you know, the kind of things you want to do.

So, you know, a standard cholesterol panel is fine to do and nothing wrong. You want to ask for an inflammation test like the high sensitivity C-reactive protein, if it's elevated, you got to say, is my diet off?

Is my dental hauled off? Is my sleep like sleep apnea? Do you got psoriasis, you got gut issues, colitis? I you never exercising. Are you £50 overweight?

Are you eating processed food that drives up C-reactive protein? You want that you want to test, go homocysteine, HMO, see why S. T. A. R. T. which reflects this complex system called methylation an but an elevated homocysteine.

I see it in my office, maybe one in every ten patients super high. You want to know that? Because it's easy to correct it with changes in diet. And lastly, something called B-Complex vitamins that are geared for homocysteine.

And then your blood vessels are better and your sexual health is improved. You want to know your three month blood sugar called hemoglobin a1c, you also want to know your fasting blood sugar.

But this gives a little better perspective. Some people will get a fasting insulin level is even a little more specific measure of something called insulin resistance.

Vitamin D, there's some primary care doctors don't check vitamin D for overall cardiovascular or metabolic health. One of the biggest deficiency in my patient group and I have a a big vegan population because I am, but it's only still maybe 40% of the patients is omega three fatty acids, the only fat in the body we actually need from our diet.

There are others that may be healthy extroversion, olive oil, but we don't need that. We need omega three fatty acid for our eyes, for our brain, for our heart health, for our joints.

And there's a blood test for it. And I can't overemphasize how often people are deficient. And I will one day write a child's book about what Omega three is and why it's important, and why you should ask mom and Dad for ground, flaxseed and chia and train them early, and then they'd have better bodies and better brains.

It's amazing how frequent that's deficient. And then the last one I kind of mentioned, I believe, but there is a genetic cholesterol. Everybody has a liver that makes cholesterol and you might have a liver that makes way too much or you might be eating a diet that stimulates way too much.

Or you might have a liver that just makes a adequate amount of cholesterol for good health. But 25% of us inherited from our parents a liver that makes a second cholesterol.

And it's called light bulb protein. Little a it's a whole mouthful lipoprotein and then lowercase a 25% of people, you know, about 1.8 billion people in the world, nearly 2 billion.

And you get it from birth, from mom, from dad or both. And your body's revved up. Making cholesterol is your whole

life. You have no clue about one or 2% of doctors.

Add this to their panel on patients. Even in cardiology practices, 100% in my office, but one or 2%. And you find out when you're 45 or 50, damn, I'm developing cardiovascular disease and somebody tells you, well, it's a strongly based in part on a genetic inheritance, and then we can deal with it with integrative and nutritional approaches.

Why Heart Disease Develops

But there are drugs that are being developed by some of these drug companies that will be helpful and will be welcome and will make a difference. There's no drug out right now for lipoprotein little AA that's actually effective or approved.

So Lipitor and Crestor are not the drugs for the 25% of people that inherited it. Now would be a good beginning. Five or six blood test beyond the standard.

But you don't see that in cardiology offices either. It's not like you're necessarily going to get better care. It's more advanced precision. We can call it integrative care.

Yeah. And it's it's people that are thinking beyond statins, like, you know, like you are here. So I want to clarify something I said earlier too. So you're talking about c.t scan.

And one of the things I was talking about was more and I didn't say this capo is more like a C. I. A., like an ultrasound. So are you actually ever using that ultrasound or you're more you more recommend people ask their doctor for the C. T..

So just so everybody understands, because your question is excellent, the CT scan is a wonderful thing. It's widely available. Every small, medium, large city at the hospital, it's inexpensive.

It's the same radiation exposure as a woman gets in a mammogram, which is usually considered, you know, something to consider, but low plus, you only get this hard CT scan maybe every 5 to 7 years if you get it repeated.

So and it costs $100 or less. But there are people that are hesitant about radiation and there is there are a few limitations. And so that's hard to get.

And you can't see something called soft, non calcified plaque. You can't actually measure how narrowed the arteries are. There are ways to do that, but you can't do it on this kind of widely available screen test.

So yes, in my office we are a major center doing carotid intimate medial thickness ultrasound. See, I am-t ultrasound problem with it compared to the CT, it's not widely available.

It's rare that a hospital, even a university hospital with an interest in vascular disease offers it. It's not covered by insurance except for a few odd places like Texas.

So you might pay 200 $250. The C. T. scan is a little less expensive, but you don't have radiation. You do see soft and hard plaque. You do know how narrow the arteries are.

It's better than what people get at Lifeline screening. As an example, people pay $149 and they run a probe here and they run a probe on their abdomen.

I welcome that data and people, it's not as accurate as I need for precision. But I mean, if the report says mild plaque in your carotid and you're a 44 year old woman, that's disease.

Because when you're 54 and 64, there's going to be some serious issues, perhaps. So I pay attention to these subtle little clues. I mean, we're born with clean arteries.

We can maintain clean arteries to the end of our days. But so many influences air pollution, stress, sleep, you know, diet, of course, fitness, of course, you know, all these xeno estrogens, plastic bottles, microplastics, a Y out, you know, there's a zillion things that are stressing our vascular system out the base ill obviously smoking.

I didn't mention you know some of the ones that people are familiar with, but so you don't find out. And even if it's a church based screening program, it doesn't say completely normal.

I'm a bit worried about you. The other thing just is that some people have gone for a chest C. T. They had a cough and their doctor ordered a chest CT or maybe they had belly pain and they got an abdominal CT and the emergency room, a good radiologist should mention, although the study was done for the lungs, for the cough or the abdomen, for the appendix or something, a good radiologist will mention that the blood vessels are calcified or which is a sign of disease.

And on a chest C. T., they can actually comment that the heart arteries are calcified. It's basically a free heart calcium C. T. scan. So there is a movement to get radiologists to more routinely comment on the blood vessels and then alert a patient.

I've actually had multiple cases where a dentist did an X-ray or maybe a CT of the jaw looking for a hidden abscess, and the crowd is all calcified and they referred them to me.

You know, it's serendipity, but pay attention to those extra predominantly CT studies and ask the question, did they come and Oh, my blood vessels. Look, I want to make sure I have young blood vessels.

Yeah. Thank you for that. And for everybody listening. Remember, if you're I like frantically taking notes, which I know some of you guys are, if you miss this and you want to make the list of everything that Dr.

Kahn's recommending for lab tests, remember, you can always go back and buy the summit and slow it down and take that list, because I know there's a lot of things that, you know, we've covered here.

Where I want to move on next is you mentioned this in the beginning around something that you and I share, which is the question of why. And so let's go there.

Like, why are we dealing? Why do people really manifest besides, you know, the apple IP protein A and we have a genetic component. So we know there's genetics.

But beyond genetics, why the heck is this happening? Yeah, I mean, you know, the classic cardiology construct that goes back to something called the Framingham Study, the American Heart Association, is there's five big things that cause your blood vessels to get disease and then you get sexual problems and other problems.

You know, you've got diabetes, which has grown enormously, as everybody knows, because weight and obesity has grown enormously. And now McDonald's and Arby's and Taco Bell and processed food and grocery stores and, you know, chewing gum families where nobody cooks and nobody likes vegetables and nobody eats fruit.

And everybody thinks food makes you diabetic when you know it's probably your donut than your Frappuccino making you a diabetic.

Other Early Clues of Vascular Disease

Anyways, we've got you know, so we got blood sugar, blood, cholesterol, blood pressure, smoking. Mom, dad, brother, sister had heart attacks, strokes, bypassed.

And to the young age, those are the classic type. In reality, there's easily 2025 testable factors that can harm your arteries. We've talked about some of them like lipoprotein level, a homocysteine inflammation like C-reactive protein and including tough ones like air pollution has come on in my field of cardiology.

There's an article a week about air pollution and heart disease. And, you know, I'm living in Detroit and we've got this smoky air coming in from Canada.

We're having air quality days like we're in Los Angeles lately. Crazy. So, you know, we got air filters in my office and air filters in my home and you do your best and you know it's passing over.

But it's been a real issue this summer and this fall. You know, we I think the root root cause is we haven't educated people to the point that they're aware that this silent deterioration in your cardiovascular health is a real deal, is a testable deal, is a reversible deal, is a preventable deal.

And I tell you, you catch people's attention when you talk about sexual health. You know, they may not care so much that they might have our bypass stent.

And I talk to all the guys, you know, I mean, what are you going to do when you can't get it up anymore and the meds don't work and you're going to start sticking needles in your penis and, you know, putting pumps down there and getting games, wave shock wave therapy, which I've done on many men.

And it's a role that's another strange way to approach it, but that's end stage medicine. You know, you get dead meat already speaking to the women, too.

Let's move upstream and, you know, start taking super good care of yourself when you're 25, 30, 35. That's where the magic happens. You know, don't assume you're immune.

Nobody's immune to the risk of cardiovascular disease. But it's also not inevitable if you like your gym and like your grocer and like the produce department and love your pillows seven, 8 hours a night, that's another one. Sleep.

You know, the American Heart Association has taught something called, I think, life's simple seven steps to Avoid Heart Disease. Anybody can look that up in a search engine, but they just upgraded it to the essential eight because they added sleep.

You know, there's so much data that whether we're talking blood sugar, blood pressure, blood cholesterol, actual clogged arteries, sexual health, brain health, memory out there, if you think you can shortcut and get by with four or 5 hours of sleep or you have a pathology, sleep apnea, the restless legs, maybe you got too many dogs on your bed like I do something that's in your sleep.

You got to really set a goal and try and get that seven, 8 hours sleep most nights of the week. And, you know, catching up on the weekend doesn't really cut the mustard.

So you got to restructure your life a little bit. Yeah. Thank you. And we've talked about so obviously sexual dysfunction is an early clue.

Diet and Nitric Oxide Support

We talked about late clues which are much more severe, heart attack, death, these sorts of things and early detection. But besides all of that, are there any other early clues that there is a heart problem?

There's a vascular problem that's going on that we haven't talked about. That would be good to mention. Yeah, there's a few that get mentioned in men a little bit more, but it's premature.

Balding, particularly right on top of the head. But there are women, they get that mean early nutritional failure, early hormone failure, a genetic impulse, early salt and pepper, gray and white.

You know, if you're 35 years old and you're prematurely gray, it's been linked to early cardiovascular disease. You know, these are called associations.

They're not perfect relations, but they are there. Do pay attention to them. You know, you don't want to look to distinguish too early in life with gray hair and the sides.

In my mid-sixties, I kind of like the little gray hair, but it's still appropriate for age. There is a strange one called the diagonal ear lobe crease and there are people.

Go look at Steven Spielberg, the famous movie producer. Look at his ears. He just it's on all the search engines. He's got a deep groove in his ear lobe.

And I'll tell you, he didn't have it at age 13. It's a strange finding that a doctor described about 50 years ago in a medical article, but it's held up with science that it's about 70% accurate.

That's not 100%. But if you look in the mirror and you've got a deep groove now, if you wear heavy, heavy earrings, it might get hard to figure it out.

But if you've got a deep groove in your earlobe and it's been described in men and women, you know, it's just one more kick in the butt. Nobody's quite sure the connection.

There's a theory about your college in may be weak and arteries are made in collagen and air lobes are made of collagen and the earlobes may be failing to have healthy structure in your arteries.

Maybe two interesting little finding we talked about, obviously sexual health. Those are the big ones, actually, physical findings. Okay, that's really helpful.

And I want to make sure we cover a little more on treatment, too. Obviously, we've mentioned some of the basics around some of the pharmaceuticals around sleep when it comes to food.

I typically get a question in my clinic around something along the lines of we're talking cardiovascular or sexual health, like what is the perfect diet for, you know, for these types of conditions?

So can you go into kind of diets? It's obviously hard. You go super detailed, but just big picture dos do not those kind of things when we're talking about both heart health as well as sexual function.

In research studies and I think like the Harvard School of Public Health has looked at relationships between sexual impairment and diet choices. Actually, fruit shows up as the most helpful fruit just rich, you know, taking whole fruit.

I'm not talking sugar sweetened or fruit juice necessarily. Not a big fan of drinking fruit juice, but, you know, eating berries and eating cattle open, eating oranges and eating apples.

They're so rich in all the plant based nutrients we call phytonutrients. That's the scientific data that's there. I'm sure that green leaves, you know, green leaves and beets help you make more nitric oxide through a dietary pathway that's well known.

There is an interesting since we're you know, it's always fun to throw out oddities. There's two ways we make this miracle molecule nitric oxide which if you want a good, healthy sexual response, you want a lot of nitric oxide, even though you can't directly measure it.

So if you avoid smoking, if you have some gym time, if you keep your weight down, check your blood pressure, your arteries are probably going to make more nitric oxide.

But if you like fried chicken and yellow marbles, you're probably in trouble. So arteries can make nitric oxide. But we learned about ten years ago that there's a second way that as you chew food, you may make nitric oxide through a saliva mechanism and get a second boost.

And that's particularly chewing green. Leafy is like a nice arugula salad, chewing beets, maybe slowly drinking beet

juice. That's why there's all those beetroot supplements for athletes and beet lozenges.

You know, the marketing industry has picked up on this. You could just eat beets or green leaves, but if you use a antibiotic mouthwash, like I'll just shout out a Listerine or a scope.

Studies have shown you lose the benefit, you still get the fiber, you still get the vitamin C, you still get, you know, some of the other wonderful things that come out of the produce department, but you don't get the nitric oxide boost.

So shift over, get to some non antibiotic unless you're working with a periodontist and you really have no choice for gum health. There is a connection between periodontal disease and sexual dysfunction and it could be a source of inflammation through the body, could be a source of some bacteria entering and causing endotoxin and and inflammation.

So get your gums checked, but also get away from those antibiotic mouthwashes so you can enjoy that nature's bounty, you know, and I choose to eat and all plant diet and I've done that for decades, but at least get a giant salad a day, eat an apple a day, have fruit, and you know you're doing yourself a big sexual boost.

Beets and greens.

Supplements, Testing, and Final Takeaways

It's super helpful and I'm really glad you brought up the microbiome and feel like that's one of the most talked about things right now in the holistic health space.

Is like the large degree that what's happening orally is impacting so many different things. So we are getting started to get a little low on time here.

Do you are there any other treatments, though, that you want to make sure we cover today to help people in this regard? Well, there are you know, I'm a supplement train doc and, you know, after exercise, after sleep, after eating, after weight and all the rest.

I mean, we can support nitric oxide. There are supplements for men and women that have citrulline in them. Citrulline is a chemical that helps the body make more nitric oxide.

It's also in watermelon rind, so it's summertime or fall and there's watermelon around. Scoop some of the white part to it's rich in Citrulline, but there are vitamins that have that many people have heard of.

L-Arginine it's another amino acid that supports nitric oxide, better blood flow, better arteries, more robust sexual health. There are some of the special maca, maca root.

A lot of people MACA Peruvian root vegetable that can be designed to boost actually, stabilize female hormones and improve sexual response. There's a version for men, and so we use a fair amount of maca root capsules.

In my office. I Have a kind that one brands for men and one brands for women before menopause. After menopause, kind of a neat little scientific approach backed by some published data that's a good one.

I think that's really the key ones, actually. Okay, beautiful. And just so everybody knows, too, the nitric oxide that Dr. Kahn's talking about here, one of the things that's doing is it's a vasodilator.

So just want to make sure everybody understands what's happening, that it's dilating the blood vessels and it's really helping with circulation through that mechanism.

But is there anything else that you feel like we did not cover today that you're like, this is just an important thing to make sure people hear in our conversation.

I think you've asked great questions and I know it's a lot for people to jot down, but it's really important. You know, I go by a hashtag on social media: #testnotguess Don't assume you're healthy or heart disease is too prevalent.

There's too many examples. There's people drop it, there's athletes dropping dead. You get the basics, extra blood work, the extra imaging of either your carotid or your heart or both that we talked about, you know, feed your body premium foods.

And, you know, I don't know that there's only one diet for mankind, but there's every diet should have a lot of salads and vegetables and fruits. Yeah.

Thank you. And I want to make sure to remind everybody that Dr. Kahn has his reversing heart disease summit coming out, relaunching again soon. So look for that and look for the information in a speaker bio as far as learning more about his work and it's DrJoelKahn.com is your website, is that right?

Got it. Thank you. Yeah. So that'll be in his speaker bio if you just need reference on how it spell and all of those sorts of things. And thank you again.

This has been so insightful and so useful and so actionable for everybody. So really appreciate you taking the time to come and talk to me today. A total pleasure.

Thank you.