Understand The Link Between Prostate And Heart Health Transcript

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Introduction and Dr. Kahn's Background

Hello, everyone. Thank you once again for joining us on the Prostate Cancer Summit. Today's guest is the one and only Dr. Joel Kahn, who's the director founder of the center for Cardiac Longevity.

Joel, what a pleasure to see you again, my friend. I always will say yes to your invites because I respect what you do so much. Thank you. Really do. And I appreciate the fact that you respect what I do so much.

So thank you so much, Joe. You know, you you you you. I think last time I heard, you've been a certified cardiologist. What for 30 years? Maybe more. I mean, I'm in my 35th year of practice, and that came after, you know, seven long years of training, you know, that I got that number right.

If I include undergrad, medical school is longer than that. But, yeah, I don't remember much about life before I had a white coat on. Right. So now let me ask you this.

When did you become. I mean, you're trained as a conventional allopathic cardiologist. When did you go on that holistic route? Yeah. The first, kind of, fork in the road was early in life.

I adopted a plant based diet at age 18. It was actually a University of Michigan cafeteria. Reaction to food that didn't look like the food I grew up with.

And we say, is it okay to say go blue here? It's okay to say go blue. But I went over to the salad bars. I won't go green. If you're from the state of Michigan, would imply I'm a Michigan State Spartan fan.

But I take Amazing blue. And, I made my way through undergrad, medical school, residency, eating plant based. Why did you do so? Two reasons. One, it was really the dormitory survival mode.

And number two, I grew up keeping kosher, and I wasn't going to eat the cheeseburger and the bacon and, had to scramble around a little bit. And, you know, I ended up, you know, learning how to enjoy a Wendy's baked potato with nothing on it back then.

That's kind of what you did on the road. But that is that of having Jewish friends. They I don't think they would eat a baked potato from Wendy's. Is that kosher or. You made up a story there?

No, I think it would qualify as kosher. If you're really, really orthodox, you're probably not pulling into a Wendy's except use the restroom. God, I worry much more now than that.

And I can say, in the last two years I've been back to Wendy's once or twice, almost out of nostalgia just to have the baby back. But I worry now about the plastic container.

They hand it out the window and because it had steam and baked potato in glass. And so I asked them that. Just put it in a napkin for me. It's upright.

And so that was one part number two shortly thereafter. Well, my parents went to the Prediction Longevity Center, which some people are aware of. It used to be in Santa Barbara and Santa Monica.

It's now in Miami. It's been in existence for 50 plus years, 150 scientific publications. And what they teach is considered good science. And my parents shifted their diet.

So when I went home on the weekends, because I live in Detroit. So an hour, 45 minutes, I was seeing lentil loaf and I didn't used to see, like, the loaf I grew up on, you know, meat loaf.

So that was kind of coincidence. And then there comes the data from doctor Dean Ornish. But I had already been eating this way for about 13 years by that time.

And then came the data. I read Mr. Perkins data published in peer reviewed. And honestly, it just steamrolled. And that was all part in the second part.

Just to shut down the question was a couple relatives or physicians that have pursued integrative training. I was fascinated, you know, what's magnesium Gleason eight that me, I don't I don't know what you just said.

That was a common question. What did you just say about the DHEA? I mean, slow down. I want to hear that again. Right.

Plant-Based Diet Origins and Integrative Medicine

And I was in practice, and then I found out that there were ways to train as a integrative physician and, and even integrated cardiologists. And I did that about 12, 13 years ago.

And, you know, it satisfied my curiosity, kind of being a contrarian. I mean, I was a stent doctor, but I would teach them about plant based eating even way back when.

And, you know, I saw that this was something people call the blue ocean. Red ocean, blue ocean is a largely, you know, a great opportunity to help with very little competition.

And even now, with a clinic that's been open in Detroit for nine years. But it draws people from across the United States. Yeah, not too many other clinics like mine.

You know, we're humble and we do a nice job, and it's a small clinic, but people are there from California and Florida and New York and Texas, and I'm licensed in many states.

So some of it is telemedicine. Fascinating. So you write coming out of your resident, your cardiovascular training, medical training, you went right in and preached and prescribed a plant based diet.

Yeah. Back then, I mean, I started practice in 1990. The only real resources is Doctor Ornish did publish a book called, Reversing Heart Disease then and there.

Ultimately it came out in a paperback, so it was pretty easy to encourage people to read it. Still a fascinating read, really interesting read, and not too much about the science has actually changed since then.

Yeah, there was no internet, so we waited a while till we got our AOL and our Yahoo and our Hotmail accounts. Yeah, well, there were some websites, so now I do most my teaching by simply referring people to various videos and websites.

And I don't employ a dietitian. I know some good ones across the country and locally. But yeah, I just try and open people's eyes. You know, this disease came on for a reason and food is part of it.

That's true of prostate cancer, heart disease. It's certainly not the exclusive reason. But, most of the time they never thought about, you know, what you and I have now been nurtured on. You know, food is medicine.

Food is poison. You know, the kind of precepts you could say, go back to Hippocrates or, some other famous people with wisdom to come up with cute little monikers.

Let food be the medicine and let medicine be their food. Right? Right. Exactly. You know, and good old Hippocrates gets credit for that statement, whether he said it or not.

I know we never know where these quotes really come from. Right. But we know where your quotes come from

and it comes from, you know, Joel, the, the the heart cardiovascular prostate cancer connection.

Right. So if I have a patient that comes in with a high PSA, I have to I tell them, look, send me all your labs. What do you mean, all my labs? Yeah, some of your lipid panel.

It's all connected now, once it get to a certain point. Right. I say if they're Lipitor off, I say, well, you need to see Doctor Clot or some of our other cardiovascular holistic colleagues because it's it's only my lane until a certain point, but it's only my lean to the point that I'm a holistic practitioner.

Right. You're the same. You have a you have a patient with cardiovascular risk. They have a high PSA. You don't I hope you don't always send them to me.

You do what you need to do. You put them on your protocol and then see what happens. If things get to a certain point, then, you know, you send them to me or whoever else, right?

Yeah. Right. Out of University of Michigan, researchers wrote a lot about prostate cancer. Has has oftentimes said do a diet for prostate cancer. That's good for the heart rate.

If it's good for the heart, it's good for the prostate. Your thoughts? Well, there's a lot to unpack there. But briefly, you know, there's an overlap in the demographics.

Of course we're talking about disease in males. Prostate cancer. And although women and men are of equal risk for cardiovascular diseases over the course of their lifetime, when you're talking to men and, you know, when you're driving people in their 40s, 50s, 60s and 70s, men have much more risk of cardiovascular events and dropping dead, than women at comparable ages.

Women just catch up after menopause and later in life. So the prostate cancer risk, demographic is very much overlap with the heart disease demographic.

A lot of the same, you know, specifics of poor quality diet, processed food, high stress smoking, alcohol, weight issues, lack of exercise, sleep issues, sleep apnea that overlap, and are an important part of foundation of heart disease are similarly clearly a foundation for prostate cancer.

Environmental toxins a little difficult to, you know, nail down without doing some unusual and advanced testing for, you know, now we're talking all over the place about microplastics.

Microplastics in the testicles, microplastics in the penis, microplastics in carotid arteries. And, you know, they're having a role in inflammation and various organs, a lot of overlapping Bisphenol A's and other endocrine disruptors.

So, you know, men with low testosterone are at higher risk for prostate cancer. Men with low testosterone are at high risk for cardiovascular disease.

There's some underlying metabolic problem there. So, you know, there's all that overlap. And now we finally have some pretty solid data that men can avoid prostate cancer with by eating a heart friendly, plant friendly plant and strong diet, at least the Mediterranean diet and maybe more of, pesco vegetarian or full out vegan diet.

And we got data that if you've had prostate cancer and some of this stuff has been published in the last couple of weeks, even as we converse, you know, we have data that, what a cardiologist should be telling a heart patient, turns out, is pretty good advice for a specialist in prostate cancer to be telling a man with, with that diagnosis that you can influence your outcome and maybe extend your life by choosing oatmeal over eggs and bacon.

You know, my friend and colleague Stacy Loeb, and she's written quite a few papers as of late, looking at observational studies, on prostate cancer and a plant based diet.

She's, she's an avid and avid consumer herself, of plant based, dietary approaches and is what she preaches.

You'll hear her. She participating on the prostate cancer summit.

So I'm so honored to have her. And, you know, when she first came to NYU, I mean, we are talking about a conventional, urologist. I call her the queen of prostate cancer.

Prostate Cancer and Heart Disease Overlap

She's written hundreds of papers on prostate cancer. She first came in, she was chewing on cheesesteaks, and and she completely converted. And in much of her work is on, diet, plant based diets and prostate cancer.

She did the lifestyle medicine certification. And you'll be fascinated to know that just between you and I, no one else is listening. She she's looking for funding, and she's able to get funding to do research on microplastics in the prostate, where they remove the prostate and you're able to look at microplastics in the prostate itself.

We think if you find micro, plastics in the penis, if you find any testicles, you're going to find it in the prostate, no question. So it's fascinating. So yeah, in fact, there there has been a recent publication about plant based diets and disease progression and prostate cancer.

And Doctor Loeb is one of the authors. So yeah, I have great respect for her. And I think she's in your city. She's in New York, right? She's at NYU. She's she's one of the, faculty members at NYU.

So, yeah, she's, she's a rock star. She's a rock star. And look, the reality is that in urology, they would not listen to a natural Catholic doctor talking about plant based diet, which I'm okay with now.

But they listened to Stacy Loeb. And so she's making changes within urology, for sure. Yeah, well, I'll tell you, just going back to a question, you asked, about how did I get interested in integrative medicine?

I can actually think of the patient who came to me 15 years ago with a diagnosis of prostate cancer. I was following them for other reasons. Still see him?

And, he brought me a supplement from England, and it was, for polyphenol rich plants and a capsule. It was dried broccoli powder. It was green tea powder.

It was tumeric powder, and it was pomegranate powder. And he said, you know, I'm ordering these from England, but there's some published data that these may improve my outcome with prostate and lower my PSA.

And, behold, I went and read about it and there were published studies, and now you can do it through food. And this happened to be two capsules a day, but it you know, it was experiences like that that led me to understand there was a lot beyond conventional medicine.

Not that you throw away conventional medicine. You don't throw away every prescription in the world. But, you know, you certainly want a big toolbox or somebody with a serious medical problem, whether it's cancer, heart disease.

So that's what you got. That's what I got. Really big toolboxes. Listen, you practice best medicine and best medicine, oftentimes includes conventional medicine.

You know, again, as a naturopathy doctor, right. We we learned the pharmaceuticals and so forth. And in some states we prescribe. But if we're not careful, attendees, including me, by the way, early in my career, we're like, no, no, no, no, we don't want to do that. No no no no.

That's bad stuff. I've worked only with medical doctors and urologists in my whole career. I've been very fortunate in high academic institutions. I've learned not what doesn't work.

And there's quite a few things that don't work for sure. I learned a few things that do work in the conventional

space. So for the audience, listening to the summit, who is kind of tunnel vision on only natural at all costs, only natural, I am a natural person.

I'm a natural politic doctor, doctor con preaches, yeah. Plant based eating, prescribe supplements, but don't always just, you know, tune out conventional things that might be helpful as well and approaches and so forth.

Yeah, I agree completely. And, hopefully you get through your prostate cancer experience, whether it's surgery or robotic or radiation or seeds or maybe, you can be watch, but you better look for these other, you know, they can call them.

A lot of them are just lifestyle approaches. We can call that integrative. It's kind of sad that lifestyle approaches are not part of standard medicine, not to talk to a patient about sleep and weight management and regular fitness and healthy, colorful diets.

I and then you can get into supplements and, you know, longevity approaches. But, yeah, it's a it's a little bit unfortunate. Again, I brought up the name doctor Dean Ornish, who in 1990, very important in my own career, published research and still considered of high quality on the partial reversal.

I think you have to be honest with it wasn't magic. Drano, but partial reversal of heart blockages with a lifestyle program that featured whole food plant based, diet plus meditation, plus exercise, plus group support.

But then he went down the hall to UCSF urology professor John Carroll. If I remember the name Peter Carroll, Peter Carroll. Okay. And said, let's try this.

And some guys with prostate cancer. And they did, and they published randomized data and amazing respected journal urology. And yeah, I mean, and I guess the sad note is that's probably the mid 2000 that there were 2005 was the last paper they did a two year follow up.

Okay. Fascinating. I'm going to tell them that you said that because he's denied to be on summit. So we're going to we're going to twist his arm a little bit.

I cannot have a prostate cancer summit without having Dean Ornish on who's written one of the few, one of the few. There's other lifestyle, trials afterwards, but they're not that many.

They're hard to do. I tried when I was at Columbia a long time ago. Failed miserably. Compliant. How you know that they're doing what they need to do was very difficult and I didn't have the proper funding.

So it's amazing what he did. And in his study, a few things happened. Number one, PSA came those that it was a there's a group of active surveillance randomized trials.

You know, they did the whole protocol. Now here's the deal with that protocol, which I think it's fascinating, is a lifestyle protocol. We don't want to put people on plant based diets and tell them, listen, you don't need to exercise.

Keep stressing. Don't worry. Don't worry about community. Don't worry about meditation or worry about just diet. That's not the right approach. The the medicine I believe in is a lifestyle approach, I think.

Same with you. Everything combined multivariable. It's okay multivariable approach. And what happened was, those that were on the control group, which did their normal lifestyle, they, few of those needed more, aggressive treatment for prostate cancer versus the group that did the the protocol.

Fascinating. Two years later, they do a whole thing. They measure, they pull blood. You know, they draw blood from both groups. They put it in a petri dish full of prostate cancer.

Only the group that did the protocol, you saw a reversal of these cancer cells in a dish. Fascinating, fascinating.

Lifestyle Medicine Evidence and Ornish Studies

So you saw actually reversal of prostate cancer in the group that did the lifestyle. Right. And you and I are talking about it in front of what I hope is a very interested and, intelligent audience.

But, you know, we're talking this was published 19, 20 years ago, and there's not too many urologists are teaching the Ornish Lifestyle program or Stacy Loeb.

Stacy Loeb is the I have to say, sir, he is. Yeah. There hasn't been a lot of randomized research now, since then. Right, right. For sure. All right. So here we have we have a prostate cancer patient in your office also happens to be hypertensive and also happens to, you know, perhaps have I'm not even going to say high LDL.

I'm going to say high apob. So first of all, let our audience know what's apob and why I even mentioned that. And second of all, what's a dietary approach that you would give them?

That would be different, perhaps perhaps in comparison to any other patient you have considering they have both prostate cancer and cardiovascular disease.

Yeah. In the cardiology community, for a good 20 years, LDL cholesterol measured in the blood. But actually, I got to put an asterisk there. I'll come back to that has been, you know, the main focus of guidelines.

You've had a heart attack, you've had bypass, you've had a stent, you've had a catheterization with disease, or nowadays you have a high coronary artery calcium score, even though you're asymptomatic.

And the goal is to lower your LDL cholesterol. And we used to say under 100mg per deciliter. And about ten years ago we got more aggressive. Instead of we can lower it in heart patients that necessarily in everybody to less than 70mg per deciliter we'd get better outcomes.

And now since 2019, for the most advanced patients, we're actually shooting for an LDL cholesterol less than 55 because, lifestyle hasn't changed. But we have better drugs, and we can routinely reach those numbers.

One of the problems with the LDL cholesterol measurement is it's actually calculated, we're making big decisions on patients and treatment and drugs and doses and a number that's actually artificial.

It's an old equation called a freedom walled equation. There is a way to measure it directly, but that's rarely done in primary care. Cardiology and other, even advanced, lipid clinics.

So for years and years, there's another blood test and you don't stop doing your cholesterol panel. You just add on a $20 blood test, and it's, measuring something in the blood called apolipoprotein B, ApoE lipoprotein capital B, but it usually in short form, is called apob inexpensive blood test.

Everybody offers it thousands of publications. And basically it's one directly measured blood cholesterol value, actually. Specifically, it's, lipoprotein that carries cholesterol.

But there's one number. It can give you a much more accurate view of your cholesterol pattern, normal or abnormal. And as you treat the cholesterol, whether it's with diet or fitness or supplements or drugs, it's a wonderful number to follow.

It turns out most of the apob measurement is because of LDL cholesterol in the blood. But now we're directly measuring it accurately and inexpensively.

But there's this other pesky little cholesterol particle that 20 to 25% of us carry, genetically called light bulb protein. Little A. And it turns out Apob reflects all of those and reflects the LDL cholesterol in the blood.

It reflects the lipoprotein that I like. So if I see somebody, this is just a little clinical pearl. For those that are

clinicians listening, let's say their LDL cholesterol is 100 kind of average sometimes needs to be lower in certain patients, but their apob comes back higher than I'd expect 148.

We usually like to see it under 90. And now that we're aggressive, we often like to see it under 60. But if it comes back high, I'm thinking, why is it high?

And I'll go check that light bulb protein little AA. And oh, I tell a patient, you're one of the 1 in 5 that your parents gave you a cholesterol gift you'd rather not get, actually, because it can accelerate your rate of clogged arteries.

Clogged heart valve called the aortic valve. Risk of heart attack, stroke. And we're on the verge of the pharmaceutical industry providing us drugs for this genetic lipoprotein.

Little a cholesterol because statins like Lipitor and Crestor don't work. In fact, they sometimes make, the blood level worse for this genetic cholesterol.

So, anyway, just a little deep dive into cholesterol apob measurements. But what I would actually do just to cut the chase, if a man showed up at my clinic and said, you know, I'm being evaluated for robotic prostatectomy, and my internist or urologist thought I should probably have a heart checkup, assuming asymptomatic.

No history. Of course. I'd listen to their heart and I do an EKG and I do bloodwork. Lots of blood work. But there's that CT scan called a corner artery, calcium score, corner artery, calcium CT scan, no injection. No.

I know allergic reaction takes about 10s available at NYU in Columbia. And every hospital in Detroit area where I practice for about $100. And since again, that pool of prostate cancer men overlaps a lot with the pool of obvious heart disease.

When you start looking for what some people call asymptomatic or subclinical or silent heart disease, you'll find a lot of these men as their prostate is aging and has transformed into a malignancy.

Their heart arteries are aging, and, you know, you give a better advice to the anesthesiology and surgical team about the risk. If you know about silent heart disease, sometimes it proves to be even a more pressing issue.

Rarely, we kind of put the heart on the back burner or treat the prostate cancer. If if there's an urgency and then we'll come back to the heart. But every guy listening to this with the prostate and every woman should also get about age 50 a coronary artery calcium scan.

Just ask your primary care doc. As for that a Bobby blood test. As for that light bulb protein, little a blood test. But as for this heart CT scan, if it comes back perfect.

Zero. You're in great shape. Do it again in five years. Like having a clean colon escapee, but if it comes back 864, it should be 0 or 1140. Do you know somebody did your favor?

ApoB, Lipoprotein(a), and Cardiac Risk Screening

Now you know you're in the heart realm and you need to get together with somebody who knows what they're doing. To work on preserving your heart health.

Because over the long run, you'll probably beat prostate cancer. But that heart disease may get you if your calcium score is very high. You know, there's a scenario that I see often, Joel, where a patient comes in with prostate cancer and they're freaking out.

So this is it. I may die from prostate cancer. They have a Gleason six prostate cancer. Their PSA is very stable. There's no evidence of metastases or spread anywhere.

A Gleason six prostate cancer. The audience that's listening to this summit probably knows is the lowest stage of

prostate cancer. It goes up to ten. Most people with Gleason six.

Prostate cancer in this day and age will go on active surveillance, meaning no medical treatment. There they are. They are overweight or obese. Significant waist circumference, size, high.

Apolipoprotein B, you know, hypertensive, like my brother. The last thing you need to worry about is prostate cancer. And let's focus more on cardiovascular disease.

And there's a good chance that if we focus properly on cardiovascular disease, there's a good chance that you your prostate cancer won't progress. And you could be on active surveillance forever.

That's a scenario that you probably see often as well. Active surveillance person, low risk, kind of freaking out about prostate cancer. But they really have a higher you know, the dad died from a heart attack, you know, at 70.

I said, well, let's let's shift our focus here. Your thoughts on that? Yeah, completely. Completely. And, you know, that's why one of the things that attracted me to the integrative medicine model was more of a whole patient and holistic model.

You know, the urologist sees the prostate and cardiologist sees the heart arteries and, you know, the, the dentist sees the gums. But we know that actually, those three organs I just mentioned and many others, you know, inflammation is system wide oxidative stress, the system wide nutritional deficiencies are system wide.

And these, these these tissues respond to the same treatment. So absolutely, I would want to work, to characterize we brought these terms, but they're very important personalized medicine.

You know, everybody has a story to tell when the labs come back, when the imaging of the heart comes back, maybe a carotid ultrasound comes back. You know, we gotta put it all together.

And there's kind of system wide toxicity and system wide metabolic stress. And, you know, it's not everything is corrected with a big approval a salad with cannellini beans and olive oil and bile.

So we never thought I'd never give that one. Yeah, I would never I would never I never thought that those words would come out of your mouth. That a bowl of arugula salad with beans wouldn't can't correct everything and anything. I guess that's not the case, is it?

Not everything, you know, and again, I'm not a denier. I sent a patient to bypass surgery five weeks ago, first in a long time, and few patients go to the stent every year.

We do overuse, you know, the big one, big expense. Therapies. We don't really call watchful waiting in cardiology like we do that in our surveillance, like we do with prostate cancer patients.

But if you really look hard at the data, a lot of heart patients can be, you know, surveyed. But it's, you know, then take the opportunity to apply the science, the science.

So, you know, Ornish and Esselstyn and pretty can and even people before that, introduced, lifestyle changes and, well, you know, diet is a big part of it.

It's not the only part, but. Sure. All right. So what what would be I'm going to give you two scenarios. One is just a regular prostate cancer patient.

So I'll tell you off the back I emphasize more on cruciferous vegetables because there is just evidence that shows that there's anti prostate cancer ingredients.

And and phytochemicals inclusive for a vegetable. So I emphasize that more. That's the main difference in men with advanced prostate cancer control who are either, you know, they're older in age or they're on androgen

deprivation therapy where I'm trying to keep muscle at all costs.

That's one of my main goals. Keep muscle. I want them, and they're they're already plant based eaters. And they're saying, look, I'm good where I'm at.

I don't even to eat fish. I haven't have fish in a long time. What kind of high protein protocol would you give them that is high in protein and still stay plant based while they go through ID or, you know, are they just older in age and they just need to keep muscle?

Well, number one, I'm going to stress to them that they need to be in the gym and they need to do strength training, and they need to do bands or weights or free weights or they're unfamiliar with these, like I am relatively I was not a lover of the, weight room and high school and beyond, but I've learned to, dust off my both legs I've had in my house for a long battle, so I probably spend more time doing resistance training now than I do cardio.

So that has to apply to the patients. I mean, you know, you can't just eat a burger or, a can of beans and the muscles are going to pop up. You might be providing, you know, some, animal or plant based protein substrate.

I like the supplement creatine. One of my patients are working out and doing some strength training, particularly in the plant based patients, because creatine is a difficult, substance to get on a plant diet.

But I'm stressing on them, you know, weights, weights, weights. You don't have to hurt yourself, but you gotta you gotta raise, some weight every day.

Or, you know, you could do it every other day and let yourself have a recovery day in between. But, you know, I'm going to stress protein, particularly if they're over age 65, where the data from Walter Longo, PhD, University of Southern California, his coworkers, like Morgan Levine, who PhD, was at Yale.

But, I think she's with industry now, and working with David Sinclair a bit. But, we're going to stress over age 65, you know, fall in love with lentils, fall in love with the dozens of types of beans, and they're going to be a few people that are going to be problematic.

They either just don't like them or they have some food intolerance. You know, we have to throw away that. Stephen Gundry plant paradox, fear of legumes because they are some of the healthiest foods on the planet.

If you want to, you can add in a good plant based protein powder. I've never emphasized that much. There is a new one out from Doctor Longo that doesn't raise IGF one really cool product, and I actually like the flavor.

So I have, dabbled in a little. What's the protein in that? It is primarily BNP. I don't have it in front of me. There is actually, there is a little extra virgin olive oil in the powder.

Nutrition, Protein, and Muscle Preservation

That's certainly unusual. But there's a couple publications in press showing that many whey based protein powders will raise insulin like growth factor one, which may not be something you want to do if you're surveying your prostate cancer.

And this particular mix, may lower IGF one, which again, it's not a prostate cancer trial. It's, it's a metabolic pathway trial. But it's interesting, a lot of leafy greens.

I'm a big fan, and usually I take a handful every day. It's unusual of chlorella or spirulina or both, which are tablets. They could be a powder. They really are a food.

They're not really a supplement or a complete food that in Asian countries are much more commonly part of the diet, are packed with protein more than even, you know, broccoli and beans, 60% protein, 40 amino acids and minerals.

Of course there's only 21 amino acid, but, you know, rich in minerals, high in vitamin C, and, you know, they're flavorless, so they're not offensive, but it's just a habit to get into.

And, you know, with all those resources, I'll say the last one and ask you your opinion. But I encourage my patients to try. If they never had organic soy, organic tempeh, organic tofu, organic edamame, me and I really stress organic because soy has become such a genetically modified crop to feed, to cows, to feed, to pigs, to feed the chickens.

But we're feeding a human. It ought to be an organic source. And generally, you know, very high protein soy milk and cow milk have the same protein content, and that's much higher than almond milk or rice milk or oat milk.

So I'll gravitate personally in my own life to so I base foods, 3 or 4 times a week. You can make a stir fry, get those cookies, you know, get your cauliflower, get your broccoli.

And, other cruciferous vegetables, while you've got some organic tofu and, you know, throw some balsamic on there. Amy can make great, stir fries that are really heart healthy, prostate healthy, dinners.

And they're packed with protein. Yeah. So, I have to say, I have to apologetically say that back in the day, I was an antisocial personality, but I just went along with the crowd, which I don't do.

I haven't done for a long time anymore. And, and, and one of the things is that I've learned, through my practice and my way of doing things is, I always go when I do some research knowing that I am biased towards something.

Right. So I start with knowing that I'm biased either for or against something, and I'm trying to challenge my biases at all times. Why? The reason I say that is because I come around with soy completely.

It's not that I tell people you have to eat soy, but I say, hey, soy is good in protein. You know it is. You know, some data does suggest that, you know, it may be helpful for prostate cancer.

I think a lot of the data is mostly on Asians, and they have this ability to create another chemical from their own microbiome. In all, I believe it is.

And email has anti, you know, prostate cancer benefits. If you're not Asian there I don't know there still might be some benefits there etc. etc.. But there's notion of I've come around Joel with my approaches.

I guess I'm a lover and not a fighter. Also I that's my nature. So politics is the same. I just, you know, there's good elements to every diet. And let's start at a point where we all agree.

We all agree that ultra processed foods are not good. So let's start there. Then we dive in and we talk about things like soy, which is I mean what it.

But back in the day, the whole the whole soy story or something like that, that I read, it was like, you know, how harmful soy is, that is estrogenic.

And you become more estrogenic and the actually that I used to I thought that was the case as well. Again, I did the research and I was like, well, that's not true.

Even though there's phyto estrogens in soy, there's no, estrogenic effect in the body. If anything is beneficial, we won't go too deep into that rabbit hole.

But all that to say is that people, need to, not get so caught up into the cult of diet and being so dogmatic with diet. Yes, you need to follow a protocol because it will help you with prostate cancer and overcome it.

But, you know, ask better questions. And if somebody says, absolutely not, that's the evil. This particular food is the, you know, run the other way. That's what I've noticed in the last 25 years that I've, that I've practiced.

Hey, talking about protein. So, so remember the cases that this is either older man or a man on ADT, that they don't have their testosterone anymore. And there's only three ways of, stimulating muscle weight resistance, movement and exercise, quality protein and testosterone.

You take out the testosterone. We only have to as it relates to protein, it's really the essential amino acids that's necessary. And even more so, is those branching amino acids, particularly leucine.

If we keep going down, you know, what specifically, is involved in protein synthesis or muscle synthesis? What put put potato is super high in absolutely everything that we want.

Essential amino acids high in leucine. By the way this has been my finding. You probably know this for 30 years. I just learned this. You know, high end carbs stay away from potatoes, complete protein profile, all nine essential amino acids and very high in a branch chain including leucine.

It competes with way. Yeah, there's a few people out there that have, you know, celebrated potatoes more than the average. And I'm not talking the Irish population.

Doctor John McDougall, a very well known nutrition MD that recently passed away but at an advanced age, always celebrated how great at his potatoes were for managing diabetes, managing weight, managing heart disease, managing autoimmune diseases.

And he published papers and he wrote many, many famous books. They called him the the starch giver because he always loved starchy foods like potatoes and and they also there's a guy just on the internet named Spud Fitt, who went a whole year eating nothing but potatoes and lost about 150 pounds.

But he did as a medical journey with doctors in Australia, checking his, blood and assays and everything went well. It's, you know, nothing. I recommend people to be so extreme that the only thing you eat is potatoes.

God knows which one, you know, and we talked about the Okinawan diet is one of the blue zones of longevity, one of the pockets in the world that has the lowest cancer, lowest heart disease, lowest diabetes rates, and their traditional died in the 40s and 50s was 60 to 70% potatoes.

But they also have a Japanese purple potato that's super rich in polyphenols and, phytonutrients. Not the usual Idaho Russet that we eat here in the state.

So if you can get yourself some purple fingerlings, enjoy them. If you get some obviously sweet potatoes and yams, enjoy them. But there's nothing wrong with that.

Wendy's baked potato. No, I do not in some cells and maybe some whac-a-mole, but some hemp heart and maybe even dump a little, extra virgin olive oil on there and make it a real festive, baked potato.

So I've been I've been a fan of potatoes, despite the high starch. And it doesn't seem to spike insulin even if I have a CGM, you know, monitoring or.

Oh, if it does, I'll just eat too much. And if I eat too much, it doesn't matter what I'm eating. It could be a, you know, big thing of salmon, and it's going to spike my insulin anyway, like, you know, eat the peel, just wash it.

Practical Diet Advice and Closing Remarks

Well. And obviously a potato chip and the brain is not a potato. So we're not giving blanket permission to, enjoy your late night snack. So those type, know there are people that grab a sweet potato out the door from the refrigerator, and that's breakfast.

That's a very well-balanced, fiber rich, adequate protein breakfast, actually. Yeah. No, thank you very much for saying that. I just wanted to point out that, talk about looking at things from or attempting to look at things from an

unbiased perspective.

Remember, I was I did I was, you know, low starch, higher protein type of guy. I am still a high protein kind of guy. But I learned in my practice is, you know, what's the best approach.

And if they're already coming in, a lot of people already coming in and say, look, I'm following this diet. And I do, a meatless diet, so great. I'm not trying to make you eat meat or even fish, which I think salmon is actually a pretty good thing.

Done. Right. But if you are, let's do it right. Whatever the diet is, let's do it the right way. Any final thoughts on what a man with prostate cancer should eat and how they should eat?

Yeah, I just, you know, and I know we're together on this. I would encourage a man with prostate cancer to work with somebody like you or their urologist, but nowadays, just go to the web and read about plant based nutrition and prostate cancer.

Read about Peter Carroll and Dean Ornish. They never wrote a book. They wrote research papers, but they never wrote a book about the Ornish plan for prostate cancer.

I you know, I don't. It's in Doctor Ornish, his newest book called Undo It as a chapter, but it's not a dedicated book. Read about the American Institute of Cancer Research.

I think it's called ICR. You know, these are things anybody can find on the web. And add for yourself the hard question why, you know, if you want that long, healthy life, why wouldn't you want to make some changes and gravitate away from all the process junk food, but gravitate away from, heavy meat, heavy red meat diet and maybe end up in the world of pescatarian or over lacto, vegetarian or come join me.

I've been doing it for 48 years and, pretty decent human specimen for health. And, without nutritional deficiencies. As a long time vegan, you and we are.

And we'll end with this. I know that you spoke earlier on an LP, LP little a I know someone a very famous cardiologist wrote an excellent book on how to live LP.

Little late. Can you talk about that? I just cleaned up my study. I have a copy somewhere, but, you know, it turns out there's so many 2 billion people in the world that inherited this genetic cholesterol that I wrote a book a couple of years ago.

And it's a real challenging group of patients. Some have absolutely no disease, even though they inherited it. Some have devastating premature cardiovascular disease.

So it is now recommended is not a practice everybody should know once in their life. At least I had my blood checked for lipoprotein level AA and I have a normal level.

Forget about it. You're done. But I have a high level. You might inquire, how do I find out if my vascular status is pleasing or, at risk? And what do I do about it?

What's the title of your book? What do they find it very, very, interesting book. Lipoprotein little a hearts quiet killer. And it's on. You know, all the major booksellers small little book.

Just wanted to get it out, but it still rings true. And it's it's a good read. Thank you for that. Endorsement. Sure, sure. Doctor Joel Kahn. Well, thank you so much again for for joining me.

You know, when I asked you about, you know, do you want to participate? And I know there's a connection. I didn't know whether you were going to be open to it as the, you know, as America's top cardiologist.

I didn't know, that you'd be open to us. I really appreciate you being on and sharing. Sharing your wisdom with our audience here. Absolutely. Thank you so much.

Thank you. Thank you, everyone, for watching. This was, an excellent interview with Doctor Joel Kahn. And we have plenty more on this prostate cancer summit.

So stay tuned for the next one. We only have the best of the best on this summit, so thank you for tuning in and I'll see you at next interview with our next expert.

So long. Have a great day.