Introduction and Dr. Gregeru2019s Background

It's not just how much you smoke, but how long you've smoked for. Same thing. What's your cholesterol? How high is your cholesterol? And how high has it been for how long?

That's critically important. So there's this rare genetic condition, this PCSK9, affecting the rare lucky individual where they have lifelong LDLs, not that low, but they have it for their entire lives and have dramatically lower cardiovascular disease rates.

This is Doctor Talks. Welcome everybody. I'm glad you're so glad you're joining us on this, you know, reversing cardiovascular disease, reversing heart disease summit.

It's so critical that people get this information. And today, I'm excited to have with us Dr. Michael Greger, one of the heroes in this plant-based movement, and a friend of mine, and so we respect the work he does.

It's so terrific to have him join us today. So here he is, Michael Greger. And let me just give you a brief bio of Dr. Greger for a minute, and then we'll get started with his wisdom.

And that is Dr. Greger has been a founding member of the fellow at the American College of Lifestyle Medicine. So way back, you know, 30 years ago, when all this stuff was started, he was one of those people, as I was too, actually.

And he's a physician and internationally recognized speaker on nutrition and nutritional science. and his science-based nonprofit nutritionfacts.org is a free online portal hosting more than 2,000 videos where you can get information on almost any subject related to nutrition and health science.

He's presented at the Conference of World Affairs at the World Bank. He's testified before Congress. He is an expert witness in Oprah Winfrey's defense trial under the infamous meat defamation trial.

And now he's also an acclaimed author, a bestselling book. His bestselling How Not to Die and the How Not to Die Cookbook were huge bestsellers. And then the How Not to Die, How Not to Die It book became an instant bestseller too, which was so proud of him and grateful for his work.

And then, and remarkably. All of Dr. Greger's, all these proceeds that he receives from his books and speaking are donated to charity. So he's just an incredibly powerful individual putting forth goodwill and good vibes out to the world, trying to make the world a better place.

So welcome, Dr. Greger. There you are, exercising as usual. Thank you so much. I'm honored to be here and so excited that you're doing this summit. Great, great.

And we're talking about heart disease and how not to die, so to speak, right? That's what we're talking about because the number one cause of death for adult Americans is heart disease and strokes.

So let's start with, is it just aging or is it a longer time of eating unhealthfully that causes heart disease and strokes?

Heart Disease, Cholesterol, and LDL Exposure Over Time

Well, you're just inevitably going to get heart disease as you age. What do you think? Yeah, so that's what we used to think. We used to think that for high blood pressure, we used to think that for heart disease, until we started looking around the world and realized that there were populations that did not die of epidemic of heart disease, epidemics of rheumatoid arthritis, and osteoporosis, and obesity, and on down the list.

So wait a second, then we have these migration studies that show it's not genetics. When people move and start eating and living like Americans, they start getting sick and dying from American diseases.

And so this is a tremendously kind of hopeful approach. And then, of course, it wasn't until people started putting it to the test, like Nathan Pritikin and Dean Ornish, who published the famous lifestyle heart trial in 1990, proven for the first time with something called quantitative angiography, that you could indeed reverse heart disease, open up arteries without drugs, without surgery, just a plant-based diet and lifestyle program.

Right. So it's reverse heart disease, but we can also stop people from having like a clot that can propagate and cause a heart attack or cause a stroke.

And it's, this is not just not forming clots and the increased ability of the blood to stick together. And from, from just aging us, it's right. It's, it's kind of like, it's what they're putting in their mouth.

Absolutely. And so it's not just the level of cholesterol in your blood, but the so-called cholesterol years, just like we have pack years for smoking.

It's not just how much you smoke, but how long you've smoked for. Same thing. What's your cholesterol? How high is your cholesterol? And how high has it been for how long?

That's critically important. So there's this rare genetic condition, this PCSK9, affecting the rare lucky individual where they have lifelong LDLs, not that low, but they have it for their entire lives and have dramatically lower cardiovascular disease rates suggesting, and you say, wait a second, You know, how can you be walking around with an LDL of, you know, 100 and still not get any heart disease?

Well, that's because they've had it. They haven't been accumulating, you know, cholesterol on the walls of their eyes their entire lives. Whereas if you've been eating unhealthy, we really want to get your LDL down more like 70 for primary prevention and then 30 to 50 or really as low as possible for secondary prevention.

If you already had a heart attack, already have known heart disease, we want to push those numbers as low as possible. Right. So I think you're saying that there's like an LDL that if you're eating unhealthy, you've got to push it down high.

If you're eating healthy, it doesn't have to go down as far. But wouldn't you think that like a statin-lowered LDL is not going to be as protective, generally speaking, as a dietary and lifestyle-lowered LDL, right?

Right. The reason is because there's this panoply of benefits of eating healthy beyond just what the statin offers. Now, the statin is not just cholesterol-lowering that has an anti-inflammatory effect, but you look at a diet and exercise, you look at healthy eating, and there is this long list of benefits like the blood rheology, which you talked about, the flowability of one's blood, lowering blood pressure, statins don't do anything with blood pressures, lowering excess blood sugar levels, statins actually increase the rates of type 2 diabetes, whereas the healthy diet, the same healthy diet that can prevent reverse heart disease, can prevent reverse type 2 diabetes, and so on down the list, anti-inflammatory diet, and so you only get a narrow spectrum of benefits.

when you're taking these lifestyle drugs, as opposed to treating the underlying cause of the disease. If you look at the absolute risk reduction, even in a secondary prevention scenario where someone already has heart disease, we're really only talking about a 2% absolute risk reduction over a period of maybe 6 years, dropping one's risk of a subsequent heart attack from 6% down to 4%, Big Pharma likes to advertise that as a 33% drop in heart disease rates, which is true, technically, but it is just that 2% drop.

Lifestyle Changes, Sodium, and Heart-Healthy Foods

So about 1 in 50 benefit. 98% of people during that time frame would not be benefiting from these drugs. And so look, if you are unwilling, or unable to change your diet and lifestyle, these drugs can be life-saving, particularly on a population scale.

But for the individual, they're really quite impotent, and we overestimate the efficacy, both patients and physicians alike. Right. So that's what this summit's about, to get people really truly protected, and it means they got to make a radical change in how they're living, of course.

Unless they've already done it! So let's go over what do you think are the most important lifestyle changes to, let's say you weren't eating healthfully for the first 60 years of your life, and then you have high blood pressure.

So what do you think is the most important changes a person can make as they age now? And how much can they reduce? Once they're saying they've eaten unhealthy, how much can they reduce their risk?

And what should they do? Yeah. I mean, so first of all, it's important to note that, for example, in Ornish's Lifestyle Heart Trial, these were people already in their 60s.

They've been eating these terrible diets their entire lives and yet still able to reverse this accumulation of plaque even late in life after a lifetime disease, so it's never too late to start eating healthier, to start moving, to stop smoking.

We really do have the power. Unfortunately, of course, the number one way most people, a slight majority of people die from heart disease is something called sudden cardiac death, meaning you don't even know you have heart disease and then all of a sudden you're dead within a few hours of showing symptoms.

And so that's why you can't just wait until you're diagnosed with heart disease to clean up your dying lifestyle because an ounce of prevention is worth way more than a pound of cure since there is no cure for dead.

Right. I always say the food doesn't taste that great once you're in the coffin. Exactly. Exactly. Taste buds just don't quite work as well. Exactly. So in terms of if we really were to prioritize, according to the global burden of disease study, sodium reduction.

would probably be the number one thing, just because salt contributes to mortality for so many different ways, high blood pressure, stroke, kidney failure, heart failure, et cetera.

So reducing sodium consumption, which predominantly really is about reducing the consumption of processed foods in the United States. Wow. Okay. So after sodium consumption reduction, you take the sodium iodide, you cut the processed foods out, then what foods should they focus on to facilitate this reversal of heart disease?

What are the foods you want them to focus on the most? All right, so yeah, so in terms of things we want people to cut down on, we want people to cut down on sodium primarily.

Well, I would use to say trans fats, although trans fats thankfully have been removed from the U. S. food supply. But if you have people on the summit internationally, there still may be these partially hydrogenated oils in their food systems, which they should avoid.

But with trans fats largely out of the way, at least the industrial produced trans fats, saturated fat, would be the next, predominantly found meat, dairy, but also these tropical oils like palm kernel oil, palm oil, coconut oil.

These are not healthy oils. These are these rare, highly saturated plant fats found in a lot of vegan junk foods, which people really need to reduce. And the third thing would be dietary cholesterol, concentrated mostly in eggs.

That encourages people to drop from their diet as well. In terms of flipping to the positive side, We'd like people to be centering their diets around whole, unprocessed plant foods.

So fruits, vegetables, whole grains, legumes, beans, split peas, chickpeas, lentils, nuts and seeds, mushrooms, herbs and spices, basically real food that grows out of the ground from fields, not factories.

Those are our healthiest choices. How does the advertising in America and brainwashing people, how do they get

people to think that eggs are healthy for the heart?

And the egg yolk is the most cholesterol-concentrated food, and they've convinced people to think, oh, cholesterol's not going to hurt you if you eat it.

Only if he said, it's unbelievable. Cause isn't there some more, isn't the cholesterol doesn't distort the insulin receptors and making more insulin. Oh my God, so much on down the list, on down the list.

Well, how do they do it? Because they have this checkoff program. Every single egg sold, they need to send money into a fund, which is operated by the federal government that goes into general egg advertising, like the egg nutrition center.

And so they have tens of millions of dollars every year to pump out this message. So it's the same reason, some way that, you know, Coca-Cola tries to muddy the waters in terms of sugary beverage consumption.

Basically all these, I mean, there's just, that's where the money is. And so they're able to really push out their message despite the overwhelming consensus in the peer-reviewed medical image.

Right. There's the medications that doctors use, which as we get older, they're having some people who…

Medications, Testing, and Animal Protein Risks

Doctors have to wean people off medications that are some medication more harmful for the elderly that their doctors are using and more critical to come off the medications.

Oh my God, there's… Yeah. A medication that's doing more harm than good even? Well, there's this epidemic of polypharmacy in terms of the number of drugs that people accumulate over time.

And I forget this. I have the stats in the book in terms of the percentage of Americans at different ages on multiple medications and how many. It's really quite shocking how many people are on drugs.

It really needs to sit down. Why are we on these drugs? In fact, some of these drugs aren't even indicated for something like the PPIs, proton pump inhibitor drugs like Prilosec.

On previsit, these are drugs. They really only have FDA indication for a few weeks maximum, unless you have something like an acid-creating tumor or something.

Yet, people end up on these drugs for years, increasing the risk for bone loss, increasing the risk of all-cause mortality, on down the risk, on down the list.

All drugs have side effects. All drugs have downsides. You only want to be on drugs if the benefits outweigh the risks. And if there's no other alternative, non-pharmacological alternative, that can do the same thing or better.

Yeah. All right. Well, and what about, you should say, certain testing, certain blood tests, certain markers, do you think people should be watching as they get older to protect their heart?

Well, according to the USPSCF, the United Services Preventive Task Force, really the only lab test that you would get regularly to look at heart is cholesterol.

So following the LDL cholesterol, actually the first recommendation now, first LDL cholesterol taken early in life, just to make sure you don't have this familial hypercholesterolemia, But then at regular intervals, we want to make sure your cholesterol is low.

And this is important as well for people who think they're eating healthy diets. And we want to make sure, because heart disease is the number one killer of men and women, as you said, we want to make absolutely sure that your

changes in diet are actually translating into what we would expect it to be.

So just because the average LDL cholesterol of someone who needs strictly plant-based diet comes in at about 68, which is right where we want it for primary prevention, it's a bell curve.

And some people just, because of genetics or other factors, end up higher and have to just work harder, have even a cleaner diet to shove their cholesterol even lower.

So regardless of your diet, we really should be getting tested. Make sure your cholesterol goes down and stays down. Right. All right. And of course, You know, eating cholesterol, eating saturated fat.

What about animal protein? Does that also in itself? Like, what about if people go to the lower fat animal products, like white meat chicken or, you know, does that matter?

Is that the effect of that? Yeah. Well, I mean, even so-called white meat chicken, there's still more fat. And then protein, about 20% fat by calorie.

So, I mean, a century ago, chicken was considered kind of a high protein food at only about 2% fat, but they've been so genetically bred to have excess body fat that there is no longer anywhere near a low-fat food.

The concern about animal protein is largely about not killer number one, but killer number two, cancer. Animal protein increases risk, increases levels in our blood of what's called insulin-like growth factor one, growth-promoting, cancer-promoting hormone, which at high enough protein levels doesn't matter if you're eating plant versus animal protein.

But at recommended protein levels, only the animal protein will actually boost it. You can randomize people to cut animal protein from their diet and their levels fall.

quite rapidly. You can do the reverse. And so when I think animal protein, I'm more concerned about cancer and longevity than I am about heart disease.

So heart disease is more about animal fats, more like heart disease, and animal proteins more like cancer. Exactly. Exactly. Although, wow, how about neither?

Sign me up for neither and try to get your macronutrients from the healthiest foods, which are whole plant foods. All right, I think that's, yeah, that's the message, obviously.

All right, well, thank you everybody for taking part in this, and I hope you found this conversation entertaining and insightful. And if you're a summit purchaser, stay with us, stay right here, because we're about to dive in a little deeper with Dr.

Grego and ask a few more questions. And if you're not, you can click on the button below or the side to access further information. But in either case, thanks for joining us and wishing you, of course, all the best of health and the happiest life possible.

Thank you, Dr. Gregg, for joining us here. And it's exciting people to make the larger changes in their health and hopefully, if they're not there already, to make a huge change to disease proof their body, right?

Love it. I love it. Sign me up. Let's do it. How not to die. How not to have a heart attack, right? That's right.

Why Early Prevention Matters

So we're getting older and people are feeling, I don't know, what they're not feeling is good. How do they know if they have to worry about their heart?

And I think I got the answer from you. I think you're saying is that don't wait till you're feeling something right now. So what do you think about, what could you say to help motivate people to get the fat off their body, start to get off the chair like you are, and start to make a radical change in their diet?

So let's see what you have to say about just pushing people to make these more significant changes. Based on autopsy studies of children in the United States who tragically die, 100% of children raised on the San American diet have what are called fatty streaks, a building up side of their eyes.

That's the first stage of heart disease already by age 10. In their 20s, 60% of these streaks have turned into actual plaques within their coronary arteries.

60% 20s coronary artery plaques. And so this is a long disease. In fact, it's similar with many cancers. So the so-called latency time, the time between a cancer starts and the cancer is actually diagnosed can be decades long.

Colon cancer, about average latency time, 50 years. And so, you know, I know we're talking about heart disease, but there's a lot of people who change their lives, start eating healthier, and be like, oh, I don't have to worry about colon cancer screening because I eat so healthy.

Well, yeah, but the colon cancer might have started in your teens when you weren't eating so healthy. And yes, eating healthier can slow down the doubling time, slow down the growth of that cancer, but still critically important, maybe particularly important to get colon cancer screened.

Why? Because you're going to live so long. Right? We end colon cancer screening often at a certain age because, look, who cares if you have cancer? You're not going to live that long.

You're going to have a heart attack, right? But if you're not going to have a heart attack, you're going to live long, well, then we really need to snip out any budding tumors.

It's even more important to make sure, to ensure our survival. But yeah, so, but for heart disease, right, you cannot wait until your first symptom because, particularly for women, the first symptom may be your last.

But the good news is it's reversible. And one of the most amazing things I learned in all my medical training was that within about 15 years of stopping smoking, your lung cancer risk approaches that of a lifelong non-smoker.

It's just so amazing. Your lungs can clear out all that tar, and eventually it's almost as if you never started smoking at all. And every morning of our smoking life, that healing process starts to wham first cigarette of the day.

Re-injuring our lungs with every puff, just like we can re-injure our arteries with every bite, when all we had to do all along. The miracle cure is just stop re-damaging ourselves.

Exercise and Closing Remarks

Stop re-injuring ourselves. Let our body's natural healing processes bring us back towards health. Sure, you can choose moderation and hit yourself with a smaller hammer, but why beat yourself up at all?

Right. So yeah, because why, you know, I guess the why beat yourself up is because these people become addicted to this self-destructive food that changes the brain.

It's just crazy, but we got to get people to understand these concepts. And okay, so the person is getting motivated. They're going to eat better. They're going to make this radical change.

So how much time do they should they put aside each day to exercise? Well, I mean, the most important message is any exercise is better than none. So I don't want—and in fact, the reason why physical activity guidelines really only recommend about 20 or so minutes a day, actually, which has been progressively going down, because they want it to be doable for people, to be approachable, they don't want to scare people away, but the science actually

suggests you get increasing benefits in terms of all cause of mortality, up to 90 minutes a day of moderate intensity activity or 45 minutes of vigorous activity, and then maybe a plateaus.

We just really don't have studies of people that exercise longer than that, but we know at least it goes up to that point. So that really should be the recommendation.

Ideally, we should be getting as much as 90% of moderate activity moderate intensity activity like brisk walking every day, but again, any amount is better than none.

And even studies suggesting 15 minutes a day of walking is associated with a significantly longer lifespan. All right, well, I think people got an amazing benefit from this.

They hit right the most important points. Well, thanks for being here, for being part of the summit. We're so grateful to you being part of that. And everybody, we're so grateful to you being here as well and being part of this community, sharing, learning, and spreading this word of obviously that we can take charge of our health destiny and you don't have to be sick and have happened to you what happens to other Americans.

So take care of yourself, take care of your friends, your family, your neighbors, and let's all do this together. All right. Bye, everybody. Thank you, Dr.

Greger, again. Thank you so much. I am honored to be part of anything you're ever doing. Never hesitate to reach out. Keep up the fantastic work. Thanks so much.

Thank you so much. Thank you for tuning in to Dr. Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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