Summit Introduction and Guest Welcome

Welcome everyone to the Gut Health and Longevity Summit. I am so glad you're here, and I want you to take a breath right now, because what you're going to hear over these sessions could genuinely change the way you think about your health, your food, and your future.

We built the summit because the science connecting your gut to every other system in your body has never been more compelling, and most people have never heard it in plain language.

Our experts are here to change that, and today's conversation is one I've been genuinely excited about the link between your gut microbiome and your heart.

So first off, I want to talk about my guest here. I have Doctor Joel Kahn here. He has spent decades doing something most cardiologists do not do. He's trying to put himself out of business.

His entire practice is about building around the idea that heart disease does not have to happen, and he has clinical results to back it up. So Doctor Joel Kahn graduated summa cum laude from the University of Michigan Medical School and holds a triple board certification in internal medicine, cardiovascular medicine, and interventional cardiology.

He is a clinical professor at Wayne State University, and was the first physician in the world to certify in metabolic cardiology. He is known as America's Heart healthy Doc, and he has founded the center for Cardiac Longevity in Michigan.

He has authored a number of books Your Whole Heart Solution, The Plant Based Solution, and A lipoprotein a The Heart Silent Killer. And we are going to talk a lot about all of this.

And you've likely seen him on the doctor show, Doctor Oz and many other places. So, Doctor Kahn, welcome. I have so many questions for you. And I know our audience does too.

So let's dive right in now. Perfect. Thank you for having me. Yes, absolutely. Well, welcome. So let's start where most people are. Heart disease is the number one killer.

But I think a lot of people still picture it as something that happens suddenly, almost randomly. So can we talk about what is actually going on inside the arteries and how early does this start?

Yeah, it's so important to keep beating that statistic in the public. 7 to 8 times more women die of our disease. In breast cancer, even women with breast cancer are more likely to die of our disease.

7 to 8 times more men will die of heart disease and prostate cancer, and more will die of heart disease in all cancers, in both men and women. Very tragic.

And there's a crazy data that if you go to a search engine or the New York Times or other outlets, the amount of press that heart disease gets is so small compared to cancer, terrorism, suicide and all important topics.

But it's so important. So let's just keep going. And really we know I mean, you can actually say from age 18 on you can actually identify in the United States using an ultrasound of the carotid arteries, no CT scan, no radiation plaque.

And a lot of young people, we know that soldiers that died in Korea in and Desert Storm on autopsy, they died of trauma. They were in a war, but they had plaque in their coronary arteries and they were often 21, 22, 19.

So, you know, this may or may not have been the case 50 years ago. There is some data that coronary disease goes back a years. The mummies in Egypt, if you put them in a Cat scan, have Coronado disease.

There's a 500 year old man named Ötzi who was found in an ice formation in Europe, had coronary disease. So it's not a new disease, but it's very slowly.

It's very much like cancer if, you know, or or dementia, they say dementia is a 20 year process. Cancer might be a ten year plus process. A coronary disease, by the time you're in an emergency room, had a heart attack, had a stent, and people get frustrated.

They want to get rid of their coronary disease. Well, took 20 years to get it.

How Heart Disease Develops Early

We're not going to get rid of it in a week, but we can make many measures that halted and even reverse it to some extent. So and now we're learning, as we're going to talk today, that our wonderful gut has a lot to do with our disease.

And it's so obvious, but it's really a pretty new topic. Yeah. So you've already mentioned that it can occur in onset of early age, like even they've seen it in young military people.

But what is it that you actually start seeing as early signs like if people are like, oh, well, let me start thinking about this. What could be some early signs that they might want to consider?

I know, like for me, as a pathologist, I've looked at plaques, I've done carotid Antarctic where I'm like literally looking at the calcified plex. But what is it for the listeners and viewers to go, oh, okay, I need to think about my cardiac health.

Yeah, in bold statement. But if you wait till you have symptoms, you probably waited 15 years too long. We have to take a more aggressive approach, like we do for breast cancer screening and colon cancer screening and prostate cancer screening, and maybe by age 40, which is too late, but at least it's a whole paradigm shift.

Start doing an ultrasound of an artery. It could be the carotid arteries, or the brain could be a femoral artery. In Madrid, Spain, there's a famous ongoing research study called paisa PSA, where they do a femoral artery ultrasound in asymptomatic people average age 45.

And well over 50% of them already have plaque. Or my favorite test, there's a CT scan called a coronary artery calcium CT scan in asymptomatic people aged 40 and up.

Very inexpensive, very safe. And that's a whole nother, you know, topic. If you wait to have symptoms, they might be shortness of breath on exertion, might be pressure, tightness, squeezing.

Burning on exertion would be most typical cold weather sexual activity a big heavy meal. And then you go to activity and you just don't feel well because you're trying to get blood flow to your GI system after a big meal.

And if you're exercising to your heart, just like mom taught us when we were six years old at the beach after big lunch, men may get erectile dysfunction years before they have symptomatic heart disease.

Every man with erectile dysfunction should have a thorough cardiac workup, even if there's absolutely no symptoms. Even if they look good, looking good on the outside matters.

Not at all. There's a famous doctor, Peter Diamandis, M. D., who says the body has an amazing ability to hide disease, and I couldn't believe I couldn't agree more with that statement.

So we have to take the same approach. People don't go get a mammogram because they have a breast lump.

They go get a mammogram because they're told it's a reasonable option.

And 30 years later, this coronary artery calcium CT scan, it was in the New York Times in the last week. Is it prime time for CT scanning of the heart?

Yeah, it was actually in 1995. But it took 30 years and millions of people dying who could have learned when they were 44 years old that they were in obvious heart patient.

Yeah, that's a great point that we need to relook at. What are the preventative technology tests, blood tests, all of this that we can do because we don't want to wait for disease to develop.

So you practice very differently than most cardiologists. And so when somebody's sitting across from you and they want to understand why their heart is at risk, what are you looking at?

What are the real drivers that you find in our modern world are putting people at heart risk. Yeah. Well, Joy is going to be in my clinic in Detroit. License in 20 states. I see people all over.

And as you know, in the winter, I'm now what's called the snowbird. I open the clinic in Florida and see people live in Florida because, ten below zero just doesn't fit my metabolism anymore.

But, it's a very welcome you to Florida. Yeah. Well, you know, become more and more over time. It's a very thorough history. Physical exam hasn't changed, but history.

It has to be everything you eat breakfast, lunch, dinner, snack. When you eat it, when you don't eat. Where are you eating? Home restaurants. You know, it doesn't take that long.

And it's fascinating to find out what people are eating. It's obviously every detail and exercise, smoking, history, family history, personal history of diabetes or blood sugar problems, blood pressure problems, blood cholesterol problems. Those are the classics.

But we got to ask about oral health until we got to ask about stress and coping mechanisms for stress, we got to ask about air pollution, water pollution, plastic pollution.

These things are not crazy anymore. These are causing disease and a simple little tip like, you know, you really ought to be drinking out of a stainless steel cup, not a plastic cup is a small little step forward.

You know, it may take 50 small little steps forward, but they're small and they can be done. But then we're going to get a lab panel beyond the average primary care doctor.

Great primary care doctor. But we're going to get homelessness thing and lipoprotein little a and inflammation like chess at least I love a little test called the BNP heart hormone level B and B vitamin levels.

Diamond D omega three B 12. You can go way beyond that. But we're going to pick up so much more disease with about ten extra blood tests.

Screening, Risk Factors, and Advanced Testing

Very often can be appropriately builds her insurance. Then they probably got in their family doctor's office, advanced cholesterol panels and like a pro lipoprotein B, perhaps you know about that one.

It's just another way to measure cholesterol. But it's a good one. Yeah, I like to think of it that when we have the general tests that you might go to your primary care doctor, it's really waiting for advanced disease to show up abnormalities like the standard 5 or 6.

So these additional tests that you have mentioned, the inflammatory markers, the and also the advanced lipid

testing markers, all of this is in addition to the imaging is going to provide you valuable insight, especially since this is the number one killer in the US.

Right. So we want to look at all of these factors. Just to finish your question. We're not you know, we're not really doing gut testing and stool testing as a routine screen and heart patients.

I think that'll be more common in about ten years. Now, we're still in the infancy of understanding the gut and the heart. There is that one blood test everybody should ask for, in my opinion, called TMA.

Oh, It's available from quest and LabCorp and others. It's inexpensive. It has a billing code, and it can reveal if your diet and supplements are fighting you or working for you because of its abnormal.

Something's not working well, and it does cause disease in both the heart and the kidneys. And it's easily correctable with some diet changes. Yes. So that is actually where we do connect that.

So I do gut testing, I do microbiome testing. And I truly believe that the gut is the origin of most diseases and also the way you're going to address treating it.

So if we get into this molecule that you're talking about team, can you explain that a little bit more? I've been reading about it for years. Let's talk about where it comes from, why every cardiologist and every patient should really care about it.

And what is that mechanism that's happening? Yeah. So, you know, from this big topic, the connection between our GI tract, our gut and our heart, there's some obvious ones.

We can almost skip over them, but there's hundreds of articles that the health of your gums and your mouth and your root canals and your fillings a matter for heart disease and many other conditions.

And then obviously, what we eat, that's sort of our gut and our heart health has been connected. Is it going to be beef tallow or is it going to be olive oil.

The great Maha versus the American Heart Association argument that's going on right now in this year. And I know the American Heart Association got it right and got it wrong with the whole crazy beef stuff.

But it all takes a bright mind that's willing to ask questions. And I'm fortunate to say I'm good friends with the Cleveland Clinic researcher director of preventive cardiology named Stanley Hazen, MD, PhD.

I just spent an hour in his office last week in Cleveland, a wonderful time, and he asked the question, and we all should be asking this question. There's got to be more things causing heart disease.

And what's known now, because there are people that show up and they appear to be fin and they appear to have a reasonable diet and fitness and they don't smoke and they got heart disease.

So he screened, the blood of a few thousand people at the Cleveland Clinic with an array of markers that are called metabolite, things that develop in the body from our diet choices.

And he found three there were suspicious and ultimately identified this team a molecule which was known in biology. It's the reason fish don't freeze in cold water.

It's like an antifreeze for fish that live at low temperatures. But it turns out humans can make it or humans can eat it. And he quickly did a very exhaustive basic science series of studies, animal studies, human studies that showed if you're elevated in your blood, which is now a very simple, available, inexpensive blood test of which I've drawn 15,000 or more, it became available in 2015, and every patient has had it at least one since.

If it's elevated, they're going to have him more than once. That can cause atherosclerosis, that can damage

kidneys, cause scarring. In diabetes. It's prognostic very important.

So it's not just a biomarker of a gut heart abnormality. It's actually causal. And he went on to show there's only a few things that caused her to Mayo to go up.

We don't know of any genetic influence at this point. It's do you eat egg yolk? Some people won't like hearing that. But that's the research. Do you eat red meat?

It's not white meat. This red meat, there's carnitine in red meat. It doesn't matter if it's grass fed is regenerative red meat. It's still going to raise your team.

And they did research that a few fish and shellfish naturally have male. And I'm like cod, like blue crabs. And 24 hours after a big meal of God your blood team meal level maybe I now it comes right down.

If you limit or eliminate egg yolk, red meat, certain fish, it's not all fish. And then there are people that take supplements and there's only two choline CHOLINE.

Some people take it for their brain and carnitine, something that we do need in our body, but in excess. If you're swallowing down 1000mg or more day, maybe for your heart, your blood pressure, your light bulb protein A and others, it can raise dramatically.

So I've seen it, you know, of times High and then quickly come back down and people have to make a decision. These diet changes are willing to make long term for the potential pathway.

Looks like it's certain animal foods red meat to yolk from eggs, certain fish that contains this choline and this compounds. And what the gut microbiome and how that relates is there's gut bacteria that will convert it to a team A and then the liver gets involved, which is the liver is still part of your GI tract and turns it into the mayo.

And the mayo, as you mentioned, is what makes and promotes atherosclerosis and clotting. And that's what we're thinking about when we're thinking about cardiovascular disease.

Would that be correct? You know, you have nailed it completely right. And you know, there's ongoing research already. We know there are certain bacteria that are more likely to convert your choline and your carnitine and your foods or your supplements to TMJ at the border of the GI tract, and then the liver will convert it.

We don't have a probiotic yet. We don't have a prescription drug yet. Those are being worked on. The Mediterranean diet may lower it. Of course. It is naturally a lower egg lower red meat diet, although it depends which fish you eat.

For the Mediterranean diet. If you eat fish, it may or may not work for you. Little data that balsamic vinegar has the ability to lower mayo. So a few little tips there.

But the best thing is just change your diet and get your level done. It takes days to repeat the blood test if you're unsure. Well, so now the audience is probably listening, going, well, I thought fish was good for heart health.

Now you're telling me that fish has this compound? So how can we clarify? It's almost like a nuisance that we are talking about here. And it's an important nuance. Yeah.

You know, fish in my reading is a spectrum going from, you know, process.

TMAO and the Gut-Heart Connection

Red meat, bacon, pastrami, baloney, pepperoni. Everybody hopefully understands those are the worst food choices on the planet. Fried bacon probably is the worst food choice on the planet.

Worse than a donut that's called processor and eat over, you know, unprocessed red meat. You know, some data that white meats are healthier than red meats.

And generally we feel that fish because they do sometimes if you eat the cold water, fish have omega three fatty acids, which can have a benefit is a better it's a better choice than process red meats and maybe unprocessed red meat.

It's more commonly part of the Mediterranean diet to eat fish, but there's no clear data that fish is actually therapeutic. It's a better choice. But is it the best choice?

There's actually a least one animal study that I've read a number of times, that fish actually promoted atherosclerosis in an animal model. It still has saturated fat.

It has absolutely no fiber. Fish are called I think it's called bio accumulators. We know their mercury likes to exist in fish and so does DDT and bees.

And now probably microplastic, microplastic, microplastics and all the rest. So there are problems with fish. But in my own clinic, although I used to plant diet completely, I encourage people to move from the bacon or the burger over to fish is at least a temporary step.

So this is probably the question people have been waiting for. If you're if we know that these diets produce this compound, what exactly does a plant based diet due to the TMA pathway, does it really change the trajectory of heart disease?

Like where is the evidence? They're like, we want to know will plant based diet change heart disease? Yeah. Well, we have evidence to answer that final question from a very famous internal medicine doctor in Los Angeles named Lester Morrison in the 1950s from Mr.

Nathan Britain, the famous crazy engineer who did research over 100 research papers that plant based diets help stabilize and reverse heart disease. If anybody's ever read How Not to Die by Michael Gregor, M. D., you know that he talks about his grandmother who couldn't walk to the mailbox and met Nathan.

Prediction. And, you know, within a few weeks was walking Miles and lived for 35 years when they told her she was, you know, near death in her mid 60s, the famous Dean Ornish, the famous Caldwell SL stone at the Cleveland Clinic and others, we know that utilizing a largely or completely fiber rich, colorful, whole food plant based diet can help manage heart disease.

And if you started early, I started eating that way at age 18 and at age 67. Now I have no coronary disease. I know that I mean, been through all the test and I credit, you know, almost 50 years of eating a fiber rich, colorful diet.

I have it in my family, so I should have had it by now. And I don't have a naturally low cholesterol. But enough about me, you know? So those are all good reasons to adopt a largely 80%, 85%, 90% or completely hopeful plant die.

Plus cancer risk goes down at least some cancers. Breast cancer goes down for sure with whole food plant based diets, it seems to be very therapeutic.

And people have been diagnosed with prostate cancer. Yeah, we don't make claims that it's a therapy, but it's an adjunct support mechanism. Absolutely.

Because you're not eating red meat and you're not eating a yoke and you're not eating cod or fish sticks. Generally, the Cleveland Clinic data show that your male levels should be very low.

In my 11 years of drawing thousands of male levels, I have encountered a few vegans who have mildly elevated levels and absolutely swear that they don't ingest any of those supplements or foods.

And when I've discussed that with the team at the Cleveland Clinic, they really have been unable and they've seen that too. They just can't identify why that's happening.

Yeah. So basically, plant based eaters will have microbiomes that don't produce this male because the fiber that they're feeding the gut microbiome by eating more plants crowds out these teammates producing bacteria essentially.

So that's really where you could make that shift by, you know, with the next meal, starting to eat more plants. Now, what about something else that's been in the news lately about artificial sweeteners and heart risk especially has made some headlines.

What is the current emerging data say about that? Because maybe people are like, okay, well, if I'm not going to eat meat, I'm going to have these diet foods.

So they might use one crutch to go to another one. And now what's the problem with these artificial sweeteners. Yeah. And I don't like to be a Debbie Downer.

You know we have to eat. I certainly encourage people. We think breakfast, if you're skipping breakfast, I'd add it back. The date is very strong. That breakfast is a very healthy meal.

And so many of my patients don't need to 1:00 or even later. And I, I tell them that that's not what the science says, but the same team at the Cleveland Clinic, their next project, they have so many projects has been these alcohol sugars.

They usually end in ol. So erythritol, xylitol, there's others and but arithmetic has the most data and they've reported now several times. And this has always now been reproduced by the research groups.

That is, you know, which is found in a lot, a lot of keto friendly foods, Kato diet foods, you know, you go to the grocery store and I do this and I walk by the frozen food section, I really need a little bit of a plant based ice cream.

You know, this is a few times a year. It's not a regular thing. And there's all those wonderful low calorie, dairy free ice cream to turn them over in.

The first ingredient is arithmetical. There's longevity vitamins. That's my patients take. And I want to completely pimp a company that has a big following.

But the sweetener, it's a large amount of arithmetic. So they have shown that erythritol could accelerate blood clotting and accelerate atherosclerosis.

And there's some very up to date papers on this. Does that mean, you know, immediately throw all those products away in your house? I honestly, I probably would die.

Little were not far enough along the dentist love xylitol. It's in certain chewing gum. Of course, it certainly is a better choice than sugar. I have to wait and see how that all occurs.

But you know, what we put right there is such a strong determinant of the diseases we're going to develop, are not in xylitol and are on the watch list for sure.

Diet, Fish, and Plant-Based Heart Health

Yeah, absolutely. And what I've seen also is that the influence on the gut microbiome, what happens when we have these artificial sweeteners is it creates pro-inflammatory compounds.

I have patients that have done just, you know, diet sodas and they have inflammatory markers that are leading to autoimmunity because we're affecting the microbiome in this way.

So if would you say this is a never touch it message. Or is there like dose and context like if the person's like going from I only drink a soda a day, but that's seven days a week, but like, where are we at?

We don't want to touch it. Like, if this was your family member, what would you say? Touch it. Where's it dose related? I definitely would set up your home.

That is just not in your home. That are all rich foods and are not in your freezer, your fridge or your pantry. That sodas are not in your fridge freezer.

You know, I don't drink soda out, but you're not going to drink as much if you limited to only when you're out. And some people certainly do enjoy that.

There's no question. We've used the statement the dose is the poison about a lot of things. Can you get by with one Canada cocoa or diet burners? Pop.

That's a Detroit brand, you know, compared to ten a week, of course, it's going to be just like cigarettes, less of a risk. So again, we're not trying to make people, you know, so anxious that they break down and cry and go back to eating donuts, cookies and cakes because it's too complex, but, you know, artificial, you know, highly processed foods.

You know, there's a statement out there. If it's from a plant, eat it. If it's made in a plant, skip it. That's a cute little one. If you can buy it in a gas station, skip it by only when there is the bananas.

I don't know why the best bananas in the world are on the road. You know that can be breakfast, lunch and dinner. Just slamming down bananas. All right, so there's a question I get a lot from my patients.

And almost all the time is that if you have a plaque in your arteries, can it be reversed, not just slow down but reversed? And if so, what does this look like realistically?

Like when we're talking about the difference in types of plaques, you know, whether they're the lipid rich plaques or the calcified plaques, like can it be reversed?

What part of this whole process could be affected? Yeah, we don't have enormous data. We have data and the data goes back. Really. Mr.. Prediction and how patients responded was some early data.

And then really the definitive study, although it's small, was done by doctor Dean Ornish in San Francisco. And he used what we call invasive cardiac catheterization, which all of us in the cardiology world have high respect for.

And he did it in a way that's very objective, not subjective. And then some other examples. And then there are some drug trials using, you know, very powerful cholesterol lowering drugs, looking at carotid arteries or images, the diaries.

The answer is yes. And we probably are shrinking. You already took the lead. What's called soft black non calcified black, which is the current language in 2026 of advanced cardiology clinics.

You know Mr. Smith Mrs. Jones you have a lot of plaque and half of its hard calcified black half its soft non calcified plaque. You have to have advanced ultrasound machines to do this in the carotid arteries.

With special software you have to have an advanced CT scan of your heart arteries with Ideen die. These are, you know, not simple tests. That can be expensive tests, but they are becoming, you know, both scientifically validated and widely available.

So you can you're never going to get your arteries back to a 15 year olds state. If you're starting at age 66, it's not going to happen. But we can slow the process, probably stop the process.

And I mean, I have patients to make lineage. I can, you know, hundreds of them that we can actually verify in a couple of years, three years. We're reversing the process. All right.

You brought up two things I want to touch upon is about the statins. So you mentioned that using statins can lower it. I've noticed that there's some patients that are being put on statins preventive because that well if everybody's going to get cardiovascular disease can we just protect them by putting them on statins.

What is your thought on that? I don't agree with that. I don't think of statin. About 20 years ago, a society called shape say GP proposed not in the bypass patient.

They probably need prescription drugs for cholesterol or the stent patient or the stroke patient or the heart attack patient. But how about the rest of us that have never had a cardiac event?

Do we need to be on prescription meds? I, you know, in my clinic, probably years, I'm still going to teach them as much as I can about lifestyle, food choices, the portfolio diet, which is a diet specifically to lower cholesterol and all, but many won't achieve the very low cholesterol levels we want to get.

So the shapes of the city said. Step one look for silent atherosclerosis. And if you find silent atherosclerosis, you're not in a symptom that, well, you may be symptomatic, but you're not a non hurt.

You're just an asymptomatic heart patient. So get a carotid study, get a calcium CT scan. And that's what I do. If you have no disease you don't get on prescription drugs.

With rare exception diabetic smokers, people with LDL cholesterol in the 200 they might but rarely low dose. And if you have, you know, minimal disease.

We're going to work with lifestyle for a very long time. But, you know, I clinic is full of people with very advanced heart disease, no symptoms, only identified because we did these advanced tests.

They need therapy is a bad disease. You know a few people will get a diagnosis of breast cancer. Prostate cancer. Say I don't want any treatment. I'm just going to eat broccoli sprouts.

I mean, nothing I usually recommend to my patients. They get treatment and heart disease. There's a book published in early 2024 called Fight Heart Disease Like Cancer two Boxing Gloves and Cover from a cardiologist at Stanford.

I just like the title and the picture. We need to get aggressive and you know better to identify it in the 2030s and prevent it from progressing. But most people are diagnosed, you know, in their 50s and 60s.

And then there's another recent information that came out that I saw about the values of lipid panels that we're looking at, like total cholesterol levels, LDL levels, HDL should be significantly lower than what maybe the parameters that we've been currently looked at.

Artificial Sweeteners and Plaque Reversal

Can you share a little bit more about where that's coming from and what patients should really be looking at? Yeah, that's the most recent update organizations that people have heard of, the American College of Cardiology, the American Heart Association, the European Society of Cardiology are, you know, periodically put together recommendations for practitioners.

And in 2026, we got the first update on cholesterol management in about eight years. Created headlines everywhere. It was much more aggressive I love it get more calcium scores.

But they made it very clear. If you have a diagnosis of corner disease, under 100 is an old standard and it's not enough under 70. We're talking for LDL cholesterol milligram per deciliter.

Good goal. Get you down the road a bit, but not good enough. And under 55mg per deciliter for LDL cholesterol very often 2530, 40, which is going to take diet and fitness and sleep and stress and prescription drugs, sometimes very inexpensive.

Sometimes that's an expensive is going to get you there. So that's we've been practicing now. There just was in 2026 a big study in Korea. About 3000 heart patients study for three years randomized to let's get that LDL cholesterol to 70 or let's get that LDL cholesterol under 55.

You basically got to use more drugs to get the second group to that goal. And they showed I think three years is a very short time for heart patient that there were fewer cardiac events, more so in the men than the women, but there were fewer cardiac events by getting the LDL cholesterol.

So it was a hypothesis. But now it's I would say proven getting the LDL cholesterol under 55mg per deciliter. Now, again, I don't want to talk about myself, but I have a calcium scored zero.

And I've done more advanced studies in criticize. I don't keep my LDL cholesterol that low. I have to personalize it. So everybody that sees me and probably that sees you, they're all unique.

And in the heart disease world, we have the tools. You don't have to be a multibillionaire to get this. You know, it's $100 for a calcium score, maybe $200 for this ultrasound, and you can get a insanely detailed array of labs for under $400.

So, you know, if you're spending $1,000 on a vacation, you can easily spend it on your heart health and get every test you need. Yeah. And so these values for LDL that you mentioned, the specifically for people who have been diagnosed with coronary arteries or cardiovascular disease, not for the average person.

Or would you say it's for everybody? Now it's not for everybody. It actually may benefit everybody. But we're not going to put people without disease proven not to have disease or proven that minimal disease on prescription drugs for life.

That's the job. Let's teach them about whole food, plant based diet and the role of fiber. And his famous research study from the University of Toronto called the Portfolio diet or the Dash diet or the Mediterranean Diet.

And let's give, you know, 2 or 3 months and recheck their blood work. And very often, you know, just again, in 2026, an old topic came back up. We in the 1980s, everybody was making open muffins because oatmeal and oh, bran, lower cholesterol.

So there was a beautiful study putting people on three meals a day of oatmeal for two days. The cholesterol fell a lot in just two days. And then moving forward, just oatmeal in the morning.

You're probably not going to enjoy only eating oatmeal three times a day. And it was quite successful. Lowering cholesterol just with food, just with the gut gut.

Get the fiber in there so the little bacteria can chew on the fiber. And you're going make a lot of those short chain fatty acids and improve the integrity of your gut wall.

Yes, absolutely. So let's talk about that a little bit. So you've been reversing heart disease for decades. And can you tell us a story about a patient without breaking any privacy.

But where the gut, the diet, the heart connection was absolutely central to what happened to them? Yeah, I have a very good friend in Detroit, and I've gotten permission from him to tell a story named Paul, who is in the telecommunication business.

Very bad family of heart disease, mid 50s, cholesterol was high. He didn't really have any symptoms. I didn't really care. Thought, you know, I have a salad two times a week.

I go play tennis two times a week. I'm fine. And then unfortunately, in this case, we didn't pick anything up till he became symptomatic, which means very far down the road, you know, go out on the tennis court, feel some burning, some pressure, some tightness, cardiac workup, stress test ultimately, and angiogram, very severe Art disease.

And very interesting. This is about 12 years ago. He went down in the Cleveland Clinic to get an opinion. And they scheduled him for bypass and maybe a valve replacement, a very extensive surgery the next day.

And a cardiologist came up to him at the Cleveland Clinic and said to him, you know, we do have a gentleman here who teaches people how to reverse heart disease just with diet.

And that's the famous senior physician, Caldwell, M. D., who's written a book that's just legendary called Prevent a Reverse Heart Disease. And in that Paul called him at nine at night and doctor Assisted Eyes answers the phone. He's now 92.

And listen to him go on. You feel fine. I'll have a phone call with you tomorrow from Detroit. So he discharged himself. Long story short, 12, 13 years later.

Actually, Paul did end up needing a stent a couple years ago. Never had bypass, never had valve replacement. He's got a strong heart. He goes to the gym an hour a day.

He eats an all plant based diet as top ten. It's been very diligent on that. You know he does. His medical care is phenomenal. In fact, he's on Around the world cruise right now.

Six month cruise because he needed to celebrate this 1213 years of health. And he's become a great educator to tell people, you know, if I could do it with a crappy diet and really no support, you can do it too.

So I love that Paul, literally, you know, beat the system. No, no. Stent until just recently, no bypass ever. And a great quality of life and a great, you know, quantity of life too.

Yeah.

Statins, LDL Targets, and Treatment Strategy

So if people want a timeline, if someone commits to serious dietary changes today, Whole foods, plant based, no processed food, when can they realistically expect to see measurable change in their labs or in their imaging?

Yeah, that's a tough fee. They're labs. They can see changes in eight weeks for sure. Maybe even four weeks. You know, doctor assistant at the Cleveland Clinic I mentioned has a son.

Many people know him. He was an athlete and a firefighter. Rip S10 and he took his firefighting buddies because rip was an athlete and in good shape and played bass.

But his buddies at the firehouse are in terrible shape. And for just one week he cooked for them. It's it became a documentary in a book. Engine two diet is the name of the book scrapbook.

And, you know, for one week he made them oatmeal for breakfast. He made them bean chili. They liked beef chili. It became bean chili. He made them pancakes.

But instead of butter, there were other ways to dress him up. And in one week, the cholesterol levels were much better. I mean, it can occur that quick.

This oatmeal study I mentioned, two days of oatmeal cholesterol was 10% better. So you can see that. But to actually expect to see much in the arteries give me a year.

Now if people are symptomatic, burning chest pain, pressure on exertion, they may feel better in 2 or 3 weeks. The endothelium can heal that quick before you have time to actually shrink the software.

Okay. All right. I would agree with that. Now let's talk about some something controversial. But it is you know, there's a mass cultural shift happening right now around protein carnivore diets, lab grown meat, the idea that more animal protein is the key to longevity.

And as a cardiologist has been in this space for decades. What's your honest read on the movement and where the evidence actually lands? Yeah, you know, I'm certainly aware.

Number one, I'm friendly. I have a few patients that are carnivore. They use the are so sheepish knowing that I'm more plant based that they don't come in very often.

I don't yell at them. Number two, I have actually lecture the conferences that are carnivore conferences, debated, had symposiums. So I'm well aware, you know, my favorite nutrition researchers, Doctor Valter Longo, who's the University of Southern California, head of what's called bio gerontology.

And he talks about anytime you talk about nutrition. And if you want to read about this, you go to his book called The Longevity Diet. Amazing book that there's five pillars of nutrition research that before you come to a conclusion, whole food plant based eating is healthy.

Carnivore eating is unhealthy. You got to consider and you know, a small part of that are testimonials. And I'm aware there have been people Jordan Peterson for a while, his daughter blinking her first name for a while, other people with autoimmune and conditions for a while.

But you know, if you want to live a long and healthy life, if you're adopting a carnivore diet, it doesn't meet the criteria. The biochemistry isn't going to tell you that a high meat diet is good for you.

Where's your vitamin C? Where's your fiber? Where's your, you know, optimal gut health? When we really know, you know, 30 or more different plants a week include spices and seeds and nuts and fruits and vegetables and greens and the gums actually gives you the most optimal gut health, according to what's called the American Microbiome Project and Doctor Jim Spector.

So these people are having, you know, potentially zero, not 30 plus plant based food sources a week. So I don't laugh at them. I don't belittle them. Those that say they feel better.

I mean, that is one outcome in life. Feel better. That's an important one. But let's make sure we're doing your blood work eight weeks after the carnivore diet.

Let's make sure we know your calcium score. Let's make sure we know your carotid health, and you evaluate the pros and the cons and the chance, you know, you might trigger an event like art attack, which has happened.

There's no doubt I've seen it. Other people have seen it. Yeah, absolutely. And I think I also we're both in the same circles. So I have a lot of colleagues who are carnivore and they'd say they feel better, which I can understand in the short term because you've taken out a lot of things maybe.

But in the long term, without that fiber creating, you know, what we talked about earlier, all the mayo, it makes it very challenging for me to believe that, like you said, where you might look good on the outside, but in the inside, your cells, the cells that are creating disease will continue to create disease.

So it's a lot of what's hidden inside the body. And so if we were to talk about protein from a plant based perspective and protein adequacy, what would be your recommendation for protein for cardiac health?

Patient Success Story and Timeline for Change

And if people were like, okay, yeah, I want to consider this and maybe, maybe shift what I'm eating. Yeah. There is no data that a high protein diet is necessary for our patients or beneficial.

And there is an amazing wide array of voices and noises out there. Again, I bring up Doctor Valter Longo, another various theme professor in the United States, Doctor Chris Gardner at Stanford or away on this end of the spectrum, that high protein diet, particularly of animal origin beef, they have a tremendous risk for aging and a tremendous disadvantage for longevity and should be avoided.

And you can gain weight eating pinto beans and gaining weight in terms of muscle eating pinto beans and black beans and chickpeas, you just got to lift the weights, and there's plenty of data that says that's true.

You can gain muscle on fava beans or you can gain muscle on beef. I mean, you just got to do the same exercise and then you've got way over here, you know, Doctor Gabriel Lyons and some others that are now not very much heard of Doctor Peter Attia, you know, talking about three dynes as much protein in the diet as these actual researchers, actual professors, actual people that publish, you know, basic science and human science are recommending.

So I drift over here. There are some concerns that are very high animal source protein diet. Again, it comes with saturated fat, comes without fiber, comes with pesticides, herbicides and contaminants that are just in our food, hormones that are in our animal food borne plant food, the fish bio accumulators we talked about.

So I'm not a fan for our patients. And if they do it, they got to get bloodwork repeated quickly okay. What if I want to have a grass fed burger? Now I've removed some of the pesticides and all that.

What would you say to that? Yeah. You know, it's more hype than actual strong science. It's expensive. It's a lot. You know, the data is very clear that 95% of Americans that eat meat are eating, you know, factory created, not artificial meat, but, you know, Cafo meat, confined animal factor organization, you know, horrific torture institution, meat full of antibiotics and pesticides and hormones and herbicides.

That's what people are eating. And I've talked to people doing the carnivore diet to get to eat only, you know, regenerative grass fed beef. You know, it's for an elite high income person.

It's not going to work for your average family. So I'm not sold over, you know, I'm all for my God and trying to protect our planet. And a whole food plant based diet does the best job of minimizing your carbon footprint while you're on the planet.

When I go, there's a little website you can put in. How many days, months, years, decades have you been plant based, and how many gallons of water and how many carbon dioxide particles have you saved from being emitted?

Once you do it for a while, it's pretty unbelievable. Yeah. All right, well, a few more questions. One is omega three. So, you know, omega three is whether from nutrition or even supplementation maybe both.

We could talk about where do you see that playing a role in cardiovascular health and versus doing fish omegas or algae omegas. How would you recommend it to a person who does want to go more plant based?

Yeah, and in my own clinic where we do very advanced lab panels, the number one most common nutritional deficiencies is omega three by far.

Carnivore Diets, Protein, and Omega-3s

People are not told that we need it for our brain and our eyesight and our heart and our cholesterol. People are not being taught that we can't make it in the human body, so we have to either eat it or supplement it, eat it with what's called the smash fish, sardine, mackerel and jovi salmon and herring.

Those are the five fish that have a decent content of omega three Baja flax, hemp, walnuts, leafy greens, or take a vegan omega three or take a fish based omega three.

So it's like every day, five emails a day to patients. Your labs came back, you're drastically low in omega three, and you see patterns. When their own mega threes low, their inflammations up, their triglyceride levels are up.

Often their cholesterol particles are unacceptable and you get them on something food or supplement or both. And you see major improvement. Sometimes they feel better if there's some inflammatory symptoms.

So it's a huge factor. And I don't think it really matters how you do it. Personally, I do it with food and some algae based omega three. And what dosage of algae omega do you prefer, or do you do it based off their testing?

Yeah. Well, I do embrace off their testing. The more severely deficient they are, the more I'm going to recommend, you know, usually around 1000mg a day combined EPA and DHA.

Very good. All right. So our last question for you and I want to be very concrete. Somebody is watching and listening to this right now. And they might have had a heart scare.

Or maybe they just want to now protect themselves before it even happens. What are the three most important things they should do starting this week to change their gut heart trajectory?

Okay, three for gut heart number one would be increase the number of different plant based foods in your diet. And again make it easy. That includes spices and herbs.

Now if you've got ten year old spice bottles in your kitchen just throw them out there. No good. Buy yourself some fresh, organic rosemary time. Cumin.

Yeah. Two cinnamon. Nutmeg. All spice. All these great ones. And start using them the amount if you need to. So one increase the number and you know make a salad.

You can get 12 different vegetables. And you could do that in about five minutes or less. You know few chops and peppers and different beans and put some tofu.

And I've been doing a 30 plant foods in one jar, mason jar salads. And it's not the quantity. It's like the different different foods. And I've been able to get 30 in 1 mason jar salad.

And it I tell you it's it's amazing. That's crazy wonderful and good. And there is I know of at least one commercially available product called 30 plus.

That's a nice little nut mix with 30 plus and you can just season yourself. So number one would be increase the number of different ones, even if there's still some fish, chicken and beef in your diet.

Shellfish number two would be, you know, the rainbow of those plants. Be sure there's some purples and some whites like cauliflowers, lots of leafy greens.

We know lots of, you know, dark berries and red from red peppers and watermelon and the rest you want to eat the rainbow.

Three Steps to Improve Gut and Heart Health

And number three, for gut health, I would decrease your egg yolk. I would decrease your red meat. I'd be a bit suspicious about fish. Fish? I think you really want to be high quality.

You know, you probably do it too. I check a lot of mercury levels in my patients. And you know, these are nice people eating in nice restaurants. And their mercury level is so toxic and they're trying to do the right thing.

Doc, I eat, you know, fish. I'm not even that BLT anymore. Because you told me that wasn't good for me. And you know, you just can measure how much toxicity is in their body.

And mercury is not our friends. So that would be a big three rules. Perfect. Anything that I haven't asked you that you want to mention. No. It's been great.

Okay, great. All right. Well thank you Doctor Kahn so much. This has been genuinely eye opening. The idea that what we eat today can shape the bacteria that are going to protect or damage your heart.

That's the message I want everybody to carry with them. And Doctor Kahn, he can be found at drjoelkahn.com. I encourage you to look up his books, particularly the Plant based Solution and The Lipoprotein, a book.

He also, if you really want to go more into heart health, he also leaves his own annual summit reversing heart disease naturally, which is worth bookmarking.

And here's the key takeaway for the audience. Your gut and your heart are in constant conversation. The food you eat is the message you send. And I want to thank you for joining us on this episode.

And we don't go anywhere because we're definitely going to have another episode right after this.