Why Heart Disease Is the #1 Killer of Women (And Why Most Don’t See It Coming) Transcript

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Introduction to Heart Disease Risk in Women

So the idea that clogged arteries are in part due to inflammation goes back 150 plus years, but really it was a Harvard researcher, Dr. Paul Ridker, that created a blood test at Harvard called the High Sensitivity C Reactive Protein, maybe 25 years ago, did the research to show that it very commonly is elevated, and in those that are elevated they have a greater risk of heart attack and stroke.

Have you made it past menopause or are you going through it now? I'm Dr. Pat McShane and on the Women's Health Span Voices podcast, I'll guide you through the menoppausal transition and beyond.

helping you to thrive in this powerful time of your womanhood. Hello and welcome. I'm delighted to have with Women's Health Span Voices today a very important voice, that of Dr.

Joel Kahn, who is a cardiologist. And he is podcaster and an influencer as well. and I will let him tell you a little bit more about his practice. But he would, I would say, have a holistic approach to cardiology and heart health in women, women's health, in general, and especially from a plant-based diet focus, which we will definitely get to during our interview today.

So, anyway, Dr. Khan, very wonderful to have you with us today, welcome. Right, good. Yeah. I think we can start with the idea that many women are not aware that heart disease is the major cause of mortality in women and also what we call morbidity or the process of not having optimal health and daily routines caused by various symptoms from heart disease.

So I think women tend to be more afraid of breast cancer or dementia, and those are certainly relevant. But heart diseases is what we should also be paying a tremendous amount of attention to.

And maybe you might want to comment on that a little bit, Dr. Joel. Yeah, I agree completely. They're both, any cancer topic's important, but women should know and very often don't know.

And it's an amazing statistic. It's not a good one, But seven times as many women will die of heart disease and die breast cancer.

Why Women Need Earlier Cardiac Screening

Even if you take a group of women with breast cancers, more will died of her disease than of their breast. Now, maybe occasionally it's at age 92 in bed quietly, but very often, you know, it is in your 60s and 70s, occasionally younger.

You know when you've got lots of life plans left and the real tragedy of heart disease is it very, often without any warning systems and that should have been symptoms, not system, without warning symptoms.

There's a quote by a famous doctor I love, Peter Diamandis. that the body has an amazing ability to hide disease. It's true for breast cancer, it's definitely true part disease, you can come off the pickleball court and be in an emergency room two hours later without any real warning.

So even women with breast, cancer heart disease is a bigger risk. And we know so much and we're frankly doing so poorly about taking a woman by age 50 for sure, maybe age 45, definitely have menopause and fully characterizing their heart disease risk accurately.

And then putting a plan in place and the plan and place might be all good news, pat on the back. See you in five years, one year, whatever the answer is.

But it may be you are developing heart disease and you have certain factors in your blood you didn't know about. We just got to do this. Were much more aggressive with cancer screening and heart screening.

Interesting. And it is not available. It isn't expensive. We just don't do it. There's very strong data that the conversation in the medical world is so often cancer, dementia, diabetes, obesity.

These are all very serious problems. Many of them overlap with heart disease very seriously. But we don' have that heart-disease conversation the way we should.

Yes, and instructing women, educating women which is obviously what we're doing today. Another tragedy of this whole situation is that I've read estimates that as much as 80% of heart disease is preventable which, is what you're telling us we should be trying to approach, you know, a time in life when you can make changes in a whole bunch of things and we'll talk more about those lifestyle factors.

And also clinical recommendations, blood pressure and diabetes management are huge as well. So that's been a neglected area aswell. Another kind of tragedy I would say, that is a pretty strong word, is that most of the basis of current cardiology practice is based on studies performed in men and for men many times decades ago.

So we're catching up more now with research for women's presentations, how women tend to have their symptoms and their conditions. But it's a struggle.

It's an uphill battle to catch up with accurate information for woman. Maybe you could comment about that because both the presentation and to some extent the risk factors and maybe even the testing looks a little bit different in women than it does in men.

Yeah, a little bit different. You know, most I've been practicing for 37 years and when we talk about symptom detection, we're waiting till the disease is very advanced.

And yes, there may be differences in some women and some men. Men may get more of a pressure, tightness of burning, squeezing on heavy physical work or emotional work, or super cold weather.

Women may feel more fatigue, palpitations, shortness breath. back pain, heartburn. But if you're waiting for that to make the first diagnosis of heart disease, you are waiting essentially for arteries to be 80 or 90% blocked.

And although you just said it is possible for 80% of atherosclerotic heart diseases to potentially be prevented. That program has to start at age 20, 25, if you're really going to prevent yourself.

I am turning 67 very soon. Absolutely no atherosclerosis in my body. But I started working out every day at age 18.

Menopause, Hormones, and Cardiovascular Risk

I starting eating exclusively whole food plant-based diet at 18, thank you to the horrible cafeteria at the University of Michigan dormitory that weighed me to go over to this salad bar, not over the gray bar.

Whatever they were serving. I actually was lecturing about 15 years ago to a large group of dietitians in Michigan. And a man walked up to me and said, you just told your story about why you're plant-based.

He goes, I was your food director at your dormitory. 1977, he goes you did a smart move. We had about a dollar a day to feed you guys and the meat was not a good choice.

So he says, that's right. But if you're waiting for symptoms, you are waiting 80 or 90% blockages and that might mean a stress test and ultimately a catheterization and a stent.

We don't want to wait until women have breast cancer. But we want an instituted lifestyle program which is reasonably effective at lowering the risk of breast and other serious conditions that women worry about.

And earlier the better. I mean the earlier you get off fried food, heavy sugar diet and sitting on the couch as a female, the healthier you'll be for many, many conditions.

So I see mainly asymptomatic people and I give them good or bad news, but I gave them very accurate news about their cardiovascular risk status and actually more than risk, they actual disease status.

It's very simple. There clearly are women that go through the entire gamut of cardiac testing. Maybe they are experiencing some symptoms that are concerning.

And they just prove not to have the typical atherosclerotic narrowed arteries that cardiologists have long looked for on stress tests, on catheterization, and now mainly we use heart CT scanning.

They just don't have it. Now we talk a lot about small vessels. There's another fancy word, microvascular, a concept that the little, little tiny vessels may get diseased and cause symptoms.

We can't see them. It's usually a presumed diagnosis if it sounds typical enough. we can stent them, we get bypass them we treat them with medication and risk factor aggressive management.

So there will be some women. with symptoms that don't prove to have seriously blocked large arteries. We still worry about these small arteries, but in general, you want to go way upstream.

Again, age 45 to 50, Doc, I just came back from Colorado where you are. I skied for five days. Nobody skies for 5 days in Colorado. Not this year. Well, I felt great and there still is the opportunity through blood work, through simple testing to create a diagnosis and a plan.

Here's your next five to 10 years. We're going to keep you healthy. And the American Cardiology Association just recommended much earlier screening and interventions last month.

Yep. I see these little tiny thin and I don't say that any pejorative way yoga women, you know, 55 years old, absolutely no symptoms, super fit. And we do the proper evaluation of blood work and cardiac imaging and they have significant disease way beyond expected.

A lot of that is genetic. You can identify genetic factors. We'll talk about some of the blood tests you must have. And then you work on improving it.

Can't completely resolve all risk. We all breathe air, drink water, are around plastics, we can run, and we cannot hide. But if your lunch today is a bacon cheeseburger because you're stressed out and you are running to your next meeting, you might want to rethink that.

Don't forget the french fries and the soda. Be sure they're in beef tallow to make Bobby Kennedy happy, please. Yes. Maybe we can back up a little bit and talk about how we go from being basically at lower risk than men in our reproductive ages to the same risk or basically it's the major cause of death in both women and men in our postmenopausal years and some of the roles of estrogen and the other hormones that decline with our menopause and that effect that that has on our lipids and on vessels and so on.

Well, there's certainly, you know, an overlap between men and women, smoking risk, sedentary lifestyle risk. Processed food, heavy meat diets, dairy diets to excess sugar.

I mean, men women react poorly equally to those undiagnosed high blood pressure. One of the big ones that men or women both suffer is disrupted and inadequate sleep.

Then magically women hit menopause. And, you know, within a year usually there's just a complete collapse of

hormone support, including hormone, support of blood vessel function.

The fancy term is the endothelium, the inner lining of arteries that fight plaque and keep arteries clean. We're pulling out one of the best defense mechanisms a woman has.

when our estrogen and progesterone and our pregnenolone, and other hormones plummet to very low levels. And there were more than adequate studies in the 90s.

that placing women on hormone replacement therapy for symptomatic menopause and potentially even just because of, you know, a year without periods or starting it earlier.

I had a very sizable effect on reducing heart disease risk with time. This was discussed in cardiology literature, gynecology, literature in the 1990s.

with enthusiasm and support, and then came along the famous and somewhat evil Women's Health Initiative 2002-2003, claiming that there was an increased risk of breast cancer and maybe blood clotting, various analyses since.

largely put the Women's Health Initiative results into major question. Seems to be an unfortunate, heavy author bias to present the data as bad as possible rather than with equanimity.

So women obviously got off hormones. I think they've suffered a lot in the last 20 years and fortunately we're seeing that pendulum swinging. Whether it's as simple as a estrogen patch and a progesterone by mouth if you have a uterus, whether it is a specialist who prefers bioidentical hormone treatment and follow-up with saliva or urine or lab testing.

But we're coming back to understanding that one way to keep a woman youthful and keep her cardiovascular system youth full and protect her brain and her bones and help secure that her sleep is as reasonable as possible is to throw the WHI out the window and go with all the other studies that are out there.

If you just focus on bioidentical hormone therapy, there's not a lot of research. There's enthusiasm in the functional medicine world. My wife is on those kind of therapies for about 15 years.

my mother is 93. She's been a bio identical hormone therapist for probably 35 years and Her brain is like an IBM computer and, you know, very healthy lady.

So, um, no, these are all important patients. I read the book that I'd recommend to everybody. Not a book I wrote called estrogen matters. Uh, in 2018, when it came out, I had missed that there's a second edition came up, uh, 2024. so I just finished that estrogen.

Matters. And I certainly would encourage, i don't know if you've read it and agree that that- I haven't. Who's the author? Yeah, Avram, there's two, a man and a woman, one has an MD, must be 80 years old, and very academic physician who was involved not just as a clinician, but in many research trials.

I'll get his name in a minute. Okay, that's all right. We can look it up. Estrogen matters. Why drinking hormones and menopause can improve a women's health is the subtitle.

Great. I think I have it as a hardcover. Abram Blooming and Carol Tavris. It's a very academic book. Everybody's got some story to tell on Instagram, but we still got to go back to trials and literature, analyses, and the book does a great job.

Pregnancy History and Hidden Risk Factors

That's heavily, heavily referenced. So it's always my go-to in the clinic. You're a gynecologist telling you you don't need it, please read this book and consider it.

You sort of answered one of my questions, but then brought up another issue, which is how long should one stay on hormone replacement therapy? And in the case of your wife and your mom, you think in their instance that this is good for them to keep going well into their later menopausal years.

But you also, in next paragraph, said there isn't a lot of research on this, obviously. particularly, you know, bioidentical hormone therapy. You just gotta find a doctor who's done courses, been mentored, that you have confidence in.

There's websites that guide you. It's kind of funny, we just got in 2026 updated guidelines on cholesterol management. you may even have alluded to those.

First ones in about eight years. And the mantra in the cardiology primary care world is, the longer, the lower, and the better, talking about cholesterol.

The longer you have it at a reduced level, better will be your cardiac outcome. Because we know that our disease grows very slowly, very progressively, sort of like an indolent cancer, but it's growing.

And if you start managing your cholesterol when you're 25 or 30, much bigger impact. And if you start managing a cholesterol age 65, but when we come to hormone replacement therapy, you know, it's been the opposite.

It's has been for the least amount of time. The shortest time possible. So maybe that mantra will spill over into a hormone replacing. I talk to all my female patients.

Unless they're in their mid 70s, because we do know there's this thing called the timing hypothesis that within 10 years of your last period, starting hormone replacement therapy is considered of optimal safety.

One of the problems with the Women's Health Initiative study was many women were in there late 60s and mid-70s when they started hormone therapy. And a lot of them had known risk factors like hypertension, obesity, and some of had clearly had heart disease they didn't know about.

If you're in that age range, you probably need a real good cardiac evaluation. But if you are 52 years old, just go for it. Many studies, including probably three in the last three months, say if went through menopause early, 40 to 45, maybe hysterectomy, or maybe just menopus, it's a major risk factor for future heart risk.

So you don't want to drag your feet on that issue. Yeah, I'm glad you brought that up because that's something that I wanted to mention is our reproductive history and its impact on our cardiac risk factors.

And you've brought up early menopause. I am going to read here from my list. Early menarche, people who get their first period at age 8, 9, 10, instead of more commonly 12, 13, are at higher risk.

Those who have had a hysterectomy, those who had their first birth at an early age, those with multiple miscarriages, stillbirth, preeclampsia, gestational diabetes, and more recently fibroids, which I thought was kind of novel, that women with a history of fibroid were more likely to have heart disease.

Care to comment on that? No, we are slowly learning all those things as cardiologists. I mean, were supposed to be asking about pre-eclampsia and eclampsio, pregnancy-induced hypertension, and pregnancy induced type 2 diabetes as risk factors for a woman who's 10, 15, 20 years out from those events and some of the others you just mentioned.

So whether you're a female or a male cardiologist, it shouldn't matter. It has to be upgraded a little bit to consider OB-GYN history in terms of your current cardiovascular risk, but we're kind of moving past risk.

In fact, there was an interesting study just published, doesn't surprise me at all. If you go to these brand new American College of Cardiology 2026 cholesterol guidelines, One of the things we're supposed to do, you can do it as a person, or you could do as doctor, is go over to calculators.

The hottest one is called the prevent calculator. You just put that in a search engine and it'll come up. And you put in your cholesterol and your HDL and you're smoking history.

Even put it in zip code because there are regional differences in heart disease. Put in you kidney function if you have that data, things like that. It's a little more updated than previous ones.

And it'll spit out a 10 year risk of having a heart attack based on those calculations.

Inflammation, Lipoprotein(a), and Blood Testing

And if you're under maybe age 55, it will give you a 30 year of risk, which is more valuable. If you are over age of 55 it doesn't try and calculate a third year.

But there just was a paper published where they took 500 people that had a heart attack. They looked at their chart, you know, a month or two months before the heart attacked.

Totally unexpected out of the blue heart. And these risk calculators were terrible. They very often judge these people who had a heart attack as being in the low risk group.

There's so many things these calculators don't check. You know, the high sensitivity C reactive protein is one. My favorite little particle. This is a teaching moment for your viewers.

is there is a genetic cholesterol called lipoprotein little a is, uh, a book I wrote a couple of years ago. And we learned since 1963, but really the last 20 years at 20 to 25% of people inherit from one or both parents.

the ability in their liver to make this cholesterol. It's never checked on a routine cholesterol panel. So you may have had your cholesterol checked 20 times, you haven't had this checked.

You just got to check a box. you either can pay $35 cash or your doctor can bill it under various codes. You should find out, and it's actually not my opinion.

It's been recommended since 2019. These new guidelines just emphasize it. Everybody should know their level. If you're in the 75, 80% that just don't make it because your liver doesn't have that gene.

Hallelujah, it's not a good cholesterol particle. It causes atherosclerosis, strokes, heart attacks, peripheral leg blockages. And also causes one of your heart valves called the aortic valve to get calcified and become problematic.

There are people that inherit the ability to make a lot of that particle and they don't develop heart disease. We're trying to figure out how that is.

Just like there are smokers that don' get lung cancer. How is that possible? But some people, I have patients who I practice as young as 32, 33, women and men that had heart attacks.

And after the full standard evaluation, they told the patient, we don't know why, came to my clinic. We did the 22 lab draw. That's pretty typical. If they don' pass out, We keep on drawing blood.

You know, and they had very high levels and sometimes the family history is already concerning multiple members. You can almost track through who probably had the lipoprotein A, but very often the Family History is not that distinctive.

Just have to get that lab test done. The struggle is, and this goes back to hormones, there is no FDA approved drug right now for this cholesterol, statins do nothing for cholesterol.

A baby aspirin a day is now recommended if you find out you have a high level of this. But this level, if you are in

the 20 to 25% that inherit it, it will go up higher with menopause and it'll come down to your baseline with hormone replacement therapy.

It's not going to be the only treatment needed. We are awaiting results of trials right now by drug companies of unique drugs that have been created to battle.

lipoprotein little a is what it's called, or LP little A. But hormone replacement therapies, you know, when you ask why do some women seem to have a lower risk of heart disease on hormone replacements there, one answer in the complex mix is they are keeping their lipo protein A level lower than it would have been otherwise.

Interesting, very interesting. How about C-reactive protein? I recently saw a report showing that that was a better predictor. Again, we're talking now about risk factors rather than behaviors, but is that part of your recommended screening for all women if they haven't had it routinely with their total cholesterol and triglycerides?

Yes, it is. The idea that clogged arteries are in part due to inflammation goes back 150 plus years, but really it was a Harvard researcher, Dr. Paul Ridker, that created a blood test at Harvard called the High Sensitivity C Reactive Protein, maybe 25 years ago, did the research to show that it very commonly is elevated.

And those that are elevated, they have a greater risk of heart attack and stroke. Then we had to learn why. When you talk about women going through menopause, all of a sudden you're sleeping poorly in menoppause.

That will elevate your inflammation panel. Maybe you gained some weight during menompause that will alleviate your information panel, maybe you just have lost the drive to go to the gym and stop working out as aggressively.

plus many other things like psoriasis. Psoriosis is a heart risk factor and it drives the inflammation tests up. Poor dental health. Oh my god, the dozens and dozens of studies that say if you want a good brain and a take care of your teeth.

It is a common finding that we will identify under a root canal a little hidden chronic infection and we only picked it up because the high sensitivity C-reactive protein was high.

Might take a special CT scan that some dentists do and then that gets addressed and the C reactive protein comes down. But most of it is just keep it simple, stupid, highly processed, ultra processed.

Driving the kids to soccer team music practice and you're getting a yellow bag through a carry out window because you just didn't have time to make dinner for the family and.

You're eating garbage food, garbage, food garbage body, high inflammation. Got to go back. I'm not a big fan of Bobby Kennedy's new food pyramid, but the concept that real food homemade food home cooked food simple ingredient food like a tomato is a good idea is certainly something I support.

I just saw a study showing that people who ate a lot of ultra-processed foods in their thigh muscles had much more fat infiltration, even if they were normal weight and good exercisers.

So diet impacts our bodies in a much profound way than I think we've classically understood. I want to go back real quick to one point, which is that taking hormone replacement therapy on a topical basis or an oral basis, or a sublingual basis is very different than taking it on vaginal basis with a cream or ring, because people who I think at any age with with genital urinary symptoms related to low estrogen should not hesitate to go on to estrogen therapy vaginally to get rid of the urinery and the vaginal and maybe sexual symptoms of menopause.

And those tend to gets worse with our age. Even if somebody's in there and they're having recurrent UTIs or just uncomfortable vagina, difficult sex, et cetera, that they should not hesitate to go on vaginal replacement.

And I presume you would agree with that, but the gynecologist in me is like, yes, you know, got to take this stuff. agree with what you said, but maybe for the optimal heart, bone, brain, long-term health, it may take a more

comprehensive hormone support program.

Yeah. I would not hesitate to start.

Lifestyle, Sleep, and Circadian Health

Shingles vaccine, I just read something about that that may impact on our cardiac risk. I know it reduces our risk of dementia. So I would, again, it's a terrible disease.

You don't want to get it, shingles, but maybe for other reasons, you might consider the vaccine. What's your take on that? You know, you're absolutely right in quoting, and the only thing I'd add, I'm not a fan, frankly, good or bad of recommending the flu vaccine to my patients, but there's also no data that, these are not prospective double-blind randomized studies.

These are databases of fairly large groups of people, And the database indicated whether they got the shingles vaccine or not, whether the got flu vaccines or no.

and it's more than one. Maybe for the flu shot, it is only a couple. For the shingles, probably up to five or six studies suggesting there are unexpected benefits to either avoiding shingle, that might be why it impacts cardiac risk.

Shingles is an inflammatory disease and is painful, even though it usually self-limited, usually, not always. It is treatable, but the vaccines, they are not the controversial mRNA, genetically engineered vaccines, these are standard vaccines and the flu vaccine also.

So people need to have that famous conversation with their medical team about whether they should line up and get these. It's still not part of the standard recommendation, but I think just in the last couple of weeks at the American College of Cardiology, There was a report in about a quarter million people that in follow-up and people over age 50, heart disease risk seemed to go down almost 50% if the answer to the question, did you get a shingles vaccine was, yes, I did.

Yeah, of course, I mean, these studies, as you say, are retrospective. They're not double-blind controlled studies. So the healthy user effect, you know, maybe people who got the vaccines were more healthy to start out with.

That's one of the major biases in any kind of study like that. Yeah. Uh, so if you're on the fence, Maybe that'll push it over a little bit towards getting it.

Yeah, I also saw a recent report about light exposure at night. And again, this was population based, zip code based I believe, people who live in high nighttime light intensity situations have a higher risk of heart disease.

Again, you spoke earlier about good sleep habits and sleep patterns. I just did a video on circadian rhythms. It seems to impact, again, every organ in our body has its own biorhythms, certainly the brain, the gut, and it seems like probably the heart as well.

So, sleep patterns and light time avoidance at night might be something to consider aswell. And seeking light during the day. One traditional trick to sleep better is if you have the opportunity to do it is get some morning sunshine on your eyeballs.

In Detroit in the winter, that's not happening. You might be able to get yourself a light panel and do it artificially, but if you live in a climate where you can walk outside, take your shoes off, stand in the grass, get a little light, do a yoga, it may help you sleep.

Much better people that are traveling across international timelines. That's a trick they often do when they arrive in Bangkok, Thailand. Next morning, we'll get out there and get some sunshine, sort of seems to reset the pineal gland.

Sunshine helps us produce vitamin D, of course, usually considered good vitamin. Helps us make, most people don't know, nitric oxide in our skin, which gets in circulation.

Vasodilator. Mud pressure down and dilate vessels. So I am a sunshine fan. Mm-hmm. Good to hear. Maybe we could spend our last couple minutes here talking more about diet.

You've woven that into many parts of our discussion today, but maybe you would like to tell us, besides avoiding ultra-processed foods and fast food, what about plant-based per se versus meat or chicken or fish?

For reasons that are deeply emotional, apparently, we don't argue.

Diet, Plant-Based Eating, and Longevity

We don' literally block people on social media because you like cardio and I like strength training. I mean, you know, We have conversations. we present data.

Oh boy, oh boy. Do we block on people social because they're meat-based advocates, aggressive or plant- based advocates in your face. It's a crazy thing and there's just something about food that's so fundamental and tied in with our childhood.

I'm not a psychologist on food, but you can't help but notice it. But, you know, so you got to go to the science and you, know you. Can't listen to every influencer on Instagram and TikTok and Snapchat and all.

Everybody's, a doctor, everybody has an opinion now. Sometimes their doctorate is in. You know, toenails. Basket weaving. Too much on our nutrition. So you got to go with the science, you know.

And it's very complex. My favorite person in another book, here's another to read, is called The Longevity Diet by Volter Longo, L-O-N-G-E- O-P-H-D. One of the world's most famous researchers on longevity and aging.

University of Southern California, although he's native Italian and still goes back half a year. Extensive research. Nothing comes out of his mouth is just an opinion or to sell a vitamin.

It's research he has created. Some of best research on nutrition. So in that book, you'll see in a 21 meal a week plan, three a day, and he is a big fan of eating breakfast, not skipping breakfast.

18 meals a week are whole food plant-based, lentils and salads and oats and avo toast and soups and the rest. And three meals are largely seafood and fish.

Uh, and his research shows that across the world, uh, that is probably the optimal way to eat. Now I choose not to three meal a day or sell fish and seafood in the rust because I am plant based, but I don't yell at my patients.

In fact, His data is that after age 65 to 70, emphasizing a little more protein in the diet for avoiding muscle loss, sarcopenia, but you really should be doing some strength training at that age too.

You'll maintain your muscle mass. We need both protein plus weight training or body weight. Yeah. Maybe add some creatine powder if you want to. We're concerned that the GLP-1 agonists like Wagovi and Mungiro may cause as much muscle loss as fat loss, although a brand new study this week suggests that's not true.

There's that too much muscles loss. I hope that is right. At any rate, that a little diversion. But you know, so that's one viewpoint. You got to take, you can't have one paper.

Three weeks ago, a paper was published that said the more red meat you eat, the lower is your risk of colon cancer. Well, that stands in distinction to 150 other studies that say the opposite.

That colorectal cancer risk goes up with red meet in general, certainly processed red me like bacon and pepperoni.

And even higher quality cuts of non-processed red meat.

So you got one study, and it wasn't a prospective double buying study. You got 150 over here, you gotta incorporate everything. And it's hard and exhausting and confusing.

Who's got the time to really be a researcher? Of course you can put everything in Grok or Chad GPT or Zyna and try and get, y'all can get a more reasonable and balanced view of it all.

But if you put in AI search engine right now, what's the research for the optimal diet for heart disease prevention? It's somewhere starting at the Mediterranean diet, which is a diet that reduces dairy and red meat and certainly fried food and processed food.

Home cooked, you know, is very rich fiber plant-based diet. and water, not soda, and olive oil, no beef tallow and butter. And you can go from there, you know, major databases, there's not too many double-blind randomized studies.

There is one called the Predimed study a decade ago and one call the Cordioprev study of the Mediterranean diet that really did identify cardiovascular risk benefits.

Most of it's just traditional cultures. Yeah, they were no heart attacks in Italy, literally. No heart attack in the early 1950s. An American researcher who's Some people say notorious.

I think he's brilliant. Dr. Ancel Keys went over to Italy, a little city called Nicodera, Italy. And he talked to fellow researchers. Why don't you guys have heart attacks?

He's told them we're having an explosion of heart attack in Minneapolis in 1951 and you have none. That led to all the research on the Mediterranean diet and several books he published on a Mediterranean Diet.

Now the fact that, you know, either the Mediterranean diet or a version called the dash diet, which is a lower salt diet are a brain related version, called The Mind diet.

Or even another version you can look up called a portfolio diet all. related to this research in the 1950s. You've got to start there and move forward.

If you want to prevent our disease, you've just got eat a lot of brightly colored food and vegetables, nuts and seeds, whole grains if you're not Celiac, soy based products, don't fare edamame, tempeh, tofu, miso soup.

These are wonderful foods for your body. A researcher in Washington DC, Dr. Neal Barnard MD, highly prolific researcher, double-blind randomized human nutrition studies over 16 weeks.

So if you're a woman having menopausal symptoms and you adopt a simple whole food plant-based diet with a lot of soy products compared to a group of women that were left on their standard diet, There's a dramatic decrease in symptomatic hot flashes without any concern about raising breast cancer risk.

It's all nonsense. So the data, whether you talk the epidemiology, the basic science, case studies, these blue zones, this longevity studies on people that have lived to over 100. They're obviously not eating junk food, generally, and they're not generally eating meat-heavy diets.

Places like Loma Linda, California, probably the greatest longevity in the United States. They are largely a vegetarian and vegan community because the Seventh-day Adventist Church, they've been studied and published.

I teach a plant-forward diet because they are similar to Dr. Longo. If I have a really sick heart patient, I might emphasize the famous research of Dr.

Dean Ornish, which is closer to an all plant-based diet, actually show if you have plaque in your heart arteries, you

can start to reverse some of it with diet alone.

Now we use diet and fitness and meds and sleep and we go beyond all that, but when that was published in 1990, it was largely a nutrition study. and lifestyle studies.

You got to stick with the science. We got a little confused by the USDA food pyramid earlier this year. The American Heart Association just published in March of 2026. They're updated food guidelines and it's back to, you know, what we call common sense and the bulk of the science.

There's nine rules for eating according to the American Heart Association and they are not consistent with the USDA new food pyramid, putting the meat and whole fat dairy at the top of pyramid.

You know maybe a little tiny little piece of a pyramid but not at top. Yes, yes, and I always hesitate to ask this question, but what about supplements?

Highly, highly polarizing. Here's another hour there. The most obvious answer is if you get to a doctor who starts to do blood work for vitamin levels, vitamin D.

God, there are a lot of people horribly deficient. Number one in my office is Omega-3, we're not taught human body doesn't make it. We're also not thought the human doesn' make vitamin C.

And if you don't eat a lot of salmon or mackerel or herring or ground flaxseed or chia or walnuts, you're gonna get much Omega 3. If you do a blood test, I email people every morning and it's like my number one email.

Your labs are good but you are still dramatically low in Omega three. And sometimes the only resource is to get them on a vegan or a fish based omega-3, you know, one or two capsules a day of a good quality supplement.

But vitamin D is profoundly deficient, omega 3 profoundly deficiency. B12, a lot of people are deficien and a blood test called your homocysteine level.

goes up and that's not good for your health and your blood vessels. Especially people in post-menopausal women, the B12 situation would pertain. They may stop absorbing it.

Yes, our stomach acid goes down. My plant-based people don't eat the meat sources that sometimes contain B-12. but you can target your supplements specifically.

Then just throw one more out. Probably starting 50 years ago, research was coming out about coenzyme Q10, also called CoQ10. And now 50 year later, there's tens of thousands of research studies that say it's a difficult nutrient to get from the diet.

After age 40, we start to make less and less.

Supplements and Coronary Calcium Scanning

If you're on a statin like Lipitor, you basically block your body's ability to Make Co Q 10. And man, we learn in medical school, CoQ10 is involved in the Krebs cycle.

It makes energy, it keeps muscles strong, keeps the heart strong keeps, the blood pressure down, lowers inflammation, improves the lining of arteries called endothelium.

So I'm a big user of Coenzyme Q10. There is a blood test and if I see somebody 65 years old and their blood tests is great, I mean fantastic, somehow your body's still making it.

But If you're taking Lipitor or Crestor generic versions, you are not making CoQ10. You want to verify to get a blood test. If don't want verify, just go pick up a bottle.

I mean, safest supplement on the planet. There's only one topic I haven't mentioned. It just hasn't come up, but at the very beginning we were talking about that we are able with precision now to take an asymptomatic 50 year old woman.

and give her a clue that you are developing heart disease at an early stage or not. And that is a CT scan called the Heart Calcium CT Scan. Somebody has also called CACS, coronary artery calcium scan.

A test that was developed 36 years ago in San Francisco at the university, widely available for 25 years. The test every primary care doctor ought to be doing on people 50 years old.

Costs about $100. Every hospital offers it. You probably need a script where you live from a doctor to get it, coronary artery calcium score. And now about 10,000 research studies that say if you go for that test and it comes back perfect, that's called a zero score, your risk of heart disease over the next 10 years is very low.

Your need for statins like Lipitor is basically non-existent. That's an American Heart Association recommendation, not just my opinion. And, uh, you know, work with lifestyle.

On the other hand, my wonderful Pilates lady, yoga lady. You know weight training ladies, they go for that test. They're perfect. And it comes back horrible.

It comes very horrible sometimes we find the lipoprotein A sometimes. We find this C rec protein. But sometimes we don't find much, which is distressing.

Whether they just add a daily aspirin, whether they change their diet, weather they get their cholesterol lower naturally, eat more oatmeal or other things.

We got to individualize. If you come out zero, it's a really, really good piece of news, but five, six years later, you want to go back and repeat the test.

So we have a mammogram, we a colonoscopy, a pap smear, and a prostate test, People don't know that there's a heart test that's scientifically proven. Now, these latest guidelines and cholesterol management by the American College of Cardiology, American Heart Association in the last four to six weeks have way too conservatively elevated the CT scan, very high up in If these prevent risk calculators aren't very good, we need something better.

It's already been shown. The calcium CT scan blows these risk out of the water. Yeah. Especially if there's family history that, you know, may, even though you're the skinny yoga practitioner.

Yeah, yeah. Well, this has been fantastic information and very well articulated by you with good background in the research. Follow the science, as you have said many times, and I totally agree.

But it's also practical information that we can give women dealing with their primary care doc, their cardiologist if they have one, what to ask for, and what be doing a little bit in their daily life.

And I'm so, so grateful for your time and your expertise. Thank you. Yeah, you're very welcome. If this episode spoke to you, please share it with a friend ready to take charge of her health.

And please leave a review. It helps more people to find us.