Your Heart’s Survival Guide: Secrets To Thriving At Any Age Transcript

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Introduction and Guest Background

Hi everyone. This is Doctor Joseph Anton, your co-host for the Fasting and Longevity Summit. Today I have a very, very special guest. He is very special to me personally, to the kind of vascular integrative functional medicine slash nutrition field, because that's his passion.

Now, for the last 20, 30 years and two, passion that that Doctor Khan implements live by, swear by and then in a propel with with his patients and and some other he can influences.

This is, a doctor that I personally respect very, very much a true game changer in cardiovascular disease. That I've known for now, 6 or 7 years. And, and together we were able to get, a lot of the fasting and longevity, lifestyle changes into hundreds, if not thousands.

And then, of course, with us into millions of people. Doctor. Jochen. America's sweetheart. Doctor, welcome. Thank you very much. And, mutual affection club.

But let's go help some people get healthier. Yeah. Do you want to. Do you want to talk a little bit about yourself, your background of the two three minutes people?

I. I doubt people are not familiar with you. You've been on TV and the doctors everywhere. But if you want to reintroduce yourself. Sure. I'm, triple board certified cardiologist.

The process doctors go through to, demonstrate their acumen and education. I trained at the University of Michigan School of Medicine. I'm from Detroit.

Graduated summa cum laude. Went on to train and internal medicine and cardiovascular medicine, and became a specialist in what's called stent and angioplasty, interventional cardiology.

And starting in 1990s, I'm in my 35th year of practice. I started breaking apart black and treating heart attacks and running around various hospitals in southeastern Michigan.

But about ten years ago, I made a big pivot not due to health, just out a passion to start working on prevention and the very disease I used to treat.

Now I want to never see again by identifying issues early or preventing issues from ever happening. So I have a pretty high end, preventive cardiology preventive medicine practice, but it has fingers across United States because I'm licensed in many states, including the great state of Texas, in the great state of California, where you spend time, doctor and time, and many other states.

But, I write books, I do podcasts as I do interviews. And I do believe that this little tool called the fasting mimicking diet is something every cardiologist ought to be able to pull out of their holster and say, we can make you healthier and not going to be a drug.

It's going to be natural.

Why Cardiovascular Disease Remains the Leading Killer

So I'm all for natural when it can work. Thank you, thank you, Doctor Khan. And maybe and and just to put a context here, most people listening to us.

And when we talk about longevity, disease is the lead is leading the charge into into number one killer. And how

can we actually we set the stage of how important this discussion is.

And then transitioning towards how can we prevent the number one cause of death for most people now listening to us today. Yeah, it's you know, it's an amazing statistic.

It never gets old and sometimes it gets forgotten that really since and in the United States since 1918, every year cardiovascular disease, stroke, heart attack mainly, and something called sudden cardiac death, just dropping dead without any warning.

And autopsy shows usually terrible plumbing of the heart arteries. Atherosclerosis has been the number one killer of men and women every year for, you know, 100 and 607 years ongoing.

And you'd think, you know, we started to really focus in this country on heart attacks in the late 40s and early 50s, when Franklin Delano Roosevelt died of cardiovascular disease, then President Eisenhower had a big heart attack while in the white House, fortunately survived.

I think 14 years after that heart attack, because he made some great lifestyle changes. But you'd think by now we would have knocked this thing down. But we haven't.

And in fact, by many parameters, our health in this country has declined. So which is where the dollars were spending and the pain and suffering we see is really unacceptable.

So I'm fired up. There's a bit of a national discussion going on now that there used to be a movie that the main raise was, I'm sick and tired and I can't take it anymore.

And that seems to be a lot of people's perception. We can't see kids sick, we can't see teenagers sick, we can't see adults sick and cardiovascular disease may be the end result of decades of poor health, but, it's about cardiometabolic health, and we need tools to improve cardiometabolic health.

But when I transitioned similar to you from traditional or other public medicine to to the fields where in in know my biggest moment that took me here was that aging was the mother us you know, cardiovascular diabetes type two cancer, Alzheimer's.

They never taught us this in medicine. It's about aging, right? I never thought it. You don't get a heart attack at age 20. You don't get all the emails that age 22 since aging and then after aging lifestyle disease that either accelerated aging or decelerated and together.

This combination is probably behind what, 8,080% of cardiovascular diseases, lifestyle plus aging together. And and how come we've never focused on I mean, we do this all what we do and how come medicine and this focus on those and how can we give today some practical, advice to people listening to us and how they can change their life today would be with the knowledge that we have now.

And, you know, you always wisdom comes out of your mouth, you know, it's statistically you're right. Most people who do succumb to heart disease don't do it in their 20s and 30s.

There are tragic examples. And there are other kinds of heart disease, congenital birth, heart disease, where an athlete might drop in high school or college.

Tragic stuff. But we're talking about to an audience is probably watching this, you know, adult cardiovascular disease, which is mainly atherosclerosis clogging up of brain, arteries, heart arteries, sexual organ arteries.

Don't leave that out. Kidney arteries and kidney function. And, we're not as good as dealing you with it. As we get older, we have, our immune system has aged and doesn't respond as well.

And the immune system plays a big part to protect us from cardiovascular disease. Our anterior accident offenses

age as we get older, and we're not as good.

My my favorite vitamin in the world, coenzyme Q10 or Co Q10. We clearly are able to produce CoQ10 with less and less efficiency over age. And particularly if you do have a statin prescription medicine added on, which may be appropriate or may be overdone.

And, you know, our, so our antioxidant and our inflammation system, unfortunately kind of gets revved up when they age. A lot of reasons we don't take care of our dental health.

We let our weight go up. We lose control of our diet and let it gravitate to our alter processed food and, poor quality inflammatory foods. And we are stressed out during our work career and we can't make time for the gym.

And all those things lead to increasing inflammation.

Lifestyle, Aging, and Cardiometabolic Risk

So you compound age and age and age it goes up. And cardiovascular disease, most of it, not all, grows very slowly, which is both an opportunity and the danger.

There's years that you don't feel anything, but you're aging inside. Your arteries are getting clogged. You are setting yourself up for strokes and heart attacks for years, maybe decades.

But on the other hand, is a great opportunity that it doesn't come on overnight. We can start at age 2030s, 40s, 56 is almost any decade you start at.

You have an opportunity to intervene. Lower inflammation, lower oxidative stress, improve your immune system, improve, you know, some of these, aging, which we call in our field of senescence, you know, but it's like the word senile.

It's just a fancy word for things wearing out. And so it's, you know, no phase in life, is it? Are you do all to give up on the idea that you might be able to renew, regenerate and replace and, actually end up a bit younger?

This whole. Yeah, this whole, you know, a pot of gold at the end of the rainbow that we might be able to slow or even reverse aging. It's it's very real.

And cardiovascular medicine is definitely real. And cardio metabolic health, you know, we can reverse the diabetic labs. We can lower your blood pressure, we can lower inflammation and, maybe even get rid of some of these damaged cells and put in some new ones because the body is constantly renewing, renewing.

You know, the heart that we have today isn't the heart we had a decade ago. It's and some of the other organs, of course, replace much quicker red blood cells and skin cells and liver cells. Yeah.

And and that's written for whomever listening to us. What are the top 2 or 3 things or four things or however you want to mention that you think people could do to really either reverse the etymological edge, since we're talking about aging, or improve or reset their metabolic health and deal with this paleo tropic effect, you talk to them about aging, cholesterol, triglyceride, inflammation, senescent cells, what can.

This is where medicine is saying is it just one track, one pill, one receptor. Right. What are 3 or 4 things that you could recommend people can do that can actually positively impact all these driver, these root causes of cardiovascular health?

Yeah. Well again I'd say there's the there's the general and then there's the very specific which is the focus of your summit. The very general is the power of lifestyle.

Use that word, the power of upgrading your diet. I mean, nobody and I don't own a Ferrari. I don't own a

Lamborghini. I'd like to, you know, get behind a Bugatti, but I don't.

But if I had a Ferrari, I would not be putting, you know, regular, gas when the gas, or Vas said premium. I mean, but we take in our bodies and we're rushing to a soccer game, and we stop at a fast food restaurant and we put, you know, basically the worst quality, nutrition and energy source and fuel for our body.

And we make an excuse. I'm just rushed. And, you know, I'll do better tomorrow, but upgrade your nutrition if it's one extra apple a day, if it's one giant salad a day, if it's one big smoothie a day, maybe a green smoothie, a berries smoothie.

But, you know, fiber. Get more fiber fibers in fruits and vegetables and beans, peas and lentils and nuts and seeds. So upgrade your nutrition number to move your body.

I'm on a standing desk right now. That's not as good as a treadmill desk, but I do have a treadmill desk. But it's annoying when I turn it on during interviews.

Take a ten minute walk, park car further away. We just had a new research report. If you're stressed during the week, but you have the time to work out on the weekend weekend warriors, you actually get equivalent benefit as if you got 30 minutes a day and do it five six days a week so there's no excuse.

Get fitness up sleep. You can renew your body with 7 to 8 hours a good quality sleep. What a challenge! Currently with iPads and cell phones and, just too much access to brain stimulation.

But upgrade your sleep. And finally, there's a lot of reasons to be stressed out. And we have direct data. High stress stresses our arteries, constricts arteries, damages arteries, raises our blood pressure, raises our blood sugar through cortisol.

So buying something for me it's often music. It's, wonderful family and three amazing dogs. I find nature church, synagogue. Friendship. Hopefully it's not too much cannabis, too much, tequila or, you know, a lot of people manage their stress with habits that aren't necessarily considered real healthful.

And then when you get granular, you know, we have this and I still am fascinated. I knew a little bit about fasting prior to 2016, 17, and I had religious holidays that I would fast over the course of a year since I was a kid.

But it really was eye opening when I met Doctor Longo and his research and you and your participation research, you know, and the way I explain to patients is, you know, we have this magical ability to renew and reduce the aging of our body, but we're not taught it in medical school.

We're not taught it in the doctor's office. We're not seeing it on billboards and national TV. And it's frankly, it's tough. And it means we we just have to reduce or eliminate calories for about three or more days.

That's what the science says is, you know, to both go into a gentle ketosis and actually turn on a system called the autophagy system. It's not going to happen overnight.

It's going to be a little bit more rigorous. We also don't need to do it for a month.

How Fasting Mimicking Supports Autophagy and Longevity

God knows if we found out it took a month of restricted or absent calories to turn on some of these, anti-aging and reverse biologic age systems and be very tough.

But we got a carve out about five days in a row of our busy lifestyle and dedicate it to our own health, in our own body, and that is called fasting. Or much, much more accessible is the fasting mimicking diet, you know, basically perfected by your colleague Doctor Valter Longo.

And something I teach my patients. And I tell them with this enthusiasm, you know, you've never gone five days on a low calorie diet or a no calorie diet, and you've never unlocked this safe, this safe that contains all these secrets to rejuvenate your body.

And, you know, let's do it. And let's, try it and then let's do it maybe 3 or 4 times a year after maybe three months in a row, or if you're in the diabetic program that you guys have perfected, I'll Neutra maybe it's even once a month you're going to unlock this the safe or like a genie once a month, you're going to rub the genie and let the genie out and let it help you get healthier.

But, you know, it sounds kind of hokey, but it's, you know, backed by, you know, dozens and dozens and dozens of high level, peer reviewed scientific publications and patents and so much research funding.

So, you know, it's it's, that little white box called this, you know, Parola and looks almost, you know, toy like, looks like something I'd buy my granddaughter that has all kinds of little gifts in it, but it is a scientific miracle.

So that's what we can do. You've, you've been prescribing volunteer patients for, I think, now seven years. Can you explain what is why it's five days of fasting?

Why it's not one day. What is that on a flag? And you know what? What kind of benefits you're seeing with it. Yeah. And you know, you know, the the science provides us some pretty good guidance and definition.

And, you know, most of my patients tell me all the time, I do it because I ask them, what do you do for breakfast, lunch and dinner? Well, I don't eat breakfast, I intermittent fast.

Well, technically we call that time restricted eating. You know, just skipping breakfast is not really a fast. You may, you know, lower your blood sugar.

You might raise your ketones a bit. Probably not. Just skipping one meal a day. And then may work out for some people to, drop some weight and just feel more in control of their health.

But that's not exactly fasting. And, I mean, in the last 12 months, there's been a pretty definitive paper. You really need to either go without food or reduce your calories with a certain nutritional component low in protein, low in sugar, higher in fats, which characterizes the, the protein constitution of nutrient nutrients.

And you got to do it for about three days or more. You don't have to do it for 30 days. But we can trigger this, repair system that won the Nobel Prize medicine in 2016 called autophagy, with about three or more days of restricted calorie intake.

And, yeah, the fact that the solar system is five days seems to be a really, you know, well thought out, scientifically proposed duration. And you do it shorter than that.

You might not get all the benefits. You do it longer than that. You might slow your metabolize ism for the long run. And it's just tough. I mean, I find five days, there's a lot of happiness on the end of the fifth day when I know tomorrow morning I'm having a bowl of oatmeal and a cup of coffee and, carefully reenter the world of, you know, more standard eating for the next 25 days.

But, yeah. So now the over, you know, whether you eat breakfast or not is your decision. I'm a breakfast eater. I teach breakfast as a healthy option to my heart.

Patients in my clinic, I want them to get that about 12 hour window of eating. So maybe breakfast at seven in the morning and dinner's done. And snacks are done by 7 p.m.

and some people wanted a little smaller 10 to 11 hours. You don't need to do much more than that. And that's a there was a big article in nature a few months ago about the bio age reversal with prolonged.

Can you talk about that paper a little bit? The protocol you recommend, typically your patients and what kind of patients you recommend? They go on for a lot.

Yeah. So, you know, this holy grail that we may be able know that you read in the paper. I see the headlines all the time. The billionaires are all trying to stop and reverse their aging Larry Ellison.

And then I think is Larry Page from Google and of course, the crazy entrepreneur Brian Johnson, who's in the headlines every five minutes, people. But the idea that we can actually measure our age, not just what's on our driver's license, everybody can measure that.

And that's not going to go down unless you get somebody to make a fake driver's license, but kind of a biological age. And we can start it or slow it or even reverse it.

So I've done, you know, there's a number of companies, this all started probably only with a researcher at UCLA, Steve Horvath, a mathematician, and Morgan Levine.

PhD that I know trained with doctor long ago. I know she's, no longer you know, she's on the East Coast now, but at any rate, that there are tests out there and there's no agreement.

Which one's the best one? I like one called glycan age. It's just personally, it gives me the best results. So I'm going to say go for it. There's one called true age or true diagnostics and telehealth and others.

And I don't have any financial involvement in this. But you can run a test. It's going to cost you a few hundred dollars. And it may tell you I'm 65, your biologic age is 58, and you're certainly going to smile or some people, can, you know, talk about being 20 years biologically younger than their driver's license or their birthdate.

And you might end up the other side of it, you know, actually showing that all that work stress and maybe other lifestyle choices in the past weren't so great for your biological age.

And it appears that one of the ways you can move that age down and slow the rate of aging is by regularly using this autophagy stimulating program called prolong, maybe three times a year. And that and that was, if I remember, a fairly short study that showed regular use of prolong and lowers your by like age, an average two and a half years.

But since it's been a product available for seven plus years now and, presumably for many years to come, if we just make this a habit.

Biological Age Testing and Reversal

I know you guys have, you know, calculated that maybe that's ten years younger if you continue it on and on for years and years. So, you know, we got rapamycin and metformin and Yamanaka factors and I know I'm thrown on name.

Some people are familiar with some aren't. But here's a program that does do biologic age reversal. And it's just a brilliant food program. So it's like I'll tell you, rapamycin is expensive and stem cells are expensive.

And, you know, I find, I sometimes save money doing prolong because, you know, there's no restaurants that week and I'm not going into the market and buying, certain pre-made food items at all.

And, and, certainly for your health, it's a good investment in your health. And that's certainly the price was calculated to be equal or cheaper than the food that you would consume otherwise.

Food and supplements for five days. So drinking. Homemade coffee right now. But, you know, I go get my haircut and I spend $7,000 on a green tea matcha latte.

I mean, I don't do that during the umbrella. And so there's, you know, there's about a quarter of the cost of Berlin cutting, my green tea, my gelato.

And that kind of. A lot of doctors now are comparing what goes in and then picks to prolong it. And, you know, they're concerned with the muscle loss.

They're they're looking at swapping to prolong or weaning their patient from prolong or how what's your experience with where they were. Go visit us and fix the problems.

And what do you do in your clinic with, with those options? Yeah. You know, my patients come to me because I have a bit more of a natural approach. And many of them, you know, it's a line in the sand.

No, ozempic. No what? Go. No moon gyro, no zap bound all the marketing names and they'll be other drugs coming. Many, many other drugs in these classes coming.

And, you know, people have predicted that, we may be spending trillions of dollars in the United States if we expand. They use to everybody who's overweight and obese, which, you know, we need to help people that are overweight and obese, but is the answer a drug that costs, you know, thousand plus dollars a month?

And can we afford it? And what's the long term health? So I was a slow adopter. But I do have patients on these drugs. I have some great success stories, but it's always with the conversation, what are we going to do?

How are we going to reduce the dose? How are we going to extend the duration? How are we going to lower your cost? Because a lot of people are still paying a lot of money for the copay, even if their insurance does cover some of it, and other people are paying entirely out of pocket at what I call compound pharmacies.

So we are overlapping. I'm teaching them about the fasting mimicking diet. While they may be starting and gaining some success, with some of these drugs, but the goal is and we're going to get you off of it, and we got to teach us some new habits.

And, and one of those happens is good. Let's start using the problem. Five day fasting, mimicking diet. And, you know, couple coupled with gym time coupled with if there's an alcohol abuse situation, you know, whatever it is and try and get to the root cause if it's a stress trauma situation trying to find them proper therapy there. So so that may be it's half a year or a year.

They're using the medication, but we've created habits that will sustain them for the rest of their life. And, final question, doctor, what are the patients that you see that you typically say, okay, I wanted to sort of prolong for this profile, especially what kind of what can I, for those listening to us today, what kind of, you know, benefits you're seeking or the type of people that you say, okay, you think I think you should consider colon.

Yeah. Well, when people walk in my office in suburban Detroit, as they're checking in, they see boxes of brella and they look to their right. They see bags of fasting, things, and they see fasting bars, and they see all protein powders.

So they've seen the name bro five times before. They get in my office, where I have the green brochures about protein. And I always ask, have you ever heard of Lane?

And, you know, I get a maybe 5050 response? Yes.

GLP-1 Drugs, Muscle Loss, and Clinical Tradeoffs

And no one that knows go home with a brochure at least. But, you know, it's everybody gets some education on it because, you know, people are interested in their health.

And my clinic may gravitate, and attract people that are a little bit more interested in their health than average. But

nonetheless, when you tell them, I mean, this is basically the safest and it is the safest and now strong science and food based and all the curiosity is very high.

And very often they walk out with a box of, broken, that visit and I give them the URL to ordered online afterwards. Make it easy for them. I have my patients at a distance.

Give them the opportunity to, ordered online. You know, very high feedback. So, you know, sure. The super elderly, the super frail, the brittle diabetic, I do see some young people.

I mean, I may skip it, but 90% of my patients, I'm educating them, or I use some teaching materials that your company provides to send them home. And, you know, they call back and they come back, you know, a couple of days later and they pick up a kit and they're on their way now.

I love when you guys do some group, you know, roll on with dietitians. I've done it as a guest physician. You know, it gives a lot of support. And, you know, these kits now have that great QR code that I encourage them all to sign up and get an email, email with videos every day while they're doing it.

I think that's such an upgrade to community support, even though it's kind of just to digital education. So I think the success rate has been really high because of all that.

What are the main outcomes, the main health outcomes you're speaking with when you spend for. Yeah, and I know, you know, people probably realize we're recording this a little bit before it's going to come out near summit.

But there seems to be this kind of wave growing of conversation in Washington, D. C. conversation, amongst the medical community about metabolic health.

And I would always add cardio metabolic health, inflammation, oxidative stress, obesity, overweight, you know, abnormalities and insulin resistance. These are all fancy terms, you know, but, you know, they're taking a toll on our heart and our brains and our kidneys and our cancer risk and our joints because of weight issues.

And we need solutions for cardio metabolic health. And some of these can be measured. You can measure inflammation in lab work and insulin resistance and lab work.

You can wear a continuous glucose monitor if that tickles your fancy. You can step on the scale. You can just generally sense how you feel. But what I see is people improving their cardio metabolic health now with the drug, not even necessarily with, you know, a large number of supplements, a lot of functional medicine docs, you know, favor large amounts of supplements.

If we can do it in a way that's, you know, approachable and repeatable and the long term plan, and improve the cardio metabolic health, you know, better brain, better heart, better kidneys, better sexual health, feel better joints better, move better.

So sleep better sleep is important because, I never will leave sleep out of the equation. You know, you know, just lower your inflammation.

Who Should Consider ProLon and Final Takeaways

Sleep better. A lot of people sleep really well during the five days. You know, just we've kind of minimized our digestive system. Sleep. Then you study the blood sugar or blood pressure, but cholesterol, all of that.

You summarize, on the contrary, metabolic health. For those who don't know, the, what does that mean? All this, you know, and that's it's not just my opinion you guys have published.

I was not involved with it, but one of my good friends was your, physician lead in that doctor, Martin Austen. But, you know, there's published data about improvements in cardio metabolic health by regularly using the broken

system.

So that occurred last year. We had 55,000 people watching the summit. Our summit this year, we think we're going to do 75 to 80,000. What would you tell them as a conclusion today?

Those who are going to listen to us and looking for the final conclusion and assign a recommendation about how they can improve other can, age healthier and improve their metabolic age and health.

Yeah. Well, I'm stealing the title, but there is a book out there called Fasting The Oldest Cure. Because fasting has been described in the Bible and other ancient texts.

And you know that that's give power back to the people, sort of a revolutionary concept. Take control of your health. And one way to take control of your health is unlock.

Like I say, you've got this miraculous system in your body, but you got to do something to unlock it. And, it's not a video game. It's a food program.

So unlock this reparative system, this age reversal system by just, you know, maybe 15 days a year, prolong five days in a row, three times a year and reactivate some of these systems.

And we would naturally be enjoying because we'd be out there, you know, hungry for five days in a row looking for food. It's just we don't live in that world anymore.

We live in a world of calorie access, not calorie deprivation. So we're sort of all volunteering for occasional calorie deprivation. And these systems are ancient and they're powerful and they work.

So grab them and use them. Well, I appreciate you very, very much, Doctor Khan. Thank you very much for your time today. Hopefully we change somebody's life today.

Yeah. Together. And I'm pretty sure we'll see you in future summits. Thank you very much. Thank you.