Plant-Based Heart Health
Guest: Joel Kahn

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Mark: Welcome back to The Women's Heart Health Summit. This is your host, Dr. Mark Menolascino, thanking you for joining us to listen to the world experts in women's health and in heart health, to help you live a more vital, optimal life. Today I would like to welcome Dr. Joel Kahn, one of the world's experts in heart health. Hello Joel, and thank you for joining us.

Joel: Well, I'm excited to be here. I think we can really share some really good information.

Mark: Let me tell our viewers about you a little bit, Joel. Dr. Joel Kahn believes that plant based nutrition is the most powerful source of preventive medicine on the planet. Having practiced traditional cardiology since 1983, it was only after his own commitment to a plant based vegan diet that he truly began to delve into the realm of non-traditional diagnostic tools, prevention tactics, and nutrition based recover protocols. These ideologies led him to change his approach and focus on being a holistic cardiologist. I love that--holistic cardiologist.

He passionately lectures throughout the country and the world about the health benefits of a plant based, anti-aging diet, inspiring a new generation of thought leaders to think scientifically and critically about the body's ability to heal itself through proper nutrition. One of the world's top cardiologists, Dr.

Joel Kahn treated thousands of acute heart attacks during his career with angioplasty and stents. He would like all of that to stop. He would like to prevent all future heart attacks by breaking through to the public to educate and inspire a new holistic lifestyle.

Now is the time for all of us to focus on education, to eat clean, sweat clean, and apply cutting edge science to your lifestyle. Thank you again for joining us, Dr. Joel Kahn.

Joel: Jump right on in. And thank you very much.

Mark: Well that's great. You know, as a physician, I'm impressed by the work you've done to get to where you're at. And the fact that you've done thousands of angioplasties and stents and heart catheterization labs, and now you've moved to try to never have to go in there again, that's a fantastic transition.

Joel: Yea. I love that phase of my career. It was many decades, and many people benefited. And very, very few were harmed. I'm very proud of that. But I just kind of ran into this idea of preventive medicine, preventive nutrition early. So my patients were getting two tracks, therapy they needed and preventive education, whether it was Dr. Dean Ornish's paperback in 1990, or now the internet.

But when I actually trademarked the term, "prevent, not stents" and put it on coffee cups and t-shirts, my hospital administrators started to tell me your days are numbered here. So I have a specialty clinic in suburban Detroit. I'm preventive cardiology, much like your world famous clinic. And it's tremendously rewarding to see the progress people make towards getting actually literally younger inside.

Mark: Well you know, we've been fortunate to have a lot of doctors that know a lot about nutrition. But you're one of my go to people, with a lot respect from me. You have now three restaurants. Is that correct?

Joel: Yea, two in Detroit, suburban Detroit, plant based, organic restaurants called Green Space. And one is a food truck in Austin, Texas, right on the main drag. It's kind of a fun little place because the weather is good all the time. So it's open all the time.

Mark: So not only do you talk about nutrition, but you deliver it in real time and in a real way to people. I love that.

Joel: Well, so far I don't actually deliver the food to people's homes. We let [inaudible] do that. Yea, I say I put my money where your mouth is.

Mark: I love that. I love that.

Joel: It was no small undertaking. And the restaurant business, it's not what Warren Buffett does for a living.

Mark: Well you know, it's interesting. A lot of doctors that know about functional medicine and integrative medicine, they think it's a this or that. But for both of us I know that when you need traditional medicine, or you need an antibiotic for pneumonia, or you need that stent to open up that heart artery in an emergency, good medicine is there and you have to take advantage of it. But the goal is really not to need it, and not to ever have to get there.

Joel: It would be foolhardy to say we're going to throw out all prescription and all procedures, because there are times they are life saving. And so I do very much, just as I said, you do too, have a big tool box. And I just go to traditional therapies a lot less than the standard doc of my type. And they're great people. I just, like you, found a path to get serious quality education. Once you've opened that Pandora's box, I mean you're now going to start to offer people such root cause, life-changing therapy. So it's the best way to practice medicine.

Mark: So Joel, for a lot of us there was a moment where you knew you were going to transition, or as a patient or an experience. Can I ask you, what was that for you? What was that defining time in your career where you knew this was the direction you're going to have to move?

Joel: Yea, you know, I've always been a bit of a contrarian, outside, wearing cowboy boots in the cath lab, even though I'm from Detroit. But honestly I started a practice July 1, 1990. And three weeks later, in my home, in the mailbox, what we used to call a medical journal, a lot of paper (it's all digital now), was the journal from England called *Lancet*. And there was an article by somebody I did not know, Dr. Dean Ornish.

I'd been blowing things up in people's hearts for about three and four years and now three weeks on my own. And he was reporting he could clean out arteries with a lifestyle program centered on plant-based nutrition, which by that point I had been embracing personally for thirteen years, plus stress management, some fitness, some social support. And I said, darn, you know

this personal choice I made as a cardiologic application, that's in a major world journal.

So it really was that moment I started teaching patients. It was just a copy of that article, a paperback that he published not long after, ultimately DVDs, internet. And then ultimately the fine training like you've had, you see standing on the shoulders of giants, to literally get the full spectrum in.

Increasingly and officially about three and a half to four years ago I said good bye to all traditional practice and now do really, as the joke is, holistic cardiology. People come in with a whole list of problems. And then we have them leave with a whole list of solutions. So it's a fun way to practice.

Mark: Well at the end of the day, you're treating the whole person, too. And probably there's no one thing more important to look at the whole person than women's health.

Joel: I agree with that. You know, I agree, sleep, stress, social support, friendships. I usually know the name of my patient's dogs or cats or where they vacation. And I certainly know their nutrition and sleep and the fundamentals.

Mark: So how do you start a relationship with a client? What are some of the first things that you want to know about when someone comes to see you?

Joel: Yea. So I do try the famous statement that a physician usually interrupts a patient in the first thirty seconds. I mean I practiced in that twelve to fifteen minute medical model for many, many years. And you can get a lot of good done if you're efficient and caring. Nonetheless now, it's usually an hour per patient. So I try not to interrupt.

But ultimately I'm going to ask the question, what drove you here? What's your greatest concern? What happened, we talked about, but I'm going to go through. I really go through breakfast, lunch, dinner, snacks, soda, coffee, tea, water, home water purifier, home personal use, cleaning agents, dental health, silver amalgams, sleep, family history in detail, whether they are taking supplements, are they exposed to any toxins at work, were they in China for a year during college. It's pretty much the standard functional medicine framework of understanding there, and stress.

And then it's all about precision testing. So you would have hoped that a heart doctor who's about to put a stent in your heart, that it's the same precision of

an engineer putting a ball bearing in an axle, if there are still ball bearings in axles. I'm in Detroit. I'm not sure. I'm not so precise.

So I try to practice your blood work, your imaging, precision cardiology, so I can actually tell a person you're anti-aging. You're actually younger than you were a year ago. And it's delightful and possible and actually not all that costly.

Mark: Could you share with us some of the new testing that you are doing in your clinic, or some things you're excited about with the new tests?

Joel: Yea. I will do that. And maybe just as a quick intro, a patient I saw this morning, talk about gripping your heart. A woman I sort of knew in the community, I think my wife has walked dogs with her and such, but she came in. You know, you could see her just about to burst into tears. And I was not aware at age 47 that her 43-year-old brother had been found dead on his couch four weeks ago.

The autopsy showed a ninety-five percent blocked left anterior descending widow-maker artery. It was a classic scenario, no warning, no symptoms preceding. He actually had a big business in medical care. Her father had had bypass. Her grandfather had bypass. And now she was destroyed by this event. It was her very close brother. She was concerned for her own health and her children's health.

And you know, that whole emotional combined with high tech approach, nobody had ever unpeeled her family to see what genetic, what marker, what cholesterol, what this or that. And we'll go through that process over the next couple of weeks. So it is going to be that long and extensive history. A physical exam is important. It's not usually the make or break, but it always is something I do.

And then it's going to be very extensive lab work like you do. And I'm going to look at advanced cholesterol, advanced inflammation, advanced nutritional values, some genetics that seem to be really important and have application. The beautiful thing about this is these are really quite available.

My favorite lab, I won't name them. I will stay non-commercial. It has now been bought, the one that I use. I don't have ownership. It's now available all across the United States. So you can actually get state of the art, highly advanced labs. And for the proper person, they are highly covered by

insurance. It doesn't really segregate in those that can afford it and those that can't. It's just those that need it.

Then I'm going to go beyond labs, usually to one of two cardiac imaging studies, because we have this very odd disconnect. We want to know if there's a polyp in the colon because of a family history. Well the rectal cancer, we do a colonoscopy. If there's a family history of breast cancer, we do a Therma-Scan or a mammogram or an MRI. If you have a family history of heart disease, you don't get nothing. And it's really crazy and sad. And people suffer and die because of it.

So you can either do an ultrasound of the arteries to the brain, both carotid arteries. I do the one called carotid IMT, Intima Media Thickness. It's a little fancier, a little more quantitative. And literally I tell people every day you're sixty-two years old, but your arteries are like a forty-seven year-old.

Mark: Powerful, very powerful.

Joel: It's wonderful. More often, it's the opposite, you're sixty-two and your arteries are like an eighty-year-old. And we're digging into why. And we're going to work to reverse it. You can also do a CT scan of the chest that takes about ten seconds, without iodine, called a coronary artery calcium CT scan. It's painless, very brief, very low. It is radiation, but very low, very selective, and I don't repeat it. And you can identify this young man, who sadly died four weeks ago, would have known had he had it a week or two or six months that he was carrying a burden of calcified atherosclerosis.

And then we sit down and make a plan. You know, what are we going to do about your nutrition, your sleep, your fitness, your stress, any other lifestyle factors? What will we do with your labs? Do you have a methylation defect? Do you have a cholesterol defect? Do you have a vitamin deficiency? I mean the ones I see all the time, vitamin D all the time, omega-3 all the time.

You know, sometimes what we call the methylation, MTHFR, twenty percent of people--you know this, Mark, but your viewers may not. Twenty percent of people carry a kind of cholesterol that is genetically transmitted called LPa, or lipo-protein a. You don't say little, but it is the lower case a. We need to come up with a better term. It's just awkward to say it.

The famous example was the fitness TV guru, Bob Harper, on "The Biggest Loser" show, along with Jillian Michaels. And last February Bob Harper suffered a cardiac arrest at age 51. He almost died. He was on a ventilator in

an ICU. He had a massive heart attack. And a couple of months later he announced on the *Dr. Oz Show* that he was unaware that he was carrying this genetic cholesterol.

And for twenty-two dollars, your doctor can check it right today or tomorrow. You might be one of the twenty percent. Twenty percent is sixty-five million Americans. And you know, then we get into the nuances. What do you do if it's very elevated? And that's something that medicine is still struggling with. But at least warn a person that this is as much a risk to you as breast cancer and colorectal cancer and Alzheimer's and all the rest.

So we're going to go through all of that and come up with that program. That will involve lifestyle and usually some supplements that have scientific evidence. There could be a prescription drug for cholesterol or blood pressure or blood sugar until the lifestyle is right. Then we'll track it. Usually I use the carotid 6 or 12 months later.

I have the joy of telling people you're actually like eight to ten years younger. In the past twelve months you've been working hard. I've been working hard. And here's the real data. So this is an incredibly powerful way to practice vascular medicine, cardiology. It's amazing.

Mark: Well Joel, you just dittoed everything that I do on a daily basis. I know you and I are joined at the hip in looking at these advanced markers in this personalized way. And they're easy tests to do. They're not invasive. You just have to know they're out there. So I encourage everyone listening to write down what Dr. Kahn just said, and hand it to your doctor and ask for these. Why do you think more doctors aren't doing it, Joel? Is it that they're not aware of it? Are the patients not asking for it?

Joel: It boils down to education. And some don't know it's available. And I'm not criticizing any. They're studying other things. Some know it's available, but don't know what to do with the data. And I think that's the biggest thing. What do you do with seven pages of data? And how do you explain it to a patient? You would be looking rather silly to say I ordered your TMAO level, but I don't know what TMAO is. And I don't know what to tell you what to do.

And then last and finally, knowing it's available, knowing what it is, and then having some sort of therapy, or at least identifying risks if there are in therapy. So I think you and I could create a short sixty minute video and bring that to a whole lot of medical practitioners. And it takes time is the last aspect. So whether it's a physician assistant or nurse practitioner trained to

handle some of this, that would facilitate it. We do a great job of basic medicine. This kind of higher level medicine is going to take a few more minutes.

Mark: Well, let's make that a goal for the two of us. Let's actually get it out there. And I know you lecture internationally to doctors. I do as well. And I do think, this is for all the women watching, this is why your friend who was an exercise advocate, that worked out every day, had normal cholesterol, was lean and ate clean, and had a heart attack. These markers explain why those people you wouldn't expect to have heart attacks have heart attacks.

And people like Dr. Kahn can find them before they actually have them. Joel, isn't the first warning sign in half the people with heart disease a sudden death heart attack? You don't get a second shot.

Joel: Yea, it's a very sad and accurate statement. And twenty-two hundred people a day in the United States have a heart attack. And ultimately men and women, just everything I'm talking about is very much geared to the female viewer of this important teaching series.

I have, sadly, many women, and many women at the yoga studio, and they come in looking very fit. And they already have signs of plaque in their late thirties or early forties. It's frankly scary. And then when you peel that onion and get into the advanced labs and all, they're not pulling into fast food restaurants. They're not smoking. But they may carry some of these genetic and hormonal and cholesterol markers, and you have to pull it apart.

Yea, so you're absolutely right. Some people have called this upstream cardiology, upstream medicine. I mean, I tell people I'm like basically telling you you're three weeks pregnant in terms of vascular disease. We're really identifying. I mean we're really identifying it early. And I have to tell them, I'm actually talking about your health fifteen years from now.

And this is going to be tough. I'm talking about changing your diet, your fitness, your sleep, your emotional stability, taking some supplements, reordering your supplements, having lab tests, so that in fifteen years you're not in an emergency room. That's a lot for people to buy into. And it's going to take a rather proactive focused person. And that's not YOLO. This is not YOLO medicine, you know, if you want to live long and well.

Like you I'm excited about anti-aging longevity medicine. But you're going to have to show up to that wonderful game, which is going to start bursting out

in maybe five years, ten years, twelve years. You want to show up youthful and healthy to take advantage of it.

So, yea, get checked. So women should have these advanced labs, particularly if there's any family history that gives a clue. But I'm pretty liberal if there isn't. Maybe a woman should have one imaging study in their late forties, mid forties, whether it's carotid or cardiac. And, you know, know the scores, as I say. Test, not guess with the number one killer of men and women in America.

Mark: Well, that's the big point of this entire series, is test, don't guess. The number one killer of women is preventable. But you've got to be looking for it. And I love that you do. You talked about the CIMT. It's an ultrasound of the neck, no radiation, not invasive, easy to do, not expensive, reproducible. And you can watch people change over several years. And actually their arteries de-age. That's fantastic.

Joel: I happen to have sitting on my desk; this is part of the result that the patient gets, right carotid, left carotid. This happens to be a very lucky person, where it says no plaque. No plaque, that's what you want. I don't see that all that often. And down below, it's this measure of the thickness of the wall of the carotid artery. And this happens to say a fifty-nine year-old whose carotid arteries are more like somebody three or four years younger. I mean this is the kind of detailed precision you can do. When it's this good, you might not repeat it for a few years. This happens to be mine. So hurray, hurray!

Mark: Hurray! Good job!

Joel: There are plenty of others here that are loaded with plaque. But very quickly, within a year or so, you can see that improve. And it's not drained. It's hard work and it's followup. Coronary artery disease is preventable and reversible and vascular disease in a large number of people. But it's not an accident. It's by design. I say young at heart by design.

Mark: Well, you know, Joel, one of the reasons you're my favorite doctor is you walk the walk and talk the talk. So you just showed us your carotid intima-media thickness. I've done my own calcium score two years ago. Thank goodness, it was zero. But we're doing these tests on ourselves. We're doing particle scores on ourselves. We're doing this advanced testing. We don't want to have heart disease. We want to catch it.

So we're making decisions on a day to day basis to take care of ourselves. Like you talk about nutrition. But that's how you live nutrition. That's what I love

about you. You walk the walk and talk the talk, and you're being able to share that as a role model.

I tell a lot of my doctors when I lecture to them, you've got to look the part. And you've got to act the part. Make good decisions. Nobody is perfect. But you've got to be willing to model that behavior if you're teaching people how to be healthier. So I think that's super powerful. And thank you for sharing it.

Mark: I agree. It's very kind of you to say that. You know, you grew up in the culture of nurses, doctors, stress, donuts, doctors' dining room, drug reps, pizza, chicken ribs. I mean it can't be viewed as a logical one. And again, I understand my peers, and I respect my peers. But come on. I mean be concerned if you walk into your doctor's office and there's a bunch of 2 liter coke bottles, and you see donuts out. I mean it doesn't mean leave.

But at least speak up. I mean I'm very vocal about hospital food. You work in the hospital. For your gallbladder, it should be a learning opportunity to say, wow, fruits and vegetables, whole grains, legumes. They don't have any soda pop. They're drinking filtered water. They're talking about clean, healthy products. They brought me some soap without parabens and without SLS and SES. Wow, can you imagine what would happen for all the people that are in a hospital that actually walk out with some lifestyle education? It's not the Wendy's and the Chick-Fil-A I have in my university hospital.

Mark: I remember breakfast they were serving when they got their first meal after their heart bypass surgery was bacon and eggs and toast and a high fat meal. So I didn't really understand that. In my residency, Joel, we did thirty-six hours every three nights for three years. And at lunch time, when the drug rep brought pizza, it was how many pieces you could get down you before your pager went off. And I put on thirty pounds. My blood pressure went up. I was probably mildly depressed.

The training that we're doing is not healthy. And we got twenty minutes of nutrition disguised as scurvy and rickets in med school. But it seems to be changing. Are you seeing that, too, where we're getting healthier resident habits? We're teaching nutrition in med schools?

Joel: The largest med school in the United States is in Detroit, where I am a clinical professor, Wayne State University. In fact, they'll only let me talk about nutrition, and particularly plant based nutrition, in the form of a debate. They're very concerned it has to be balanced. That's fine. I meet good colleagues in the school of nutrition that way. And we have to kind of have

agreement around the Mediterranean diet, lots of fruits and vegetables. Let the message resonate. I'm not there to only promote a single viewpoint. It's increasing.

You know, cardiology fellows, you think about it, get nearly no nutritional education, because it's not on the cardiology boards. So there's absolutely no need to take an hour a year away from teaching about stents or congestive heart failure, end-stage, about to die illnesses. So when the boards--and I don't know when it's going to happen--include lifestyle medicine questions, then training programs will include them.

I want to back up just for a minute. We talked about advanced testing and test, not guess, and how you get these scans. It's all based, unfortunately, on the fact you can do a self exam of your breasts and find a lump. You can't do that for cardiovascular disease through most of its extent. Sadly, as you said, fifty percent of the first sign of cardiovascular disease is being dead on the couch like this lovely woman's brother four weeks ago. And that's women and men. There's really not much difference in terms of frequency of that.

But this is a disease that slowly and progressively builds and builds, with no symptoms. So you women, you're playing tennis. You're working as executives. You're doing Pilates. You're doing barre classes. You're hiking. You're raising families. You're acquiring companies. You're a lawyer. You are probably developing plaque. And it is sadly not safe to assume that I just ran six miles or whatever the end point you're choosing. Feeling good is wonderful. But you may be aging in a way that can be measured, can be quantitated, and the source of it usually identified, and set up a program to reverse it.

So the classic symptoms are tightness, squeezing, pressure, oppressive feeling on exertion, in cold weather, maybe during emotion or sexual activity. It goes away in two to three minutes. That's called angina. We believe women have a range of symptoms a little bit broader than that--sometimes sweating, some exertional nausea, exertional shortness of breath, exertional back pain, exertional palpitations. It's still usually brought on by something that is driving the heart rate and the blood pressure up like physical activity, sexual activity, cold weather, emotional upset.

But you don't want to necessarily wait, because that is the end of the game. And it may be you catch it before the heart attack, and you have to put in a stent. But you want to catch it, as I say, the three week pregnancy, so that you have an opportunity to never be that person fifteen years, ten years down the road, in the emergency room.

Mark: Well you bring up such a great point, that women are different than men. The way they show up with heart disease, with heart disease symptoms, typically isn't the painful crushing on the chest. It can be nausea. It can be heartburn. It can be malaise or fatigue or depression.

Joel: Right.

Mark: In my residency days, Joel, we had a woman who came in for digestive nausea and some vomiting. And her gallbladder looked like it was thickened on ultrasound, so she was scheduled to have her gallbladder taken out. And as we shift rotated our residents, I came on shift. And I said, well you know, women kind of present differently. What's her EKG look like? It had never been done.

It turned out she was admitted two days earlier and had a heart attack. And her heart was going through the evolution of dying essentially for two days. And if they had taken her to surgery, she most likely would not have survived. Interestingly, her cardiologist said, you're now a cardiac cripple, a woman who formerly jogged. Her squeeze function of her heart was damaged. And he just told you, you wouldn't jog. And then there are tricks like CoQ10, carnitine, some of these things to kind of recapture some of the muscle.

What are some of the things beyond nutrition that you use in your clinic, or that you think may be beneficial for women to look at to boost their heart function if they've had a heart problem, or to help protect them?

Joel: Yea. So, I mean, pre heart attack, there are prescription drugs, blood pressure, blood sugar, cholesterol. Some can be used very safely and may be needed.

I will say, there's a philosophy that I ascribe to in cardiology. Let's take statins, like Lipitor, Zocor, Crestor, Livalo; you may have heard of some of these, of course. I will not place somebody on those medicines, whether it's three days a week, five days a week, low dose, high dose, until I know you have disease and I've quantified it. The majority of women receiving a prescription for generic Lipitor have no idea if their arteries are clean or are aging.

And there's a society called the Shape Society, a cardiology preventive society, that says that's just wrong. Step one, get the ultrasound, get the CAT scan, do the labs. If you're a person actually developing atherosclerosis, then that may be reasonable.

But to treat a person with clean, youthful arteries with a prescription drug that blocks an important enzyme pathway, that has been said to be like giving chemotherapy to somebody without cancer. That's a famous quote by a cardiologist last year that engendered a lot of controversy.

So step one, evaluate the need for prescription drugs. They're not always bad, but they are over-prescribed, assuming you have disease. You may not; there are healthy people out there.

Number two, pre heart attack I love natural approaches for blood pressure, cholesterol, and blood sugar control. You use and I use, I like berberine, I like bergamot. These are plant based compounds that have good science. They have multiple pathways that they either interrupt blood sugar metabolism or cholesterol metabolism for the better.

I'm a big fan of pretty much magnesium for everybody. They should be getting them from our food. But even good plants, strong diets, grown in conventional farming are much lower in magnesium. An apple now versus an apple in 1920, they look the same. There's eighty-five percent less magnesium in your spinach, in your apples.

So have some magnesium, whether it's just a simple little powder you buy in the drug store, whether it's a nice chelated magnesium capsule before bed. Whether it's an Epsom salt bath, that will help naturally, if you have any PMS symptoms, migraines, blood pressure complications, blood sugar control. I love people on magnesium. They usually enjoy it, any kind of patients.

I'm a big fan of coenzyme Q10, probably a little bit perimenopausal and beyond. It's a natural antioxidant, energy substrate you're very familiar with. And we make it abundantly until we get into our forties and fifties or we get on a cholesterol medicine. It's a very safe supplement. If you get into your seventies, there's actually a randomized study in Sweden that suggests it may help extend life and have a very solid, scientifically supported anti-aging function when combined with a cofactor called selenium.

I can usually really help a person with migraines, blood pressure, palpitations, fatigue by using magnesium and coenzyme Q10. I'm going to know the vitamin D level and replace it, usually, if low. I check omega-3. It's a very hard nutrient in my clinic to really see in people, whether they're plant eaters, where omega-3 is coming from flax, chia, hemp, walnuts, greens; whether they're omnivores or they're eating fish four to five times a week. Their blood level of omega-3 might be great. But they might have mercury in their blood.

Unfortunately in the world we live in, my meat eaters have very low omega-3 levels. It's so important for brain health, for cholesterol, for blood sugar. So I will measure in very often. I'm not giving out omega-3 to all we've had. The pendulum swings back and forth. There's fish based omega-3. There are LG based capsules omega-3 now that are very clean and getting more and more potent. We've had some reminders recently that there is a role for proper supplementation in getting levels of omega-3 up.

You know, after an event where you really suffered after a heart attack, there's a whole protocol to try and strengthen the heart. I don't know how much, Mark, you use. I use actually a lot of maca, a South American root vegetable that has some cortisol and sexual hormone balancing impact, that I'm seeing my men's testosterone go up. And symptoms and hormones in women seemingly respond favorably, and some drop in cholesterol without having to reach for the prescription pad. So those are probably the mainstays of what I do. But there are all other kinds of options to think about.

Mark: Well, you mentioned maca. And that brings up a great point, as do the omegas. One of my pro athletes came in a couple of years ago, and he said, Dr. Mark, I can't take that fish oil, because my girlfriend can taste it when we kiss. And I said, well show it to me. And it was a big box store brand. He held it out as he opened it, because he didn't want to smell it. It was rancid when he bought it.

And I said, my gosh, you make twenty million dollars a year and you're buying wholesale warehoused rancid fish oil. So I gave him a high quality. He called me a couple of days later and said, she doesn't even know I'm taking it. So quality really is king when you talk about these supplements and all the toxic additives. Fish oil might be the biggest culprit in low quality supplements.

And things like maca, these really unique supplements, you've really got to find a good source for them. So all maca is not the same. All CoQ10 is not the same. All omega-3 is not the same. So, Joel, can I ask you; I'm sure you get asked this a lot. What kind of fat should I eat? Fat has been supported. It's been berated. There are so many different kinds. How do you make it easy for your clients to walk away with actionable information on that?

Joel: So I often get pigeon-holed as a low fat advocate. I personally eat a completely plant diet. And if you eat a completely plant diet, it is often naturally low in fat, unless you're adding oils, sweet potatoes. They all have a percentage of their calories that are from a fat source, but it's going to be naturally low.

The island of Okinawa, which is in the Japanese chain, is very famous for having the greatest longevity on the planet, the greatest health into their eighties, nineties, and even beyond one-hundred. And their diet is less than ten percent calories that come from fat, because they're eating sweet potatoes and they're eating root vegetables. And three or four percent of their diet naturally comes from animals, fish particularly, because it's an island.

So you can exist. And there are communities, Loma Linda, California, that have exceptional health and relatively low percentage of calories from fat. So it's not necessarily a harmful or unnatural way to live. We have those communities.

But you can also have a percent high. The most poignant example, and then I'll give some specifics, is in about 1970, the country of Finland had the highest heart attack rate in the Western world. Forty-two-year-old men, lumberjacks, out there working hard, dropping dead of a heart attack. It was actually a major economic drain on the country of Finland. Forty percent of the calories eaten by an average Fin in that time period were of fat calories, forty percent.

The island of Crete in the Greek chain had the lowest heart attack rate in the Mediterranean basin. Forty percent of calories in Crete in 1970 were from fat. So obviously just the gross term fat can't define your risk for stroke and heart attack. The difference was Finland was rich in cheese and salami and butter on a sandwich. And most of the calories from fat in Crete were from very fresh home grown olive oil. And one is a plant based source, and one is animal based source.

So there's quite a distinction now to legitimately talk in the science world about fats that derive from plants, which could be avocados and nuts and oils from those products, and plants that derive from animal sources. And I think the divergence, in a paper earlier this year, they gave a fancy word, monounsaturated fats.

When coming from animal sources, which surprisingly there are a lot omega-9 in meats, they actually were associated with a higher risk of mortality during a twenty-year period at the Harvard School of Public Health. And people that ate monounsaturated fats, olives, nuts, olive oil, had a lower risk of mortality during that period. So we're getting wise. And the idea that all people need to eat low fat has really never been the official recommendation. The government allows in their recommendations a tolerance for fat. A single exception is my field.

People come to me, “Doc, I had a cath in Ann Arbor, Michigan. I'm ninety percent blocked. They want to do bypass. They want to do stents. I feel great. I've read the books. I've seen the reports overnight. I want to try and avoid these procedures. Is there a diet and a program?”

And really, the data bases from Dr. Dean Ornish and Dr. Caldwell Esselstyn and Dr. Joel Furman say this. Actually Dr. Furman is a bit of an outlier, because you will have a bit of a higher fat percentage right after you follow his program. But you may be able to stop and actually reverse serious plaque by adopting this Okinawan diet, a diet that's naturally very low in the percentage of calories derived from fat.

Certainly skip the butter, the cheese, the salami. But also skip the oils. Eat beans, eat peas, eat lentils, eat salads, eat whole grains, eat fruits. And create a beautiful and very tasty kind of tasty gourmet way to live. And you'll actually have a very high change of improving and seeing stress tests improve, I mean a wonderful life without surgery. So I have dozens of patients who do choose to eat a no added oil, naturally very low fat diet.

But as far as specific therapeutic benefit, I was at an Italian restaurant last night having a gourmet plant diet. I know where their olive oil is from. I know the city in Italy it's from. I know the owner. That was a rare exception. There was oil being splattered all over. But I mean I was going to enjoy that. That was unusual. But it's certainly compatible with a healthy lifestyle.

Mark: So it's not just what it is. It's where it's from and it's the quality of it that you're really eating and finding a balance. Joel, I've got to ask you, because I know so many people ask you about diets. They come in and say, Dr. Kahn, what diet should I eat? What about the fat, the intermittent fasting diet, the ketogenic diet? How do you engage with people? Where do you like to steer them when they try to get you to prescribe a diet for them?

Joel: So I mean I would encourage anybody to go to a website that probably you've never heard of. I am actually, despite being on the web and debating and to some extent fighting a bit, there's a tradition of Dr. Ornish debating Dr. Atkins, and Dr. Ornish debating Mr. Gary Taubes.

Mark: I think it's very healthy, Joel. It's a discussion. It's good for all of us.

Joel: I was involved in one last week that several million people viewed. But at the end of the day we have to provide some consensus. But there is an

organization called truehealthiniative.org, with more than four-hundred professors and doctors and scientists from every spectrum of the dietary approach all over the world.

And they have a pledge. And the pledge says, we are going to be plant predominant; close to nature, meaning unprocessed; locally sourced, meaning as much as you can not having your broccoli shipped from three-thousand miles away; drinking predominantly water. Those are the four pedestals. That's plant predominant--that leaves a percentage of your choice of protein. Mine are beans, and yours could be otherwise. And that's locally sourced, close to nature, unprocessed and predominantly water. I'm good with that.

Harvard School of Public Health has a food plate. Anybody that wants to Google: 2011 Harvard School Public Health Food Plate. I'm very happy with the wording and the discussion. And milk went away. There's water. There is olive oil there. But again, choose very high quality.

I'll just wrap up with what you were asking me about. You know, people find that boring. How often can you tell people eat your fruits and vegetables? There has to be something new to sell a book or make a headline or click bait news. Right now it's the keto diet. Five years ago it was the paleo diet.

Ketogenic is this idea that you drop your carbs down to the minimum. You drive your fats up. Some people drive fat and protein up, which may be a particularly dangerous approach to it. You're adding meats and butter and oils all over. So there may be eighty percent of the calories you eat are derived from fat sources, usually animal based fat sources.

And you will activate in an Atkins diet like ways some water loss, losing your glycogen. You will see some weight come off. You'll fit in your dress for a wedding a little bit easier. You might get a little mental clarity out of it by shifting some of your fuel straight from glucose over to ketone bodies.

But what I object to is I have friends who tell me, I'm keto four years. I've been keto three and half years. I don't know if they are or not. You can buy little test strips at the drug store and actually see if you're producing these reserve fuels called ketone bodies.

But there are eight or nine scientific studies that say there's a significant price you might pay for that. These studies say that actually the mortality of a group saying I eat a low carb diet is increased over those who say I enjoy whole grains and legumes and beans and peas and lentils. So I mean

mortality is a pretty bad outcome for fitting in a dress. Do it for a week. Do it for five days.

There is now a growing interest in the research world in so called plant based ketogenic diet. You can do this with big plates of arugula and lupini beans. Lupini beans, you can buy them on the web. They are low carb, tasty little beans. I have a whole bunch in my drawer here in my office I eat. They're delicious with avo oil or olive oil or such. You can do this.

There's a program out of the University of Southern California. You're familiar with the fasting mimicking diet. It's five days of a low carb, low calorie, ketogenic play. It's all plant based. It's probably got more research than any other ketogenic diet. But at the end of five days, you go back to a healthy diet. And you periodically stress your body, come back and recover, and stress your body. Remarkable scientific study.

Many, many of my patients have broken through the wall of not losing weight or not bringing their blood pressure down or not controlling the urges. And you know, living on eight-hundred calories a day, out of the University of Southern California fasting mimicking diet has really enlightened them to get control and enjoy the benefits, actually physiologically anti-aging themselves with food.

Mark: You know, Joel, you talked about our nutrient depleted soils. How do you see toxicity in heart disease playing out? And is that becoming a bigger concern for you with our toxic foods or toxic medicines or toxic soil, toxic water?

Joel: Yea, its' actually a fascinating topic, very relevant like right now. So you're aware, I'm aware, there are shreds of data about heavy metals. So, you know, there's no role for health to have mercury in your body. No role to have lead in your body. They're never healthy. We're all exposed, maybe more so when it was lead paint and lead gasoline. But it's still all over the place, because we've got these pipes bringing water to our house or our business.

In Detroit, Michigan right now, the pipes bringing water to public schools are so laden with flakes of lead coming off of old pipes, they've had to turn off every single drinking fountain in Detroit public schools in the last couple of months. So we are exposed. And these are easily measures in urine or hair or blood tests.

In the last maybe six months, there was a massive study reported that up to—

this is an amazing number--two-hundred thousand cardiovascular deaths a year in the United States are related to lead exposure. There was a big massive study of lead levels and cardiac disease and how lead may raise blood pressure. Even subtle increases in blood pressure over time can damage arteries, increase risk of stroke and heart attack. Lead may raise cholesterol and be a factor in why, despite some good effort, cholesterol is still up.

And even in the past month, there's been a second study relating to exposure. This was cadmium, arsenic, mercury, and lead, a little broader profile of heavy metal exposure. You might get arsenic from rice, arsenic from chicken, arsenic in glyphosate from some of the cheaper wines and drinks.

I'm very, very picky about where I get my wine. If they are spraying pesticide all over it, it's no different than buying a poor quality piece of fruit or piece of meat in the market. We don't think a lot about it. Wine is the one food that's completely unregulated by our FDA. There's no need to label it, you know, and all. And it's kind of concerning. So I drink European wine exclusively, because they are tighter about pesticides and use of Roundup on farming.

So that's one area of toxicity that hasn't yet infiltrated into practice. I mean most cardiologists aren't checking and aren't discussing it. But the data base is very strong.

And you get into what we call--you've got an audience of women--the endocrine disrupting chemicals. Whether your facial lotions and your shampoos and your toothpastes and your cleaning agents are from more organic and free of these additives or not, because they'll be in your body. And fertility issues are more and more being included and weight issues, diabetic issues.

Real science, really making mainstream. I just checked my urine glyphosate level because there was a little research study. I could send the samples later. We all have a little. You can't run from Roundup. But I had a really low dose. I try to eat organic. My restaurants are organic, which is where I do a lot of my eating.

Yea, so I think the environment, and the big one, and this is the toughest one. Water quality is clearly an issue. And I would encourage people to think about some sort of either desktop or whole house reverse osmosis or filter system.

Actually air pollution has come on, and that's the tough one. What are you going to do, because you've got to breathe? You can control in your house

maybe with a home air filter and such. But air pollution and mental health, cardiovascular health, weight issues, is scientifically a booming data base.

How do you respond and counsel your patients? I mean don't go jogging next to an eighteen-wheeler would be a good piece of advice. Maybe don't go outside and exercise on a smog day in Los Angeles if you live in LA or the valley. Like they had eighty days in a row of smog alert. You know, it kind of dampens your lifestyle. But if you're going to do those things, at least have the rest of your life very clean, very organic, sweat, use infrared saunas, hydrate, take chlorella, eat arugula, eat cilantro. Take some measures that are reasonable and may be quite protective.

Mark: Boy, those are all good life lessons, life measures. That's why I live in this place behind me and raise my kids here, because it's not that concern. But it is everywhere. When I got certified in anti-aging twenty years ago, we were talking about mercury and arsenic and lead and cardiovascular risks. So it's great that it's really coming to the forefront. And Joe Pizzorno it may be related to type 2 diabetes.

So Joel, I love that you're on the forefront, that you're walking the walk, you're talking the talk. You're serving the food, you're eating the food, drinking the good wine, fighting the good fight. You're one of my personal heroes of medicine. I so appreciate you being here today. And thank you so very much.

Joel: Wow, so kind of you! And listen, I mean really what I want everybody today is to actually put this into action. You know, find a book, a website, where you can find out about where CIMT is done in your community, where you can get a heart CT scan, where you can get advanced cholesterol and hormonal and inflammation labs. You know, get it done. Get it done before the end of this month. And find a practitioner like Dr. Mark in your community that can help you put together a plan.

You know, there's that statement you know, Mark, a person with health has a thousand dreams. A person with poor health has only one dream. And life when you feel good and you have all these dreams is a great place to live. So I would have you join me and Dr. Mark right in that sweet spot of life.
Mark: Great. Well thank you so very much, Dr. Joel Kahn. And Joel, if people want to learn more about you and your message, how can they find you? How can they connect with you?

Joel: Yea, Dr. Google will find me. I'm all over the place. But I do have a website, drjoelkahn.com. That takes you all over the place. But I'm on Twitter.

I'm on Instagram. I'm on Facebook every day, and I'm pretty active.

Mark: Fantastic. Thank you again, Dr. Joel Kahn.

Joel: Thank you.