

Dr. Joel Kahn - Vegan Health as Contrarian: Exploring the Roots of Our Current Predicament

Dr. Will Tuttle:

This is Dr. Will Tuttle, your host for the worldwide vegan summit for truth and freedom. We now have the precious opportunity to learn from the deep experience and the inspiring example of Dr. Joel Kahn MD. Dr. Kahn is a practicing cardiologist and clinical professor of medicine at Wayne State University School of Medicine. Known as America's heart healthy doc, Dr. Kahn has tripled board certification in internal medicine, cardiovascular medicine, and interventional cardiology. He was the first physician in the world to be certified in metabolic cardiology, and he has founded the Kahn's Center for Cardiac Longevity and has authored scores of publications in his field, including articles, book chapters and monographs. He writes health articles and has also authored six books. Dr. Kahn has regular appearances on Dr. Phil, The Doctors show, Dr. Oz, Larry King Now, and The Joe Rogan experience. He has received the health hero award and serves as medical director of the largest plant-based support group in the United States.

We are delighted to have Dr. Kahn with us here on the summit for truth and freedom as one of the biggest names in the vegan field in nutrition. Dr. Kahn has a huge amount of experience, and he's also standing up for health freedom as well. We're delighted to have you with us, Dr. Kahn. I'd like to just go ahead and start. The first question I would like to pose—and you have quite a background in heart health, and I think that's probably what led you early on to start questioning the basic nutrition in the United States and in the world—can you tell us a little bit about how you got into being a vegan, and what you learned about the medical establishment, and the government, and so forth, when you did that?

Dr. Joel Kahn:

Sure. And just in case anybody's watching this and turn it to the video I'm on a walking treadmill desk. So even 1.2, 1.5 miles an hour gives you a little extra step per day. And I do practice what I preach pretty much uniformly. There is more than one plant-based doctor that uses a treadmill desk! I have a very short story. I grew up with a murmur, a little noise that worried my parents a lot that I had heart disease. I started seeing a pediatric cardiologist. Everything turned out fine and I never needed anything, but I got very interested in cardiology very early in life. I grew up in a home that we kept kosher, meaning no pork, no cheeseburgers. And at age 18, I was actually accepted into the University of Michigan School of Medicine. A little bit early, had a special program that 50 of us got into.

And the first day in the dormitory in Ann Arbor, Michigan, 1977, I had to make a decision. There was beef, there was pork, there were hamburgers and there was a salad bar. I started eating out of the salad bar and actually 45 years ago. I've never changed that choice. I have been fully plant-based for 45 years, and I'm very grateful as I approach my 63rd birthday. I'm in my early sixties, but almost 63, no medicines, very, very lucky to feel good every day. And I credit that predominantly to be eating a whole food plant-based for all those years. And it caused me to have strange experiences. How do you go to medical conferences? How do you train in Dallas, Texas, a barbecue city? How do you train in Kansas City, barbecue city? How do you go with

your chief of medicine to national meetings where they're all eating prime rib and not eating peas and carrots because we're talking a long time ago? And I just... It's like being in the fire, being in the furnace, it makes you a harder metal.

I'm tougher than many because I've been through the questions. Why are you eating that? Why you make that choice? And some of this was pre-Ornish, not pre-Pritikin, but pre-Ornish, pre-Esselstyn, interesting stuff. As soon as the stuff came out from Ornish and Esselstyn and I became a little bit more enlightened, I knew I had something really great to share with patients. I've been eating this way for five years, seven years, 10 years, but that was really the path. And it schooled me to ask questions. It schooled me to be a little different, a little contrarian, a little tougher, and to stick with what I believed then. And that has served me well in the last 18, 19 months that we're in a very, very unusual time where asking questions should be the language of all medical doctors and other healthcare practitioners. But it seems dangerous and almost contrarian to ask questions, as if we have the line of a bit robotic. So, I'm very grateful for the training that plant-based eating at a very early phase in life because I didn't grow up in a vegan family.

I grew up in a very traditional suburban Detroit family, but it gave me many gifts, health, and resilience. And the ability just to ask the question "Why?" Very simple question.

Dr. Will Tuttle:

Great! So, you started asking the question "Why?" before even the vegan wave came into the medical community, through the people you're talking about, the vegan doctors like Esselstyn, and Greger, and Ornish, and so forth. And you were able to advocate for this for your patients. And also, I know you're well known in the lecture world and my wife Madeline, you're one of her favorite speakers. And I think it's great actually, what you've been doing and saying. You just alluded to the fact that vegans should be asking questions and we do ask questions and we question the official narrative. I've also been a vegan for over 40 years and know that what you're talking about, this long-term-

Dr. Joel Kahn:

You and I were eating baked potatoes at Wendy's-

Dr. Will Tuttle:

Right. I remember.

Dr. Joel Kahn:

The only place on the road to get food, right?

Dr. Will Tuttle:

I remember making soy milk with powder and all that stuff way back there with Loma Linda franks. But anyway, so how is it, do you think, that so many people in our movement continue to knuckle under so easily to the industry which is the pharmaceutical-medical industry, which we have learned to question, as well as the USDA and the FDA. We've learned to question those governmental agencies when they say, "You have to eat this, and this is healthy, and do this, and

don't do that." We've learned to question that quite a bit. What are your thoughts on that just in general?

Dr. Joel Kahn:

I would say, so much of what I've done over, I did in medical practice over 30 years, and training over 40 years. So much of it is questioning and is debate. We were taught in medical school, 50% of everything you learned in medical school is wrong, we just don't know which 50% so ask questions. And I fortunately had mentors that were open asking questions that I had some mentors quite contrarian in their view and that helped shape me and form me. So how can you be a vegan long-term and not question the USDA and subsidies for food that clearly causes disease. And we're reducing the cost yet we're paying on the backend, which is the diabetes, and cancer, and heart disease, and obesity, and sleep apnea. How can you not question that? I've debated so many times. It could be straight cardiology debate, balloon versus stents, then versus bypass, medical treatment versus intervention in my field, fancy words, natural treatment of cholesterol versus prescription treatment cholesterol.

And even if we get just the veganism, debating the environmental impact, all these questions have been debated and debate. I give credit and a shout out to Dean Ornish who was debating these things on 60 minutes when I was just a kid, not quite in diapers but I was in my high school and early college years debating this vigorously with Dr. Atkins. We debate, but something happened 18 months ago where discussion, debate or analysis seemed to just wither. And it withered with most of my vegan MD, DO, PhD healthcare professional colleagues. And I think a lot of it is the intrusion of big tech, big media to have a uniform message. This is not unplanned; this is not a conspiracy. Everybody go google Trusted News Initiative, T-N-I, which was agreed upon late 2020 if I remember the date.

We are not going to represent injections, or jabs, or therapy engagements with anything other than a positive spin. And believe me, I've had every one of those jabs you're supposed to get as a human, as a physician, I've lined up for my flu vaccine and I've had them all. I mean, I've always had an opinion that science, for things like health prevention and I mean, I'm a preventive cardiologist. Although, I started as a stent interventional cardiologists, I'm a preventive cardiologist. I love prevention. Let's prevent all the diseases we can, but something happened with the media. And I don't know why so many of my colleagues and I'm not calling them out and I'm not being rude, but sort of did not ask the question, "Is it really true news when you see it at CNN, MSNBC, AMA, American Heart Association?" Go on and on and on.

You read it in the new England journal medicine, you read it in *The Lancet*. Is it real? Is there financial conflict? Is there board directorship conflict? I mean, we are vegans. We believe in natural health. We believe that maybe you can get off prescription drugs or reduce prescription drugs with natural health, focused on whole food plant-based diets and optimal weight. And as I'm doing right now, some fitness, and sleep, and stress management. Again, Dr. Ornish's kind of core four principles that led to the lifestyle heart trial and the lifestyle medicine trials. These are what we grew up on and somehow since early 2020, natural health has gone out the window and we're just like drones, or sheep, or robots following CDC, NIH, and FDA without asking the question, "Can we do better?"

I'll point out more than anything those colleagues of mine that might have a patient call them and say, "Hey, I lost my smell. I lost my taste. I got a fever. I'm coughing. I'm a bit winded. I'm achy." Obviously, the current pandemic virus and symptoms that are most common. And you go

to the CDC website and I went two days ago. What did they talk about for preventative care? Oxygen, and intubation, and ventilation that's what talk about. I mean, why not question this when we've questioned the standard American diet. We've questioned subsidies in the USDA. We questioned the dairy industry; we've questioned the Atkins diet. We question all the time, we're contrarian by nature. I've just chosen to keep on fighting, but there's risk, there's risk right now for medical authorities that speak up and you have to actually ask yourself once become enlightened to the fact that what we're reading in the New York Times and the AMA and journals, and online may not be actually honest. May not be without bias and influence.

Trusted News Initiative: please study that! It's a very macabre influence on the minds, the mass psychology. I think there's mass influence on our thinking. Repetition is the mother of education. I mean, I'm on Twitter, I'm on Instagram, I'm on Facebook, I'm on LinkedIn and other sites like Telegram. You know, the influence over and over and over is one message. It's not about early prevention. It's not about health prevention. It's not about nutrient prevention. It's about a single jab. And one has to question, why not a jab plus nutrition, a jab plus fitness, a jab plus sleep, a jab plus vitamin, or maybe you have a personal choice, you don't want to get jabbed, just do all the other things. So, all these things play into my current disenfranchisement from much of the vegan medical community. They don't want me around.

And my number of interviews like this has gone down a lot, as well as a lot of Hollywood TV appearances have gone down a lot, but you have to ask yourself, as you have done, doc, what are you here for? What's your message? What's your core beliefs? What risk are you willing to take? I'm still evolving in that, but I'm not willing to just shut down my mind and my voice. And we owe it to our patients because they need treatment. I mean, if nothing else, they need treatment and they need guidance and needing to know that they can protect themselves. Whether they're jabbed, or not jabbed, doesn't really matter. They need to know that we care and we can help them. And I have taught myself how to help them. And it's been one of the most gratifying extensions to my cardiology practice is learning how to deal with this horrible, horrible thing that's going through the world.

Dr. Will Tuttle:

Right. That's so interesting. What you're saying is that as a doctor and as doctors in general, your responsibility is to do the best you can to treat your patients effectively. And I'd like to ask you, so what do you think about the current recommendations coming from the CDC, NIH and so forth to deal with this effectively? Do you think that those are effective things or, I mean, you've already talked about the fact that there's a very spooky kind of absence of anything about getting sunshine, fresh air, exercise, healthy food, healthy relationships? Now, the things that we know are the most important things for being healthy, none of that's being talked about, but what are they offering and is that effective?

Dr. Joel Kahn:

Right, so I'll just give you an example. I see a patient in my clinic in Detroit that has a high cholesterol. Okay. Most cardiologists and most doctors, here's your prescription for Lipitor, Crestor, etc. I might talk to them about diet, weight loss, sleep therapy, stress management, yoga, natural substances like bergamot, berberine, and others, and reassess in a couple of months, unless they're really in critical shape. That's just the nature of what my plant-based background and my preventative cardiology background has taught me. But what are we actually offering

patients right now that are short of breath, losing their smell, losing their taste, whether they've been jabbed or not jabbed, because believe me, I can tell you firsthand, there's a lot of people that are fully jabbed and they are losing their smell, losing their taste, having fevers, getting short of breath, and they've got that virus going on.

So, the official recommendations are none, other than monoclonal antibodies to the highest risk group, And I'm glad they're available. And I refer to them if you're over 65, you're obese, you're diabetic, you've got a PCR positive test. Yes, we have Regeneron and other choices for monoclonal antibody. But beyond that, there's no official recommendation. Maybe buy an oximeter. And when your oxygen level falls, go to the emergency room. It's crazy; there are certain outpatient treatments you can't do as an inpatient. You can't give monoclonal antibodies, according to the research studies, for an inpatient. You can't give monoclonal antibodies if you're on oxygen like Regeneron. So, on an inpatient side, the therapeutic choices in the standard medical model are even more limited. What if we actually try to treat people in the first 24 hours, 48 hours, 72 hours, knowing we don't know everything? We don't know every therapeutic choice, but there are now published protocols.

Something called the Zelenko Protocol that came out in early 2020. The McCulloch Protocol, a cardiologist who actually trained in suburban Detroit. He's now in Dallas, they came out throughout 2020. The FLCCC Protocol that came out in early 2020, and then it's been updated regularly. All these are online. What have you tried? Why wouldn't you try and help your patient? Beyond saying, "Get an oximeter and call me if you get worse." What if you just added an aspirin a day? Because this is a highly blood-clotting thrombotic illness, and there's so much more to do. So I blame on many layers -- is it our CDC, NIH, FDA, White House that failed to initiate—both the prior administration and this administration—education and training for healthcare providers, outpatient clinics that could handle the volume. I mean, those of us that are willing to treat a patient that calls are such a small minority, were overwhelmed.

I just want to treat and eliminate blood pressure problems and cholesterol problems. I want to be a heart disease reversal expert, but there's people that need help and I just don't know how to be a doctor and say no to them. So, it's a whole difficult and challenging situation.

Monoclonal antibodies are awesome. Be sure to grab on to them if you qualify. But I'll just point out if anybody's listening. There's a website, AAPSONline.org, American Association of Physicians and Surgeons online.org, a great protocol to look at. It's all backed by peer-reviewed public literature. There's one called flccc.net. The Frontline Critical Care Coalition.net. Great protocols to look at, by some of the leading academic critical care doctors in United States and all these things have been downloaded millions of times. They're really helping so many people, but it's a time you've got to rely on your own education and maybe not necessarily your family doc, which is kind of disturbing and disappointing that they may not know as much as you studied on your own.

I'll just also give a shout out. There's a wonderful primary care doctor in New York, Vladimir Zelenko. His website is www.vladimirzelenkomd.com. Beautiful published protocols. May be the first doctor in the United States that really took on treating very sick people as an outpatient. At about 85% protective from them being admitted to hospitals and he continued as he treated six, seven thousand patients with a protocol that you could bring it to your doctor and say, "Hey, can you please write for me the Zelenko Protocol, the McCulloch Protocol, the FLCCC Protocol," and get something going.

One last statement, this strange virus is not treated with one thing. It's not, I've got strep, I took an Amoxicillin. This takes consideration of clotting, at least aspirin, consideration of inflammation, sometimes steroid, sometimes vitamins, sometimes other drugs, takes consideration that it's a virus, things that kill viruses.

And one of the most simple things your listeners can start doing is start gargling and taking care of your nose. It could be old fashioned Listerine, could be buying a bottle of betadine at the drug store. It could be buying a bottle of hydrogen peroxide at the drugstore, diluting the hydrogen peroxide and the betadine down quite a bit, maybe a five to one and gargling and spit it out. Whether it's betadine, iodine or hydrogen peroxide, and actually take a Q-tip of the betadine diluted or the hydrogen peroxide diluted through the nasal passage ways. That's where the virus is before you get sick. Or if you start to get sick, you're loaded with virus in your nose and your mouth. And these simple, simple procedures.

We used to wear gloves to pump our gas. Well, it's not on our hands generally, but it's right there. So a neti pot with saline, all these things have been studied and are important and simple regimens. And when I talk to a patient, I have to remember aspirin a day, betadine, gargle and spit. You can even go to some of the online sellers now are monopolizing on it by betadine mouthwash. They didn't have those a year ago. They're looking for a free market to make a few dollars. I welcome it. They're not very expensive. And there are some betadine nasal sprays that are out there. So, these are very helpful, simple things anybody can adopt: children, elderly, all of us. And when I'm out in the public, I guarantee you I've sprayed my nose with betadine; it's one more layer of protection.

Dr. Will Tuttle:

Thanks for all that information, and mentioning the Zelenko Protocol and the McCulloch Protocol that you mentioned. The other ones that I think a lot of people probably are not aware of. You don't find out about that through typical avenues, but these people have had tremendous, and many others actually have had, tremendous success. And I wonder if some of the people within the vegan community who are, I think, are pretty savvy, have been talking about the fact that we know that there's quite a bit of corruption within the system? I mean, medical, pharmaceutical, and governmental agencies, and media that have colluded for years to pressure the population to eat a basically unhealthy diet. You don't make a lot of money on very healthy people who are happy. You make a lot of money when people are unhealthy and are not very happy. That's where the money is.

And so do you think there's some of that going on behind the scenes, perhaps that just the terrible difficulties that people are going through with this? And the unusual response from the media, from the government, and from the AMA. This is unprecedented to have doctors have their hands tied, to be afraid to actually speak up, to do anything, censoring people, throwing people out of the profession and so forth if they cross the line. This is really unusual. And I was wondering if you have any thoughts about why this might be happening or just what's going on here.

Dr. Joel Kahn:

Yeah - so many levels to unpack in the wisdom you just shared. I mean, traditionally, I have been... I'm admitting I've been a speaker at times at pharmaceutical companies. I practice at times with prescription medication. It depends on the severity of disease, and the options, and the

patient's willingness. If they won't go whole food plant-based and their cholesterol is 300 and they've got a heart attack, I've got to pull out some other weapon, but that education has come from doctors being invited to steak houses. And in the past, it used to be with your spouse at Broadway shows. That stuff doesn't happen as much; the dinner invitation still lives. I turned down a cholesterol education dinner last week at a steak house. I mean, it just didn't interest me. And I could read on my own and be much more efficient, but that is the nature of the industry.

Is there a betadine dinner at a steakhouse? Or a hydrogen peroxide, or a vitamin D, or a zinc, or a whole food plant-based? We do not have it, as far as I know. At least two published scientific studies show that people that follow a whole food plant-based nutrition seem to be at lower risk for developing this virus. And that's very promising, and we all kind of sought it at the beginning, like colleague Dr. Kim Williams mentioned it early in 2020. Maybe I haven't heard of any of my colleagues that are whole food plant-based that had severe COVID. And I would agree with that I haven't. I had COVID, it was very mild in late 2020, probably a gift from a patient in my clinic. And fortunately, my wife and I rode that out very simply. Not everybody can say that, but that's the immunity that it gave me. I'm very grateful for it in retrospect.

There is no system to educate doctors, unless they're interested and curious, but again, I think they're being bombarded. I'm not angry at my colleagues. Many in the vegan community—MDs, DOs, PhDs—have shunned me completely because I have spoken out, questioning. Just the question, "Why?" There is a non-vegan doctor, Dr. Mark Hyman, who used to talk about the medicine of "Why?" -- "Why are you overweight? Why do you have hypothyroidism? Why do you have obesity?" All kinds of it. We shouldn't have lost that. Why are we not hearing about early treatment? Why are we not hearing about fitness, nutrition, weight loss, sleep apnea, therapy, stress management? I mean, my God, the lockdown, the implications, and the degradation of family health, and children's health, psychological health. It's enormous. Some reports have said that childhood IQ has actually dropped in the last 18 months because of the nature of wearing masks and the nature of having homeschooling versus the normal situation.

All these things, we should be asking, "Why, why, why?" It should be a free society, and you're right. I think you mentioned there's risk. We had the American Medical Association and another association about four weeks ago pointing out that doctors who speak out could be at risk for being considered to be misinforming. I actually think those that don't speak out are misinforming. That's obviously my own views, and they are at risk potentially from their state boards for being investigated. I mean, one of the most expensive and horrendous situations that could develop because many of us care so much about our patients, but it does take a state licensure to care for our patients. So, it's dangerous times. I think it's very similar to McCarthyism in the 50s, where there was again, mass psychology and a buy-in and immediate buy-in with one story only. It's never one story only.

There are always multiple stories, but our government has chosen that we've got one story on this pandemic and we're suffering from it because people are being denied early therapy. Some have estimated - Dr. Zelenko - that 85% of the deaths could have been prevented with early, early care that he outlined very early in 2020. To his credit, he has been nominated for a Nobel prize in medicine. He's not probably going to win it because he has very contrarian views. And even the Nobel prize seems to be influenced by pharmaceutical dollars.

Money rules and the last thing I'd say, is that one still questions: is it more than money? And I don't want to go too deep into that, but you know, clearly Pfizer is going to make a bundle, and Moderna is going to make a bundle, and the NIH owns part of Moderna's patents, so they're

going to make the bundle. That's our government. But is it just that when you look at Australia firing rubber bullets at people, when they don't have hardly any cases of COVID in Melbourne? It's as if the world has gone crazy, and who's the puppet master?

And I don't know. I just like to see all my patients that are scheduled in the office this week and take good care of them, but it's still bothers me sometimes. Who's pulling the strings behind all this? Because maybe it's just money; that's bad, but maybe it's more than money. In some sort of bigger global picture, that worries me quite a bit. I have children, and soon to be a grandchild, and I want the world to be good for them just like you do.

Dr. Will Tuttle:

Wow, this has been such an interesting conversation. And I really admire your forthrightness and your willingness to entertain contrarian views. That's what veganism is... The spirit of veganism is contrarian, that's the whole point, and questioning things. So, it's just gotten more risky. And yet it's probably, as you say, the stakes are higher than ever. Can you just tell me maybe at the very end here, if there's any final words that you'd like to share with our listeners about the situation, anything that you can offer, perhaps? You've already given some good tips, so that's great. You've already questioned, and we all question, I guess, what's really going on behind things here. Is it just money, or is it more than that, but are there any final words you'd like to share and also perhaps give us your website, how people can get in touch with you and follow your work; that would be great too.

Dr. Joel Kahn:

Can I just say very simply number one, I'm not anti-jab in the global sense. As I progressed through my childhood and adulthood and medical practice, I've always lined up, get my appropriate medical therapy, whatever it was, my children the same, my wife's the same. This is a whole different era of what we're putting in people now, and experimental biological agents that I express have *not* been approved by the FDA completely, including Pfizer, Moderna and Johnson & Johnson. They have not been given full approval. They can talk about it if they want, but they've not. The media totally distorted that story. Number two, as in many other illnesses—blood pressure, diabetes, heart disease, cancer—lifestyle isn't the only factor. It's an enormous factor. So keep on eating. Well, keep on exercising, getting sleep, manage your stress, stay positive, but also thirdly, ask "Why?" Read, read outside the norm.

Of course, if you're probably participating in this symposium, you probably already are there. And fourth, take some precautions. I mean, even a vegan can be deficient in some micronutrients. So be sure there's D either in your diet or in your supplements, zinc, vitamin C, which we do great on vitamin C with all our greens. Many of us haven't heard of Quercetin before. You can eat a lot of apples, garlic, onion, and berries, but you might want to look up the data on Quercetin, and I'll throw another one out: black cumin seeds. You might say "Oh my God! The guy's lost his brain." There's actually serious science about adding black cumin seeds, nigella sativa, to the diet, and they're having an anti-viral effect. And I assure you, anybody goes to look at peer reviewed literature, you'll see that in the last 18 months, it's just odd stuff.

The kind of stuff we eat has been very helpful and therapeutic and get enough of Omega 3: chia, flax, hemp, walnuts, leafy greens, chlorella, spirulina. Omega 3 is very important and in many of my vegans are low, because you can check - a blood test.

Stay on focus, stay on track, ask why, and be proud of this kind of contrarian, questioning view that you've had for 40-plus years, I've had. It's going to save us from this mass-think that we're going through now. It's very, very dangerous and sadly reminds me of my ancestors who went through horrible times in Europe, in the 30s and 40s, when there was really a mass group think that didn't make sense in retrospect, that seemed to make sense at the time. This doesn't make sense right now. So, fight back!

Dr. Will Tuttle:

Great. I really appreciate that. So, what is your website, please let us know, if you like.

Dr. Joel Kahn:

Yeah, I'm a real, live doctor. I have all week patients, all the time, but www.drjoelkahn.com and I blog, and I podcast, and I post all over the place: Instagram, LinkedIn, Facebook, Twitter. It's very easy but if you go to that website, there's connection to everything. And I'm in suburban Detroit, but the world's one digital connection away.

Dr. Will Tuttle:

Thank you very much, Dr. Kahn. This has been really interesting, and there's a lot of food for thought, and we really appreciate your example. And the efforts you're making to help people, as you say, "Question the authorities and don't go along with something in these dangerous times that's not in your best interest."

Dr. Joel Kahn:

Well, pray for me, for my medical safety and personal safety, just like you, because we are targets, but thank you so much. I'm so proud of the work you're doing.

Dr. Will Tuttle:

Great. Thank you. Thanks very much.