

This Unknown Deadly Health Syndrome Affects Nearly 90% of US Adults – Could You Have It?

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STORY AT-A-GLANCE

- › Nearly 90% of U.S. adults have at least one risk factor for cardiovascular-kidney-metabolic (CKM) syndrome, a newly named but long-standing health crisis that links heart, kidney, and metabolic dysfunction
- › The American Heart Association warns that CKM often goes unnoticed until a major event like a heart attack occurs, yet most cases are reversible if identified early and addressed at the metabolic level
- › Critics in PLOS Medicine argue that CKM is less a medical breakthrough and more a rebranding of what's already known – that mitochondrial failure, poor diet, and chronic stress drive the same interconnected diseases
- › True recovery starts by repairing energy production in your cells: lowering linoleic acid intake, restoring magnesium balance, eating real carbohydrates, and supporting hormonal and circadian health through sunlight and rest
- › By fixing mitochondrial function rather than chasing different labels, you help your organs work in sync again – stabilizing blood pressure, improving kidney filtration, and reigniting your metabolism from the inside out

Nearly 90% of U.S. adults have at least one risk factor for cardiovascular-kidney-metabolic (CKM) syndrome, yet almost no one has heard of it.¹ That's what the American Heart Association (AHA) revealed in its October 2025 survey.² The condition is a newly

defined but increasingly urgent public health crisis – one that connects the dots between heart disease, kidney disease, diabetes, and obesity.

CKM syndrome means your body's main systems for circulation, filtration, and metabolism are breaking down together. It's a silent threat that puts nearly nine out of 10 adults at risk for heart attack, stroke, or kidney failure. When you hear the term "CKM syndrome," think of a vicious loop. High blood pressure strains your kidneys. Damaged kidneys disrupt your metabolism.

Poor metabolic function drives insulin resistance and fat storage, which, in turn, burden your heart even more. You might experience symptoms like fatigue, swelling in your legs or ankles, difficulty losing weight, high blood sugar, or elevated blood pressure – but many people feel fine until the damage becomes severe. That's why CKM is often missed until a major event, such as a heart attack, forces a diagnosis.

Unlike isolated diseases, CKM syndrome is an integrated condition that reflects the collapse of your body's internal network. It's not just one organ malfunctioning – it's your entire energy and filtration system signaling distress. Understanding this connection is the first step toward reversing it.

Most Adults Don't Know They Have CKM Syndrome – but Almost Everyone Is at Risk

The AHA survey found that nearly 9 in 10 U.S. adults had never heard of CKM syndrome – even though almost 90% already had at least one risk factor for it.³ This new diagnosis links three of the most common chronic disease systems: the heart, kidneys, and metabolism.

The survey, conducted by The Harris Poll among about 4,000 adults, revealed that public understanding of this condition is alarmingly low despite its enormous prevalence. According to Dr. Eduardo Sanchez, the AHA's chief medical officer for prevention, CKM syndrome represents "a full circle" of interconnected health issues that require attention as a whole, not in isolation.

- **Most adults misunderstand how chronic diseases interact** – Only 12% of Americans had ever heard of CKM syndrome, while 79% said it was important to understand it better and 72% wanted to learn more. Yet two-thirds of respondents incorrectly believed the best approach was to manage one condition at a time – for example, treating **high blood pressure** separately from high blood sugar or obesity.

This fragmented thinking mirrors how conventional medicine is often practiced. The AHA survey highlights the danger of that approach: when one system fails, the others quickly follow. If your kidneys lose function, your blood pressure rises; if your metabolism falters, your heart takes on more strain.

- **Most people didn't realize how these organs affect each other** – Forty-two percent of participants believed that a healthy heart wouldn't be damaged by problems in other organs, or weren't sure if that was true. In reality, poor kidney function increases your heart's workload, and metabolic dysfunction raises inflammation and oxidative stress, accelerating heart disease.

The AHA used a simple visual to explain it: your heart pumps blood through your body, your metabolism turns sugar into energy, and your kidneys clean your blood of waste. If one link breaks, the others weaken too.

- **The AHA framed CKM syndrome as both common and reversible** – Most CKM cases can be improved with lifestyle changes – including better eating habits and increased physical activity. Unlike advanced heart or kidney failure, CKM syndrome often starts silently with small, reversible imbalances. Tracking your blood pressure, blood sugar, body weight, and kidney function gives you control over your long-term health.
- **Researchers stressed the need for coordinated care across medical specialties** – The AHA found that people with multiple chronic conditions often receive conflicting or overlapping treatments because cardiologists, nephrologists, and

endocrinologists work separately. The CKM Health Initiative aims to bridge these gaps, helping health care teams collaborate so patients receive integrated care instead of fragmented management.

The AHA also announced plans to release the first-ever guidelines for diagnosing and managing CKM syndrome in early 2026. These guidelines are designed to help doctors identify at-risk patients earlier, measure progress more effectively, and prioritize lifestyle-based prevention.

Is CKM Syndrome a Breakthrough or Just a Rebrand?

A commentary published in PLOS Medicine questions AHA's CKM syndrome framework.⁴ Rather than celebrating it, the researchers challenged whether this term represents a true medical advance or just a polished way of describing conditions we've known to be connected for decades — heart disease, diabetes, obesity, and kidney dysfunction. They warned that if CKM doesn't drive earlier prevention and measurable change in patient outcomes, it risks being "a simple rebranding of known clinical principles."

- **The commentary acknowledged the value of connecting the dots but warned against overpromising** — The AHA's framework does highlight an important reality: your metabolism, heart, and kidneys rise and fall together. However, as the researchers argued, simply naming that connection isn't enough.

It's already recognized that obesity, high blood pressure, and poor glucose control share common roots in [mitochondrial dysfunction](#), excess [linoleic acid](#) (LA), and sedentary living. Without tackling those upstream causes — cellular energy failure, inflammatory fat, and chronic stress — CKM becomes just another layer of terminology.

- **Researchers used large-scale data to show how CKM risk multiplies** — The commentary cited a Taiwanese study of 515,602 adults followed for over 16 years.⁵ For each added CKM condition — such as diabetes on top of obesity or kidney

disease – the risk of death from any cause rose by 22%, while cardiovascular deaths increased by 37%. Each new condition shaved an average of three years off lifespan.

The data confirm what many patients experience firsthand: chronic conditions cluster, compound, and accelerate decline when left untreated. Yet the commentary authors argued that medicine doesn't need a different label to recognize this pattern – it needs better prevention grounded in metabolic repair.

- **Key blind spots reveal how narrow the CKM model still is** – The paper called out the AHA's oversight of the liver, which plays a central role in metabolic and inflammatory balance. By leaving out metabolic dysfunction-associated steatotic liver disease (MASLD) – otherwise known as **fatty liver disease** – the AHA missed a major piece of the puzzle.

Some experts even suggested the framework should evolve into “CKLM syndrome” to reflect the liver's role in regulating blood sugar and fat metabolism.

- **The authors questioned whether CKM is ready for the clinic** – At present, CKM lacks clear diagnostic criteria or validated tools that doctors can use in practice. The framework depends on theoretical models, not measurable interventions. The authors compared it to **metabolic syndrome**, which was widely publicized but not implemented effectively because it didn't translate into prevention or treatment strategies that addressed root causes.

In my experience, that gap exists because mainstream medicine rarely acknowledges the foundational problem: failing mitochondria. You don't fix CKM by naming it – you fix it by restoring cellular energy and reducing the metabolic toxins that cause it.

- **Without lifestyle reform, CKM is just a slogan** – The PLOS Medicine authors ended with a blunt warning: CKM could move medicine forward if it sparks genuine reform – but it will collapse into irrelevance if it stops at reclassification. That means

shifting the focus from symptom management to energy metabolism, nutrition, and environmental repair.

Whether CKM becomes a meaningful clinical framework or another hollow acronym depends on what happens next. The true solution to CKM is not more diagnosis, but more energy – restoring mitochondrial health through diet, movement, sunlight, and removing what’s poisoning your cells in the first place.

How to Restore Cellular Energy and Escape the CKM Cycle

You don’t need another medical label to tell you your metabolism is failing – you need a plan to fix it. The truth behind CKM syndrome is that it’s not a new disease at all. It’s the visible result of deep mitochondrial dysfunction – the slow breakdown of your body’s ability to create and use energy. When that system collapses, your blood pressure rises, your kidneys struggle to filter waste, your metabolism slows, and your body starts storing energy as fat instead of using it.

If you want to reverse CKM, you need to go after the cause: mitochondrial dysfunction causing low cellular energy, inflammatory fats, and chronic stress. When you fix that, your heart, kidneys, and metabolism naturally recover – without waiting for a new medical framework to tell you how.

- 1. Cut LA to repair your mitochondria** – The most damaging modern toxin isn’t sugar – it’s excess LA, the polyunsaturated fat hidden in **seed oils**. These oils infiltrate your cell membranes, distort energy metabolism, and trigger chronic inflammation. If you regularly eat restaurant food or packaged snacks, you’re already overloaded. Replace seed oils – soybean, corn, sunflower, safflower, canola – with stable saturated fats like tallow, ghee, or grass fed butter.

This reduces oxidative stress, improves mitochondrial respiration, and helps your organs communicate properly again. Your target is less than 5 grams of LA daily, ideally under 2 grams. To track your intake, I recommend you sign up for the

Mercola Health Coach, which is coming out soon. One of its main features is the Seed Oil Sleuth, which calculates your vegetable oil intake to the tenth of a gram.

- 2. Rebuild energy production with healthy carbohydrates** — Your mitochondria run on glucose, not deprivation. Low-carb, fasting-heavy diets suppress thyroid function and lower metabolic rate — the exact opposite of what you need. I recommend 250 grams of **carbohydrates** per day from whole-food sources such as fruit and root vegetables.

If your gut is sensitive, start with fruit and white rice, which are easy to digest. As your digestion improves, add starches later. This steady fuel supply turns your mitochondria back on and keeps your metabolism resilient.

- 3. Restore mineral balance to protect your heart and kidneys** — **Magnesium** is your body's electrical stabilizer — it regulates blood sugar, heart rhythm, and blood pressure. Yet most people are deficient. Even if you eat organic vegetables, today's soil is far more depleted in magnesium than it was decades ago. While nuts and seeds are often promoted as magnesium-rich, I don't recommend them because they're packed with LA. This is why many people benefit from a magnesium supplement.

Find your personal dose using magnesium citrate: increase until stools loosen, then reduce slightly. Once you know your ideal level, maintain it with magnesium glycinate or magnesium malate; these forms are well-absorbed and easy on your digestive system. Proper magnesium balance restores smooth energy flow between organs, preventing the calcium overload that drives oxidative stress in CKM.

- 4. Balance hormones with sunlight and progesterone** — Chronic stress and **environmental estrogens** shut down mitochondrial function. Sunlight reverses that process by triggering vitamin D and melatonin production inside your mitochondria, optimizing your circadian rhythm and cellular repair.

Combine this with natural progesterone, which counters estrogen-driven fat gain, stabilizes thyroid activity, and reduces water retention. If you've struggled with hormonal weight gain or fatigue, this is one of the fastest ways to regain equilibrium.

5. Move, breathe, and sleep like your life depends on it – because it does – Daily movement isn't optional for energy recovery. Regular walking – ideally 60 minutes daily – improves glucose use, circulation, and kidney filtration. Add **resistance training** two to three times per week to build muscle, which acts as a glucose reservoir and metabolic buffer.

Just as important is rest: deep sleep restores mitochondrial adenosine triphosphate (ATP) production, lowers cortisol, and synchronizes hormonal rhythms. Breathing practices that increase **carbon dioxide**, such as slow nasal breathing, calm your nervous system and improve oxygen delivery to your tissues – the foundation of real metabolic repair.

Restoring your CKM health is not about treating multiple diseases. It's about reclaiming energy. Once your mitochondria begin functioning again, your blood pressure stabilizes, your kidneys filter efficiently, and your metabolism turns back on. The solution isn't a new diagnosis – it's rediscovering how to live in alignment with how your biology was designed to generate energy and heal itself.

FAQs About CKM Syndrome

Q: What exactly is CKM syndrome?

A: CKM syndrome isn't a new disease – it's a new name for the same metabolic breakdown driving today's chronic health crisis. It describes what happens when your heart, kidneys, and metabolism fail together because your body's energy

system – your mitochondria – has stopped working efficiently. When that happens, your blood pressure climbs, your kidneys can't filter waste properly, and your body stores fat instead of burning it.

Q: Why are so many people at risk without knowing it?

A: Nearly 90% of American adults already have at least one CKM risk factor, yet almost no one has heard of it. The AHA's 2025 survey revealed that most adults think their heart, metabolism, and kidneys operate independently – when in truth, they're part of one network. That misunderstanding keeps people trapped in fragmented treatments that don't address the real cause: failing energy metabolism.

Q: Is CKM a genuine breakthrough or just another acronym?

A: A 2025 commentary in PLOS Medicine warned that CKM simply rebrands what medicine has known for decades – that obesity, diabetes, and heart disease share the same roots.⁶ Without lifestyle reform and mitochondrial repair, the framework changes nothing. The real solution lies in prevention – removing toxic seed oils, restoring metabolic energy, and improving mitochondrial function through movement, sunlight, and nutrient balance.

Q: What's actually driving CKM syndrome?

A: The breakdown begins at the cellular level. Excess LA from seed oils, chronic stress, and poor nutrition damage your mitochondria – the tiny powerhouses inside every cell. As energy production falters, inflammation rises, hormones fall out of balance, and organs lose communication. CKM isn't caused by bad luck or genetics – it's the predictable result of a low-energy lifestyle that can be reversed once you fix your metabolism.

Q: How do you start reversing CKM and restoring energy?

A: The first step is eliminating seed oils to stop mitochondrial damage. Next, feed your cells with real carbohydrates like fruit and root vegetables, not restrictive low-carb diets that starve your metabolism. Support heart and kidney function with magnesium, balance hormones with sunlight and natural progesterone, and rebuild energy through daily movement and deep sleep. Once your mitochondria are working again, your blood pressure normalizes, your kidneys recover, and your metabolism reignites.

Sources and References

- ¹ [JAMA May 8, 2024;331;\(21\):1858-1860](#)
- ^{2, 3} [American Heart Association October 20, 2025](#)
- ^{4, 6} [PLOS Medicine August 21, 2025](#)
- ⁵ [PLOS Medicine June 26, 2025; 22\(6\):e1004629](#)