Atrial Fibrillation: Prevention Tips Transcript

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Introduction to Atrial Fibrillation

Welcome, everybody, for joining us in our Reversing Heart Disease 2.0 summit with hosts Dr. Joel Kahn and Joel Fuhrman myself. And I'm here to interview Dr. Kahn today about Atrial Fibrillation.

And Dr. Kahn is obviously a world-renowned cardiologist and specialist in cardiac evaluation and also obviously aiding people in the reversal of heart disease.

Okay, Dr. Kahn, a very common problem that people have in our country and growing problem is Atrial Fibrillation. And then doctors put them on blood thinners for the rest of their lives.

I almost never seen a patient with atrial fibrillation that wasn't thrown on some blood thinner. But so first, let's discuss what is Atrial Fibrillation and why it even matters, you know?

Yeah. Hello, Dr. Fuhrman. And thank you. And I know a lot of the listeners to this summit, this is a really big reason they are tuning in. And the summit is Atrial Fibrillation.

Cardiologists will typically call it AFib, shorten it up or AF even just the 2 first letters of the two words. And this is a abnormality of the heart rhythm.

We've had EKG machines for about a hundred years. So I don't know exactly the date that Atrial Fibrillation was first described, but I imagine it's been going back decades and decades.

What AFib Is and How It Feels

And instead of the heart magically beating like a metronome, maybe 55, 60 times a minute, when you're quiet or in bed, it may be 130 times a minute like a metronome.

When you're on your elliptical or jogging, this is a totally chaotic heart rhythm. The heart has gone out of rhythm. The healthy rhythm is called sinus rhythm.

And don't be confused that anything to do with your sinuses. There's a portion of the heart called the sinus now Atrial Fibrillation. It all went crazy.

It's haywire, it's chaotic, it's irregular and beat the beat. Boom, boom, boom, boom, boom, boom, boom. It just there's nothing metronome like from it.

And some people will know it because they will have it could be rapid. It's usually rapid unless they're on certain medications or they have heart disease itself.

But a lot of people aren't aware of it. That's the scary thing. They show up to their doctor for just a routine physical, an electrocardiogram, maybe preoperative for a gallbladder operation.

And it's on their EKG. So there are undoubtedly in the United States alone, millions of people, many of them middle aged, elderly. But there are young people that are dealing with an irregular heart rate called Atrial Fibrillation and, you know, leads to you know, you've seen a lot of it.

I see so much of it. Right. So. Well, what's the significance? I mean, is it increase your risk of death or what is it? What's the major concern with the relation there's just people going to feel well or they low exercise tolerance. And what if they put them on blood thinners?

You know. That's a great question. So it turns out it's everything you mentioned. There are people that are asymptomatic. They could be an Atrial Fibrillation every day.

They don't have that normal metronome like sinus rhythm anymore. They don't feel it. So the focus there is not so much on quality of light. But then there are many people that when they go into an episode of Atrial Fibrillation they really don't like the feeling.

They may be lightheaded, they may be a bit winded, they just feel a jump and all over. If they were to try an exercise, they may be unable to have the same kind of cardiac performance.

So part of it is symptom relief.

Causes and Risk Factors

Getting rid of the atrial fibrillation if we can, or at least slowing it down because there's a tendency you can go in nature of fibrillation and your heart can be going 170 beats a minute, which a middle aged older person is not usually going to do even with exercise.

And you will be really limited. But beyond that, there's two other things that come up in my mind. One is why, you know, always questioning why. What was the reason?

The heart has gone out of rhythm once or is continuously staying out of rhythm. And it's what a cardiologist does. And primary care doctors start the process.

We talk about excess of thyroid hormone either that you're taking from the pharmacy or that your body's grading. We talk about long standing, high blood pressure damaged in the heart and triggering it.

We talk about leaky heart valves, particularly one called the mitral valve. So a standard part of the workup is an ultrasound of the heart, an echocardiogram.

To look at that, we talk about weak hearts. You know, the first sign of a weak heart could well be a episode of atrial fibrillation. And rarely even a heart attack can precipitate atrial fibrillation.

And the first sign of a heart attack could be a racing skipping, jumping beat that a patient detects. That's a little less common. It really goes hand-in-hand with obesity, goes hand-in-hand with sleep apnea.

So we very often are checking for that disease with home sleep studies and office and hospital sleep studies, it can go hand in hand with alcohol abuse.

I know a holiday season, a celebration in a family, a wedding. Somebody puts backfires. Five, six, seven eyeballs. That can trigger that can be a toxin to the heart at that level.

So can the less common cocaine or crack or real hardcore substance abuse. And that would probably go through the list. So, you know, my patients will have high blood pressure cuff, you know, a blood pressure constant check their blood pressure and obviously a scale.

I like them to have an oximeter that can check their oxygen and their heart rate or if they're a little more sophisticated, get a new Apple Watch, which can literally alert you if you go an Atrial Fibrillation and can run an EKG for you that you can send to your medical team and actually help diagnose the problem and help know the rate of the problem because not every racing skipping heartbeat is Atrial Fibrillation, but it's a huge problem.

And then you already brought it up a couple of times. The this maybe second biggest fear of fibrillation. The first is just acutely you might feel bad, you could even black out.

I will say rarely you can have a condition called a pulmonary embolism. Maybe you flew back from Abu Dhabi like

Dr. Scott Stoll that I interviewed, and I don't wish him anything but great health.

And after a long car trip, a long plane trip, or maybe you broke your ankle, you develop a blood clot, goes to the lungs that can trigger Atrial Fibrillation.

That's not a common setting, but it's a very well known one. So other than trying to deal with the symptoms, the biggest concern is that and I just always have a little heart model near me, the top of the heart.

The bottom the heart is called the ventricles. The big pumps. But the top of the heart is the right and left atrium, and particularly the left atrium.

The L. A can become enlarged and stretched by obesity, high blood pressure, leaky bowels, sleep apnea. And there's a little spot there that likes to create blood clots and likes to hide the blood clots until they decide to break loose.

And unfortunately, the left atrium goes straight up when it releases blood clots to the brain, can go to other parts of body. So a fairly substantial number of strokes are actually due to fibrillation that either people feel or people don't feel.

In fact, if somebody is identified as having had a stroke and we can't figure out why the blood pressure is not crazy, the great are badly blocked. We search for unknown Atrial Fibrillation.

We might even have them wear a monitor for a month. We might even put a little it's called a loop recorder. And to really, really search that maybe their stroke was due to unknown Atrial Fibrillation.

So clot is the enemy of Atrial Fibrillation. And unfortunately, prescription drugs are the standard blood thinners that used to be called Coumadin or warfarin, a really difficult drug, but one that was used for decades and now several newer ones like Eliquis and Xarelto and Pradaxa, which have made management easier, but they are still blood thinners and there's a lot of nuances to controlling somebody.

So my lovely and darling 91 year old mother occasionally goes in Atrial Fibrillation.

Stroke Risk and Blood Thinners

She takes a low dose of a blood thinner twice a day. And I wish she didn't. But the trade off of bruising and bleeding or a stroke favors the stroke prevention.

But like in everything we're talking about this summer, we try and prevent we try and manage naturally. But there's a fine line. A lot of people come and see me, they want to get off their drugs.

And I tell them, you know, your left atrium is huge or you've had a stroke or your high blood pressure. So I'll tell you, there's a book out there that I did not write, but I'm allowed to promote it called The Afib Cure by two doctors that are specialists.

It's a good but most of my patients have read it. It doesn't go into Dr. Fuhrman nutrition and other aspects that I add to the patients knowledge base.

But it's a good starting point. But don't get too crazy about all natural atrial fibrillation treatment and risk a stroke. Get with somebody who knows what they're doing.

And then even with the anticoagulant of the blood thinning medications, they're mostly protective because they're treating people with other comorbidities and risk factors, like in some resistance, high cholesterol, a better diet.

When you have people who are doing everything right and then the blood is then the ready and the and at that point, even with atrial fibrillation, the risk of some of the blood thinners on a person who has no other co-morbidities

and eating a good diet might be increased with with taking blood thinners and not increased.

So I'm you know, because the studies are not so not not don't show that they don't show protection if a person has no other risk factors or if their person is in great health.

So, you know, it's very it's a complicated issue. You have to actually weigh the risk of the person and to determine whether those blood thinners in this case are needed or not to and also whether how reversible is this atrial fibrillation?

And is we doing everything possible to improve this person's health so they can come back to normal instead of just shocking them or given the medications?

But can we actually get the circulation, the perfusion of the heart back, the nutrient levels in the heart, the the anti-inflammatory, all these are things that we could improve this, you know, can actually improve this person.

Yeah. And that's what we shoot for. And if you the weight is up, the goal is weight loss. If the sleep tab is found, the goal is try and treat it and better yet reverse it, which is often weight loss but might be an ear, nose and throat evaluation of the tonsils and the adenoids and the palate.

If it's alcohol, that's obviously needs to be reduced or eliminated. If it's high blood pressure reduced or eliminated, if it's a nutrient deficiency, there's some data that some supplements like Coenzyme Q10 and particularly magnesium may be beneficial.

Taurine, they're pretty harmless and they can be added into the program. And then the doctors that do full time atrial fibrillation care, they're called epi doctors.

There is a procedure called an ablation, Abby Latour. And and it's about as close as we can get to a cure from a procedure, but we'll try the natural approaches first.

But it's not hopeless for sure. You can have two or three or four episodes of atrial fibrillation and work with natural approaches, maybe work with an EPA doctor and a procedure and go decades and not have any more.

So it's a real interesting area because, you know, the big concern is stroke, stroke, stroke, and that can be fatal. So we're working hard to prevent them.

Natural Prevention and Treatment Approaches

And I think we you know, we've covered some great stuff here about atrial fibrillation. Let's just talk a little further about this. It was funny because when you said before these hard core what you said, the hard core drugs like cocaine, what you call them, the.

You know, like core. Substance abuse. Right. So I was thinking to myself, hardcore substance abuse is donuts and French fries, you know, about the things people eat because atrial fibrillation is just like they're hardcore substance abuse, you know, like fried foods, you know?

Well, I kind of thought you might go there, but actually there may be a direct connection because at least the salt content of these processed foods drive your blood pressure up, stiffening the blood vessels, causing the heart to work harder, get sick, or the left atrium gets larger and bloom here in fibrillation.

So yeah, when you can eat a salad with chickpea and beets and red peppers with balsamic and nut based dressing, you actually are working to prevent atrial fibrillation in the most natural ways.

Yeah, so it's just a killer. And also we didn't mention that medical care that is. But people can be overdosed with thyroid medication from their cart, from the endocrinologist to push their case to suppress the traffic too far down.

And they can be overdose. The blood pressure medications that lowers the diastolic to low which just which one can reduce oxygenation of the heart tones.

Absolutely right. So so medical care over the overuse of medicines could cause a problem, too, right? Absolutely. I see that pretty frequently in my clinic.

And just a little adjustment. Cardiologists sometimes have to become endocrinologists because the body is a system and small adjustment and the thyroid numbers become better imbalance and the fibrillation resolves.

The flip side of that, just imagine because this is so much a nutrition forward summit is as you well know, it's possible in general impossible with a plant based diet to be deficient in iodide.

I actually you can be excessive and iodine in some practice or is in my community really bombard people with iodine drops but I see more frequently deficiency, which is why I compliment you.

I'm putting some iodine in your men and women's multivitamin course. There's seaweed and kelp and other sources of iodine, but it's a simple urine or blood test.

If you're curious if you're getting sufficient iodine, I know a few micrograms a day in your diet would be a good idea, but yeah. All good points. Yeah.

150. Yeah. Thanks the ODI and I think, you know I kind of a more conservative as far as the when you're treating hypothyroidism with synthroid for the box or a drug.

I'm aiming for a test between two and four. I don't want to push that to say and I see so many people with their doctors pushing their test even below one and 1.5.

You know, they push it to a stage two low. And and we see that in the in the normal range of t four, five, three function. In the higher half of normal, you get more heart attacks, more atrial fibrillation than in the bottom half of the normal range, you know what I mean?

So I think 2 to 4 is a good shooting for you to say when you have to take supplemental, thyroid, supplemental, thyroid medication. You know. I am of similar approach to you.

Great. I think we covered way to prevent it and obviously, you know, exercise in the soil of your diet. All these things are, you know, it's just like still a lifestyle disease.

I agree. You know, the one thing I would say in terms of preventing sleep is you mean Atrial Fibrillation that is, you know, relatively new in the last few years that people may not know about is, again, it's all part of the same package.

But as you know, the frequency of overweight and obesity has gone up, which is so common. And it's also common in our plant based population to some degree, as sleep apnea has become a phenomenon and sleep apnea is not solely weight driven.

There are pathologies of the brain and pathologies of the airway that can cause it. But sleep apnea was something. When I was in medical school, we spent one hour on sleep apnea, something called the Pickwickian syndrome, really the massively obese.

But there is such a wealth of data that thousands and thousands of research studies. Just give me your standard. Patients showing up in a cardiology office with high blood pressure, pre-diabetes, weight issues and three or four drugs, you know, half of them may have sleep apnea and nobody ever considered undiagnosed.

You know, asking questions about sleep is not yet standard in cardiology, unfortunately. And I do it.

Sleep Apnea, Lifestyle, and Emotional Health

And, you know, you find out that husband and wife are in different bedrooms because the patient I'm diagnosed snores so loud they've chased their spouse down the hall that that is called a sleep divorce.

And it's very common and that's a clue. And just asking about sleep quality and staring and gasping. And so you test out and there are these little kits, little boxes that have inside them a disposable home sleep apnea kit.

And within a couple of days, you get a report from a board certified sleep doctor and whoa, do we diagnose a lot of moderate and severe sleep apnea that requires a referral to a board certified sleep specialist or a board certified sleep dentist because there are board certified sleep dentists and I'll work on the weight loss and avoid the alcohol at night and avoid the late meals and get off your back and sleep on your side and some of them are going to result in the CPAP mask, some of them are going to result in oral devices.

But when we're talking about Atrial Fibrillation, if you don't address the root cause, the salt, the alcohol, the thyroid, in this case we're talking about sleep apnea.

So the good news is these home sleep apnea tests are available. They're inexpensive. Some people pay cash, some people run them through their insurance instead of the five, $6,000 office based sleep apnea test, these are often a couple hundred dollars, $300, and they're quite accurate and they're painless.

It's a disposable device, the one that I use, the Mayo Clinic. So if you have any concerns about your overall health, I mean, ask your doctor or look on a search engine.

How do I get a home sleep apnea test? And to me, it's become as important as some of the other, you know, just standard markers like blood pressure and cholesterol.

And if you want to protect your brain and we all want to keep as sharp as possible as we get older, I know that's a big focus. What you talk about, Dr. Fuhrman, you know, good sound sleep without apnea, without drops in your oxygen level.

Ah, you know, a real important key to keep a good brain as we get older. Right. And that's why I add that, add that core to the treatment of it and reversal of Atrial Fibrillation.

You add the, the stress involved, the sleep and the anxiety and the and we add mindfulness training, meditation, wisdom, teaching so people can be emotionally content, peaceful, not angry, not jealous, irritable, revengeful.

They start to get better, feel better about themselves through building their internally generated self esteem and they start to be more relaxed about life and we try to deal with them emotions, your emotions on the brain as well, contributing to their stress of their body, their cortisol and the stress on the heart, which is part of the treatment of reversal of Atrial Fibrillation.

Yep, absolutely. And natural approaches. There's so much you can do other than just pills and just procedures.

Closing Thoughts on AFib Management

But again, I always caution work with your medical team because we are dealing with a stroke risk. And I can say proudly in my practice I don't have patients having strokes and their Atrial Fibrillation, but unfortunately, sometimes I have to resort to encouraging them to stay on their medication.

Right. Well, thanks. Thanks so much, Dr. Kahn. Thank all of you for listening and hope you benefit from today's discussion and interview. And we will look forward to seeing you in further parts of the Summit.