Natural Ways To Control Blood Pressure Transcript

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Introduction to Blood Pressure

Hi everybody. And welcome back to our Reversing Heart Disease Summit 2.0 with Dr. Kahn and myself, Dr. Fuhrman. And today we have the opportunity to talk to Dr. Kahn again about a very important topic, blood pressure.

And I think it's really important to to make sure these most important points are nailed and you understand them thoroughly so you can make the right decisions to your life.

So, Dr. Kahn, thanks so much for your continuous information and passionate about getting this information out and doing it and doing this summit with me.

Now, we can do this together. It's great. Thank you. So let's get into it. Let's talk about blood pressure right now. And first of all, what's the right way to measure blood pressure?

And then what is a normal blood pressure? Right. Great question. And, you know, we can spend hours on blood pressure. And I say that because it's so important.

I mean, it leads to poor health and it leads to death and it leads heart attacks and strokes and sexual health problems and leg circulation problems.

How to Measure Blood Pressure at Home

Some people estimate more people die of high blood pressure related illnesses in this Western world, United States and others than any other single condition.

So this is really important. But just like when we talk about silent atherosclerosis, I mean, it's hard to measure blood pressure. Step one, you have to have a blood pressure cuff.

And right now in 2024, there is no really routinely available watch. To measure your blood pressure, you're going to need to get a cuff. And I suggest people buy an upper arm, digital cuff.

We don't have a connection, but there's a company called Omron O M R O N and they have one called the Platinum. That's one I preferred my patients. You can even set it up to answer your question.

Y'all, it will measure your blood pressure three times in a row a minute apart and not show you the number until the end of the third measurement, which is actually what's recommended by the American Heart Association.

People don't like the cuff, they don't like the Velcro, they don't like the pressure, they don't like the noise, the uncertainty. And it turns out our nervous system is so rapidly adjusting that even within just 3 minutes, because some of my patients use other cuffs and they tell me, Doc, it was 150 over 90 and it dropped to 140 over 78 and the third number was 128 over 70.

That's how quick our nervous system can relax our arteries, improve our blood flow, but do it three times in a row, about a minute apart. I guess if the first time you check it, it's 108 over 71, you probably can.

Congratulate yourself. You're in good shape, but for most people three times real generally doesn't matter. Right arm or left arm might be a good idea to do it.

A few people actually have circulatory problems where you might be getting a low number on your left arm because the artery of your left arm is partially blocked. In my clinic that's quite rare, but it can happen.

So once or I'll do the other arm really strangely. A paper in the last six months said in the doctor's office, Check the blood pressure standing on a patient.

It's a more accurate way. And, you know, it's so routine. People walk into a doctor's office and they have that white coat reaction. So maybe the standing position slightly overcomes that and gives you a more true baseline condition.

But the bottom line is, by yourself, I mean, we're past Christmas, so celebrate your birthday or somebody's anniversary, or buy yourself an early holiday gift, get a home blood pressure cuff and use it regularly.

You want to use it. I encourage people every day for seven or ten days, write those numbers down, show them to a health care provider, and then maybe you come back after a couple of times a week.

But such an important number. And the last thing I'll just say, we have in my clinic, there is something called a 24 hour ambulatory blood pressure cuff.

If you go to a university clinic, they will have you wear on your arm a cuff that attaches to a little unit you wear on your belt. And every 15 minutes it goes up and down to measure your blood pressure.

It is annoying, but it's accurate because it actually matters in the hundred or so measurements in 24 hours, your blood pressure when you're asleep at night may be more predictive of why we're talking about this future stroke, future heart attack, future kidney disease.

And you can't measure your blood pressure while you're asleep unless you have a device like that. But people don't like it. They don't like it going up and down and up and down.

But it is useful. You're going to have to go to a clinic for that. Just recently out of Israel, they've developed a patch and that's what we have in my clinic.

And the patch can measure blood pressure through the skin. I'll get them verified in over a thousand people and all you got to do is slap that on and wear it for 24 hours.

When to Use Blood Pressure Medication

You take it off and throw it away. You don't feel anything. But that's a real breakthrough that I've seen come along a pretty cool technology, and soon enough they'll be a watch or some other wearable.

But in the meantime, get a good blood pressure cuff. Don't make the mistake of walking around with high blood pressure, or one day you don't feel well, you're lightheaded, you're short of breath.

You should have a cuff at home, just like you'd have a scale and an oxygen meter. So obviously people want to have normal blood pressure and we should do it with diet and exercise.

Correct. But what if they require medication? So at what level of blood pressure do you recommend starting medication if the person is not willing to make the dietary and lifestyle changes to lower it?

And then even if they are willing to make the lifestyle changes to lower it, it may still be high for a short period of time, for a period of time. What's your when do you choose to use medication and it what and how do you start to wean it off?

At what level of improvement do you start to cut back on medication? And then what? And also what are your preferred medications if you choose to use medication?

I know that's a lot of questions. No, it is. It's all right. You know, and this is where some of this is the art of medicine. It is shocking how often people walk in my clinic and my nurse tells me, check the blood pressure and it's like 200,

over 100.

They feel fine. They are having no symptoms. Of course, there's a subset that actually feel poorly and it's scary high. So if it's a new patient, I might reach for the prescription pad.

What I'm actually going to do first is have him walk out of here with a blood pressure cuff and do a few more at home and email me what they find. It could be it was a fluke that they are so react of white coat hypertension, but they still need careful monitoring.

But I'll reach for a prescription if they're in that range. Over 180 over 100. You can tolerate a lot of 150, 160, 170 and take the time to work on the weight, the diet, the stress, the sleep, the salt content of their diet, the plant food, content of their diet, maybe some supplements, but if they're over 200, over 100, certainly I'm going to intervene.

There's a whole variety of choices. It gets complex. For a long time we've had drugs called ACE inhibitors, ACE really nice drugs generally safe, always.

The goal is short term. And we're going to work with you over the next few weeks or months and see if we can get you off. Doesn't always work, but we'll try.

They do have a tendency to cause a dry, annoying cough so some people no longer can take them. The classic one is lisinopril RNA probe and then for at least 20 years we've had a sister family of drugs called angiotensin receptor blockers or ARBS drugs like losartan or telmisartan and they tend not to have that dry cough and are pretty well tolerated.

But again, ideally we're using them short term and we're going to try and lower the dose over time if we can hit the goals because blood pressure will respond.

You're so passionate about salt content and the diet and we should be passionate about lowering the salt use all the spices, use wonderful flavorings, but salt content needs to be dropped very low and many people will respond really well to that and they will be able to in fact, you got to warn them, you know, that your blood pressure may drop and you want to monitor it.

You may have to cut your dose in half, but, you know, give us some feedback. That's certainly not the only step, but it's one of the most dramatic and quickly responding steps.

As you know, if they're eating in carry out in restaurants, they are getting salt overload. If they're eating out of box foods and prepackaged foods, they're getting salt overload.

So they're going to have to cook at home and control what goes in their food and they'll respond. I mean, they are beta blockers, not really good blood pressure drugs as a first choice. They have other uses.

There are diuretics. If somebody's short of breath and swollen, we might use a diuretic, a water pill for a short time. But if they'll reduce the salt in their diet, it's going to be a real short use of a diuretic.

And what we talk to people about is that, you know, standard medical model, we talk about, you know, the terms essential hypertension and secondary hypertension.

And there may be up to 5% of people have an identifiable, curable cause of high blood pressure in the standard medical model may be a kidney arteries narrowed.

Maybe they have a hormone imbalance. Maybe they have a cortisol problem called Cushing's. These are rare entities they're worth searching for. I'll typically get a kidney ultrasound or an ultrasound of the kidney arteries and some bad high blood pressure.

But you and I know that that 5% number is not true, that, you know, the ability to reverse high blood pressure and

make it a condition where you don't have to take lifelong medicine is probably in excess of 50%.

If you approach weight and fitness and plant rich, nutrient dense diet and address sleep apnea. Sleep apnea drives high blood pressure. Yeah. You're not asking about sleep and asking about snoring and asking about gasping and asking about daytime fatigue or daytime napping.

Lifestyle Causes and Reversing Hypertension

These are all clues. And then just get that home sleep study. I think you and I chatted about that during a conversation about atrial fibrillation, but it's so simple to get at home sleep study.

Now you identify and manage sleep apnea. Blood pressure will go down and you know, the drugs may go away. And then you've got to figure out how to manage your sleep apnea as naturally as possible.

But so it's actually very exciting to work with people at high blood pressure and try and find that route lifestyle cause, you know, you know, you do blood work, you find some people are low in potassium, some people are low in magnesium, some people are low in CO enzyme Q10.

That's a blood test you can get at labs, particularly if you're on a statin medication. Think of messed up. The medical system is your cholesterol high so you get on a statin and statins block the body's ability to make this wonderful vitamin called Q10.

So now your cholesterol comes down by your CO Q10 deficient. And one aspect can be your heart health and your blood pressure health deteriorate. So we created disease while treating another condition and they're both responsive partially or totally at a lifestyle change.

So maybe we need to check the blood test and supplement coenzyme Q10 if they absolutely have to stay on the statin. So that makes you insulin more insulin resistant to.

Insulin resistance and o might make it a little harder to lose some weight. So again, talk to your healthcare professional. Don't throw your pills away because the two gels are talking about this.

But I do raise the question, you know, am I stuck on these for life or if I'm willing to put in the hard work, read the books, watch the videos, take the courses and shop and cook differently, is there a chance in the next half a year I can reduce or get off some of my medications?

And the answer is, of course, good chance again. Yeah, I got to comment on this too, because what's mentioned, I just I'll tell you this two things. One is this month, two people come into my clinic to stay here for, you know, a month or two, both with blood pressures above to 20 over 120, both of them to people the same time, the same day they come in the first month, I'm checking two people.

One was a guy I never knew even had high blood pressure. He was obviously obese, but it's starting blood pressure. It was like 220 or 130, and I had to make him sign something that I wasn't going to send to the hospital, that I would advise him to go to a hospital emergency room.

But he didn't obviously didn't stay there. So I put him on medication because I had to get him, you know, get him controlled immediately, went right out to the pharmacy, want to control.

And I got his blood pressure down, you know, good the next day. But, you know, slowly getting it to him within five days. He didn't need any more medication within five days.

It just shows you how bad the reading, how much junk they're putting in the body. They're within five days of eating due to Italian diet and no salt. No way added salt.

He didn't need any medication anymore. His blood pressure had normalized and the other woman was a history of

the person, was an obese woman with a history with a stroke.

And she was already on three blood pressure medication. She was already on a calcium channel blocker and ACE inhibitor and a and a beta blocker already.

And a blood pressure was still 220 overall over one over 120. And I had to give her a little some clonidine to get her blood pressure down because she also had a great some degree of renal insufficiency. And I had another.

But in any case, I brought her blood pressure down gradually. The next day or two, she came back to normal. And now she's been with me three weeks. And of course, I've stopped. Half her medications have stopped.

She's doing a little bit of medication right now, but she was such bad shape and she still has to remain medication. But those medic, it's just amazing.

Within a few weeks, the radical changes we see. And my general experience is that within the four week period, more than 75% of people on blood pressure medication are able to get off the medication and take not that's more than 75% within four weeks.

These took years and years to develop these problems and within four weeks of eating so spectacularly, they go away. So it's just the results are relatively spectacular.

Thank you for sharing those case studies because, you know, now that you of course, some people don't know, you have an inpatient a wonderful center for treatment in the San Diego area, right?

Yes, right. Yeah. So beautiful place and people come here this to stay safe so it could be under my care and they live here for the whole month or two, you know.

Fantastic, great. All right. So we talked about obviously we have other things we have to talk about, other methods to make this holistic approach. Supplements, diet, exercise, meditation, all these things.

So go over a few other adjunctive possibilities. Looking at natural ways, low blood pressure, let's just mention them like soreness, interval training, meditation, you know, hyperbaric.

Infrared Sauna and Red Light Therapy

Go into a few other options. People are having this stick approach. Sure. And again, I'll spend the majority of my time on nutrition and fitness, a modest amount of time on sleep.

We've mentioned a number of times now I know that abnormal sleep is becoming a testable and treatable way to lower many aspects of heart health, including high blood pressure.

But one of the interesting ones that maybe will finish the discussion on this one, you know, there's a lot of conversation online about cryotherapy and cold plunging.

And some of these people enjoy and they seem to be gaining some confidence and all. But the one that has science is actually infrared sauna. I mean, published human science and medical journals, probably going back about 30 or 40 years.

There was data coming out of Japan and I'm talking dozens of studies, basic science in human science, that even some serious heart conditions like congestive heart failure, take an older, frail person and put them in an infrared sauna.

So it's not the steam sauna at 180 degrees and it's not the dry heat. Arizona kind of sauna. It's the one that has panels in the wall that emit invisible infrared beams.

So you cook inside because infrared beams can actually enter the body a few inches at least. So it's warming the body. It's not the air that's warm necessarily.

It's the body temperature. The core body temperature goes up. But that there's a very healthful impact on the endothelium, the lining of our arteries.

And that one aspect of that. This is a study that Kansas City University Medical Center Kumasi is blood pressure goes down. You find time two or three times a week to read a book and an infrared sauna or close your eyes and meditate.

Then you get a couple of different pathways of blood pressure lowering. You can actually measure that your blood pressure will drop. It's a wonderful habit if you have access to one, if you can't afford one in your house, although you can get a portable infrared sauna for around $1,000 or a little bit less and a more built in fancier one for a few thousand.

But there are eight treatment centers and healing centers and chiropractic centers and wellness centers that you might be able to buy a package that's quite reasonable, but they know there will be benefits or is weight loss.

There is some data to say you can detox off some of the garbage you built up in your body from years of bad eating and exposure with infrared sun and your blood pressure will go down.

It may be as beneficial as exercise though. I know you would agree and I would agree. Do both. You know, be sure you walk or be sure you lift weights or be sure you swim or and all.

But they've actually done studies where they've taken little test tubes of people in the gym sweating and they get sweat samples and they measure them and they put a same sample and somebody sweating an infrared sauna.

And there actually is a little bit more of toxins you can measure from mercury and lead in an infrared sauna setting. You may actually get your core body temperature up a little higher and sweat a little more.

And there are there is data that even if you're not a sweater, that's a question patients ask me. I dock, I don't sweat easily and may wasting my time in my infrared sun.

And the answer appears to be no. You still are going to benefit your arteries, your lining, your endothelium. So there's these amazing studies. If you have congestive heart failure and you start using an infrared sauna as little as 15 minutes three times a week, and then hydrate before you drink some water that you actually can raise your ejection fraction lower an important blood test called your BNP level and walk further on what's called a six minute walking test.

So in Japan, infrared zone is a much more common aspect of natural heart health. By standard cardiologists, you're not going to find too many university centers, bring it up.

But the science is there. So we're not talking woo, woo, woo. We're talking real stuff. Right? Dr. Kahn is lots of ways people can improve their health.

And we focus on diet and exercise, which we continue to talk about. And there's other holistic and I we talked about so on in and also the red light so on is the infrared zone is have anti-inflammatory effects, as does red light.

And I just want to mention, I encourage people to get at between seven and 8:00 in the morning when the sun is coming up because you have more red light coming out of the sunshine early in the morning, which benefits mood health more.

Meditation and Breathing Tools

And it's not going to burn you or cause skin aging at that way. From the first hour, the sun is rising in the morning.

So we try to get people out there, you know, early in the morning to benefit from the red light.

Therapy is actually has protective effects and it's a great time to get a nice hike in before breakfast. You know, and I know you were going to talk more about other things besides other aspects.

You know, we'll talk about other holistic ways to, in this case, lower your blood pressure. But, you know, everybody knows, I think that sunlight can help your body make vitamin D, but not enough people know sunlight can help your body in your skin make nitric oxide.

And when you make more nitric oxide, we want to do it by eating our kale and our leafy greens and our beets and maybe some nuts and seeds. But actually sunshine on your skin helps your skin make more nitric oxide and it gets into your body and there's some data.

You mentioned red light. Some people buy these red light panels and they work out in front of them. Are they sitting in front of them? There's some data is the red light called photo bio modulation.

There's thousands of research studies about photo bio modulation. Human and basic science may help your body make more nitric oxide. We need to learn more about that, but it's certainly safe.

And one more, you know, pathway to saying, I'd like to reduce or get off my blood pressure. Prescription drugs work with your people, but red light therapy panel would be another good one.

Something I actually use four or five days a week while I'm working out. It's just on there. But maybe we'll talk about meditation. Yes, definitely. Because it's really important.

It's important for millions of us. You know that I ask all my patients about how they judge the stress in their life, but then ask them if they have a tool.

It could be prayer and church and synagogue and the mosque, and it could be music and good sleep. But, you know, when you're looking for a tool to manage stress and lower your blood pressure, naturally, meditation comes up.

And, you know, for a lot of us, it's not a natural place we go to because we weren't raised that way. I wasn't raised for meditation. You know, the Beatles probably made it as famous and Jerry Seinfeld as anybody.

Both well, meditators, of course. But, you know, there's different versions. The classic one is the TM transcendental meditation. And you can take a class, it'll take a few sessions and meditate, ideally 20 minutes twice a day.

And John Kabat-Zinn, a doctor, came up with mindfulness meditation. MBSR as often called them. There's other person on meditations at all. The coolest data just to share with our great Summit audience is there's a cardiologist in Iowa by the name of Robert Schneider, and he is very much affiliated with Transcendental Meditation, and he published many studies that Transcendental Meditation practice regularly will lower your blood pressure and gives people an avenue to talk to their doc about reducing or getting off of blood pressure medicines along with everything else we talked about.

But he did a study and this is important for an audience so focused on heart disease published in 2012 and a medical journal. You know, I've called Circulation and this is one of the best medical journals on the planet.

Hard to get into, usually good quality data. And they took a little over 200 patients that had a heart attack and they were doing their cardiac rehab.

And they either taught them cardiac rehab with transcendental meditation or they just gave them some good, positive, you know, life education, but not formal, transcendental medication.

And the finding that was published was five years later, there was 50% less bad things like heart attacks,

hospitalizations and deaths in people that had incorporated transcendental meditation into their life.

Actually, their blood pressure was lower. They had a dual, a powerful non-prescription tool to augment their arteries and their blood flow and their hormone levels, their cortisol and their adrenaline levels.

And, you know, you can't find anything much safer or much more available. You can meditate on an airplane. You can meditate, you know, in your bedroom and in your office and lunch break.

You know, you just need to learn a reliable technique. So Dr. Schneider has a book. I have it sitting on my desk in my office that's called Total Heart Health.

And it's a little different than the standard cardiology book or the standard holistic book because it's thin, but it goes into the role and the data he created on tea as an adjunct to blood pressure control and heart control.

I encourage people to look at that. I mean, use your prescription drugs when needed. But, you know, it's like everything if you're willing to study and do the work, you know, I often say meditation, not medication, but sometimes you got to do both until you've conquered the technique.

And I'll say one other this is a tool. People need tools just like they might need a nutribullet to make a good nut based dressing. If they're not buying one of yours online, there is a neat little device called HeartMath It's a little clip on your ear that connects to your smartphone, and it teaches you to breathe rhythmically with a color coded feedback.

And they have 40 or 50 published scientific human studies. Very impressive that you can drop your blood pressure pretty readily.

Closing Remarks

So imagine if you followed, you know, a plant, rich, nutrient dense, nearly no salt diet and you went in a sauna and you dropped weight and you learn some breathing technique, whether it be transcendental meditation or HeartMath And you combine those things because you can stack them.

We really should be able to get most people, even if they don't have the opportunity to stay at your inpatient center unless medication for their blood pressure. So that's a good news Absolutely.

Well, it's all positive optimism. And we're all talking here about having a positivity bias with the expectation that our bodies are working in our favor and not against us.

Nobody wants you to be healthy when you treat it right. So treat your bodies right and you'll get the right results back. All right. Thanks for joining us, everybody.

Dr. Kahn and I are blessed to be able to have a positive effect and be able to pass this information to you. And stay tuned to the summit. We go to more depth and more information on cholesterol and other topics.

All right. Take care, everybody. My thanks Dr. Kahn.