Palpitations To Atrial Fibrillation: How To Diagnose And Treat Naturally Transcript

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Introduction to Palpitations and Arrhythmias

Hi dr Kahn, it's a pleasure to have the opportunity to interview a second time. So you're a wealth of information. I know what we're gonna talk about now is really important for almost everybody to know about.

And I want to learn more about this myself, you know? Thanks so much Doc furman. And uh yeah you're right. There are so many people out there looking at this topic and for solutions that are not the standard cardiology approach. So let's talk about it.

So we're talking here about palpitations, irregular heartbeat, pvcs, atrial fibrillation, SV t. All these things that trouble a lot of people, you know and are very prevalent in our in our population.

So help us understand what we're talking about just because people don't know what these words right now, just go through um what are palpitations, you know, S. V. T. P. V. C. S.

You know, help to explain this more for sure. And you know, it's really a miracle that we don't concentrate on but about 100,000 times a day. The top of the heart squeezes that's called your atria, the bottom, the heart soon after squeezes that's called your ventricles.

And then the heart resets and does it again perfectly synchronized optimal function. Just a well tuned engine to provide all the blood flow through your body at rest and more chance to provide all the blood flow to your body when you're physically active, whether it's walking, swimming or competing as you did yourself with your long history of competition, perfect, perfect efficiency. But that electrical system and you know, I've had the heart in my hands in the operating room and I've been inside the heart through other mechanisms called catherization.

There are electrical portions of the heart, but you can't see them. You got to do an autopsy to see them. But we know from that background there there and the top of the heart can spark early. That's a premature atrial contraction maybe felt, may not be felt, maybe felt as a thud.

The bottom of the heart can spark prematurely. A premature ventricular contraction may be asymptomatic, maybe felt as a thud or a flip flop. And of course, if it happens 234, 10 20 times in a row, it may be sensed as a racing all of that we call palpitations.

P. A. L. P. I. T. A. T. I. O. N. S. And it's a sensation and it's a symptom that the patient will relate to. Health care provider can be very much on the benign side, can be very much potentially serious and that is the art of sorting all that out.

It may be a clue to um just a little poor sleep, a little dehydration, a little excess caffeine, but it also may be a clue to something more serious going on.

Understanding Atrial Fibrillation and Stroke Risk

So the number of people that are concerned and ultimately present to the medical office for palpitations could also be dizziness. Lightheadedness. Just a sense of a flip flop in the chest and the standard medical model is, here's a prescription. But we try and are talking about natural approaches throughout this summit. So there's so much that can be done.

Uh And there's a lot of technology that's come into play. I want to show you some of that too. Great. Terrific. So you think that atrial fibrillation, atrial fibrillation or a fib is most most common?

And what do you do, What do you do for a person? How do you evaluate and deal with that? Yeah. And thank you

for that question because you know maybe not the most uh serious but nearly the most serious alteration of this wonderful synchrony is a particular rhythm called atrial fibrillation.

If you remember I said the atria are the top of the heart. So it's a completely disorganized beating of the top of the heart. Fibrillation is also sometimes called quivering of the heart.

What happened to that beautiful synchrony working together for efficiency? It's gone. And that's one aspect. People that transition from a good rhythm called sinus rhythm to atrial fibrillation because the efficiency drops. They may notice they're tired, They're short of breath. They are fatigued going upstairs and they certainly may feel fluttering in their chest.

But the real concern is that the top of the heart has a little out Pao ching, it's called the appendage that wants to form blood clots and if those blood clots form and break loose strokes occur. So atrial fibrillation has taken on a mega position in cardiology care around the world because of the risk of stroke.

And we want to prevent atrial fibrillation. All this is based on making Good diagnoses and the diagnostic approach. This is really interesting for the listeners.

You know you would visit a primary care cardiologist, you would maybe have an electrocardiogram very appropriate. And of course a history and a physical.

Usually you'd walk out of there wearing maybe a 24 hour or a 48 hour monitor. And if you happen to have your event, your palpitations, your premature atrial contraction from the top for your fibrillation a diagnosis could be made but very often and sometimes we joke you can guarantee the day you're wearing the monitor is the day you're not going to have a palpitation. So well you know I'm not a technology freak but we have to bring in an advance a lot. And we've really now focus on the patient very often helping us so much with the diagnosis. So I brought just a couple of toys here.

But these are medical, anybody can go online. A company I'm not involved with a company called K. A. R. D. I. A. And by device they just recently changed it from this little metal uh device, the one that looks more like a credit card if you're having palpitations at two in the morning and you put your fingers on this device whether it's the original version of this new credit card looking version, your smartphone will show your electrocardiogram.

People can take an electrocardiogram in their own home and they can then share that with their medical team whether by emailing what they recorded or bringing their smartphone to the office and letting a doctor like me scroll through it and we're diagnosing all the time accurately with home based devices for under $100 premature atrial contraction, ventricular contraction. Taka cardi as in particularly atrial fibrillation for those events that aren't so frequent because that 24 hour or 48 hour monitor may miss an infrequent rhythm. In fact, it usually does another show another one. This is even a little newer.

It's another company out of California called the by heart strap. Just like the straps used to wear at the gym to monitor your heart rate while you're on your elliptical, your treadmill. But this is actually an electric cardiograms strap. It's also inexpensive.

It's under $200. So it's, it's available if somebody's interested. You have an app on your smartphone, you wear this during the day at night, maybe at work, maybe during your activities and you can do it day after day after day, it records what's going on in your heart and saves it and if you're having symptoms, you can then say at two o'clock in the afternoon, I can identify what's going on. But even if you don't have symptoms and you scroll through it, you will be able to identify if there were abnormalities.

It's basically a home heart monitoring unit widely available, transforming cardiology, bringing the patient the person with the concern, you know, bringing them into involvement in the actual diagnosis.

And that also applies to treatment.

Home Monitoring and Wearable ECG Devices

If we are applying certain treatment, we can use these to monitor. I don't have an example, but I have to just say for a minute, the Apple watch would be the third, you know, foundation of home diagnosis. Home follow up there literally our research studies going on now, we took a population of people with atrial fibrillation.

We gave them apple watches and we were able to remove some of the medication from the patients because they had a device that's fairly accurate in identifying whether their symptoms or not that uh particularly atrial fibrillation has rickard or has not recurred.

So, transforming healthcare through a wearable, like we call them electric devices. This has really been exciting. Of course, a wearable doesn't make your rhythm go away. But it has again, involved the patient in their care. They got very interested.

They're much more voted. We still try and use natural approaches to identify and quiet the problem, of course, at its root cause, right? Because sometimes even when these irregular heartbeats, PVcs are a fib sometimes in a person that could be relatively harmless and other people that have them. It could be be actually serious and that there's a lot of factors that determine whether it's formless is serious and a lot of, it's a lot of it's the lifestyle and health of the person to write.

So you probably impact that do um how do you determine that? And what do you do for a person? Um as opposed to just focus on the arrhythmia? You focus on the whole picture and then you also give some natural approaches to focus on the arrhythmia too. And you know, it's always the whole person approach. So the standard cardiology approach is still important. You will have a history and a physical, you need labs. You need to know your potassium, your magnesium uh very thorough thyroid hormone panel because particularly overactive hyper thyroid can be a cause of all these problems, particularly atrial fibrillation.

You'll certainly be offered some kind of heart monitor, 24 hour, 48 hour, maybe a two week heart monitor. And if you have the problem identified that will make a diagnosis. But these other devices can help in the follow up um certainly an echo cardia graham, an ultrasound of the heart.

Looking for valve problems, looking for cardiac enlargement, looking for fluid around the heart and looking for the very strength of the heart, particularly in atrial fibrillation.

And there is a more advanced echocardiogram that requires hospitalization. So you can look down the throat. These will be amongst the techniques selected to make that firm diagnosis. I will say there was an old teaching in cardiology that atrial fibrillation affects some people and coronary artery disease affects other people. But the two didn't have much to do with each other and that has fallen apart of it with the advance of these heart artery calcium ct scans.

I always am concerned if it's a person age 40 and up and they particularly have atrial fibrillation. We have to ask the question if they're silent coronary artery disease that's altering the anatomy of the heart, that's reflecting an aging and a deterioration and senility of the heart.

So usually do now include those inexpensive, widely available coronary calcium CT scans. Um And it depends on the pathology found there are low risk atrial fibrillation patients and they may not need any particular attention to anti coagulation blood thinning.

And then there are certainly those that do need standard cardiology care, still always still striving for removing the root cause. And some it's caffeine. Clearly alcohol can be a heart talks in triggering all of these palpitations and heart rhythms we mentioned in others.

It doesn't seem to affect them but in many their very sensitive to alcohol intake and really need to eliminate it from their program. Um I want to focus for just a minute on sleep when you went to medical school Dr furman and I did I can remember specifically about a 30 minute lecture on sleep medicine in a four year medical program and then

probably an internal medicine training and cardiology training no further uh you know education and sleep.

Root Causes: Lifestyle, Sleep, and Medical Evaluation

And it was a rare event that you would really refer somebody for a formal sleep study in an office building of the hospital many thousands of dollars. Now we know that altered sleep and particularly sleep apnea and various pathologies, central sleep apnea and previously badly.

And the rest that they're much more common than we thought. And how do we know that? Because I just want to show this again. This is so altered our practice in my clinic. There are now very reliable home sleep studies that are a few $100 and I know that's a cost. But when we're talking to standard sleep study can be thousands of dollars. This is a very popular one made in Israel used in all the major medical centers around the world.

And it's basically it's a watch that you wear on your wrist one night in bed. You have a sensor on your finger that's full of oxygen monitors, skin temperature monitors, blood vessel waveform monitors, and one last electrocardiogram that you put under your pajamas by your heart.

And at night time you hit a button on your smartphone and that starts your home sleep study and in the morning you hit a button and end your home sleep study, we have diagnosed so many cases of severe sleep apnea.

And that person coming to us for palpitations, horrible masks either. Well if you don't have sleep apnea, you don't if you are identified with severe sleep apnea will discuss and usually refer to a sleep doctor.

But if you're questioning why do I have fibrillation, why do I have P. A. C. S. Why do I have palpitations You have to you know talk about of course all the obvious things. Blood pressure, weight, physical fitness. But sleep has really risen to the top.

We can make these diagnoses so simply and then we're still going to try and apply as many natural approaches as possible. That often will focus on neutral terrian diets, healthy sustained weight loss without yo yo because so much of sleep pathology is excess weight. Not all of it but so much of it is excess weight. And then we're gonna talk about supplements and supplements that may quiet the heart and provide some benefit as much as or even more so than prescription drugs. Sure. Now have you seen like because the overuse of prescription medication like when people are let's say doing a diet but they're left on blood pressure medications, they don't need them anymore and their diastolic blood pressure is now too low and maybe they're not getting adequate diastolic returns to the heart could precipitate a written, Have you seen anything like the overuse of high blood pressure medications. Be a cause of a stroke tribulation arrhythmias.

Yes and particularly probably diuretic use somebody gets on a water pill very commonly used in the primary care world for somebody with high blood pressure and they come to a clinic like mine or a retreat like yours and they make progress and they lose weight and they are lowering their blood pressure in the proper way with you know good uh mineral support and vitamin support and food based healthy sustained weight loss in the plant based world. And yet they're still on their medicine and they actually may be somewhat volume depleted by their daily direct.

They may be hipaa kalinic low potassium and hippo magnesium a clo magnesium. So that is usually one of the first things I'll do is reevaluate the medication trying to eliminate the diuretic and safely lower because we certainly want people to have a home blood pressure cuff and use it correctly. Lower the medication down.

But then a lot of people come to me and I'm sure they've come to you saying you know doc I don't want all those medicines you know let's take a more common just the P.

A. C. S. The pvcs the spectrum of people. Maybe it's stress caffeine, poor sleep and the rest they do not want that prescription drug. You know we'll pull out our heart friendly supplements And we know that many many people will benefit by some magnesium supplementation which we get through food and our seeds and or nuts and our leafy greens and our Christopher's but sometimes a magnesium Pilate like magnesium lights innate magnesium too. Or

it will be very helpful and these are low cost and generally well tolerated if there's healthy kidneys.

Certainly coenzyme Q 10 when I have a patient with the more benign form of palpitations in my clinic and we add that combination of a one a day. Coenzyme Q 10. Wonderful vegan versions if that's important to somebody. And that's what I have in my clinic and add about 100. How much coke you tend to you and how much magnesium do you add? I'm pretty aggressive with CO Q 10.

I carry a vegan version that's 400 mg. 400. And then I follow up with the blood level there is a blood level that's available and looking for a blood level about 2 to 3. Although there's really no known toxicity.

And these these are people without whom I know people on statins need more CO Q 10 which would be on. But you're saying even people who are not on statins benefit from this especially if they have arrhythmia they really do.

And as you know CO Q. 10 and magnesium have uses in migraines uh and uses in blood pressure support natural support of healthy blood pressure but it's very effective. And if they're on a beta blocker and they're tired and a bit depressed. Sometimes just that simple introduction of coenzyme Q 10 and magnesium will allow them to reduce of always being cautious.

Always working with the health care team but reduce sometimes eliminate their beta blocker and they get the same benefit without the side effects. Occasionally you have to go a little bit beyond those two.

There is um a supplement amino acid taurine, T A U R I N. E. That's available around 1000 mg capsule and many many vegetarian vegan versions of that capsule uh that worked very well.

In addition to the CO Q 10 and magnesium, you asked about magnesium, it's typically around 400 mg a day. You can go double that magnesium glycerin. It you just gotta watch bowel tolerance. Some people will get a bit of a loose bowel and won't enjoy the experience. Of course it will resolve by reducing or giving them a bit of a break but there's much that can be done with this kind of you know, root cause, food based, alcohol based, sleep based, weight based blood pressure based considerations and trying to address that root cause even if it takes a little bit of a time to get uh the the actual trigger of what's driving the heart to have palpitations and arrhythmia to be eliminated.

Like I know if I drew like an amino acid profile, I would see that most likely in vegans touring would usually be most often the amino acid that's low that they get below.

So are you saying that like a person on a vegan diet who has heart disease who develops arrhythmia. That's something that should be considered the taurine could be a factor there?

Yeah, it has been used. The famous cardiologist, Stephen Sinatra introduced the idea of supporting the heart with Co Q 10 magnesium uh ribose but a little lower down the list was taurine and that wasn't directed at a vegan population.

Natural Approaches: Supplements and Diet

But you're absolutely right in the data, aren't you confusing isn't Stephen Sinatra, the famous singer? No, I think we got frank uh maybe he's the brother of frank Sinatra.

They were related or they are related unfortunately. Uh they were related. Yeah, they were related and oh wow! So it wasn't, I was just coming up with a joke but I guess it's really unfortunately uh Dr Sinatra had an amazing career where talking about him and one of our interviews on the summit. So please listen to them all.

But he passed recently. So has taught so many physicians and this kind of nutritional support and supplemental support can get some people away from being locked into those lifelong prescriptions for palpitations. Now I want to address just one reason people see me so frequently. Dr khan I've got atrial fibrillation and my doctor says I need to take these blood thinners for the rest of my life.

And it used to be warfarin also known as Coumadin. And as you saw in your practice the weekly or the monthly blood tests and advice about maybe avoiding green leafy vegetables. My God, how can you live by avoiding green leafy vegetables. You know.

Unfortunately now for more than a decade we have newer drugs like Xarelto Pradaxa eloquence. Um There is in the world of cardiology a lot of data about assessing the risk of a person with atrial fibrillation for stroke. And there are very high risk people and there are very low risk people and cardiologists are trained to do this even in conventional cardiology. Um I sometimes disappoint people that come and see me thinking I'm gonna pull some magic you know herb out of my rabbit hat that can replace their powerful blood thinner because there's some people that should not do that that really are at enough risk. And the risk is partly females are more at risk for stroke nature fibrillation than males at science.

The elderly are significantly more at risk than the younger population. Those who have already had a stroke or a mini stroke ci are at more risk diabetes, high blood pressure, the usual risk factors there.

So there's a scoring system and some just can't be safely advised to come off their medicine. What is evolving and very exciting is there are people that are in fibrillation out of fibrillation in and out paroxysmal fibrillation.

That technology of something like a smart apple watch is being used in research studies and I think we'll see it more commonly. Mr jones mrs smith. Okay, you're a little lower risk you're not having fibrillation very often or at least at all since we started your coke utan your magnesium notorious with your apple.

Watch alerting you if you should go back into fibrillation. Not perfect, but still able to do it. We can take you off your blood thinner and monitor you. But those are very carefully selected patients.

And it is the area of ongoing research right now about can we introduce technology like this to get people off pills? I know that's not very natural but it is still an exciting area of trying to address people. Now if you there's still a risk of hemorrhagic stroke from the being on the pill too. So you have to weigh that.

Um do you ever use any kind of natural blood thinner like NATO or anything like that when you use something between that same population that will consult with me and say can I stop my Xarelto and use napkins. Something from an earthworm called lumbar.

Sometimes they'll ask about fish oil or tumeric or vitamin E. Um and other, you know, mild agents that have blood thinning effect. Unfortunately the data there for that population that's in fibrillation all the time or that are significantly in and out of fibrillation but have the older age, the female gender, the previous heart failure, the diabetes.

You can't really in good conscience recommend these natural winners. They do have a role in other situations. And some of the coronary artery disease patients prefer vascular disease patients cholesterol patients and all.

But I'm very cautious about advising somebody about their risk and there are still some people are on Warfarin uh if you have mitral stenosis, which is pretty rare in the United States, rheumatic fever disease and fibrillation.

Warfarin is still unfortunately necessary based on science. So we're making progress. But the bottom line is it's just like you teach people, you know, would you be willing to make some changes to get off some of your medication for the more benign spectrum of palpitations? Would you be willing to eat a neutral terrian diet and lose weight and increase your natural and take a magnesium in your natural and take health supportive amino acids that come from eating healthy foods.

Would you be willing to improve your sleep quality by losing weight? So you don't have to wear that mask at night? You know? And people had not heard that these are pathways to success with arrhythmias and palpitations and they really are very powerful pathways that sounds great.

Blood Thinners, Risk Stratification, and Alternatives

So, it's a whole portfolio of interventions that collectively put together can have the person in many cases resolve even irregular heartbeats. Absolutely, I'll give you this is a strange one, but a lot of people in perhaps you and they don't know by the way, they don't have to actually eat earthworms.

Right, well you have is a capsule. Uh and it is used a lot around the world. So I come up with these stupid jokes. I can't stop myself. I know well we had the prop but we decided not to bring it talent I just want to go back to sleep because sleep in arrhythmia sleep and palpitations.

Sleep quality and um uh atrial fibrillation are really huge. So it turns out the miracle molecule called nitric oxide is made in our nasal passages. We were taught in med school is made in our arteries and taught in med school that by chewing leafy greens.

And it turns out if you can train yourself at night to breathe through your nose you will produce more nitric oxide better vascular status. It has an impact on rhythm disorders. So if you have severe sleep apnea diagnosed on a home sleep study or office sleep study you're gonna need to pursue certain pathways.

A lot of people are working on shutting their mouth at night and breathing through their nose. And there actually is an application of something called mouth taping very little um tapes that are comfortable and not unsightly and and people all over the world are doing that and seeing benefit and it's having an impact better sleep quality, less burden of palpitation. So it's something we use here in my clinic at a very low cost and very safe trial. Do it for a week do it for two weeks.

So mouth taping could help a person with something like atrial fibrillation even well milder in infrequent cases but certainly the P. A. C. S. The PVC.

Absolutely If we can use duct tape. My special type of tape. Yeah my dentist actually has pictures. You would think he was suggesting duct tape. Uh It's usually a guy in America's got talent like you take their mouth, you know I was in Vegas now doing a show like no mouth tape.

Probably his heart's in good shape. You know population, we're not suggesting mouth taping your relatives That annoy you. There's all kinds of potential uses actually if you just go to an online seller and put in mouth tape you'll see a few different versions and maybe 20 cents a night.

You can actually get that mouth closed and give it a try. But again a natural approach to improve your sleep and decrease arrhythmia. So these are some of the fun and some of the technical, I like showing off some of these toys because they're transformative in patient care.

It sounds fantastic. I'm now thinking of getting some of that mouth taping taping some of my relatives while they're sleeping. There you go. There's no doubt that would be popular.

I wanted to share with people on this important topic with that caution about blood thinners. I mean strokes very important information. Very good stuff. There are some people just one more technical coming. There are people that should be on blood thinners but they either don't want to or they have a high risk life.

I have a patient who's a motorcycle racer and he has to be on a blood thinner. But if he were to crash on a blood thinner would be terrible. So of course he could retire. So there are now devices going inside the heart little filter meshes That allow a person to have like a screen so that if a blood clot forms that can't go up to the brain allowing them to get off of blood thinners, it's a procedure, it's expensive. There are complications, something we didn't really have 15 years ago. It's not as simple as eating a beautiful cruciferous salad with a nut based dressing uh and some seeds.

But I just want to let people know that because people that are trapped on blood thinners are really searching for alternatives. Yeah. Yeah. Unfortunately we've learned about eating healthfully when we're young. So we have ourselves our families, our loved ones and people we've shared this with.

You can avoid the need for invasive medical care and and surgeries and heart surgeries and all types of things that you know, we prefer to avoid and not have to live with the fear of heart disease. And you know, it's so you know the conference that gives people there's so much of not having to go to doctors all the time and get all kinds of treatments and you know, I don't even go to myself.

No, The last thing I read is that by 2030, 50% of the United States population will be defined as obese by the B. M. I. measurement. And we're just going to see more arrhythmia and particularly more atrial fibrillation and more medication and more procedures.

And we have that opportunity that you're teaching and have taught for decades and I'm trying my best to also teach in this summit is all about. So I think we're going to do some good for people.

Terrific. Thanks again. Dr Connors. What a pleasure to be working together on this so much. I agree. Dr furman, Thank you.