Introduction and Dr. Kahn's Background

Hello. Welcome back, everyone, to the Heal Your Thyroid and Reversing Hashimoto's summit. I'm your host, Dr. Jen back here and today we have Dr. Joel Kahn.

He is an expert in all things cardiology. He has been on Dr. Phil the Dr. Show, Dr. Oz, Larry King, Joe Rogan, so many things because because he knows what he's doing.

So, of course, we would have him here to talk about the heart and the thyroid, what you need to know. So, Dr. Kahn, welcome. We're so excited to have you here.

Tell us a little bit about yourself and how you got to be so amazing with cardiology. I am so kind, but I'm excited too. It's a great topic. You're some it is great information.

I'm in suburban Detroit and people might say, why don't you live in San Diego or Costa Rica like everybody else? But I love it here. My family's here and I trained at the University of Michigan and at age 18, I adopted a plant based diet at University of Michigan.

You might call that vegan. So I had a strong interest in nutrition for now over 45, 46 years. I'm in my approaching mid-sixties. Amazing to say that. But I got my first email, a letter from Medicare recently that too soon, too soon.

Don't want to. But anyways, and as I did, standard cardiology, I want your heart attack. I want to put a stent in your artery. I would talk to people about nutrition.

And out of that, after many years of really hard core cardiology in suburban Detroit, in Ann Arbor, I went back and did my fall integrative medicine training, functional medicine training.

And about eight years ago I said, you know what, it's exciting and scary. It's frightening to make changes, but I'm going to completely turn my life upside down.

It's been a delightful path, so we spend a lot of time with people at the root cause, the functional medicine cause, from sleep to nutrition to fitness to dental health.

So I just had a talk to a patient literally 5 minutes ago. Has been the dentist in ten years. Oh, my God. Oh, my God. His wife had set me up to make sure I knew to ask them about it, but I asked everybody about it and we spent a lot of time on the thyroid because it's so critical in metabolism in general and cardiac health particularly.

Yeah, that's awesome. And I'm so glad that you did something scary and and now you're helping tons of people. I know I can refer patients to you, which is nice because you're just like an hour away from where my office is.

So I'm so great that I have you as an option. So let's talk about the thyroid and our heart health. So how does the thyroid hormone impact our heart health?

Some people might think they're separate because they go to a cardiologist and they go to an endocrinologist. But as we know, with integrative and functional medicine, they're all connected.

Yeah, we actually know there are actually thyroid receptors on the heart and on the heart muscle cells and blood vessels that supply the heart. The clearest connection, you know.

And when you have a healthy thyroid, we call that you thyroid. There's the pronoun for the thyroid you EU that's, you know, full evaluation and your thyroid is making just the right balance of thyroid hormone, the free T3 and the

free T4.

You have a wonderful symphony going on, but there is that potential to have overactive thyroid, the hypothyroid. And that's pretty uncommon in your practice.

And my practice usually requires some referral out to an endocrinologist or a thyroid allergist, but an overactive thyroid just whips on that poor heart.

You know, most people with an overactive thyroid, there are energies low. They may have some tremor, they may have a progressively higher heart rate because of all that excess thyroid hormone.

They may start to lose some weight and sweat a little.

How Thyroid Hormones Affect the Heart

Their eyes may start to bug out a little bit called graves. Eye disease can be quite serious if it's autoimmune hypothyroidism, graves disease, gravy about stress.

And interestingly, when you're hypothyroid, your cholesterol falls. So maybe transiently temporarily, your risk of heart attack may drop a little bit, but that can create a whole spectrum of heart diseases in and of itself, because really we're whipping.

Just think of, you know, giving yourself adrenaline day after day after day. Maybe you have an EpiPen and you eat some nuts accidentally. And then bad guy to take an EpiPen and you feel better.

But for a little while, your heart's racing and you're all jazzed up. Think about 24 hours a day. You've got a thyroid nodule or the entire gland making too much thyroid hormone and really whipping not just cardiac, but specifically because it can stimulate cardiac muscle cells and all.

There can be some real dangerous things that happen. And of course, just the heart rate can go up. And over time, if you put your foot on your accelerator in your car and you've always got it, pedal to the metal, you might do yourself some damage.

And we talk about cars anymore. I'm going to embarrass myself even though I'm from Detroit, because I can't tell a carburetor from a flux capacitor. But anyways, there's no carburetors anymore.

I do know that, you know, just pedal to the metal if your thyroid is overactive and your heart rate's 90, 95, 9800 and 204. That's why one of the mainstays of the early therapy of overactive hypothyroidism is a beta blocker, a temporary way to protect the heart from excessive adrenaline and high heart rate at all.

There's a really interesting and unusual but well known syndrome. Syndrome means we understand some of it, not all of it, but some people present in congestive heart failure.

They're short of breath, their ankles are swollen. They gain some water weight. They're breathless just walking to the bathroom and taking a shower. Of course, these are pretty marked symptoms that in the evaluation, maybe as an outpatient, maybe as an inpatient, we find out that their thyroid hormones are out of whack, they're hypothyroid.

And if we do that, simple tests that we do on anybody that's short of breath called an ultrasound of the heart, also known as an echocardiogram, we sometimes find a weak heart.

So there is a and that's a fancy word, but that's called a cardio myopathy, a weak heart. And there is a cardiomyopathy of hypothyroidism. And it can be quite serious.

You can have rather marked congestive heart failure and develop hypothyroidism. And the good news is, I mean, there's going to take weeks, the months of instituting a variety of therapies focus that the thyroid from the beta

blocker to other drugs that block the production of the thyroid hormones, maybe ultimately a radiation ablation or surgery to correct the nodule in the thyroid or the diffusely disease gland, but generally, when you have a weak heart, you really worry about the long run and you don't generally expect the heart to recover completely in hypothyroid, cardiomyopathy, hypothyroid, sloppy, weak.

Our it can recover fully, completely and entirely. So we always will be checking, even though it's unusual. But thyroid hormone for thyroid excess in hypothyroidism, you know even we we create hypothyroidism in our cardiology practice on occasion probably everybody knows and I'm sure from the other excellent segments on this summit that iodine has a lot to do with thyroid hormone production and there is a particular cardiac drug we use the lot.

20 years ago we used less, but my mom was on it. So we still use it sometimes and I'm careful with my mama at age 90, but she's on a very low dose. It's called amiodarone.

And then I O. D.. What's the iodine iodide? The structure of this heart rhythm medication used for atrial fibrillation is built on an iodine molecule. And it can be a problem because in the process of even at low doses, using amiodarone or used to have a name brand Cordarone, and it's been around for 40 years at least in the process of getting control of medium or serious heart rhythm problems like atrial fibrillation or ventricular tachycardia.

You're flooding the patient with gobs of iodine and their thyroid on occasion will become overactive. So we can you we're treating one problem. The heart rhythm problem may be atrial fibrillation.

And we have the potential for creating a completely different and serious heart problem, a high hypothyroid state, and maybe even with that cardiomyopathy.

So we got to, you know, always when we use medication, be so careful that we're not, you know, paying. Peter Paul I think is a statement or thing. Paul The Rob Peter But getting one gain and offsetting another and that's just you know, a brief overview of the overactive thyroid syndrome, the hyper thyroid syndrome, the Graves Disease, the toxic nodule that just putting out or putting our arm on, as I certainly in my clinic, I'm sure in your clinic and most functional medicine clinics, a thorough thyroid panel is pretty much a basic, just like a blood, sodium and potassium level.

You're going to get a pretty thorough thyroid panel. And, you know, I do find a lot of thyroid disease that others don't find. And, you know, some of it is the fancy word of medicine.

If we cause disease, we call it iatrogenic. Sometimes we're doing it. We're giving so much iodine drops, iodine supplements or medications that we trigger hypothyroidism.

But good news is the outcome is usually pretty damn good. Yeah, and it's interesting because with iodine, it's like there's a sweet spot. It's kind of like Goldilocks and it's hard to test for too.

Hyperthyroidism, Arrhythmias, and Heart Failure

So with iodine yet you don't want to get too much. You don't want to get too little, you need that sweet spot. But definitely when medications like amiodarone, you have to know if you have a loved one on that.

They need to have their thyroid be monitored during their treatment on that. Right. We have a few really competent functional medicine doctors around the Detroit area, but a few of them just love iodine for a variety thyroid says.

Press says some cardiac conditions. You know, that's a alternative approach. You're not going to find most conventional doctors treating anything with nighttime, and some of them are using really big doses.

And when I want to know an iodine level, I do a urinary iodine. You can do it just in a spot urine. You could do a 24 hour urine. But I'm told that the spot you're in is pretty accurate in these people come back with the levels that are 500 times the reported upper limit.

And I give a call to my colleagues and they tell me not to worry about it, but, you know, I'm sure once in a while it's got to trigger hypothyroidism just like this medication built around and iodine mild could kill can trigger hypothyroidism.

So we don't want to do harm. We want balance. I agree. And the balance can be tricky. Yeah. And with that balance, like you said, sometimes we cause things as doctors even though we don't mean to.

So with with patients if they go on thyroid meds, one thing I do tell them, especially if I'm starting a T3 medication that watch out if you have palpitations or anything going on like that, you know, we got to recheck your levels.

Come down on the dose because medications affect everyone differently. So I don't know if you see that from time to time. Yeah. And I left a little piece of the story out, but it's too important to just double back while we're talking about overactive thyroid.

Hyper thyroid is that there's this insanely common heart rhythm that dominates standard cardiology and also dominates a lot of integrative cardiology practice, and that is atrial fibrillation.

I said that word when I was referencing my sweet mama. And if you overdose a thyroid supplement, whether it's a pharmacy or a natural compound, one, you can really because of this finding that there is thyroid receptor receptors on the heart muscle throughout the top of the heart found that you can promote somebody flipping into a rapid, irregular or uncomfortable arrhythmia or rhythm problem called atrial fibrillation.

And, you know, very often that requires emergency room visits and evaluation or just makes them very anxious and upset while it's happening. And you find out, oh, my DSH is so low I can't measure it and my free three is sky high or reverse t sky high.

So you're right. Sweet spot is obviously the goal is not so easy but to precipitate a true fibrillation is messing up a patient's, you know, homeostasis.

So we want to try and avoid that. Practitioners for sure. Yeah, absolutely. The other cases of hyper thyroid that I find is interesting is when they get the subacute thyroid thyroiditis from a virus.

So I had a patient that she went to the E. R. and they just ran a test. They didn't check for four and A for 83. And her her chief for 83, it was like close to ten.

And she had had, you know, COVID and she she got that subacute thyroid. It just kind of kicked in and she leveled out and she was fine, but it was crazy hurt her neck just hurt her and her back hurt her.

And then she was dropping weight. She and she didn't really have palpitations, though, but if it would have went on and we wouldn't have intervened she might of so it's really important to make sure that you do get a full picture because just the TSA agent might be more subtle.

And I know you see probably that a lot in your office because you're looking for the optimal ranges and not just the standard ranges for sure. For sure, for sure.

Now, those are good points. And, you know, we just spent ten, 15 minutes talking about a relatively uncommon medical condition hypothyroidism. You know, I'll flip over.

It's okay with you, you know, much more common, much more involved in the standard practice of medicine and the integrated practice function practice is hypo or underactive thyroid, where your receptors on your heart are not getting stimulated to the normal amount.

And of course, there's a whole variety of reasons. You know, I have a practice that doesn't require patients to be vegan, also known as whole food plant based because I am, many of them are.

And they come to me partly for that and guidance. I want to be the healthy food plant based, big an eater. I don't want to be a train wreck like I once in a while see on Twitter or Instagram or documentaries at all.

And you know, one potential deficiency, this is not a startling statement. I don't think there's a perfect diet out there because they all could induce some nutritional weak spots.

But one of the weak spots in a 100% plant based diet is that iodine intake can be low. And we just talked about it, an intake too high and we talked about sweet spots in the middle, but iodine intake can be too low.

There's scientific literature on that. In summary, that is eating Whole Foods plant based. There are some easy fixes without supplements. People that put kelp flakes on food, I'm one of them.

I find beautiful, you know, mixed spice mixes or organic ones that you can buy spice stores or online that are built on kelp flakes. And kelp is a pretty tasty it doesn't taste seaweed fishy and it has a lot of iodine in it.

And then you can check that urine test to see if you're in the sweet spot. Some people like to eat seaweed at sushi restaurants. I go to sushi restaurants, I have the pickled radish roll or the natto roll or the organic tofu roll or cucumber roll or something.

But I'll often have a nice seaweed salad. That's a good way to get a little idea. More and more multivitamins and there are multiple sites geared for the whole food plant based community have identified iodine as worth putting in a multivitamin.

It's not an all multivitamin, but just to give a shout out, there's a doctor Ferman multivitamin that has iodine. I use one called Complement Essentials that has eight components.

I use it for myself. These were my patients, but I think there's eight milligrams of iodine a day, which is just enough to make sure you're not missing out on that important nutrient.

And starve your thyroid and make the hyperthyroid potentially. You know, there's the rumor. I don't know how you feel about this, that the cruciferous vegetables, particularly the awful kale, I don't think kale is awful, but some people paint it as an awful, awful green vegetable.

I mean, if you massage it enough and cook it properly, it can be delicious. It's not so attractive as Roth. I'll eat spinach now and then and arugula, right?

All the time. I don't eat much local. You know, last time I looked in the medical literature, there was very few actually documented case reports that cruciferous vegetables can be good.

Trojans can produce hypothyroidism or thyroid nodules by interfering with thyroid metabolism. It may have been subtly, but actually produced disease. The case report, I remember, was a Oriental lady eating like £5 of bok choy a day.

Not too many of us are eating £5 of any green vegetable a day. Chris Hemsworth did. Chris Hemsworth is eating £5 of spinach a day and he got kidney stones from all the oxalate.

Hypothyroidism, Cholesterol, and Cardiomyopathy

So anybody listening at all plant based diets are super healthy, but rotate, eat arugula, eat some, actually eat some spinach, eat some romaine. Even now rare iceberg.

I don't eat much iceberg. Yeah, I agree with you, Dr. Kahn, with the cruciferous vegetables that's kind of blown out of proportion and you're eating breakfast, lunch and dinner and snacks and going out of your way.

And also, yes, I Popeye, he had kidney stones. I mean, Popeye, from all the accolades from the spinach. Oh, but I

didn't know that about Chris Hemsworth.

So yeah, it was a pretty big deal in the news. A couple know he was plant based vegan and he left the movement. You know, whenever a media person leaves anything, it makes news like he has his Ph. D.

in nutrition, that anybody of reasonable value would have said, Buddy, when you're making those morning smoothies, just rotate around a little bit, you know, put some Lorella in there, but some spirulina in there.

But, you know, just don't focus. And I know foods, you know, we like variety, like variety of color and even within a color, a variety of sources of that color without making it too tedious.

I mean, it doesn't have to be, you know, painting by the brush with 30 different colors every day. But, you know, next week go to the grocery store and try new and try dandelion greens for God's sakes.

Or kohlrabi or broccolini or something a little different. Good stuff. So I off a little bit so vegans I'd find multivitamins or seaweed or nori rolls or a little kelp flakes.

But in general, just talking about the importance hypothyroidism from a variety of causes slows down the metabolism. People are tired, people's skin is dry, their hair is brittle and dry.

Maybe a fallen out temperature may drop a bit. They tend to have a lower heart rate if it's really profound. Opposite, of course, of the hypothyroidism, not particularly prone to the atrial fibrillation, but just like the real severe hypothyroidism could trigger rarely this congestive heart failure cardiomyopathy, weak heart a really severe case of hypothyroidism.

Somebody with they've had their thyroid out, they've had a thyroidectomy or thyroid ablation and they stopped their meds a second tired or I forgot to pick it up for six months and they get severely hypothyroid.

It can impact cardiac function even to the point of congestive heart failure. Again, good news, largely reversible. They may get some fluid around their heart fluid around their lungs.

That's called a pericardial effusion and a pleural effusion. A higher rate may be in the forties. If you do an ultrasound again, an echo test, the heart function may be at the low end of normal.

Even below normal. And an interesting thing and important and that's why you want this sweet spot you mentioned and I'm going to use that word again, is cholesterol is very much tied to thyroid metabolism.

And in hypothyroidism we talked about beginning cholesterol tends to fall to you bring them back to normal thyroid and that necessarily a bad thing. But the worrisome thing is in hypothyroidism, cholesterol can skyrocket up and you can see cholesterol's of 300 plus which for a week or two it may not be dangerous, but, you know, month after month you might be, you know, promoting your already somewhat disease, thyroid arteries if you've not had the healthiest of genetics and lifestyle.

So, you know, again, just like anybody with atrial fibrillation is going to get a full thyroid panel or at all, but anybody with a high cholesterol should get a full thyroid panel because the treatment may not have to be dietary tweaks and cholesterol medication or cholesterol supplements.

It may just be replacing their iodine, supplementing their thyroid with natural compounded supplements. And you just see the cholesterol fall dramatically.

I've seen some big old cases of that for sure. Yeah. And I think that's a really important point to make is if your LDL is high, your cholesterol, the bad cholesterol, if something's off before you get thrown on a statin, you know, if if someone's out there and they just have a primary care doctor for right now, make sure they get a full thyroid panel.

Make sure you ask for it. And not just a tough age, you know, at bare minimum, a free T for free T three and age.

So that way you're not chasing this cholesterol number when you're not finding out the root cause, which, you know, could be your thyroid.

And then since you might have an audience for your wonderful summit that has a female predominance, because when we talk about thyroid disease, that is just the demographic that it concentrated.

So I just want to run with what you said for a minute, even though it's not directly thyroid, but it's so much what I do in my clinic, you know, uh, Mrs., uh, Mrs.

Cole, you're going to need to start this low dose cholesterol medicine called Lipitor because your cholesterol is 265, and, you know, it's going to put you at risk.

Well, step one, you just mentioned, you know, it doesn't matter if you're seeing a function. Medicine practitioner, gynecologist, Seneca, an allergist, internist, family doc, check the thyroid, complete check the liver health.

Check your blood sugar. I mean, if you're pre-diabetic, you want to focus on that and see if you, you know, change your diet, lose the weight, start to exercise, take some berberine or burger made or some natural supplement, bitter melon and get your blood sugar down.

You know, your cholesterol typically fall and you don't need the medicine. So those are called secondary causes of cholesterol. And before you take a med for life, you know, with rare exception, you want to go through that list.

And certainly thyroid is a big part of it, but it's not the only one, you know, excessive alcohol intake, excessive, you know, dietary discretion, indiscretions.

Of course, you're just addicted to Frappuccinos and Mountain Dews and Tim Horton Donuts. I mean, don't take Lipitor, take, uh, all those beautiful fruits and vegetables we mentioned.

But the new really endorsed approach to this big subset of women. And I'd say that because I see other women, more women that are seemingly low risk for heart attack and stroke, but their numbers on the paper are a little bit worrisome, is there's a simple test called a heart calcium C. T.

scan, not talking to a 32 year old, but the 48 year old, the 51 year old, the 46 year old that's been told you need to start cholesterol medicine. I'm really uncomfortable with your cholesterol numbers.

Your mother had a stroke at age 79. I'm worried about you. The current approaches that there's a CT scan you can get at almost any hospital in the United States and even outside the United States takes about 10 seconds.

You just lie down, hold your breath, go home. No I. V., no injection. The radiation exposure can be less than a mammogram. So that's considered low. And the newer, better of a CT scan or you're having it done at the lower the radiation will be, but nothing injected.

And there's something called a heart calcium score. And if it comes back to zero, it was suggested way back in the 2000s that people with a heart CT scan of zero don't need, don't benefit from, have more risk from, then benefit from Lipitor, Crestor and the stat and cholesterol medicine.

So of course, you might your doctor might start just super low. But the data was we don't think we need this at all. And as the science progressed and I adopted that philosophy, I take women off of statins.

If they go get this CT scan, typically costs about 75 to 100, $125 to get the CT scan. And you do it once. And if you're a good zero perfect dietary result, big celebration, do it again at about seven, eight or something like that.

So the radiation is very low and the cost is very low and I take it off stands. But in 2019, the American Heart Association looked at all the data and said, We actually agree.

If you've been told you need cholesterol medicine in your heart, calcium CT scan is done and it's zero.

Nutrition, Iodine, and Plant-Based Diet Considerations

We can't find any evidence you really benefit from Lipitor, Crestor. The Canadian Heart Association came on board. And just in the past couple of weeks in Denmark, they did a massive study and they segregate it out.

24,000 people, I think it was 10,000 that had a calcium score, zero. But big numbers. And they looked over up to four years. And then another subset, 16 years.

If you were zero, even if your cholesterol was really high, you did not have a risk identified in strokes and heart attack. So I think cholesterol is always important.

But what's more important is are arteries clean or not? And if your arteries are clean, you got time to work on your diet, get your thyroid balance, get dry down level balance, get your old gym membership to Orangetheory in place, get the weight under control, do the fasting mimicking diet, do something.

You don't need to take a prescription for life. So so many of the women listening to this may well have been told, you know, if your cholesterol doesn't come down, you need a cluster of medicine for life.

First question is, can I get my thyroid checked and my liver checked and my blood sugar checked and my iodine level checked and can I work on my diet and all?

But can I get a prescription and I'll go pay $100 at the hospital to get a heart? Calcium CT scan if I. It's like Vegas baby. If you come back a zero, you scream and shout in joy and you do that again in about 5 to 7 years.

I love that you went on that tangent because it is so, so important because these statins, they have side effects. Many people are not told they deplete Coke ten, so then they're taking a stand in their Coke.

You ten is getting depleted. So I think that this is really important information that you share because like you said, it's quick and easy. Not a lot of radiation.

I know when I need to get to that age where I want to look at my coronary calcium score, I will get one. So very great preventative medicine which, you know, we want to stop people before they have a heart attack and for sure we.

Yeah, and you know, the statins don't really they don't really do it. But yes, lifestyle is so important and even for the thyroid, making sure your blood sugar levels are balanced and you know, checking the liver enzymes, like you said, to make sure there isn't fatty liver, which is another early indication of blood sugar issues.

So it's it's just the whole body. And that's why this is so cool. It's it's all connected. So I love that you educate your patients. You know, on nutrition and you were like the, the OG of eating vegan, it seems like almost because you said in med school you started that.

Age 1845, 46 years ago. So have literally been completely committed to that and have benefited from it. But I've seen patients not do well with it and I've got to coach them.

And it was the and I don't apologize for taking a multivitamin with some key supplements in it. Usually I take algae omega three versus fish oil based omega three.

But I don't want my brain rotting. I don't want my thyroid rotting. And I I'm not going to call the vegan diet a natural diet, but it's a point of decision to make.

And 2023 events may not be the best thing for you. So worked out pretty well for me and a whole lot of my patients. Certainly a heart friendly diet. Yeah.

And definitely not every diet is going to fit every person perfectly. But like you said, the diet has to be done correctly. So anything could be taken extreme.

Like I remember reading an article about a guy that just bacon for 30 days straight and he lost weight and all this stuff. And so, you know, that's too extreme.

So I think. Doing chemotherapy every day and lose weight and all right. Little tip you take before a meal. You eat a little apple. There's there's certain foods out there that give you a negative calorie deficit.

You need a 100 calorie apple about half an hour. Our dinner on average, people eat 200 calories less at dinner because they've got a feeling of satiety.

So yeah, it's a the other one I just happen to post on social media. You take a glass of water with a teaspoon of chia seeds, stir it up or wait a couple of minutes and drink it.

I'm going to a party and I just know I'm not going to have self-control and going to overeat. You know that it really feels your stomach up with great nutrition because chia seeds are great in omega three and fiber, but it gives you a nice feeling of satiety.

I mean, everybody's injecting themselves now with these, you know, genuine indication or somewhat shady indications or the weight loss drugs. There are some natural foods you can do it with, too, and you can get yourself to a healthier weight without any weight shaming going on here.

No weight check. Yes. And I just had that hard conversation with the patient today and she's like, I'm just so desperate to lose weight. But we we weren't there yet.

I'm like, you know, if you need a GLP one agonist, you know, if we're at the end of the road and you need it for three months, then we can talk about it.

But, you know, it's not an easy fix. You know, it's better to have habits. You know, a lot of these patients that are really desperate to lose the weight, which is good because less weight, less inflammation, less inflammation, less cardiac disease.

But I usually put a continuous glucose monitor on them and we watch and we do the work and I give them tips. I love that tip. I might actually start telling my patients about that.

She said Tip because that's going to fill your stomach with fiber and hold a little bit of water there. So, yes, you're not going to jump right for the desserts right when you get there.

So it's going to get a little more salty, too. So you're only going to be a little mindful and you might actually say, I don't really feel like getting it.

Yeah, I do want to give a shout out. I'm sure you've covered one of the basic labs I do in my clinic is some sort of a selenium test. And truly, I don't see too many people selenium an important mineral and glutathione production, but very important in thyroid function.

I actually see more people, whether according to the blood test, a bit of an excess selenium level in their blood. But I am I pay attention to that. I pay attention to it in my plant based eaters.

You know, a lot of them eat a couple of Brazil nuts a week. Brazil nuts from a natural source are super high in selenium. The multivitamin I take again has not just iodine, but has I think it's 200 micrograms a day of selenium, which is pretty typical B vitamin based dose.

Cardiac Testing, Labs, and Finding the Right Doctor

You don't want to overdo it, but, you know, if you're suffering some thyroid condition, if you're on a plant based diet, you might just ask your doctor, can we get a blood?

The selenium C and IU level and might benefit you to you know, supplement a little bit either with foods rich in selenium or a multivitamin that has a small amount in it.

Yes, absolutely. So, Dr. Kahn, when someone goes to their cardiologist, let's kind of wrap up that they should be getting a thyroid test, right. Of some sort or what do they say when they when they go in, like I you know, how how can we help them out here to get what they need?

The reality is, in standard practice, drawing blood is a pain. There's no income in it. I hate to say that it takes time. When you get the labs back, it takes more time.

You know that. You see that I spend a 10th of my life doing nothing but looking at labs and emailing patients and giving them feedback, sending them their results, sending the results to their other docs, to be a team player.

I said they probably aren't going to get any labs, but would it be a good idea? And more likely, their primary care provider is going to be more open minded?

I mean, fortunately there are some labs out there like old time you lda and life extension where unfortunately you may have to pay for them. They try and make it reasonably priced.

You can pick a pretty comprehensive panel of labs on your own if you're struggling. Maybe your doctor doesn't want to do your eye at eye level or your selenium level or various other things that I talk about.

You talk about so people that are proactive, you know, without completely blowing the mortgage, can pick their own labs and get that. But, you know, from a cardiologist standpoint, you are obviously at a minimum fasting cholesterol panel.

There is a more advanced version, but at least get that. I want everybody to get a blood test called light bulb protein, a a inherited cholesterol that can destroy your arteries and you have no clue.

And it's 20 to 25% of the population. So it's extremely common. I like to see your high sensitivity C-reactive protein. It's always for 20 years plus been an important measure of inflammation.

But some brand new data says it's even more important than we thought. Like to see Omega three blood test. That's nothing a primary care doc usually draws, but if you don't have adequate omega three from your diet or supplements, your thyroid, your brain, your heart, your cholesterol, your joints, your eyes are all suffering and particularly your brain.

Oh, I don't mind a homocysteine level and a vitamin D level and some form of blood sugar, insulin, hemoglobin, A1, C, but now a lot of these labs you can get, there's a new one out there.

Now, I hate to give a name, but I don't know of any financial ties called lifeforce.com and Tony Robbins is behind it so you know, it's got to be medically sound.

No, but he's got some great advisors and it's like $399. You get 40 blood tests and it's a pretty damn good panel for $399. I've never had it. I've never referred to anybody there yet, so I don't know where you go to get your blood drawn.

They probably send you the tubes and you've got to figure it out. But with these kind of options, even if your medical team is resisting, you can work around them.

Then you just got to find somebody that understands them like you. Yeah, and I think that's important is if your doctor is not ordering it for you, then find a doctor that will or go out and do it yourself because these are life

changing labs that we're talking about that you need to know, like you said, like a protein little a I know when I got mine back and I was like, yeah, I'm good because it because it's genetic like you said it that's a tough one.

LDL triglycerides those those you can really make a big impact with your lifestyle diet and if you had an underlying hypothyroidism problem going on, you can really turn those around and around.

Yeah. So, Dr. Kahn, thank you so much for your time and your expertize today. I would love for you to share with how everyone could find you. They can visit you in Detroit.

Where else do you hang out with? I love your Instagram. I chuckle a lot. I'm licensed in about 20 states, so I do a lot of telemedicine. Florida. Georgia. New York.

Texas. Ohio. Illinois. Missouri. Maryland and Wisconsin. I don't know. DrJoelKahn.com, d r j o e l k a h n. com take you to my podcast. Taking on my blogs, taking on my clinic.

Thank you to the six books that I've written and have a lot of fun and you know, more excited about practicing medicine and cardiology than ever because it's just breakthrough after breakthrough after breakthrough.

And it's so much fun being in a small hands on high touch clinic where I can really implement new technology and new testing, new therapies and see the results.

So it's good to be free. Freebird while you're doing amazing things, so we appreciate it so much. Thank you for being here today. Thank you so much.