

Atrial Fibrillation

Calvin L. Thrash, M.D., M.P.H.

Agatha M. Thrash, M.D., F.A.C.P.

An insignificant occasional irregularity in heartbeat is felt by most people perhaps due to a change in eating pattern, weight, or having chilled extremities. If the heart constantly loses control of the rhythm and becomes chronically upset, it is most commonly atrial fibrillation (AF), the atria (top two chambers) having independent action producing a very irregular rhythm. Symptoms include palpitations, rapid pulse, faintness, angina, and shortness of breath on physical exertion. Atrial fibrillation (AF) is of two types: paroxysmal that occurs occasionally, and chronic or constant. With exercise, insignificant rhythm disturbances usually disappear, whereas atrial fibrillation becomes more irregular.

Causes

The commonest causes of AF are hypertension, coronary artery disease, overactive thyroid, and rheumatic heart disease. Alcohol; caffeine and its chemical relatives in coffee, tea, colas, and chocolate; drugs; and amphetamines all cause AF (Ref. *Archives of Internal Medicine* 145:830-3; May 1985). Other factors include aging, obesity, operations, hypoglycemia, smoke inhalation, ice cold desserts, tyramine containing foods and drinks (cheese, chocolate, red wine, bananas, broad beans, any food containing aspartame—phenylalanine—also known as Nutrisweet, some canned foods with preservatives), yogurt, pineapple, and commercial ice cream. AF may occur for no known reason. This is termed “lone atrial fibrillation” (LAF).

Treatment

Objectives of treatment: The treatment is first aimed at slowing the heart rate preferably below 90 beats per minute. This helps the second objective of reducing the risk of blood clots inside the heart due to stagnation of blood. Blood clots in AF increase the risk of strokes. The next objective of treatment is to improve the general circulation and reduce the swelling in the ankles and pooling of blood in the lungs. The pulse during exercise may be quite fast in AF, often reaching 170 or 180 beats per minute, especially during the first few weeks after onset.

Physical maneuvers: First aid for acute onset AF—during the first few minutes preferably, and up to one week—carotid artery massage and other maneuvers outlined in our description elsewhere of PAT (paroxysmal atrial tachycardia), along with the splashing of ice water on the face for five seconds, can be helpful to convert the rhythm to normal. Good posture with deep respirations keeps the heart from dilating and reduces the likelihood of developing clots.

Fasting: A day or two of fasting per week will do most patients quite a lot of good, reducing the force of the palpitations and making them less noticeable.

Use of water: Since the tissues hold onto quite a lot of fluid during the day in AF, the amount of fluid left in the bloodstream is reduced. Drinking water thins out the blood

and reduces the possibility of developing a clot in the heart. The extra nighttime trips to the bathroom in AF can interfere with sleep to some degree. Plan to get an extra hour each night to compensate. Toward morning the diuresis experienced throughout the night may have caused the blood to be again low in water. A small glass of water taken about 3:00 to 5:00 a.m. could be just the thing to prevent a clot that would cause a stroke.

Massage: Perhaps the most pleasant treatment is massage, advised by researchers for heart rhythm and rate, and for hypertension.

Prayer: Psychological factors can dramatically influence heart rhythm. The patient should become a person of prayer.

Garlic and its relatives: Garlic, minced cloves or 500 milligrams of extract, twice a day can dramatically reduce platelet stickiness and the risk of strokes.

Naps: After cooling down from major physical exertion, take a short nap of 30 to 45 minutes.

Colon health: The old doctors and homeopaths used to say the colon is the source of some rhythm disturbances in the heart. A totally vegetarian diet (vegan) is the most favorable.

Blood Sugar: The blood sugar should be controlled very carefully by avoiding overeating and severely reducing all concentrated sweeteners such as honey, sugar, syrup, molasses, malt, etc. Most AF patients should eat very similarly to a diabetic.

The two-meal plan: The two-meal-a-day plan should be adopted, using a hearty breakfast and a moderate lunch. This meal pattern reduces the rate of aging and the onset of degenerative disease—allergies, asthma, cancer, and heart disease.

Exercise: Perhaps one of the most important matters in the treatment of AF is that of exercise. The very act of exercising reduces the likelihood that a blood clot will develop. The heart rate is beneficially affected as are the circulation and fluid retention problems. Exercise should be described as vigorous but not violent. Remember, exercise neutralizes stress.

Supplements:

1. Vitamin D, 400 units daily, stopped one woman's chronic AF.
2. Carnitine, 100 mg. per kilogram, administered intravenously, has some of the same anti-arrhythmic effects Quinidine has (Ref. *Archives of Int. Pharmacodyn. Ther.* 217:246, 1975). This information will not be helpful to non-physicians, but may be of use in guiding a willing physician to use alternatives instead of hazardous pharmaceuticals.
3. CoQ10 (coenzyme Q10), 50-100 mg. three times a day, exhibits an effective anti-arrhythmic action. It may take as long as three months of treatment before results will be observed (Ref. *Tohoku J. Exp. Med.* 453, 1983).

4. Walnuts, sunflower seed and flaxseed oils, and 500 mg. of vitamin E oil taken daily can reduce rhythm disturbances of the heart and diminish clots and heart attacks (Ref. *Journal of the American College of Cardiology* 24:1580, November 15, 1994).
5. Taurine, 500 to 1000 mg. three times a day. Remember to take all amino acids on an empty stomach to prevent combining with other food substances.
6. Zinc, 15 mg. per day, and copper 0.5 mg. per day, along with magnesium aspartate 500 to 600 mg. per day are of much help, both for heart rhythm and for hypertension.
7. Citrus fruits are especially high in flavonoids, a heart nutrient, particularly the white portions just under the peel. Berries of all kinds contain generous quantities of flavone oils, as do dry beans, especially soybeans.
8. Reducing salt in the diet can help substantially with fluid retention.
9. Eat as little food as you can get by with to barely maintain your weight on the thin side.

Herbal remedies:

One to two heaping tablespoons of freshly ground hawthorn berries (with seeds) should be gently simmered for 20 minutes in one quart of water. Use a blender or seed mill to grind the berries. Remove the mixture from the burner and add one heaping tablespoon of lily of the valley (to slow the heartbeat), and one to two heaping tablespoons of motherwort (to increase the strength of the heart). Add one or two tablespoons of mistletoe to the mixture if you have high blood pressure.

Curcumin from turmeric prevents blood clots. Take one teaspoon of the powdered turmeric stirred in three or four ounces of water with meals.

Grapes and grape seed extracts are believed by some doctors to be of help in AF.

Oil of cloves—one to five drops—was found to be more effective than aspirin in preventing clotting. Stress encourages clotting, but oil of cloves (*Eugenia aromaticum* L.) will abolish this effect of stress.

Goldenseal (*Hydrastis canadensis*), barberry root (*Berberis vulgaris*), and Oregon grape root (*Berberis aquifolium*), all contain the antiviral berberine. If you have coronary artery disease, you should take a good source of berberine for one month.

Black currant seed is very good in the prevention of heart rhythm disturbances in aging laboratory animals such as rats.

Ginkgo biloba decreases platelet aggregation. Use 40 to 80 mg. three times a day (Ref. *European Journal of Pharmacology* 164:293;1989).

Bugleweed and cactus increase the tone of the atrial muscle, thus reducing dilation of the atrium.

To reduce breathlessness, repeatedly breathe out forcefully through rather closely pursed lips so that a bit of pressure builds up momentarily in the lungs. Lifting the arms above the head may also help. Breathing exercises, stretching exercises, and relaxation techniques for an hour a day, along with exercise at least three hours per week are recommended in the *American Journal of Natural Medicine*.

Magnets or Electromagnetic Devices: Some patients have felt more comfortable wearing a small magnet over the upper part of the heart. Certainly these simple devices are more desirable for experimentation than drug medication.

Aromas and Essences: There is healing in the aroma from balsam, fir, cedar, and pine trees. If there are forests of these trees nearby, exercise among the trees, head held high, shoulders back and down, a smile and trust in God in the heart. Your condition will be improved, and your soul will be blessed. Spikenard extract oil (called nard) is another aroma said to be of benefit to those suffering from heart and artery disease. Rub the diluted oil over the heart area.

Prognosis

As long as ventricular function can be maintained at a good level, the prognosis is quite good for length of life and for freedom from difficulties with the AF. If the left ventricle becomes thickened, the likelihood of getting complications from AF is increased. Dilation of the atria above 40 millimeters as seen with an echocardiogram or on an x-ray, increases the likelihood of getting additional problems. Every ten millimeter increase in size of the left atrium carries a doubling of the risk of stroke for men, and a 40 percent increase in risk for women (Ref. *Circulation* 92:835-841, 1995).

All pharmaceutical medications without exception used for AF have serious toxicities and some percentage mortality rate from their use. Their benefit in preventing complications must be weighed against their serious toxic properties. Fewer than 60 percent of AF patients remain in normal rhythm after they have been electroconverted, even with the subsequent use of drugs (Ref. Gerald V. Maccarelli, M.D., *University of Texas Medical School at Houston from Conn's Current Therapy* 1995). The low rate of permanent cure, considering the expense and dangers of the procedure as well as the drugs that must be taken afterward, makes us reluctant to advise that route.

Strokes

If there is no other disease, the main clinical consequence of AF is stroke. One study found four times the incidence of stroke compared to the normal population occurring on the average of 8.5 years after the diagnosis was made. About one-third of patients having strokes in AF die from the initial stroke. These statistics were obtained in patients who were neither anticoagulated, nor did they use the natural remedies (Ref. *The Lancet* February 8, 1986, page 305). The presence of mitral stenosis increases the risk of strokes from embolism more than three-fold (Ref. *The New England Journal of Medicine* 306(17):1044-45, April 29, 1982).

Six percent of persons anticoagulated with AF have major nonfatal extra-cranial hemorrhages. While stroke is somewhat less frequent in the anticoagulated group, it does occur, and when it does it is more commonly hemorrhagic (bleeding into the brain tissue) than embolic (a clot from the heart), indicating that a blood vessel has ruptured in the brain, rather than that a clot has traveled from the heart to the brain.

In one study 23 percent of all strokes were felt to be caused by AF, and most of these patients were anticoagulated. In the 30 year Framingham study the proportion of all strokes occurring in those 5184 people which could be said to be due to AF was only 14.7 percent. The rate increased from 6.7 percent at age 50 to 36.2 percent at age 89 (Ref. *Arch. Int. Med.* 147:1561-4, September 1987). Consequently, one with atrial fibrillation should take seriously all these suggestions to keep the likelihood low of getting a clot inside blood vessels. The most favorable methods are not pharmacologic anticoagulants, but control of lifestyle—staying well hydrated, exercising vigorously several days a week, eating a non-clot producing diet, and taking a few good herbs.

For more information contact:

Uchee Pines Lifestyle Center

30 Uchee Pines Road #75

Seale, Alabama 36875

Tel. 334-855-4764

www.ucheepines.org