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VIRTUAL LAF CONFERENCE

Proceedings of 58th Session
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SUBJECT: LAF and Niacin

Abraham Hoffer MD PhD, and editor of Orthomolecular Medicine suggested that niacin was effective in treating LAF in his 1994 article, which is mentioned on this board.

I tried 500 mg of flush free niacin twice a day and also of sustained release niacin and found total relief from daily LAF from both. Is there anyone else that has experienced the same thing?

I think that the way niacin works is identical to the way taurine works, but about 10 to 15 times stronger. It works as an antitoxin to adrenochrome, a toxic oxidization by-product of adrenalin.

I think it will work better in those of us that either are, or have been, adrenalin junkies. In other words, those of us that have had exciting, perhaps even dangerous lives, occupations, hobbies and similar high adrenalin life styles, particularly where we have also indulged heavily over previous years in liver-damaging activities such as excessive drinking, even if it was many years ago.

George E.

Hi George,

This is from Wikipedia. Recommended daily allowance for men is 16mg yet you take 1000mg a day??? and there are side effects taking too much niacin? Alarm bells are ringing here.....

<http://en.wikipedia.org/wiki/Niacin>

Deficiency and overdose

"Severe lack of niacin causes the deficiency disease pellagra, whereas a mild deficiency slows down the metabolism decreasing cold tolerance. Extremely high doses of niacin can cause niacin maculopathy, a thickening of the macula and retina which leads to blurred vision and blindness.[3] The recommended daily allowance of niacin is 2-12 mg a day for children, 14 mg a day for women, 16 mg a day for men, and 18 mg a day for pregnant or breast-feeding women.[4] Over 20 mg per day may produce hot flushes lasting 15-30 minutes in duration, along with a strange itching sensation and a reddening of the skin. In some cases it may cause a headache or even nausea. This is completely normal if a large dose of niacin hasn't been taken before and is caused by the cells of the body releasing histamine, which results in vasodilatation. Once the body becomes used to the larger dose (usually over a period of days), these side effects will lessen or cease. Taking aspirin half an hour before the niacin will generally lessen the side effects."

Dean

This is REALLY interesting. I've been researching Niacin with regard to treating tinnitus (1-3% of patients on Flecainide experience tinnitus - that's me... rats!). I found a very interesting article regarding the use of therapeutic doses of Niacin (Vitamin B3) to lessen the effects of this irritating condition:

<http://www.emedicine.com/ENT/topic235.htm>

Niacin has been used as therapy for tinnitus for years with variable success. Niacin is thought to provide smooth muscle relaxation and perhaps increased blood flow to tiny blood vessels supplying the inner ear. Patients often sustain a blush when taking niacin in effective doses. Forewarn patients of this effect because some can be frightened by the phenomenon. About half of all patients with tinnitus report successful treatment with niacin. Patients often report that niacin decreases the intensity or severity of tinnitus.

The key relevance for LAFFERS is that Niacin is reputed "to provide smooth muscle relaxation..." This would pertain directly to the heart muscle, and this is very interesting.

On taking this up with my ENT - he was not even aware that there are smooth muscles (as opposed to fibrous muscle) in the inner ear! Makes you wonder...

Now the big question is, what is a "therapeutic" dose? This would obviously be higher than the usual "recommended" dose, which just refers to dietary supplement. My pharmacist is of the opinion that a therapeutic dose is usually delivered by intramuscular injection and should be done under medical supervision.

Looking forward to how this pans out.

Blessings, **Michael**

Michael,

<http://www.tinnitusformula.com/infocenter/articles/treatments/bvitamins.aspx>

Vitamin B-3 (Niacin, Niacinamide, nicotinic acid)

Vitamin B-3 is essential for the proper breakdown of carbohydrates, fats and proteins. Vitamin B-3 also supports circulation, healthy skin, and aids in the functioning of the central nervous system. There is no accepted standard niacin dosing for tinnitus. Typically, though, I recommend beginning at 50 mg twice per day. If there is no improvement after two weeks, the dose is increased by 50 mg at each interval to a maximum dose of 500 mg twice per day. If there is no appreciable response in 3-4 months, then it is not likely that niacin will be of benefit. There is no clinical proof for the effectiveness of niacin in treating tinnitus. However, there are numerous anecdotal reports of response to niacin to treat tinnitus.

GeorgeN

Dean, You quoted Wikipedia as, "whereas a mild deficiency slows down the metabolism decreasing cold tolerance."

Interesting. That was the actual reason I first started to use niacin, to improve my cold tolerance, not to treat LAF. I could not stand being in an air-conditioned room, or anywhere less than about 96 degrees F.

Concerning dosage, the tablets that I am using are 500 mg niacin prepared to release slowly, which are also supposed to be good for raising high-density cholesterol.

I have also tried "flush-free niacin (inositol hexanicotinate)" and it worked against LAF too, but absolutely did not help cholesterol issues. It is chemically not the same as plain niacin.

I have not tried niacinamide, which is also chemically different than "niacin".

Concerning tinnitus, I still have it just as bad as ever. I see no benefit from niacin there - yet.

I suppose that the Wikipedia article could have been "planted" there by people not wanting others to experience the benefits of higher doses, such as manufacturers of statin drugs, who stand to lose billions of dollars to cheap old niacin in the battle against cholesterol.

Perhaps the low doses that are RDAs do not apply to those of us who no longer make our own niacin and have to rely on supplements. Niacin is made from tryptophan in our bodies. I have not found out how much niacin is made in our bodies relative to the amounts we ingest. However, I am certain that I eat enough meat and other niacin-rich foods to rule out dietary deficiencies of niacin. There is something wrong with me, and it causes LAF and cold intolerance. I wonder if there are others???

Plain niacin does give a "flush", but neither the slow release (extended release) type, which is just plain niacin bound in a matrix so that dissolves over a 6 to 8 hour period, nor the flush free type cause flushes.

On the other hand, Hoffer gave much more plain niacin, and who knows what is the lowest effective dose. All I am saying is 500 mg twice a day works. I suppose one could find lower doses and see how they work too.

What I notice the most, is that my heart beats normally for the first time in about 8 years. No LAF, and no PACs, and a very normal relaxed beat. I also sleep much better; perhaps because my heart does no longer does its weird thing about 3 AM.

George E.

George, I have taken the flush free Niacin (500mg) for years for Cholesterol, so was interested to see your comment regarding it. I can also report it has not helped my cold intolerance, tinnitus or A Fib prior to my ablation. Now wondering why I am taking it?

Cynthia

George,

The benefits you report from niacin I have received from magnesium, taurine and fish oil. No LAF, limited PAC's and my sotalol recently reduced from 80 to 40 BID. I also take a multi vitamin with B3. I will increase my niacin directly and happy to report back any additional benefits however I would be reluctant to get up to 500mg BID - seems like a lot! However I am pleased to read that you have derived such a positive benefit from this dose. Certainly if I was you I would keep doing what you are doing! However I was wondering if you had tried mag and notice any improvement in your clinical presentation?

Thom

Therapeutic levels of niacin are sold as an extended release prescription drug called Niaspan. Tablets with three different levels of niacin are available, 500, 750 and 1000mg. <http://www.rxlist.com/cgi/generic/niacin.htm>

It is sold by Kos Pharmaceuticals. <http://www.niaspan.com/>

Here is info on the side effects. http://www.rxlist.com/cgi/generic/niacin_ad.htm

Bob K.

To this you can also read the patient comments on Niaspan... which definitely will cause flushing and sometimes intense itching in some people.

http://www.niaspan.com/pdf/niaspan_pi_r1.pdf - 16 pages from mfr.

<http://www.askapatient.com/viewrating.asp?drug=20381&name=NIASPAN>

http://www.rxlist.com/cgi/generic/niacin_ad.htm

Be sure to note the cardiovascular side effects of Niaspan.....

.....atrial fibrillation and other cardiac arrhythmias; tachycardia; palpitations; orthostasis; syncope; hypotension

So beware of the time-released version called Niaspan.

Jackie

Cynthia, Interesting. Perhaps there is a dosage to body weight issue? I looked into the dosages recommended for cholesterol, and it was much higher than 500 mg per day (1,500 to 3,000 mg depending on the type taken). All this is weird to me and confusing.

There is literature support for your and my observation that "flush free niacin (inositol hexaniacinate) does not work against cholesterol. Here is an abstract:

-----*Prev Cardiol. 2006 Winter;9(1):64-5. Links*

"Flush-free niacin": dietary supplement may be "benefit-free".Norris RB.

Pennsylvania Hospital of the University of Pennsylvania, Philadelphia, PA 19106, USA. rnorris@pennhearts.com

This report describes a patient with coronary artery disease who was instructed to take extended-release niacin to treat low high-density lipoprotein cholesterol and instead purchased "flush-free niacin" available at the pharmacy. There was no significant change in his lipids. Once the patient switched to extended-release niacin, the anticipated beneficial effects were seen. The article reviews the composition of flush-free niacin, its purported and real lipid effects, and warns against the effects of misleading marketing.-----

This is what I was saying earlier, the chemistry of niacin (either plain, which will cause flushing) and extended release (slow releasing) versus "flush free niacin" is very different and they don't work the same. Why you and I differ on "cold tolerance" is not clear, perhaps with the possibility of different dosages and perhaps product brands.

Thom, a magnesium deficiency can cause a variety of arrhythmias including a lethal one (torsades de points). Can't omit the magnesium and live long! I use it to keep my blood pressure at 100/60 and I am 66 years old!

I think the way taurine and niacin work is to detoxify one of adrenaline's oxidation products, adrenochrome. I found that niacin was 10 to 15 times stronger than taurine in that regard (on a mg basis). Adrenochrome is discussed in Dr. Hoffer's paper on niacin and schizophrenia, which I placed on the Internet at <http://george-eby-research.com/html/hoffer.pdf>

George E.

Hi George!

Can you share with us where you were in frequency and duration of afib events when you began the niacin experiment and where you are now? Absolutely no afib? Occasional?

How long has this been entire niacin experiment been going on.

Was there any difference between the regular niacin and the time-release?
If so, how long did you try each one?

Which one do you use currently?

Do you experience any of the flushing or itching mentioned in side effects?

Have you monitored liver function/enzymes before, and at regular intervals to know what affect niacin is having on the liver?

Jackie

Most people taking niacin take it for cholesterol issues, and I have no idea if they also have "low body temperature and intolerance to cold". If they do not, then they may have normal, or non-deficient, levels of niacin and they may be getting very high niacin levels consequently from drug doses of it.

I, on the other hand am taking it because I have found that it does two things for me, that being to make me insensitive to cold air and it stops my LAF and greatly improves my overall rhythm. Intolerance of cold is a symptom of niacin deficiency.

My dose is lower than they recommend for cholesterol issues, and I wonder just how low I can go and keep the LAF from returning.

In other words, I don't want to take a DRUG dosage of niacin, I just want to have a normal niacin blood concentration.

I will take my chances with high levels of low-density cholesterol, since keeping blood pressure is much more important to preventing heart attacks in the opinion of naturopaths (mine is 100/60). Of course, L-arginine is helpful too but that is another story.

George E.

Can you share with us where you were in frequency and duration of afib events when you began the niacin experiment and where you are now? Absolutely no afib? Occasional? - My episodes were often daily, lasting for a few hours. I now have nothing! Not one moment.

How long has this entire niacin experiment been going on. - Perhaps 3 to 5 months, time goes by pretty fast these days.

Was there any difference between the regular niacin and the time-release? If so, how long did you try each one? - The time release worked for the entire duration, and I only this week starting Monday did I switch to regular (sustained release) niacin.

Which one do you use currently? - Regular (sustained release) niacin, and results seem the same.

Do you experience any of the flushing or itching mentioned in side effects? - Nothing at all! And I am an allergic person taking allergy shots.

Have you monitored liver function/enzymes before, and at regular intervals to know what affect niacin is having on the liver? - Not yet. I had a blood test run last Monday, and I will have results back Monday March 26. I think they included the liver enzymes, but I don't know.

George E.

Hello all, I have been taking 3000 mg of Niacin per day in the form of inositol hexaniacinate since Dec 3. I promised a report in March but I have been waiting to find out what the results of my next round of blood tests were before doing so. Basically I have been on the Hoffer Protocol for almost 4 months. In addition to the Hoffer protocol I also have been taking the following daily:

Acidophilus 3 caps

taurine 3000 mg
magnesium glycinate 200 mg
Contrace mineral drops ~ 125-250 mg ionic magnesium
Vitamin C 1500 mg
Selenium 200 mg
Vitamin E gamma mixed 400 IU
Vitamin D 400 IU
Ribose 2.2 g (variable, sometimes I forget)
Coromega fish oil 1-2 pouches

How do you define success? If any improvement is successful then I guess I would have to say that the experiment has been partially successful.

My afib episodes have lessened in duration and periods of Blessed NSR have increased. Prior to implementing the Hoffer protocol I was experiencing afib anywhere from 3 to 5 days with some going on as long as 9 days. NSR periods would last 2 to 3 and sometimes 4 days. Improvements were gradual with February being the best month so far. Totals for Feb were 481 hours of NSR and 250 hours of Afib.
So although I still am experiencing afib there has been some success.

The down side is I have also experienced a huge 20 lb. weight gain at the same time. I have allowed some cheats to creep back into my diet but that may not be the whole story. My GP said that Niacin causes blood sugar to rise so I wonder if that has been part of the problem.

THE HOFFER PROTOCOL

Niacin - 1000 mg three times a day after meals
Folic acid - 5 mg three times a day after meals
Coenzyme Q10 - 100 mg three times a day with meals
Vitamin B12 - 1 mg sublingual tablets a day
Vitamin B6 - 250 mg a day
l-lysine - 500 mg three times a day ;(I take the lysine /proline combo from Hans store 500 mg twice a day with the carnitine "Adrian")
l-carnitine - 500 mg twice a day
Magnesium - 500 mg a day (as citrate) (I don't take citrate. see above, "Adrian")
B-complex (50 mg) - with breakfast

Expensive urine? You bet it is. Is it worth it? I dunno yet.

I wonder if taking the regular form of Niacin would prove more beneficial than the inositol hexaniacinate (flush free) form?

Another issue that has come up recently is my brother has just been diagnosed with porphyria cutanea tarda, which was possibly associated with hemochromatosis. It has been recommended that the whole family be tested for HH but that is a topic for the regular forum. I'm going to have to go back and read all of Isabelle's posts.

If anyone has input on the Hemochromatosis issue I will be posting on the regular forum.

Cheers

Adrian

Jackie, Niaspan and niacin seem to be essentially the same thing, except for the extended-release aspect. Isn't it more likely that the side effects that you referred to, "atrial fibrillation and other cardiac arrhythmias; tachycardia; palpitations; orthostasis; syncope; hypotension" are probably rare side effects of large doses of niacin and not of the inert ingredients that are used for extended release?

BTW, what's your opinion about extended release ingredients that are used in the supplement industry? Are they similar to those used in the drug industry? I seem to recall that extended-release potassium has been recommended on this message board without any criticism of the ingredients that make it extended-release. (Maybe Hans was one of the people recommending extended release potassium in some cases? Not sure.)

Bob K.

George, Re "The time release worked for the entire duration..." What was the name of the time-release product that you took?

Re "In other words, I don't want to take a DRUG dosage of niacin, I just want to have a normal niacin blood concentration." Seems like your dose of 500mg twice a day is a drug dose of niacin since Niaspan, which is the brand name for a time release niacin, is a drug and it comes in doses of 500mg.

Bob K.

Extended release potassium? I am sorry, but I have to chuckle. I use a quarter teaspoon of potassium chloride (Morton's Salt Substitute) with each meal stirred into a full glass of water. It will burn a hole in your tummy straight, but mixed in water it is perfect. The RDA for potassium is 4700 mg and that is equivalent of 1.5 level teaspoons of Morton's Light Salt a day. If you think about it, you may see that very few people are getting the RDA of potassium given reasonably small meals.

I took "flush free niacin" for months, and last Monday I switched to 500 mg tablets of "Time Release Niacin" by Ortho Molecular Products of Stevens Point WI. It seems to work too. I was blown away by the Directions, which read in part: "As a dietary supplement take 3 to 6 tablets a day in divided doses, or as recommended by your health care professional." That is a DRUG dose according to prescription niacin manufacturers of Niaspan. Seems to me that these companies, both OTC and prescription, have a vested interest in their company and they would not put such statements on their labels unless they thought it was safe. I DUNNO! All this is still plenty weird to me. Why don't we hear that pellagra, the serious niacin deficiency, has LAF as part of its collection of symptoms? the symptoms of pellagra include (according to Wikipedia):

high sensitivity to sunlight
aggression
dermatitis
red skin lesions
insomnia
weakness
mental confusion
diarrhea
eventually dementia

The main results of pellagra can easily be remembered as "the four D's": diarrhea, dermatitis, dementia, and death.

Why no mention of arrhythmias? What is the missing point here?

BTW, Morris et al. showed that there was an 80% reduction in the risk of Alzheimer's disease in people that had 30 mg of niacin in their diet compared to people with 15 mg or less. You will need to read the article to find the above, but it is there. She had many thousands of subjects and ran the study for years. Here is the abstract:

J Neurol Neurosurg Psychiatry. 2004 Aug;75(8):1093-9. Links
Dietary niacin and the risk of incident Alzheimer's disease and of cognitive decline. Morris MC, Evans DA, Bienias JL, Scherr PA, Tangney CC, Hebert LE, Bennett DA, Wilson RS, Aggarwal N.
Rush Institute for Healthy Aging, Centers for Disease Control and Prevention, Atlanta, GA, USA.
martha_c_morris@rush.edu

BACKGROUND: Dementia can be caused by severe niacin insufficiency, but it is unknown whether variation in intake of niacin in the usual diet is linked to neurodegenerative decline. We examined whether dietary intake of niacin was associated with incident Alzheimer's disease (AD) and cognitive decline in a large, prospective study. **METHODS:** This study was conducted in 1993-2002 in a geographically defined Chicago community of 6158 residents aged 65 years and older. Nutrient intake was determined by food frequency questionnaire. Four cognitive tests were administered to all study participants at 3-year intervals in a 6-year follow up. A total of 3718 participants had dietary data and at least two cognitive assessments for analyses of cognitive change over a median 5.5 years. Clinical evaluations were performed on a stratified random sample of 815 participants initially unaffected by AD, and 131 participants were diagnosed with 4-year incident AD by standardised criteria. **RESULTS:** Energy adjusted niacin intake had a protective effect on development of AD and cognitive decline. In a logistic regression model, relative risks (95% confidence intervals) for incident AD from lowest to highest quintiles of total niacin intake were: 1.0 (referent) 0.3 (0.1 to 0.6), 0.3 (0.1 to 0.7), 0.6 (0.3 to 1.3), and 0.3 (0.1 to 0.7) adjusted for age, sex, race, education, and ApoE e4 status. Niacin intake from foods was also inversely associated with AD (p for linear trend = 0.002 in the adjusted model). In an adjusted random effects model, higher food intake of niacin was associated with a slower annual rate of cognitive decline, by 0.019 standardised units (SU) per natural log increase in intake (mg) ($p = 0.05$). Stronger associations were observed in analyses that excluded participants with a history of cardiovascular disease ($\beta = 0.028$ SU/year; $p = 0.008$), those with low baseline cognitive scores ($\beta = 0.023$ SU/year; $p = 0.02$), or those with fewer than 12 years' education ($\beta = 0.035$ SU/year; $p = 0.002$) **CONCLUSION:** Dietary niacin may protect against AD and age related cognitive decline.

Again, no mention of arrhythmias. Weird. What is missing?

George E.

Here are the symptoms of pellagra:

Johns Hopkins Med J. 1977 Jun;140(6):295-309.

Pellagra: an analysis of 18 patients and a review of the literature. Spivak JL, Jackson DL

The clinical and laboratory features of 18 adult pellagrins are reviewed. Only four patients (22%) had the full triad of dermatitis, diarrhea and dementia. Dermatitis alone occurred in six (33%), dementia in five (28%) and dermatitis and diarrhea in three (17%). In one patient, dementia was the initial sign of a relapse. Steatorrhea was found in six patients and was usually associated with marked alopecia. Edema without evidence of cardiac failure was present in seven patients. A diffuse increase in slow wave activity on the electroencephalogram was characteristic in patients with dementia. Fever occurred in 14 patients, and an infection was documented in 10 of these. Common laboratory abnormalities included a normochromic, normocytic anemia, lymphopenia, eosinopenia hyperuricemia, and low serum levels of albumin, urea, cholesterol, carotene, potassium, calcium, and magnesium. Adrenal and thyroid function was normal, but a low serum T4, high serum free T4, and an elevated T3 resin uptake were frequently observed. These abnormalities were corrected with treatment of the underlying nutritional disorder. In two patients initially treated with thiamine alone, and in one who received inadequate amounts of niacin and protein, there was marked deterioration of mental function, which responded to administration of niacin and proper diet.

George E.

"extended release potassium": I have never heard of any such preparation.

PeggyM

George, Peggy, Regarding extended release potassium, from one of Jackie's messages, "To correct less severe potassium depletion, use oral potassium chloride (sustained-release preparations are acceptable)..."

http://www.afibbers.com/forum/read.php?f=6&i=22342&t=22283#reply_22342

Bob K.

George, The Time Release Niacin that you bought from Ortho Molecular Products is apparently [Niamax](#) made by [Lonza](#). (Note, you can click on the highlighted words in the previous sentence, which are links, for more info.)

Here's a link to the letter that Ortho Molecular Products sent to the FDA in 2005 where they describe the ingredients of their product. <http://www.fda.gov/OHRMS/DOCKETS/dockets/97s0162/97s-0162-let16494-vol148.pdf>

"Dietary Ingredients: Time Release Niacin (Niamax), Vegetable Stearine, Carnauba Wax, Magnesium Stearate (Veg), Silica.

Dietary Supplement Name: Time Release Niacin"

It seems that Niamax and Niaspan are essentially the same, i.e. niacin with inert ingredients for timed release.

It is puzzling why one is a prescription drug and the other is considered an OTC drug or supplement. A benefit of being classified a prescription drug is that the product has to go through scientific testing. Thus we can use the info on Niaspan for describing the effects of your doses of niacin. http://www.rxlist.com/cgi/generic/niacin_ad.htm

So, for the word Niaspan in the following, you can substitute the word niacin since they are essentially the same.

"NIASPAN is generally well tolerated; adverse reactions have been mild and transient. In the placebo-controlled clinical trials, flushing episodes (i.e., warmth, redness, itching and/or tingling) were the most common treatment-emergent adverse events (reported by as many as 88% of patients) for NIASPAN. Spontaneous reports suggest that flushing may also be accompanied by symptoms of dizziness, tachycardia, palpitations, shortness of breath, sweating, chills, and/or edema, which in rare cases may lead to syncope. In pivotal studies, fewer than 6% (14/245) of NIASPAN patients discontinued due to flushing. In comparisons of immediate-release (IR) niacin and NIASPAN, although the proportion of patients who flushed was similar, fewer flushing episodes were reported by patients who received NIASPAN. Following 4 weeks of maintenance therapy at daily doses of 1500mg, the incidence of flushing over the 4-week period averaged 8.56 events per patient for IR niacin versus 1.88 following NIASPAN."

Detailed lists of the possible adverse events are displayed at http://www.rxlist.com/cgi/generic/niacin_ad.htm.

I hope that this helps in understanding the possible adverse events from your doses of niacin.

Bob K.

I just had a thought of why Niaspan is considered a prescription drug and Niamax (AKA Ortho Molecular Products Time Release Niacin) is considered a dietary supplement. Perhaps as a prescription drug, the product is more closely regulated for potency and purity so that doctors are more confident that their patients won't run into problems when they prescribe it since supplements aren't regulated for potency and purity?

Bob K.

George, my normal body temp. is 97.8, but frequently registers 95 and 96. I can not stand to go into air conditioning without a sweater and am only comfortable when the temp. is a minimum of 78 and 82 is better. Just came back from the Endocrinologist and at last someone agrees that I am Hypothyroid. I will start on Synthroid tomorrow, and perhaps that will help the cold intolerance. To be honest, some of it is due to living in the South.

Regarding Niacin - my stepbrother takes 1.5 to 2 gm of slo niacin. This is on Dr. orders from Mayo. He is also on Statins. He has significant heart problems with 5 stents, and a double barrel pacemaker for SSS. His HDL is 175. I am going to check into a different Niacin and see how it helps my cholesterol. Feel like I've wasted my money for several years.

Cynthia

A benefit of being classified a prescription drug is that the product has to go through scientific testing.

All this substance has to do in a test is prove it is better than placebo.... according to what John Abramson MD reports in his research findings.

Jackie

Did you miss the side effects reported in cardiovascular? and the whole other litany of side effects? What bothers me is not knowing just how often the side effects occur.

Cardiovascular: atrial fibrillation and other cardiac arrhythmias; tachycardia; palpitations; orthostasis; syncope; hypotension

On the purity issue - I believe OrthoMolecular is one of the companies that produces Pharmaceutical Grade (pure) products.

On the Rx vs. supplement issue: Remember, you can't patent a natural substance - one that occurs in nature. To get a patent, one has to add something or have a unique method of combining the elements that take it from purely natural to patentable. In the case of Niaspan, it is probably the coating on the tablet that qualifies it as patentable. They aren't patenting the niacin, but rather the time-release coating. The instructions say not to chew or crush so the time-release feature is obviously the key factor.

I seriously doubt if one is better than the other...one is undoubtedly more expensive than the other, though.

Jackie

How about a California avocado 100gms has 634 mg of potassium where as 100 mg Florida avocado has only 488 mg. I wonder how the Mexican avocado is? <http://www.truehaus.net/food/data/fruit.mineral>

Adrian

George - thanks so much for taking the time to answer my questions.

I'm curious, though, as to why you didn't do a baseline liver enzyme before you began this experiment just so you could compare in 2 -3 months time after taking the higher niacin dose. Seems it would be a good thing to know and especially to report on for future emphasis on the safety factor.... especially if you intend to publish your findings.

Please continue to keep us posted. A long while back, PC mentioned that atrial fibrillation was a B deficiency and here it comes again in the form of your experiment.

As you mentioned in your initial introduction, we know that people who have high stress lives and are on overload all the time, burning the candle, etc. and especially those with considerable alcohol consumption, tend to have very low B levels (which would include niacin and magnesium). Eventually, most likely, as you point out, atrial fibrillation can be another expression of the deficiency. There should be much more incidence of AF in the coming years ahead because it seems everyone is overbooked and on overload.

Best to you,

Jackie

Jackie, Re your comment, "Did you miss the side effects reported in cardiovascular?" etc.

I think you missed the point. These are the side effects of large doses of niacin, not the inert ingredients. The ingredients other than niacin in Niaspan, Niamax and Ortho Molecular Products Time Release Niacin are inert ingredients, presumably for timed release of the niacin.

With the Carnuba Wax in Ortho Molecular Products Time Release Niacin, I wonder if the tablets are shiny enough for you to see yourself reflected in them before you swallow them. Maybe future versions might have pin striping too.

Bob K.

George, Re "Abraham Hoffer MD PhD, and editor of Orthomolecular Medicine suggested that niacin was effective in treating LAF in his 1994 article, which is mentioned on this board."

Do you have a link to that article? Thanks.

Bob K.

Bob, Try this Reference to atrial fibrillation is in the antioxidant section.

<http://orthomolecular.org/library/jom/1994/pdf/1994-v09n04-p205.pdf>

Adrian

Thanks Adrian. That may be the article that George referred to. The article was on the treatment of schizophrenia with niacin and mentioned a little bit about atrial fibrillation. I think George's point in mentioning it was that niacin might be helpful with afib based on the few anecdotal accounts of treatment of schizophrenic patients with niacin who incidentally had afib.

George or anyone else, is there any theory of how niacin would help afib? Thanks.

Bob K.

I looked some more at Hoffer's '94 paper. Hoffer mentioned a study, "Fifteen Year Mortality in Coronary Drug Project Patients: Long-Term Benefit With Niacin." Referring to this niacin study he wrote, "It also decreased mortality by 10 percent and increased longevity by 2 years." The niacin lowered cholesterol but he didn't believe this explained the decreased mortality and increased longevity and he hypothesized on how niacin was beneficial in the study, "I doubt this is the only factor which decreased mortality since other substances lowered cholesterol as well and had no effect on mortality. I suspect that niacin worked because it protected the heart against the effects of stress, particularly against the adrenochrome and other chrome indoles." So this may be one answer to my request for any theory of how niacin would help afib, i.e. protecting the heart against the effects of stress.

However, Hoffer goes on to write regarding his own patients, "In combination with folic acid niacin has been therapeutic against atrial fibrillation in six of my patients." I suspect he found that niacin alone was not effective for treating afib in his patients.

Regarding Hoffer's patients' experience with niacin and folic acid, from what I read about the cases he mentioned in his paper, there is no reason to believe that niacin helped anyone's afib. Of the three cases that he mentioned, two involved niacin and folic acid together. In the third, the patient developed atrial fibrillation after taking niacin. Then after taking folic acid there wasn't any afib. It seems like Hoffer's anecdotal evidence suggests for afib a possible benefit from folic acid, not niacin.

"The third patient, age 72, consulted me for severe depression. In 1981 she had a coronary. She was advised she would suffer pain after this and she did. In 1988 she was admitted to hospital for severe chest pain. Thereafter she had recurrent episodes every three weeks, unrelated to activity or exertion. In 1989 she was in hospital for one week for

depression. She then started on niacin 500 mg tid plus small doses of antidepressants. She recovered and remained well until April 1993. She was then admitted to hospital with atrial fibrillation. In June 1993 her pulse rate was around 100.1 added folic acid 5 mg tid to her program. She remained on digoxin. By March 1994 she was well. She had very few brief episodes of pain, no fibrillation and was able to walk 1.5 miles and to garden with no difficulty."

Bob K.

Hi Jackie,

All I was trying to do is solve my "cold intolerance" issue with niacin. The elimination of the LAF and all other arrhythmias was unanticipated.

George E.

Just use a quarter teaspoon of Morton's Light Salt (nearly pure potassium chloride) in a glass of water four times a day. The RDA for potassium is 4.7 grams, which is 1.5 level teaspoons. If it is not dissolved in a full glass of water, it will cause stomach pain and possible injury, but when dissolved it is harmless.

George E.

Cynthia,

I have a dual problem like that too. My doctor absolutely refused to prescribe any thyroid for me, BECASUE IT WILL WORSEN arrhythmias. That is why I tried niacin, just to get warm, since intolerance to cold is a symptom of niacin deficiency. I live in south Texas, and when it was cooler than 95 degrees, I was miserable.

George E.

Sorry to bust your bubble, but I note absolutely no side effects, and yesterday for the first time I took 3 of the 500 mg shiny white tablets.

George E.

Yes, that is the ONLY article I have ever found on LAF and niacin. Dr. Hoffer and me seem to be the only proponents! I think a lot of the side effects attributed to niacin come from some cross reaction between another dietary deficiency and niacin.

George E.

What is important here is the statement: "Following 4 weeks of maintenance therapy at daily doses of 1500mg, the incidence of flushing over the 4-week period averaged 8.56 events per patient for IR niacin versus 1.88 following NIASPAN." I don't think I would want to take big doses of plain niacin due to the 8-fold increase in the risk of flushing - not that niacin has very greatly increased my resistance to cold. Please understand that "lack of resistance to cold" is a classic niacin deficiency symptom, and that that was why I started niacin. I had no thought that it would benefit my LAF, although I had already read Hoffer's article and totally discounted it since I did not have dementia.

George E.

Jackie, it was simple, I was just trying anything, and I mean anything, to get warm. You should have seen me at 75 degrees; I had on wool underwear, long sleeve clothing, a jacket, a neck warmer, a facemask and a wool hat -- at 75 degrees. My wife was having fit cause she was having hot flashes and wanted the house much colder. We were nearly having a war over the thermostat.

George E.

Recently I wrote an article on the use of high dose zinc to terminate cardiac pain from arteriosclerosis-induced angina pectoris. The background discussion article is at: <http://george-eby-research.com/html/angina.html> and there is a link to the published article there. This research is being continued by a major university, and it will be presented at an international forum of trace mineral experts in Crete this coming October. Much of cardiac pain can be attributed to low oxygen in tissue, and zinc seems to strip the cholesterol from the microvascular greatly improving circulation, thus stopping pain. This also is worse for Raynaud's disease (a greying of the skin from poor circulation).

My point here is that we should never look at the heart with ONLY one nutrient in mind, since the entire nutrition of the heart is what is important. For example, who knows what the symptoms of a niacin AND zinc deficiency are like. Perhaps because I take zinc, I don't have any flushing or other side effect from niacin, because zinc also diminishes the effects of histamine. (Zinc stabilizes cell membranes including mast cells (sources of histamine) and goblet cells (for mucous release) which are involved in allergy and colds).

George E.

This article shows that nuts can prevent many heart issues.

From this article:

The evidence – epidemiology Initial evidence for the benefit of nut consumption came from population studies which looked at the diets of large numbers of people over long periods of time. In four US studies, the Adventist Health Study, the Iowa Women's Health Study, the Nurses' Health Study and the Physicians' Health Study, a total of over 160 000 men and women were followed for between 6 and 14 years. These studies showed very consistent indications for the health benefits of nuts. When compared with never eating nuts, the effect of eating small quantities of nuts (30 g) four to five times per week or more was a reduction in CVD risk of between 18 and 51%.

For more info see: <http://george-eby-research.com/html/nuts-cvd.pdf>

George E.

George - Just a word of caution here since this is a Conference Room topic and will be preserved for reference reading.

Potassium chloride is definitely not "harmless". This statement is verifiable in any Google search or Pubmed articles.

Some cautionary notes are worth mentioning, lest someone not informed, load up on it immediately without further research.

Potassium chloride - even dissolved - is not always a benign substance and is known to cause gastric irritation in some people especially those who have a tendency for ulcers and should definitely be cautious about large doses of this chemical compound. People with kidney dysfunction or any type of impairment also need to use caution when adding significant amounts of potassium.

It is better to use another form of potassium - like citrate or gluconate in those cases in cases where peptic ulcers may be an issue.

Jackie

SAFETY ISSUES

Most people can handle excess of potassium. The exception is people with kidney disease and they may experience heart disturbances and other consequences of potassium toxicity. Individuals with kidney disorders usually need to restrict potassium intake and follow the dietary recommendations of their physician. Supplements are contraindicated when using a number of prescription medications, including digitalis, potassium-sparing diuretics and the angiotensin-converting enzyme inhibitor class of blood pressure lowering drugs.

Potassium salts (potassium chloride) can cause nausea, vomiting, diarrhea and ulcers when given at high-dosage levels.

RESOURCE:

Encyclopedia of Nutritional Supplements

Michael T. Murray, ND.

George - regarding your thyroid - I'm glad you are enjoying the warming reaction you are getting from the niacin. With your low basal temp, I'm sure any flushes you experience are just a welcome warming trend given what you say about bundling up and the wars of the thermostat.

As long as it works, that's great, but I'd be very concerned over the low thyroid issue as that has far reaching consequences beyond just comfortable body temperature. Adding thyroid hormones (in the proper amount after testing) will not increase the prevalence of arrhythmia - in fact, it may improve as both hypo and hyper thyroid imbalances contribute to arrhythmia. What is also known is that the higher the TSH levels, the more risk for other heart disease consequences.

I also have thyroid issues and use the hormone replacement. You do have to be treated by a very knowledgeable endocrinologist, though, who keeps up with the latest guidelines in dosing and TSH levels. Moreover, the holistic experts dealing with thyroid dysfunction indicate that one should not treat by test levels alone, but that patient symptoms should also be acknowledged and treated.

From my Conference Room Post - Session #27 - Subclinical Hypothyroidism & LAF

<http://www.afibbers.org/conference/session27.pdf>

HYPOTHYROID SYMPTOMS CHECKLIST

(From a list of close to 50 hypothyroid symptoms, here are a few)

- fatigue (most common)
- muscle weakness, excessive sleepiness
- depression
- musculoskeletal pain; fibromyalgia, muscle cramps, vague aches & pains
- low basal temperature
- cold intolerance as being chilly in rooms of normal temperature; internal chilliness
- nervousness, emotional instability, panic attacks
- skin can become dry, cold, rough, coarse and scaly
- difficult to perspire; decreased perspiration or even absent even during heavy exercise and hot weather
- puffy eyelids, edema of face
- constipation
- difficulty in losing weight even when adhering to low-grain diet; weight gain, yet some hypo patients can be quite thin
- palpitations, heart enlargement, poor heart sounds, pain over the heart
- high cholesterol
- slow speech, slow movements
- hair becomes coarse, brittle, grows slowly, falls out
- loss of the lateral third of the eyebrows,
- weak, brittle fingernails
- loss of libido in men, irregular menses in women
- infertility
- recurrent infections
- headaches
- impaired cognition, brain fog, impaired memory, decreased concentration ability
- swelling of the legs (edema)
- vision changes, deafness
- hoarseness

If any of these symptoms ring true for you, it's time to use the most important tool, the basal temperature measurement. Instructions toward the end of this post.

TSH greater than 2.0

Increased 20-year risk of hypothyroidism and increased risk of thyroid autoimmunity[15]

TSH greater than 4.0

Greater risk of heart disease[16]

TSH between 2.0 and 4.

Cholesterol levels decline in response to thyroxine (T4) therapy[17]

====

This is getting a bit off topic from niacin, but I did want to emphasize that thyroid issues need to be addressed if they are a cause of low basal body temperature - which I gather yours is from your comment.

Jackie

George - you said:

"My point here is that we should never look at the heart with ONLY one nutrient in mind, since the entire nutrition of the heart is what is important."

This is a partially true - but I'd change 'heart' to 'body' and emphasize the critical importance of complete metabolic profile testing to determine deficiencies throughout the entire body.

The body works as a whole system (a web of interactions between systems) and not just one organ. We should be concerned with the entire orchestration of the whole body working in concert with all appropriate nutritional support in place.

It is hit or miss to add individual minerals that typically must be supplemented with synergistic counterparts in order to maintain homeostasis throughout the body; otherwise, there can be other imbalances with consequences that don't show up for a long time but can undo any good might have come from the original intent.

Comprehensive Metabolic Profile testing is the way to go to handle deficiencies safely and effectively.

Jackie

I agree about potassium chloride, but a quarter teaspoon in a full glass of water should not be an issue. I have more energy doing it. I would be surprised if many people get the full RDA of potassium.

Yes, I guess I need to find someone that does that kind of testing.

George E.

I tried thyroid about 20 years ago, but there was no change in anything. Perhaps I need to reconsider it. I assume there have been some important advances in the field, but I really don't have too many of the hypothyroid symptoms and I suppose I have as many of the hyperthyroid symptoms:

Common symptoms and signs of hyperthyroidism

Palpitations

Heat intolerance

Nervousness

Insomnia

Breathlessness
Increased bowel movements
Light or absent menstrual periods
Fatigue
Fast heart rate
Trembling hands
Weight loss
Muscle weakness
Warm moist skin
Hair loss
Staring gaze

Potassium serves to slow the heart rate, and I have done this purposefully (1/4 teaspoon in full glass of water a several times a day). Just the right amount and things go great. It takes about this much to get the RDA.

BUT, if you get too much, it can slow the heart to a stop. Potassium chloride injections are used in hospitals to treat many heart patients and also by the state (at much higher doses) to execute criminals.

This is what Wikipedia says about toxicity of potassium chloride:

Precautions

Orally it is toxic in excess; the LD50 is around 2500 mg/kg (meaning that a person weighing 75 kg (165 lb) would have to consume about 190 g (6.7 oz); regular salt is about as toxic) for half of them to die. Intravenously this is reduced to just over 100 mg/kg but of more concern are its severe effects on cardiac muscles; high doses can cause cardiac arrest and rapid death. Indeed, a massive overdose of intravenous potassium chloride is used to stop the heart in execution by lethal injection.

IE, they say it is no more toxic than plain salt, which makes it less toxic than I thought. See:

http://en.wikipedia.org/wiki/Potassium_chloride

George E.

I just looked at a bottle of Morton's Salt Substitute. It contains 3-1/8 oz potassium chloride, which happens to be one half of the LD50 dose of potassium chloride. IE, it would take two bottles to kill 50% of the people trying that. ON the other hand, the bottle reads: "Nutrition facts: Serving size 1/4 teaspoon (1.2 grams) equals sodium 0 mg, potassium 610gm (17% DV)

IE, Morton's says that 1/4 teaspoon is a "serving". Jackie????

I repeat, very few of us get enough potassium but nearly all of us overdose by twice on sodium.

George E.

This looks like an excellent article for users of over-the-counter niacin. Varying Cost and Free Nicotinic Acid Content in Over-the-Counter Niacin Preparations for Dyslipidemia

Ann Intern Med. 2003;139:996-1002

<http://www.annals.org/cgi/reprint/139/12/996.pdf>

Frankly, George's experience alone doesn't seem to be a good reason for taking niacin for afib. Also, the anecdotal evidence from Hoffer's 3 patients suggests they were helped by folic acid and one patient developed afib after taking niacin and before taking folic acid. If you want to try niacin for afib, it seems like you have to take folic acid too, like George does, if I recall correctly. But like I said, I don't think there is a good enough reason to try niacin for afib. However, there seems to be a well-studied reason for taking niacin to lower cholesterol (if it doesn't make afib worse) and could be done in consultation with a doctor.

Here's a summary of some of the info from the article on over-the-counter niacin and the abstract of the article is at the bottom of this message:

--No flush niacin should be avoided because it is ineffective. Use the other forms of niacin.

--Price comparison of various brands. (BTW Niaspan is much more expensive.)

--Two brands of over-the-counter sustained release niacin have been tested for safety. Avoid other brands to reduce the chance of liver problems. (This may be a way of getting the dependability of well tested and regulated prescription Niaspan in over-the-counter niacin without the high cost.)

--Advice on how to reduce the most common side effects of flushing, etc.

The following is only the abstract. The free full article has much more info that is worth looking at.

Ann Intern Med. 2003;139:996-1002. <http://www.annals.org/cgi/reprint/139/12/996.pdf>

Varying Cost and Free Nicotinic Acid Content in Over-the-Counter Niacin Preparations for Dyslipidemia

C. Daniel Meyers, MD; Molly C. Carr, MD; Sang Park, PhD; and John D. Brunzell, MD

Background: Nicotinic acid is an effective treatment for dyslipidemia, but the content of over-the-counter niacin is not federally regulated. As a result, patients may use preparations of over-the-counter niacin that do not contain free nicotinic acid. **Objective:** To characterize the types, costs, and free nicotinic acid content of over-the-counter niacin preparations and to review literature on the use of over-the-counter niacin for dyslipidemia.

Data Sources: Commonly used over-the-counter niacin preparations (500-mg tablets or capsules) from the 3 categories of immediate-release, sustained-release, and no-flush were purchased at health food stores and pharmacies and from Internet based vitamin companies. Pertinent literature on the use of over-the-counter niacin was obtained by searching PubMed.

Measurements: For each preparation studied, the monthly cost of therapy (at 2000 mg/d) and the free nicotinic acid content (quantified by high-performance liquid chromatography) were reported.

Data Synthesis: On average, immediate-release niacin preparations cost \$7.10 per month, sustained-release preparations cost \$9.75 per month, and no-flush preparations cost \$21.70 per month. The average content of free nicotinic acid was 520.4 mg for immediate-release niacin, 502.6 mg for sustained-release niacin, and 0 for no-flush niacin.

Conclusions: No-flush preparations of over-the-counter niacin contain no free nicotinic acid and should not be used to treat dyslipidemia. Over-the-counter sustained-release niacin contains free nicotinic acid, but some brands are hepatotoxic. Immediate release niacin contains free nicotinic acid and is the least expensive form of over-the-counter niacin.

Bob K.

Just to corroborate from <http://www.medscape.com/viewarticle/447528>

In summary, the paucity of data as well as the limitations in the available data make it difficult to assess the true benefit of inositol hexaniacinate in the setting of dyslipidemia. The very limited data available suggest that inositol hexaniacinate may not be effective for the management of dyslipidemia at lower doses, and doses of > 2400 mg/day may be necessary to provide any added benefit for dyslipidemia management. Even at high doses the true value of inositol hexaniacinate is far from established. Finally, the safety profile of inositol hexaniacinate is not well understood for there are no reports in the literature systematically evaluating its adverse effect profile.

So if inositol hexaniacinate is questionable in its effectiveness in lowering cholesterol, perhaps the same case can be made of its effectiveness in eliminating atrial fibrillation ala the Hoffer protocol. Indeed Dr. Hoffer's protocol is for the pure crystalline niacin 1000 mg 3 times a day, not inositol hexaniacinate.

Perhaps I should switch.

Adrian

I agree with Adrian and Bob. No need to use the flush free stuff, even though it worked for my LAF. The sustained release stuff is outstanding since it seems to have both cholesterol and LAF benefits.

Concerning Bob's concerns, I am here only to find out if others have experienced benefit from niacin for LAF. It worked for me. I cannot remember ever taking any vitamin B supplements before taking the niacin that stopped my LAF. I did not take folic acid with niacin either.

All I can tell you is that Dr. Hoffer and I are enthused about niacin for AF. However, I suspect it only works for a subset of AF or LAF, not all AF. My original guess is that it works only for people that are sensitive to adrenochrome, a toxic oxidation product of adrenaline. That is how he thinks it works, and such is the same way that taurine works (search <http://pubmed.gov> for taurine and adrenochrome). I found that the dosage of niacin was less than 1/10 the dosage of taurine to get the same effect in terms of preventing LAF. I suspect that this means that the people most likely to benefit from niacin are those that are:

1. Dietary niacin deficient or that can not make niacin from tryptophan,
2. Sensitive to adrenaline, meaning that adrenaline worsens their AF, this group could consist of what may be loosely termed "Type A" personalities and???

George E.

George, Re your comment, "I found that the dosage of niacin was less than 1/10 the dosage of taurine to get the same effect in terms of preventing LAF."

This is puzzling. It sounds like you were able to prevent your afib with taurine. Why would you take niacin if you were already able to prevent your afib with taurine?

Bob K.

George,

Since you posted, I added 500 mg of flush free niacin twice a day to my daily 3 grams potassium as citrate, 1.2 grams magnesium as glycinate and 4 grams taurine powder.

I monitor my ectopics with a Polar S810 heart rate monitor twice a day (generally for 30 min.-1 hour each time), during meditation and before consuming supplements. I've visually reviewed the data, before and after starting the niacin and I really can't see any difference. However, with the K, Mg & taurine my PAC rates are 0-2/hour and PVC rates are 0-12/hour generally.

If I were really a true scientist, I'd get off the taurine for a "wash out" period, then add the niacin in & look for a difference. However, as I'm at 23 months afib free, I hate to gamble with my current success.

BTW, Morton Salt Substitute has no sodium chloride, but does have some inert ingredients. Also, Now Foods, Potassium Chloride Powder has no inert ingredients, just KCl.

George N

The taurine stopped working fairly suddenly. There was a period while nothing worked, before I started niacin.

Watch out for taurine stopping to work. I can't see why that happened. Both taurine and niacin most likely work against arrhythmias by the adrenochrome detoxification, so it is really interesting to me that niacin would be required in such small doses relative to taurine.

George E

George, I haven't heard of taurine causing flushes, etc. which may be another difference from niacin. Could the same mechanism of niacin that causes flushes, etc. be the mechanism that affects afib for good and bad? Do you happen to know the mechanism by which niacin causes flushes, etc. in most people? Thanks.

Bob K.

From what I remember it is the vasodilation of the small capillaries and also something to do with production of histamines. The flushing would be from vasodilation.

Histamine release is linked to physical symptoms like hives and intense itching - and often occurs as an allergic response or in detoxing cases, it is the response to toxins released into the blood stream.

I recall many years ago, my father had an aneurysm repaired and since he was a smoker, the vascular surgeon insisted he stop smoking immediately. He did and ended up with severe withdrawal symptoms so they put him on high doses of niacin. He was then doubly miserable - from the itching and flushing plus the withdrawal from nicotine.

Jackie

Interestingly, too much taurine greatly increased my nasal and throat mucous production, perhaps by histamine means. Niacin flush is caused by histamine production increases.

Ophthalmology. 1988 Jul;95(7):930-6. Links

Niacin maculopathy. Millay RH, Klein ML, Illingworth DR.

Department of Ophthalmology, Virginia Mason Medical Center, Seattle, WA 98111.

Three patients with niacin-induced visual symptoms had cystoid maculopathy without leakage on fluorescein angiography, and a fourth patient with no fundus abnormality experienced cessation of visual symptoms upon discontinuation of niacin. All four patients had been taking high doses of niacin (3.0-4.5 g daily) before the onset of symptoms. An additional 15 asymptomatic patients who were receiving high doses of oral niacin (1.0-6.0 g daily) for the treatment of hypercholesterolemia were evaluated for evidence of subclinical macular disease. None of these patients had cystic or other significant macular changes. Niacin causes a reversible toxic cystoid maculopathy that occurs in approximately 0.67% of patients taking high doses of the drug. The authors conclude that among patients taking high doses of oral niacin only those who experience visual symptoms need to be ophthalmologically evaluated.

George E.

Holy cow! Today I tried some pure niacin for the first time. As I am taking 3000mg / day of inositol hexaniacinate in 6 divided doses, I thought I'd substitute pure niacin for my noon dose in an effort to switch over to pure niacin as per Dr. Hoffer's protocol. I thought try one 500 mg see how it goes and then maybe another later. I found out that flush is an understatement. It started with a tingling at my temples and then spread around my head over my shoulders and down my back. It ended with a feeling of sunburn on my whole body and I was quite red. My clothes felt like they were made of burlap. Wow what a feeling - after 15 or 20 minutes it began to subside.

If I can handle the flushing is there any reason why I couldn't substitute the pure niacin in increasing amounts to eventually be taking all pure niacin. Say 500 mg per day and stay that way for a week and then add another 500 mg per day for the second week. Of course I would continue to have my liver profile checked every couple of months to avoid possible damage or maybe this experiment should come to an end.

Adrian

Don't use plain niacin. Use the "sustained release" or "extended release" niacin. It is much less likely to do that as the niacin is released over about a 6 to 8 hour period, not instantly as occurs with plain niacin.

I am taking 2 of the 500 mg sustained release tablets a day (one in am and one in pm) and I have no detectable "flush". I have no experience, and don't want any, with plain niacin.

George E.

From the information that has been presented here so far it seems that pure niacin is the safer approach as compared to sustained release niacin.

From <http://www.annals.org/cgi/reprint/139/12/996.pdf> - only two extended release niacin products were found to be safe, Slo-Niacin and Enduracin, else you need prescription form. This is not to say they are the only safe products they are the only ones that have had studies done on them. Pure niacin has been used safely for over 40 years.

Adrian

Adrian,

NO, No, No! Remember that "sustained release" niacin IS pure niacin. All that is different is that it is contained in a tablet that is based on waxes that breakdown slowly in the stomach and small intestines to release the niacin slowly so it won't produce a flush. It is like taking a few molecules of niacin each second, not a big wad all at once.

Perhaps you are confusing two types.

There is "sustained release" and "flush free" and they are not the same.

The SR is just niacin prepared to release slowly, while the FF is chemically different. It is inositol hexanicotinate. It does not have the same chemical properties, but may substitute in some reactions. I don't know the details.

George E.

I understand that George. It seems to me that the only benefit of sustained release niacin is to avoid the flush and allow one a day supplementation. Also which sustained release formulas have been tested? My point is that if the flush is not intolerable then why not use pure niacin. What's a flush among friends?

BTW I tried another 500 mg pure niacin after supper and my reactions have been a lot less then the first time this afternoon. In fact its way better. From what I have read the more you use it the less the resulting reaction. It gets better over time.

Yes I am in the process of switching from the flush free form Inositol hexaniacinate to the pure crystalline Niacin form due to suspicions that the inositol hexaniacinate does not work as effectively as the pure form. Like you said the sustained release form is pure niacin but combined in a substrate to allow for a slower release of the niacin in order to reduce symptoms of flushing.

I am choosing to try pure niacin because

1. I don't have Niaspan or its equivalent and aren't sure about where to get it

2. It's much cheaper

3. I am hoping that the flushing proves to be tolerable. If not, I might have to consider a Niaspan equivalent or quit the experiment altogether.

Cheers

Adrian

Hi Adrian,

I was able to find sustained release niacin in a number of health food stores and pharmacies in Austin Texas. I doubt that there is much difference between the various brands, since dissolution tests are very easy to do and the formulas are very well known.

George E.

George - why not give some examples of brand names to try so readers who are interested - can locate the products you are mentioning....

once again - instruct them as to how the label should read - the identification of niacin and the milligrams, etc.

I presume there is more than one source? Does Hans have a selection through his website? If so, why not reference that?

Adrian - your physical description sounds exactly the way my father reacted when he would take his dose. I recall watching it unfold right before my eyes...and then as you said, it begins to diminish with time. Unpleasant.

Jackie

I just bought some Slo Niacin which is 500mg of controlled-release Niacin at Wal Mart for \$12.43 for 100. I take it for reducing LDL and raising HDL. Since I have also just started on 25mcg of Synthroid, it won't be a pure test of just the Niacin for the Cholesterol. Have my yearly physical Aug-Sept. so will find out if it all works then.

Cynthia

The product I am using is "Time Release Niacin" (Niamax-TM) by Ortho Molecular Products. The tablets contain 500 mg niacin. The time release agents consist of vegetable stearine (a solid form of fat) and carnuban wax.

I assume there are many products similar to this. Admittedly there is much confusion about what is what.

George E.

I just heard a comment by a doctor on niacin.... that large (therapeutic doses) will raise homocysteine levels.

Just something to keep in mind.

Jackie

That is why The B vitamin supplementation in the Hoffer protocol is so important. In her Clinical Study on "Niacin, Aspirin and Homocysteine interrelationships " Andrea Fisher found that 53% of her 1.5 gm per day Niacin participants had elevated homocysteine levels. The administration of B vitamins Folate B6 and B12 resulted in lowering of plasma homocysteine levels of 21%.

I have been on the pure Niacin 3 grams per day for just over 2 weeks now. The improvements in NSR have not continued. In fact I seem to be reverting to the old patterns again. This result may be confounded by the fact I have started 10 mg of ramipril (Ace inhibitor) prescribed by my new cardiologist. I just don't know. Perhaps this is a topic for the regular forum and not the Conference room.

Adrian

Adrian - advice always seems to be not to take a large dose of a singular nutrient... exceptions being the magnesium and potassium, though because we know what we are targeting... which is to suppress the dominance of calcium and sodium, respectively... and vitamin C comes to mind.

The B's work in synergy and often with a singular one, just as indicated with the niacin/HCY issue, an imbalance may create other problems.

I would post your thoughts again on the regular BB since perhaps others have some experience with your new heart med.

Regards,

Jackie

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