



My Trip to the Land of NSR

By Gene Beall

It all started in 1998 when I was diagnosed (EKG) with atrial flutter. I was 64 years of age and happily into my 6th year of retirement. I am a 6' 3", 250 lb white male, 75 years old as I write this, July 2010.

After the diagnosis I was cardioverted ("Better living through electricity!") and prescribed 7.5 mg/day of Coumadin and Toprol XL 25 mg twice a day and sent home. I was flutter-free for about 6 months and then my flutter returned. I made another trip to our small rural hospital and was once again converted. However, the doctor that did the first conversion, a GP, was on a sabbatical, so I was assigned to what I call a "Circuit Rider Doctor", one that goes from hospital to hospital seeking patients for his home hospital. I was informed that this doctor was the "head cardiologist in the southeast". I agreed to his services. The last thing I remembered, before going under, was the doctor asking the lead nurse "Where is the power switch?" – at least I did wake up, I am thankful for that!

After undergoing many tests (echocardiography, before and after stress testing, EKGs, Holter monitors, and blood work) which revealed no underlying heart problems, the cardiologist suggested that I should consider an RF ablation at his hospital over a hundred miles away.

So, in 2000 I underwent the ablation to stop the atrial flutter. However, the ablation did not fix the problem and I was still on Toprol and Coumadin. I had several flutter episodes but always converted on my own, sometimes aided by taking half a 25-mg Toprol; this worked at times and other times it did not. The events would last only about an hour or two and were rather few and far between, maybe one a month, nothing that caused me any great concern. I would, at times, take half of a 25-mg Toprol before I did any hard work, which seemed to help in preventing an event.

In November 2001 I experienced a rather long event lasting 6 hours and went to my GP at the hospital, where I was admitted, but as my cardiologist was over 100 miles away I was taken by ambulance to his hospital. I informed my GP and the ER folks that I would be in NSR before I got to the hospital and I did, in fact, convert on my own.

The next day my cardiologist suggested that I have a second ablation. Now that made me rather nervous as I did not want to go through another procedure. I asked what was different with this ablation versus the first one, and he said this was a new and better way to ablate, much better mapping with more precision, better EPs, etc. I agreed, so on November 8th 2001 I had a second, "much better", RF ablation. Three days later, after having returned home, I had another arrhythmia episode, but this time it was the dreaded atrial fibrillation. Yes, my flutter was gone only to be replaced with afib!

I was still on Toprol and Coumadin, and now experiencing an afib event about once a month still converting on my own, or with the help of half a 25-mg Toprol that worked sometimes.

I saw both my GP and my cardiologist about every six months until the “head cardiologist” stopped his visits to our hospital. A new cardiologist did join our local hospital which, at the time, was great news to me. This was in 2005.

Let me say that, at no time was I told just what type of afib I had, nor what were “triggers”, with the exception of caffeine, and I was not smart enough to ask any questions; however that was about to change.

I had ordered Hans Larsen’s books “*LONE ATRIAL FIBRILLATION: Towards a Cure*”, after finding his web site and forum. I started reading Volume 1 and what an eye-opening experience! On further reading I came to the conclusion that I had lone, vagal afib – information I had never received from my doctors. In December 2001 I started supplementing as suggested in Hans’ books with the following regimen in addition to the Toprol and Coumadin:

- Magnesium, 500 mg
- Potassium, 500 mg
- Vitamin C, 1000 mg, b.i.d. (twice a day)
- Vitamin D, 800 IU
- Vitamin E, 400 mg
- CO Q10, 150 mg b.i.d.
- Omega-3 Fish Oil, 1000 mg b.i.d.
- Niacin, 500 mg
- Aspirin, 81 mg

The frequency of my afib episodes began to decrease – total events in 2002 was “only” 14, then only one in June 2003, and again only one in December 2004 lasting about 2 hours each and self-converting. Were the supplements and the ablations starting to work? Two events in two years I could live with.

Things were about to change. In 2005 my new cardiologist and I decided to try and find out if we could come up with a cure for my afib. He prescribed Cardizem 240 mg once a day, but I stopped taking it as it was causing me to almost blackout while driving. Up until this time my afib episodes had been manageable. However, I did notice a new problem; my heart was missing beats.

I tried talking to my cardiologist about information from Hans’ books. Not only would he not look at the book he would not even touch it, sort of reeling back from it as if it were a snake. That should have been a clue, but I was still in the learning mode. I did as I was instructed. (In my opinion the most dangerous three words you can say are, “YOU’RE THE DOCTOR”.)

At one of my checkups, I asked, “Why do I urinate so much when I have an afib episode?” The doctor turned and looked at his nurse and said, “You know I have heard that before” – that was his only answer. (See Hans’ book Volume 1 page 19 for the answer). This should have been clue number 2, but I kept on trying to find a cure with him.

In 2005, I had 9 episodes with 5 events being in August alone. Things were definitely going in the wrong direction and, unfortunately, were about to get much worse.

On December 3rd 2006, I had a 10-hour event and on December 6th I was admitted into the hospital for observation, and placed on Sotalol 80 mg two times daily (b.i.d.). Overall I experienced 9 afib episodes in December lasting a total of 27.5 hours.

On January 31st 2007 I had a 13-hour event, starting at 5:15 AM and lasted until 6:30 PM. The doctor increased my Sotalol to 120 mg b.i.d.

In February I had 2 events totalling 2 hours and in March 4 events lasting 4 hours total. At this time I decided to reduce the Sotalol to 80 mg b.i.d.

In the period April to July I experienced 23 episodes lasting a total of 30 hours. During August I had 15 episodes, and on the 15th I had my first triple-event day. Following this, I again cut back (on my own) on the Sotalol to 40 mg b.i.d. My reason for reducing the Sotalol was that the increased dose was not making things better. Total time spent in afib in August was 12 hours. At this time, I decided to discontinue Coumadin and rely on nattokinase for stroke prevention. Not an easy decision to make.

September was not much better with 20 events, 31 hours total time in afib, with my second three-event day in 24 hours. On September 27th I was placed on a Holter monitor and the cardiologist, after reading the results, said "You need a pace maker!" I said "I do not want one", and he said "I want you to have one" rather forcefully, and I said "I DO NOT WANT ONE" rather forcefully. At that point he "fired" me, stating I should seek another cardiologist. He was the only one within 50 miles.

I started looking for a GP that would work with me along with the information from Hans' books. A friend of ours suggested that I go to her and her husband's doctor. He was a physician from India who had helped her husband with his heart condition.

On October 5th 2007, I started with the new GP. I showed him my medical records and asked if he would allow me to try what I thought would work for me. He agreed, so we started by stopping the Sotalol over a period of a week.

I then asked about flecainide, he agreed and prescribed 50 mg 3 times a day (one every 8 hours) gradually upping the dose to 100 mg twice a day, as well as stopping the Toprol, and the one-a-day aspirin. He also gave me a prescription for metoprolol 25 mg to take at the start of an episode, sort of a modified "pill in the pocket" approach.

The first 15 days of October were rather bad with an event everyday lasting from one to 13 hours; however only 3 events the last half of October.

In November things began to improve with only three events and total afib time of 3 hours. The November 26th event was the first in 32 days!

On December 8th, 2007 I had a rather scary event. Things were working out so well that my wife and I went on a little vacation to a place where only 4x4 wheel vehicles could get to. We had to drive 12 miles on an ocean front beach, at low tide, no paved roads at all. At meal time I knew that another afib episode was in the offing (years of experience!)

I was on flecainide, so I took a metoprolol, crushed it and, being smarter than the average bear, used warm/hot water to down the crushed metoprolol, knowing that it would act much faster that way. It worked very fast indeed, so fast that I passed out! My wife caught me as I was falling off the chair. I recovered and went to a lounge chair and passed out again. Both times were less than a minute. What had happened was that my heart rate slowed down to the point that I blacked out. It was at night, with a high tide and my wife was rather upset (to say the least) as we were on our own and 12 miles from any help.

I insisted that we stay, and in the end things worked out well for us. Especially for me, as that, my friends, was the last event I have experienced in 31 months and counting!

I owe all this to Hans Larsen and the good folks on the forum. If you have read his books, and the forum, you will realize that what I did to eliminate my afib is nothing new.

Conclusions:

- Looking back over my records I find it quite obvious now that it was the Sotalol that caused and exacerbated my afib. I was, at the time, too close to the problem to recognize that fact, like “can’t see the trees for the forest”; the supplements were not strong enough to overcome the adverse effect of the Sotalol, which in itself is a strong beta-blocker.
- The ablations and supplements may have been helpful early on in reducing my events as I had only experienced one event in 2003 and 2004.
- I don’t drink or smoke; however, I absolutely need to avoid aspartame and MSG, and I have had episodes triggered by bending over, sleeping on my left side, and drinking cold liquids.
- Ninety per cent of my episodes were in the morning or after a meal, so I suspect my afib is vagal.
- Being “fired” by the cardiologist was, without a doubt, the best thing to happen to me.
- The best advice I can give is read, read and reread Hans Larsen’s books and the forum, and as it is your body, let no one take away your choices. The knowledge gained from his books and the forum, will empower you to know what choices to make, and most importantly, what choices NOT to make.

NSR: Normal Sinus Rhythm; that is one nice rhythm, with a tempo and a beat, I can live with!

Am I there yet? Not sure, but I do know this, I am close enough to not worry about it.

This is what I am presently taking for afib prevention. The modifications to my present regimen of supplements are the results of new, updated, ongoing information from Hans’ books and participants in the forum.

- Flecainide - 100 mg, twice a day
- Taurine - 1000 mg twice a day
- L-Arginine - 2000 mg once a day
- L-Carnitine - 500 mg, twice a day
- Vitamin C - 1000 mg, slow release, twice a day
- Fish oil, EPA - 310 mg, DHA -100 mg twice a day
- Nattokinase - 50 mg twice a day
- CO Q10 - 200 mg twice a day
- Niacin - 1000 mg, slow release, twice a day
- Klor-con - 10 mEq, (750 mg potassium) twice a day
- Magnesium - 200 mg (NO Aspartate) twice a day
- Vitamin D-3 - 5000 IU once a day
- Vitamin K2 - 100 mcg twice a day
- Vitamin E, Hi-Gamma - 400 mg once a day

My blood chemistry tests are all normal; blood pressure is 110/70.

On December 8th 2010 I will start reducing my flecainide to 50 mg in the AM and 50 mg in the PM, with the hope to cut it down to 25 mg AM & PM. Will see what happens.

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