



## **Blessed Relief – At Least for Now!**

**By Joseph M. Pisano**

After posting a personal update on my condition on the LAF Bulletin Board, Hans invited me to share my “success story”. For those of you who are not aware of the online LAF forum ([www.afibbers.com/forum/list.php?f=8](http://www.afibbers.com/forum/list.php?f=8)), it is an incredible source of information and has been of great comfort to me personally. Through this portal of communication, I have come to know and respect many people who share my condition; we have both celebrated our victories together and commiserated our losses. Many of those veterans have experiences more fascinating and endearing than mine and I am humbled by their courage and strength. For me, the forums, and other resources at Hans’ site, have been the BEST and most accurate sources of information available online and I strongly encourage everyone to take advantage of the many resources that are available there.

My journey has been long (although short compared to many of those suffering with this condition) and full of valleys and mountains. I could not have traversed it without my friends, family, caring local doctors and strong faith. If I can be an encouragement to anyone, then I am happy to write about my experience.

It has been well over eight months since I have had an atrial fibrillation attack. The ectopic beats have almost completely subsided and I feel more heart-healthy now than shortly before this journey began. As a matter of fact, the deep worry about a full-blown attack has finally gone away as well. I was diagnosed with lone atrial fibrillation on October 10<sup>th</sup>, 2002.

For those of you who don’t know me, I am a college instructor/administrator, musician, and have been an active contributor to Hans’ LAF forum for well over a year. I have personally visited or spoken with the foremost electrophysiologists in America to learn about my condition (you can find most of my discourse with them online at [www.afibbers.org](http://www.afibbers.org) in the archived sections). After first deciding to have an ablation to correct my problem, I decided against the procedure, for various personal reasons, after a final consultation with Dr. Hugh Calkins at Johns Hopkins University. I am not contesting that there are those of you who have had fantastic results with these types of procedures, but after my studies, I decided that the PVA/PVI was not for me, at least not at that time.

Like many of you, my experience with atrial fibrillation, seemingly, came out of the blue. Fortunately for me when it happened, one of my friends, an Emergency Medical Technician (EMT), convinced me to go to the emergency room. At that time, I was studying to become an EMT as well. I don’t know what would have been worse, not knowing what all the readings were on the machines in the ER, or knowingly staring in horror at the monitors watching my vitals jump around like a fast paced game of ping-pong. Either way, I surmise, it is not pleasant.

Everyone with this condition needs to know what they are dealing with. I have both a healthy respect for conventional medicine and “alternative” approaches. I firmly believe that true health wisdom can be obtained by marrying together both approaches and becoming a student interested in approaches that are best suited for your own health and particular situation. Modern medicine excels at diagnosing conditions and emergency medicine. I do not particularly like the modern medical approach to the treatment of all illnesses, but can respect their accomplishments with many of them. In a similar fashion, I believe that much good can be gleaned from nutritional and health-based approaches that have been proven to promote good health. Personally, I chose both venues and became a student of my condition, I wanted to know everything that would or could help me with my diagnosed condition of lone atrial fibrillation.

Finding out the mechanism behind your atrial fibrillation is of paramount importance. There are many things that are associated with atrial fibrillation that are very dangerous. Some of these aggravating conditions include an enlarged heart, problems with the heart valves, severe irregularities in blood pressure, problems with the endocrine system, coronary vasoconstrictions and plaque and even central nervous system problems. These problems are not to be trifled with. I strongly submit that being properly diagnosed by professional medical personnel is an absolute necessity and should not be glossed over. Finding out my diagnosis of paroxysmal lone atrial fibrillation was both a blessing and a cause for great consternation. The good news was that there was not a known cause for what I had; the bad news was that they didn't know what was causing it and could only confirm I had it. Now my educational journey as a student of atrial fibrillation began in earnest.

My fear started to subside as I began to know my enemy. Knowing the enemy started with research, research led me to consume volumes of information both by the medical establishment and accepted holistic-health alternatives. Eventually my research led me to the book *Lone Atrial Fibrillation: Towards a Cure*, by Hans Larsen and also to the [www.afibbers.org](http://www.afibbers.org) forums.

I have as much respect for what is happening on the forums as I do for all that is happening in academic research about this subject. I can confirm that I have come to the same conclusion as other well-informed “afibbers” using the forum with regard to the information that is available there: the general consensus of those involved with this particular bulletin board is better than most of the general practitioners and even many electrophysiologists (particularly those not well informed about atrial fibrillation) who are consulting us about our own conditions! There are very few well-published electrophysiologists that I have come to respect. Some of the doctors I do admire are Pappone, Calkins, Tchou, Natale, Morady, Haissaguerre and, of course, the late Dr. Coumel. In addition, I respect Hans Larsen's research and publications as much as any of them.

I have found the LAF forums to be a strong light in the dark void of information (or mis-information). All of us have a story and we get to tell it there; it has been my best therapy. The opportunity to have discourse about our common foe is worth its weight in research papers about it!

What has worked for me, no doubt, will work for some of you. As many of you know who have had contact with others with our condition, each individual's condition is different and manifests itself in us all differently. For me, like many of you, I KNEW my atrial fibrillation was tied to my digestive system. Despite this I began with the normally prescribed route. After fighting with multiple types of prescription drugs (which I have determined were not good for me, some even detrimental!), trying to find the “secret” vitamin health formula, getting the right diet and health regimen, detoxifying my body, countless medical tests, pin-pointing triggers and changing my lifestyle, I have come up with this conclusion: My atrial fibrillation is linked to... INSERT TRUMPET FANFARE HERE... my digestive system!

What seemed so complex came down to this axiom: Controlling the stomach problems controls the atrial fibrillation. So this is my secret: fight GERD, fight indigestion, eat better foods, heal my stomach, reduce stress and stop taking excito-toxins and unnatural foods, especially sucralose (Splenda). Allow me to reiterate – especially sucralose.

Most nutritional consultants, dieticians or medical professionals “worth their salt” will tell you to stay away from aspartame, acesulfame-potassium, sucralose, trans-fats, and any other artificial thing and they would be right! But for me, sucralose put me into atrial fibrillation faster than any other single thing. Now as to why, I surmise it may be an allergy to the substituted chlorine molecules; they must irritate my stomach. Am I allergic to chlorine? – no, but my stomach must be! In addition, if I eat too much food at one time, have food too spicy, too cold, too acidic, too “whatever” my stomach becomes irritated. When my stomach is irritated, I get atrial fibrillation...a pretty simply syllogism.

The vagus nerve is intimately connected with your stomach and with your heart. It plays a major role in the parasympathetic functions and autonomic functions of the nervous system, which includes some of the electrical activity that controls the rhythmic processes of the heart. For me, when my stomach or upper digestive tract becomes irritated, whether “esophageally”, “stomachally” or “whateverachlly”, the electrical process that controls my heart rhythm is compromised and “sooner than later” I have atrial fibrillation. This is usually preceded by a number of “warning signs” that manifest themselves as ectopic beats, either pre-ventricular contractions (PVCs) or pre-atrial contractions (PACs).

I now control the entire process of lessening the stomach irritation by eating only bacterially enriched (acidophilus, bifidus, etc.) yogurt in the morning. In addition, I now take Acidaphex (a prescription proton pump inhibitor) in the morning. I try not to eat too big of a lunch and I don’t eat too late. I try and avoid foods that I now know irritate my stomach. I would suggest making a list, to those researching their condition, of what is being consumed and whether or not a reaction is being produced. This would be similar to a food- allergy list.

In the beginning, after I really began to focus on my stomach being a major culprit, I would take bismuth (Pepto) if I felt an imminent atrial attack forming. Nine times out of ten this stopped it from occurring and further confirmed my suspicions about the origins of my attacks. That being said, bismuth subsalicylate has been found to be toxic in LARGE quantities and can cause delirium, psychosis, ataxia and myoclonus...but it sure worked! Paying attention to my stomach was the key to understanding how to avert triggering my condition. I rarely take the “Pepto” anymore, but would not hesitate to use it if I felt a batch of fibrillations heading my way. I have tried just about everything else, and this, again for me, was the most effective at preventing an imminent occurrence of atrial fibrillation.

Probably equally important for me was additional supplementation of magnesium, calcium and potassium in addition to the standard multivitamin regimen and increased water intake in my diet. Perhaps the additional potassium (potassium is regulated by the FDA and in large supplemental quantities has been known to be toxic as well) supplementation seemed more effective to me than the others. In my years of using these different supplements, all three minerals: potassium, magnesium and calcium seemed to have a positive effect on me and an alkalizing effect on my stomach. In addition, they all have electrolytic properties and are major players in controlling normal rhythms of the heart.

When choosing my supplements, I became acutely aware that not all brands of supplements are created equally. They may be of the same dosage but most of them use different chelating or binding agents that affect the body’s ability to absorb them. The absorption properties of the supplement increase the amount of minerals available to your body (bioavailability). Once I determined a picolinate was better than a citrate and that everything is better absorbed than an oxide, the minerals/supplements began to have a better effect on me because I was choosing better supplements.

Once my stomach had a chance to recover from whatever it was that took the toll on it, the feelings of “riding on the edge” or even being close to the edge of an atrial fibrillation episode all but vanished. Honestly, I still will feel an ectopic beat from time to time but the majority of the major sensations are gone. Nonetheless, I remain ever vigilant and continue to watch my condition and evaluate my methods. I hope and pray for the best and continue to prepare for the worst. Fortunately for those of us who have been diagnosed with lone atrial fibrillation, compared to other major illnesses, the “worst” isn’t all that bad.

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