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# Living with Vagal Lone AF

## By David Booth

**History**
My first episode of AF occurred in the middle of winter. I was then 50, active, in good health and working under some stress. After 3 more episodes and a visit to emergency, I became a patient of the heart clinic. Tests revealed no obvious cause and the cardiologist prescribed Sotalol. It was considered to be a prescription for life, a prospect that grated against values that dated back to childhood when my parents mistrusted use of any unnecessary medicines. Within a couple of months, I had abandoned the medication in the hope that the whole experience was an isolated one.

Athletic sports were a major part of my life as teenager. Since then, non-competitive physical activity has remained imbedded in daily life. The body worked and performed well and I believed that I was looking after its well-being. There was, however, a tendency to push myself in order to achieve various goals, both at work and of a personal nature. Many of these had as an underlying aim to prove my own existence.

Four years after the first episode, again at a time of stress in the middle of winter, four more episodes hit me. With the heart thumping wildly, I got to emergency where another cardiologist gave me the same prescription as before. I left with the impression that indeed the problem was serious and followed instructions by taking the medication. Spring did not bring me the usual revival of energy and enthusiasm. My family doctor was concerned about high blood pressure. In June, more episodes of AF occurred with two more visits to emergency. The dose of Sotalol was increased. I spent the summer devoid of energy. The cardiologist explained that according to her experience AF was usually just the tip of the iceberg and that the symptoms increased with age. It was at that moment that the need to understand became urgent. Soon afterwards, I found the www.afibbers.org site, which gave me the tools to take responsibility for my own condition.

During the autumn, several more episodes occurred and the level of anxiety increased to a level that made work as a university teacher virtually impossible. My family doctor took me off work but learning that the insurance did not recognise AF as a valid reason for sick leave only added to the anxiety. The episodes became more frequent and I came to believe that this half existence was to be my lot for the rest of my life. Medication was again increased and the feeling of vulnerability became ever more present until I started to question the medication itself. In an attempt to find some solution, I stopped the medication. After a couple of weeks, some normality returned, and I started to regain a little energy and plan a return to work. The cardiologist accepted that the medication might be unsuitable and suggested a milder Beta-blocker. She also brought up the possibility of ablation but I was far from ready to accept such an intervention. I did try the new medication for a short while but regarded it with suspicion as the feeling of vulnerability returned.

The next series of episodes happened again in the middle of winter. By now, I was accustomed to the experience and the intensity of AF was much reduced. A further series occurred later in the spring, once again during a period of stress.

During this past year and a half, I have become more familiar with my own body. Some observations seem particularly important and it is these that I wish to share. Many of these observations are in agreement with those found in Hans Larsen's books.

**Use of a journal**
Although it may seem obsessive to the medical profession, writing a journal to keep track of episodes of AF has been beneficial. Not only does it help in identifying patterns but it also allows one to stand back from the experience.

**Classification of AF**
Initial episodes of fibrillation were generally intense and lasted several hours. Later, the intensity decreased and the duration became more variable, ranging from a few minutes to a whole day. Virtually all of my episodes of AF began just after a meal, getting into bed, while in bed or on getting up. The very occasional episode that did not fall into this pattern started soon after a séance of meditation. Although the classification of vagal AF is not generally recognised, the pattern in my case is very clear and undoubtedly important when deciding how to deal with the problem.

**Symptoms**
Apart from the discomfort of a crazy heart, other symptoms include a pressure and irritation in stomach, considerable belching, exhaustion, a salty taste in the mouth, and a need to urinate frequently. The most consistent symptom, however, is a tension in the region of the diaphragm, just under the solar plexus.

**Triggers**
Episodes of AF always occurred during periods of stress, often at work. After an initial episode, there were almost always a few more during the following days. An initial event made me more vulnerable, but the background of stress always seemed to be present during these periods. Foods that irritated the gut or the stomach, spicy or salty dishes for example, appeared to initiate episodes. Watching the television news just before bed also increased my vulnerability, as did the obligation to be in a noisy or crowded place. In bed, I was more likely to have an episode while lying on my side, particularly the left side. When AF started in the middle of night, I had usually just woken up on my side with the impression that I had stopped breathing.

**Strategies used to end an episode**
Visits to emergency were, at first, the only way I knew of dealing with an prolonged episode, and indeed the official medical advise was to do just that. On the fourth visit, however, a doctor questioned the nurse as to why I had come in with just fibrillation. It was then that I realised that, despite the gloomy predictions of the cardiologist, this was something that could be dealt with. I have now come to use several ways of attempting to end an episode. The first "technique" is to stand with knees slightly bent and to shake the hands vigorously, if necessary for some minutes. This has worked for me many times. If not, I try relaxing in a warm bath: AF often calms and stops by itself. While in bed, the intensity of AF seems to be reduced by sitting up. If already in AF, I try sleeping in a reclining long chair rather than in bed. Free breathing, however, appears to be an important aspect of any attempt to stop AF. By free breathing I mean natural deep unforced breathing and it is particularly helpful to turn one's attention to a part of the body other than the abdomen area, the nose for example.

**Strategies used to reduce risk**
Probably the most important is an attempt to reduce stress, not by forcing anything, but by facing and dealing with it as soon as it arises. This, of course, is easier said than achieved, and sometimes requires considerable attention and honesty with oneself. For me, however, dealing with sources of stress has made me question many aspects of life, including my professional priorities and objectives. In general, however, it means being attentive to one's state of mind and responding to its needs. In my case, fighting

against emotions may be one major source of stress. It may help to give oneself space to acknowledge them and allow them to be.

The second change I made to my daily life was to give myself whenever possible ample time to digest after meals. I now try to sit and read simply for relaxation after eating. This, apart from avoiding irritating foods and eating slowly, seems to be the most important way of avoiding episodes after meals.
My wife urges me to rediscover the pleasures of being. This may be rich advice indeed, for I wonder now if AF may be in some way a manifestation of a stressed-out body. I do notice that, in spite of fatigue, my body seems more at peace after an episode of AF than before. Maybe the heart needs to dissipate pent up tension and chaotic oscillation is its only way. If so, the pleasures of being may help us find a more balanced frame of mind.

Other strategies include avoiding prolonged work at the computer, a reduction in daily work objectives, an acceptance of need to relax at frequent intervals and a recognition that the body is no longer as young and able as it was.

**Diet**
My diet has become simpler. Although vegetarian, apart from an occasional meal of seafood, for the past two decades, I feel the increasing need for the most basic of foods prepared in simple ways. Added salt and all processed additives have been eliminated even to the extent that the food may appear fad to another, but this is what my body seems to want. Refined sugar too has been eliminated, and just this one change seems to have decreased considerably my everyday blood pressure. Fresh fruit now tastes sweet while a sugared muffin, for example, is now almost inedible. I limit my intake of bread, which seems to irritate the stomach. The breakfast that seems to suit me best is one based on cooked quinoa with some fruit, a soy based yogurt and flax oil. Lunch is simple, often a thick soup with some source of protein. Supper is still the main meal, but more modest and less rushed. I drink little but water and soymilk, which helps calm the stomach. A very occasional beer is sometimes welcome, but even this can sometimes instil a sense of vulnerability. I now distrust restaurant meals, particularly those with sauces. Although I prefer to eat at home, when eating out I choose the simpler dishes.

I take no supplements other than a little fish oil. For many months during the winter, however, I had the almost insatiable urge to eat cooked dates. Whether or not this has anything to do with a bodily need, I do not know, but the urge diminished as spring arrived.

**Sleep**
I accept now that the body needs seven or eight hours of sleep each day. I no longer force the body to get up in an attempt to get more out of the day. It may be simply an acceptance of corporal limits. The fact that vulnerability to AF increases when the body is fatigued is reason enough to give oneself ample sleep. I suspect that many of my episodes occurred during periods of sleep deficiency.

**T’ai Chi**
This slow precise form of exercise is of great benefit; at least it seems so in my case. Not only have I recorded a drop of 12 points in systolic blood pressure during a single half-hour of T’ai Chi, but I have also been able to terminate episodes of AF while exercising. In general, T’ai Chi does help to keep the body supple and relaxed, a condition that can only help minimise AF. It seems particularly important to keep the torso relaxed.

**Meditation**
Meditation has been an important part of me life for many years. Although simple meditation can be done for relaxation, on deepening the practice, one enters into the conflicting tensions of life. This can bring to the surface and thus amplify confusion, dread, depression and anxiety, all of which need to be faced for what they are. This level of meditation should be undertaken under the guidance of a competent master. Otherwise, it is very easy to slip into a practice of endless rumination or of a dreary stupor. What is of interest, however, is that meditation seems to change the functioning of the nervous system. In my case, episodes of AF often occur around periods of intense meditation, and in particular when the body tightens after a deep letting-go. Meditation can thus help us learn how we function, but working with this kind of

practice is difficult and guidance is essential. Despite periods of difficulty, I am convinced that such practice can be deeply beneficial, although in the end meditation is of no use if undertaken with a particular objective in mind; doing so immediately puts a stick between the spokes.

**Osteopathy**

Treatment from a competent and sensitive osteopath has been of the utmost help. By feeling tension in the body and working with his hands, the osteopath is able to influence the nervous systems. On one occasion, I arrived for treatment with the heart already in AF. He was able to relieve the tension and stop the fibrillation. I now go for a monthly treatment in an attempt to limit the accumulation of tension. In my case, the sympathetic nervous system is generally overactive. Gradually, the upper body seems to be learning how to relax. Of interest however is the feeling after a treatment. For a couple of days, there is a general feeling of well-being and a desire for action. At the same time, the body feels unusually vulnerable to AF, especially during the first night. It thus appears important to stay particularly attentive and avoid excessive activity while the body readjusts itself. In this respect, I suspect that osteopathy and meditation can affect the body in similar ways. It is worth noting here, however, that there are many kinds of osteopathic manipulations. Not all are necessarily beneficial. With me the osteopath works, usually in a very gentle and sensitive manner, around the abdomen area, at the lower and upper ends of the spine, and around the top of the head. He is able to sense the state of tension and resistance in the body and thus ease it out of its usual defence.

**Emotions**

I have come to recognise the emotions that prevail during periods of frequent episodes. For me these are in the main a simmering anger or frustration with the “system” in which I work, often with a feeling of being up against a brick wall. I realise now that my values are not those of the institution, and this constantly puts me in a situation of tension. Within myself, the tension manifests as a tug of war between what I believe is essential and what I believe is expected of me. Coming to terms with this tension is, I suspect, an important step. To be able to step back and see this dynamic as a construction rather than a reality does take the sting out of the tension. Gradually it may be possible to enter into the simmering emotion and allow it dissipate before any accumulation of tension. Some might see this as an attempt to give more space to the heart. It is of interest that on the two occasions that I broke down into tears through despair during an episode of intense AF, the heart regained its normal rhythm within minutes.

**Tension in the abdomen**

Tension just below the solar plexus in the region of the diaphragm is the most persistent and frequent symptom during periods of AF. Whenever the heart is in fibrillation, the diaphragm muscles feel tight and taut. Breathing lacks its usual fluidity. Well before the onset of an episode, one of the very early signs is a conscious feeling of the pulse just below the solar plexus. This is an indication of the need to stop and relax and increasingly it is possible to avoid an episode before any clear symptoms in the heart rhythm. I now suspect that muscle system of the diaphragm may play an important part in the process.

**Conclusion**

My understanding of what happens is based on a mechanical viewpoint. This may be naive and simplistic but the model gives us a means to link some of the observations thus far. The heart is, in mechanical terms, a complicated forced oscillator, sitting just above the diaphragm and held in place by elastic suspenders. Some mechanical oscillators can go into chaotic movement as the elasticity is changed. The fact that AF symptoms change with orientation of the body does suggest that gravity affects the dynamic. I wonder therefore if tension in the muscular system simply limits the supporting elasticity and constricts the usual heart movement thus driving it into fibrillation. This does not reject the role of the autonomic nervous systems and indeed the suggestion that variations in the balance between the sympathetic and parasympathetic branches play a role in the onset of AF may be supported by what I experience after an osteopathy treatment or a period of deep meditation. Nevertheless, whether the process is a mechanical interaction or an adjustment in the nervous system, being mindful of tension in the upper abdomen and diaphragm region does appear to minimise and weaken episodes of AF. With this limited understanding of the workings of my own body, I try therefore in whatever way possible to allow the upper body to relax. All the strategies that seem to work for me, whether to reduce the risk of an episode or to weaken and stop the fibrillation, have this effect. I strongly suspect that when the diaphragm is relaxed and supple,

risk of AF is considerably reduced. Even if a relaxed diaphragm is but a sign of something underneath such as balanced nervous system, tension in the diaphragm remains a clear warning indicator.

It would be tempting to claim that nothing is wrong with the heart and that it is all in the mind. There is obviously a weakness and fibrillation is its manifestation. But perhaps, AF in some cases may be a symptom of something much more general and should therefore be welcomed as an invitation to learn. Perhaps the cardiologist was right in saying that it is just the tip of the iceberg. This iceberg, I now suspect however, is not just physiological but encompasses the whole workings of the human being. It is my hope that by taking a holistic viewpoint, I may be able to learn and eventually find a way of allowing the body and all its being function in relative harmony, even in times of difficulty. I tend to take things to heart but do not allow the heart to express itself. Maybe my fibrillation is a call from the heart. Maybe it is no wonder that the heart is considered the centre of emotion.

**The AFIB Report is published 10 times a year by Hans R. Larsen MSc ChE**
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**Phone: (250) 384-2524**
**E-mail: editor@afibbers.org**
**URL: http://www.afibbers.org**
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