THE AFIB REPORT
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A Roller Coaster Ride to Freedom from the Tyranny of Afib

By Frank McCabe

The roller coaster ride started when I was skiing in Cervinia in 1984. On a complete whiteout morning near Monte Rosa I skied into a ravine in order to avoid a woman who fell right in front of me. I landed headfirst and my right thumb was bent all the way back tearing all the ligaments. Determined not to miss my week of skiing I got a local doctor to mould the cast around the ski pole and skied for the rest of the week.

When I got back to Concord, Mass. John Blute who is a brilliant hand surgeon mildly cursed me for getting to him a week later, but he did a brilliant job. Going into surgery I said to John this must be a routine procedure for him and he responded sharply there was no such thing as a routine surgery.

How right he was. Thirty minutes after the local anaesthetic wore off the pain reached a high threshold and I suddenly passed out. When I woke up I was surrounded by a raft of doctors, technicians, and nurses and with one doctor pounding on my chest. I, of course, was in complete denial that there was anything wrong with me as I had intended to go back to work later in the afternoon. After one night in intensive care and no changes in the enzyme tests I was released the following morning on condition that I would have a follow-up cardiac investigation.

Diagnosis – Lone Atrial Fibrillation

All the tests (Thallium scans, Ultrasound, etc.) proved negative and the Lahey Clinic cardiac team's evaluation was that I had a VASO VAGAL episode. Yes, my first experience with control system problems and this word vagal became an ever-increasing part of my life over the next twenty years.

Four years later I took a vacation in Barbados from a very stressful VP level job in the computer industry, a world where everyone is an overachiever. After consuming multiple high-test Cokes I jumped in for a swim and World War III broke out in my chest with my heart beating in a way I never experienced before. I took a couple of coffees and went into denial until the following morning after not having slept. I called a local doctor and she told me I was in arrhythmia. That really got my attention. The medical staff in St Elizabeth's hospital in Barbados confirmed it was atrial fibrillation. I was put on intravenous Verapamil and it converted to sinus rhythm after 10 hours.

Further evaluation and tests in the Lahey Clinic a week later confirmed the diagnosis of lone atrial fibrillation. The recommendation at the time was not to take drugs and hopefully another episode would not occur.

More Episodes

The next episode was two years later after a hectic business day and a late night dinner with the usual wines, etc. Immediately after falling asleep I woke up again with World War III beating inside my chest. I went to the nearest emergency room and was put on intravenous atenolol (Tenormin), which dropped the pulse from 170 to about 120 bpm. Six hours later the heart went back into sinus rhythm.

The frequency of episodes started to increase, but they always converted in a hospital setting using drugs. Typically the conversion process would start at around midnight and sinus rhythm would be restored in the early afternoon.

I started taking 25 mg of atenolol. It brought about no change in the frequency of episodes, but had the positive impact that when an episode would occur the heart rate would only rise to 130 rather than 170 bpm as in the past. Another change I discovered was that if I took an additional 50 mg of atenolol at home (rather than going to the hospital) during an episode the pulse level average would drop to an acceptable 100 bpm and conversion to sinus rhythm would occur within six to fourteen hours. I am convinced that the beta-blocker did not accelerate the conversion it simply reduced the pulse rate and the anxiety level.

Another decision I had to face was "Should I take Coumadin?" The literature tends to recommend it after 60 years of age if you experience atrial fibrillation. I made the decision to take 175 mg of coated aspirin daily instead based on some studies I looked at. This was a hard call, but I am happy with my decision.

In 1995 while on an assignment in Oregon I had an episode that did not convert in 48 hours. I was finally getting really concerned especially when Dr. Gibson, a great caring cardiologist, said that the medical fraternity did not fully understand LAF and what could prevent it with certainty.

Having discussed options at length Dr. Gibson put me on a cocktail of Lanoxin (digoxin), Rythmol and atenolol. It took a few days to settle down and for a period of a couple of months I was free of AFIB episodes. BUT AT A PRICE, the side effects were quite unpleasant - low energy, very low pulse rate, negative effects on adrenaline response. I also found it very difficult to adjust to the feeling of the modified pulse. I found it difficult to fall asleep as the pulse rate dropped to 40 bpm and felt totally unnatural.

The frequency of AFIB episodes was now about monthly, but what made it unpleasant was the fact that it tended to occur within minutes of falling asleep and the frequency of PACs (premature atrial contractions) and PVCs increased sharply. I felt that any one of these PACs could trigger an episode.

After a really bad period where I had three episodes in three days (during a bout of prostatitis) the cardiologist put me on a monitor for four days and it captured a couple of AFIB episodes. However, it threw up one vital piece of information. The episodes occurred immediately on falling asleep and, on both occasions, were preceded by a PAC.

As I looked back on events at that time I realised that despite taking ever more aggressive drugs the frequency of AFIB was increasing. It was also clear that the medical community had not successfully characterised AFIB and had no real answer to lone atrial fibrillation other than trial and error.

My Search Begins

At this point I started to spend most evenings on the Internet and I started trying everything possible to avoid as many known trigger points as possible such as avoiding caffeine, alcohol, stressful situations where possible (easier said than done), avoiding sleeping on my left hand side and taking up yoga (which helped). It is questionable how helpful all of this was as the frequency of episodes was still increasing.

I spoke to research people in the Massachusetts General Hospital in Boston, the Cleveland Clinic and Dr. Cox's team in Washington and came to the conclusion that the maze procedure was still experimental and only for severe, life-threatening cases or where the patient could not deal with AFIB mentally anymore. I also came to the conclusion that ablation procedures only worked for atrial flutter and did poorly for atrial fibrillation.

I was exploring the mercury issue when I contacted Hans Larsen on his web site. Hans was extremely helpful. On our first phone call he made a profound statement that LONE AFIB IS A PROBLEM OF THE AUTONOMIC NERVOUS SYSTEM AND NOT A HEART PROBLEM.

The Mercury Connection

As mercury is one of the heavy metals that could negatively affect the central nervous system it became my major area of focus. It was a real roller coaster ride. For every article that indicated that this could be a culprit there were other convincing articles that indicated the contrary. Every single cardiologist and dentist I spoke to indicated that it was impossible that amalgam in the teeth could cause atrial fibrillation.

Around that time Hans Larsen found a piece of research done in Canada that showed that amalgam (silver) fillings constantly leach out mercury. Up to this point the dental community was adamant that amalgam could not leach out mercury under any circumstance.

This renewed my determination to completely explore the mercury connection. It took me nearly a year before I found a dentist that I had complete confidence in and who fundamentally understood the process needed to successfully remove amalgam fillings without causing further mercury toxicity.

At the same time I came across a retired dentist in London, Dr. Levinson, who was devoting the rest of his life to this research. He did a number of tests including muscle tests that confirmed I was seriously allergic to mercury. The most important test was measuring the galvanic current between each of my teeth. The typical readings were 7 microamps. Dr Levinson's theory was that the typical current in the brain is measured in picoamps (one billionth of an amp) whereas in a mouth with dissimilar metals the currents were similar to mine, i.e. 7 microamps (7 millionth of an amp). The proximity of such high currents could cause capacitance effects, which conceivably could negatively affect the central nervous system. Personally I believe there are two factors at work here and the combination of the two is potentially one of the major causes of lone atrial fibrillation.

Amalgam Removal

The dentist who I decided to go ahead with the removal of all my amalgam fillings was Dr. Marc Mortiboys outside London. He had all the equipment and processes that completely met the rigorous protocols for safe mercury removal:

- Detox program before removal
- Charcoal tablets on the day of removal
- Separate air supply plus mask
- Eyes covered with damp cloths
- Higher levels of water flow to lower drilling temperature
- Rubber dam
- Dental assistant constantly vacuuming debris
- Detox program for months afterwards.

I had rationalised at this point that I would hopefully see some improvement six months later as mercury has a long half-life in the tissues.

As I was having dinner later that evening I suddenly got this extraordinary high feeling. As I had not been drinking I initially could not figure it out. Then I realised that the PACs and low-level atrial flutter that I often experienced had virtually disappeared and my energy level was way up.

This feeling stayed with me for weeks. I then gave up taking Rythmol cold turkey and continued taking atenolol. This triggered an AFIB episode within days. Once again I appeared to be on a roller coaster. It was only later that I realised that beta-blockers (atenolol) can precipitate AFIB in vagal type afibbers.

I asked my very caring cardiologist to try a different drug and we tried Sotalol and immediately I experienced three episodes in 48 hours. I reverted to Rythmol and atenolol (I had previously dropped Lanoxin). Again it was only later I realised that Sotalol acts as a beta-blocker, which can be a major cause of AFIB in vagal types like myself.

The Final Bridge

I had the electrical current measured again in my mouth. While the currents on average were reduced I had a high current between a large gold alloy bridge and the other teeth.

This was a really big decision for me as to whether I should remove a structurally powerful and expensive gold bridge and replace it with a plastic, less-structurally strong one at great expense. I made the decision to go ahead. As the dentist was removing the bridge he found some residual mercury under the bridge that he drilled out.

Once again I had the electrical currents in my mouth checked out and they were all at zero amps.

Finally I was beginning to get real confidence that at least I was removing mercury from the equation. During all this time I took detoxification remedies like seaweed, charcoal, etc. (before, during and after the removal) to help detox any residual mercury in the tissues. I had a number of conversations with experts like Dr. Huggins from Colorado to get advice on the best, conservative means of detoxification.
For the next six months I never had a single episode of AFIB or any PVCs or PACs. However, I continued to be nervous going to bed at night wondering if I would wake up with an episode.

I saw Vigorex Forte (a homeopathic remedy) in a health shop and as I always experiment I took it to see if it would have any effect on the mental component. Whether it acted as a placebo or not, the fear of further episodes disappeared immediately.

Incidentally, at an earlier time when I was having frequent episodes of AFIB, I tried hypnosis based on the logic that there was a strong mental component to the episodes, if one was predisposed. In my case it did not appear to help.

I am now one year completely free of all forms of arrhythmia and all concerns and fears of atrial fibrillation have disappeared. All I can say with certainty is that for ten years my life was almost ruled by atrial fibrillation and now it has disappeared from my life. Which of the interventions I made caused this breakthrough I honestly cannot say - I will let the reader be the judge.

Finally I would like to acknowledge the great help and encouragement of Hans Larsen without whose support I would not have gotten to this point.

I just hope my experience will encourage others to find the path to success that works for them. My advice to them is “Keep the Faith” and you will find the solution – if you pursue it relentlessly.

Dublin, Ireland, November 2001

Postscript – November 2002

I am happy to report that I have now gone over 2 years without an episode.

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