



My Travels Along the AFIB Road

By Richard Webster

I am presently 69 years of age. My history of athletics was high school, college and military basketball and baseball with normal training routines. Later in my 30s I began jogging about 10 miles a week for many years. I did not run marathons but did run some 10k events – not a hard runner, but more than the casual jogger.

The Road Down

In the late 1990s and throughout 2001 I kept having periods of a racing heart beat and associated tiredness. I learned that in some cases the condition would go away with 4 to 8 hours of rest. At the advice of my GP, on one occasion, I drove to the local ER and had an EKG where the condition was diagnosed as afib. I was placed on Coumadin, 25 mg/day atenolol and 180 mg/day Cartia, a calcium channel blocker. After some deliberation, I stopped the Cartia but continued the other two.

I set out to learn all I could about this condition and believe that I am a lone afibber, as all of my other tests and blood chemistry are normal. I was 61 years at the time. I am 6'5" and weighed 205 lbs. My cardiologist did not agree I had LAF, as my blood pressure was in the 130 to 140 over 80 to 90 range. He said that, although not real high, he thought that qualified as an additional condition. My first attempt to eliminate afib was to avoid all the known triggers as best I could, but that did not seem to help, as an episode would start, apparently for no common reason that I could determine. I also thought that being in a stressful job and about to retire contributed to the condition. As an aside, now knowing this was afib, I can remember having short episodes in my early 20s. On occasion, while playing basketball we would call a timeout. During the timeout I would notice my heart race, but it would always stop when play resumed. And in my late 30s, during a stressful divorce, it reappeared. After an electrocardioversion to NSR, it did not reappear.

Now between 1999 and the spring of 2005, episodes were happening about every 3 to 4 months and would last 16 to 20 hours. By May 2005, episodes were down to every 2 months and lasting from 24 to 30 hours, and I started in earnest to track my condition and try some natural approaches. Shortly thereafter I found www.afibbers.org and started taking vitamins. I started on a program of 200 mg Magnesium Aspartate, 100 mg Potassium Aspartate, 150 mg COQ-10, 1000 mg Vitamin C, a B-50 complex and Omega-3 with 360 mg EPA and 240 mg DHA. I also eat plenty of bananas. My potassium serum levels were normal, but on the lower end of the scale. For the year, May 2005 to May 2006, my afib burden (% of total time spent in afib) was 2.31%. For the next 12 months it became 3.14%. From May 2007 to May 2008, it increased to 5.00%. Episodes were now in the every 3-week range and, in some cases, were lasting 24 to 36 hours.

The Road Up

Coincident with a cholesterol level that had crept up to the 220 range and a decrease in my HDL, I started to change diet and reestablished a mild but significant exercise program. I was intrigued by the case study in the May 2008 issue of *The AFIB Report* as to the benefits of the Paleo diet. I began to follow the dietary recommendations in the book *The 8 Week Cholesterol Cure* by Robert E. Kowalski. I started to exercise regularly on an elliptical machine or tread mill for 20 minutes each day. Within three months I lost 20 lbs., mostly belly fat. Coincidentally my blood pressure dropped to 110 to 120 over 65 to 70 ranges. At this point, I reduced the atenolol dosage to 12.5 mg daily. During the next few months I had one stretch of 70 days without an episode.

In September 2008 I was given a drug load test of 600 mg propafenone and found it to be acceptable to use as a pill-in-the-pocket method to try and reduce the duration of my afib episodes. Since that time I have had 3 episodes where I took a 300 mg dose to see if it would reduce the durations. Prior to these last 3 episodes, my standard duration was around 24 hours but the last few of the summer and fall of 2008 had increased to 36- to 40-hour duration. For the first episode I waited 17 hours and took 300 mg and converted to NSR one hour later. The second episode, I waited 12 hours and took 300 mg and converted 4 hours later. The third episode I took 300 mg one hour after onset and there was no conversion. I waited until 18 hours and took another 300 mg and converted 4 hours later. Again a laboratory of one is not a significant conclusion, but it would suggest that Rythmol is effective in reducing my afib episode durations, but that the body does need some time in afib to "reset" to a condition where NSR is possible.

Next, the case study in the October 2008 issue of *The AFIB Report* again mentioned the Paleo diet and the addition of 4000 mg taurine daily with a cessation of episodes for 55 months. In late October, I added 3000 mg of taurine daily to my dietary supplements. The results have been phenomenal. Since beginning the taurine I have only had three episodes. All three were definitely shortened in duration by taking 300 mg propafenone. One interval between episodes was 73 days and, as I write this, it has been 131 days since my last one. My afib burden from May 2008 to May 2009 dropped to 2.11%. But the best news is that my burden for 2009, so far, is 0.00%!

The AFIB Report is published 10 times a year by Hans R. Larsen MSc ChE
1320 Point Street, Victoria, BC, Canada V8S 1A5
Phone: (250) 384-2524
E-mail: editor@afibbers.org
URL: <http://www.afibbers.org>
ISSN 1203-1933.....Copyright © 2001-2010 by Hans R. Larsen

The AFIB Report do not provide medical advice.
Do not attempt self- diagnosis or self-medication based on our reports.
Please consult your health-care provider if you wish to follow up on the information presented.