

THE AFIB REPORT

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12-Step Plan for Afib Elimination

By Hans R. Larsen MSc ChE

The following 12-step program is based on the findings of LAF Survey 14, numerous Bulletin Board postings (especially from “The List”) and Conference Room sessions and with supporting information from my first book *Lone Atrial Fibrillation: Towards a Cure – Volume 1*.

1. Ensure that your condition is indeed lone atrial fibrillation (no underlying heart disease) and rule out known causes such as thyroid disorders, hypoglycemia, hyperaldosteronism (Conn’s Syndrome) and pheochromocytoma.
2. Ensure that your liver and kidney functions are normal before embarking on an abatement program based on pharmaceutical drugs or supplements. This would involve BUN, creatinine and liver enzyme tests. It is also a good idea to establish your baseline electrolyte concentrations. This can be done through a simple blood test. Although the results are not very indicative of the concentration where it matters, namely in the myocytes (heart muscle cells) they will alert you to serious deficiencies. If the potassium level is below 4.5mEq/L then supplementation is likely necessary to bring the daily intake up to the recommended 4700 mg/day. Magnesium level is best determined in scrapings from the mouth (Exatest). NOTE: Probably close to 90% of lone afibbers test low for magnesium when using the Exatest. Finally, it would also be advisable to determine if systemic inflammation is present. A high-sensitivity C-reactive protein (hs-CRP) level above 1.0 mg/L (0.1 mg/dL) may indicate the need for supplementation with an effective anti-inflammatory such as beta-sitosterol or Zyflamend.
3. If not already doing so start keeping a detailed journal of the timing, duration and likely triggers of your afib episodes. This is essential in helping you determine your specific type of afib (adrenergic, mixed or vagal) and in establishing a successful abatement program. See www.afibbers.org/faq.htm for help in determining afib type.
4. Determine what your triggers are and scrupulously avoid them. If you are not yet sure what they are try avoiding caffeine, alcohol, MSG, aspartame, wheat, gluten, tyramine-containing foods, sugar, excessive salt (sodium) consumption and sleeping on your left side and see if that improves your situation.
5. Unless your magnesium and potassium levels are excessive begin supplementing with the magnesium, potassium, taurine combo to see if that is beneficial in your specific case. If your sun exposure is limited supplement with vitamin D as well to ensure optimum absorption of magnesium. For specific details of an effective supplementation program see www.afibbers.org/resources/strategy.pdf

6. Eliminate wheat and gluten-containing grains from your diet. Rice is OK and oats and rye may be as well, but this needs to be determined on an individual basis. Also avoid high glycemic load foods, *trans*-fatty acids and tyramine-containing foods. Avoid large meals and if hypoglycemia is a problem have a light snack mid-morning and mid-afternoon. Ensure adequate hydration; daily water intake, in addition to that supplied by food, should be 1-1.5 liters (32-48 oz.). Also, minimize intake of sodium (salt) to maintain a dietary intake ratio of elemental potassium to elemental sodium of at least 4:1.
7. Determine if you have any disease conditions associated with atrial fibrillation such as sleep apnea, GERD (gastroesophageal reflux disease), hyperthyroidism or hypoglycemia and take appropriate steps to deal with them. Also ensure that your digestive process is functioning properly. Bloating and gas formation in the stomach often cause ectopics and in some cases, atrial fibrillation. If this is a problem supplementation with pancreatic enzymes and betaine hydrochloride at mealtimes may be helpful. If bloating and gas occur close to bedtime an 80 mg simethicone tablet may help (best taken about 45 minutes prior to bedtime).
8. Find a relaxation therapy or other alternative protocol helpful in relieving stress that works for you and practice it daily.
9. If following steps 1-8 does not provide relief switch to a strict paleo diet. This combined with salt reduction and magnesium/potassium/taurine supplementation is probably the most effective step you can take, but it does require a very significant commitment, persistence, self-discipline and full cooperation from your spouse or significant other.
10. Try the on-demand (pill-in-pocket) approach to terminating episodes quickly with flecainide crushed and swallowed with lukewarm water at the start of an episode (200 mg for people weighing less than 70 kg (154 lbs) and 300 mg for people weighing more than 70 kg). In the case of a heart rate exceeding 100 bpm taking a beta-blocker first may be advisable. Propafenone (Rythmol) can also be used for the on-demand approach (450 mg for people weighing less than 70 kg and 600 mg for people weighing over 70 kg).
11. Consider going on an antiarrhythmic drug full time. Flecainide (Tambocor), possibly in combination with a beta-blocker, would appear to be most successful and should generally be tried first (50-100 mg every 12 hours). Only as a last resort should amiodarone or amiodarone+flecainide be tried.
12. If steps 1-11 have been faithfully followed and doing so has brought no relief get in line for an ablation or maze procedure with a highly skilled and experienced electrophysiologist or cardiac surgeon.

Why not go directly to an antiarrhythmic or ablation you may ask!? Because, there is no guarantee of success and both have the potential for serious adverse effects, while improving your diet, eliminating wheat, limiting salt intake and supplementing with magnesium and potassium only have positive effects.

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