



Episode Reduction/Elimination Protocols

By Hans R. Larsen MSc ChE

Case No. 682

Female afibber – 56 years of age with vagal AF of 10 years standing;
no underlying heart disease
No. of episodes in 6 months prior to starting protocol: 48
Afib burden in 6 months prior to starting protocol: 192 hrs.
No. of episodes in 6 months after starting protocol: 2
Afib burden in 6 months after starting protocol: 2 hrs.
Time on protocol: 6 months
Still need to avoid triggers?: Yes, but much less so

Main components of effective protocol

Trigger avoidance: MSG, aspartame, and other excitatory food additives, caffeine, high glycemic index foods, heavy evening meals, dehydration
Diet changes: Elimination of wheat and adopted Zone diet
Supplementation: Magnesium, potassium, taurine, coenzyme Q10
Drug therapy: None
Stress management: Relaxation therapy, breathing exercises
Approaches to shorten episodes: Light exercise, hydrotherapy (ice baths, icy water on hands, hot/cold showers)
Approaches to reduce ectopics: Supplementation with magnesium, potassium, and taurine, low-sodium V8 juice

Background and details of protocol

I was having increased episodes with the use of Toprol XL which my doctor prescribed. I had taken the drug for 2 years. I began suffering with PACs and ectopics everyday as well. During that time I was faithfully avoiding every trigger I could. My situation only got worse. The first thing I did was to purchase Hans' book. I determined, with the help of his book, the web site, and the people participating on the Bulletin Board, that I was probably vagal and needed to eliminate the beta-blocker. I stopped the beta-blocker (slowly) at the same time I began experimenting with adding supplements. I experimented with dosages of magnesium to determine my bowel tolerance. I had always taken calcium and fish oil. I stopped those because my research indicated those could be counter productive. All the while I had changed my diet and continued to exercise, but not with the vengeance I used to. I eat breakfast now; I never used to. I eliminated bread and have increased my veggies. I'm not a fruit eater, but admittedly I have always had a lousy diet. I avoid triggers, watch my diet, exercise, drink lots of water and take my supplements. My biggest trigger is a large meal, especially in

the evening. I try to walk or stay active at night after a meal. All this with my EPs blessing. He has given me Toprol for pill-in-the-pocket usage, but I have yet to use them. I am an avid golfer and will play in the heat of the day. I am very careful to avoid becoming dehydrated all the time, but especially when I am out golfing. I carry my own bag and walk, so I'm loaded down with water. All of these are taken after food: one 500-mg magnesium in the morning and one in the evening one 500-mg taurine in the morning and one in the evening. All of these are in the morning only - 1 multi, 500 mg Vit C, 100 mg of potassium, 150 mg CoQ10, 325 mg aspirin (doctor's continued wish, although I have only age and afib as risk factors) I know some of these doses (taurine, Vit C, mag) are low, but they are currently working. Perhaps I can increase them if things change. I started out purchasing my supplements at the corner drug store out of frustration. Once my current supply is gone, I fully intend to use the services for Hans' supplements. My education has included the need to be careful with supplements and I need to purchase the best forms of the products I take. I have yet to avoid an activity or an opportunity because of afib. Once, I played a round of golf while in afib. It did affect my putting! I think a positive attitude will go a long way in meeting this condition head on. Lastly, I'm very lucky because my condition is mild compared to many. I know from reading postings that some people suffer far more than I do. For that, I am grateful, but I have compassion for those who are not as fortunate.

Case No. 853

Female afibber – 47 years of age with vagal AF of 25 years standing; no underlying heart disease

No. of episodes in 6 months prior to starting protocol: Permanent

Afib burden in 6 months prior to starting protocol: Permanent

No. of episodes in most recent 6 months after starting protocol: 0

Afib burden in most recent 6 months after starting protocol: 0

Time on protocol: 7 ½ years

Episodes since protocol implementation: 3 episodes lasting approx. 2 hours each early on

Still need to avoid triggers?: No

Main components of effective protocol

Trigger avoidance: MSG, aspartame, alcohol, caffeine, dehydration, high glycemic index foods

Diet changes: Changed to paleo diet

Supplementation: None

Drug therapy: None

Stress management: None

Approaches to shorten episodes: Not applicable

Approaches to reduce ectopics: Paleo diet

Case No. 661

Male afibber – 52 years of age with vagal AF of 4 years standing; no underlying heart disease

No. of episodes in 6 months prior to starting protocol: 7 (including one lasting 2.5 months)

Afib burden in 6 months prior to starting protocol: Average 7 hours/episode except for one lasting 2.5 mos.

No. of episodes in most recent 6 months after starting protocol: 0

Afib burden in most recent 6 months after starting protocol: NONE

Time on protocol: 43 months

Episodes since protocol implementation: 4 episodes (3 of 0.7 hrs, 1 of 20 hrs)

Still need to avoid triggers?: No

Main components of effective protocol

Trigger avoidance: None

Diet changes: None

Supplementation: Magnesium, potassium, taurine

Drug therapy: Pill-in-pocket flecainide

Stress management: None

Approaches to shorten episodes: Pill-in-pocket flecainide

Approaches to reduce ectopics: Supplementation with magnesium, potassium and taurine

Background and details of protocol

I am a vagal afibber and a life-long exerciser. I am sufficiently fit to compete annually in a 13-mile race up Pike's Peak (14,100', 4,300m elevation, 7850' elevation gain). In the summer of 2004 several days after a long training day on a 14'er, I woke up with a rapid, irregular heart beat and was subsequently diagnosed with lone atrial fibrillation. During the next 2 months I experienced 5 more classically vagal episodes starting around 3 AM. These either converted on their own or converted with exercise after about 7 hours. The next episode, however, lasted 2.5 months, but I was eventually able to convert it by taking 300 mg of flecainide (conversion took 20 hours).

Early on, I found the LAF Bulletin Board and purchased Hans' first book. I looked at low potassium (hypokalemia) as a potential issue. Prior to afib, I'd had two annual blood tests with serum potassium levels at the low end of normal - 3.5 mmol/l. The day of my first episode, my level was 3.2 in the ER. Five days later it was 4.2 in the doctor's office.

My conclusion was that I had intermittent hypokalemia. I set out to design a supplement program that would keep my serum K above 4.2. This program includes 3 grams of potassium as citrate, 0.8 grams magnesium as glycinate and 4 grams of taurine per day. All doses are divided and taken morning and evening around meal time. I proposed to my EP that I use on-demand flecainide as a back-up in case the supplements failed. He agreed.

After ending the 2.5 month episode, I started supplements. Here are the subsequent episodes:

- 1 month – 3 AM episode, converted 20 hours after taking 300 mg flecainide
- 4.5 months – midnight episode, converted 20 minutes after taking 300 mg flecainide
- 5.5 months – 3 AM episode, converted 20 minutes after taking 300 mg flecainide
- 2.5 years – 11 PM episode, in vagal period after sexual climax. Converted 50 minutes after taking 300 mg flecainide.

Notes – prior to episodes 2 & 3, I'd run out of taurine and not bothered to replace it. Episode 4 occurred, 3 days after ceasing all supplements. This was evidence that all three supplements are essential for me. Episode 2 was a bit unusual, as I'd snow-shoed for 4 hours through heavy snow with a 75-pound pack and then spent 6 hours of hard work constructing a snow cave. It came on after I'd gone to bed. Normally I would crush the flecainide in warm water, however all I had was partially frozen water bottle. I chewed the flecainide tablets and washed them down with near freezing water – still effective.

When I started the supplement program, I also started a monitoring program with a Polar S810 heart rate monitor and a FreezeFramer heart rate monitor. Using them I was able to count PAC and PVC rates/hour. PAC's typically run 0-2/hr and PVC's 0-20/hr. My monitoring concept is that an increase in ectopic rates will foreshadow afib. The results could also be used to "tweak" the supplement program.

For anyone copying this program, I recommend BUN and creatinine tests to make sure your kidneys are OK. Also start slowly with the supplements and gradually increase dosages.

A couple of other, perhaps unrelated notes. When I was out of rhythm for 2.5 months, I gained 20 lbs (9.1 kg). I decided a good approach to losing weight would be to keep my blood sugar low and level. I purchased the most accurate home glucometer I could find – Bayer Ascencia Contour. I sampled my

blood sugar 45 minutes (usually maximum spike) after eating and would modify my meals such that I'd keep this spike to around 100 or 110 mg/dL (6.1 mmol/l) or less. This allowed me to drop the excess weight in around 2 months. This did not have any bearing on my success at keeping afib in remission, I only include it for general information.

The reason I stopped all supplements prior to episode 4 is that I thought I might be allergic to the fillers in the pills. I subsequently underwent an Elisa IgE/IgG test and determined that I was allergic to wheat, dairy, eggs, soy, almonds, grapes ... These were the source of my allergy, not the pills.

I have had a regular meditation habit for many years (before and after I ended up with afib). I have not seen any effect afib by meditation.

In summary, I'm very happy with my program. I am still very active, exercising on the excessive side of moderate. However I no longer train for endurance activities and try to keep my heart rate under 130 BPM during daily exercise (in fact, a lot of my exercise is in the 100 to 110 BPM range). However, I have done long hard days of exercise with high HR without adverse effect. I just try not to make it too regular a habit and limit them to FUN activities – not training. I do pay attention to my early morning resting HR. If it is elevated by 10 BPM or more, it is a sign that: 1) I've over done it the day before, or 2) I'm coming down with some illness. In either case, I take it very easy.

Case No. 779

Female afibber – 65 years of age with vagal AF of 7 years standing; no underlying heart disease

No. of episodes in 6 months prior to starting protocol: 4-5

Afib burden in 6 months prior to starting protocol: 4 hrs

No. of episodes in most recent 6 months after starting protocol: 0

Afib burden in most recent 6 months after starting protocol: 0 hrs

Time on protocol: 58 months

Episodes since protocol implementation: 3 episodes (from ½ to 12 hrs)

Still need to avoid triggers?: No

Main components of effective protocol

Trigger avoidance: MSG, caffeine, high glycemic index foods, dehydration, emotional stress

Diet changes: Eliminated gluten and wheat. Sharply reduced intake of dairy products. Switched to paleo diet.

Supplementation: Magnesium, potassium, taurine, low-sodium V8 juice

Drug therapy: Lisinopril (Zestril) – 10 mg/day

Stress management: Avoided stressful relationships

Approaches to shorten episodes: None

Approaches to reduce ectopics: Low-sodium V8 juice and potassium supplementation

Background and details of protocol

My first brush with afib was in late '99 while working a stressful job. I was 57 years old, seriously overweight, had that year gone through a lot of stressful life changes, was eating poorly [whatever I could pick up in the convenience store I worked in], it was hot weather and I had no air conditioning, and I was surviving on coffee. I had a couple of short episodes that went away before I could get to a doctor, and of course when I did get to the doctor he found nothing wrong. Then I had one that did not go away, and ended up in the hospital for 3 days. I changed jobs after that, and worked more normal hours, dropped the coffee and ate better [more vegetables, less junk], and had no more afib until August 2000, when I was hospitalized again with another “just-won't-go-away” episode. This again was associated with caffeine [green tea this time, dozens of cups of it, trying to stay awake at work] and hot weather, compounded by lack of sleep. After that I dropped caffeine altogether, and got an air conditioner.

For the next several years I had short episodes occasionally, but they always went away by themselves, and in any case, I was getting turned off by hospital emergency rooms. I had learned a little about using computers by that time, and was researching better nutrition. I retired and moved back to Maine, and eventually got my own computer, and found Hans' site. Here I found there were a lot of people taking various drugs, and none of these drugs seemed to be curing their afib. They were still getting afib attacks, trading drug advice, going on different drugs, and still getting afib. Some of them were talking about, and some even resorting to, heart surgery. I couldn't blame them for doing this, because their afib had started small and gradually increased until it ruled their lives. I was afraid mine would do that too.

Worse yet, by no means all of those ablation patients had gotten rid of their afib either. Two of them had had near-death experiences, and I was pretty sure that the reason there were not more stories like that was because most ablations that went bad had resulted in death, and of course, we are not very likely to hear from those people. And then there were 2 people posting who claimed to have gotten rid of their afib by diet and supplements. These were Fran and Erling.

Well, I thought, if these 2 people so different from one another can do that, maybe I can too. Food choices are something I can control. So I changed to a mostly paleo diet, and sent away for some Carlson's magnesium glycinate. At first I still did get some short, mild afib episodes, but then I began seeing posts about low sodium V8 juice, 850 mg potassium per 8 oz. glass. I was having trouble consuming enough vegetables and fruits to get in 3-5 grams K a day, and this seemed like just what I needed, and sure enough it was. The taurine I added later when I began to experience loose bowels from my usual dosage of magnesium glycinate.

The Paleo Diet

The paleo diet is based on the premise that the human body thrives best on the diet of our hunter/gatherer forebears of 10,000 years ago, ie. before the introduction of agriculture. The proponents of the diet point out that the human genomic make-up is very slow to change and has not had a chance to adjust to the very major changes in diet that have occurred since the Stone Age. The hunter/gatherers of the Stone Age consumed a diet based on fish and meat from wild animals, vegetables, berries, fruits and nuts. Grains and dairy products were not available. The paleo diet thus emphasizes the above food sources and excludes dairy products, grains, starchy vegetables, sugar and legumes, and of course, chemical food additives. The paleo diet is described in detail in the book "The Paleo Diet" by Loren Cordain, PhD or at www.paleodiet.com

Concerning those few short, mild episodes, I think a lot of what paleo did for me was eliminate postprandial hypoglycemia. A paleo diet pretty much prohibits high glycemic load foods. Jackie and others had called my attention to the fact that a lot of my afib symptoms were the same symptoms as those of reactive hypoglycemia - shaky, lightheaded, cold sweat, panic - and sure enough, the minor episodes I got soon after converting to paleo lacked just those features. I wasn't sorry to see them go.

Also, I need to mention that those last episodes, mild though they were, appeared right after use of a seasoning containing MSG. I had never had an afib episode that I could tie to MSG before, but then I had never been without it for any period of time before either. For all I really know, they could have all had to do with MSG, in combination with stress, hypoglycemia, dehydration, electrolyte deficiency, caffeine, and any of the other myriad stressors of modern life.

Any paleo diet purist will point out that I ingest a lot of stuff that isn't paleo. The V8 certainly isn't, and neither are the supplements I take. I do eat a little cheese, too, though not the plasticized processed cheese. I cannot afford organic food, so I make do with what I can find in the local supermarket, cheapest first. I go out to eat sometimes, and on those occasions I commit excesses like baked potato and gravy, or bread on sandwiches. I cheat outrageously sometimes, too, particularly with chocolate baked goods.

Speaking of bread, gravy, and bakery goodies, if I hadn't gone to paleo I would also never have realized that I have a bad reaction to wheat. Since taking up the paleo diet my antacid consumption has gone way down, except when I eat anything with wheat in it. That will have me eating antacids for a good 12 hours and sometimes more.

Another good thing about the paleo diet is that I fit the classic profile for insulin resistance - fat, high blood pressure, relatively inactive, cholesterol a bit on the high side - and the paleo diet is good for insulin resistance. I hope to avoid type 2 diabetes this way, or at least to slow it down.

For those concerned about whether my afib is "really cured", I do not think I can expect to be cured of needing proper nutrition, any more than cars are cured of needing gasoline. I don't think I am going to ever again be just like I was in my 20's either. To use the same metaphor, old cars are never again just like they were when new.

I think afib is one of the long latency deficiency diseases, and that is why, in most people, it does not appear until a relatively 'older' age, and why it appears in the context of stress so often. I am still old, fat, and lame in the knees, but I don't have afib any more. If I can do this, you can too.

Case No. 885

Male afibber – 47 years of age with mixed AF of 12 years standing; no underlying heart disease

No. of episodes in 6 months prior to starting protocol: 45

Afib burden in 6 months prior to starting protocol: 630 hrs

No. of episodes in most recent 6 months after starting protocol: 3

Afib burden in most recent 6 months after starting protocol: 30 hrs

Time on protocol: 28 months

Still need to avoid triggers?: Yes

Main components of effective protocol

Trigger avoidance: MSG, high glycemic index foods, heavy evening meals, stress, physical overexertion, alcohol, mercury (tuna)

Diet changes: Zone diet and 4-5 small meals throughout day

Supplementation: Magnesium, potassium, taurine, fish oil, coenzyme Q10

Drug therapy: Beta-blocker + flecainide

Stress management: Regular exercise

Approaches to shorten episodes: On-demand beta-blocker + flecainide

Approaches to reduce ectopics: Beta-blocker

Background and details of protocol

I started off with the recommendations in your website and publications. Largely a change in lifestyle with emphasis on taking things a bit easier, avoiding large meals (especially at bedtime) and taking the above supplements, including large doses of fish oil (3 500-mg enteric-coated fish oil capsules and one large fish oil gel cap daily). I also had some benefits from eliminating all tuna (mercury issue) and limiting swordfish to about once/month. Anecdotally, I believe this helped. Also, I believe MSG was a trigger and tried to avoid this. Later, I discovered that a diet with lots of protein and complex carbs (similar to zone diet) was helpful.

Typically I have a hearty breakfast with eggs and some type of low-fat meat (Canadian bacon or turkey sausage or bacon) and some kind of fresh fruit. Just before (late afternoon) exercise, yogurt mixed with more fruit. After exercise a protein shake mixed with a banana and some nuts. Then I try to have a healthy Zone diet type dinner in the evening (meat about the size of a deck of cards and a vegetable). I try to have no bread whatsoever. I also drink about 3 liters of water daily and steer clear of all refined sugar products.

The above protocol was helpful, but I was still having persistent attacks which inhibited my ability to exercise in the day (adrenergic attack) or would wake me up in the middle of the night (vagal). Generally, once the attack went from persistent arrhythmia to full afib, they would go on all night and convert sometime from late morning to early afternoon. Some attacks lasted almost 24 hours. I worked through a cardiologist, who put me on a few beta-blockers and we finally settled on Toprol - 4 x 25 mg. I experimented with the timing of taking the pills and try to take a pill around 11:00, 2:00, 5:00 and 8:00. This helped with the daytime attacks but still not satisfactory. Also would "bite" one or two metoprolol during daytime attacks and this seemed to help me convert back within a couple of hours. Unfortunately, the night time attacks were no better. Metoprolol would not help with evening attacks, and may have made some worse. Many sleepless nights were spent listening to the "frog in my chest trying to get out".

I strongly considered ablation, but wanted to give procedure development more time so I opted for flecainide. Flecainide proved to be the final "plank" needed for my program. This worked in two ways. The dosage (3 x 50 mg/day) strongly curtailed the frequency of the attacks. Secondly, if I do get an episode, I have taken up to five additional pills (about three is sufficient most of the time) and will convert in 2-4 hours) - I don't believe I have had a single monster 20-24 hr attack since. Added benefit at this point was "normal sinus rhythm promotes more normal rhythm" - it felt like, over time, the attacks become fewer and fewer, which I think is due to some restoration of "normal" heart circuitry.

So to summarize my (largely successful but not perfect) program (in order of perceived effectiveness/benefit is): - 150 mg flecainide - timed to take most in the evening to address vagal attacks; additional "bite down" flecainide to convert if full afib attack occurs; 100 mg Toprol - timed to keep adrenergic attacks (and PACs) to a minimum; additional "bite down" of 25-50 mg of metoprolol if attacks are adrenergic (daytime); strong magnesium and potassium supplementation; avoidance of heavy meals or heavy drinking to avoid vagal attacks; avoidance of severe mental or emotional stress - over working; avoidance of mercury and MSG; heavy doses of fish oil; sitting up or standing during the onset of a vagal attack (i.e. lots of PACs or persistent arrhythmia); sitting down during onset of adrenergic attack; Zone-type diet; exercise (weight training) and cardio exercise (possible since I started taking flecainide); listening to your own body - sense when you are more susceptible and be proactive. And finally, take responsibility for your own "cure" - our current medical establishment will only do so much.

Case No. 684

Female afibber – 60 years of age with vagal AF of 6 years standing; no underlying heart disease

No. of episodes in 6 months prior to starting protocol: 25

Afib burden in 6 months prior to starting protocol: 1000 hrs

No. of episodes in most recent 6 months after starting protocol: 0

Afib burden in most recent 6 months after starting protocol: 0 hrs

Time on protocol: 33 months

Still need to avoid triggers?: Yes

Main components of effective protocol

Trigger avoidance: MSG, aspartame, alcohol, caffeine, high glycemic index foods, heavy evening meals, dehydration, sleeping on left side

Diet changes: Eliminated gluten and wheat, modified paleo diet.

Supplementation: Magnesium + taurine

Drug therapy: None

Stress management: Breathing exercises, yoga

Approaches to shorten episodes: -

Approaches to reduce ectopics: Supplementation with magnesium + taurine

Background and details of protocol

I began supplementing with magnesium and taurine almost 2 years ago. I was already supplementing with omega-3 oil, Multibionta, coenzyme Q10, vitamin E, etc., but did not notice any difference until the taurine was added. I now supplement with 4 grams a day. I adopted a modified paleo diet and after having tests for allergies gave up eating wheat and gluten products as I reacted badly to them during the tests. This has resulted in no afib at all for 33 months. Once my cardiologist took me off warfarin, I had an immediate improvement to what remained of my GERD problem. This had already been helped by the supplements. Within a month of stopping the warfarin, the GERD disappeared completely and has not returned. My dietary regimen is very strict and absolute avoidance of triggers is a must, but it continues to be worth the effort.

Sharon Glass (southernkitty@bellsouth.net)

Female afibber – 67 years of age with vagal AF of 3 years standing; no underlying heart disease

No. of episodes in 6 months prior to starting protocol: 4

Afib burden in 6 months prior to starting protocol: 20 hrs

No. of episodes in most recent 6 months after starting protocol: 3

Afib burden in most recent 6 months after starting protocol: 37 hrs

Time on protocol: 26 months

Still need to avoid triggers?: Yes

Main components of effective protocol

Trigger avoidance: MSG, aspartame, alcohol, caffeine, high glycemic index foods, heavy evening meals, dehydration, stress, sleeping on left side

Diet changes: Elimination of wheat and gluten, modified paleo diet

Supplementation: Magnesium, potassium, taurine, coenzyme Q10, B vitamins, low sodium V-8 juice, L-Theanine as needed.

Drug therapy: None

Stress management: Relaxation

Underlying disease conditions: Digestive problems and hypoglycemia

Approaches to shorten episodes: Resting, magnesium, potassium, taurine

Approaches to reduce ectopics: Magnesium, potassium, taurine, low sodium V-8 juice, L-Theanine

Background and details of protocol

In retrospect I believe that I had episodes of afib before being diagnosed in September 2005. After being diagnosed I had such severe reactions to medications for afib that I determined to learn all I could about afib and its possible causes and possible natural means of eliminating or reducing episodes.

My first goal was to determine my nutrient and mineral intake on a daily basis. I did an extensive project to find the areas where my body was not in balance. In June 2006 after an afib episode I recorded everything I ate and drank for 20 days on a program called www.fitday.com. The information was invaluable to me. The program showed me the nutrients derived from my intake of food and clearly showed me what I was lacking. In those 20 days I discovered that I was getting some nutrients in excess through food and decided not to supplement them. I made the decision to take individual supplements for those I was lacking instead of a multi. I also added the recommended supplements for afib. Cont'd

I changed my lifestyle and eating habits and did my best to eat good, nutritious food with extra protein, veggies of all types especially green, limited or stopped my intake of grains, low sodium V-8 juice for potassium. I did lose over 30 pounds when I changed to whole foods and was concerned about my low weight. However, I have maintained my weight at about 120-123 lbs and feel great. I have been able to find gluten free bread and other gluten free foods which add more calories and fiber (which is very important to the digestive system.) After I completed the project I was able to make an educated decision about adding particular supplements that I lacked in my daily foods. I believe the lack of

proper food nutrients is a big part of what causes afib and will continue to watch the foods that I eat and the things I drink.

Conclusion: I believe this was a positive experience, although not a cure as evident in outbreaks of afib since October 2007. I strongly believe the reasons for the outbreak were directly connected with my straying from my protocol whether consciously or unconsciously. I also remind myself that many things factor into what causes afib and it might not be my protocol failure at all. Recently I went back on FITDAY to check my nutrients again and discovered that I was not getting the RDA of 4700 mg of potassium a day through my foods and the supplements. So, I have now made it an important point to get that on a daily basis. I feel it is very important for the body to be in balance and for a person to be as healthy as possible so episodes of afib will be easier to endure for the overall person.

Listed below are the supplements I am currently taking. Some I have increased since the last protocol posting and I have so indicated. I choose not to take a multi vitamin but to continue targeting those I'm missing in my food. I'm careful to take recommended afib supplements religiously. I have explained the other supplements I'm taking and why.

Magnesium – Chelated – 200 mg x 3 per day.

Q-Absorb Co-Q10 – 100 mg @ 1 per day

D - "Source Natural" Vitamin. D, 1,000 IU 4 x a day = 4,000 IU per day

E - "NOW" Gamma E Complex @ 400 IU 1x day

C - "Country Life" Vitamin C with Rose Hips, 1000 mg x 3 per day = 3,000 Mg

NOTE: If I feel a cold coming on I increase my Vitamin C another 1,000-2,000 mg per day

B's - Super B Complex by "Wellness Resources" includes all of the "B's" RDA requirements. One per day.

B-12 Sublingual one per day under tongue.

Zinc – "Natural Factors", Chelate 25 mg @ 1 per day

Potassium Gluconate – "NOW Brand" 540 mg, powder (1 tsp), 4-5 tsp per day in water or juice.

Taurine - "NOW Brand" 500 mg X 6 a day- If I have a stressful day or afib episode I increase another 1,000 mg. *I believe Taurine is the main supplement that slows my heart rate during afib.*

RXOmega-3 Factors EPA 400 mg, DHA 200 Mg x 2 a day "Michael Murray's Brand"

Glucosamine Sulfate 2 @ 750 mg – (for knees)

"Cran Clearance" Cranberry concentrate pill form - 680 mg @ 1 per day - for a healthy urinary tract.

L-Theanine – When needed for stress or during an afib episode.

With this regime of minerals and supplements, diet changes and avoiding stress as much as possible I went for 1 1/2 years with no sign of afib. Then on Oct. 13th 2007 I had a six-hour episode which self converted. Since October of 2007 I have had four afib episodes, March - 2008 – 17 hours; May 2008 - 9 hours, July 2008 – 21 hours and October 22 – 7 hours. I believe all were related to food, stress and digestive issues.

Case No. 701

Male afibber – 49 years of age with mixed AF of 11 years standing; no underlying heart disease

No. of episodes in 6 months prior to starting protocol: 75-80

Afib burden in 6 months prior to starting protocol: 460 hrs

No. of episodes in most recent 6 months after starting protocol: 0

Afib burden in most recent 6 months after starting protocol: 0 hrs

Time on protocol: 18 months

Still need to avoid triggers?: No

Main components of effective protocol

Trigger avoidance: None
Diet changes: None
Supplementation: Hawthorn extract
Drug therapy: None
Stress management: None
Approaches to shorten episodes: None
Approaches to reduce ectopics: None

Background and details of protocol

I started taking a hawthorn extract supplement after a bit of web research. It was widely used as a heart “strengtheners” since the Middle Ages, but tends to have gone out of use in parallel with the rise of pharmaceutical giants. However, it is widely used in China, Russia, and Brazil. My cardiologist is amazed at how this has helped and I will still undergo annual check ups. I have experienced no episodes for 18 months. I still take the hawthorn supplement but at a very reduced quantity, and occasionally a coenzyme Q10 supplement. I would urge any readers to try a good quality hawthorn extract, on its own, for at least a month. My exercise regimen has increased considerably with swimming, running and weight training, I but don’t know whether this has helped.

Case No. 857

Male afibber – 53 years of age with mixed AF of 13 years standing; no underlying heart disease

No. of episodes in 6 months prior to starting protocol: 10

Afib burden in 6 months prior to starting protocol: 60 hrs

No. of episodes in most recent 6 months after starting protocol: 0

Afib burden in most recent 6 months after starting protocol: 0 hrs

Time on protocol: 60 months

Still need to avoid triggers?: Yes, but much less so

Main components of effective protocol

Trigger avoidance: Alcohol, caffeine
Diet changes: Eliminated alcohol and caffeine
Supplementation: None
Drug therapy: Proton pump inhibitor (Losec), propafenone, propranolol
Stress management: Control of stress at work
Underlying disease conditions: Heartburn
Approaches to shorten episodes: Beta-blocker + additional propafenone and propranolol
Approaches to reduce ectopics: Not applicable

Background and details of protocol

My diet did not really change much but taking Losec changed my situation dramatically. I suffered from heartburn since my teenage days. Now I’m free from that by taking Losec daily, but I’m still refraining from spicy foods, caffeine and alcohol (other than some wine from time to time).

100-milligram aspirin once a day (morning).

3 times a day I take Profex (propafenone HCl) 150 mg, and Prolol (propranolol hydrochloride) 10 mg. I tried several other combinations which did not work for me. I also tried to reduce the daily dosage and that did not work.

I also control my stress at work better and moved to back office responsibilities.

I participate in sports, but I don’t feel any limitations.

Overall the above program is working for me quite well and the only episodes I experienced were when I tried to change my daily dosage, and once when I was very sick with a high fever. I can’t say

that I have any major adverse effects, although I do yawn more frequently and feel a little sleepy at meetings. I don't know what would be the long-term adverse effects, if any.

For many more examples of successful protocols used by afibbers to eliminate or materially reduce the frequency of their episodes see "The List" in Conference Room Session 61.

<http://www.afibbers.org/conference/session61.pdf>

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