

THE AFIB REPORT

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Ginger May Be Beneficial for Vagal Afibbers

by GeorGEN

A quick summary of my afib history. Afib started about 8½ years ago, at age 49, most likely brought on by chronic fitness. It was always initiated by a vagal trigger, mostly coming on in the early morning around 3AM. Initially I had episodes every 10-14 days for 6-9 hours. They were self-converting or converted with exercise. After 2 months, afib progressed to a persistent episode that lasted 2.5 months. This was converted with a loading dose (300 mg) of flecainide. I started a supplement program including potassium, magnesium and taurine – initially around 2 g/day of potassium, 800 mg/day of magnesium and 4 g/day taurine. This has varied over time, with magnesium generally increasing to as much as 3 g/day and currently around 1.7 g/day (always to bowel tolerance). Whenever this failed, I used 300 mg flecainide to convert, usually in an hour or less. Over 7 years, I used about 10 doses of flecainide. I consider the above supplements foundational for my afib remission program. I had a great increase in personal stress starting a year ago. This coincided with a great increase in afib frequency. This culminated a little over 2 months ago with nightly (mostly 3AM) episodes terminated with 300 mg flecainide. The conversion time increased from 1 to 4 hours.

Along with the increase in afib frequency, this last year saw relatively frequent excessive vagal responses to 1) cold food or drink, 2) laying down, and 3) the aftermath of sexual orgasm. These excessive vagal responses included a slow heart beat of around 40 BPM, sometimes accompanied with a significant number of ectopic beats and sometimes afib.

The nightly episodes were distressing and I thought I would soon be booking an ablation. I decided to try the vagolytic medicine propantheline bromide (PB). There are several papers by James Reiffel MD that refer to this approach. I reasoned if I could stop the excessive vagal responses, I could preempt my afib. I convinced my cardiologist to support this effort; however, as PB is little used it would take some days to fill the prescription. While waiting for the prescription to be filled, I decided to use flecainide before bed to see if I could preempt the afib. Flecainide also has vagolytic properties. I successfully started with 300 mg and after one night dropped this to 200. I began slowly and successfully titrating downward. Periodically I would still notice abnormal vagal responses. I would treat these with more flecainide.

After reading Hans' recent posting on ginger, I started taking a tablespoon of organic powdered ginger 2x/day, which I later reduced to 1/2 teaspoon ginger in the morning and 1 tsp in the evening. The abnormal vagal responses with their ectopic beats ceased immediately.

This gave me the confidence to titrate the flecainide downward much more quickly. Ultimately, I stopped it altogether. I quit taking the flecainide altogether about 6 weeks ago. With the exception

of one afib episode the early morning after I pigged out on carbs at a Christmas meal, I have been afib free since starting the prophylactic flecainide and this has continued on the ginger. In my analysis the vagolytic quality of the flecainide was at least partially responsible for my success using it prophylactically. This has been perhaps replaced with the sympathetic stimulating quality of the ginger - a much better answer, in my book! I should note that I have the propantheline bromide, but have not taken any yet since having been successful with the ginger.

My biggest challenge to this routine is the aftermath of orgasm, in the morning 10-12 hours after taking the ginger. This can lead to a slow heart rate and ectopics, but has yet to lead to afib, on the ginger. Orgasm a few hours after taking the ginger does not lead to ectopics. I can feel a very stable steady heart beat. The obvious answer is ginger on the nightstand. I have successfully tried ginger early in the morning, pre-sex. My heart is extremely stable after sex now.

I also sample my radial pulse after getting into bed. The other evening, one out of every 30 beats was premature or a "skipped" beat. I got up and took 1/2 tsp of ginger. I sampled my heart rate for 120 beats with no premature beats. Early in my afib career, the one out of thirty ectopic frequencies would presage afib during sleep.

I think ginger certainly has potential for vagal afibbers. I am unaware of any negative side effects, in my case, or in the literature. One note of caution, I understand that ginger has blood thinning properties, so those on blood thinners should investigate this further before using ginger.

As far as time to action goes, my sense is that the effects come on quickly – in a matter of minutes after ingesting the ginger. As I have mentioned, the effects seem to last 10-12 hours or more.

I've continued with my supplement program throughout.

As an aside, powder can look like liquid on the airport scanners (this includes the ginger). To avoid a bag search, I take the powder out and put it in a bin where they can easily see what it is.

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