



IMAGE AWARENESS WELLNESS INSTITUTE

ATRIAL FIBRILLATION

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INTRODUCTION

Atrial fibrillation (AF) is the most common type of arrhythmia, a problem with the rate or rhythm of the heartbeat. In these situations the heart can beat too fast, too slow, or with irregularity.

If the heartbeat is excessively fast the two upper chambers of the heart called the atria can fibrillate, which means that they contract very fast and without regularity.

Many people do not feel any symptoms with the condition. It does increase the risk of a stroke. In extreme cases if the heart is beating very fast it can cause chest pain or heart failure.

Episodes of atrial fibrillation can come and go or they can become an ongoing or long term problem.

The heartbeat is regulated by a group of cells called the sinoatrial node (abbreviated as SA node). These cells are located at the top of the heart on the right side. They then move downward.

In AF the SA node loses the ability to regulate the contraction of heart muscle. Signals from other areas take over creating an uncoordinated heartbeat.

There is increased risk of stroke because the blood may not be emptied out of the heart when the beat is excessively rapid. The result is the risk of clotting. The more rapid

the heartbeat the greater the risk of a problem. Treatment is often designed to either restore normal rhythm or to slow the heartbeat. A blood thinner is prescribed to decrease the risk of clotting.

There are at least 2.3 million people in the United States with Afib. The condition is broken down into three subcategories.

Paroxysmal AFib affects 25-62% of those with the condition. This is an episode of uncoordinated movement of the atria that occurs occasionally and then stops. Episodes can last for days, but the heart returns to normal rhythm. One out of four people with paroxysmal AFib go on to develop chronic AFib.

Persistent AFib does not stop without treatment. Normal rhythm can be

restored with cardioversion (electric shock treatment) or medication.

Chronic or permanent AFib can't be changed back to normal rhythm with medication or shock.

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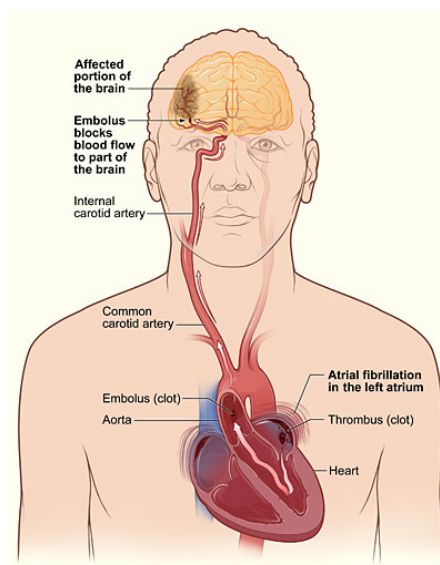
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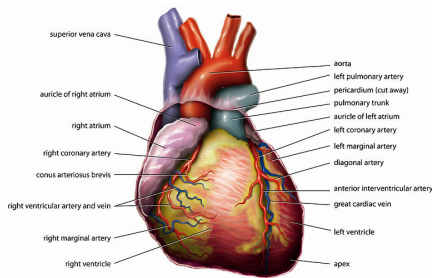
CAUSATION

I asked a cardiologist, "What causes atrial fibrillation?" He replied, "We do not know." Physicians obviously understand some of the causes of the problem. Without some understanding it is difficult or impossible to successfully treat a problem. Many of the treatments for Afib do not address the underlying cause of the problem, but rather attempt to deal with symptoms.

I asked another physician if intolerance to food or chemicals could be a contributor to the problem. He felt it was not possible.

This did not ring true to me because of my familiarity with the work of Dr. Arthur Coca. Arthur Coca was born in 1875 and died in 1959. Among his many accomplishments was his founding of the *Journal of Immunology* in 1915 and medical director of Lederle Laboratories in New York. Dr. Coca was one of the pioneers in allergy. He wrote one book for the average individual on what he con-





sidered his most significant discovery. That book is called *The Pulse Test*.

Lyle Stuart who published more than 2500 titles in 30 years has a standard reply when asked, "What is the most important book you've ever published?" He writes, "I unhesitatingly reply, '*The Pulse Test* by Dr. Arthur Coca.'" Unfortunately, most cardiologists have never heard of the book. Coca's book discusses the relationship between intolerance to foods and chemicals and the functioning of the heart.

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https://pl.wikipedia.org/wiki/Arthur_Fernandez_Coca

THE PULSE TEST

The story of the pulse test begins when Coca's wife was diagnosed with angina pectoris. She suffered with the condition for three years. Heart specialists predicted her life would end within five years.

When she was given a dose of morphine her pulse accelerated three times the normal rate--the reporting nurse could not count beyond 180 beats a minute.

When Dr Coca visited his wife, he observed that this was quite a jump in the pulse. His wife responded that her pulse raced in a similar manner after some meals. Coca began testing single foods.

After elimination of all foods which increased the pulse Coca's wife became free of heart pain. She also became free of a number of other afflictions including migraine, colitis, attacks of dizziness and fainting, abnormal tiredness and indigestion.

Problems which Mrs. Coca had considered a result of a poor genetic inheritance proved to be food related.

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AF AND ALLERGY

Dr. William Rea is a thoracic and cardiovascular surgeon with a strong passion for the environmental aspects of health and disease. He is founder of the Environmental Health Center in Dallas.

In 1978 Dr. Rea published the results of a study on the relationship between arrhythmias and food or chemical sensitivity. The abstract of the article reads as follows:

"Twelve highly selected patients with non-arteriosclerotic cardiac arrhythmias and/or chest pain refractory to medication and having symptoms related to smooth muscle sensitization were studied in a rigidly controlled, relatively fume-and particle-free environment. The majority of signs and symptoms cleared in 10 patients without medication while under environmental control, and in 10 of the 12 patients all arrhythmias were reproduced with controlled, repeated individual-blind and double-blind incitant challenges. Blood abnormalities occurred in the complement and T-lymphocyte systems."

Rea became interested in environmentally triggered arrhythmias after reading case reports of the condition triggered by massive environmental exposures to foods or chemicals. He was also personally involved in several cases where this was the case.

The patients often suffered with symptoms other than arrhythmia including shortness of breath, hoarseness, cough, sinus problems including runny nose and nasal stuffiness, G.I. upset, dizziness, headache, bruising, excessive urine production, and drowsiness. Elimination of offending substances resulted in worsening of

the symptoms including the arrhythmias for the first two or three days.

After removal of offending substances patients could walk or even ride a bicycle without initiating arrhythmias. No patient had previously been able to do this.

Sensitivities varied with the patient. The offending substances included phenol, natural gas, shrimp, cod, chlorine, pesticides, pine scented floor wash, formaldehyde, and petroleum alcohol.

Reactions occurring within the first four hours commenced within the first 5 minutes 95% of the time. This made it rather easy to note a direct cause-and effect relationship. Severe reactions lasted up to 48 hours with lesser effects lasting up to 5 days. Moderate reactions lasted 4-8 hours, while mild reactions usually lasted no more than 4 hours.

Eight of the individuals demonstrated symptoms after the first meal containing the challenge. Two of the patients took as long as six meals before showing symptoms. All reactions to inhaled chemicals took place within 90 minutes and lasted up to 48 hours.

Nine of the patients reacted to the fumes of natural gas, commonly used in Texas for cooking as well as heating homes.

The ability of food intolerances to trigger irregular heartbeat was definite, but difficult to identify. Rea writes, "Ability of food to induce arrhythmias was extensive in this series. Usually foods as inciting agents were not perceived until the patient had been in the relatively fume and particle free environment for several days. Apparently there is an unmasking process derived from food abstinence which allows the challenge reaction to become acute and definable." Rea found all of his patients were susceptible to petroleum derived products.

Rea found that water contamination was a common problem. Patients

often reacted to chlorine and pesticide or chemical residues in commercial water supplies. Phenols found in spring water and foods appeared to be a problem for some people.

Atrial arrhythmias had devastating effects on patients. Rea wrote, "Each felt as though he were going to die due to the symptoms of shortness of breath, pounding heart, chest pains, memory loss or mental confusion."

Sherry Rogers, M.D., reports a case of an 81-year-old-physician who suffered with bouts of ventricular tachycardia which he traced to sensitivity to corn especially when it was in the form of alcohol or breads. The physician was also deficient in magnesium as determined by abnormal results of a magnesium load test. Correction of the magnesium deficiency allowed him to tolerate a limited amount of corn without triggering arrhythmia.

Rogers shares another case of a 56-year-old physicist who suffered for 25 years with premature ventricular beats followed by atrial fibrillation. He proved to be suffering with deficiencies of potassium, zinc, copper, vitamin B1 and magnesium. He also suffered with multiple chemical sensitivities. After 5 months of therapy he was 95% improved and remained so for the following six years. Rogers feels that deficiency of nutrients like magnesium leads to an impaired xenobiotic detoxification system leading to multiple symptoms including rapid heart rate and atrial fibrillation.

In summary, food and chemical intolerances can lead to an increase in the heart rate or pulse which can subsequently lead to arrhythmia. Most of the research on this subject was published prior to the development of the internet so it can be easily missed by internet searches. It offers one possible cause for a problem which often stumps medical professionals.

Current research suggests that a rapid heart rate may contribute to the

remodeling of the heart associated with atrial fibrillation.

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CALCIUM, MAGNESIUM, VITAMIN D₃

Vitamin D deficiency affects 30-50% of the American population. Deficiency can lead to hypertension and overgrowth of the left ventricle. Low vitamin D₃ is also associated with increased risk for diabetes, inflammation and heart disease.

Very recent studies have suggested that deficiency of vitamin D may play a role in the development of AF. A study by Demir and associates suggests that a blood level below 22.5 ng/ml is a risk factor for the development of AF. Patients with low vitamin D had increased left atrium diameter and lung artery pressure. The researchers concluded, "...our study revealed a relationship between vitamin D deficiency and nonvalvular AF."

Bill Sardi who identifies himself as the vitamin supplement answer man developed atrial fibrillation. He read about a 77 year old woman whose afib had not been controlled with drugs for 5 years. After she began supplementing with vitamin D she remained symptom free for two years. Sardi began supplementing with a high dose of vitamin D. Within an hour his symptoms went away and did not return.

Magnesium plays an important role in prevention of atrial fibrillation

after heart surgery. In 20 randomized trials magnesium infusion reduced incidence of atrial fibrillation after heart surgery from 28% to 18%. Researchers concluded, "Magnesium administration is an effective prophylactic measure for the prevention of postoperative AF." Magnesium has proven itself as effective as the usual medical interventions used for this purpose including beta-blockers, sotalol, amiodarone, and pacing.

In another study magnesium infusion was compared to infusion of diltiazem to control onset of atrial fibrillation. After 6 hours of treatment 57% of magnesium treated patients had been restored to normal heart rhythm while only 22% of diltiazem treated patients had been restored to normal. Researchers concluded, "Magnesium sulfate favorably affects rate control and seems to promote the conversion of long lasting episodes of paroxysmal atrial fibrillation to sinus rhythm, representing a safe, reliable and cost-effective alternative treatment strategy to diltiazem."

Calcium is antagonistic to magnesium and calcium antagonists are sometimes used to treat AFib. For this reason, supplementation with calcium alone is probably not advisable.

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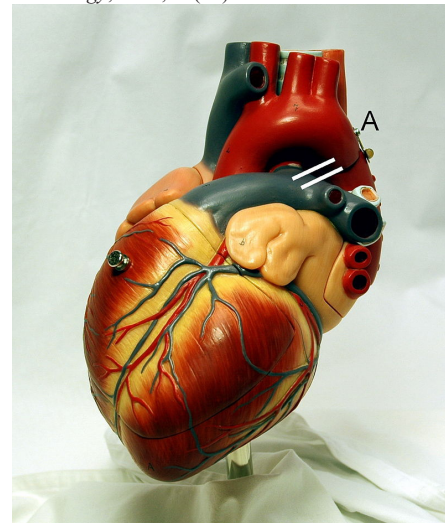




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VITAMIN C

Vitamin C is important in the treatment of AFib. In one study AF recurred in 4.5% of patients supplemented with oral vitamin C and in 36.3% of patients in the control group. The researchers concluded, "These findings suggest that vitamin C reduces the early recurrence rates after cardioversion of persistent AF and attenuates the associated low-level inflammation. These effects indicate that therapeutic approaches targeting at inflammation and oxidative stress may exert favourable effects on atrial electrical remodeling."

Eslami and colleagues reported that administration of 2,000 mg of vitamin C the night before heart surgery and 1,000 mg twice daily for 5 or more days after surgery reduced

postoperative AFib by 85%. The incidence of AFib in the vitamin C group was 4% and in the control group it was 26%.

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POSSIBLE PROBLEMS

Sleep apnea has a high correlation with atrial fibrillation. Breathing problems should be investigated.

Most physicians are unaware of the fact that heart problems can be associated with faulty root canals or cavitations--infections in the jawbone. George Meinig's book has a chapter entitled "The Heart and Circulatory System: The Organ Most Often Attacked by Root Canal Bacteria."

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