

ARRHYTHMIAS = Rarely Atrial Fibrillation; Usually PSVT, PVCs, PACs

You likely have patients diagnosed with atrial fibrillation. AFib is a serious and potentially life-threatening condition (generally associated with a combination of chronic Anaerobic Imbalance plus a trigger from an acute push into a Sympathetic Imbalance in someone who is in a state of Generalized Autonomic Failure). --- But --- AFib is way over-diagnosed. These days it seems that everyone with a heart rhythm disturbance is diagnosed with AFib. AFib is actually not at all common in people under 60 years old. Far more common, and so often misdiagnosed as AFib, are conditions such as the various types of paroxysmal supraventricular tachycardia (PSVT) as well as the several types of ectopic beats.

PSVT is not the same thing as atrial fibrillation, which is serious, while PSVT rarely is. AFib occurs rarely in people under 60 years old, unless there is a heart valve pathology, extreme obesity, or lung disease. Diabetes, sleep apnea, and alcohol drinking binges are also risk factors. The distinguishing feature of the heart rhythm in AFib is that it is irregularly irregular. Along with being irregularly irregular, the heart rate is usually fast (tachycardia), but not necessarily extremely so.

The more common PSVT episode shows a heart rate that is always tachycardic (and sometimes extremely so), comes on very rapidly, and usually disappears as quickly as it came. It might last for minutes, hours, or up to a couple days. But while there is tachycardia, the heart rate is generally fast but regular.

The problem in PSVT is not in the heart, but in the nerve control of the heart. Episodes of PSVT are triggered by some stressor that either overstresses the Sympathetic nerve control of the heart, or suppresses the Parasympathetic nerves to the heart. Common triggers of PSVT include emotional stress or fear, strenuous exercise, hyperventilation, caffeine, Acidosis or Alkalosis of the body chemistry, and excess calcium and/or deficient magnesium. In NUTRI-SPEC terms, PSVT is more likely to occur in someone who is chronically Anaerobic, with the tissue Acidosis &/or the systemic Alkalosis typical of an Anaerobic Imbalance being quite extreme. The PSVT is then triggered by a stressor that elicits an acute Sympathetic response.

Many episodes of PSVT respond to a simple self-treatment regimen designed to calm the Sympathetic nerves and activate the Parasympathetic nerves. The procedure:

- Drink a glass of ice cold water. (If available, put 1 scoop of Oxy Tonic in the water, along with either ¼ tsp. baking soda or sodium glycerophosphate, or 20 drops of Phos Drops.)
- (If available, chew 3 Complex S.)
- Lie on the back with the legs vertical (generally on the floor with the legs up against a wall).
- Relax.
- Pinch the nostrils together with the thumb and index finger and attempt to exhale against that pressure for 5 seconds (forcefully, but not too hard). --- Repeat that 5 seconds on and 5 seconds off 4 or 5 times.
- Close the eyes and put light pressure with the fingertips against the eyeballs and hold for 90 seconds.
- Repeat the exhalation against the closed nostril routine.
- Relax.

Another very common cardiac rhythm disturbance misdiagnosed as atrial fibrillation is ectopic beats. (The two general types of ectopic beats are premature ventricular contractions and premature atrial contractions --- PVCs and PACs.) Like PSVT, ectopic beats are not a problem within the heart, but rather a problem when the nerve center just outside the heart that is supposed to control the heart rhythm dysfunctions. When the nerve center that maintains normal heart rhythm (the sinoatrial node in the right atria) dysfunctions, the signal for the heart to beat comes from a different group of nerves within the heart, and causes the heart to contract prematurely --- that is, before it completely fills with blood. That premature heart beat throws very little blood. But then, since that beat came early, there is a delay before the following beat, which allows the heart to overfill just a bit. The second beat, which throws a much higher than normal amount of blood, is quite powerful and causes a “thump” against the chest. So, it is not actually the skipped beat or premature beat that the individual feels, but the following beat of an overfilled heart chamber.

It is not surprising that, since ectopic beats are like PSVT in involving the electrical conduction of the heart, they tend to be triggered by some of the same stressors. Stress, or fear, or anything that stimulates either the Sympathetic nervous system or the output of adrenaline can trigger ectopic beats, as will alcohol, or caffeine and other stimulant drugs, including many over-the-counter cold and cough remedies. Hyperventilation can be involved. The mineral electrolyte imbalances are similar to those in PSVT --- with tendency to high calcium and/or low magnesium, and occasionally low potassium. Any excess acidity or alkalinity of the body fluids will also tend to precipitate an episode.

Except in individuals with heart pathology or coronary artery disease, ectopic beats are more alarming than they are harmful. In the absence of

cardiovascular disease, the only way ectopic beats can cause a problem is if they are so frequent that they actually reduce oxygen delivery to the heart and throughout the body. It is when they are frequent enough to compromise oxygen delivery that they will cause an increased heart rate, and that is when ectopic beats are misdiagnosed as atrial fibrillation.