

ARRHYTHMIA

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CMG Archives

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IMPORTANT

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Introduction

An arrhythmia is a problem with the rate or rhythm of the heartbeat. During an arrhythmia, the heart can beat too fast, too slow, or with an irregular rhythm. Additionally, heart rates can also be irregular - a normal heart rate, depending upon current activity, is 50 to 100 beats per minute.

- A heartbeat that is too fast is called tachycardia
- A heartbeat that is too slow is called bradycardia

Arrhythmias and irregular heart rates do not necessarily occur together and are not necessarily interrelated. Arrhythmias can occur with a normal heart rate, or with heart rates that are slow (called bradyarrhythmias - less than 50 beats per minute). Arrhythmias can also occur with rapid heart rates (called tachyarrhythmias -- faster than 100 beats per minute).

Most arrhythmias are harmless, but some can be serious or even life threatening. During an arrhythmia, the heart may not be able to pump enough blood to the body. Consequent lack of blood flow could damage the brain, heart, and other organs.

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Arrhythmia Types

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Type	Description

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Accessory Pathway Tachycardias	This is a rapid heart rate because of an extra abnormal pathway or connection between the atria and the ventricles. The impulses travel through these extra pathways as well as through the usual route. This causes the impulses to quickly travel around the heart and cause the heart to beat unusually fast.
Atrial Fibrillation	Atrial fibrillation is a common irregular heart rhythm that causes the atria, the upper chambers of the heart, to contract abnormally.
Atrial Flutter	This is an arrhythmia caused by one or more rapid circuits in the atrium. Atrial flutter is usually more organized and regular than atrial fibrillation. This arrhythmia occurs most often in people with heart disease and in the first week after heart surgery. Atrial flutter often converts to atrial fibrillation.
AV Nodal Reentrant Tachycardia.	This is a rapid heart rate because of more than one pathway through the AV node. This can cause heart palpitations, fainting, or heart failure. In many cases, it can be alleviated using a simple manoeuvre as breathing in and bearing down. However, sever cases should be treated by a health professional.
Bradycarrhythmias	These are slow heart rhythms, which may arise from disease in the heart's electrical conduction system. Typical problems include sinus node dysfunction and heart block.
Heart block	This is a delay or complete block of the electrical impulse as it travels from the sinus node to the ventricles. The level of the block or delay may occur in the AV node or HIS-Purkinje system. Consequently, the heart may beat irregularly and often more slowly. Serious, heart block is allopathically treated with a pacemaker.
Long QT Syndrome Cardioverter/defibrillator, or Ablation Therapy.	The QT interval is the area on the electrocardiogram that represents the time it takes for the heart muscle to contract and then recover, or for the electrical functions to fire impulses and then to recharge. When the QT interval is longer than normal, it increases the risk for "torsade de pointes", which is a life-threatening form of ventricular tachycardia. Long QT syndrome is an inherited condition that can result in sudden death in young people. Allopathically it is treated with antiarrhythmic drugs, pacemaker, electrical cardioversion, defibrillation, implanted cardioverter/defibrillator, or *ablation therapy.

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	<p>*Ablation Therapy - during an ablation, high-frequency electrical energy is delivered through a catheter to a small area of tissue inside the heart that causes the abnormal heart rhythm. This energy "disconnects" the pathway of the abnormal rhythm. Ablation is used to treat most PSVTs, atrial flutter, atrial fibrillation, and some atrial and ventricular tachycardias. Ablation may be combined with other procedures to achieve optimal treatment.</p>
Paroxysmal Supraventricular Tachycardia (PSVT)	This is a rapid heart rate, usually with a regular rhythm, originating from above the ventricles. PSVT begins and ends suddenly. There are two main types: Accessory Path Tachycardias and AV Nodal Reentrant Tachycardias.
Premature Atrial Contractions	These are early extra beats that originate in the atria (upper chambers of the heart). They are usually harmless and do not require intervention.
Premature Ventricular Contractions (PVCs)	<p>These are among the most common arrhythmias and occur with and without heart disease.</p> <p>This is the skipped heartbeat that most people occasionally experience.</p> <p>PVCs can be related to stress, excessive intake of caffeine or nicotine, or too much exercise. However PVCs can be linked to heart disease or electrolyte imbalance. Regular occurrences of PVCs should be evaluated by a health professional. In most cases, PVCs are harmless and rarely need any intervention.</p>
Sinus node dysfunction	This is a slow heart rhythm because of an abnormal SA (sinus) node. Significant sinus node dysfunction that causes symptoms is allopathically treated with a pacemaker.
Ventricular Fibrillation	This is an erratic and disorganised firing of impulses from the ventricles. The ventricles quiver and are unable to contract or effectively pump blood to the body. This is classified as an emergency condition that must be treated with CardioPulmonary Resuscitation (CPR) and defibrillation as soon as possible.
Ventricular Tachycardia (V-tach)	This is a rapid heart rhythm originating from the lower chambers (or ventricles) of the heart. The rapid rate prevents the heart from adequately filling with blood; consequently, less blood is pumped through the body. This can be a serious arrhythmia, especially in people with heart disease, and may be associated with additional symptoms. A health specialist should evaluate this type of arrhythmia.

Symptoms

symptoms of arrhythmia include:

- Chest discomfort and pain
- Chest tightness
- Dizziness
- Fainting
- feeling light-headed
- Feeling very tired
- Palpitations (a feeling of skipped heart beats, fluttering or "flip-flops," or feelings that the heart is "running away")
- Pounding or drumming in the chest
- Shortness of breath
- Weakness or fatigue

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Treatment

Treatment depends on the type and seriousness of the arrhythmia. Some arrhythmias require no treatment, but others may require medication, making lifestyle changes, or undergoing a surgical procedure.

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Arrhythmias in Children

Children's heart rates normally decrease as they grow older. A new-born baby's heart beats between 95 to 160 times a minute. A 1-year-old's heart beats between 90 to 150 times a minute, and a 6- to 8-year-old's heart beats between 60 to 110 times a minute.

A baby or child's heart can beat fast or slow for many reasons. As with adults, when children are active, their hearts will beat faster. When they're sleeping, their hearts will beat slower. Additionally, a child's heart rate can speed up and slow down as they breathe in and out. All these are normal manifestations.

Some children are born with heart defects that cause arrhythmias, and others develop arrhythmias in later childhood. The same diagnostic tests are used to diagnose arrhythmias in children and adults.

Allopathic treatments for children who have arrhythmias include medicines, defibrillation (electric shock), surgically implanted devices that control the heartbeat, and other procedures that fix abnormal electrical signals in the heart.

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Lifestyle Changes That May Help Arrhythmias

- Avoid any activities that you note cause an arrhythmia.
- Avoid unnecessary stress, such as anger, anxiety or fear, and find ways to manage or control stressful situations that cannot be avoided.
- Do not smoke and avoid all passive smoking.
- Limit or abstain from alcohol.

- Limit or stop using caffeine products.
- Living a "heart healthy" life is the best way to decrease the chances of developing heart disorders. Exercising regularly and eating a healthy, low-fat diet with plenty of vegetables, fruits, and other vitamin-rich foods are the cornerstones of "heart healthy" living.
- Maintain a healthy weight.
- Stay away from stimulants used in cough and cold medications. Some of these medications contain ingredients that can promote irregular heart rhythms. Read the label and ask your health professional or pharmacist what over-the-counter medication(s) would be best for you.
- Understand how various conditions increase the risk of arrhythmias.

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Supplements for a Healthy Heart and Normalising Blood pressure

- Vit E - 100 iu daily; building up a dose of 400 iu daily over a period of eight weeks (this is an increase in dose of 100 iu every two weeks)
- Vit B Complex 100 - 100 mg, 1 x daily
- Vit C - 1 gram, 3 x daily, in combination with bioflavonoids
- Lecithin granules - 2 x tablespoon daily
- Safflower oil (cold pressed) - 1 x tablespoon daily
- Magnesium - 2 x chelated magnesium tablets, 3 x daily with meals. Reduce to 1 tab, 3 x daily as the blood-pressure drops.
- Coenzyme Q10 - 120 mg daily

See also, "*Artery Therapy*" in the <http://campbellmgold.com> "*Health Archive*"

Biochemoc Tissue Salts

Mag Phos

Ferr Phos

Kali Phos

Raw Juice Therapy

1/2 to 1 litre of two or three of the following juices:

- Celery
- Grapefruit
- Orange
- Pineapple
- Pear
- Cucumber

See also, "*Elixirs of Life*" in the <http://campbellmgold.com> "*Health Archive*"

Pomegranate Juice

- One study has shown that drinking 65 ml of pomegranate juice per day lowered systolic blood pressure by as much as 5 per cent.

Honey

To calm the nerves

- 1 tsp, 6 x daily

Cider Vinegar

- 2 x tsp of cider vinegar in a glass of spring water (not tap water), 3 x daily

Pollen

This is an adjunct to the body resisting the aging process.

- Take as per manufacturer's directions

Stress

Stress often seriously exacerbates hypertension. Consequently, any stress elements should to be identified and countered by lifestyle changes or by learning and practising relaxation techniques.

Hypnosis and subliminal programs may also be of value in reducing stress levels.

See <http://www.campbellmgold.com> for suitable programs.

Moderate aerobic exercise can also help with stress relief.

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Aspirin

Some authorities suggest that low-dose Aspirin 75 - 81 mg daily, 5 days on - 2 days off, is therapeutic in hypertension.

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