Total Body ReSet
for Atrial Fibrillation

Carolyn Dean MD ND
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Introduction

*Doctors are men who prescribe medicines of which they know little, to cure diseases of which they know less, in human beings of whom they know nothing.* - Voltaire (1694-1778)

Most clients who have consulted me concerning their Atrial Fibrillation are very distressed about their condition and their traumatic interactions with the medical community. Most cardiologists give AFib patients no natural or alternative options; they immediately prescribe several medications, and they usually recommend cardioversion or catheter ablation of the AFib site in the heart.

Since doctors do not look closely at the role that magnesium plays in AFib, they miss the opportunity to give their patients a treatment that can help balance the electrical disharmony of the heart. I’m not a cardiologist but a magnesium expert and this book will give you a brief overview of my experience in using magnesium for heart arrhythmia.

It’s rare for a doctor to recommend a magnesium supplement, but if they do, it’s usually magnesium oxide, a form that’s not well absorbed and that causes an overwhelming laxative effect. Diarrhea can flush out more magnesium further upsetting the electrolyte balance. Doctors focus on magnesium oxide because it’s the form that has been used in the majority of magnesium studies.

Another magnesium product recommended by doctors is Slow-Mag. The list of ingredients will make you question why anyone would take it. The company advertises that they use magnesium chloride and not the lesser absorbed magnesium oxide but then they put double the amount of calcium compared with magnesium in the formula, which would certainly dissuade me from taking it because calcium can block magnesium absorption.
**Slow-Mag Ingredients:**

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
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</thead>
<tbody>
<tr>
<td>Magnesium Chloride</td>
<td>143 mg</td>
</tr>
<tr>
<td>Calcium Carbonate</td>
<td>238 mg</td>
</tr>
<tr>
<td>Hypromellose Phthalate</td>
<td></td>
</tr>
<tr>
<td>Croscarmellose Sodium</td>
<td></td>
</tr>
<tr>
<td>Stearic Acid</td>
<td></td>
</tr>
<tr>
<td>Povidone</td>
<td></td>
</tr>
<tr>
<td>Acacia</td>
<td></td>
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<tr>
<td>Maltodextrin</td>
<td></td>
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<tr>
<td>Microcrystalline Cellulose</td>
<td></td>
</tr>
<tr>
<td>Talc</td>
<td></td>
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<tr>
<td>Titanium Dioxide</td>
<td></td>
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<tr>
<td>Hypromellose</td>
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<tr>
<td>Shellac</td>
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<tr>
<td>FD&amp;C Blue 2 Aluminum Lake</td>
<td></td>
</tr>
<tr>
<td>Mineral Oil</td>
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<tr>
<td>Propylene Glycol</td>
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The calcium chloride in Slow-Mag is poorly absorbed but unlike the fail-safe, laxative effect of magnesium when there is too much, calcium precipitates in soft tissues and stays there. These abnormal deposits increase the incidence of heart disease, gall stones, kidney stones, heel spurs, fibromyalgia and breast tissue calcification. I’d also be very reluctant to swallow a product with talc and shellac on the label and in the pill!

For 10 years, I tried to interest several magnesium companies in creating a better absorbed form of magnesium. I was spurred on because of my own heart palpitations and leg cramps along with an extreme laxative effect to all the magnesium pills and powders I tried. Finally I had to do it on my own.

With the help of chemists and an innovative manufacturer, I created ReMag – an oral liquid magnesium that is 100% absorbed at the cellular level. I call it picometer magnesium because the magnesium ions are picometer in size and stabilized (so they don’t bind with anything else) using a proprietary process allowing them to slip easily into cells through picometer-sized mineral ion channels. If this process intrigues you, please read the manufacturer’s statement on RnA ReSet under the INFO Link.
The dosage of ReMag is also more concentrated than any other liquid magnesium. Instead of the 9,000 ppm (parts per million) magnesium product that I had been taking, ReMag is 60,000 ppm.

Such unprecedented concentration and absorption allows you to reach therapeutic levels of magnesium without any laxative effects. Thus, the true miracle of magnesium can be realized when the body is saturated with magnesium and able to properly carry on its 700-800 biochemical functions. The fact that most magnesium products give the laxative effect before the therapeutic effect is one of the reasons why doctors don’t prescribe magnesium for AFib because they don’t think it works. Another important reason why doctors don’t recommend magnesium is because the serum magnesium test they use is highly inaccurate for measuring the ionized form of magnesium that the cells rely upon.

I apologize to the author for the following: When I saw my picture, my Magnesium Miracle book and my words being used, without my permission, on a website to sell a $30.00 book that promotes the surgical treatment of atrial fibrillation, I had to speak out. So, I decided to write this $2.99 Kindle book and offer, what I know to be, a safe and effective option for preventing and treating this condition.

Minerals, especially magnesium, sea salt in water, proper hydration and taurine (amino acid) are the main components of my protocol. If you are already convinced that magnesium may help your condition, you can go directly to the Total Body ReSet for Atrial Fibrillation protocol. But, if you are one of the many people, who have been brow beaten by scary doctors into thinking drugs and surgery are the only ways to keep AFib under control, keep reading and learn how you can take charge of your own body.

It’s true that people who buy my Magnesium Miracle book, and listen to my radio show, are self-selected. That is, they already believe they may be magnesium-deficient. They are the chosen ones – they have chosen a path for themselves that leads to treating their AFib as naturally as possible. So, I’m not seeing a random sampling of people with AFib. However, until proper studies are done on AFib using ionized magnesium testing and after treating
with a well-absorbed magnesium like ReMag, we have to be our own subjects in our own case studies.

**NOTE:** I do not endorse catheter ablation for AFib without first trying ReMag for several months. Some people only require magnesium and minerals to overcome their AFib. Others may benefit from ReMag and catheter ablation; it doesn't have to be one or the other, you can do both. I will say more about catheter ablation further on in the book.

This book provides information that your doctors have ignored. Doctors only know what they know. And what they know is usually only what they have learned in medical school. They dismiss anything they don't know. You need to know that you, and only you, are in charge of your body. Do you own research - read this book and learn about minerals and then decide whether or not it makes sense to work with my protocol.

I know that *this book* may appear to be an outright "advertisement" for my formulas. I have long-since stopped apologizing for selling products because I know I've created something that is unique and effective and would not be available if I didn't provide it.

In fact, I'm taking the advice of my blog readers who say I should tell people right from the start that ReMag is the best magnesium they will ever find. Here's what one customer, an engineer, had to say.

I'm sure my story is a common scenario. Your customers are experiencing symptoms of magnesium deficiency, and sometimes those symptoms (such as anxiety for example) can be quite frightening. So when we first encounter all of your awesome information we are both excited and desperate to try something immediately!

I happened to have magnesium supplements in the house. But, now, having read a few details about ReMag, I understand that for most people those supplements are not going to be adequate due to their lack of absorption and the laxative side
effects.

I don't know how common my story is about the severe laxative effect, which I didn’t realize also drained my magnesium. Taking the wrong magnesium gave me a brief taste of the benefits of magnesium and then put me back to square one or worse. That's not a good start to the miracles of magnesium.

I intend to order some ReMag, but all of this makes me wonder if it's best to advise people to go straight to ReMag and avoid bad or mixed results.

My 72-year old client, SP, describes what happened to her heart and body when she became drained of magnesium. Then she told me how she took her power back:

2000: My husband, who was also my business partner, died leaving me devastated and completely stressed out.

2003: Emotional turmoil with the planning of a family wedding escalated to the point of having panic/ anxiety attacks every month, mostly at night lasting 2-3 hours. I never visited a doctor. I knew they would just give me drugs and I have absolutely no belief in them.

2004: Running a business in the service industry by myself, along with more family problems, worsened the panic/anxiety attacks.

2011: I finally sold the business and moved to another continent be near my family.
2011-2012: I was still afraid to go to a doctor, and I didn’t have one anyway!

2012: In December, I was with my daughter and was not feeling well at all. She finally took me to a doctor who sent me by ambulance to the hospital where I was diagnosed with heart failure and atrial fibrillation. They also said I had kidney failure, liver failure and fluid on my lungs – a real mess. I was in hospital for a week. I
struggled through the next couple of years.

2014: In March I started the Total Body ReSet products about two months before a consult with Dr. Dean in May.

About 10 months later, in November, 2014 SP wrote the following:

I just thought I would drop you a line and let you know how I am doing. I am walking or bike riding about an hour every day. I am meditating for 20 minutes twice a day. I take the ReMag and ReMyte as instructed and the cough I used to get when I fibrillated is now nonexistent and so is the fibrillation!

I have cut the Digoxin by half two weeks ago and my pulse resting is around 60bpm. I plan to cut the Metoprolol by half next, probably in one week. Then I’ll get off the Diltiazem. So all is good in my camp. I just want to thank you so much for all you have done for me. My progress is great.

April 25, 2015, SP sent me the following update:

I am doing very well. I am completely off the blood thinners (because I no longer have atrial fibrillation) and off the blood pressure capsule (because I no longer have high blood pressure) and am taking Krill Oil and ginger in organic juices as natural blood thinners.

I had halved the heart tabs Digoxin and Metoprolol BUT had a bit of a set back and went back on full dose – I am sure just temporarily. I’m NOT going to see any doctors as they just want to medicate me more and I feel sooo much better by controlling my own medication. I muscle test myself when going off the meds and that seems to work well.

My physical energy is at least doubled since we last spoke. Riding the bike, walking
and swimming, I’m even taking on some steep hills!

So, it’s been just over a year since I started your mineral products (March 2014). I did NOT take any other supplements and I do attribute your ReMag and ReMyte to my recovery.

SP’s story shows a person who is taking charge of her own health and how she was able to recover from heart failure and liver failure using the Total Body ReSet Formulas. I’m not saying you should do what SP did, but it’s certainly working for her.

**You Are In Charge**

You have to be very strong-willed when you interact with allopathic medical doctors. The process can be very frustrating and overwhelming, because as one client said to me, it’s when you are most vulnerable that doctors try to push you into therapy without giving you all the facts.

Here’s what happened when a 68-year old female client of mine was treated by several doctors who displayed horrible bedside manner:

My family doctor said my EKG was abnormal and showed an arrhythmia. He sent me to The Doctor from Hell who just told me outright that the bad news was that I would have to be on blood thinners for life.

Huh! Even he knew blood thinners were bad news!

I said I wouldn’t take them and I’d done some research on heart arrhythmias and read that a catheter ablation procedure would be my best chance for a cure and a way to avoid blood thinners.
He screamed at me that there is NO CURE for AFib and reminded me that he was the doctor. By the time I got out of his office I thought I was going to stroke out in the parking lot! And for all that abuse in the space of 10 minutes, he billed my insurance $600!

I never went back to him, but the visit just made my AFib much worse. I was scared so I did a lot of research and found another cardiologist. He looked at the EKGs and said the first cardiologist made a mistake and I had no signs of AFib. He said I did have PACs (premature atrial contractions) and then he became a “fortune teller” and told me I would develop AFib down the road.

A reader of my blog sent me the following case history of how she developed AFib but the doctors would never admit to the cause:

Last year, on June 30th, I developed abdominal pain, nausea and vomiting. Within several hours the pain localized in the right lower quadrant so I went to the ER and after several more hours I was diagnosed with acute appendicitis.

Since this was a major teaching hospital and it was now July 1st, there were additional problems and delays due to changing over to the new annual rotation of interns. So I didn’t get to surgery until 18 hours after I had presented to the ER and 24 hours after the onset of symptoms. By this time, my appendix had perforated.

So when I woke up I was on 2 IV antibiotics Flagyl and Levaquin in addition to IV narcotic pain meds and nausea meds. I continued to have severe nausea and vomiting - now due to the narcotics, which also had me so sedated that I was barely aware of what was going on around me. After 3 more days of constant vomiting, I began refusing the narcotics and my symptoms improved quite quickly.

On my 4th hospital day, I developed AFib with a rapid ventricular response and was admitted to the ICU. At that point I also refused the Levaquin although the
cardiologist assured me that it had nothing to do with my arrhythmia. From reading your material, I now know Levaquin is a fluoride drug that binds magnesium.

After four days they finally checked my electrolytes. Serum magnesium and potassium were both low - apparently they had not checked them post-op despite the fact that I had been vomiting constantly all that time!

Long story short, I converted to normal sinus rhythm fairly quickly after discontinuing Levaquin and taking magnesium and potassium and a short course of the antiarrhythmia drug, Amiodarone. A couple of days later I was able to go home, discontinued all meds, and have been happily taking ReMag and ReMyte ever since with no further problems. I likely had low magnesium prior to the hospitalization, which was exacerbated by vomiting and Levaquin. I had never had a problem with low potassium prior to this.

The doctors didn’t admit to any of this but just kept repeating that AFib can come out of the blue and that’s why I should keep taking medications. I think it is truly shocking how unaware conventional medicine is of basic biochemistry, and also of the dangerous side effects of the medications they prescribe, I am very fortunate that they didn’t kill me. I am grateful for your excellent products.

Many clients have asked me how to work with difficult doctors. I wrote a blog called “A Comedy of Medical Errors” about how to talk to your doctor so you don’t end up dead.

Basically, you have to play the game so that you are the winner. The doctor thinks he/she is in charge so you have to keep them thinking they are but then do your own research to make sure what they are recommending is safe and has no side effects. If it does have side effects, then you make the choice whether or not the side effects are worth it.

For example, there are criteria for taking blood thinners if you have AFib, yet, most doctors try to make everyone take these drugs even if they don’t have to because they
don’t fit the criteria. That information is available on the internet and I’ll go over it in the section called *Drugs for AFib*.

To treat the apprehension and fear that people have when they go to the doctor, I recommend Bach Flower Remedies. The first one is Rescue Remedy, which you take on the way to the office or any time you speak to a doctor in the hospital. Dosage is a few drops under the tongue. The other is Walnut, which is the link breaker, to break the link or association you have with being ill or with past fears and traumas that can trigger symptoms in the present. I'll speak more about these Bach Flowers in the Total Body ReSet for Atrial Fibrillation treatment section of the book.

**What is Atrial Fibrillation**

Atrial fibrillation is the most commonly diagnosed heart arrhythmia, reaching epidemic proportions. In the US, AFib hospitalizations increased by 23 percent between 2000 and 2010.¹ In 2010 there were about 5.2 million people with AFib; that number is expected to escalate to about 12.1 million cases in 2030.²

Doctors believe that most cases of AFib are secondary to heart disease so the standard treatment is to medicate those symptoms to try and alter the course of AFib.

At one time doctors described 2 types of AFib: Adrenal Stimulation (Adrenergic) and Vagus Nerve Relaxation (Vagally-Mediated). But doctors no longer discuss these causes of AFib with their patients presumably because there are no specific drugs indicated for these conditions. This leaves patients even more anxious because nobody can tell them what’s actually going on with their heart when they have adrenergic and vagally-mediated AFib symptoms.

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² Am J Cardiol. 2013 Oct 15;112(8):1142-7.)
Adrenal Stimulation:

Certain activities can force the adrenal glands to pump out excessive amounts of adrenaline: Stress, exercise, exertion, stimulants (coffee, alcohol, tobacco). The direct stimulation of adrenalin on an electrically sensitive area of the heart can trigger AFib in a person who is already magnesium-deficient. Over time this type of reaction can cause an increase in blood pressure (by constricting blood vessels) and structural changes to the heart.

Vagus Nerve Relaxation:

AFib occurring at night, after a meal, when resting after exercising, or associated with digestive problems. The Vagus nerve controls the abdomen and is part of the parasympathetic nervous system that tends to slow the heart and dilate blood vessels.

A client of mine experienced arrhythmia, anxiety and shortness of breath from drinking cold water. When I explained that this could be a vagus nerve irritation she was quite relieved and said the doctors made her feel like she was “nuts.”

I personally used to get a burst of coughing when my heart kicked out extra beats. Of course all that is gone now because I drink enough salted water and take my ReMag, ReMyte, ReAline and RnA Drops.

Perhaps you experience both adrenal stimulation and vagus nerve reactions, making it even more difficult to identify your triggers. However, the adrenals glands can be supported by magnesium and so can the vagus nerve, so ReMag will be beneficial for both.

Doctors say that if you have heart disease and AFib you are at increased risk for heart failure, clots and strokes. But that’s only if you already have heart disease. Most people that I speak with do not have a heart problem, they have a magnesium problem.
Unfortunately the medications that are used to treat AFib can themselves cause heart disease, which may increase your chances of maintaining your AFib. And the people with heart disease, high blood pressure and high cholesterol are on medications that cause more heart disease because they lower magnesium levels.

That’s probably why doctors say that AFib is incurable; they don’t know that magnesium deficiency may be the cause and magnesium supplementation may be the cure for many people.

AFib is more common in people age 60 and older, possibly because we become more magnesium-deficient as we age. The heart has 4 chambers, the top two are atria and the bottom two are ventricles. What causes the atria to fibrillate? In a healthy heart, the electrical impulses in the atria are coordinated by the proper balance and interaction of several minerals (also called electrolytes): magnesium, calcium, sodium and potassium.

It seems logical that an imbalance in these minerals is the cause and balancing them is the cure. But doctors seem to skirt around that issue – probably because they don’t even measure magnesium in a routine electrolyte panel. Just look at your most recent blood tests and magnesium is nowhere to be found. They test for sodium, potassium, calcium and chloride but not magnesium. I’ll tell you later why magnesium is the poor step-sister in the mineral world.

Instead of a long, dry dissertation on the electrical membrane potential inside and outside cells, you can see for yourselves how calcium and magnesium function in the cells in an animated video. The video was created by Andrea Rosanoff PhD and it’s displayed on the Nutritional Magnesium Association website. Just click on the blue animated video under the title: Calcium Magnesium Balance. Sodium and potassium go through a similar dance inside and outsides cells but they are the electrolytes that doctors focus on – to our detriment.

The electrical firing that occurs to make the heartbeat regularly begins in the atria. So,
that's the first place where things can go wrong. The sinoatrial node (SA node) is a cluster of cells in the right atrium that has the ability to create an electrical impulse on its own and trigger adjacent cells to carry the current like a Pac-Man progression. The electrical impulse runs to the atrioventricular node (AV node) and down into the ventricles. However, something that changes everything in the realm of heart electrical activity is the little discussed fact that the heart has multiple pacemakers! There are several areas along the conduction pathway where clusters of cells can start an electrical impulse from scratch.

I've said before and I'll say again the body is a genius operation and having back up pacemakers is pretty smart. But what happens when those backup pacemakers get caught up in a magnesium deficiency spasm? They will fire erratically potentially causing abnormal heartbeats and heart rhythm!

**What Causes or Triggers Atrial Fibrillation**

Atrial fibrillation is very much on the radar screen these days. I think there is more focus on AFib because there are newer drugs to treat some of the symptoms. So, even if you are not symptomatic, if a doctor picks up some irregular beats on a routine EKG, he/she may encourage you to take drugs – “just in case!”

Drug companies are marketing a line of new blood thinners – the primary treatment for AFib’s potential to produce clots. A rapidly fibrillating heart may not empty completely leaving some blood behind that could clot if it doesn’t keep moving.

Blood thinners don’t heal a particular condition, they just prevent blood clot formation. But the side effects can be devastating by causing unwanted bleeding. I’ll talk about the criteria for taking blood thinners in the section called *Drugs for AFib*.
One woman wrote the following about her recent experience:

I am an otherwise healthy 73-year old Caucasian single female. I was hospitalized in March 2015, with shortness of breath, fluid retention, tightness in my chest, fatigue, body aches. I was diagnosed and treated for Atrial Fibrillation and a high heart rate in the 150 range. In the hospital they did an esophageal procedure to find out if I had any blood clots in my heart; then they did an electrical cardioversion. Currently, I am in sinus rhythm with a slow normal heart rate. I was discharged from hospital on 4 medications.

This is all moving too fast and I hate taking all these medications. I read that one of them can damage my liver and thyroid. The doctors could not tell me why I developed AFib and certainly could not tell me what I can do to heal this condition naturally.

As I mentioned earlier, medical sources say that damage to the structure of the heart is the most common cause of atrial fibrillation. I will add to, and comment on the following list of AFib causes found on the Mayo Clinic Website. But remember, it’s mainly disorganization of the electrical activity of the cells of the heart that causes the heart to beat erratically. Instead of just listing the causes why aren’t the Mayo Clinic doctors able to say why each one can potentially cause AFib? I believe I’ve discovered why.

Each one of these causes may be due to magnesium deficiency, which can lead to structural changes in the heart by turning normal muscle cells into a hard-rock spasm. As will be made quite clear, there is no ONE cause of AFib for everyone and several causes may be in play for some.

Read this long list of 33 AFib triggers and you will find the ones that most apply to your case. But don't panic – you will soon realize that magnesium may eliminate most of these AFib triggers.
1. Air pollution:

Data mining from patients with implanted defibrillators shows that during times of air pollution there are more episodes of fibrillation. It’s the very fine particles of pollution from cars and power plants that travel deep into the lungs and trigger bronchial irritation, coughing and atrial fibrillation. Your doctor should advise you to stay indoors during times of high air pollution.

The good news is that magnesium prevents bronchial spasm and can help clear toxins from the lungs. The ingredients in ReAline can assist the liver in detoxifying pollutants – even heavy metals.

2. Alcohol:

Drinking alcohol releases catecholamines from the adrenal glands – especially noradrenaline. Alcohol triggers the release of adrenaline stored in the heart. Plasma acetaldehyde, the main metabolite of ethanol, raises catecholamine concentrations in the heart muscle acting as a heart stimulant. Alcohol directly, and the above metabolites, stress the heart with prolonged PR, QRS, and QT times, facilitating atrial arrhythmias.

Alcohol withdrawal results in increased release of catecholamines. Alcohol excess is associated with hypertension. The residues of sulfites, pesticides and fungicides found in some wines and trigger reactions in susceptible people.

Alcohol depletes magnesium and the breakdown products of alcohol such as acetaldehyde require magnesium in order to eliminate them from the body.

Alcohol also feeds intestinal yeast resulting in yeast overgrowth and production of 178 yeast toxins including acetaldehyde.
3. Calcium:

Calcium supplements, a high dairy diet and eating calcium-fortified food and drink (orange juice) can overwhelm your magnesium stores and lead to a relative magnesium deficiency state. When you lower your calcium intake you may find your AFib attacks diminish. Be sure and watch Dr. Rosanoff’s video to see how the excitatory electrolyte, calcium triggers the cell into excess activity in the presence of magnesium deficiency. (See the blue animated video, Calcium Magnesium Balance on the Nutritional Magnesium Association website.)

4. Coronary artery disease:

CAD affects over 15 million Americans, making it the most common form of heart disease causing arrhythmia, angina and heart attack. CAD is mostly attributed to atherosclerosis, which happens when a waxy plaque, made of cholesterol, fatty compounds, calcium and a blood-clotting material called fibrin forms inside the arteries.

Medically, the only treatment for plaque is statin drugs to decrease cholesterol. There is a move to give everyone over 75 years of age statin drugs to stem the tide of CAD. However, statins cause magnesium deficiency and many magnesium-deficiency symptoms: muscle cramps, pain, stiffness, swelling, weakness, rhabdomyolysis (muscle inflammation and necrosis) and tachycardia.

A common statin called Lipitor is synthesized with a fluoride molecule to make it more powerful. Unfortunately, fluoride binds irreversibly with magnesium making a brittle substance called Magnesium fluoride, MgF2, or sellaite. Sellaite replaces magnesium in bone and cartilage, making bone prone to fracture and cartilage and tendons prone to rupture.

Magnesium is able to dissolve calcium but when you don't have enough magnesium or
when you take calcium supplements; eat a lot of dairy; or take high-dose Vitamin D, you build up calcium deposits in the body including in your arteries creating CAD.

Calcium is not like magnesium – it precipitates in tissues causing kidney stones, gall stones, heel spurs and breast tissue calcification as well as coronary artery disease. Magnesium has a failsafe, if you take too much, it causes the laxative effect, so it does not build up in your body.

5. Dehydration:

Adequate hydration with pure water is essential for proper blood circulation and heart function. However, when we purify water these days, we lose most of the good minerals along with the bad chemicals. So, water and remineralization go together.

I recommend drinking half your body weight (in lbs.) in ounces of water and adding sea salt or Himalayan salt (¼ - ½ tsp in every quart) along with ReMag and ReMyte for the best effect.

Alcohol, coffee and heavy exercise (including Hot Yoga) are all dehydrating, and they all cause magnesium deficiency. Attacks of vomiting and diarrhea can also be dehydrating and deplete your minerals. Always carry your water bottle spiked with sea salt, ReMag and ReMyte.

6. Dental infections, fillings, crowns and cavitations:

Biological dentists agree with Chinese medicine practitioners that each tooth is associated with an acupuncture meridian. These dentists will check to see if there is a problem with teeth that are on the same meridian that flows through your heart.

The testing instrument they use is called EAV (electroacupuncture). But you will have to do your research to find a reliable holistic physician or dentist who is an expert in EAV (or
a similar instrument).

7. Diabetes:

Diabetes increases the risk of high blood pressure and heart disease and the drugs for each of these conditions can cause the others. Elevated blood sugar does increase the heart rate. Magnesium deficiency is a medically-recognized sign of diabetes.

8. Electrolyte imbalance:

An imbalance of minerals like magnesium, sodium, potassium, and calcium can alter the way the heart conducts electricity. Magnesium is the main mineral that prevents erratic electrical conductivity in the heart. Magnesium, at a concentration ten thousand times greater than that of calcium inside the cells, allows only a certain amount of calcium to enter in order to create the necessary electrical transmission, and then immediately helps to eject the calcium once the job is done. Otherwise, if calcium accumulates in the cell, it causes hyperexcitability and calcification.

Because medicine doesn’t regularly test for magnesium with an accurate blood test, they miss the importance of magnesium and focus on potassium and sodium instead.

9. Gas, bloating and hiatal hernia:

Mechanical pressure from the stomach and intestines can trigger an AFib attack. It can be direct pressure from a hiatal hernia or gas in the stomach can press up underneath the heart and great vessels. Or this direct pressure can irritate the vagus nerve and trigger AFib.

Avoiding sugar, alcohol, gluten and treating yeast overgrowth can all be helpful in reducing gas and bloating. A chiropractor or naturopath trained in the technique of hiatal hernia
adjustment can “pull down” a hiatal hernia using an external massage technique. You can view this self-help video by Dr. Dahlman to see how it’s done.

10. Gluten and glutamate sensitivity:

This trigger for AFib may surprise you but it’s important to include since more people seem to be reacting to this group of natural chemicals. Below is an edited excerpt from my article – “Solving the MSG problem with Magnesium.”

Wheat has been hybridized increasing the gluten content and glutamates are used in most processed foods. But the main reason we are becoming more gluten-sensitive and glutamate-sensitive is because we are all very magnesium-deficient.

MSG is difficult to avoid if you eat processed foods. Glutamate and glutamic acid are considered GRAS substitutes for salt. Glutamic acid and glutamate in food can be metabolized into the equivalent of MSG and reach the brain and the heart – it just takes longer and makes it harder to track the cause of your brain rush or heart palpitations.

Glutamine is the most abundant amino acid in the body. Most glutamine is made and stored in muscles and lung tissue. Glutamine helps protect the lining of the gastrointestinal tract. For that reason, some researchers have suggested that people who have inflammatory bowel disease (ulcerative colitis and Crohn’s disease) may not have enough glutamine. This finding led to the widespread use of glutamine for leaky gut and all manner of intestinal imbalance. However, two clinical trials found that taking glutamine supplements did not improve symptoms of Crohn’s disease.

And, as my friend Dr. Russell Blaylock wrote in his book Excitotoxins: The Taste That Kills “high doses of the single amino acid glutamine will be converted into glutamate.” Then, a person who is low in magnesium won’t be able to prevent
glutamate from flooding into brain and heart cells because there is not enough magnesium to protect them.

*Psychology Today* has an article called – “Magnesium: The Original Chill Pill”. The author discusses the relationship between magnesium and glutamate in brain neurons. What they don't say is that the same mechanism is at play in the specialized cardiac cells that make up the electrical conduction pathways of the heart:

Magnesium hangs out in the synapse between two neurons along with calcium and glutamate – calcium and glutamate are excitatory, and in excess, toxic. They activate the NMDA receptor. Magnesium can sit on the NMDA receptor without activating it, like a guard at the gate. Therefore, if we are deficient in magnesium, there’s no guard. Calcium and glutamate can activate the receptor like there is no tomorrow. In the long term, this damages the neurons, eventually leading to cell death. In the brain, that is not an easy situation to reverse or remedy.

Many studies echo the *Psychology Today* summary of magnesium’s role in glutamate inhibition. Wikipedia shared the following: “Excessive synaptic receptor stimulation by glutamate is directly related to many conditions. Magnesium is one of many antagonists at the glutamate receptor, and magnesium deficiencies have demonstrated relationships with many glutamate receptor-related conditions.”

I believe that the solution to “food sensitivity” is not to avoid more and more foods but to enhance the body’s ability to handle these foods. Well-absorbed magnesium, multiple minerals and sea salt in your drinking water help create the most effective structure, function and electrical activity of your body and allow your body to adapt to your environment and your diet. More is involved, of course, but begin with magnesium and then fill in the gaps with probiotics, methylated B vitamins and taurine once you are saturated with magnesium.
A client of mine in his 20's has high glutamate levels. Neurologists know that glutamate opens up calcium channels placing too much calcium in the cells, which causes nerve cells to become hyperexcitable. Over-stimulated nerve cells can excite themselves to death if too much stimulatory glutamate is present. My client is on a seizure medication that is designed to block glutamate receptors. But it doesn’t work. What his neurologists don’t know is that magnesium is a natural glutamate blocker. Magnesium is the mineral the nervous system uses to switch off overtaxed nerve cells.

To be complete I’d like to mention that some individuals sensitive to MSG and glutamates find relief by taking taurine. The probable cause is that glutamate competes with the amino acid cysteine for uptake in the body. Cysteine converts into taurine; with too much glutamate, there won’t be enough cysteine to make taurine. One result is heart irritability since taurine helps regulate the heartbeat; it is an inhibitory neurotransmitter, an antioxidant and helps make bile to digest fats. Taurine is found in my ReAline formula.

11. Heart attack:

The heart is one big muscle. The highest amount of magnesium in the whole body is found in the heart. When magnesium is deficient, the heart muscle can go into spasm causing angina or a heart attack. When a heart attack occurs, heart muscle cells die and are replaced with scar tissue. If that scar tissue is located in or around an area containing the heart’s electrical system, that area can trigger an arrhythmia especially if you are deficient in magnesium.

12. Abnormal heart valves:

Mitral Valve Prolapse is associated with magnesium deficiency. Without magnesium the valve, which consists of two flaps coming together, becomes rigid and can’t close properly allowing the leakage of blood through the partially open valve. If you have enough
magnesium, the flaps of the valve are relaxed and close completely preventing blood from escaping.

13. **High blood pressure:**

When the smooth muscles lining the blood vessels go into spasm, from having too much calcium inside the cells and not enough magnesium, the diameter of the blood vessels gets smaller and the blood pressure gets higher. If you haven’t already done so, watch the Calcium Magnesium Balance video here: [Nutritional Magnesium Association](#).

Unfortunately most patients with high blood pressure are put on calcium channel blocking drugs instead of the body’s natural calcium channel blocker – magnesium. Calcium channel blockers drain magnesium, as do most drugs, but diuretics drain magnesium even more. Most people end up on 3-4 drugs for blood pressure, which in many cases just worsen the blood pressure because the drugs deplete magnesium – thus making a person more susceptible to AFib.

14. **Heart structural changes:**

Changes in the heart’s normal size or structure may affect its electrical system. Examples of such changes include an enlarged heart due to high blood pressure or advanced heart disease.

15. **The Holidays:**

Travel is listed as its own trigger below. But official holidays can be even harder on your heart. You arrive at your destination tired and jet lagged and if it’s a family gathering, like Thanksgiving, you have all the stressors of family interaction, overeating, too much alcohol and not enough sleep
16. Hypoglycemia:

Low blood sugar can cause an attack of atrial fibrillation. When blood sugar drops below a certain level, mechanisms come into play that trigger the adrenal glands to release adrenalin in order to activate and release glycogen (sugar stores) in the liver. That same adrenalin surge can elevate the heart rate and trigger an AFib attack. Low blood sugar in the middle of the night can trigger a nocturnal attack.

17. Infections:

Viral infections cause fever, which increases the metabolism and the heart rate. H.pylori infection, which causes stomach ulcers can contribute to AFib. Treatment with Mastic Gum is highly effective and avoids the side effects of antibiotics. If you have stomach symptoms you can rule out H.pylori infection by testing. What is the mechanism by which H.pylori triggers AFib? Some say there is an increased CRP (C-Reactive Protein) related to increased inflammation due to H.pylori. We know that magnesium is a superb anti-inflammatory. The question arises – do these infections mostly occur in magnesium-deficient people? The answer is likely, yes, because not everyone who has an infection suffers atrial fibrillation.

18. Inflammation:

High CRP (C-Reactive Protein) is a strong indication of inflammation. CRP is twice as high in people with AFib compared to people without. Magnesium is the body’s most important anti-inflammatory nutrient.

19. Lung disease:

People with asthma have a higher rate of AFib than those without. Asthma is a magnesium deficiency condition because the muscles lining the bronchial tract go into spasm cutting
off the airways.

A client told me that her pulmonologist says that coughing can cause arrhythmia but her cardiologist says that it absolutely cannot. She, herself, was unable to tell which came first, the cough or the arrhythmia. Neither of them mentioned that she could have vagus nerve irritation, due to magnesium deficiency.

The vagus nerve and its branches innervate the trachea, lungs, heart, esophagus and stomach. Thus, a “trigger-happy” vagus nerve can cause you to cough, which in turn causes your heart to beat erratically.

I had those exact symptoms, which allows me to recognize others that have them. As I mentioned earlier, a client told me that doctors thought she was crazy when she said a cold drink of water could leave her anxious, gasping for breath with an attack of arrhythmia. She was very grateful when I explained that her vagus nerve may be hyper-irritable due to magnesium deficiency and could cause these symptoms when irritated by cold water or even cold food.

20. Medications:

The list is very long, so I’m not going to include it here. You must look up the side effects of the medications you are on and see if atrial fibrillation is listed. The most bizarre one that I’ve found is Flecainide, which is an antiarrhythmia drug – yet it causes fast, irregular, pounding, or racing heartbeat or pulse. I think it’s because this drug contains 6 fluorine atoms. You can google any drug and find the chemical formula. Just look for the F, which stands for Fluoride!

Fluorine binds irreversibly to magnesium making it unavailable to the body. The MgF2 compound is brittle and deposits in bones, cartilage and tendons.

Over-the-counter cough and cold medications can trigger AFib by stimulating your heart.
Recreational drugs like marijuana can raise your heart rate for several hours. Cocaine can also trigger an abnormal heartbeat.

21. Intense physical activity:

Medically, doctors say that intense physical activity causes the release of adrenaline, which triggers AFib. The more likely cause is magnesium depletion in athletes leading to heart spasms and AFib.

22. Obesity:

Studies show that obesity can result in an enlargement and stretching of the atria, which can trigger atrial fibrillation. There are reports that people who simply lose weight become free of atrial fibrillation.

23. Potassium deficiency

Potassium deficiency may be found on a blood test but doctors don't normally test for magnesium deficiency. However, if you have low magnesium along with low potassium, your potassium won’t improve when you take potassium supplements unless you also take magnesium. Even if doctors do test for magnesium, doctors don’t use an accurate test, so they never know the underlying problem.

24. Exposure to stimulants:

Artificial sweeteners (Aspartame/NutraSweet and Sucralose/Splenda), caffeine, cola and tobacco are stimulants that can speed up the heart and if you are also magnesium-deficient, the two factors together can cause AFib. Drugs may act as stimulants but they also actively deplete magnesium making you more susceptible to AFib. Paradoxically, digoxin, calcium channel blockers, beta blockers and antiarrhythmia drugs can all worsen
heart arrhythmia! I'll go into this issue when I talk about medications for heart arrhythmia in the section *Drugs for AFib.*

**25. Sick sinus syndrome:**

This condition is defined as improper functioning of the heart's natural pacemaker. This is another syndrome that is poorly understood. It is said to occur due to scarring, degeneration, or damage to the heart from aging, cardiovascular disease, heart attack and high blood pressure. All these conditions are triggered or worsened by magnesium deficiency.

**26. Sleep apnea:**

In my article *An Epidemic of Sleep Apnea,* I associate the rise in sleep apnea with the increasing epidemic of magnesium deficiency and weight gain. Treating both can reduce the incidence of AFib and sleep apnea.

**27. Stress that leads to anxiety and panic attacks:**

Stress burns magnesium, which depletes the adrenal glands and leads to erratic firing of adrenalin triggering bouts of tachycardia and AFib. Stress in the form of a very active or scary dream can trigger AFib. One client asked me why her AFib attacks usually hit her in the middle of the night. I told her that dreams can trigger an adrenaline surge because the mind thinks you are “under attack.” The adrenaline pumps your heart rate, which can trigger AFib.

**28. Surgical procedures:**

Heart surgery is a major trigger for atrial fibrillation. I think it's because the heart loses magnesium under such extreme stress and since IV magnesium is not a standard
treatment during heart surgery – atrial fibrillation can be a direct result.

However, even minor surgical or medical procedures can be a physical and emotional trigger. Just think of “white coat syndrome” where your blood pressure can soar and your pulse can increase when a doctor or nurse takes your blood pressure. That racing and increased pressure, called “fight or flight” can trigger an underlying magnesium-deficient AFib attack.

29. High sugar diet:

Sugar depletes magnesium, so high sugar intake will ultimately cause magnesium deficiency. According to Natasha Campbell-McBride in her book Gut and Psychology Syndrome (2010), twenty-eight atoms of magnesium are required to process one molecule of glucose. If you are trying to break down a molecule of fructose, you need fifty-six atoms of magnesium. That’s an extremely unbalanced and unsustainable equation.

Such a diet can also cause episodes of low blood sugar following shortly after a high sugar meal. It can also contribute to obesity.

30. An overactive thyroid gland:

Thyroid hormone regulates metabolism. If you have “too much” thyroid hormone your metabolism speeds up – and that includes the heart rate. If you are also magnesium-deficient, the two factors together can cause AFib.

The following email explains the thyroid AFib connection:

Dear Dr. Dean,

Your email could not have come at a better time. I am depressed, frightened and disappointed to have recently had another episode of AFib. My first episode in
2010 was triggered by a stupid doctor overdosing my thyroid medication (Armour) for Hashimoto’s. Blood was taken in the ER that showed an overdose, which is what sent me into a hyperthyroid state.

It was such a shock because I was so healthy. I was in my early 70’s, slim, an eating organic, vegetarian diet. Other than thyroid meds, I was on no drugs. After my ER visit I weaned off the heart meds they put me on and although I had another episode in a couple of months, I then had none for a year. This last episode was after 2 years. I looked online and read that people with AFib are on horrible drugs and/or having ablation surgery. It was very depressing and frightening for me to read.

My current doctor has me on levothyroxine but with compounded T3 added. Now I wish I had not allowed that to be added because although it’s a popular addition, I constantly worry that it might trigger AFib again. I look forward to reading your AFib book and using your products.

I agree that thyroid hormones can stimulate heart arrhythmia – but that usually only happens when a person is already magnesium-deficient. Also, I’m not in agreement with the practice of waiting for the thyroid gland to become extremely depleted and then treat it with thyroid hormone replacement. Instead, I advise my multiple mineral formula – ReMyte to support the thyroid and allow it to make its own hormone.

Believe it or not, the thyroid requires at least 9 minerals in order to function properly. Those 9 minerals are among the 12 in ReMyte. You can download my Free eBook on ReMyte from RnAReSet under the INFO Link.

1. **Travel:**

The stress involved with the TSA, jet lag, dehydration, poor eating habits, problems sleeping, more alcohol than usual, late night meals and forgetting to take your magnesium all combine to become one big trigger for AFib. Plan your trip well and take more ReMag
to avoid all the above.

2. **Vitamin D:**

We’ve barely gotten the word out that calcium supplements carry a higher risk of heart disease and now doctors are pushing Vitamin D as the next supplement fad.

Yes, of course, Vitamin D is necessary in the body but doctors don’t seem to realize that high doses of Vitamin D pull too much calcium into the body. This extra calcium requires more magnesium to change it from the supplement form to the active form.

I’ve had many people complain that when they begin taking high dose Vitamin D (above 2,000iu per day) they experience magnesium deficiency symptoms. Some of these symptoms can be severe and very worrisome especially when you don’t know their origin.

3. **Yeast overgrowth:**

This condition is the culmination of a high sugar diet, too many antibiotics and steroid medications and layers of stress. Many practitioners and researchers also consider yeast the main cause of inflammation in the body. As mentioned earlier, inflammation is a big trigger for AFib. Yeast produces 178 different metabolic by-products with arranging side effects. One of the byproducts is alcohol. Dr. K. Iwata in Japan diagnosed “drunk” disease in people with yeast overgrowth, who had not consumed any alcohol but appeared to be intoxicated.

Another byproduct of the digestion of sugar by yeast is acetaldehyde. It’s not on the research radar of allopathic medicine but lay researchers at an online conference about *Lone Atrial Fibrillation and Candida* discussed the topic saying – “...the main waste product of candida is acetaldehyde, which also happens to be the main breakdown (oxidation) product of alcohol and is believed to be the actual cause of the many problems arising
from excessive alcohol consumption.” Many people find that if you have yeast overgrowth and also drink alcohol, you are hit with a double dose of acetaldehyde hangover or brain fog.

When I first started looking for the triggers for AFib, I had no idea there were so many. This extensive list will have some people complaining that anything and everything can cause AFib. My main point is that magnesium deficiency can be the true underlying cause for so many of these triggers for which you are given magnesium-draining drugs that never treat the underlying deficiency.

**100 Factors That Indicate Magnesium Deficiency**

I’ll cover magnesium blood testing later but without a blood test how do you know you have magnesium deficiency?

The following is a list of 100 factors (in 68 categories) that can cause or indicate magnesium deficiency:

<table>
<thead>
<tr>
<th>1. Alcohol intake—more than seven drinks per week</th>
<th>1. Anger</th>
<th>2. Angina</th>
<th>3. Anxiety</th>
<th>4. Apathy</th>
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| 5. Arrhythmia of the heart | 6. Asthma | 7. Blood tests  
   a. Low calcium  
b. Low potassium  
   Low magnesium | 8. Bowel problems  
   a. Undigested fat in stool  
b. Constipation  
c. Diarrhea  
d. Alternating constipation and diarrhea | 9. Brain Trauma |
|-------------------------|-------------------------------------------------|-----------------------------|-----------------|-------------------------------|

Carolyn Dean MD ND

www.RnAReSet.com
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<td>g. Cisplatin</td>
<td>h. Amphotericin B</td>
<td>i. Cholestyramine</td>
<td>j. Synthetic estrogens</td>
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<td>41. Mitral valve prolapse</td>
<td>42. Muscle cramps or spasms</td>
<td>43. Muscle twitching or tics</td>
<td>44. Muscle weakness</td>
<td>45. Numbness of hands or feet</td>
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<tr>
<td>46. Osteoporosis</td>
<td>47. Paranoia</td>
<td>48. Parathyroid hyperactivity</td>
<td>49. PMS</td>
<td>50. Polycystic ovarian disease</td>
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<tr>
<td>a. Pregnant within one year.</td>
<td>b. History of pre-eclampsia or eclampsia</td>
<td>c. Postpartum depression</td>
<td>d. Have a child with cerebral palsy</td>
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CB’s Atrial Fibrillation Journey

The following detailed case history is from a particularly observant and thoughtful individual who describes her AFib journey and how she is reaching her wellness destination. CB wants to share her story because she feels she suffered from lack of such information when she was searching for clues to help her condition. I’m sure it will ring true for many people who are looking for alternatives. Here is the information CB sent to me before our first consult:

I was diagnosed with Atrial Fibrillation November 2006. My doctor immediately put me on Metoprolol (a beta blocker) and baby aspirin. Five years later, nothing had changed and since I was still having symptoms, he added Digoxin.

I am currently taking Digoxin 0.125 mg, one per day. For the past two weeks I’ve taken extra magnesium tablets and used magnesium oil on my skin above the amount in my multiple vitamin/mineral protein powder.

I use several essential oils to deal with stress and anxiety and they also seem to

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<th>breath</th>
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<td>61. Sugar, high intake daily</td>
<td>62. Syndrome X</td>
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<td>63. Thyroid hyperactivity</td>
<td>64. Tingling of hands or feet</td>
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<td>67. Water that contains the following: Fluoride Chlorine Calcium</td>
<td>68. Wheezing</td>
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help my palpitations. I have discovered that they also aid in reducing my blood pressure and heart rate if I go into an AFib.

I am a musician, performer and writer, and I have a leadership role in my community, all of which at times can bring stress. My exercise mainly consists of walking 20 minutes per day. It used to be 40 min.

On the whole, I had been doing better with the AFib these last two years but suddenly over these last two months, the AFib attacks have been more frequent. I’ve gone from approximately one AFib every 30-60 days for 8-9 years now to one AFib per week. This last week I experienced three AFib attacks. This never had happened before.

The last one, two nights ago, was more difficult and lasted for approximately 10 hours. It started in my sleep after having been exposed to very loud high decibel music at a birthday party. My husband and I had also played our more quiet violin and piano music for several hours in two events that day. I have been pushing myself lately and doing probably too much, but very happy in what I do. This week I am resting, not teaching much. I cancelled most of my students today and tomorrow.

One of my main priorities is to connect with you. I need help, answers, and some direction. I have been looking for someone like you for 8-9 years. I’ve done lots of research, read many books, and checked online for more positive natural solutions to AFib. As a result, there have been seasons when I have made great improvements.

I don’t know how and when to best take magnesium and combine it properly with calcium. I’m hoping your magnesium products, with your customized instruction for me with AFib challenges, will be the answer.
I’ve been concerned for a very long time that the prescribed Digoxin that I take depletes magnesium levels. After I started feeling so much better on my multiple vitamin/mineral protein powder I begged my doctor to take me off some of my meds. I was concerned because my blood pressure would get very low, sometimes (85/45). Finally, after I fainted once, he agreed.

I was only taken off Metoprolol and I didn’t have any AFib attacks for approximately 3 months. Then it happened again while performing in Trinidad after I was suddenly hit with a urinary tract infection. I was urinating every 7 minutes (and probably losing minerals) for hours. That’s when I went into AFib. I was so weak the next morning that I could hardly stand or walk, much less play the piano.

Blood Tests: They always seem to be good, however, after reading your *Magnesium Miracle* book, I realized I only had had the basic Serum Magnesium Test. I have wondered from the onset of my very first encounter with AFib that my problem may be due to electrolytes, etc., but never knew for sure. The doctors said my tests were always normal.

The very first AFib attack I had in 2006 was after a heavy bout with stress, overwork, and 3 days of diarrhea (which can drain off minerals) following Thanksgiving. While in the hospital, I was strongly advised to go on Coumadin. My husband and I did not feel good about this and I did not agree to it! Due to AFib challenges and possible nutritional deficiencies (magnesium), I struggle with:

- General anxiety
- Occasional anxiety attacks that I think may be panic attacks
- Nervousness
- Occasional heart pounding
- Heart palpitations (that have been greatly reduced having been on my nutritional products, walking daily, additional water, and the Essential
Oils which I apply twice daily in am and pm

- Palpitations automatically make me uneasy, I do better mentally when I don’t experience any
- I am now very sensitive to every slight feeling (even normal things) in my chest

Before an AFib attack, I sometimes experience a disconnected feeling before I go to bed that I now believe is possibly an electrical connection problem in my body. Frequently, I sleep through much of my AFib. This often makes the AFib symptoms seem easier since I am asleep, however, I notice that even if I am extremely weak while in an AFib, also feeling horrible and faint, that when I am awake and take a shower toward the end of the episode and splash my feet in the water, I almost always return to sinus rhythm within 15 minutes - one hour. This has happened multiple times. On the other hand, if I try taking a shower at the onset of an AFib, my heart rate goes up and the AFib doesn’t return to sinus rhythm.

- I have the following symptoms during episodes of AFib:
  - Shortness of breath
  - Accelerated heart rate
  - Increased blood pressure
  - Unbelievable amount of fatigue and weakness
  - Extreme cold
  - Trembling
  - Dizziness
  - Frequent urination
  - Surges of hunger
  - Loss of weight
Most evenings I can’t relax or rest due to anxiety, palpitations and an unsettled feeling of going to bed not knowing if another AFib would hit. Mornings and early afternoons are usually better.

CB went on my sea salt, water, ReMag, ReMyte, ReAline protocol for AFib and nine months later in April, 2015 she gave me an update that included a relapse of her AFib symptoms and the reasons why:

Here is an update on my Atrial Fibrillation, or as you have taught me - “my magnesium deficiency.” After making such phenomenal improvement when I first started taking ReMag and ReMyte in August-September 2014, I was convinced that I would finally be through the MISERY of this 8-9 year AFib distraction in a short period of time now that I had discovered the miracle of magnesium. Being very encouraged and rewarded by seeing well over a dozen symptoms disappear, I found myself suddenly surprised when from Dec 2014 to Feb 2015, I seemed to be going backwards.

Of course there were several reasons for my set back: a combination of the winter flu, diarrhea, stress and other issues (probably a result of all the many accumulative previous years of my health being abused since childhood.) However, what was really strange was that my AFib was acting differently. My familiar ground of knowing “how these AFibs acted over all these years” was abruptly and dramatically changing!

Instead of having AFib episodes every 1-4 weeks or 1-2 months, they were suddenly occurring every day or every other day. Instead of them lasting anywhere between 8-11 hours, they were lasting 16-22 hours. They had never gone this long. This was a huge shock to me and brought about an enormous amount of anxiety!

However, thanks to lots of prayer and faith, my husband, the encouragement of
family and friends, and talking with you, Dr. Dean, I realized that though the AFibs were much longer and more frequent, *they actually were much easier*, so much so that I could continue functioning with my other responsibilities instead of having to lie flat in bed and be miserable.

I was also off all my previous years of medications and on the whole I was doing much better - except for these new unexpected “Changes.” But, because I found myself battling the “fear” associated with AFib even though they were much, much improved, it was frequently a challenge to shake this fear. Ultimately, I knew that it was vital that I did not ‘panic’ during these transitional changes.

After numerous emails and my second extremely beneficial phone consultation with you, Dr. Dean, I saw another “Major Change!” Basically you told me that anxiety is a normal function of the biological brain in times of stress to keep us alert to stay alive. So, I learned that the episodes of anxiety that I experienced when my heart went out of rhythm were survival mechanisms.

Now that my heart rhythm was becoming more and more normal with my treatment protocol, the anxiety was no longer serving me and would actually keep my AFib going. Just knowing that and accepting that meant I experienced much less anxiety, less heart palpitations and nervousness, etc.

I continued to give my heart the ReMag, ReMyte, rest, relaxation, peace, daily Epsom salts baths, water and Real Salt that it needed and I watched my body go through this amazing transition.

I noticed that the recent huge anxieties as a result of “The AFib Change” were leaving one layer at a time. Over a period of 3-5 weeks, each anxiety symptom got less and less. The AFib, instead of occurring every day or every other day, began stretching out to every 3 days - once per week, then once in 10 days. The other awesome change was in the length of these mild AFib going from 12-22 hours to
10-20 seconds.

Another significant improvement is that now when there is a slight disturbance in my chest, I never know if I am even experiencing an AFib; that’s how easy they are becoming.

Since I am now getting a better understanding and feel of my body’s symptoms, needs and cures, I no longer feel the urgency to continuously take my blood pressure. I also stopped trying to figure everything out in view of what was causing every blip and bump in my body. I finally have accepted that my body is designed to heal itself if I give it what it needs. So I just need to be faithful and do what I know to do, and then be patient and trust, plus peacefully wait for my body to “get better.”

I also realize that my faith in God included an understanding that I could be taught a more healthful approach to being restored to total health. Over the years this continues to be a growing monumental revelation in my life. God does expect us to take care of the bodies He gave us.

As helpful as doctors, nurses, surgeons and pharmacists can be at times, the medical profession gave me no hope for a natural cure. They only offered medicines and drugs to help minimize the symptoms, limited vitamins, various health programs upon my request, an emergency ambulance ride to the hospital, an increase in hospital and doctor bills, heart tests, heart monitors, ablations or pacemakers to assist in the increasing epidemic of AFib which is attacking so many.

It’s all become so automated, yet, most of the professionals seemed to not know what causes AFib and how to really fix it! Personally, I am glad that I never did go on Coumadin, instead only baby aspirin along with Metoprolol and Digoxin. I never wanted or considered an ablation or a pacemaker.

However, it’s not easy communicating with thousands of voices, opinions and
professional threats! I wanted to be open and teachable, but not vulnerable and then later regret that I felt coerced to do something I never really understood or didn’t want to do. Of course, then I had all the additional helpful ideas from others who had wisdom and knowledge, but I often felt that if I didn’t try ‘this natural nutritional approach’ or ‘that spiritual approach’ that I was being judged by conflicting camps. Frequently, many of them had a vital truth, but it was stressful to be a candidate in the midst of debatable viewpoints and subject matters.

In the middle of all this, I continued to believe and nourish my hope by doing extensive research for eight years for natural cures! Fortunately, I found bits and pieces of helpful information along the way that enhanced my continued ongoing healing. Thank God, I did have a good medical doctor for that season, also helpful nurses, health practitioners, nutritionists and lecturers, people of prayer and faith for healing, lots of good books by experienced authors and beneficial online information. I believe all of them wanted to see me feel better! I chose to glean the good in anyone and anything that I personally felt convinced about, and therefore I reaped some benefits.

In addition through this diligent 8-9 year research, my husband and I eventually discovered you, Dr. Dean, and your ReMag. WOW! What else can I say? LOTS! You were a BIG ANSWER to our prayers!

I’m still in the process of coming through this more recent transition, not totally out of the woods yet, but while I am anticipating coming to my treasure of total health, I sure have learned a lot more about how to better take care of my body and to feed it what it is craving. I can now do many things I couldn’t do before and the people who know me are very happy that I feel so much better!

As I mentioned before, along with my husband, I am a professional musician, music teacher, author, speaker and recording artist. We have also pastored and done missionary work locally and throughout the nations. Believe me, people see a big
difference in me! Although I am learning to pace myself more wisely, I have amazed myself that I am overcoming the multiple miseries, anxieties and sufferings associated with Atrial Fibrillations. I am learning how to enjoy my life more fully while I continue to walk through “Magnesium Deficiency Symptoms,” which I firmly believe someday will be completely over.

I’m so thankful I didn’t give up, but with the help of you, Dr. Dean, I can really see the “LIGHT” at the other end of the tunnel. I must be patient and continue to do what I now know to do, and trust that in future days I will have my testimony of TOTAL RESTORATION. Although the road got bumpy at times, it’s as if my body had to travel its own unique way in order to find the path that would lead me to one of my desired goals - a life not encumbered by the excess baggage accompanied by AFib in which I can continue to help others on their journey.

I will keep you posted but as of now I really believe the AFib are backing off and are on the RUN! Because of your wisdom, research and experience, you knew that all along, but now I know that! Thank you for your encouragement. I desperately needed it!

CB UPDATE FEB 22, 2016

I’ve had practically NO symptoms at all over the last 2 months. NO Afib episodes! NONE! Out of a list of approximately 25-35 other symptoms due to heart arrhythmia and atrial fibrillation, ranging anywhere from minor to more extreme), they have all either almost or totally disappeared. If an ‘almost disappeared minor symptom’ (such as one heart palpitation in 2-3 weeks, a bit of nervousness for a few minutes, or a simple possible light brief flutter in my chest when I stretch or bend over), appears occasionally, it has been minimized so much that I hardly even know that it is there. AMAZING!
Like I said, it keeps getting better and better! After continual prayer and being on the ReMag and ReMyte Program and working with you, Dr. Dean, for approximately a year and a half now, there is a major positive difference in my quality of health and vitality after struggling with the traumas and distractions of Ffib that I experienced 8 1/2 years prior to connecting with you. It’s wonderful to be off of all my medications!

It’s fabulous how good a 66-year old woman can feel! I feel younger and more energetic than ever! Learning to rest in between my spurts of energy prepares me for my ongoing projects in life. I am living my life to its fullest! I’m doing things now that I haven’t been able to do for almost a decade.

Blessings and Love to You Always

CB’s Supportive Husband Comments

Since Dr. Dean asked to insert CB’s case history in her Atrial Fibrillation Book, I, CB’s husband, want to mention the following. It has been approximately 2 months since my wife has experienced any AFib episodes. After what she has gone through, this is an enormous change! I really believe they are all behind her now. Thanks be to God, I have a new wife! After 9 years of walking on pins and needles, ‘the dread of a recurring AFib’ is gone! Thank you, Dr. Dean, for your faithful pursuit of magnesium research and the counsel you have provided! CB was recently confronted with three challenging events and I want to report what she said:

I had almost zero negative responses in my heart. The amazing thing was that I never went into AFib. My blood pressure and heart rate definitely remained stable through those critically stressful situations.

Although I am continuing to better pace my schedule and diligently following my ReMag program, I am back to teaching with enthusiasm again without any anxiety.
I’m producing CD’s; doing some traveling; speaking; playing my music and – being a happier wife, mother and grandmother! I feel so much better! I can even enjoy eating out again with my husband, family and friends.

I’m much stronger now and not drained by all the suffering I had to undergo for nine years of AFib. As my husband will attest to, the AFib episodes that I had encountered well over 100 times were much more than what some may think are simply a few heart flutters and an irregular heartbeat. On the whole, I was miserable, frequently feeling I could actually die. My chest mimicked a platform of firecrackers on the 4th of July. AFib episodes literally were miserable distractions in my life!

For many years, I never talked about it except with the few who were very close to me and would support me without stirring up fear. However, I never gave up, but instead chose to gain many positive and insightful learning treasures while in this ‘winter season’ of my life’s journey.

Although the medical profession and endless television advertisements made it sound like I would be on my meds for life and that I would simply have to learn how to live with AFib, I definitely know without any doubt that my AFib is a magnesium deficiency! Now that I know what I know and have experienced it first hand, I also know without any doubt that Atrial Fibrillation can be conquered successfully!

An extremely important point of healing from AFib is that you have to rest, relax and take care of yourself – because nobody else can do that for you. And, certainly, there is no rest, relax pill! CB’s story resonates with so many of the patients, clients and customers that I’ve spoken with over the years in their desire to “serve others.” Women make up the majority in this category as they drain themselves for decades taking care of their children, spouse, parents, and friends – always putting themselves last.

I find myself telling people all sorts of things in order to wake them up to their worth in the
world. I say:

Just the fact that you are drawing breath makes you worthy to be well.

You don’t have to take care of others to prove your worthiness.

Don’t take care of anyone out of a sense of guilt.

Don’t put others in a place of you feeling superior or them feeling inferior.

The Fear of an AFib Diagnosis

I get emails and reports from people almost every day saying they have overcome symptoms of heart arrhythmia with my Total Body ReSet. But, as CB says in the previous section, modern medicine doesn’t give you much hope and makes you think you have an incurable heart condition when you are diagnosed with AFib.

Also, I’m convinced that AFib is a condition that sends people to the ER more than any other. I’ve had clients who have gone to the ER dozens of times only to be sent home with a half dozen drugs and told they must live with their AFib. The anxiety and panic that sets in when their heart beats “like a small animal in the chest” as one of my clients described, makes a person feel that they are about to die. Who knows how much magnesium is lost during one of these ER visits alone and how much is lost during an AFib attack?

Not only do you have to treat the physical symptoms but you have to deal with the psychological fear instilled by doctors who say you have an incurable heart condition. It’s even worse when you feel that there could be alternative treatments that your doctor refuses to acknowledge. That’s why I encourage people who get better on ReMag to say that they have a magnesium deficiency condition, not a heart condition!
The medical approach to a patient’s fear is to medicate with antianxiety drugs and placate with ineffective support groups. As mentioned earlier, I advise Rescue Remedy and Walnut – two Bach Flower Remedies, which I will discuss later in the treatment section under Total Body ReSet for Atrial Fibrillation.

To see what kind of support systems were in place for people with AFib, I went to The American Heart Association website where I was appalled to find an abomination called AFib Town!! It’s an inappropriately cutesy site that appears to be designed to help you accept your diagnosis, your meds and your disability! You join the AFib community to find out how to live with AFib but not how to eliminate it from your life. The message in AFib Town is that heart disease cannot be cured. That’s what doctors tell their patients all the time.

I blog and talk about the failure of medicine to treat heart disease. Doctors never see heart patients getting better. They say that getting worse and worse is the “natural” progression of heart disease. But there is nothing natural about it. The more drugs patients take, the worse they get. The reason? Drugs deplete magnesium – magnesium is necessary for heart function – you lose magnesium and your heart spasms and fibrillates.

The highest levels of magnesium in the body are found in the heart and if magnesium is low in heart muscle cells, they can’t function properly.

Magnesium is also necessary for the activation and function of 700-800 enzyme systems in the body. It catalyzes most of the chemical reactions in the body. It synthesizes protein; stabilizes RNA and DNA; transmits nerve signals; relaxes muscles, whereas calcium contracts muscles.

Magnesium has the awesome task of producing and transporting the body’s total supply of energy called ATP, yet your doctor thinks it's just a laxative!

Yet some areas of medicine are waking up to the importance of magnesium. I received
The Arrhythmia Alliance

Outstanding Medical Contribution to Cardiac Rhythm Management Services Award 2012 at The Heart Rhythm Congress organized by the Heart Rhythm Society (HRS), Sept 23-26, 2012. Thank goodness some doctors are listening because AFib is reaching epidemic proportions.

However, it’s more often the case that doctors meet by the thousands at conferences dedicated to AFib and learn about more drugs and more surgical procedures to treat the symptoms of this condition.

In the midst of writing this book, I received the following welcome words from a doctor on the front lines! She said “I am an ER doc and lots of times I have been able to convert folks out of AFib with 1,000 mg of Mag Sulfate IV.”

Most doctors don’t even bother to test for magnesium and if they do and find it low, they think a one-time IV magnesium is all the patient needs. And, if they do recommend magnesium it’s usually magnesium oxide, which is only 4% absorbed, the other 96% is busy being excreted through the kidneys or as diarrhea through the bowels. One of the reasons doctors do not like recommending magnesium is because so many patients complain of diarrhea.

Epidemic of Atrial Fibrillation

Why are so many hearts suddenly beating erratically and mystifying doctors?

1. Because they do not even measure magnesium when they investigate atrial fibrillation.
2. Because they don’t ask their patients if they are drinking enough water.

3. Because they don’t make sure their patients are taking enough magnesium and other minerals including sea salt in their water.

4. Because 80% of the population is magnesium-deficient and heart palpitations are a symptom of magnesium deficiency.

A blog reader emailed the following:

We take your ReMag but with my husband’s AFib and chronic heart failure, with BP on the high side, the doctors told him to cut back on salt.

I’ve had countless clients tell me that their doctors say magnesium is just a laxative and they should not use salt because they are convinced it causes high blood pressure. They have no idea that sea salt (with its 72 minerals) and sodium chloride (table salt) are completely different.

I’ve said many times that doctors do not see patients with AFib or other heart conditions getting better – so they assume that they have to keep patients on their drugs to have any hope of survival. They don’t even pause to think that their drugs can be causing more magnesium and mineral deficiency and worsening of symptoms. Instead, they browbeat their patients into taking medications and make patients’ symptoms worse with their scare tactics.

A reviewer of The Magnesium Miracle on Amazon shared her story about magnesium:

This book truly was miraculous for me. I had been experiencing heart irregularities for several years, then suddenly my heart was bouncing around like there was a small animal in my chest. I would become very ill, full of dread and almost pass out. I thought my end was nigh. This went on for three or four days.
My doctor sent me to a specialist who changed my meds, which only made me more ill and did nothing for the condition. He also booked me for a chemical stress test. However, I felt that I would never make it before the day arrived so I googled “irregular heartbeat”. Lo and behold up came numerous reports, including Dr. Carolyn Dean’s, all talking about magnesium.

I immediately purchased magnesium. Within 24 hours my heart was beating normally for the first time in a long, long while. For me, this was a miracle. I then became angry with my doctor and specialist for not telling me about this life saving nutrient. I truly believed my life was in danger. I am now reading everything I can get on the subject. *The Magnesium Miracle* is excellent. Thank you Dr. Carolyn.

**Magnesium and Arrhythmia research**

Allopathic medicine has looked into the use of magnesium in atrial fibrillation but mostly when it is induced by surgery. During any surgical procedure the stress on the heart can be great and the heart can react by fibrillating. I attribute this to magnesium deficiency in the patient but most doctors just say it’s due to “stress” on the heart.

Many patients have told me that their magnesium-deficiency health problems began after surgery. However, it may not be just the physical effects of surgery that triggers AFib.

All medications can deplete magnesium, but few people realize that one of the major inhaled anesthetic drugs called Desflurane contains 6 fluoride molecules, which may bind with magnesium making it unavailable to the body. Desflurane has the following magnesium-deficiency side effects:

* Bradycardia
* Hypertension
* Arrhythmia

* Tachycardia

There has been little emphasis on using magnesium for the treatment of chronic AFib, which does not mean it’s not a possible effective therapy—it just means it hasn’t been studied yet. The available studies on magnesium and AFib are few and far between. They are also very dated and have not been picked up by other researchers. A March, 2008 paper from the journal Magnesium Research, titled “Intravenous Magnesium For Cardiac Arrhythmias: Jack Of All Trades” using a lot of medical jargon gives a glowing review of the great potential of magnesium. Here is the abstract:

Intravenous magnesium has been used to prevent and treat many different types of cardiac arrhythmia. It has diverse electrophysiological actions on the conduction system of the heart; including prolonging sinus node recovery time, and reducing automaticity, atrioventricular nodal conduction, antegrade and retrograde conduction over an accessory pathway, and His-ventricular conduction.

Intravenous magnesium can also homogenise transmural ventricular repolarization. Because of its unique and diverse electrophysiological actions, intravenous magnesium has been reported to be useful in preventing atrial fibrillation and ventricular arrhythmias after cardiac and thoracic surgery; in reducing the ventricular response in acute onset atrial fibrillation, including for patients with Wolff-Parkinson-White syndrome; in the treatment of digoxin induced supraventricular and ventricular arrhythmias, multifocal atrial tachycardia, and polymorphic ventricular tachycardia or ventricular fibrillation from drug overdoses. Intravenous magnesium is, however, not useful in monomorphic ventricular tachycardia and shock-resistant ventricular fibrillation.

Ho KM. Intravenous magnesium for cardiac arrhythmias: jack of all trades. Magnes Res. 2008 Mar;21(1):65-8
Large randomized controlled studies are needed to confirm whether intravenous magnesium can improve patient center outcomes in different cardiac arrhythmias.

The emphasis on IV magnesium is aimed at hospital use of magnesium, which is not practical for the general public. However, you can read Dana’s case history in the section called “Not All Magnesium Is The Same” to see how ReMag is actually superior to IV magnesium.

When I followed the 2008, Magnesium Research paper to see how many times it had been used as a reference, I found only three papers that had quoted it. None of them were the large randomized controlled studies that the author recommended.

A German study from 1997, titled Clinico-Electrophysiologic Effects Of Magnesium, Especially In Supraventricular Tachycardia” stated the following:

Clinical electrophysiological effects of magnesium (Mg2+) are known for more than 60 years. Mg2+ is a cation to be found ubiquitously in the human body and is involved in more than 300 different enzymatic reactions. However, so far this ion has not been established as a standard therapeutic tool for the treatment of supraventricular tachyarrhythmia. This may be explained by the inconsistent efficacy of Mg2+, partly in relationship to a given plasma Mg(2+)-concentration, partly caused by the uncertainty regarding the dosage and injection rate or the unawareness of the clinical effects of the cation.

The author confirmed that even though magnesium shows promise as a treatment for arrhythmia, the plasma (serum) magnesium concentration could not be relied upon thus making it impossible to establish magnesium as a therapy for arrhythmia.

So, there you have it – as long as medicine refuses to use the ionized magnesium test to establish accurate levels of magnesium in the cells, we will have no medical support for the use of magnesium in the treatment of arrhythmia. We have to do our own studies on
our own bodies. In clinical trials the number of participants is called “n”. When it comes to magnesium, you have to do your own study with an n=1.

**Allopathic Research on Atrial Fibrillation**

What are drug companies studying instead of magnesium as a cause of AFib? Actually, they are often skirting the magnesium deficiency issue without even knowing it.

One scientific report shows scientists looking at the kidney renin-angiotensin system trying to find drugs to switch off this system to prevent arrhythmias. The paper I read admits that “While the precise cause of atrial fibrillation has not yet been definitively elucidated... left atrial dilation and fibrosis and electrical remodeling are thought to play central roles.”

I’m sure most people who follow my blogs know how magnesium fits. Too much calcium and not enough magnesium can rewire the heart and cause erratic firing. And, the structure of the heart can be affected by calcification of arteries in the face of magnesium deficiency.

I also found a journal article that said “magnesium stimulates renin release through the elevation of prostaglandins and suppresses aldosterone production through the intracellular calcium mobilization.” Another stated that there is a “salutary effect for magnesium supplementation in the treatment of Angiotensin II-induced myocardial complications.”

So, they admit that magnesium can be an answer to the rennin-angiotensin problem. Yet, doctors wouldn’t think of actually using magnesium. They blatantly ignore the obvious

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and continue to try and suppress symptoms with drugs that cause even more magnesium deficiency, which they treat with more drugs.

I wrote another blog about the “Atrial Fibrillation Assembly Line.” I talked about the epidemic of magnesium deficiency matching the epidemic of heart disease. As I’ve said before, the heart has the highest amount of magnesium in the body. If the heart muscles are lacking in magnesium, they can go into spasm causing pain or heart rhythm disturbances. You may not even feel any symptoms but on a routine physical with an EKG your doctor may say – “Oh, you have atrial fibrillation – take this medication.”

In the medical world of HMO’s, medicine is thought to be so complex that someone had the bright idea to create standardized guidelines to treat symptoms and diseases. I call it cookbook medicine where each disease comes with a list of drugs to use. I know one doctor who would save time by having dozens of prescriptions already written out and just fill in a name and hand them to the patient.

The complexity of medicine is created because there are so many drugs available to treat hundreds of medical conditions. For example, drug companies deluge doctors with 10 different classes of blood pressure drugs (each class having about 10 drugs) to throw at the problem of hypertension. That’s over 100 drugs! How is a doctor going to decide which of the 100 drugs to use if he/she doesn’t have a recipe to follow?

Such guidelines ensure that if you suffer a heart attack, you will come away from your hospital internment with no less than six medications. It doesn’t matter if you had a mild or severe attack and even if you don’t have high cholesterol, high blood sugar or high blood pressure, you will be put on heart, blood pressure, diabetes and cholesterol drugs to supposedly prevent those conditions from happening.

Doctors have learned that once you have high blood pressure (and go on BP meds) you are at risk for developing high cholesterol and high blood sugar. The real story is that you continue to lose more and more magnesium by taking those medications and you can
develop more symptoms of heart disease, diabetes, high cholesterol and high blood pressure. Similarly with the diagnosis of a rhythm disturbance, the recipe is to take an antiarrhythmia drug and a blood thinner and prepare for a cardioversion or a catheter ablation to get you back to normal rhythm.

**Testing For Magnesium Deficiency**

The most reliable test for magnesium deficiency is an Ionized Magnesium Test because it measures the ions of magnesium that is the form of magnesium that freely enters cells. ReMag is the perfect therapeutic magnesium; it consists of stabilized ions of magnesium created in a special proprietary process. Unfortunately, the Ionized Magnesium Test is only available in research centers. Out of 5,000 labs in the US, only about 150 have the necessary equipment to do this testing. Thus, we have no idea if a person is truly magnesium-deficient in terms of the number of magnesium ions in the cells.

Even though it’s not as accurate as the Ionized Magnesium test, I recommend the Magnesium RBC test because it’s inexpensive and can be ordered without a doctor’s prescription. But I have to caution people constantly not to regard their Magnesium RBC results as the only way to follow their magnesium levels since the test is not as accurate as the Ionized Magnesium Test. Use it as a useful and inexpensive guide to watch your levels increase over time.

Follow your magnesium levels every 3-4 months by ordering a Magnesium RBC test without a doctor’s prescription from [Request A Test](#) for only $49.00. Using your zip code they will send you to a nearby lab to have your blood drawn. But realize that the laboratory range of blood levels is from a magnesium-deficient population. Therefore, you want to be at the high end of the magnesium scale: between 6.0-6.5mg/dL if the range of the lab is 4.2-6.8. The lab range is another stumbling block because doctors will say you are normal if you just scrape by in the low end of the range. They don’t realize that the lab is
testing a population that is already 80% deficient.

**NOTE:** Do not take magnesium, don’t spray it on your skin and don’t soak in an Epsom salts bath for 12-24 hours before your Magnesium RBC blood test so that you don’t have a falsely elevated level.

### Not All Magnesium Is The Same

I encourage people to try ReMag for all their health issues. The following success story from Dana, who switched from IV magnesium to ReMag with great success shows the therapeutic effectiveness of this form of magnesium:

**January 14, 2014**

Thank you Dr. Carolyn Dean and ReMag! My name if Lynn. My husband, Dana has hypomagnesemia.

He was diagnosed with malabsorption at the Mayo Clinic. He loses magnesium through his bowels, therefore oral magnesium was never an option. We have been told by 40 well known specialists that all they could do was IV magnesium.

Dana has had a permanent PICC line in his arm for over 7 years and required 4 grams of IV magnesium 3 times per week up until September of 2013. In the past 2 years he has had 3 life-threatening events as a direct result of the PICC line (blood infection and on 2 different occasions, blood clots). When the PICC line stopped working the next step was to put in a permanent PORT Line in his upper chest.

In September, 2013 the PICC line came out for good as a result of another blood clot. We took a giant leap of faith against all of his doctors’ advice and he started on
ReMag under the guidance of Dr. Dean. The results were immediate, his magnesium levels are testing higher on ReMag than they did on weekly IV infusions. We are forever grateful to Dr. Carolyn Dean and her commitment to helping others.

My husband now has a quality of life he was told was not possible! ReMag does not affect his bowels. We still do weekly labs because we have no room for error with his condition but we know we are close to backing off on labs. His lowest serum magnesium on IV’s was 0.8 and now on ReMag he is running at 1.7 and higher.

Dr. Dean was the one who pointed out the obvious to us, that my husband’s IV would give him highs and lows on magnesium whereas ReMag has stabilized his levels because he can take it several times a day.

We have paid out of pocket for a home health nurse weekly for over 7 years. We have both primary and secondary insurance, however, we still paid a small fortune annually for home health care, labs, supplies, medicine etc. But a one-hour consultation and a couple of emails with Dr. Dean forever changed the course of our lives.

The timing of all of this coming together is no coincidence either. Our phone call with Dr. Dean was one week prior to the unexpected issue with the PICC line. Had I not spoken with her on that particular day and things fallen into place like they did, my husband would have a PORT and be sitting in an infusion center 3 times a week. I still can’t believe the answer was so simple. I have given Dr. Dean’s book to several of his doctors. I wonder how many people are not as lucky as we are.

The PICC line was his lifeline to magnesium however it almost cost him his life more than once. I refused to believe that was his path and that is how I found Dr. Carolyn Dean. Dr. Dean not only gave him a better quality of life, there is no doubt that she saved his life!
Another email told the following stories:

Your products have increased my family’s health tremendously. Before ReMag, ReMyte and RnA Drops, I was dealing with undiagnosed atrial fibrillation or heart arrhythmias/palpitations. Sometimes they would go on for hours and sometimes into the next day draining every ounce of energy in my body. I no longer have any episodes of this kind anymore.

My wife had open heart surgery 2½ years ago due mostly to hypertension and obstruction of the coronary arteries. After being on ReMag and ReMyte for several months her blood pressure had dropped from 180/95 to 110/60. This is fantastic because the doctors kept telling her she was in the high-risk category for a stroke. Her last echocardiogram showed a healthy and strong heart with an ejection fraction of 60%. Her last ultrasound of her carotid arteries showed a 30% to 40% lessening of calcified occlusions. This is all amazingly good news.

**Atrial Fibrillation Can Be Treated**

Roman’s Case:

Here’s the good news from Roman, who first reached out to me via email, but then came on my radio show, and over the span of a year shared his very painful story about his lifelong medical problems and his impressive and miraculous journey to health.

Dr. Carolyn Dean saved my life!!! I’ve had heart arrhythmias since I was 18 years old along with anxiety and panic attacks. In order to cope with my anxiety I also suffered depersonalization and vertigo. I have been on many, many meds, at one time I was on 18 different drugs, for heart and panic disorder. They helped some but the problems never resolved. At 50 years of age I was put in hospital with a 200
bpm heart rate, AFib, and SVT (supraventricular tachycardia). I was in hospital for 3 days, then released on more beta blockers and anxiety meds! The meds helped somewhat but did not stop the panic and racing heart which made it impossible to work in my business, which including unloading my truck full of sound gear for music shows! I was totally disabled from working and racked up huge amounts of debt going to the ER to treat terrifying high heart rates and PVCs AFib and SVT!

I finally found *The Magnesium Miracle* book online!! I read it and followed Dr. Dean’s program and started getting some relief! It has been a year now following her program taking my ReMag and ReMyte in a liter of water, sipping it through the whole day with 1/4 teaspoon of Celtic sea salt and another 2 liters of water with 1/4th teaspoon of Celtic sea salt to keep hydrated for my weight. The minerals and sea salt and water have made a world of difference. I can now work! I unload and load my truck again with no SVT and very little AFib! It went from having an attack of AFib just walking across the house to almost nothing! Dr. Dean said it could take a full year or more to get back to normal. Boy was she right! It takes a while to overcome magnesium deficiency completely but when you start getting your cellular magnesium levels back up the improvements are unbelievable!

The customer service is wonderful they answered all my questions and were very helpful and helped me through the tough times. Plus I got to ask Dr. Dean questions on her radio show. She was always attentive and very helpful in answering all my questions!! I highly recommend Dr. Dean’s products to anyone suffering with physical issues. I take ReMag and ReMyte plus ReAline and the RnA Drops. I thank God every day that I read Dr. Dean’s book and talked with her on her show she gave me my life back!!! It does not happen overnight but improvement comes in steps so you know you are on the right track as your body gets its levels of minerals built back up! 5 stars are not enough stars to rate Dr. Dean she is my lifesaver I’m forever grateful to her.
Roman is almost back to normal on many levels, but Charles is just starting out on his journey. As he walks you through his story, it’s clear why he developed atrial fibrillation. You may also see aspects of your own medical history in his words.

Charles’ Case

I recently stumbled onto information about magnesium and I think I have had a chronic magnesium deficiency for years that has now morphed into AFib. Here is my story:

As of this writing I am a 52 year old male recently diagnosed with AFib. The first episode occurred about 2 years ago following a late poker game at my house where I drank a lot of tequila, ate a ton of junk food and didn’t get to sleep until 4 am. The following day after about 5-6 hours sleep, I ran 5 hard miles on my home treadmill. I am basically a lifelong runner, running pretty regularly since my late teens (training harder in my mid to late 30s into my late 40s). I recall sweating an awful lot on this day and was pretty tired when I settled into my easy chair with a large bag of hard pretzels to watch a movie with my wife and kids. My body must have craved whatever was in the pretzels because I ate close to the whole bag.

Shortly thereafter, my heart began racing as I sat in my easy chair and my pulse (normally in the 50s) was well into the 100s and quite erratic. It was a short-lived episode maybe lasting a half hour but it was scary. I didn’t think much of it though because I felt fine the next day and I went on my way.

A few months later, I had another episode and a few months after that another. I went to a cardiologist and we did the treadmill test, EKG and other tests and they all checked out. The nurse who administered the treadmill test mentioned that my heart seemed fitter than that of an 18-year old rower who had recently taken the test. But the AFib attacks kept coming every few months.
Fast forward to 2016 and they were occurring every month now up from every 3-4 months. My Cardiologist recommended an event recorder to record my heart the next time I went into AFib. A month later, I recorded an AFib session and the doc confirmed it was AFib. His plan for me was to have me go to the ER during the next AFib attack and see if 300 mgs of Flecainide would pull me out of my AFib episode.

While vacationing with my family, I awoke on a Friday morning at 8 am and went to the bathroom to pee. After peeing, I returned to bed and almost immediately went into AFib. I tried to shake out of it my own with some tricks like a cold shower, light walking but this had no effect. Finally my wife drove me to the hospital and they confirmed I was in AFib and we followed my doc's instructions to take the Flecainide and within a half hour my heart had chemically converted.

The other startling revelation to me was that my serum magnesium was a little bit low so they administered a 2-hour slow drip of IV magnesium. I had heard that magnesium was tied to AFib and this seemed to confirm it. A little while back I had bought some chelated magnesium but was taking about 400 mgs every so often and not religiously. That day I did a lot of research on Magnesium and ordered the Magnesium Miracle Book. I upped my dose to 1000 mgs and started to spread them out. As I looked over the symptoms of magnesium deficiency, bells were going off in my head. Over the course of many years, I have battled:

- Insomnia – I have had chronic insomnia for years and take small doses of ambien at least 1x a week for the past 5-10 years. I have trouble falling asleep.

- Anxiety and panic – have had bouts of anxiety and panic over last 20 years. This was at one point determined to be from lyme disease.

- Constipation – Chronic! On the past few AFIB episodes, I had noted that I was unusually constipated in the morning of the AFIB attack day.
As I read more, I learned some of things that deplete magnesium and they fit my profile to a tee.

- Chronic exerciser – as stated before I have always been a runner starting with the 11th grade track team. In my 30s I trained very hard for races up to the half marathon and religiously ran 5-6 days a week for years. Up until the AFib attacks, I was still running about 20 miles a week (4 or 5 days). So I would easily be considered a heavy exerciser. Was I chronically sweating out all my minerals? On the date of the last AFib attack, I rode a bike for about 2 hours. Since then, I have discontinued running and taking up walking until I figure things out.

- Antibiotics – I was diagnosed with Lyme disease although it never showed up on a blood test totally positive. I had severe panic and anxiety symptoms – and weird facial numbness that started to appear out of nowhere and for that the Lyme doctors prescribed me heavy, heavy doses of antibiotics. I was on some form of antibiotics for about 5 years before I was able to feel comfortable going off. I learned that antibiotics could have an impact on how magnesium is absorbed.

- Poor diet – I consumed junk food, starchy foods and not enough leafy vegetables for years.

- Poor water consumption – just learned about drinking sea salt water.

- Weekend warrior for years – I love my beer and an occasionally whiskey and cigar (yes this contradicts my commitment to exercise).

Today during my follow up visit with my cardiologist, I excitedly told him about my research on magnesium and how this might be my root cause and he pretty much dismissed it. He said, “Well your magnesium was low this time and maybe was the cause this time but we don’t know whether that’s the root cause.” Then he said something that made me laugh and really doubt him. He said, “I see patients come
in here all the time looking for their AFib triggers and propose this or that as the solution." I’m thinking well yeah of course we do because we’d rather find the root cause and eliminate the need for pills, ablations and other invasive and dangerous Band-Aids. This comment floored me.

We continued the discussion about magnesium and my past habits (running, heavy antibiotics, diet, insomnia, etc.) and he reluctantly admitted that it did make some sense. He said well let’s test and see. He said I’ll order you a serum magnesium test. I said well I think we need an Magnesium RBC test or an intercellular test to get a more accurate picture and he had zero knowledge of those tests. He said his office did not order these and he would have to do more research it (I said a simple google of ineffective magnesium testing would bring up pages of info). I also told him I could order my own test from requestatest.com for $49 and he asked me what I would do with the data. I said there is info on the net and I could interpret it myself. This pretty much ended up our session (except he told me that if my AFib attacks become more frequent, that we should consider low dose daily Flecainide to regulate it). I DO NOT want to get on the RX carousel! We’ve also discussed blood thinners (I forgot to tell you that I had a DVT in right leg in 2003 and was on Coumadin for 6 months to resolve that) and I told him I would only agree to take baby aspirin at this point.

Since then I have ordered the RNA products (ReMag, ReMyte, RnA drops, ReAline) and I’m going to try to see where this takes me. I am hoping this is my answer and even if it’s not the total solution, I feel that it’s a major piece of the puzzle. Thanks so much for your writings on magnesium.

Charles’ story reinforces all the things that I say causes AFib, including the toxins from yeast overgrowth causing symptoms.
Total Body ReSet: The Natural Treatment of AFib

1. Water with Sea salt or Himalayan salt
2. ReMag
3. ReMyte
4. ReStructure
5. ReAline
6. RnADrops
7. Bach Flower Remedies: Rescue Remedy and Walnut
8. Affirmations to release the conflict that leads to disease

My Total Body ReSet Formulas are the main focus of treatment for AFib, that’s why the book is called Total Body ReSet for Atrial Fibrillation. However, I’ve also found that the treatment of AFib should address the mental/emotional damage that goes beyond the physical magnesium deficiency and the physical damage to the electrical conduction pathways in the heart.

In consulting with patients over the years, I’ve found it important to address the fear and hopelessness that many people feel in the face of a condition that their doctors keep saying is incurable. Yet it keeps them so sick and terrified they end up being rushed to the ER multiple times.

Thus, I’ve added the Bach Flower remedies and a unique combination of affirmations to help detach oneself from stress, triggers and conflicts that keep the AFib alive.

Let me give you description of each part of the protocol and below that the detailed dosing schedule.

1. **Water:** I recommend drinking adequate amounts of water every day along
sea salt or Himalayan salt in water to which is added the ReMag and ReMyte. Minerals are necessary cofactors in cellular metabolism and they require water in order to work properly. Minerals enter cells and pull water in behind the in a process called osmosis. Osmosis allows for the movement of water from a solution of lower concentration of minerals (outside the cell) to one of higher mineral concentration (inside the cell). Properly mineralized and hydrated cells means less fluid retention in tissues.

2. **ReMag**: Regarding the use of magnesium, it’s obvious that I would like to see everyone who suffers from atrial fibrillation become saturated with the mostly highly absorbed form of magnesium, which is ReMag, before resorting to medical intervention. In fact, you may find that ReMag is just what the doctor ordered. Of course, some people will require medication, cardioversion, or catheter ablation, but why not try something safe and natural first– not last. I repeat the reason doctors do not offer the option of magnesium is because they didn’t learn about it in medical school. But you should not have to suffer because of their ignorance. Most people are already on medications and have often had cardioversion and ablation before they find magnesium – and then it’s another long journey before they discover ReMag, which is the best therapeutic form of magnesium available.

3. **ReMyte**: Along with ReMag, I recommend my multiple mineral, ReMyte. Both formulas are ionized, picometer minerals in liquid form. ReMyte provides 12 minerals that should be taken in balance with magnesium. I rarely have to recommend extra potassium supplementation on top of what’s in ReMyte, except if a person’s potassium blood levels are consistently depleted. Instead I ask people to get their potassium from food sources. See [Potassium Broth](#) under the AFib Diet.

4. **ReStructure** You can start to take ReStructure as soon as it arrives. It comes
in a 22 Serving Canister or very convenient Individual Serving Packets, which are awesome to take traveling. Simply shake one scoop or one packet of ReStructure into 8 ounces of the liquid of your choice and drink to your health.

5. **ReAline:** Is a capsule containing methylated B vitamins, l-taurine and dl-methionine. Taurine helps stabilize cell membranes, which helps to keep magnesium and potassium inside the cells where they belong and the excitatory electrolytes calcium and sodium outside. The amount of taurine in ReAline is not a high dose because, in combination with ReMag and ReMyte, most people do not require high doses.

6. **RnA Drops:** is a product made from barley seeds that has the most unique properties that I've ever come across in almost 50 years of studying natural medicine. You can find the details of how the RnA Drops were created at the RnA ReSet website where I describe *The Journey to Completement* (click on Question #3 “How Were The ReSet Formulas Developed.”

7. **Bach Flower Remedies** were created by Dr. Edward Bach in the 1920’s in England. He believed that negative moods and emotions were responsible for the breakdown in health that leads to illness and determined that treatment had to address patients’ emotional and mental states. He developed 38 wild flower essences, for treatment for these negative moods and emotions.

   a. The first Bach Flower I recommend is Rescue Remedy. It's a combination of flowers that seem exceptionally well-suited for people who suffer from AFib attacks. Here are the five ingredients:

      1. Cherry Plum for fear of loss of control
      2. Clematis for the fuzzy, faint, light-headed feelings that may come in emergencies
III. Impatiens for impatience, frustration and irritability

IV. Rock Rose for calm and courage in the face of fear and terror

V. Star of Bethlehem for the after-effects of shock caused by unexpected bad news or any unexpected and unwelcome event

b. The second Bach Flower remedy is Walnut, which is designed for times of change and transition.

8. Affirmations for Breaking The Links With Illness And Grief

a. Affirmation: A Small Property:

I was a small property ravaged by a storm. The fine weather has returned. The forest and the river have become calm. The house is vibrant and shines in the sun. And above all, the field is returning to its order, health and beauty. Thank you my diseased/depleted organs, for I know you have done all this to save my whole being. And thanks to myself for doing my healing.

Directions: Repeat this 10 times, 3X/day To be repeated 10 times in the morning (before getting up), around lunch time for another 10 times; and 10 times at night (just before falling asleep). To be repeated in a calm and relaxing atmosphere, in the darkness. To be verbalized with consciousness. Take the time to visualize and identify each symbol as clearly as possible. Write down any dreams that you remember.

b. General Affirmation: “I am filled with love and understanding.”

c. To break the links to past illness and associations that hamper: Listen to the song “Time to Say Goodbye” by Andrea Bocelli and Sarah Brightman.
If the link is broken, just find another online.

**NOTE:** I never tell customers that they have to stop taking their medications before starting the Total Body ReSet Formulas. I want people to take the Total Body ReSet Formulas first so they will feel better and have fewer and fewer symptoms before working with their doctor to wean off their medications.

**NOTE:** I also don’t advise people on alternatives to blood thinners. As I mention in another section, Nattokinase, Lumbrokinase and Serratiopeptidase are three enzymes that are blood thinners and clot busters. Allopathic medicine does not research these non-drug alternatives to dangerous blood thinners. I can’t tell you to switch to these alternatives but I do suggest you research them and consider them in your protocol. You will find that most of the research for these blood thinners comes out of Japan.

**Total Body ReSet Formula Guidelines**

You may just take ReMag alone for your AFib, but I do recommend the following comprehensive protocol for the best results.

1. While waiting for your products to arrive from RnA ReSet begin hydrating your body by increasing you water intake and adding sea salt.
   a. Water Intake Guidelines: Drink ½ your body weight (in pounds) in ounces of water. If you weigh 150 lbs you will drink 75 ounces.

   Sea salt – Add ¼ tsp of sea salt or Himalayan salt to every quart of drinking water.

2. When your products arrive, begin ReMag – Start with ¼ tsp per day in one bottle of your salted water and sip through the day. Every 2-3 days add another
¾ tsp. Work up to a therapeutic dose of 2-3 tsp a day if you are trying to overcome a health condition, if you are on medications or otherwise have magnesium deficiency symptoms.

I recommend this slow approach because magnesium can detoxify cells. This is a good thing but if you are already sick and weak, you want to detoxify slowly. Read When Magnesium Makes Me Worse (in APPENDIX A) to understand why good things can make bad things happen if you don’t do them properly! The ReMag and ReMyte bottles each contain 8 ounces = 48 tsp

NOTE: Some people are so sensitive to foods and supplements, are very toxic and even afraid to try new things. For such patients I recommend you start with 1-2 drops of ReMag in a liter of water and sip through the day. Gradually add more drops every 3-4 days. The same for sea salt in your water, start with a pinch and work up. Taking this very slow approach can be very helpful and allows everyone to benefit from ReMag and ReMyte.

3. After a week of slowly building up ReMag, slowly add ReMyte along with ReMag to your drinking water. Start with ¼ tsp per day in a bottle of salted water and sip through the day. Every 2 days add another ¼ tsp. Work up to 1.5 tsp.

4. After 2 weeks of ReMag and ReMyte – add ReAline capsules to assist in detoxing/taking out the trash. Dosage: 1 per day with or without meals for 1 week then take 1 capsule twice a day. ReAline contains 4 methylated B’s including B12 and amino acids taurine and methionine the precursor to glutathione the body’s most powerful antioxidant and detoxifier.

5. After 3 weeks - add RnA Drops. Dosage: 1 drop under the tongue twice a day. Add 1-2 drops every week until you reach 10 drops twice a day, which is the average dose. Of course, you can begin with RnA Drops alone or add it at any time in your Total Body ReSet Formula protocol. However, some people like to
do things in sequence.

**ReMag & ReMyte Alone**

If you are just going to be using ReMag and ReMyte, be sure to follow the water and sea salt guidelines as well.

*Dosing ReMag:* Start with a low dose of ReMag if you feel you are toxic. Begin with ¼ tsp per day. If you are a veteran magnesium-taker, you can begin with ½ tsp a day and every two days add another ½ tsp. Put ReMag and ReMyte together in a bottle of water and sip through the day. Final dosage is 3 tsp a day.

*Dosing ReMyte:* You can begin with ¼ tsp a day and increase by ¼ tsp every 2 days. Final dosage is 2 tsp a day. ReMyte contains several minerals that support the thyroid: Iodine, Selenium, Zinc, Molybdenum, Copper and Magnesium. When you take ReMyte it can “wake up” your thyroid and improve your metabolism. But be aware that if you are on thyroid medication, you may find yourself a bit hyperactive because you no longer need as much thyroid medication as you are taking. Be sure and check with your doctor about reducing your medication.

**Epsom Salts**

Soaking in Epsom salts is a tradition as old as the hills. I often suggest that people with AFib soak in a tub with 2-3 cups of Epsom salts every night. It helps relax the body and gets you ready for a good night’s sleep while helping you build up your magnesium stores. Most people would not get enough magnesium to treat their AFib from Epsom salts baths alone, but it’s a great addition to your AFib protocol. And I guarantee it’s one of the few times you’ll see men taking daily baths!

**NOTE:** You can research more about ReMag and ReMyte by downloading two free eBooks under the INFO link at RnA ReSet. They are called Invisible Minerals Part I and
Part II.

The AFib Diet

Any mention of what to eat and what not to eat when you have AFib is fraught with inconsistencies and inaccuracies. My AFib diet recommendations are very simple: avoid sugar, gluten and non-fermented dairy. It's a basic anti-Candida, anti-yeast diet because you don't want to feed simple sugars to your intestinal yeast. I'll go into more details after I expand on the following standard dietary advice for Atrial Fibrillation.

1. Salt:

The standard medical advice is to cut back on salt because it’s supposed to cause high blood pressure. However, hypertension is still rampant in spite of decades of salt restriction. Also, doctors are talking about table salt sodium chloride, which is nothing like the salt that our ancestors used – sea salt.

I do recommend limiting your intake of canned soups and processed meats because of the high sodium content but also because they are so overly processed that there is barely any nutrition left.

Instead of table sale, I recommend sea salt or Himalayan salt taken in drinking water. But many people are confused because they think salt is bad. Sea salt is very healthy because it is comprised of 72 minerals; table salt is not healthy because it’s refined from sea salt to only contain sodium chloride.

The proper use of sea salt, ReMag, ReMyte and water hydrates and mineralizes cells making them far less susceptible to erratic electrical conductivity.

See my water and salt guidelines under Total Body ReSet Formula Guidelines.
2. Alcohol:

“Holiday Heart Syndrome,” first described in 1978, is the name given to an attack of AFib coming after binge drinking. The risk for AFib is increased with heavy drinking and moderate drinking (1 drink for women and 2 drinks for men) in susceptible people. I think magnesium deficiency and yeast overgrowth are what make a person susceptible to AFib when they drink alcohol. If you have AFib then the amount of alcohol you can safely drink is zero.

3. Caffeine:

Caffeine has a stimulatory effect on the heart similar to alcohol. I agree with the medical recommendation that if you have AFib symptoms it’s wise to eliminate coffee and strong tea. Some large studies say that there is no association but most of my clients say that caffeine speeds up their heart rate and they don’t want to take a chance of it triggering an AFib attack.

4. Fruits & Vegetables:

For a healthy heart and a healthy weight, fruits and vegetables provide the most nutrition, fiber, minerals and vitamins for the least amount of calories. Eat organic as much as possible and aim for 5 servings of fruits and vegetables per day. This is great advice but since the soil is so depleted of minerals we have to use ReMag and ReMyte minerals, which are even better absorbed than plant minerals.

5. Meat & Dairy:

Doctors tell patients that in order to protect their heart they should avoid the saturated fats in butter, cheese, whole milk, ice cream, and fatty meats as well as processed and fried foods. I do agree with avoiding ice cream, processed foods and foods fried in
vegetable oils. However, fermented dairy (yogurt, kefir) from organic milk can be very healthy and provide you with necessary probiotics. The Paleo is the latest high animal protein diet and it can be very healthy for weight loss and treating yeast overgrowth. The Paleo proponents definitely advise free-range sources to avoid the hormones and antibiotics fed to animals in factory feedlots. However, a high protein diet creates a higher requirement for magnesium.

6. Cholesterol:

Your doctor, bending to the prevailing attitude toward cholesterol would have you limit your intake of eggs or just eat egg whites. Read Chapter 6 of my book, The Magnesium Miracle, or Google my name and cholesterol to find out why cholesterol is not the enemy. You can experiment with your diet and periodically do your own cholesterol testing through Request A Test and order their Lipid Panel (Cholesterol Test, Lipid Test, FLP) for $29.00.

7. Fish:

Fish oils from fresh fish have been shown to reduce your risk for heart disease. However, you also need to choose fish that are low in mercury. The Natural Resources Defense Council (NRDC) is a good resource. Their safe fish list includes: anchovies, catfish, flounder, hake, haddock, herring, salmon, trout, whitefish, pollock, mackerel, sardines and butterfish. NRDC says that farmed salmon should be avoided because it can contain high levels of PCB.

8. Whole Grains:

Just when most of the natural health world is abandoning whole grains, the medical community is now encouraging you to abandon white bread for whole grain wheat bread and pasta. My advice lies somewhere in between. I recommend avoiding gluten grains but
hanging onto millet, quinoa, brown rice, buckwheat, and amaranth.

9. Glutamate & MSG:

Remember what I said above under AFib triggers: Glutamate and glutamic acid are considered GRAS substitutes for salt. It’s important to avoid these additives that are most often known as MSG. Because of the backlash against MSG, some companies are renaming their glutamates. You can find a very long list of MSG-contaminated foods at the MSG Truth website.

10. Portion Control:

Supersize servings that we get in restaurants and second helpings at home are the best way to gain weight. Order one dish for two; child-size portions; or just order an appetizer.

One way to lose weight is to wait 4-6 hours between meals. If your body wants some glucose before your next meal your liver will metabolize glucose, called glycogen, that is held there in storage. Spreading out your meal times is an excellent way to keep your liver from developing fatty liver.

11. Cooking Clean:

Steaming, roasting, broiling and boiling are clean ways of cooking that keep you away from frying with unhealthy vegetable oils. If you do want to sauté vegetables or fry an egg, use coconut oil.

12. Magnesium:

It would be wonderful if we could obtain enough magnesium from out diet. However, that’s just not possible because the soil is depleted of minerals and no longer supplies green
vegetables with enough magnesium to cover our needs.

Most people cannot eat 3.5 oz. of kelp a day and many consider 3.5 oz. a day of nuts too fattening. That’s why I advise taking magnesium in the form of ReMag to obtain enough to protect your heart. The following magnesium food list is excerpted from *The Magnesium Miracle*.

**Magnesium Content Of Selected Foods: (mg) per 3 ½ oz. (100 g/10 tbsp.)**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Wheat Bran</td>
<td>490</td>
<td>Peanuts</td>
<td>175</td>
</tr>
<tr>
<td>Wheat germ</td>
<td>336</td>
<td>Wheat Grain</td>
<td>160</td>
</tr>
<tr>
<td>Almonds</td>
<td>270</td>
<td>Millet</td>
<td>162</td>
</tr>
<tr>
<td>Cashews</td>
<td>267</td>
<td>Pecans</td>
<td>142</td>
</tr>
<tr>
<td>Molasses</td>
<td>258</td>
<td>English walnuts</td>
<td>131</td>
</tr>
<tr>
<td>Yeast, Brewer’s</td>
<td>231</td>
<td>Rye</td>
<td>115</td>
</tr>
<tr>
<td>Buckwheat</td>
<td>229</td>
<td>Tofu</td>
<td>111</td>
</tr>
<tr>
<td>Brazil nuts</td>
<td>225</td>
<td>Spinach (boiled)</td>
<td>90</td>
</tr>
<tr>
<td>Dulse</td>
<td>220</td>
<td>Broccoli (boiled)</td>
<td>15</td>
</tr>
</tbody>
</table>

13. **Potassium:**

This electrolyte mineral is important, along with magnesium, for proper electrical transmission in the heart. Potassium deficiency is not common in people who eat vegetables. It can be created by the use of diuretics for high blood pressure, eating
hospital food, taking medication and prolonged periods of sweating (athletes, military, outdoor workers). Chronic potassium deficiency can cause heart arrhythmia, low blood pressure and constipation. For low blood levels of potassium, I recommend the following Potassium Broth excerpted from Invisible Minerals Part II.

**Potassium Broth:**

To 2 quarts of water add:
2 large potatoes, chopped into ½ inch cubes
1 cup carrots, sliced or shredded
1 cup celery, chopped, leaves and all
1 handful of beet tops 1 handful turnip tops 1 handful parsley
1 medium onion
Herbs for seasoning: garlic, thyme, sage, rosemary

You can add a teaspoon of miso or beef bouillon after straining off the liquid for some extra flavor and extra sodium

**Directions:**

Cover and cook slowly for about ½ hour, using stainless steel, glass or earthenware utensils only.
Strain the broth and cool.
Serve warm or cold. Keep refrigerated.
Discard the cooked vegetables or put them on your compost pile.
This is the type of broth favored in “fasting” clinics. It’s a mineral-rich, alkalizing, cleansing drink.

**14. Diet & Meds:**

You may be told by your doctor that if you are taking warfarin (Coumadin), a blood thinner for your AFib, that you have to avoid green leafy vegetables because they are high in
Vitamin K, which can block the action of warfarin. Obviously, this advice serves to deplete your minerals even more.

It's best not to drink grapefruit juice or eat grapefruit when you are taking medications. Grapefruit juice contains a substance called naringenin, which can interfere with the effectiveness of antiarrhythmic drugs like amiodarone (Cordarone) and dofetilide (Tikosyn). Grapefruit juice can also speed up certain detoxification pathways in the liver and break down your medications making them less effective.

**The Transition Diet**

To just tell you to eat a healthy diet is not enough, so I will walk you away from your possible present diet into a more healthy way of eating.

<table>
<thead>
<tr>
<th>PRESENT DIET</th>
<th>TRANSITION DIET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold cuts, hot dogs, fried chicken, fried fish, pork</td>
<td>Organic chicken, free range beef, lamb, veggie burger</td>
</tr>
<tr>
<td>Sugar, molasses, candy, refined sugar desserts</td>
<td>Stevia, Just Like Sugar™</td>
</tr>
<tr>
<td>Pasteurized milk, cheese, cream, milk, butter</td>
<td>Rice milk, nut cream, plain yogurt, kefir, raw milk, raw butter</td>
</tr>
<tr>
<td>Tropical / subtropical fruit, artificial juices.</td>
<td>Organic apples, pears</td>
</tr>
<tr>
<td>Soft drinks, diet drinks</td>
<td>Spring water, filtered water</td>
</tr>
<tr>
<td>Hydrogenated oils, palm oil, light olive oil, lard, GMO corn oil, canola oil, generic vegetable oil</td>
<td>Organic butter, coconut oil, sesame oil, flax oil, extra virgin olive oil, ghee</td>
</tr>
</tbody>
</table>
## AFib Menu

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Breakfast Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 soft-boiled eggs</td>
<td>1 slice sourdough rye, spelt, or kamut toast</td>
</tr>
<tr>
<td>1 piece of fruit, water or herb tea</td>
<td>1 slice sourdough rye, spelt, or kamut toast</td>
</tr>
<tr>
<td>Or</td>
<td>Or</td>
</tr>
<tr>
<td>Turkey or chicken sausages</td>
<td>Toasted rice mochi*</td>
</tr>
<tr>
<td>1 piece of fruit</td>
<td>1 piece of fruit</td>
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<tr>
<td>Water or herb tea</td>
<td>Water or herb tea</td>
</tr>
<tr>
<td>Or</td>
<td>Or</td>
</tr>
<tr>
<td>Crock-pot cooked cereal** with berries and flax meal</td>
<td>Mesclun salad with oil, vinegar, garlic mustard dressing</td>
</tr>
<tr>
<td>Water or herb tea</td>
<td>Fruit</td>
</tr>
<tr>
<td>Or</td>
<td>Or</td>
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<tr>
<td>A green drink or balanced nutrition protein powder</td>
<td>Soup</td>
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<table>
<thead>
<tr>
<th>Afternoon Snack</th>
<th>Afternoon Snack Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baked corn chips</td>
<td>Plain yogurt</td>
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</table>

<table>
<thead>
<tr>
<th>Dinner</th>
<th>Dinner Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuna, chicken, or egg salad on gluten-free pita</td>
<td>1 slice of spelt bread</td>
</tr>
<tr>
<td>Or</td>
<td>Or</td>
</tr>
<tr>
<td>Mesclun salad with oil, vinegar, garlic mustard dressing</td>
<td>Mesclun salad</td>
</tr>
<tr>
<td>Fruit</td>
<td>Oil, vinegar, garlic mustard dressing</td>
</tr>
<tr>
<td>Water or herb tea</td>
<td>Fruit</td>
</tr>
<tr>
<td>Or</td>
<td>Or</td>
</tr>
<tr>
<td>Soup</td>
<td>Soup</td>
</tr>
<tr>
<td>Mesclun salad</td>
<td>Mesclun salad</td>
</tr>
<tr>
<td>Oil, vinegar, garlic mustard dressing</td>
<td>Oil, vinegar, garlic mustard dressing</td>
</tr>
<tr>
<td>Fruit</td>
<td>Fruit</td>
</tr>
</tbody>
</table>
### MORNING SNACK

| A green dink or balanced nutrition powder | Water or herb tea |
| Or | Or |
| Balanced nutrition bar | Steamed vegetables |
| | Brown rice |
| | Fruit |
| | Water or herb tea |

### LUNCH

| Grilled chicken or fish | Popcorn, mochi, fruit |
| Steamed vegetables or mesclun salad with oil, vinegar, garlic mustard dressing | Water or herb tea |
| Brown rice | |
| Fruit | |

### EVENING SNACK

| Popcorn, mochi, fruit |
| Water or herb tea |

*Mochi* is made from pounded rice. You can find it in the refrigerated section in health food stores. Cut it into 1-inch squares and bake for 10 minutes in a toaster oven.

**Crock-Pot Recipe:** Purchase a quart-size Crock-Pot. Just before bed, measure out 3 to 4 ounces of three grains and seeds. (Have on hand: amaranth, quinoa, millet, oats, sunflower seeds, and pumpkin seeds—rotate them through the week.) Cover with 10 to 12 ounces of water and plug in overnight. In the morning you have a delicious cooked cereal. If it's too dry, add hot water and stir. Eat with fruit and two tablespoons of flaxseed oil (that you keep in the freezer so it won't go rancid).

**Weekend Cooking Spree**

Here's what I do to have food on hand for the week. Place one or two fresh or frozen (free-range) chickens in a big stockpot on top of a regular vegetable steamer tray. Add two tablespoons of curry to the water. Keep about one quart of water on a slow to medium boil.
and steam.

If you start with frozen chickens, cook for just over one hour—then check to see if the leg pulls away with pink but not blood showing at the bone, at which point you can add whole organic yams, beets and onions—you don’t even have to cut them up. At the 1½ hour mark, add whole potatoes. At the 1¾ hour mark, add whole carrots and cut-up squash. In the final 5 minutes, add greens (kale, collards, spinach). It may take two hours to cook but it only requires a few minutes of prep time. (For unfrozen chickens the cooking time is about ½ hour less.)

Your first meal is a nice chicken dinner with all the trimmings. The rest you can freeze, including the quart of chicken stock, or you can immediately make a soup with the rest of the leftovers. Start by cooking rice in the chicken stock. Use basmati for an interesting taste. Then add some of the cooked chicken and all the vegetables. You can add coconut milk, more curry to taste, and any frozen vegetables you have on hand. I make 6 quarts at a time, freezing some and eating the rest over the next two days.

**Eating Out**

My AFib client, CB, thought it would be a great idea for me to include some tips on how to safely eat in restaurants so you don’t trigger an AFib attack. I’ve noted above in the AFib Triggers and in the AFib Diet that the foods to avoid are: sugar, gluten, unfermented dairy, caffeine and MSG.

However, when I look at the MSG list on the [MSG Truth](https://msgtruth.org) website, I realize how difficult it can be to eat out. In the larger cities you can usually find organic restaurants or one that serves “home cooked meals” or “meals cooked from scratch.” We should support these restaurants with our patronage so they spread and flourish. It’s our best means of survival because MSG Truth says that

Most fast food establishments should be avoided - the worst offender by far is KFC®. It
should become obvious as well, that the foods most likely to give someone an MSG reaction at ANY restaurant are: CHICKEN and SAUSAGE products, RANCH dressing, PARMESAN items, GRAVY, and DIPPING SAUCES and fries with any kind of seasoning on them except plain salt. FLAVORED salty snack chips ESPECIALLY Doritos® and Cheetos® and items with cheese powder added. At regular restaurants, you want to avoid PARMESAN encrusted ANYTHING, SOUPS, CAESAR salad, FISH SAUCE or EXTRACT, SOY SAUCE, BOARS HEAD® COLD CUTS and beef jerky (usually made with soy sauce) and anything that comes out of a can.

You just can’t sugar-coat this MSG information into anything palatable. However, I stand by what I said above that:

I believe that the solution to ‘food sensitivity’ is not to avoid more and more foods but to enhance the body’s ability to handle these foods. Well-absorbed magnesium, multiple minerals and sea salt in your drinking water help the underlying structure, function and electrical activity of your body and allow your body to adapt to your environment and your diet.

In the case of MSG, magnesium in ReMag and methylated B6, taurine and methionine (found in ReAline) can help metabolize this food additive. I know that since I’ve been on the Total Body ReSet Formulas, I have been eating out more often and not having any food reactions whereas I used to get an MSG headache and feel hung over the morning after eating out.

**AFib Emails**

The following are a few of the many emails that I’ve received over the years describing experiences that people have had with magnesium for their AFib symptoms

1. The first is an example of an initial email we receive at Customer Service from people with AFib who are looking for alternatives. “I’m currently on 5
Total Body ReSet For Atrial Fibrillation

medications for AFib and would like to be able to treat the underlying cause as you describe in your writing and get off prescription medications.” The following 10 emails describe how people are able to turn their AFib diagnoses around with Total Body ReSet.

2. On your ReMag, I certainly do feel energized. I feel like a zealot evangelist wanting to spread the word. When I go for my long runs, I’m not threatened with AFib anymore. I do not even feel the tightness in my chest that I used to get just before an AFib attack would start. Once I began fibrillating, I would become very depressed. This magnesium is a blessing because all those symptoms are gone now.

3. I have suffered with atrial fibrillation for ten years and have been taking other forms of magnesium with no results. My cardiologist told me to take magnesium asporotate but I now know that you don’t recommend this form. I started taking ReMag 3 weeks ago and my AFib episodes have almost stopped completely. I cannot wait to tell my cardiologist about you and ReMag. He is an electrophysiologist and seems to understand the importance of minerals. I feel ReMag is going to cure my AFib.

4. Hi Dr Dean, I would like to offer my testimonial for ReMag and ReMyte. Please use as you see fit. I am a 70-year old male with atrial fibrillation. My episodes started about 5 years ago. At first they were infrequent, about once a month or so and always returned to normal sinus rhythm (NSR). As time went on they became more frequent and lasted longer, sometimes as long as 4 to 6 hours.

I went to my family doctor who put me on Metoprolol, which had very little effect in stopping the episodes of AFib. I was referred to a cardiologist who did an extensive workup and placed me on Bystolic. The AFib episodes continued getting more frequent and lasting longer. When I finally had an episode that would not self-convert they recommended a cardioversion. I was placed on
warfarin for 3 weeks and then the cardioversion performed. This restored NSR and I was placed on propafenone (Rythmol), which initially gave good results. However, after a few months the AFib broke through.

At this time I undertook my own research and about 18 months ago I found your website and your magnesium solution – ReMag.

I am currently using ReMag along with low dose of propafenone and have complete control of the AFib. I have added ReMyte, which is giving even better results. I check my RBC magnesium every 3 months and find it is coming up gradually. When I mentioned the magnesium treatment to my cardiologist, I was told that it would have no effect and that testing serum magnesium value was sufficient.

6. “Hi Dr Dean, My name is Susan, I'm 67 years old and in July 2014, I was diagnosed with AFib. The cardiologist said it was provoked by a DVT (deep vein thrombosis) and PE (pulmonary embolism) from a fall the week prior, my life changed for the worse until I was searching for answers on the internet and found your YouTube videos about magnesium and how our body, especially our heart needs magnesium. After watching many of your videos, it all started to make sense to me so I ordered your book The Magnesium Miracle, and that inspired me to order ReMag and ReMyte. I started taking the ReMag on May 15, 2015, and so far I have no sign of palpitations and my heart rate is between 60 and 65 at rest!”

7. “Thanks to you, I have been off my beta blocker now for over a year and have only had one episode that I was able to stop with additional magnesium. I just had my latest RBC blood test and I am now up to 6.1 from a low of 4.8 when I started 18 months ago. As I am approaching sufficiency, I have had to reduce
my daily ReMag to 300 mg from a high of 1200 mg when I started. I was starting to get diarrhea as I became more saturated, just like you said I would. I found your book on AF very helpful. Thanks for all you do and keep up the good work.”

8. “I am writing to express my gratitude for introducing me to ReMag. I went for a long time going in and out of AFib. Every month or two I would experience an episode of arrhythmia that would last for a week or two. Since I started using this product, the arrhythmia has stopped. Cold turkey. Not even a hint of an episode. I now enjoy an occasional cigar or a glass or two of wine. Those used to be triggers for me, but No Longer. I’ve been free of any such episode for over 6 months now. Thank you Dr Dean! You have changed my life.”

9. One woman asks several very important and frequently asked questions about her AFib protocol that I would like to address.

Q: “How much Magnesium is considered to be therapeutic for this condition daily?”

A: Everyone seems to have a different requirement, but 2-4 tsp seems to be the average therapeutic dose. I had to take 3-4 tsp for about 2 years before I reached saturation. I knew I was saturated because I began to get the laxative effect, so I cut back to 3 tsp. A few months later, I needed to cut back to 2 tsp a day. I test myself every few months with 3 tsp and find that I still get the laxative effect, which to me means I’m still saturated at 2 tsp a day.

I always recommend sea salt or Himalayan salt in drinking water and sufficient water through the day to help the minerals work properly. I also want people to take my multi-mineral ReMyte so that they have a balance of minerals and don’t just take one mineral to the exclusion of others.
Q: “Should I be taking calcium along with the ReMag and ReMyte to balance out the higher dose of magnesium?”

A: I think the best and most complete way to answer this question is to include an excerpt on calcium from my *Invisible Minerals Part II – Multiple Minerals (ReMyte & ReCalcia)* book.

Calcium is essential for the strength and development of bones and teeth. Few people know that calcium is regulated and controlled by magnesium. Calcium is important for the transmission of impulses in nerve and muscle cells, including cardiac muscle cells. Even so, calcium can't deliver without the balancing effect of magnesium. Magnesium opens the cells to receive a measured amount of calcium, then, after the muscle or nerve action has been performed, magnesium drives the calcium out of the cell.

Over the past few decades, women have been encouraged to supplement calcium exclusively for bone health and consequently have become calcified by taking large doses without the balancing effects of magnesium. Five studies in the past decade led by Dr. Bolland in New Zealand have proven calcium supplementation in women carries an increased risk of heart disease. Besides depositing in the arteries, excess calcium is causing gall stones, kidney stones, heel spurs, fibromyalgia calcification and breast tissue calcification.

One of the reasons why calcium has become such a problem is the lack of magnesium in our diet. One hundred years ago we were able to obtain about 500mg of magnesium in our diet; today we're lucky if we get 200-250mg. Yet the amount of calcium from diet, fortified foods and supplements can have people taking upwards of 3,000mg of calcium daily. Apply that amount to 250mg of magnesium and the ratio is 12:1. Yet, few doctors stop to ask what that incredible imbalance will do to our metabolism.
I found out that the 2:1 ratio of calcium to magnesium is a myth. It originated with the works of a French magnesium researcher, Dr. Jean Durlac who was concerned about too much calcium. He said: Never take more than two parts calcium to one part magnesium from food, water and supplements. Something very important got lost in the translation to English and everyone, especially supplement manufacturers, thought they were being directed to use two parts calcium to one part magnesium.

With the current RDA for calcium at 1500mg and the RDA for magnesium at 350mg, that’s a ratio of 4:1. People look at the RDA and take that amount in supplement form and they don’t even add up the amount they get in their food. Did you know that one ounce of cheese has about 300mg of calcium? And, nobody stops at one ounce! Total the milligrams in your calcium supplement, the calcium in dairy, fortified foods, fortified orange juice, and in drinking water, and you can see how easy it would be to obtain 3,000mg of calcium a day.

I favor the well-absorbed food sources of calcium instead of supplements. Calcium (in the carbonate, citrate and gluconate forms) is only 4-10 percent absorbed. Unlike magnesium, calcium doesn’t flush itself out with diarrhea if you take too much. Instead, calcium causes constipation and builds up in the body. As I mentioned above, researchers have proven that calcium supplements are responsible for an increase in calcification, causing heart disease. However, the end stage of fatalities from heart disease is the focus of most studies, which misses the point of the soft tissue damage done to many other parts of the body by the overuse of calcium, such as kidney stones, gall stones, heel spurs, fibromyalgia calcification and breast tissue calcification.

Our body holds on to calcium much more than magnesium. That may be because human beings grew up near the ocean where seawater contains three
times more magnesium than calcium, which meant they had much more magnesium in their diet. Thus we evolved mechanisms that grabbed and stored calcium but released excess magnesium (the laxative effect). Without understanding those processes, we’ve decided in our unfailing stupidity that we all need to be calcified.

I think people do best on a 1:1 balance of calcium to magnesium. I support the calcium RDA from the UK (700mg) and the WHO (500-600mg). I personally try to get 700mg of calcium in my diet, which includes yogurt, green leafy vegetables, and bone broth and a small amount of bioavailable calcium in ReMyte. ReMyte contains 30mg of calcium in the picometer form. That means it can readily enter into cells as needed. It’s not in the formula as a therapeutic amount of calcium but enough to balance the other minerals in ReMyte.

Below is a list of foods rich in calcium, but before you even ask, I’ll tell you that if you know you are not getting enough calcium from your diet, I have created a calcium formula, in a pico-ionic form, called ReCalcia that will be available in the fall of 2016 to meet your needs. Information about ReCalcia will be added to my *Invisible Minerals Part II – Multiple Minerals* book.

### Calcium in Foods

Below is a list of foods high in calcium. If you do the math, you’ll see that there is much more calcium in our diet than magnesium.

<table>
<thead>
<tr>
<th>Food</th>
<th>Calcium in milligrams</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 cup milk</td>
<td>300</td>
</tr>
<tr>
<td>Food Item</td>
<td>Calories</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>6 oz yogurt</td>
<td>350</td>
</tr>
<tr>
<td>1 oz hard cheese (cheddar)</td>
<td>240</td>
</tr>
<tr>
<td>2 slices processed cheese</td>
<td>265</td>
</tr>
<tr>
<td>¼ cup cottage cheese</td>
<td>120</td>
</tr>
<tr>
<td>½ cup soft serve frozen yogurt</td>
<td>100</td>
</tr>
<tr>
<td>½ cup ice cream</td>
<td>85</td>
</tr>
<tr>
<td>½ cup tofu</td>
<td>258</td>
</tr>
<tr>
<td>1 Tbsp sesame seeds</td>
<td>90</td>
</tr>
<tr>
<td>1 Tbsp Tahini</td>
<td>63</td>
</tr>
<tr>
<td>8 medium sardines (canned)</td>
<td>370</td>
</tr>
<tr>
<td>3 oz salmon</td>
<td>180</td>
</tr>
<tr>
<td>1 cup kale</td>
<td>94</td>
</tr>
<tr>
<td>1 cup broccoli</td>
<td>178</td>
</tr>
<tr>
<td>10 medium dried figs</td>
<td>269</td>
</tr>
<tr>
<td>1 cup calcium-fortified orange juice</td>
<td>300</td>
</tr>
<tr>
<td>1 cup enriched soy milk</td>
<td>300</td>
</tr>
<tr>
<td>1 cup enriched rice milk</td>
<td>300</td>
</tr>
</tbody>
</table>
If you don't eat dairy products and feel you might not get enough calcium in your diet, then you can make bone broth by the gallon and store it in the freezer to use in your soups and stews. I use the bone broth recipe from the Weston A. Price Foundation. You can also buy bone broth, however, it is quite expensive.

Or, as I mentioned above, you can take ReCalcia. One tsp equals 300mg of calcium, so the dosage is 2 tsp per day – if you don't feel you are getting much calcium from your diet. If you do eat some dairy every day, you can take 1 tsp per day.

Q: “How long should I expect to treat this with therapeutic doses before the "AFib" episodes are completely gone, if ever?”

A: It's difficult to give a one-size-fits-all answer to this question. Most people experience a lessening of their AFib symptoms on my AFib protocol that is very encouraging and they continue the treatment. It may take a full year to recover completely, as you learn what triggers their symptoms. CB's story is a good one to follow the ups and downs of treating AFib naturally. My AFib treatment does not preclude you having a catheter ablation; it may even make your heart healthier and more stable, and give you a better outcome.

Q: “Do I still need beta blocker for blood pressure even though I don’t have a blood pressure issue but they told me to take it for the AFib?”

A: ReMag does lower the pulse rate, which is why you are given a beta blocker. If your pulse rate is lower on ReMag, you should ask your doctor if it is still necessary to take a beta blocker. I am concerned about the safety of beta blockers and discuss this in the section below called Drugs for AFib.

A: “I did not want to take Flecainide that I was prescribed. I stopped that drug, it didn't help and it actually made things worse!”
NOTE: I do have concerns about the use of Flecainide. It contains 6 fluorine atoms that may be released into the blood stream if the drug is broken down by gut bacteria. I talk about the problems of fluoride drugs binding up magnesium throughout the book. You can do a search of the book for those entries.

Q: Dear Dr. Dean, I had AFib for 4 months, but I converted to normal rhythm after one month on ReMag, ReMyte, and ReAline. But my doctor still wants me to take Flecainide. What should I do?

A: Not being your doctor, I can’t make any medical recommendations. As I mentioned, just above, in the Answer to Question 9, Flecainide is a very strong drug that has the potential to bind magnesium making it unavailable to help treat AFib. The best way to stay off Flecainide and any other antiarrhythmia drugs is to heal your AFib with the recommendations in this book.

Q: Dear Dr. Dean, Thank you for your book and products for my "AFib" diagnosis! They have really helped! I do want to ask about the occasional laxative effect that I sometimes get.

A: If you get to the laxative effect only occasionally, then it might be that you’ve taken too much ReMag at one time and overloaded your cells and caused a “spillover” into your intestines. My advice is to put your ReMag and ReMyte minerals in a liter of sea salted drinking water and sip through the day so that you don’t overload your cells.

Other reasons for the laxative effect can be a very sensitive gut, or yeast overgrowth, or you may be taking too many other supplements that you don't really require. You can read my blog Dr. Dean's Supplement Recommendations for my comprehensive list.

It is very unfortunate that a large segment of the medical profession is only interested in
a drug/surgery approach to disease and has a closed mind when it comes to other viable options. I always say to do your own research, use your own commonsense and intuition, and take charge of your own health. However, I’m concerned that the information on the Internet is becoming more and more drug-oriented. As allopathic medicine and the drug industry realize the extent and impact of the Internet in spreading information about alternative medicine, they are engaged in countermeasures to that attack the credibility of natural medicine therapies.

Since I’ve written 33 print books and 110 Kindle books and thousands of blogs and articles freely available on the Internet, you may want to confine your research to my information, which may be the only resource you need to consult.

**Drugs for AFib**

I’m not going to give an exhaustive listing of AFib drugs and their side effects. There are many websites that you could and should consult to see the downside of these drugs. Instead I’ll help put these drugs in perspective.

a. Blood thinners
b. Drugs that control a fast heart rate
c. Drugs that block heart arrhythmia

**NOTE:** There are no drugs that say they can “cure” atrial fibrillation.

**Blood Thinners to Prevent Clotting**

I think the diagnosis of AFib has increased in recent years because a new class of blood thinners has been approved by the FDA. That means more and more people are being
prescribed medications. For example, there is a new medication that might help prevent fatal hemorrhage, the major side effect of blood thinners. This means doctors are going to push blood thinners even more because they have a drug that prevents its major side effect.

It’s a drug company’s dream to have a drug that treats the side effects of a previously released drug. In April 2015, Boehringer Ingelheim Pharmaceuticals notified the world that they have a drug that reverses blood thinning, which was granted a priority review status by the FDA. The name of the drug is idarucizumab and it’s specifically designed to reverse the anticoagulant effect of dabigatran (Pradaxa) in patients needing emergency intervention or experiencing an uncontrolled or life-threatening bleeding event.

But, as you see from the title of this book, I believe that magnesium deficiency, which is affecting 80% of the population, is causing an increase in AFib and magnesium can help treat this condition. So, if you can treat you AFib with magnesium, you won’t require a blood thinner.

In the rush to do something for the AFib patient, a blood thinner is the first drug that’s prescribed. It is also necessary to take them before cardioversion or catheter ablation procedures to make sure there are no small clots forming that could fly off when the heart is being worked on.

Blood clots might form in a heart that’s not emptying completely allowing blood to pool and clot. Since there are no tests to indicate who might clot and who might not, everyone over 75 and younger people with one risk factor are told they need blood thinners for life. Most people take blood thinners out of fear. But it’s a double fear – fear of having a fatal bleed from the side effects versus fear of having a stroke from a blood clot.

It’s difficult to think rationally about this topic but there is much more to blood clotting than just being over 75. For example, the perfect incubation for a blood clot is a long airplane flight. Dehydration and immobility set the stage. When you fly, you don’t drink
enough water because you don't want to disturb your seat mates by getting up to go to the john. You sit in a cramped seat for hours with your legs at a 90 degree angle or crossed and you are not taking magnesium.

Dehydration worsens as you get older because you don't want to keep going to the bathroom all day and get up at night. Unless you read my work or listen to my radio show you would never find out that the optimum levels of minerals and water inside cells promote cellular hydration and help eliminate tissue edema, fluid retention and excessive urination.

**Criteria for Prescribing Blood Thinners**

The Scorecard to determine if you are prescribed blood thinners goes by the unwieldy acronym: CHADS2-VASc. If you have AFib and answer yes, in just ONE category, you are prescribed blood thinners.

- C – Congestive Heart Failure
- H – High Blood Pressure
- A – Age 75 or older
- D – Diabetes
- S2 – Previous stroke
- VASc – Previous MI, peripheral artery disease, aortic plaque.

**Blood Thinner Score**

The Blood Thinner Score was initially created to help decide which drug to use – Warfarin or aspirin. Warfarin anticoagulation titrated to an INR of 2.0-3.0 is recommended for the average patient with a CHA2DS2-VASc score ≥2 unless contraindicated (e.g., history of frequent falls, clinically significant bleeding, inability to obtain regular INR).
Either Warfarin or aspirin can be used for the average patient with a CHA2DS2-VASc score of 1 depending on physician discretion and patient preference. Aspirin 325 mg daily is recommended for the average AFib patient with a CHA2DS2-VASc score of 0.

Now the list of blood thinners includes Plavix, Pradaxa and Xarelto, which are said to be interchangeable with Warfarin. My blog, written in July 2013 addresses the role of “Magnesium & Blood Clots.” In The Magnesium Miracle I say: “When magnesium is low, it is unable to do its job to counteract the clotting action of calcium on the blood. Several other substances that help create blood clots are increased when magnesium is too low.”

Sludgy, thick blood seems to be occurring in epidemic proportions and according to allopathic medicine you just need to take more drugs to remedy this condition. But what about the following causes: severe magnesium deficiency; high levels of calcium in our food; overuse of calcium supplements; sugary blood from drinking soda instead of salted water; trans fats in the blood; and dehydration.

In the article “Shocking Dangers of Plavix,” Dr. Mercola reports on the death of Dr. Barbara Starfield, who I quoted in Death by Modern Medicine: Seeking Safe Solutions.

Mercola writes: “In an ironic twist of fate, Dr. Starfield, the Johns Hopkins doctor who, over a decade ago, presented the shocking evidence in JAMA that caused me to coin the phrase “doctors are the third leading cause of death in the US,” has died from a fatal brain hemorrhage following a Plavix-aspirin regimen, as prescribed by her cardiologist.”

Two new blood thinners, Pradaxa and Xarelto were designed to circumvent the risks of warfarin and Plavix, including brain hemorrhages. Marketers say they could become the mainstays of a market worth at least $10 billion a year.

Even allopathic doctors are not sure about these new drugs. Dr. Alan Jacobson, at the VA healthcare system in Loma Linda, glibly stated that “The bad news is you can kill a patient as easily with the new drug as you could with the old drug.”
The nonprofit Institute for Safe Medication Practices said that in one month in 2011, 542 deaths associated with Pradaxa were reported to the FDA in post-marketing surveillance. This number topped all other medicines, including warfarin, with 72 deaths. What will the death toll be in one year, in ten years as more prescriptions are filled based on the heavy marketing of this drug? I love doing the math on these numbers so the one-year total based on 542 deaths per month is 6,540 and the 10-year total is 65,400.

The definition of post marketing surveillance is the practice of monitoring the safety of a pharmaceutical drug or medical device after it has been released on the market and is an important part of the science of pharmacovigilance. And here I thought that finding out if a product is safe and effective is the reason for the billion-dollar price tag to bring a drug to market!

**Blood Thinner Side Effects**

Here’s a recap of the three classes of blood thinners:

1. Aspirin is a platelet inhibitor. It reduces the number of platelets that act like glue to help create a clot.

2. Warfarin is an anticoagulant. When you take it you have to have a monthly blood test to monitor for optimal dosing. There is much better compliance with taking this drug when you have to do this regular testing.

3. The newer oral anticoagulants – Pradaxa, Xarelto, and Eliquis– do not require the monthly blood test.

All three classes of blood thinners can thin the blood too much so they have to be carefully monitored. When you are on blood thinners you have to limit contact sports to avoid bruising and bleeding. You have to be extra cautious and check with your doctor or go to the ER if you have an accident or injury; if you are bruising or have blood blisters; and if you experience a bad headache, severe stomach ache, bleeding gums, black stools or black
Heart Rate Control with Beta Blockers

Beta blockers, like Metoprolol, are standard treatment for AFib; they are supposed to help reduce episodes of rapid heart rate. But what leaps to mind is a blog I wrote about “Killer Beta Blockers,” January 2014. Here are some of the highlights.

European guidelines that recommended beta blockers, to prevent heart symptoms during any type of surgery, led to many unnecessary deaths. The original paper, studying the problem used data that was faked to create the guidelines and make beta blockers seem beneficial.

Further evidence, published Jan 3, 2014, in the European Heart Journal titled “Research Failure Can Result In Lost Lives” estimates as many as 800,000 people in Europe over the previous 5 years were killed by these inappropriate guidelines.

Forbes magazine reported on the catastrophe says that “The 800,000 deaths are comparable in size to the worst cases of genocide and mass murder in recent history.”

Heart Rate Control with Calcium Channel Blockers

Calcium channels blockers like Diltiazem and Verapamil have multiple effects on the heart. They are used in AFib because they can slow the heart rate and reduce the strength of heart contractions.

My favorite question about calcium channel blockers is why do we use them instead of magnesium, which is a natural calcium channel blocker? In my Magnesium Miracle book I
also ask the question – “Why else would doctors prescribe calcium channel blockers if calcium was not a problem? In The Magnesium Miracle, I also say that:

Calcium enters the cells by way of calcium channels that are jealously guarded by magnesium. Magnesium, at a concentration 10,000 times greater than that of calcium in the cells, allows only a certain amount of calcium to enter to create the necessary electrical transmission, and then immediately helps to eject the calcium once the work is done. Why? If calcium accumulates in the cell, it causes hyperexcitability and calcification and disrupts cell function. Too much calcium entering cells can cause symptoms of heart disease (such as angina, high blood pressure, and arrhythmia), asthma, or headaches.

Drugs that Control the Heart Rhythm

Sodium Channel Blockers

The main antiarrhythmia drugs are called sodium channel blockers. They block sodium from entering the cell to try and slow the heart’s ability to conduct electricity.

I think the antiarrhythmia drug with the most side effects is Flecainide. I’ve had several clients whose AFib got worse after they were put on Flecainide and I think that’s because it is a fluoride drug. You can google the formula and see 6 fluorine atoms making up its chemical structure. Fluorine in water, dental products and drugs can bind with magnesium making it unavailable to the body and creating what I see as magnesium deficiency side effects. Here is a short list:

- Heart: Fast, irregular, pounding, or racing heartbeat or pulse
- Lungs: shortness of breath tightness in the chest wheezing
- Nerves: Burning, crawling, itching, numbness, prickling, “pins and needles”, or tingling feelings, chest pain
You may notice that Flecaainide has heart side effects that are the very symptoms that the drug is licensed to treat.

**Surgical Management of AFib**

**Cardioversion**

A gentlemen from Australia gave me his AFib history and asked my opinion of cardioversion.

I am a fit 70 year old. I walk three times a week and do some weights on another two days. I have suffered anxiety and panic attacks since I was about 33. About four months ago it must have caught up with me as

I was diagnosed with atrial fibrillation and I spent three days in hospital. I have very rarely taken medication in my lifetime and now find myself on Digoxin, Bicor, Furosemide and Warfarin.

I haven’t felt particularly well since being on these medications, which have also prevented me from taking my usual natural supplements Bio-Strath and Spirulina, which I’m told contain elements which are detrimental to the medication!

I read with great interest your book *The Magnesium Miracle* and over the past two months have been using magnesium oil transdermally – about 400 mg per day and this seemed to help the heart rate in conjunction with the Digoxin which on its own didn’t seem as helpful.

I told my cardiologist and he said while it may help the heart rate it won’t do anything for the heart function and now wants to try a cardioversion to correct the arrhythmia. I am a bit anxious about this even though he has said it is a simple procedure with a 70% success rate and a 20% chance of the arrhythmia returning.
There is a 10% chance of it not working at all and therefore I would be on my current medication for the rest of my life.

I also have magnesium taurate which I haven’t used yet and would value your opinion on whether I should be taking it with the medication. If I have the cardioversion I have to stay on my current medication for a month afterwards. Would I still be able to use the magnesium transdermally or should I be taking the Taurate, or both and in what quantities?

I would also value your opinion on the cardioversion and the use of magnesium during and after the event. I would very much appreciate your opinion on all of the above and congratulate you on your publication. It’s nice to know there are doctors who have an alternative opinion as well as a conventional medical opinion for their patients.

I wrote the following to this gentleman: I am not a cardiologist or an expert in the surgical management of atrial fibrillation so I will just give a very brief overview and ask you to look for resources that describe these procedures or obtain information from your cardiologist.

My main comment is that taking minerals and cardioversion or catheter ablation are completely compatible. In other words, you can take sea salt, ReMag and ReMyte before and after these procedures to help sustain a normal rhythm. Of course, it would be wonderful if you only needed the minerals to convert your rhythm to normal and keep it there.

Let me state this very clearly – I am not opposed to cardioversion or catheter ablation. In each individual, we cannot know the exact condition of the area of muscle, nerve and fiber that abnormally conducts electrical impulses through the heart creating AFib. Maybe in some people those areas do need to be shocked or ablated but I don’t think that’s the whole story, as I’ve already described. I think magnesium deficiency plays a huge role in heart
arrhythmia.

The very best scenario is the following: You develop atrial fibrillation and end up in the ER. Examination, investigation and testing shows that your heart is healthy but the rhythm is off. If you were given an Ionized Magnesium Test and if the levels were not in the 80% percentile – you would be given IV magnesium immediately and then ReMag and would probably recover quickly. You would continue to take ReMag daily – because it provides the nutrient you need that you are not getting from your food. A close examination of your history would show that you have been low in magnesium for decades from athletics, poor diet, massive stress, medications, too much calcium, too much Vitamin D, etc.

However, if you have been suffering with atrial fibrillation for many years and you try my mineral protocol but you still have some AFib episodes, you might consider catheter ablation. That’s because the patch of cells that conducts the abnormal rhythm may have enlarged and be too big an area for magnesium to reverse. However, I would make sure to continue taking ReMag and ReMyte to ensure that other abnormal areas don’t develop under the influence of magnesium deficiency.

**Electrical Cardioversion**

Cardioversion uses a therapeutic dose of an electric current applied to the chest over the heart at a specific moment in the cardiac cycle to help ReSet the heart’s rhythm back to its regular pattern. The low-voltage electric current enters the body through metal paddles or patches applied to the chest wall. We see it all the time on TV, when the heart stops or is beating wildly the shocking current is supposed to ReSet the heart rhythm.

For non emergency cardioversion, the timing of when it’s applied depends on how long you have had atrial fibrillation.

- If you have had atrial fibrillation for less than 48 hours, your doctor might
perform cardioversion right away.

• If atrial fibrillation has lasted for more than 48 hours, or you are not sure how long you have had it, rapidly changing you heart rhythm to normal with cardioversion could cause a blood clot that might be forming in your heart to be released into your bloodstream. You will be asked to wait a few weeks before having the procedure. During this time, you will take a blood thinner to lower your risk of developing a blood clot.

**Catheter Ablation**

Catheter ablation is a procedure that injurs electrically sensitive areas in your heart that distort and magnify electrical impulses and cause heart rhythm irregularities. The injured area then scars and destroys the surrounding tissues. I think future research will prove that these sensitive areas are triggered to fire erratically by magnesium deficiency. Rather than treat with magnesium to stop this erratic firing, doctors use catheter ablation to wipe out those sensitive areas; thus treating the symptoms and not the cause.

Small electrodes are threaded through blood vessels in the groin up into the heart. The wiring has to puncture a hole through the wall between the left and right side of the heart, which is left to heal on its own. Electrodes are placed throughout the heart to determine what area or areas are firing erratically. Then electrical currents like microwaves are used to destroy the areas of concern.

With the increased incidence of atrial fibrillation in the population, the practice of catheter ablation is flourishing and more doctors are practicing this procedure on more patients. Consequently the rate of success of the procedure in the larger hospitals after one, two and three ablations is said to be almost 70%. However, catheter ablation does not treat magnesium deficiency, it just gets rid of the sensitive tissue so that it no longer reacts to cause AFib.
Whether or not you decide to have catheter ablation, please use ReMag to treat magnesium deficiency and help prevent all its various manifestations including a recurrence of AFib.

**Could Ablation for AFib Be an Elaborate Placebo?**

Dr. John Mandrola, a cardiac electrophysiologist, practicing in Louisville KY, has been doing AFib cardiac ablations for 12 years. Back in 2012, he was all gung ho, writing in his blog about how much easier ablations have gotten with new technologies, and he's doing more procedures than ever.

Then in 2015 he wrote a blog called “A Cautionary Note On AF Ablation”. He said he was doing fewer ablations, because the drugs and/or the ablation fix weren’t working on everyone. He talked about a new way of thinking about AFib, where cardiologists say that it seems to occur as a sign or symptom of something else. He said he was surprised that he and his colleagues took so long to figure this out.

The factors he lists that could influence AFib include obesity, sleep apnea, alcohol, high blood pressure, inflammatory conditions (infections, trauma), excess exercise and stress. He said, “most experts now agree that each of these conditions, either alone or together, create the milieu in which AF starts and perpetuates.”

Unfortunately, he gives no thought to the fact that, since AFib is an electrical condition, why not look at the electrolytes – especially magnesium, which is not even measured in a standard electrolyte panel? Instead he just said, “The above conditions (with inflammation and excess being the common thread) cause atrial chamber dilation, enlargement of individual atrial cells, loss of atria skeleton, change in cell membrane connections and deposition of scar. In total, we call these effects remodeling, and remodeling favors the development and persistence of AF.” He admitted, “Since embracing this holistic approach to people with AF, I've done far fewer ablations and redo ablations.”
In 2015, he concluded, “The take-home message for patients and doctors alike is that AF ablation remains a reasonable option for carefully selected patients. But we should no longer rush to treat a condition caused by scar by creating more scar.”

Then, in June 2016, Mandrola bears his soul and publishes a commentary on Medscape for all to read, “Could Ablation for AFib Be an Elaborate Placebo?” He now says that AFib ablation has never been properly tested against placebo and cardiologists are beginning to question the procedure. His concerns seem to have been triggered by a trial of a more invasive ablation procedure to prevent recurrence of AFib. He says, “German authors called the 2-year results after cryoballoon ablation in patients with persistent AF ‘promising’. How promising? The procedure failed in 22 of the 50 patients (44%). Not only are the results poor, but the procedure is big—ablation lesions in the left atrium, often millimeters away from the esophagus or phrenic nerve, general anesthesia, transseptal puncture, multiple vascular entries, and hours of bed rest put patients at significant risk. Creating scar to treat a disease that is often caused by scar hardly seems elegant.”

Please go to Medscape, become a free member, and read Dr. Mandrola’s 1,500 word paper “Could Ablation for AFib Be an Elaborate Placebo?” AFib ablation has only been around for 20 years. Perhaps it’s like many other therapies that have great success in the beginning because of a huge placebo effect with everyone touting its success, and then that effect levels off. Mandrola even says that because AFib drugs have so many side effects “...in a comparison of ablation vs drugs, the ablation procedure could be neutral but look positive relative to drugs.” He asks a tough question, “Is it a stretch to posit that an...antiarrhythmic drug worsens symptoms when it converts intermittent AF to sustained flutter?”

To admit that antiarrhythmic drugs are worsening symptoms is slaying another sacred cow. This is what I’ve been saying all along about heart disease drugs – they cause escalating loses of magnesium and increasing damage to the heart.

Mandrola ends his June, 2016 article by saying, “I’ve ablated AF many hundreds of times
over the past 12 years. I do fewer AF ablations now. I go slower. Patients and I have long chats about AF; we discuss their symptoms, the reasons for these symptoms, the vast uncertainty of AF and its treatment, and, mostly, the expectations of ablation or no ablation. Could a nurturing, respectful, and optimistic doctor-patient interaction deliver antiarrhythmic effects?"

Dr. Mandrola sounds like he’s ready to hear about ReMag for AFib, but I’m not going to be the one to tell him. Back in the early 1990’s, my licensing body came after me because I “said bad things about sugar”, so I’m sure they would send out a firing squad if I tried to tell doctors that magnesium can help treat AFib. No, I’ll just keep telling those who do their research and homework and find me.

An Academic Look at AFib Treatment

In his book Less Medicine, More Health: 7 Assumptions That Drive Too Much Medical Care, Dr. Gilbert Welch, Internist, academic physician, and cancer researcher shares his concerns after several decades studying the excesses in medicine. He has written 3 powerful books, Should I be Tested for Cancer? Maybe Not and Here’s Why (2004), Overdiagnosed: Making People Sick in the Pursuit of Health (2011) and this latest one in 2015.

In one section of Less Medicine More Health, Dr. Welch discusses atrial fibrillation. He says it’s the most common cardiac arrhythmia, which may, or may not, cause symptoms. Dr. Welch provides and excellent overview AFib and his concerns about treatment.

The two top chambers of the heart are called atria and they can produce rapid, irregular, and unsynchronized electrical activity. That has two consequences. First, when there is a lot of erratic electrical activity in the atria, some of it will pass through a relay station—called the AV node—on to the ventricles. That makes the heart beat irregularly—and because there is no pattern to the irregularity, we say the rhythm is irregularly irregular (I’ve always loved that phrase). And if too much electrical activity passes to the ventricles, that can cause the heart to beat too fast.
Fast, erratic heart rates can cause symptoms: palpitations, light-headedness, and shortness of breath.

Second, the unsynchronized electrical activity means that the atria don't contract; they quiver (which is like “shiver,” only not due to cold). Because the bottom two chambers—the ventricles—are the powerful part of the pump, this has a relatively small effect on overall pump function. In other words, the loss of atrial contraction doesn't typically cause symptoms. But it does mean that blood doesn't move much in the chamber.

Blood that sits in one place has a tendency to clot. And blood clots in the heart can break loose and travel up to the brain, leading to the most feared consequence of atrial fibrillation—a stroke. Should we manage the problem of atrial fibrillation or try to fix it?

Managing the problem involves a two-prong strategy. The first is rate control—preventing the ventricles from beating too fast (typically using beta-blockers, a class of medication that has been around for years).

Of course, my idea of rate control and reversal of the electrolyte/electrical imbalance in the heart is the use of minerals – especially magnesium. We'll continue with Dr. Welch's words:

The second is anticoagulation—colloquially referred to as “thinning the blood.” This lowers the risk of blood clotting in the sluggish atria and thus lowers the risk of stroke. Anticoagulation carries its own risk, however: serious bleeding. Fixing the problem—stopping the atria from fibrillating and getting back to a normal heart rhythm—would seem preferable. Patients would avoid the risk of anticoagulation.

The conventional fix to the problem involves a class of drugs called antiarrhythmics. I am scared of prescribing antiarrhythmic drugs (note: I’m not including beta-blockers or calcium channel blockers here). I never start a patient on
one; I let the cardiologists do that. I don’t even like refilling prescriptions for antiarrhythmics.

I bet a lot of primary care practitioners feel that way. The reason is this: antiarrhythmics are a mixed bag. They are not well tolerated by patients and they have an unfortunate side effect: they can cause arrhythmias (in another classic phrase from our jargon, antiarrhythmics can be proarrhythmic). Lethal arrhythmias. Wiki-ing the term “antiarrhythmic agent,” I see this: According to at least one source, cardiac anti-arrhythmia drugs have “cost more American lives than the Vietnam War.”

One of the cardiologists who kindly reviewed this chapter commented at this juncture, “Are you sure you want to cite Wikipedia?” . . . after writing, “I don’t doubt it.” No one knows what the true number is, but antiarrhythmic drugs are definitely more dangerous than most medications. They definitely do kill people. But then again so do anticoagulation drugs. In principle, at least, there is a good rationale for making the heart rhythm normal—so that the heart can pump as designed and avoid the risks of anticoagulation.

Here is where I would also introduce magnesium as an effective antiarrhythmic – for people whose AFib is due to magnesium deficiency and not from heart damage. Continuing with Dr. Welch:

A pair of randomized trials—one from the United States, the other from Europe—compared the fix versus manage strategy for the typical patient with atrial fibrillation. They were published simultaneously in the New England Journal of Medicine. Fixing the problem didn’t look so good. The trial that measured mortality showed that there were more deaths in the fix-it group. This could be due to chance, but I doubt it (for the statisticians among you, the p value was 0.08; for the rest of you, this means that the probability that this result was due to chance was only 8 percent).
The other trial showed that there were more bad events overall in the fix-it group (a combination of death from heart disease plus episodes of heart failure, strokes, major bleeding, and dangerous arrhythmias). That could be due to chance, but I doubt it (again, for the statisticians, the p value was 0.11). What was most surprising was that the effort to fix the problem offered no advantage in terms of the primary goal of atrial fibrillation treatment: to reduce the amount of stroke. That’s because a lot of patients in the fix-it group never got fixed (they remained in atrial fibrillation) or got fixed only transiently (they go back and forth between a normal rhythm and atrial fibrillation). So there’s another reason antiarrhythmics are a mixed bag—they don’t reliably work. If I develop atrial fibrillation, I want it managed.

But some patients still want to try to fix the problem—to really fix it, not with a drug but with a procedure. And there are some cardiologists who are happy to try. That’s where the textbook case of iatrogenesis fulminans comes in.

Dr Welch takes the term iatrogenesis – meaning doctor induced problems – and marries it with fulminans, which means extremely severe to indicate cases of fatal or near fatal doctor-induced problems. Next come two case histories of patients with AFib:

Larry had atrial fibrillation. Although he could be managed with rate control drugs and anticoagulation, he was bothered by the palpitations: the sensation of his heart pounding. He searched the web for new treatments and came across advertisements like this: We can treat your atrial fibrillation at the Electrophysiology Lab at Doctors Hospital at White Rock Lake. The Stanford Arrhythmia Service is here to return the rhythm to your everyday life. Medstar Heart Institute—Restoring the Rhythm of Life.

Larry wanted the problem fixed. The new strategy to fix atrial fibrillation is called catheter ablation. Ablation means destruction. In this case, doctors are trying to destroy the electrical circuits from which atrial fibrillation originates—typically
near where the pulmonary veins open into the left atrium.

Destruction sounds problematic enough, but so too is just getting to the work site. Even with a long, thin, flexible catheter, it’s not easy to get to the opening of the pulmonary veins. If you started in an artery (the approach for balloon angioplasty), you would have to go through the aortic valve, through the left ventricle, and finally through the mitral valve. The whole effort is in the wrong direction: against the flow of blood.

So the approach is to start in a vein. Now the problem is that you are approaching the wrong side of the heart. You can get to the right atrium easily, but then you need to puncture the wall of the heart to get into the left atrium. That’s called transseptal catheterization. Then you are destroying something you can’t see directly, only on an X-ray screen. Larry went to a heart hospital in Texas to have the ablation.

The procedure seemed to go well. Like most ablation patients, he continued anticoagulation therapy to reduce the risk of stroke. A few weeks later he was vomiting up blood. Turns out that the esophagus—the swallowing tube—sits right behind the opening of the pulmonary veins. Larry had developed an atrio-esophageal fistula: blood was leaking from the left atrium of his heart into his esophagus.

Apparently, there was a little too much destruction. That’s not good. And it’s not easy to fix that problem. It requires major chest surgery—as in six to eight hours of surgery. Surgery that can lead to death simply from uncontrolled bleeding: exsanguination. Luckily Larry survived, but he will never be the same. That’s iatrogenesis fulminans.

Ironically, the same week I learned about Larry from my two colleagues, I also learned about Pam from her husband. She had atrial fibrillation. She wanted it fixed. She went to Johns Hopkins. She had her pulmonary veins ablated. She also
required major chest surgery: not to repair an atrio-esophageal fistula, but to repair the mitral valve. After the wall of the heart was punctured, the catheter didn’t stay in the left atrium—it slipped through the mitral valve (moving with the flow of blood) and into the left ventricle. When the cardiologist tried to pull the catheter back, it got caught on the web of muscles that support the valve. Pulling the catheter out tore up the structures that support the valve. When that happens, blood pumps in the wrong direction.

Sudden and severe damage to the mitral valve is not compatible with life; it must be repaired—involving another major chest surgery. Luckily Pam survived, but she will never be the same. That’s iatrogenesis fulminans. I don’t enjoy writing these stories. They lack context. In many ways they are no better than the patient success stories I was complaining about a few pages ago. You should understand that the only doctor that never has a role in causing harm is the doctor who no longer sees patients. But I also recognize that the public needs some feel for what can go wrong in order to have a better understanding for why aggressive intervention is generally not the first choice—why it is not always better to try to fix the problem.

Here is the larger context. There is a small, select group of patients who might want to consider the ablation procedure. They are relatively young, have no other medical problems, and are in a normal heart rhythm most of the time. Their problem is that they occasionally flip into atrial fibrillation without warning, develop a very rapid heart rate, and become very light-headed. Using drugs to prevent the heart from racing during these rare episodes may cause it to beat too slowly most of the time—and also make these patients light-headed. Ablation can stop their hearts from flipping into atrial fibrillation, but the procedure typically needs to be done more than once. Even for these patients, there are real reasons to proceed with caution.

In my book, pulmonary artery ablation qualifies as a dangerous procedure—a
strategy of last resort. Atrio-esophageal fistula is not common, but there are multiple reports of it in the medical literature. Damage to the mitral valve is not common, but there are multiple reports of it in the medical literature. More common complications include cardiac tamponade (when the heart can no longer pump well because the sack around it is full of blood) and pulmonary vein stenosis (when the vaporization causes the vein to scar, thus obstructing blood flow, raising blood pressure in the lung, and impeding lung function).

You might reasonably ask: How often do these complications happen? The fact that I can’t reliably answer that question is—from my standpoint—the single best argument for a single-payer health-care system. If every procedure was tracked by a single payer, it would be possible to know what’s actually happening to people who undergo the procedure—at least in terms of how often they need subsequent procedures to fix something that went wrong with the first. Instead we are left with data from single institutions. These err in only one direction: they are underestimates. There are numerous explanations for this. Clinicians tend to underreport, not overreport, complications. Thus investigators tend to miss complications; but they don’t fabricate them. The studies typically have short follow-up, while some complications take years to occur. Finally, the institutions that tend to do analyses of complications tend to be high-volume prestigious academic medical centers, which tend to be those with low complication rates.

I found two single institution reports of complications following catheter ablation for atrial fibrillation: one from Hopkins, the other from Harvard (see what I mean?). Both report only major complications: “those that were life-threatening, resulted in permanent harm, required intervention, or significantly prolonged hospitalization.” Both reported that major complication occurred in about 5 percent of procedures. And both reported that 1 percent of patients had a stroke following the procedure. Stroke? Wasn’t that what we were trying to prevent? That’s right, the procedure itself causes stroke. It’s another complication. And it gets worse: the expert consensus panel that was convened to make recommendations for catheter
ablation for atrial fibrillation recommends continuing anticoagulation after the procedure.

These are the doctors who do the procedure, who believe in the procedure. Why do they do that? Because they know the procedure does not reliably fix the problem. If we are not solving the feared consequence of atrial fibrillation, if we still need to continue anticoagulation, what are we doing putting a snake through the wall of the heart and destroying the opening of major veins next to the esophagus? All for what is fundamentally a nonlethal arrhythmia.

And what are we doing advertising the procedure in the subway? Here’s the promotion currently posted in Washington, DC’s Metro: A Fib felt like a tsunami crashing in my chest. We sure as hell better be making people feel a whole lot better. But even that’s not clear. Note: there are two prerequisites to feeling a whole lot better: first, you need to start off feeling like you have a tsunami (i.e., have severe symptoms), and second, the procedure needs to reliably solve the problem without causing another tsunami. Promoting this fix to this problem sure seems like a recipe for iatrogenesis fulminans. And don’t make the mistake of thinking the concern is only relevant to cardiology.

**Maze for Atrial Fibrillation**

The Maze Procedure is the most invasive treatment for AFib and entails open heart surgery. During the procedure, a number of incisions are made in the left and right atrium (and then sewn back up) to form scar tissue. This scarred area will not conduct electricity and thus disrupts the path of abnormal electrical impulses. The scar tissue also prevents erratic electrical signals from recurring.
Magnesium Treats More Than AFib

To underscore the importance of ReMag for more than just AFib, here is a testimonial from a ReMag customer who purchases from Botanic Health in the UK:

I am writing because this product is literally changing my life. I have suffered with arrhythmia for 15 years, and latterly have also had episodes of atrial fibrillation. My doctor advised me to “live with it” and take Warfarin to minimize the risk of a stroke.

I have known for a long time that the heart relies on a good supply of magnesium to function properly, but have never been able to tolerate enough without getting diarrhea. I have tried transdermal magnesium but I have a history of skin problems, so it was difficult to tolerate except in a fairly weak solution, which was never enough to raise my levels. I also tried liposomal magnesium, but even that caused tummy upset.

I read about ReMag in a book by Dr. Carolyn Dean called The Magnesium Miracle, and hoped I would be able to source it in the UK. Botanica Health to the rescue!! I have only been taking it for a week, and already my heart rate is stabilizing. Astonishingly my arthritis is also improving, and my psoriasis seems calmer. It feels as though my body has been crying out for magnesium for years, and that finally I have found a way to absorb it.

I am euphoric at the thought that my heart problems may improve or even go away altogether. Arrhythmia is very frightening and debilitating, and atrial fibrillation can be life-threatening.

Please forgive this lengthy email. I wanted firstly to thank you for stocking such a cutting-edge product; and secondly to offer that you can use this email as a

Carolyn Dean MD ND
testimonial on your website if you like. You also have my permission to forward it to any of your clients who may be interested in ReMag. Please do not stop stocking it!!!

I want to give a special thanks to Naomi Murray of Botanic Health for sending this testimonial. Botanic Health is a Health Clinic and Shop in the UK. Naomi loves the Total Body ReSet formulas and makes them available to her clients and customers in the UK and all over Europe!

You can read much more about the success of ReMag in a free eBook I wrote called Invisible Minerals Part I: Magnesium and also read about ReMyte in Invisible Minerals Part II: Multiple Minerals. The links will take you to the RnA ReSet website under the INFO section where you can download the books for free.

**Doctor's Forum on Atrial Fibrillation**

I've critiqued the allopathic medicine approach above, and what follows is input from an alternative medicine forum. There was a thread on the forum about natural AFib therapies that began with a lively discussion of a rare trigger.

A doctor commented that after he had a Calcium EDTA IV chelation treatment he developed rapid onset of AFib that had not converted. I do not know if the calcium part of the EDTA formula was at fault or that the doctor simply had magnesium deficiency and the chelation took out more magnesium leaving him susceptible.

Several doctors in the forum discuss the alternative medical treatment of AFib. I'm going to excerpt from the dialogue and give my analysis.

**Doctor #1:**
Magnesium supplementation should begin with very low doses of the chelated amino acid form. Assuming kidney function is normal, start with a low dose of 100 mg a day bedtime is a good as a start and titrate up the dosing by another 100 mg every 4-5 days. The goal should be at minimum, 600 mg preferably 800 mg (200 three times and day and 200 mg at bedtime). Some Afibbers take even more, 1200 mg is not unheard of. In magnesium wasters, it’s difficult to optimize with so much flowing out as well.

My Analysis: Chelated magnesium products like magnesium glycinate used to be the only form that was less laxative than others. However, with a capsule or pill dose of 100-120mg, I would have to take about a dozen pills to get the effect I need. Of course I wouldn’t get past taking 1 pill a day because even that amount would give me diarrhea. When I look at product reviews for chelated products they often comment on the beneficial effect of magnesium treating their constipation. This means enough magnesium is being lost through the bowels to cause a laxative effect, so it’s not getting into your heart muscles to treat your AFib. And if you do have diarrhea, you are losing more magnesium.

I’ve been told that chelated magnesium products may be about 20% absorbed compared to 4% absorption of magnesium oxide and 100% absorption of ReMag. This makes ReMag both therapeutic and cost effective.

It is unfortunate that there are no reliable studies on the absorption of magnesium into the cells. To do such a study you would have to use Ionized Magnesium Testing, which would make it very expensive for small magnesium companies to fund.

Doctor #1 made the statement “assuming kidney function is normal” which is the catch phrase that really confuses and scares patients and that doctors keeps repeating without sufficient proof. Medicine loves testing and putting labels on people. Many patients are told that they have abnormal kidney function when minor changes are found in their blood work. Doctors immediately use that as a reason to tell them NOT to take magnesium. Please read my article Magnesium is Necessary and Safe for Kidney Disease.
Doctor #2:

Serum potassium levels should be checked in AFib because they can be low along with magnesium. Add potassium slowly and titrate up. Most afibbers find they need to keep the serum potassium level at least 4.5 but under 5.0. The chloride version of potassium can cause stomach and GI irritation so many of us use the bulk powder form of potassium gluconate. Potassium citrate is also good but it’s usually in capsules limited by law to 99 mg. However, adding too much potassium, too soon, will make AFib worse, not better.

But, fundamentally, once magnesium is optimized, potassium is the key nutrient because it prolongs the refractory period and that’s going to provide normal sinus rhythm (NSR). So it's important to understand that sodium competes with potassium and will want to dominate inside heart cells. The average diet is sodium-heavy. Inside heart cells, sodium is excitatory. By eliminating processed, packaged foods, a great deal of sodium is eliminated, but even then, very often AFibbers must have supplemental potassium to improve even after optimizing the intracellular magnesium.

My Analysis: Doctor #2 gives some very useful information about potassium but he's making several assumptions and his reasoning and treatment approach are very allopathic. When magnesium is low, potassium can be low as well. Most people I consult with have had their electrolytes checked and I have only had 2 people with low potassium blood levels in the last several years. Ionized calcium, sodium and potassium are tested. So, we are fairly certain that the potassium reading will be accurate.

However, as I've noted above, magnesium is not given the same consideration. It's only tested as serum magnesium; you can obtain Magnesium RBC but there is no ionized magnesium test available outside a research lab. Therefore, if blood potassium is low and potassium is prescribed and magnesium is ignored, AFib may worsen. Or it may improve first, because the potassium deficiency is being addressed but then it will worsen because magnesium is becoming even more deficient.
Even if your potassium blood levels are low, I do not advise taking thousands of grams of potassium either as potassium gluconate powder or cream of tartar (which is high in potassium but we have no way of knowing the dosage).

If you are already eating lots of vegetables, you should have enough potassium. If your potassium blood levels are low, then I recommend that you make Potassium Broth and allow your body to decide how much it requires.

Even though it happened over 35 years ago, I still remember my Internship when we saw patients’ electrolytes swinging wildly and widely back and forth from one day to the next as we invariably over-treated and undertreated with various electrolytes based on the blood tests from the day before. Of course we never used magnesium and if we had maybe the electrolytes would have balanced out more readily.

I think the main reason why some doctors feel that potassium does not reach optimum levels is because magnesium cannot reach optimum levels when the wrong types of magnesium are used. If you use ReMag, then you can become saturated with magnesium and it makes it easier for the body to utilize other minerals. To obtain the “other” minerals, I use ReMyte and sea salt/Himalayan salt in water. Also, when you have the proper sea salt and ReMyte minerals, you will usually require less magnesium.

Doctor #3:

After magnesium and potassium, we also use taurine because of its many beneficial effects on the heart. Most AFibbers find they need about 3 grams a day in divided doses. Most of us take it with meals just to be sure it doesn’t cause stomach irritation. The bulk powder is easy to use and eliminates yet another capsule to swallow.

My Analysis: Taurine helps stabilize cell membranes, which helps to keep magnesium and potassium inside the cells where they belong and the excitatory electrolytes calcium and sodium outside. Taurine is an amino acid that is high in animal and fish protein so perhaps
it is only necessary for people who are vegetarians.

Studies using taurine for the heart say that doses of 2,000-3,000 mg are therapeutic. I do get concerned with such high doses of single amino acids and wonder if they are going to cause imbalances in other amino acids. Also, when you study one thing – in this case taurine – that is not a realistic test because if you are also on magnesium and your other minerals, you likely won't need to use taurine in such high doses as if it were a drug.

My ReAline has the amino acid taurine as one of the ingredients. ReAline is an antioxidant and detoxifier.

Doctor #4:

For clot prevention, we recommend the fibrinolytic enzymes such as nattokinase or the others often mentioned here. Depending on the extent of the AFib activity and frequency, there is a guideline for how much to take. Of course, it’s important to be mindful of blood viscosity issues so measuring fibrinogen is important along with all the factors contributing to inflammation etc.

My Analysis: Nattokinase, lumbrokinase and serratiopeptidase are three enzymes that are blood thinners and clot busters. The trouble is that allopathic medicine doesn't pay much attention to these non-drug alternatives to dangerous blood thinners. I can't tell you to switch to these alternatives but I do suggest you research them and consider them in your protocol.

Doctor #5:

On the same medical forum a doctor describes the use of a chelating agent called DMPS in a 250 mg IV slow push for several patients to convert an AFib rhythm of recent onset.

My Analysis: Instead of chelation causing the problem, it apparently fixed the problem.
With such arbitrary results – one form of chelation causing the problem and one form treating the problem, I would recommend neither. For a safe detox, I recommend my ReAline.

The doctor said that one of his patients developed AFib about 2 days after eating a seafood salad; he theorized that perhaps his patient had gotten an overload of mercury (which is a powerful electrical conductor) in the seafood. For this reason he decided to try the chelator.

He said that he probably would not be as successful in cases of long-standing AFib using chelation but in this case he found it beneficial. For example, he mentioned that if the patient has a mouthful of mercury fillings, which he said could be irritating the vagal nerve, he recommends removing all electro conductive materials from the mouth. He found that two of his patients did seem to remain relatively free from arrhythmia after proper removal of their mercury amalgams.

**Magnesium and Ventricular Premature Contractions**

This book is about atrial fibrillation but invariably someone will ask about ventricular arrhythmias.

Below is a detailed case history of a young man in his late 40’s who began having symptoms when he was 12 and just before our consult was making out his will and writing letters to his children because he was convinced he was dying:

> While playing baseball around the age of 12, after reaching to catch a ball my heart began beating very fast. I had to go to the emergency room and back then they said I just had to wait it out. I was in tachycardia with my heartbeat in the 200’s. It was scary.
After 24 hours, with a priest’s blessing, my heart went back to normal rhythm. They sent me home to follow up with a cardiologist. He put me on Lanoxin (0.25mg) (which is not used in AFib anymore because it’s linked with a higher risk of death) and a beta blocker, Inderal (10mg) at the ripe old age of 12. I was also told to avoid all exercise.

Over the years following, I had periods of tachycardia which required medical attention in the ER. As the years went on they were able to stop the tachycardia with Verapamil, a calcium channel blocker.

Eventually I changed cardiologists and was put on Flecainide (Tambocor), which I now know is a fluoride molecule and causes further magnesium depletion. I was advised to have an electrical study at Columbia Presbyterian Hospital in NYC. At this point it was 1995, I was 30 and I had been on medicine for 18 years. Also, during this time I developed panic attacks that were severe, which are another symptom of magnesium deficiency, probably caused by the Flecainide robbing my body of magnesium.

At Columbia they identified an accessory nerve pathway that was causing the tachycardia and scheduled me for an ablation. The ablation was done in 1995 and was successful. I was taken off all medicine and the doctors said I would not need it anymore.

Then in 2003 working in the yard my heart went into tachycardia again and now they told me that sometimes ablation needs to be done again. This time I had it in St Michaels in Newark NJ and all went well. No more tachycardia, and no more meds. However, I would still get PVC’s (premature ventricular contractions) but no sustained tachycardia.

There were times over the years following the second ablation in 2003 that the PVC’s would just start out of nowhere and stay for a few weeks, sometimes
months. It was then I started looking at the internet for some help and started taking magnesium in pill form. The magnesium seemed to improve my symptoms and I had very few PVC’s.

Then, one day in 2014 I had an extreme urge to pee and right after I did, the extreme urge did not go away. This went on for several weeks. I did go to a urologist, who checked my blood, and prostate and everything was normal. I also had an MRI which showed a very small stone in my ureter and he advised me to drink tons of water and eventually it must have passed, although I am not totally sure. I realize now that kidney stones and perhaps slightly calcified bladder tissue led to these symptoms.

In retrospect I realized a short time before the bladder symptoms and kidney stone episode I was taking 4,000iu of Vit D! So, I depleted my magnesium even more and my PVCs got much worse. I just took the Vitamin D for a few months and without realizing why, my PVCs were better after I stopped the Vitamin D.

In early 2015, I had a doctor’s appointment and he said I was low in Vitamin D and recommended I take 4,000iu. I did and stopped all my other supplements. Everything was OK for a while, and then about a month ago I started getting spasms and PVC’s that would not stop. I realize now that the extra Vitamin D further depleted my magnesium and gave me more heart symptoms.

I went to the cardiologist and they admitted me to the hospital where I had a stress test, and a new echo-cardiogram. All was normal except for the PVCs which were every third beat. It was so scary and frustrating. They prescribed Metoprolol, a beta blocker and Cardizem, a calcium channel blocker but they did not help.

It was at this time that I found Dr. Dean’s website. I immediately ordered ReMag and began taking it. I felt some relief within the first day or two and after several days I was only getting the occasional spasm.
At the same time I went to see an arrhythmia specialist and he said that ablation would not be recommended for the PVCs. He prescribed Flecainide but I won't take it because I learned from Dr. Dean that it's a fluoride drug that could further compromise my magnesium. I was already feeling better and feeling hopeful for the first time in 28 years, and I know that magnesium is the missing link to my health.

I'll remind you again that I'm not a cardiologist but a magnesium expert and I'm giving you a brief overview of my experience in using magnesium for heart arrhythmia. I agree with the previous young man that magnesium is the missing link in arrhythmia. I also think that it's a true injustice that doctors don't learn about magnesium therapy in their training. It's up to you to take magnesium and find out if it's your missing link.
APPENDIX A: When Magnesium Makes Me Worse

“When Magnesium Makes Me Worse “is a blog that I wrote in October 2012. In it I cover 14 of the most common reasons why you might feel worse, or think you feel worse, after taking magnesium. Actually it’s not magnesium that’s making you worse but it could be the way you are taking it, or other things you are or aren’t taking along with it, or the amount of toxicity in your body. None of this means that magnesium is bad for you it’s just the way your body is adapting.

1. **You’re not taking enough:** When people feel worse with magnesium, I believe that the 700-800 enzyme systems that require magnesium just get jump-started and They Want More! (I used to write that magnesium was necessary in 325 enzyme systems but now, according to many and documented by Dr. Andrea Rosenoff, that number is more than twice what we previously thought.

In the above statement, my blog reader said she couldn’t take more that 200-300 mg. But all 800 enzyme systems want a piece of the action once they’re been woken up! And with each enzyme system pumping away they are using up the little magnesium you gave them and, like I said, They Want More!

This doesn’t mean that you’ll increase your magnesium ad infinitum! You will reach a saturation point of your magnesium stores and actually be able to decrease your magnesium intake. However, my blog reader isn’t going to get anywhere near the amount she needs if she keeps getting the laxative effect on 200-300mg. That’s one of the main reasons I decided to create and promote Pico-Ionic Magnesium, ReMag. It’s a stabilized ion of magnesium, absorbed 100% at the cellular level, and has no laxative effect. So you can take as much as you require to eliminate all your magnesium deficiency symptoms. BUT, even with ReMag, if your bowels are "sensitive," please go slowly. Instead of the maintenance dose of 1/2 tsp twice a day or the therapeutic dose of 1 tsp twice or three times a day, you can begin with 5-10 drops a day and take it with food. Then you can
increase by 10 drops every 2-3 days. To determine your magnesium saturation point, get a Magnesium RBC test through Request A Test. The range is usually given as 4.2-6.9 mg/dL; the optimum level is between 6.0-6.5mg/dL.

2. **You're taking too much**: You can also feel worse on magnesium if you take too much, too soon. This usually happens if you have (adrenal) fatigue and weakness from magnesium deficiency. Anyone in this category should start very slowly on any new supplement or drug. If you take a high dose of magnesium right from the start it’s like using muscles that powered a bicycle and expect them to power a jet. Your body might just be so weak that revving up 800 enzyme systems all at once makes you feel jangled and even anxious or depressed because you don’t know what’s going on. Please try to understand that this may actually mean that you really do need more magnesium. Start with one quarter of the recommended dose of magnesium and work up as your body adapts.

3. **You have low blood pressure** from long-standing magnesium deficiency and adrenal fatigue. You may have heard that magnesium can lower your BP so you worry about that happening when your BP is already low. Here's what is likely happening: Magnesium deficiency can cause an under-active autonomic nervous system leading to low blood pressure and poor circulatory system performance. This is another instance where you must begin by supplementing at about one quarter the recommended dose of magnesium and slowly build up. The other minerals offered in ReMyte are important in this case as well to support adrenals and thyroid and improve potassium levels.

4. **You're on heart medications** and as your health conditions improve, your meds are becoming “toxic.” That’s because you may not require them anymore! Check with your doctor when you are using magnesium to treat health conditions and want to wean off your meds. For example, magnesium helps lower blood pressure. If you continue to take the same amounts of BP meds, your BP might get too low. This is not a “side effect” of magnesium. It’s a side effect of taking drugs when you don’t need them. Magnesium balances blood pressure. If you have low BP to begin with and are not on meds, start
magnesium very slowly because, as I describe in #2, you want your body to slowly adapt to a mineral you may have been deficient in for a long time.

5. **You're on fluoridated medications** that bind up your magnesium and make you deficient even when you're taking magnesium. See a list of fluoridated medications at the [Fluoride Toxicity Research Collaborative](https://www.fluoridealert.org). Many common drugs are fluoridated: Prozac, Paxil, Lipitor, Cipro, Diflucan, and many more.

6. **You've started taking iodine** (in doses above the RDA) that speeds up your metabolism giving you heart palpitations that have nothing to do with magnesium deficiency. People who take iodine without taking enough magnesium and selenium can run into iodine toxicity problems. ReMyte has the proper amounts of iodine and selenium, as well as zinc, manganese and copper to support the thyroid.

7. **You're taking too much Vitamin D**. Here’s what happens. You feel great on your magnesium and then you begin to have more magnesium deficiency symptoms after adding a high-dose Vitamin D supplement because it's become such a fad. Magnesium is required to transform Vitamin D from its storage form to its active form and for many other aspects of Vitamin D metabolism. That means if you take the extremely high doses that allopathic doctors are now recommending you can plummet into magnesium deficiency and not know what the heck is happening. In general, I don’t recommend more than 1,000-2,000 IU of Vitamin D daily for this reason. And never take Vitamin D without magnesium. I’ve written several blogs on this topic trying to sort out what's going on. Read [Too Much Vitamin D?](https://www.rnareset.com/magnesium-benefits.html) and [The Vitamin D Debate](https://www.rnareset.com/vitamin-d.html).

8. **You are taking too much calcium** and it’s pushing out your magnesium: Read [Why I Hate Calcium](https://www.rnareset.com/calcium.html) to understand why the most prescribed mineral is actually dangerous because it’s causing heart disease in women. Instead of calcium in pill form, I recommend you try and get calcium in your diet. You can find a list of foods that are high in calcium in my Invisible Minerals Part II – ReMag & ReMyte book.
9. **You’re taking magnesium and becoming dehydrated.** When you take minerals your body requires more water to help them in their metabolic functions. Drink half your body weight (in pounds) in ounces of water to which you can add 1/4 tsp of unrefined sea salt for trace minerals. ReMyte, mineral and electrolyte formula is the next step in proper mineral balance and an improvement on just using sea salt for minerals.

10. **Magnesium is getting into your cells and detoxifying chemicals and heavy metals and yeast toxins.** Sometimes this can feel like a healing reaction. The symptoms can be an increase in muscle pain, joint pain and even skin rashes. That's why I recommend that you build up your dosage of magnesium slowly as the cells detoxify and are finally able to work efficiently.

11. **You have IBS** or you are very toxic and even ReMag gives you symptoms. IBS is a gut sensitivity of the lining of the gut, specifically the smooth muscles of the gut wall. ReMag goes directly into the cells and will cause the muscles to relax and that can cause diarrhea. Also ReMag will detox the chemicals and heavy metals and yeast toxins from cells and can cause diarrhea. That's why I try to "warn" people with "health conditions" to go slowly on ReMag for all the many reasons that I've cited.

12. **You're taking a magnesium glutamate or aspartate.** I warn against taking these forms of magnesium in my blog [Glutamates in Magnesium Chelates](#).

13. **You are taking high doses of magnesium and not getting enough calcium in your diet.** I talk about the need to balance magnesium and calcium by supplementing with about 600 mg of magnesium and getting 600 mg of calcium in your diet. However many people are on a dairy-free diet and just don't get enough calcium. If you have lactose intolerance, try yogurt or kefir, which are low in lactose; or make bone broth; or eat non-lactose raw cheese. Read my book - [Invisible Minerals Part II](#) about ReMyte and ReCalcia for more about calcium.

14. **You are taking thyroid medication** and you suddenly feel you are taking too much (increased pulse, feeling hot, hyperactive). The magnesium in ReMag and the 9 thyroid
minerals in ReMyte can "wake up" your thyroid so that it begins to make its own thyroid hormone and you don't require as much (or any) thyroid hormone anymore. (Be sure to check with your doctor and wean off slowly.)
APPENDIX B: Total Body ReSet Protocol

What follows is the Total Body ReSet protocol that I use for most conditions and which you will see in my other eBooks. It does differ from the Total Body Reset for AFib, which specifically starts with ReMag since most people with AFib suffer from severe magnesium deficiency and that deficiency must be addressed as soon as possible.

1. Water and Salt Guidelines: Drink ½ your body weight (in pounds) in ounces of water. If you weigh 150 lbs., you will drink 75 ounces per day. Add unrefined sea
sodium or Himalayan salt: 1/4 tsp to every quart of drinking water – to one of those bottles, you will later add ReMag and ReMyte.

2. ReAline®: When your products arrive, begin ReAline capsules to assist in detoxing/taking out the trash. Dosage: 1 per day with meals for 1 week, then take 1 capsule twice per day. Note: If you are already taking ReMag, don’t worry, just continue to take it as you begin adding the other formulas.

3. ReStructure®: You can also start to take ReStructure as soon as it arrives. It comes in a 22 Serving Canister or very convenient Individual Serving Packets, which are awesome to take traveling. Simply shake one scoop or one packet of ReStructure into 8 ounces of the liquid of your choice and drink to your health.

4. RnA Drops: Begin supporting cell replication by using the RnA Drops on Day One as well. Dosage: 1 drop under the tongue twice a day for the first week. Add 1-2 drops every week, until you reach 15 drops twice a day, which is the recommended daily dose. Take RnA Drops 15 minutes away from food or drink.

5. ReMag®: After 4 days of ReAline, ReStructure and RnA Drops, add ReMag, starting with 1/4 tsp per day in a quart of water and sipping it through the day. Every 2 days, add another 1/4 tsp. Work up to a therapeutic dose of 2-3 tsp. a day if you are trying to overcome a health condition, if you are on medications, or if you otherwise have magnesium deficiency symptoms. Note: If you are already taking ReMag, don’t worry, just skip to #5 and begin adding ReMyte.

6. ReMyte®: After a week of slowly building up ReMag, add 1/4 tsp of ReMyte into the same quart of water and sip it through the day. Every 2 days, add another 1/4 tsp. Work up to 1 1/2 -2 tsp a day to for a therapeutic dose.

By starting a gentle detox with ReAline, feeding your body with a fully-absorbable protein – ReStructure, preparing your cells with RnA Drops, and building up your magnesium and
minerals slowly with ReMag and ReMyte you will have a wonderfully supportive experience doing the Total Body ReSet!

For full details of the Total Body ReSet Protocol go here:

https://www.rnaReSet.com/pages/dr-deans-total-body-ReSet-protocol

For Questions and Support, Call or Email RnA ReSet Customer Service

Call: 1-888-577-3703  E-mail: support@rnaReSet.com
Dr. Dean is a medical doctor, naturopath, herbalist, acupuncturist, researcher and formulator. She’s authored and co-authored over 33 print books including *The Magnesium Miracle*, *IBS for Dummies*, *Hormone Balance* and *Death by Modern Medicine* and 113 Kindle books. Dr. Dean is on the Medical Advisory Board of the non-profit *Nutritional Magnesium Association*.

Dr. Dean won *The Arrhythmia Alliance Outstanding Medical Contribution to Cardiac Rhythm Management Services Award 2012* presented at The Heart Rhythm Congress organized by the Heart Rhythm Society (HRS), Sept 23-26, 2012. In September 2014 she received an Excellence in Integrative Medicine Award at the Sacred Fire of Liberty Awards in Washington.
You are invited to receive a free subscription of Dr. Dean’s Doctor of the Future Newsletter and join her online wellness program Completement Now!

Disclosure: Dr. Dean has a creative and economic interest in the innovative products ReMag, ReMyte, ReCalcia, ReStructure, ReAline, RnA Drops and ReNew. They can be found at RnA ReSet.