New Treatment for Heart Arrhythmias

Premature atrial contractions, also called PACs, are one of the most common arrhythmias seen by cardiologists. They usually manifest as a sensation of something fluttering in a person’s chest, or the feeling that your heart is skipping beats.

While most cardiologists will tell you that PACs are of no consequence — especially if they occur only occasionally — they can, in fact, cause a number of problems, including dizziness, shortness of breath, fainting, and anxiety.

Frequent PACs can impair blood flow to the brain, and one study suggested that may increase the risk of dementia years later.

On occasion, PACs can progress to a much more dangerous condition, atrial fibrillation, which can lead to strokes and sudden death.

The usual medications used to treat PACs and atrial fibrillation are marginally effective at best. And most have significant complications.

Atrial fibrillation is seen more often in people with hypertension, but it is also a factor for people who have suffered a heart attack, as well as those suffering from chronic heart failure, and those with diabetic heart disease.

PACs are considered an early warning for future atrial fibrillation. That’s why it is so important to stop PACs early.

A little more than 10 years ago, it was observed that drugs that block the conversion of the peptide hormone angiotensin I into the powerful blood pressure raising version, angiotensin II, not only lowered blood pressure but also stopped PACs and prevented atrial fibrillation in a high percentage of at-risk patients.

Enough evidence has now accumulated to recommend these ACE inhibitors (angiotensin-converting enzyme inhibitors) to people at risk of these arrhythmias.

Recent studies have uncovered the mechanism that may explain ACE inhibitors’ effectiveness in preventing arrhythmias — preventing atrial remodeling, blocking atrial fibrosis, and preventing electrical changes in the strained heart chamber.

Within the biochemistry of angiotensin metabolism, there is another compound called aldosterone. New studies have found that aldosterone may be a major factor in the development of heart arrhythmias and heart failure.

Aldosterone increases heart inflammation, increases sympathetic activity, lowers heart potassium levels, lowers heart magnesium levels, and increases oxidative stress in the heart.

ACE inhibitors reduce aldosterone levels, which has been shown to reduce fibrosis (hardening of the walls) of the atrium. These drugs also prevent low potassium, prevent hypertension, improve blood vessel function, decrease the risk of having a stroke, and lower sympathetic nervous system activity.

Some years ago, I had a friend who suffered from frequent PACs; more than 30,000 during 2 days of heart monitoring. He had tried increasing his magnesium and potassium intake, and took a number of flavonoids that improve heart function and reduce arrhythmias, but nothing seemed to make much difference.

I suggested that he try a product that is a natural ACE inhibitor.
Within 24 hours taking the natural ACE inhibitor, his heart rhythm returned back to normal. Since then, it has remained normal as long as he takes the supplement. In all that time, he has suffered no side effects from the supplement.

Unfortunately, ACE inhibitor drugs have a number of significant side effects.

The product I recommended, which contains nine small peptides extracted from the bonito fish, goes by the name PeptACE. The dose is one 500 mg capsule three times a day with food.

I have found it to be one of the best supplements to lower blood pressure — even the more difficult type to control, diastolic hypertension.

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