HeartMath Interventions and Cardiac Arrhythmias

Numerous patient case histories and reports from health care professionals have documented dramatic improvements in people suffering from cardiac arrhythmias after using HeartMath interventions. Patients have often reported being able to stop or attenuate arrhythmic episodes by using a HeartMath technique in the moment that symptoms are experienced. Furthermore, many patients have experienced significant long-term improvements in symptomatology, medication requirements, and overall quality of life. Several examples are provided below.

Case History: Cardiac Arrhythmia

P.C., a very active professional woman who enjoyed skiing, scuba diving, and sky diving, was diagnosed with a cardiac arrhythmia and mitral valve prolapse in 1989. By 1993 she was experiencing 700 extra heartbeats per hour and was told that she was at risk of sudden death. At this time she was prescribed beta-blockers, valium, and aspirin, the side-effects of which were stomach aches, headaches, and hair loss. In July 1994, P.C. suffered from a near-fatal episode of ventricular tachycardia and underwent radio frequency catheter ablations. P.C.’s ventricular tachycardia events continued to recur through the following nine months, during which time she had surgery four times. In April 1995 she was told that another catheter ablation might perforate her heart, causing death. Feeling like an invalid, depressed and afraid to live, P.C. was forced to take an extended medical leave from her high-level job at a Silicon Valley global computer company. P.C. describes her attitudes and behavior that she feels led her to this state: “I was the type of person who was trying to be the perfect mother, the perfect wife, the perfect employee. I used to sleep four hours a night because there was so much to do. I thrived on it. I was so used to that adrenaline rush that I didn’t know what it was like not to have it.”

In the fall of 1995, P.C.’s Stanford cardiologist referred her to a HeartMath seminar. When P.C. returned to work the week following the training, a company executive who worked with her remarked that “the difference in her was like night and day.” She immediately began practicing the tools on a regular basis and diligently applied Freeze-Frame at work whenever she felt her stress level rising. She notes, “After my weekend at HeartMath, whenever that adrenaline would start to rush again, I could stop the trigger. Now I can pull myself back into balance at will.”

The change was impressive to P.C.’s colleagues, who observed that she exhibited far less stress, anxiety, and tension, and more ease, even during a particularly hectic work period. P.C.’s physicians were similarly impressed with the change in her physical health. With daily practice of the tools, within several weeks after the seminar P.C. was taken off valium; within six months her beta-blocker (Sotalol) dosage was cut in half, and later further reduced. A Holter ECG report the following fall of 1996 found not a single irregular heartbeat.

Substantial improvement in P.C.’s autonomic nervous system function and balance was also measured, using 24-hour heart rate variability (HRV) analysis. Before she began using the HeartMath techniques, P.C. had abnormally low HRV for her age group,
particularly in the low frequency (LF) range. In contrast, two months after she began using the interventions, P.C.’s HRV increased to normal values, now falling within the reference range for her age group.

Over four years later, P.C.’s health improvement has been sustained, with no further episodes of ventricular tachycardia or surgery. Feeling she has regained her health and her life, P.C. declares, “I feel absolutely incredible.” As she made no dietary, exercise, or other lifestyle changes during this time, P.C. attributes her recovery to the HeartMath interventions.

**Case History: Atrial Fibrillation**

In July 1985, **L.F.** was rushed to the hospital with a heart rate in the 30’s while awake and working. Within several minutes, her heart rate dropped to the 20’s and teens. She was diagnosed with sick sinus syndrome and an emergency permanent pacemaker implantation was performed. In February 1990, L.F. experienced a feeling of her “heart in her throat” and had an electrocardiogram. It was interpreted as paroxysmal atrial fibrillation with a fast ventricular response rate (155-180 beats per minute). She was electrically cardioverted and prescribed Digoxin. Within a few days she experienced a recurrence of atrial fibrillation with a fast ventricular response rate (175-200 beats per minute). She was electrically cardioverted again, and then returned to atrial fibrillation with a slower ventricular response rate.

Throughout the following six years, L.F. experienced recurrent episodes of atrial fibrillation, which ranged from seconds to days in duration. She was electrically cardioverted and prescribed several different anti-arrhythmic medications (including Amiodarone and Sotolol), with no resolution of her arrhythmia. She also had significant hypertension and was on medication for this as well. Her heart rates began to become so fast (as high as 220 beats per minute) that she would to pass out, and this became life-threatening. Additionally, the Amiodarone’s toxic effects were beginning to interfere noticeably with the functioning of her lungs. “The cordarone [Amiodarone] was literally killing me,” she states.

Finally, as a last resort, in January 1996 L.F. had a radiofrequency catheter ablation of the atrioventricular node and became totally dependent on her pacemaker. Although this helped somewhat with the symptomatology, results were minimal; she continued to experience recurring atrial fibrillation, and in the following months developed severe ventricular tachycardia, which required her to undergo a second radiofrequency catheter ablation in August 1996. A blood thinner (Coumadin) and additional medications were added to her daily regimen.

L.F. learned about the Institute of HeartMath’s research and programs at a cardiovascular health conference, and attended a weekend seminar in July 1998. (She arrived at the seminar in atrial fibrillation). While learning the techniques, she had what she describes as “a major breakthrough.” She states: “My first attempt at Freeze-Frame became a profound and life-changing event. A calmness and feeling of wellness came over me and I knew this was the right approach for me to take. I could feel my heart gain control…I spontaneously converted to paced rhythm without atrial fibrillation and remained that way…As I progressed through the 3-day program, the more I practiced
the HeartMath techniques, the better I felt. When I arrived back at work, I was able to
deal with stress and became more productive. My total outlook changed. This was
noticeable to my family, colleagues and patients."

Following her experience at the HeartMath seminar, L.F. continued to practice the
interventions as an integral part of her day-to-day life. She performed Heart Lock-Ins
with *Heart Zones* music daily, and used Freeze-Frame “at every opportunity,” as soon as
she felt herself beginning to feel stress. Since first learning the interventions, L.F. has
experienced no further occurrences of atrial fibrillation, with the exception of one episode
that occurred during a 5-day period at which time, as an experiment, she stopped using
the techniques. As soon as she resumed practicing the tools, L.F. immediately converted
to paced rhythm without atrial fibrillation, and she has remained that way to this day.

Concurrent with the improvements in her physical condition, L.F. noted an immediate,
profound and lasting change in her overall attitudes, feelings and behavior. She found
she was no longer the “typical ‘Type A,’ aggressive, stressed, constantly running and
rushing type of person” that she previously perceived herself to be. She experienced
within herself a newfound sense of peace, whose outward manifestations were
apparently so striking as to cause numerous family members, friends and colleagues to
ask her, “What did you do?” She would reply in the only way she felt she could: “I did
something that changed my entire life.”

As she was proving her cardiovascular symptoms to be controlled, over the course of
the seven months that followed her HeartMath seminar, under the guidance of her
cardiologist and electrophysiologist, L.F. was able to discontinue all her antiarrhythmic
and antihypertensive medications. She declares: “The cost savings alone (as much as
$2.50 per pill times 3 or 4 a day) is wonderful, not to mention the benefits of feeling
physically well, focused and balanced.” As supervisor for a large pacemaker clinic of a
major hospital system, L.F. was subsequently moved to introduce HeartMath materials
to numerous patients who also suffered from similar problems with atrial fibrillation.
Nearly all of these patients experienced substantial improvements in clinical status after
they began using the interventions (results described below).

**Hospital Study: Atrial Fibrillation**

The Pacemaker Clinic for Kaiser Hospitals in Orange County, California conducted an
internal study on the use of HeartMath interventions in patients suffering from atrial
fibrillation. Many of these patients had severe conditions and were on aggressive
antiarrhythmic and antihypertensive medication regimens; a large number were on “last
resort” medications with extremely toxic side effects. Seventy-five patients were
randomly selected to receive a home-study program as an educational aid for learning
and practicing the HeartMath tools. (This program included the book *Freeze-Frame*, the
facilitative music *Heart Zones*, and a workbook that provides step-by-step instruction and
practice guidelines for the Freeze-Frame and Heart Lock-In techniques.) The patients
were asked to work with the program for three months, during which time they also
received coaching in the use of the techniques by the Pacemaker Clinic Coordinator.

At the end of the three-month period, the patients were individually interviewed to assess
what benefits they had derived from their practice. Seventy-one of the 75 patients
reported substantial improvements in their physical and emotional health. Fifty-six
patients had significantly fewer symptomatic episodes of atrial fibrillation and were able to reduce their anitarrhythmic and antihypertensive medications under their physician's guidance. Fourteen were able to discontinue their antiarrhythmic medications altogether.

In examining cost benefits, there were a number of patients who were on antiarrhythmic agents such as Amiodarone or Sotalol as well as antihypertensive medications. The coordinator of the Pacemaker Clinic reported that the reduction in pharmacy costs to the HMO as a result of the improvements in the patients' health was measured in thousands of dollars per month. She concluded: “The overall benefits to the patients were significant, life-changing, and priceless.”

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