Cardiac arrhythmia (also dysrhythmia) is a term for any of a large and heterogeneous group of conditions in which there is abnormal electrical activity in the heart. The heart beat may be too fast or too slow, and may be regular or irregular.

### Classification

<table>
<thead>
<tr>
<th>Bradycardia</th>
<th>Tachycardia</th>
<th>Paroxysmal Tachycardia</th>
<th>Premature Ventricular Contraction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slow rhythm, less than 55 beats per minute</td>
<td>Heart beats too fast, more than 100 beats per minute</td>
<td>Begins and ends in an acute manner with 130 – 220 beats per minute</td>
<td>Within a normal heartbeat sequence there is a premature contraction of the heart</td>
</tr>
<tr>
<td>A physiological condition in performance athletes and hypothermia</td>
<td>A physiological condition during physical exertion and fever</td>
<td>Usually pathological!</td>
<td>Occasional PVC happens even in the healthy person</td>
</tr>
</tbody>
</table>

Special consideration should be given to atrial flutters and atrial fibrillation, when there is a sudden onset of rapid contractions of the atrial muscles. Atrial flutter occurs mostly in people with organic heart disease and is coupled with a frequency of 250-350 heartbeats per minute. The more frequently occurring atrial fibrillation is characterized by random fibrillations of the atrium with frequencies of 300-500 per minute. This results in an irregular succession of beats, which manifests itself with uncomfortable palpitations. Both conditions can be treated with medication or electrical cardioversion.

Ventricular fibrillation is always life-threatening and constitutes a medical emergency that needs immediate attention (defibrillator, electric shock). The fibrillation of the ventricular muscle prevents an effective heartbeat, which results in cessation of blood circulation. Until medical personnel arrives, CPR should be given and can be a life saver.

The impulses that induce contractions of the heart and thus determine the heartbeat are created in the sinus node, the impulse-generating nerve tissue in the right atrium of the heart. As a rule, about 60-80 impulses a minute are generated and conducted via special nerve pathways to the ventricular muscles. The creation of impulses happens autonomously, that means it cannot be influenced and thus assures a continuous heartbeat even in situations of physical or psychological stress. To provide adaptation to changing conditions and fluctuations in the oxygenation of the blood, the cardiac frequency is also under the influence of the vegetative nervous system.

The causes for disturbances in cardiac rhythm can arise out of disruptions in stimulation as well as disruptions in transmission. At times, disturbances of the vegetative nervous system are to blame.
The triggers for cardiac arrhythmias are varied. They can be based primarily on heart conditions like circulatory disorders in the coronary blood vessels, cardiac insufficiency, cardiac inflammation, and defective heart valves. But conditions like high blood pressure, thyroid problems, mineral deficiency (calcium/magnesium), poisoning from alcohol, drugs, caffeine, tobacco, and infectious diseases can become triggers as well.

BEMER-therapy can be used to improve the circulation and to give general support to the body’s self-regulatory mechanisms. Through the following scientifically proven effects, BEMER therapy can lead to the improvement or stabilization of physical well-being and can contribute significantly to the treatment of cardiac arrhythmias:

- Positive physiological effect on the condition of microcirculation, and increased utilization of oxygen in the capillary tissue
- Positive effect on the protein biosynthesis (repair proteins)
- Improved micro-hemodynamic conditions for the first steps of immunological processes, and thereby in indirect strengthening of the body’s own defense mechanisms
- Positive effect on the vegetative nervous system

BEMER therapy is a complex method that optimizes energy production by the individual cells (ATP) through improved circulation and increased oxygen utilization, thereby contributing to the overall regulation of the body’s metabolism. Therefore, the use of BEMER therapy cannot lead to any organically caused heart arrhythmias. It is therefore an important and essential foundation for strengthening the body’s self-healing mechanisms, supporting other treatment measures in the environment of a holistic approach, and increases effectiveness of clinical treatment concepts.

User recommendations for BEMER therapy with heart arrhythmia

- Based on empirical evidence, levels 1 and 2 have a relaxing effect on the vegetative nervous system. For that reason, the use of these two levels with the mat is not recommended for patients with cardiac arrhythmias of unclear origin
- Higher levels as well as P4 can be used without reservation with the mat. The intensive applicator can also be used with all levels and programs.
- If a physician diagnosed a psychosomatic or stress-induced cardiac arrhythmia, it is explicitly recommended to begin the BEMER therapy on level 1, and then progress according to the basic plan.
- Arrhythmias caused exclusively by stress should be treated with level 1 only for a number of weeks (6-8).
- After the proper entrance phase, the system can be used according to the basic plan and the individual’s general health.
- In the case of severe arrhythmias therapy with the BEMER system must be conducted under the supervision of a physician familiar with the concept. Prescription medications should never be reduced, changed or stopped without the explicit direction of a physician.

Please note:
Individual cases have shown that it is possible for a latent mineral deficiency (calcium/magnesium) to be present and to become apparent through the optimization of metabolic processes in the body. This can become noticeable in the form of minor cardiac arrhythmias and this can be alleviated by taking the respective mineral supplements.
Blind, placebo-controlled studies have shown that arrhythmias which occur during or after the use of BEMER under the above named guidelines are psychologically based. The main reasons would be uncertainty caused by uninformed medical personnel and unconscious fear of the effects of magnetic field therapy in general, or specifically BEMER therapy. More detailed information about the use of BEMER therapy with pacemakers can be found in the “pacemaker” and “implant” AFB reports.

A European physician’s user study under the direction of the AFB documented the effects of the electromagnetic field of the BEMER 3000 therapy system. A total of 1116 patient protocols were captured. Since several patients presented with more than one clinical condition, 2031 cases of illness were documented. A total of 245 cases were observed for the criteria general well-being and heart conditions. The average therapy time for the patients with cardiac conditions was 7 weeks.

Excerpt from the physician’s user study with the BEMER 3000 therapy system

<table>
<thead>
<tr>
<th>General well-being</th>
<th>Cardiac Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>no change</td>
<td>complaint free</td>
</tr>
<tr>
<td>improved</td>
<td></td>
</tr>
</tbody>
</table>

Percentage values for changes after BEMER therapy

Literature and studies:

Please note: Broad acceptance of medical products generally takes several years. We are committed by law to advise you that the effectiveness of electromagnetic fields is still being discussed controversially and has not been commonly accepted.

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