

A Non-invasive and Preventive Cardiology: What Can Be Done?

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Abstract:

Cardiovascular disease problems are responsible for the majority of deaths. In the past, cardiology was a medical art that emphasized medication. This changed with the introduction of catheter techniques, and today the methods used by cardiologists are largely invasive in nature. This undoubtedly covers the end of the cause-effect chain, but not the first links. As a result, mainly symptoms are treated, which means that no cure is possible. Fortunately, there are a number of gentle remedies that can be used preventively. These are listed in the article.

Keywords: Cardiology, cardiovascular diseases, invasive therapy, prevention.

Original Research

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INTRODUCTION

Cardiology is becoming increasingly invasive. It looks like this: one emergency after another, one crisis after another. At first, this seems noble. Saving a life with every intervention: the highest form of being a doctor? But over time, a deeper truth became clear to the author: the system does not heal hearts. It copes with crises - and creates a cycle of suffering. The patients come back again and again, temporarily patched up, strained in other places, but never healed. And so the cycle continues.

Problems

There are three important problem areas that have increased significantly since the Covid vaccinations: a) cardiac arrhythmias, b) heart failure, c) coronary sclerosis. In any case, one should try to neutralize the spike proteins, as they attach themselves to ACE receptors and the intima of the blood vessels [1, 2]. A simple remedy for this is dandelion juice (*taraxacum*) [3].

a) About arrhythmias

Cardiac arrhythmias up to absolute arrhythmia with atrial fibrillation are usually treated with electro-conversion of the sinus node. Success is limited, as the rhythm generator is now missing. However, there is a natural substance that has a re-rhythmizing effect: *Spartium/Cytisus scoparium* mother tincture [4-6].

b) For heart failure

Heart insufficiency is usually treated with a combination of Sodium channel blockers, calcium channel blockers, Amiodaron, and beta-blockers. It remains unclear why the heart is not supported and strengthened, as was previously done with digoxin glycosides. An effective glycoside with few side effects is ouabain (= g-strophanthin as enteric-coated capsules with 3 mg) [7-9].

c) Coronary sclerosis

Coronary sclerosis is usually treated with stents, balloons or bypasses. These

interventions are often repeated, but the cause is not treated. Modern cardiology, with all its technical brilliance, often ignores the essential point: the cause of coronary arterial disease is not a lack of stents, balloons or bypasses.

Causes

The causes are multifactorial and lie deeper:

- Post-vac syndrome
- Silent inflammations
- High glucose and insulin levels
- Micronutrient deficiency
- Metabolic disorders
- Environmental toxins
- Stress
- Emotional and spiritual self-alienation

Without tackling the causes, invasive interventions are like fighting a forest fire by spraying water on a few trees - while the undergrowth continues to burn unnoticed. However, some, if not most, causes are difficult to tackle and take time. Fortunately, we can combat the effects of these causes, which include the formation of plaques in the blood vessels, ourselves. It is possible to remove plaque and restore blood flow.

A real intervention should be a turning point, not start a vicious cycle. But in the conventional model, repetition has replaced genuine healing. The child is "pulled out of the well" instead of being prevented from falling in. Or to say it another way: "prevention is better than cure".

Arteriosclerosis

One of the biggest silent killers is arteriosclerosis - the hardening and narrowing of small arteries and arterioles. In contrast to the larger arterial plaques that block the main vessels, arteriosclerosis silently and quietly strangles tissue and organs over time, leading to heart attacks, strokes, kidney failure, etc. A further reason beside oxygen deficiency is a regional overacidification of the myocardium. Bicarbonate is the therapy of choice here.

Conventional cardiology offers few real solutions - only crisis interventions in the late stages. But there are methods for prevention, e.g. the enzyme nattokinase [10, 11]. Cyclodextrins also offer a breakthrough: these unique sugar molecules can encapsulate and remove cholesterol crystals and harmful lipids from the arterial walls - not only in the large arteries, but also in the microcirculation [12-14].

By mobilizing and flushing out these deposits, cyclodextrins combat the structural causes of arterial diseases - not just their symptoms. They offer a new vision in cardiology: Both, β -cyclodextrin and methyl- β -cyclodextrin (M β CD) remove cholesterol from cultured cells. The methylated form M β CD was found to be more efficient than β -cyclodextrin. The water-soluble M β CD is known to form soluble inclusion complexes with cholesterol, thereby enhancing its solubility in aqueous solution. M β CD is employed for the preparation of cholesterol-free products: the bulky and hydrophobic cholesterol molecule is easily lodged inside cyclodextrin rings. M β CD is also employed in research to disrupt lipid rafts by removing cholesterol from membranes.

CONCLUSIONS

The future of cardiology does not lie in better machines, faster operations or more invasive technologies. It lies in taking preventative action - before the crisis breaks out. We call this prophylaxis, and it's not hard to see that hundreds of millions of people need it.

One should: prevent smoldering inflammation at its source, e.g. with PEA (palmitoylethanolamide) [15, 16], supply the heart with O₂, magnesium, hydrogen therapies, restore metabolic health with liver-detoxifying and -restorative agents, eliminate hyperacidity of the mesenchyme, thin the blood, e.g. with Ginkgo biloba [17], and encourage patients to let go fear and trust their body and their heart again.

The heart should be recognized not just as a pump, but as the living, feeling center of the emotional world and of human life. In terms of mortality statistics, nothing is more important to understand and know than the prevention of cardiovascular disease (CVD). "Unclogging Your Arteries" is a revolution in care that redefines the treatment of cardiovascular patients. Unfortunately, it cannot be denied that mainstream cardiology cannot cure its patients because it starts at the end of the cause-and-effect chain.

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