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Short communication

Preventing A Heart Attack

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Introduction

In recent years, I had the opportunity to prevent a heart attack for a few patients. Though much of my work focuses on neck and back pain, I do not just look for structural alignment when assessing patients but also for possible future heart issues. Knowing this, patients may, for example, ask me for an alternative to statins to reduce their cholesterol. Reducing cholesterol naturally is generally simple by using energetic treatments and taking supplements as indicated. When helping someone reduce cholesterol to normal levels, I check if they have an issue with blood clots.

People do not realize that normal cholesterol does not rule out the possibility of a future blood clot; in fact, half the people who have heart attacks have normal cholesterol. This tells us that high cholesterol is not responsible for heart disease, but it is merely a higher risk factor that acts as an indicator. High cholesterol denotes inflammation, or internal fire, in the body. The standard care, in this case, is to prescribe statins. This may be a good time to point out that statins sales are at 30 billion dollars annually, yet heart disease remains the number one killer in the U.S., with more than eight hundred thousand people having heart attacks each year. If statins successfully diminish high cholesterol, thus treating a symptom or calming inflammation, then why are so many people still having heart attacks? Obviously, statins are not treating the cause of heart disease or blood clots

My approach to preventing blood clots is to neutralize innate factors that medication does not address: namely, the blood markers fibrinogen, homocysteine, and lipoprotein(a). A patient at risk for a blood clot typically has one of these blood markers out of balance. If fibrinogen, homocysteine,

and lipoprotein (a) are in the normal range on a blood test, there is no chance a blood clot will form. I also check for gum disease, stress, hypertension, and negativity, all of which may contribute to heart disease.

Recently, out of curiosity, I read Beat The Heart Attack Gene by Bradley Bale, M.D. and Amy Doneen, ARNP. I thought the book would tell me which gene causes heart attacks (it is, in fact, the gene 9P21) and that when CRISPR technology, which allows geneticists to edit the genome in a new way, becomes available, this gene could be altered. To my surprise, the good practitioners went beyond this to explain how a person can find out if they have the gene and how to silence it using medications. Of course, I would prefer a natural approach, but I am not against medications or statins. Sometimes both traditional and holistic approaches are indicated. Beat the Heart Attack Gene also shows how the standard medical care is subpar and contributes to those frightening heart disease statistics mentioned earlier. For example, when a patient gets a stent or heart bypass, little is done to prevent another heart attack from occurring. The authors contend that insulin resistance is actually responsible for 70% of cardiac vascular disease. The majority of Americans are very overweight, and diabetes is now in epidemic proportions, with eighty million Americans diagnosed with pre-diabetes, type 2 diabetes, or type 1 diabetes. We may also add neurodegenerative diseases, such as Parkinson's, because the brain has a weakness for sweets. This is often referred to as type 3 diabetes.

Conclusion

Imagine…If we could just tackle insulin resistance, more than half of the country would be healthier, with no worries about stroke or heart attack! That one thing, eliminating insulin resistance, could dramatically change the lives of countless people and the face of health care itself. Insulin, not cholesterol, is the primary offender in heart disease.