

The Next 20,000

After the Heart Attack,
the Statins
and Restenosis

Mike Stone

The Next 20,000 is intended solely for informational purposes and is not intended as personal medical advice. Personal medical advice should be obtained from your own doctor or other qualified medical authority.

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Chapter 16: Angiogram #2

*The man of science has learned to believe in justification,
not by faith, but by verification.*
Thomas Huxley

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Chronologically, this is the natural continuation following Chapter 3, which ended with ‘to be continued...’. This is the continuation. I did want to review some basic knowledge before reverting back to my personal story. It has been over five and a half years since my heart attack in July 2001. The angiogram performed at that time determined that my main LAD artery (Left Anterior Descending coronary artery) suffered from a blockage of 90%. A blood clot that was unable to navigate the blocked artery was basically the essence of my heart attack. Angioplasty (ballooning) was performed and a stent was installed in the blocked area to keep the artery open.

Two days before my scheduled second angiogram, I arrived at the hospital for the pre-angiogram blood tests and checkup. The doctor performing the checkup asked me the usual questions. Has there been chest discomfort? Do I exercise? She also asked me a question that really took me by surprise. "How many angiograms have you already gone through in the past?"

What bothered me at the time was the intonation in the doctor’s voice that this was a typical routine question. It has always been my impression that angiograms are not procedures that people would do routinely many times -- silly me! I answered, "This will be my second time." She recorded the answer and continued with the next question.

Two days after that pre-checkup, I was back on the angiogram table in order to discover and correct the cause of the

marginal results of my latest stress test and the subsequent positive results of the thallium heart scan. I had not been experiencing any chest discomfort. Even my professor of cardiology said the angiogram may show the need for a quick, minor correction only, and possibly not even that.

After all, I was feeling great. I had been slowly but surely making vast improvements in my eating habits, and was still considered to be very physically active (bike riding) for my age group. I was well past the initial period when most cases of restenosis (stent blockage) with the standard non-coated stents occur (or so I thought).

The results of the angiogram not only totally surprised me, but my professor of cardiology as well. The stent was totally blocked up -- not a 90% artery blockage like in 2001, however, a full 100%. For two and a half hours, the doctors performing the angiogram tried without success to perform an angioplasty and open up the blockage.

This entire episode raised a number of perplexing questions and uncertainties regarding future action to be taken.

Aren't there usually warning signs of some type when this occurs -- chest pains? fatigue? something? Interestingly, the literature shows that 40% of patients with restenosis may be free of chest pain.²²² According to my cardiologists, the discontinuation of the statins played a critical role. A stent is nevertheless not naturally found in human arteries. Is its closing up somehow concerned with a possible natural body defense mechanism? Didn't my improving eating habits and serious approach to exercising influence this process at all? Did the rest of my arteries suffer similar advancing blockages, or was the problem localized to the stent area only?

How was it I was 'still alive' and fully functioning with a 100% blockage in this critical artery? Medical terminology has another way of referring to a totally blocked artery. It is known as Chronic Total Occlusion (CTO). It was explained to me that while the stent was slowly closing up (probably over the last couple of years) my cardiovascular system was developing new alternative

blood vessels (collaterals) to circumvent the constantly narrowing main artery.

Amazing -- my own in-house bypass operation! Many people, the lucky ones not experiencing sudden death, require immediate emergency bypass surgery when this occurs. An immediate ultrasound performed while still on the angiogram table showed that this was unnecessary for me. Why was I one of the lucky ones? Was this due to all the bike riding I do? Improved eating habits? NOT taking statin medication?

And exactly how well are *my* new collaterals functioning. When Chronic Total Occlusion occurs, well-developed collaterals may provide flow equivalent to a 90-95% stenosis²²³ (equivalent to a 90-95% blockage of the original occluded artery). Is this sufficient?

As far as my doctors are concerned this is even more reason to take statins, to protect these new delicate blood vessels. Am I being naive or in self-denial, telling myself that in a sense my own cardiovascular system has performed a sort of internal bypass operation and that I can continue worry free with the status quo? What about the rest of my arteries; are they progressively blocking up also?

I mentioned in SASHA that I was verbally informed back in 2001 that there were additional blockages in my arteries; however, only that one specific blockage in the critical LAD artery required medical intervention. I never received the 2001 angiogram report. My official hospitalization then was at the Mount Scopus branch of Hadassah Hospital; angiograms, angioplasty and such are performed at Hadassah Hospital's Ein Kerem branch.

My present angiogram was done on a Thursday. I was discharged from the hospital Friday morning, a day most offices are already closed for the weekend. First thing Sunday morning, the first day of the normal work week in Israel, I went back to the hospital to see if I could get a copy of that 2001 angiogram report for comparative reasons. I did find the appropriate department, my personal identity information was typed into the terminal, and I could see the report being printed out on the office printer.

This was an exciting moment for me. Besides the 100% blocked stent, has the overall cardiovascular condition of my arteries deteriorated since 2001? Have I been on a 'good path' these last couple of years or simply have I been very, very foolish? In a few seconds I would know.

Man is capable of doing marvelous things. Man has put other men on the moon. Man has built computer chips executing millions of operations per second.

Man is also capable of doing the most heinous acts, the mass murder or mutilation of other human beings. The English language has a term for this; it is called genocide. The term itself was coined by Raphael Lemkin in 1943, from the roots *genos* (*Greek*) for family, tribe or race) and *-cide* (Latin) - *occidere* or *cideo* - meaning to massacre.

Genocide is defined by the Convention on the Prevention and Punishment of the Crime of Genocide²⁷⁹ (CPPCG) Article 2 as:

any of the following acts committed with intent to destroy, in whole or in part, a national, ethnic, racial or religious group, as such: Killing members of the group; Causing serious bodily or mental harm to members of the group; Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; Imposing measures intended to prevent births within the group; and forcibly transferring children of the group to another group.

Unfortunately, the twentieth century alone, despite all of its technological advances, bore witness to many atrocities. To name just a few:

- 1915-1918: 1,500,000 Armenians slaughtered.
- 1932-33: 7,000,000 perished in Ukraine due to the deliberated caused famine by Joseph Stalin.
- 1938 through 1945: Despite denials by some so-called scholars, as well as several of today's world leaders, the Nazi holocaust DID happen. It was real. Six million Jews perished in the death camps.
- Cambodia: 2,000,000 deaths due to executions, deliberate starvation and overwork - Khmer Rouge leader Pol Pot.
- Rwanda: up to 800,000 Tutsis were killed by Hutu militia using clubs and machetes.

- More recently – the on-going atrocities going in the Darfur region of western Sudan against the non-Arab villagers.

And this horrific list is not all-inclusive.

No doubt, decent people the world over are appalled by these atrocities. But what does one call a non-violent systematic method that kills and maims millions every year?

Medicines to lower blood pressure and bad cholesterol are already effective and widely used, yet heart disease remains the biggest cause of death in the United States, killing 911,000 people in 2003, according to the American Heart Association.²⁸⁰

There was nothing exceptional regarding heart disease as the leading cause of death in 2003. In every year since 1900, except 1918, cardiovascular disease accounted for more deaths than any other single cause or group of causes of death in the United States.²⁸¹

Shouldn't the millions and millions of deaths caused by CHD generate the same disgust that death by genocide creates? The data shows that over the last 100 years, with the widespread use of all types of modern manufactured food, including the pasteurized dead milk products and hydrogenated oil products, just to name a few, the rate of mortality due to CHD has almost tripled.

In 1901 in the USA, there were 140 deaths²⁸² per 100,000 caused by 'diseases of the heart'. This number peaked to 375.5 deaths²⁸³ in 1963 and since then has been tapering off. The medical establishment sees this as verification that it is making headway in stopping heart disease. This is a naive outlook. Although the medical establishment should be commended for making technological advances in improving medical procedures (stents/bypass operations) for saving heart attack victims, heart disease itself is not declining.

Overwhelming evidence proves that the lipid hypothesis is based on bad science. It is not valid. Simply put, it is not the cholesterol or saturated fat that has caused the rate of deaths due to CHD to nearly triple over the last hundred years. This increase occurred in spite of a decline in the saturated fats in the American diet and improved techniques for taking care of heart attack patients over the last 40 years.

Here we get to the crux of the problem. This is no single tyrant, Adolf Hitler or Pol Pot, that can be blamed for this phenomenon of millions dying because of CHD. The industries that for many years were utilizing partially hydrogenated oil in their products, resulting in high trans-fat content, were encouraged and promoted by official U.S. agencies that were established to protect our health. Pasteurization is firmly set by law, the sale and distribution of non-pasteurized milk/products is either outright illegal in most states, or overly restricted.

With no intent to insult the feminist movement, breast-feeding is by far the healthiest and cheapest way to feed babies. Baby formula was the natural response to the higher mortality²⁸⁴ and higher sickness rate of babies fed pasteurized cow's milk instead of natural mother's milk.

In 1976, it was reported that in a particular Californian city, it cost almost three times as much to buy ready made baby formula as it did to buy food for the nursing mother.²⁸⁵ Respected multinational companies actively market expensive substitute milk formulas in Africa... of all places. The cost of purchasing milk substitutes in many third world countries is a crippling slice of the monthly salary.²⁸⁶ This also does not take into consideration the hidden costs of chronic illnesses and inferior development of the babies in the future who were denied mothers' milk.²⁸⁷

I mentioned in the beginning of SASHA that I was never an avid reader; as such I do not possess an especially rich treasury of words. I was not able to find an existing word that accurately describes this phenomenon of peaceful genocide that I want to discuss now. As a result, I am forced to coin my own term.

Troficide - *trofi* (Greek) for food and *-cide* (Latin) - *occidere* or *cideo* - meaning to massacre.

I also respectfully submit a definition for this new term:

Troficide is the systematic nutritional killing or maiming of humans regardless of national, ethnic, racial or religious group, as such: Killing members of the group; Causing serious bodily or mental harm to members of the group; Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; and forcibly transferring children from their mothers' breasts.

Man is capable of doing marvelous things. Man has put other men on the moon. Man has built computer chips executing millions of operations per second. Man is also capable of putting an end to 'troficide'.