

Acute Heart Attacks: New Treatment to Avoid Lasting Injury

Heart attacks occur because a part of the heart stops squeezing after there is sudden loss of blood supply to that area. Logically, rapidly returning blood supply would seem the best treatment, and this is what is routinely done today by angioplasty. This approach opens the vessel and lowers the death rate (within the first year) from 20% to 5%.

But the damaged portion of the heart does not regain its ability to contract. The long-term aftermath is that 30% of surviving patients will develop heart failure within five years, despite having the artery successfully reopened.

However, if instead of initially returning normal blood to the damaged region as is traditionally done – we add specific ingredients to this nourishing blood and simultaneously control how it is delivered – then the region's contraction returns immediately. Following its success in a laboratory setting, this technique was applied internationally in 1992 to 155 patients suffering an acute heart attack. The outcomes were similarly successful: contraction immediately returned to the heart attack muscle, and the potential after-effects of heart failure and fatal arrhythmias did not happen.

Fortunately, both cardiologists, as well as surgeons, can apply this treatment, since the required equipment already exists in the cath lab, and needs only minor modifications. Yet this is not done, due to a lack of willingness to learn and practice such new approaches.

In summary, the answers to resolving the ravages of a heart attack are: a) recognizing that use of regular blood fails to make the heart attack area recover its ability to contract, b) avoiding reproducing this failure by repeating the unsuccessful treatment of returning normal blood reflow, and c) adopting an open-minded outlook that allows one to appreciate and utilize new solutions that have been validated both in the lab and with patients.

Summary of Chapters 8 & 9 from the book:

SOLVING THE MYSTERIES OF HEART DISEASE
Life-saving Answers Ignored by the Medical Establishment

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