Unwitnessed Arrest: Beating the Unbeatable Foe

When someone collapses from cardiac arrest or sudden death (when the heart stops abruptly or cannot beat effectively) and there is no "witness" nearby to immediately start CPR – it is called "unwitnessed arrest." The victim is at increased risk as the critical return of blood flow is delayed. Mortality is nearly 100%. It is universally believed that *just five minutes* or more of no blood flow to the brain is always lethal.

Yet we proved this doesn't have to be true.

We had already verified that *controlled reflow* of blood after a heart attack (adding specific chemical ingredients to the returning blood and delivering it in a specific manner) returns healthy cardiac function. We tested if a similar recovery could occur in the brain – and showed an astounding return of complete brain function after 30 minutes of no brain blood flow! This was the first such finding in the world. Yet for reasons never made clear, the NIH rejected our request for funding to study this further. They simply deemed this groundbreaking development as "not interesting."

But today's "accepted" treatment for *unwitnessed* sudden death is appallingly unsuccessful. When more than five minutes have elapsed before CPR is applied – 99% of victims die, with the ultra-rare survivor experiencing terrible neurologic damage.

However, our lab studies on test subjects showed our approach was successful in preserving life *and* brain function. It further implied that while CPR plays a positive role in treating witnessed arrest (when applied quickly once the heart stops beating)… application of CPR in unwitnessed arrest (when there is a delay before its use) is the *exact wrong* approach. This is because after the brain has been *ischemic* (without blood flow once the heart stopped) – CPR will return *normal blood* to the brain. This causes the same problems found in treating acute heart attacks, and those that made open-heart operations in the seventies to often fail. Yet medicine continues endorsing this approach – despite the 99% mortality.

Our findings could lead to radical changes in protocol, in which CPR is *not* immediately applied in unwitnessed arrest, and other techniques are used instead to revive the patient. These would include using *controlled reflow* (adding specific chemical ingredients to the returning blood).

Perhaps even more profound, additional lab studies suggest this new treatment approach could possibly lead to treatments for stroke victims that avoid brain injury, *since the same extended period of insufficient blood flow to the brain occurs as with unwitnessed arrest*. Finding effective treatment for these patients would be a huge breakthrough – as there are 700,000 stroke victims annually in the United States alone.

Further funding and research is these areas are vitally needed.

Summary of Chapters 12 & 13 from the book:

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