

## GETTING CLOSER: TO THE PREVENTION OF HEART ATTACK AND STROKE



Peter J. Muran, MD

**T**o understand the prevention of a heart attack and stroke is to understand the end stage mechanism by which a blood clot is formed in the arteries and either blocks blood flow to the immediate area or the blood clot travels to a distant area and blocks the blood flow. In either case, both heart attacks and strokes are caused by a primary formation of a blood clot within an artery. So if we can prevent the formation of the blood clot within the artery without causing excessive bleeding or organ damage to other areas of the body then we can prevent heart attacks and strokes. This is a simple concept but is far from being a simplistic solution. The dynamics of clot formation is far too complex to describe in this brief introduction, but our guest writer, Dr. Gary Gordon, discusses the management of one of the components that leads to intra-arterial clot formation and its prevention, management of blood viscosity. Viscosity has to do with the thickness of a fluid. Oil has a higher viscosity than water. The higher viscosity of a fluid... the slower the flow or the higher pressure, high blood pressure, is required to move the fluid at the same flow as a fluid of lower viscosity. Higher the blood pressures the higher the probability of forming a blood clot within the artery. So to begin the New Year off in a healthy step here is Dr Gary Gordon.

**BLOOD VISCOSITY IS THE MISSING LINK IN PREVENTION OF HEART ATTACKS: THE GOOD NEWS IS WE HAVE THE TEST AND THE THERAPY!**

*by Garry F. Gordon, M.D., D.O., M.D.(H); USA*

**D**r. Kenneth Kensey, Cardiologist, President of Rheologics and inventor of the Kensey catheter for roto-ablation of coronary plaque, has reported on his research now at two of my conferences. I find that I still need to “translate” his VITAL work of developing the only accurate method for determining blood viscosity in our patients into practical day-to-day language, before those seeing the film understand that this is what the magic of ORAL EDTA with polysaccharides as found in Beyond Chelation is doing NOW! His important video, Protective Adaptive Theory of the Etiology of Atherosclerosis, can be viewed on my website at [www.gordonresearch.com](http://www.gordonresearch.com).

All of us are totally unfamiliar with concepts like low and high SHEAR STRESS and how critical lowering blood viscosity to help control the damage introduced by TURBULENCE to endothelial cells can be. This is NOT easy to get the first time, yet, it is vital IF we are going to really stop over 90% of heart attacks and strokes in patients. There is nothing that I know of today that will compete with daily ingestion every AM and PM of the unique combination of synergistic nutrients found in Beyond Chelation in bringing

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**DR. MURAN'S GUEST:**

Dr. Garry F. Gordon

**THIS MONTH'S TOPIC:**

The Cardiac Health Complex

blood viscosity levels to the lowest values that have been seen in the 10 years Rheologics has been researching this exciting new area in vascular disease.

The importance of your understanding the effect of blood viscosity on blood flow is incalculable if we really hope to learn how to stop virtually everyone from suffering future heart attacks and strokes. Even I have been at a loss to explain why I never have ANYONE call and say that someone ON MY PROGRAM has had a heart attack or stroke.

Once you realize that the Beyond Chelation and Nattokinase really means the END OF HEART ATTACKS, you need to think about something for anti-aging and less cancer, then many of the other products I have formulated for Longevity Plus become important such as Lipoic Acid, Co-Q, Beyond GHS, Primal Defense, etc. However, our first mission is to accumulate more data that patients with HEART disease are NOT having heart attacks if they lower blood viscosity with Beyond Chelation and Nattokinase.

On my website, [www.gordonresearch.com](http://www.gordonresearch.com), articles can be found in language to help patients CHOOSE to go off Coumadin (and aspirin). Even if they have the arrhythmias that we find in nearly 30% of those over age 50 and are at the mercy of Cardiologists who prescribe DANGEROUS drugs where the benefit to risk ratio is VERY unfavorable. We can offer the choice of going on a program where we are still waiting to have our first documented heart attack or stroke occur; a program that has NO downside except it is NOT COVERED BY INSURANCE.

Since Dr. Kensey brought his equipment to my conference and tested my staff and the attendees who were on Beyond Chelation and/or Nattokinase and has DOCUMENTED that, without exception, all were in the most desirable and safest possible ranges of LOW BLOOD VISCOSITY, everything suddenly makes total sense. I can explain and will attempt to add my comments as an audio overlay

to the Rheologics videotape, which shows exactly HOW atherosclerosis develops. I can explain what each nutrient in my program is doing, at each step of the process, so that patients will one day want to start preventing this process at an early age in their children.

It is interesting to learn that we could strive to keep everyone's blood pressure at levels as low as 90-100 over 60-70 and to NOT accept the idea that it inevitably goes up with age. This ties in well to exercise, lipid control, controlling C-reactive protein, homocysteine, tight glycemic control, weight control, avoiding cigarettes, and all the other risk factors we have all learned about, but it adds the frosting to the cake.

**LOWERING BLOOD VISCOSITY** is the ANSWER! When we have the RHEOLOGICS equipment approved by NIH and paid for routinely by Medicare etc., we will be able to document that patient's degree of compliance is adequate to not only optimize their health, stop heart attacks and strokes, but, I am convinced, will significantly add LIFE to their years and years to their life.

We now know that we can lower viscosity conveniently with Beyond Chelation and Nattokinase. Proven methods prior to 2001 included things like therapeutic phlebotomy, hemodilution apheresis, or isovolemic hemodilution etc., which clearly seems somewhat less user friendly. Once you understand that these plaques are really just CALLOUS (like we get on our hands if we dig with a shovel all day), which CAN spontaneously regress, then bypass surgery and limb amputations will become things of the past.

In this case a picture truly is better than a thousand words for helping to make it clear that this plaque is really a life-long problem requiring life-long lowering of blood viscosity. But it starts out as nothing but callous formation on blood vessels, as a response to SHEAR STRESS on endothelial cells, and that starts what we now call ENDOTHELIAL DYSFUNCTION. Then things like lead in our

environment further compromise these cells, which have to deal with the excess levels of lipids in our diets, under increasing levels of blood pressure that helps these lipids to infiltrate the endothelial cells.

**CHELATORS**, such as the rutosid (rutin-for iron chelation) as found in Wobenzym, Endozym, etc., and the EDTA that is found in Essential Daily Defense (the chelation portion of Beyond Chelation) are **INHIBITORS** of MMP 's (Matrix metalloproteinase inhibitors)! We can better understand the **IMMENSE** value of low levels of daily consumption of oral chelators that do **NOT** have to be in the higher concentrations we need for **MAXIMUM** effective toxic metal removal, but have this all important and, until now, never understood ability to act as MMP inhibitors. This action helps explain why chelation can virtually eliminate renal failure that is **NOT LEAD TOXIC INDUCED**, and also explains the lower incidence of plaque rupture. Remember, the more active the infection and macrophage response in the vulnerable plaque, the more the MMP activity is helping to break down the thin fibrous cap over the vulnerable plaque. This activity leads to the day that the cap is gone and the passing platelets are exposed to collagen, etc., so the **FATAL CLOT** occurs, unless you are on **NATTOKINASE**, of course.

Thus, I hope you can see that the ultimate protection program requires at **LEAST** these two **BASIC, PROTECTIVE** steps. Beyond Chelation, with EDTA (and its heparin like activity due to the effect on the sulfated polysaccharide in the product) alone has been shown in published studies to reduce heart attacks over 90%. Yet with an increasingly polluted world causing higher and higher total body pathogen burdens, for those that can afford to be **ON BOTH**, I feel it necessary to add the Nattokinase for maximum protection.

I find that many will voluntary go off aspirin and even Coumadin once they learn the benefits and risks of each of these therapies. No one seems to read the literature or even the package insert on Coumadin, they just wind up taking it and many feel very bad shortly thereafter. Aspirin actually impairs their receiving the full benefits from the Omega 3 supplement in their Beyond Chelation packet.

**A LIFETIME** of lowering blood viscosity is **FAR** more important than how many IV chelations received if the outcome is to reduce morbidity and mortality. We have been using the right idea with our EDTA. But now there are many things that EDTA is doing that we did not understand before such as stabilizing the turnover of collagen, which explains less sudden breaking of the thin fibrous cap covering the vulnerable plaque and is called Matrix Metalloproteinase inhibition! This also helps prevent cancers from growing larger.

**Riker** had the patent for years that oral EDTA made certain sulfated polysaccharides work orally like Heparin in the body. Now that all experts are looking for a safe blood thinner, this function of EDTA takes on new importance. In 1961 when this work was first published in **NATURE**, no one thought that the prevention of blood clots was this important. Now, we also know that **EVERYONE** has an average of 1000 times too much lead and that it must be removed from the endothelium if it is to elaborate **NITROUS OXIDE**. So when

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YOU really understand what EDTA can do to help lower blood viscosity when it is with a sulfated polysaccharide and taken with the Phosphatidyl Serine and EFA 's etc, then, I believe, we will all start to agree that the END of HEART ATTACKS and strokes is at hand. Nattokinase just makes it better Then, when the Rheologics test instrument becomes approved for use in your offices, I believe it will become more important than the blood pressure cuff, and will change forever the practice of cardiology.

### **WE'RE ON TV**

Join Dr. Muran as he interviews Dr. Garry Gordon, MD, DO, MD (H), as they discuss The Cardiac Health Complex through chelation, nattokinase and blood viscosity. Dr. Gordon is on the Board of Homeopathic Medical Examiners for Arizona and is Cofounder of the American College for Advancement in Medicine (ACAM). He is Founder/President of the International College of Advanced Longevity (ICALM) and Board Member of International Oxidative Medicine Association (IOMA). He is also a member of the Scientific Advisory Committee for The National Foundation for Alternative Medicine. As an internationally recognized expert on chelation therapy, Dr. Gordon is now attempting to establish standards for the proper use of oral and intravenous chelation therapy as an adjunct therapy for all diseases. He lectures extensively on The End Of Bypass Surgery Is In Sight and The Future of Chelation. Thursday, January 15 at 11:30am, LWTV 6.



**23521 PASEO DE VALENCIA**  
**SUITE 204** (TAJ MAHAL BLDG.)  
**LAGUNA HILLS, CA 92653**

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*Wishing You Health and Prosperity in the New Year*

