

Heart Disease & Cardiovascular Disorders

TOWNSENDLETTER.COM

Townsend Letter

The Examiner of Alternative Medicine

**Coronary
Heart Disease**
Beyond the Top 5
Risk Factors

**Vitamin E
Supplementation**
Harmful or Helpful?

**Niacin in
Prevention**
Reviewing the
Studies

**Medicines from
a Remote Land**
Galápagos Offer
Abundance

**A Promising
Botanical**
The Long History of
Hawthorn

Mind-Body Cardiology
A Comprehensive Care Model



**The
Million
Hearts
Initiative**
ITS CHANCE
FOR SUCCESS

MAY 2012 | ISSUE #346 | \$7.50



0 74470 87090 6

IN THIS ISSUE | May 2012 | #346

Letter from the Publisher | Jonathan Collin, MD | 6

News | 16
ConsumerLab.com Puts Multivitamins to the Test

Pathways to Healing | Elaine Zablocki | 18
Living Between Illness and Health

Shorts | Julie Klotter | 20

Integrative Medicine Perspective by Dr. Julie | Julie Chen, MD | 26
"I Have High Blood Pressure...Now What?"

Literature Review & Commentary | Alan R. Gaby, MD | 28

Optimizing Metabolism | Ingrid Kohlstadt, MD, MPH | 38
The Cardiovascular Nutrition Round-Up

Environmental Medicine Update | Marianne Marchese, ND | 40
Heart Disease and Hormone Disruptors

Anti-Aging Medicine | 44
Ronald Klatz, MD, DO, and Robert Goldman, MD, PhD, DO
An Anti-Aging Approach to Heart Disease

Saving a Million Hearts | by L. Terry Chappell | 46
US government agencies have announced an initiative to lower heart and cardiovascular disease: Million Hearts. The goal is to achieve a dramatic reduction in heart attacks, strokes, and mortality from cardiovascular disease – almost entirely through the use of pharmaceuticals. Dr. Chappell thinks that this effort is likely to fail, and encourages integrative practitioners to embrace the same goal, using their full range of skills to prevent even more heart attacks and strokes.

Fluid through a Pipe: Natural Management of Hypertension | 52
by Amy Tolisner, NMD

Hypertension is not a disease, but a symptom, with many possible causes. To determine cause, Dr. Tolisner looks to the three factors that increase the resistance of a fluid through a pipe, reviewed in this article. With time, investigation, and proactivity, she finds that most hypertensive patients do not need medication.

Naturopathic Management of Infections of the Heart and their Sequelae | by Jeremy Mikolai, ND, and Martin Milner, ND | 57

Acute cardiovascular infections often present first to conventional medical settings; conversely, the downstream manifestations and chronic sequelae of past cardiovascular infections often present to the integrative/alternative care setting. This article discusses some of the more common infectious heart diseases and how they lead to chronic heart failure, then focuses on the treatment of all types of chronic heart failure and cardiomyopathies using natural medicine, illustrating successful treatments in real patient cases.

Dr. Mark Houston: A New Perspective on Cardiovascular Disease | 69
by Nancy Faass, MSW, MPH

Cardiovascular medicine's primary approach to treatment focuses on five top risk factors, but about 50% of patients with "normal" levels will still develop CHD or myocardial infarction. Dr. Houston calls for practitioners to look beyond these factors to identify the risk mediators, underlying causes, and metabolic and functional disorders that are actually inducing cardiovascular disease, and offers his revolutionary approach to diagnosis, prevention, and treatment.

Dr. Mimi Guarneri: Mind-Body Medicine in Cardiology | 74
by Nancy Faass, MSW, MPH

Healing the heart is about not only the physical body, but also the emotional, mental, and spiritual body. How can we integrate an approach to help patients rebuild their emotional lives, and reduce the risk of heart attack and stroke? Dr. Guarneri, a cardiologist practicing holistic integrative medicine, shares her insights.

ON THE COVER:

Coronary Heart Disease – 69; Vitamin E Supplementation – 85; Mind-Body Cardiology – 74; Niacin in Prevention – 81; The Million Hearts Initiative – 46; Medicines from a Remote Land – 108; A Promising Botanical – 119

David Jones, MD, and Mark Hyman, MD: Functional and Systems Medicine | 77

by Laurie Hofmann, Sheila Quinn, and Nancy Faass, MSW, MPH
Today we face an epidemic of cardiometabolic diseases, diabetes, and obesity to tsunami proportions. Doctors are not trained to diagnose or treat these disorders early enough, and they do not have the tools to deal with emerging health issues of this prevalence. A new view on diagnosis is needed to help providers understand the root causes of this epidemic: We must incorporate functional medicine's right-brain, systems approach that supports a partnership between clinician and patient, and is grounded in both the science and the art of medicine.

Reducing Cardiovascular Risk with Niacin | by Timothy J. Polacek, BS | 81
Although niacin has consistently demonstrated reductions in cardiovascular disease clinical events, it has been left as an alternative or second-line agent along with other lipid therapies for when a statin alone is insufficient to reach LDL-C goals. Unfortunately, niacin's use in combination with a statin has been questioned due to unexpected results of the AIM-HIGH trial. This article examines that study's design, potential limitations, and significance.

Tocotrienols: Vitamin E For Cardiovascular Benefits After All | 85

by Barrie Tan, PhD, and Anne M. Trias, MS
Large clinical studies have been on one form of vitamin E, alpha-tocopherol, and have shown its benefits to treat cardiovascular or other diseases to be equivocal or without effect – even harmful. On the other hand, tocotrienols, another form, are showing impresssive efficacy and positive results, discussed by this article in detail.

Bioregulatory Ophthalmology: A Paradigm Shift in Eye Health Care | 91

by Tatjana Bosh, MD
Dr. Bosh's system, which unites Eastern, Western, ancient, and contemporary medical methodologies, integrates conventional ophthalmology with various CAM therapies to improve ocular function and enhance vision – without the use of corrective lenses, drugs, or invasive surgical procedures.

Townsend Calendar | 97

Alternative Therapies in the Treatment of Cardiac Injury: A Case Report with Recovery Regimens for Nonablatable Atrial Fibrillation and Greatly Enlarged Left Atrium | 98

by Hans J. Kugler, PhD; with Ulrich Friedrichson, MD, PhD; Fouad Ghaly, MD; and Paul Ward, PED
Two side-impact accidents left a 68-year-old patient with a damaged heart for which orthodox medicine had no treatment. This article details how the multifactorial approach (MFA) – combining key essential requirements for optimum health, with an emphasis on rebuilding the muscles of the heart and the revascularization of regenerated heart muscles – enabled him to achieve full recovery.

Letter to the Editor | 104

Fluoride Is a Metabolic Poison

Guest Editorial | Anthony Apostolides, PhD | 106
Response to Wall Street Journal Editorial Concerning 5-Year Cancer Survival Rates

Book Review | 107

Integrative Medicine and Functional Medicine for Chronic Hypertension
by Dr. Alex Vasquez, review by Katherine Duff

Healing with Homeopathy | 108

Judith Reichenberg-Ullman, ND, DHANP, LCSW, and Robert Ullman, ND
Galapagos: Part 1

War on Cancer | Ralph Moss, PhD | 111

Exercise is Medicine | 114

Jade Teta, ND, CSCS, and Keoni Teta, ND, LAc, CSCS
Lower-Body Training for Full Body Results?

Women's Health Update | Tori Hudson, ND | 119
Cardiovascular Benefits of Hawthorn

Editorial | Alan R. Gaby, MD | 122
Modern Medicine is Dangerous

Bioregulatory Ophthalmology: A Paradigm Shift in Eye Health Care

by Tatyana Bosh, MD

The healthy scientific paradigm promotes integration. ... Systems biology provides a scientific paradigm for a personalised bioregulatory treatment.

Dr. Damir Shakambri

Illness-oriented conventional medicine is strongly challenged by increasing demands for a health-centered medical approach. To improve health, we need a new system of genuine health care that is therapeutically effective, scientifically sound, and financially viable. Bioregulatory medicine was born from this challenge. It was formulated in the mid-1980s by Dr. Damir Shakambri and me, two medical doctors frustrated by the limitations of allopathy, and aware of the need for a paradigm shift in conventional medicine.

While respecting the undoubtedly achievements of modern medicine, we started to explore, practice, integrate, and further research teachings of pioneering doctors and therapists who had the courage to challenge the conventional medical dogmas of their time in search of unknown territories. The full-hearted contribution to the art of medicine from Hippocrates, Avicena, Paracelsus, and Drs. Constantine Hering, Samuel Hahnemann, Hans H. Reckeweg, Edward Bach, W. H. Schuessler, Milton H. Erickson, Erich Berne, Arthur Janov, Wilhelm Reich, Alexander Lowen, John Lilly, Rudolph Steiner, William H. Bates, Randolph Stone, William G. Sutherland, Felix Mann, Max Gerson, Michio Kushi, Ryke Geerd Hamer,

and many other medical pioneers, remains breathtaking and continues to illuminate. Unfortunately and unjustly, their medical knowledge and wisdom are largely missing from the official medical curricula. Bioregulatory medicine has solved this injustice. It offers integrated teachings of medical genius throughout the ages back to both the general public and mainstream medicine.

Bioregulatory Medicine

One does not discover new lands without consenting to lose sight of shore for a long time.

Andre Gide

Bioregulatory medicine integrates Eastern, Western, ancient, and contemporary medical methodologies under a unified scientific umbrella. It upholds Hippocratic medicine and aligns it with a new-millennium understanding of quantum reality and system theory, while preserving holism, innovative spirit, and vitality – which have always characterized the art of medicine.

This new approach to public health incorporates modern diagnostic technology, but regarding preventative and curative therapeutic measures, it is more characterized by the drug-free, rather than the technopharmaceutical approach. Bioregulatory medicine offers solutions for detrimental consequences of contemporary civilization, namely stress, psychosomatization, pollution, and toxicity, while fully matching the incidence of morbidity in modern society. Being an interdisciplinary medical approach that restores

homeostasis primarily by means of natural therapeutic methodologies, bioregulatory medicine puts the healing power of nature and Hippocrates's "vis medicatrix naturae" principle back where they belong – into clinical practice.²

Ophthalmology Bioregulated

In the science of ophthalmology, theories, often stated as facts, have served to obscure the truth and throttle investigation for more than a hundred years. ... In making this statement I am well aware that I am contraversing the practically undisputed teaching of ophthalmological science for the better part of a century, but I have been driven to my conclusions by the facts, and so slowly that I am now surprised at my own hesitation.³

Dr. William H. Bates (1860–1931)

Ophthalmology is the medical specialty that diagnoses and treats diseases of the eye by means of using modern technology, pharmacology, and surgery.

Bioregulatory ophthalmology integrates the conventional ophthalmology with various natural CAM therapies, in order to improve ocular function and enhance vision – without the use of corrective lenses, drugs, or invasive surgical procedures. Bioregulatory ophthalmology is simply based on bioregulation of ocular homeostatic mechanisms.

Since bioregulatory ophthalmology explores and teaches physiology and pathophysiology of the eyes also from the psychosomatic point

Bioregulatory Ophthalmology

of view, it offers a nonconventional methodology for treatment of visual disturbances. It introduces a new concept of extended etiology that stretches the conventional allopathic etiopathogenesis of the eye diseases further into the bioenergetic and psychological realms.³

Bioregulatory ophthalmology approaches any pathology of the eye as a single evolving process, where disease is considered a verb, and not just a noun. It explains the visual entropy as a process that evolves through time and different clinical expressions, when it also evolves through different conventional diagnosis.⁴ No wonder it has been seen by conventional ophthalmologists only as a variety of often unrelated diseases, such as conjunctivitis, myopia, or macular degeneration – which are then treated in isolation, as if they are unrelated pathological entities.

Bioregulatory ophthalmology attempts to bioregulate this process of progressing “ocular lack of ease” in its totality. Early presomatic dysregulation of the eye (e.g., bioenergetic, nutritional, or structural weaknesses) are detected and bioregulated to prevent or treat dysfunctional stage of a disease process – typically manifested as a refractory anomalies. Since uncorrected refractory errors further facilitate manifestation of inflammatory and degenerative conditions of the eye, restoration of the faulty structural constellation of the eyeball back to its normal spherical shape also plays an important role in prevention and treatment of acute and chronic diseases of the eye.

Unfortunately, since corrective eyewear and laser eye surgery have become a very profitable business, non-profit-making medical knowledge is generally kept outside the mainstream medical profession. To make sure that it remains so, bioregulatory methodologies capable of improving eyesight are frequently labelled as medical charlatanism

that lacks true scientific references, and therefore both therapeutically ineffective and medically irrelevant.

Luckily, “the proof is in the pudding”; the true value or quality of something can only be judged when it’s put to use. The fact that the results are what count is not only common sense, but it is also the most fundamental principle of Hippocratic medicine, otherwise known as the *ex juvantibus principle*. It comes from Latin, meaning “from that which helps.” In medical contexts this refers to the process of making an inference about disease causation and treatment from an observed response of the disease to a treatment. Although the Hippocratic Oath is fundamentally based on the *ex juvantibus* principle, since monetary issues and politics became an integral part of mainstream medicine, this principle has sadly been frequently overlooked in clinical practice. Therefore, bioregulatory ophthalmology not only teaches its students theoretical understanding of the eye’s functioning, but it also provides them with the practical benefits of improved eyesight.

Improving Vision with Bioregulatory Ophthalmology

There is no question that the eye care industry is exceptionally good at examining eyes and fitting them with eye glasses, contact lenses or performing laser surgery. Nearly 60 percent of the American population now relies on some form of vision correction, and a multi-billion dollar industry has sprung up to meet this need. What they cannot do is restore vision to normal. They don’t know the way and they don’t have the answers. To them it’s a genetic predisposition and there is nothing you can do about it. What we need is a new understanding, a new approach that works for everyone, a clear path to success and a theory that explains how do we reactivate Eyes.

John Bershad, 2008

Bioregulatory ophthalmology is a simple, noninvasive, and safe solution for vision improvement. It offers a process-oriented medical treatment, a personal journey through a multifaceted therapeutic process that aims to rehydrate, remineralize, detoxify, reenergize, and restore faulty structural relationships related to the eyeballs and vision. Treatment methodology incorporates a variety of CAM methodologies, such as the Bates method for visual reeducation, cranial osteopathy, Traditional Chinese Medicine (TCM), nutrition, homeopathy, phytotherapy, psychotherapy, color therapy, iridology, kinesiology, psychosomatic correlation, bioenergetics, and creative visualization.

The bioregulatory protocol for improving eyesight aims to optimize the biological terrain of the eyes and visual pathway. Once the eyes’ optimal shape and function are restored, vision naturally improves. The regulation of both visual axes and the eccentric fixation is achieved primarily by realignment of the musculoconnective tissue of the eyeballs.⁵ The protocol may additionally reinforce the function of the retinal photoreceptors, release intracranial entrapment neuropathies of the 3rd, 4th and 6th cranial nerves, strengthen eye–mind correlation, and improve synchronization of the left and right brain hemispheres. It also may incorporate various nutritional, herbal, or homeopathic bioregulatory remedies, such as Heel’s Musculi oculi suis-Injeel, Guna-Trauma, or New Vistas Eye Sarcode and Eye Liquescence, to additionally facilitate and support structural and functional integrity of the visual apparatus.⁶

Bioregulatory eye treatment is always personalized according to the uniqueness of one’s bioindividuality. Although it is effective in prevention and treatment of somatic pathology of the eyes, such as glaucoma, cataract, macular degeneration, trauma-induced visual disturbance, or age-related presbyopia, bioregulatory ophthalmology is particularly effective in correction of refractive errors such

as short-sightedness (myopia) and long-sightedness.

Bioregulatory Ophthalmology and Psychological Self-Empowerment

The eyes are the windows of the soul. — Proverb

Eyesight is our most important sense. Through it we gather much of our knowledge of the world. To interpose an artificial barrier between our eyes and our environment, in the form of glasses or contact lenses, represents a fundamental interference with the natural process of perception. If our perception is faulty, so too in equal measure will be our whole attitude to life, our behavior, and our beliefs.³ Hence, while regular practicing of the bioregulatory protocol for visual improvement may steadily improve vision, people may also notice how their entire personality undergoes subtle changes; their hidden potential becomes realized and transformed in the direction of balance, confidence, and independence.

And finally, let us also not forget the legacy of the orthodox theory of accommodation and over 100 years of treating refractive errors with corrective lenses on a widespread scale. Consequently, faulty vision has not only become the most common phenomenon nowadays, but it has also sunk deep into the collective psyche which shapes the very epigenetic experience of the human species.

We now need to act.

At this stage, we need not just to improve individual visual apparatus and restore optimal eyesight, but also fight the collective ignorance regarding natural means of correcting vision. Furthering the health consciousness of the general public in this way will prompt the long overdue paradigm shift needed in modern ophthalmology.

The needless subjection of the eyes of the coming generation to the domination of glass lenses must have an absolute and malevolent

influence on the mentality of any weak eyed nation.³

W. B. MacCracken, MD. *Use Your Own Eyes*; 1937

Case History: Treating Myopia with Bioregulatory Ophthalmology

M.B., a 20-year-old patient with bilateral myopia, wearing glasses and contact lenses since age 7, came to see me two years ago regarding the improvement of her vision.

The initial medical assessment confirmed a refractory error of -2.0 diopters on the left eye and -2.75 diopters on her right eye. A bioenergetic assessment showed restricted flow along the liver and gall bladder meridians and sensitivity of local periocular pressure points, particularly urinary bladder (UB) 1 and UB2. Examination of the cranial lymphatic system detected

slow lymphatic drainage, with consequent tendencies towards sinus congestion and infraocular edema. Musculoconnective tissue of the head and neck was particularly tight at the cranial base, specifically around the jugular foramen. Lateral neck muscles, in particular the scalenes, were equally tense, restricting optimal blood flow to and from the head/eyes. Cranial bones and sutures were examined, too. The sphenobasilar joint showed a pathological pattern of compression that inhibited its normal cranial micromovement around the transverse axis, and additionally compacted the already overcongested cavernous sinus.

Nutritional assessment delivered nonspecific results, except for a mild magnesium deficiency, which was confirmed by blood and sweat analysis.

Make a Difference in Your Patient's Health That Will Make a Difference in Their Life!



"RESULTS WERE IMMEDIATE! IT WOKE HIM UP, WE WERE AMAZED!"

S.C.—using Metal-Free® with her 3-year old Autistic son

Does not deplete beneficial minerals

Call toll-free: (877) 804-3258

today for your **FREE**

Metal-Free Information Kit

Or visit our website at:

www.bodyhealth.com

- ✓ Metal-Free is an oral spray, safe for daily use, easy for patients and practitioners.
- ✓ Bowel excretion of heavy metals protects delicate kidneys.
- ✓ Helps remove all toxic metals, including Mercury, Lead, Arsenic, Aluminum and Uranium.



METAL-FREE®

A Different Kind Of Heavy Metal Detoxifier

Bioregulatory Ophthalmology

>

A psychological profile revealed anal characteristics, with tendency to criticism and difficulties letting go.

Integrated bioregulatory ophthalmology treatments were recommended, and these were applied weekly over the course of two months. Treatment began with structural work on the head and neck. Soft-tissue massage techniques were used aiming to release the excessive muscular tension at the cranial base and in the lateral neck muscles; this had the additional objective of improving the vascular network to the head. The lymph flow was facilitated by using lymphatic drainage technique, with the emphasis on the periocular area and the infra-auricular lymph nodes. Acupressure was applied to treat sensitive local and distal pressure points that correlate with the function of the eyes. The patient was also instructed to practice daily self-acupressure of UB2, GB20, LI4, and Liv3 points. Cranial osteopathy focused on the sphenobasilar joint and the most likely places for intracranial entrapment neuropathy of oculomotor, trochlearis, and abducens nerves, which regulate intra- and extraocular muscles. Since those nerves naturally regulate all ocular muscles, it was important to ensure that they were not compromised along their path. The particular emphasis of the cranial work was on the following locations: where those cranial nerves cross the borders of tentorium cerebelli, as they pass through cavernous sinus, where the particularly vulnerable spot was, the fibro-osseous canal beneath the posterior clinoid processes, at sutura petrobasilaris, and where those nerves enter the orbit through fissure orbitalis superior.

For metabolic support of the eyes, during the first month, M.B. was instructed to take daily supplementation of vitamin A in a dose of 25,000 IU for support of the retinal pigment formation and

proper balance of intraocular fluid. It was prescribed in combination with RDA of taurine, lutein, zeaxanthin, and lycopene, nutrients with the specific antioxidant properties of overcoming free radical damage, also helping getting nutrients into cells and removing cell debris and other potentially toxic substances from the eyes.

The patient was additionally prescribed magnesium 400 mg daily, due to her need for increased natural spasmolitics and detected nutritional deficiency.

M.B. was then instructed how to practise 45 minutes of daily eye exercises, which were selected to address the excessive muscular tension of her oblique extraocular muscles. Excessive tension of those muscles perpetuates an elongated shape of the eyeballs, interfering with natural focal length and disturbing optimal foveal vision, a very common characteristic of the myopic eye. Most of the selected exercises were based on the principle of divergence, which sets up a massage-like action of the oblique extraocular muscles. Those exercises were performed alternately with the relaxing palming exercise, as balancing tonicity of external ocular muscles also calls for stimulation-relaxation principle. To prevent the muscular strain due to eye exercises, M.B. was prescribed 40 drops of Traumeel to take in her daily bottle of purified water. Regular use of pinhole glasses was recommended for reading.

M.B. has completely stopped wearing glasses and contact lenses two weeks after the initial treatment, feeling very comfortable without them. The consecutive eye test two months after the commencement of her treatment showed 20/20 vision, the equivalent of normal eyesight.

During her therapeutic process, M.B. also gained confidence and enthusiasm, not present before, resulting in more effortless

communication and self-expression. Two years after her bioregulatory ophthalmology treatment, she is still optical eyewear-free, enjoying the full benefits of the normal eyesight.

Testimonials

An amazing experience! I can already see so much better and colors! I have got that feeling of well-being again, you know what I mean – smiling a lot, talking nice to everyone ...

T. Kebo, 48, businesswoman

When I did the eye seminar, at first my eyes got watery and felt a bit strained for a moment, but then I could see clearly straight away!

A. Barclay, 11

Definitely the biggest positive shock of my life – it was like a miracle! Halfway through the practical part of the seminar, I was able to see with my weak eye what I have never been able to see before in my life!

L. Pissaro, 46, artist

Notes

1. Bains WH. *The Bates Method for Better Eyesight Without Glasses*.
2. Bosh T. Bioregulatory medicine: new medical paradigm. *Townsend Lett.* January 2011;110.
3. Bosh T. Extended oenotology: module 3. *Manual for Bioregulatory Medicine*. Biomedic Foundation Press.
4. Rothenberg H.H. *Matrix Medicina Homeopathica Antromatologica*. 4th ed. Australia; 1983.
5. Barnes J. *Improve Your Eyesight*. Souvenir Press.
6. Shakkottai DA. *British Homeopathic Formulary*. Biomedic Centre; 2007.
7. Husley A. *The Art of Seeing*. Creative Arts Book Co.; 1982.
8. MacCracken WB. *Use Your Own Eyes*. Berkeley, CA: Professional Press; 1937.

Tatyana Bosh, MD, is a president of the International Society for Bioregulatory Medicine and a medical director of the British Academy for Bioregulatory Medicine. She practices at the Biomedic Centre, 23 Manchester Street, London W1U 4DJ. For more information, contact www.biomedic.co.uk or +44(0)20 7935 6866.

