Coronary heart disease

Background

Coronary heart disease refers to the failure of the coronary circulation to supply adequate circulation to cardiac muscle and surrounding tissue. Coronary heart disease is most commonly equated with Coronary artery disease although coronary heart disease can be due to other causes, such as coronary vasospasm.

Coronary artery disease is a disease of the artery caused by the accumulation of a the anomatous plaques within the walls of the arteries that supply the myocardium. Angina pectoris (chest pain) and myocardial infarction (heart attack) are symptoms of and conditions caused by coronary heart disease.

Over 459,000 Americans die of coronary heart disease every year. In the United Kingdom, 101,000 deaths annually are due to coronary heart disease.

Causes

Coronary artery disease, the most common type of coronary disease, which has no clear etiology, has many risk factors, including smoking, radiotherapy to the chest, hypertension, diabetes, and hyperlipidemia.

Also, having a Type A behavior pattern, a group of personality characteristics including time urgency and competitiveness, is linked to an increased risk of coronary disease.

SIGNS AND SYMPTOMS

Coronary heart disease may be asymptomatic. If not, symptoms can include:

- Chest heaviness
- Dyspnea
- Fatigue
- Chest pain
- Angina
- Myocardial infarction

TREATMENT

LIFESTYLE CHANGES

Lifestyle changes that may be useful in coronary disease include.

- Weight control
- Smoking cessation
- Exercise
- Healthy diet

MEDICATIONS TO TREAT CORONARY DISEASE

- Cholesterol lowering medications, such as states, are useful to decrease the amount of "bad" (LDL) cholesterol.
- Nitroglycerin
- ACE inhibitors, which treat hypertension and may lower the risk of recurrent myocardial infarction
- Calcium channel blockers
- Aspirin

SURGICAL INTERVENTION

- Angioplasty
- Stents
- Coronary artery bypass

Case study

Male subject, aged 54, started getting fatigue and sleepless. Two weeks later, he felt his left arm numb and got diagnosed with angina pectoris. The doctor said that the patient got Calcium deposits in the heart vessels and he would need to have 3 stents.

Medical report: MDCT OF CORONARY ARTERY CALCIUM SCORING
History: asymptomatic.
Technique: Using multi-slice tomography scanner with ECG gating: HR+ 71 b/m
Non-enhanced axial CT for coronary calcification was performed.
Finding: Several heavily calcified plaques in the LAD, RCA and LCX are noted.
Coronary calcium score 911.7 Agatson Score 94 th percentile.
Conclusion: Significant plaque burden detected in the triple vessels with Calcium score 911.7 at 94 th percentile.

Discussions

Ψ-TI diagnostics confirmed the congenital disease and Diabetes type II. The patient was advised to have about 7 Ψ-TC correction sessions.

Pic.5.After one month - no fatigue, just feels strong and happy

Conclusion

Ψ-TC correction - 7 sessions in 2 weeks
After 4 sessions, the patient was able to sleep well and the feeling of numbness in the left hand disappeared.
After 7 sessions the feeling of fatigue was gone. He felt lighter and happier.

On 3rd week, he went for a health check up at a hospital. The doctor noted the improvements and said that the patient did not need the operation anymore: the condition of his heart vessels improved.

The family is very happy and his wife said "it was very lucky that we found this kind of technology. Thank you".