NEW, HIGHLY EFFECTIVE ALTERNATIVE METHODS FOR TREATING CARDIOVASCULAR DISEASES (HEART AND CIRCULATORY CONDITIONS)

Myocardial infarction, heart attack, congestive heart failure, prevention of heart transplantation, stroke, peripheral vascular disease, claudication, gangrene, angina, chest pain, painful legs with walking, swollen feet, ischemia, poor circulation, cold hands and feet, no hair on toes, discolored toes, increased blood fibrinogen, increased D-dimers, increased sedimentation rate, increased CRP (C-REACTIVE PROTEIN), calcification, calcinosis, calcified blood vessels, fibrosis, scarring, fibrotic tissues, hardening of the arteries, aging, anti-aging, youngering, young blood, telomeres, telomerase, reversing aging, rejuvenation, regeneration, rehabilitation, restoration, hypertension, high blood pressure, dilated cardiomyopathy, diabetes, insulin resistance, metabolic syndrome, renal failure, chronic kidney disease, dialysis, lead, mercury, heavy metal toxicity, free radicals, oxidation, anti-oxidants, diet, low fat diet, dietary restriction, nutrition, lipids, cholesterol, sodium, salt, magnesium, vasculitis, autoimmune diseases, autoimmune, osteoarthritis, arthritis, pain, rheumatoid arthritis, lupus, neuropathy, neuritis, neuralgia, shortness of breath, unable to get air.

Here in the US it is estimated that 7.1 million individuals have had and survived a heart attack while another 4.9 million struggle with congestive heart failure (CHF).

In the Middle East 45% of people die of heart disease.

PREVENT HEART TRANSPLANTATION!

Cardiac transplantation, also called heart transplantation, has evolved into the treatment of choice for many people with severe heart failure who have severe symptoms despite maximum conventional medical therapy.

Unfortunately, the number of heart donors has reached a plateau despite an increasing number of potential recipients. More than 5000 cardiac transplants occur each year around the world, although it is estimated that up to 50,000 people are candidates for transplantation. Many of these patients that have such damaged hearts and are scheduled for a heart transplant will die before a replacement heart becomes available. These damaged hearts now can be helped greatly by the use of stem cells with a perfectly safe procedure called a bone marrow transplant from themselves.

Patients with ejection fractions under 25 often times will see an increase of 40-100% in their ejection fraction by the use of stem cells. Dr. Steenblock has been treating cardiac patients since 1978 and was trained at the University of Washington, the Mayo Clinic, Case Western Reserve University, the University of Oregon, Children’s Hospitals of Seattle and Des Moines, Iowa among other facilities. Dr. Steenblock has treated more than 5000 patients with stem cells many of which had chronic congestive heart failure and were scheduled for transplantation.
Since the procedure is safe, simple and readily available it makes an excellent therapy to try before subjecting yourself to the difficult heart transplant operation and all of the immune suppressing drugs needed afterwards that predispose you to infections that could kill you.

The Centers for Disease Control reports that 795,000 people in the United States have a stroke each year with 610,000 of these being first strokes. In addition, the CDC reports that in 2011-2012, 32.5% of adults over age 20 had hypertension or high blood pressure (This being a risk factor for developing various cardiovascular problems if not treated or poorly managed).

These are definitely sobering statistics, but not surprising given the fact cardiovascular disease has ranked as the #1 cause of death in the US for every year since 1900 with one exception, the year 1918 when influenza took more lives.

And though a great many advances have been made in medicine in the past century, a substantial number of people with coronary artery disease wind up progressing to end-stage ischemic coronary artery disease with chronic refractory angina.¹

If you or someone you love has heart of blood vessel disease or has had a heart attack, stroke, or is struggling with intractable angina, you are keenly aware that the best conventional medicine often has to offer is a mix of invasive procedures and drugs which can have all kinds of side effects and adverse effects.

Physician David Steenblock has spent the past forty years methodically figuring out things like how to reverse arterial blockage, heart and stroke damage, congestive heart failure, and many other perplexing, chronic cardiovascular challenges by working with thousands of patients since 1968. Dr. Steenblock has traveled the globe searching out other leading physicians to learn from them about their experiences with hyperbaric oxygen, external counterpulsation, chelation therapy, extracorporeal shock wave therapy and adult (nonembryonic) stem cells (Bone Marrow Aspirate Concentrate of BMAC) to foster healing and regeneration in heart disease, stroke and other conditions. After studying with these world class physicians, Dr. Steenblock reviewed all of the devices and methods and then began carefully, methodically using them to treat his own patients. He has to-date successfully treated thousands of people.

The upshot of this is that Dr. Steenblock has accrued the kind of sophisticated equipment and experience treating heart and brain problems that other doctors, clinics and major medical centers lack. The latest tools to be added to his already impressive list of healing instruments is the combination of extracorporeal shock wave therapy and stem cell-rich bone marrow aspirate concentrate (BMAC).

WHAT IS LOW INTENSITY EXTRACORPOREAL SHOCK WAVE THERAPY?

You no doubt know something about ultrasound or perhaps have used some form of it. Technically speaking, ultrasound refers to sound waves that start just above the highest range most people can hear. Most people associate ultrasound with ultrasound imaging of their heart,
gall bladder or blood vessels but more powerful forms can be used to heat blood vessel damaged tissues in the legs (peripheral vascular disease including intermittent claudication, i.e., pain with walking) which increases the circulation especially when combined with EDTA chelation therapy. In addition, when hyperbaric oxygen and stem cells are added to these treatments they produce even better improvements in people suffering from these problems especially those with early gangrene who are trying to prevent amputation.

But what about this new "low intensity shock wave therapy (SWT)"? The "shock" part may suggest something potentially harmful or menacing but is not the case at all.

Actually, you probably know that shock wave therapy has been used in medicine for over thirty (30) years to break up kidney stones (renal lithotripsy) but that is with a much more powerful device.

The focus of low intensity SWT at Dr. Steenblock's clinic is employing shock waves to help promote the improved functioning and healing of damaged or diseased hearts and blood vessels. Here are 3 photos of the SWT device used and being used at Dr. Steenblock's clinic:
The shock waves generated are used to treat damaged heart and blood vessels which results in the production of chemical signals within them which stimulate their repair and rejuvenation. In general, thousands of low energy shock waves are administered during a treatment session. This process is noninvasive, requires no anesthesia, is painless, and has no treatment side effects.

What happens once these thousands of shockwaves bath a specific area of the heart or blood vessels? The sound wave energy stimulates repair mechanisms which results in increased oxygen and blood flow, improved heart pumping action (ejection fraction), and the creation of new blood vessels and tissue regeneration. When shock wave therapy is used in combination with other treatments (e.g. hyperbaric oxygen, bone marrow stem cells, growth factors and EDTA chelation) one tends to see a much quicker, more complete healing than would otherwise be the case. EDTA chelation therapy is used by many doctors around the world. Individuals who cannot come to Dr. Steenblock for whatever reason can locate a doctor who is qualified to do chelation therapy at www.acam.org. However, those with congestive heart failure should not do chelation therapy since it removes calcium from the arteries, blood and heart muscle! Calcium
is used by heart muscle to fuel contractions and if calcium levels are too low the heart muscle fails and congestive heart failure (CHF) will worsen. This could result in sudden death due to pulmonary edema (characterized by a rapid onset of shortness of breath) up to two weeks after a patient's last chelation treatment session. In CHF and similar conditions, instead of using EDTA Dr. Steenblock treats with external counterpulsation therapy since this enhances the blood flow to the damaged heart and makes it stronger. It also complements and acts synergistically with stem cells since it generates new blood vessels growth factors by a process called “Shear Stress”.

EDTA therapy is great but it can be dangerous and the only doctors who do it should have many years of experience. Any doctor who says this modality is absolutely safe and there has never been a problem is either ignorant, misinformed or being deceptive. Unfortunately, many doctors think chelation is perfectly safe and, although it usually is, there are rare circumstances in which it causes problems or problems. Hence the need to find an MD or DO who has been doing chelation for many years (Dr. Steenblock started doing chelation in 1978 and taught the ACAM course on the toxicology of EDTA for 10 years).

Stem cells, too, offer much when it comes to effecting turnarounds in various cardiovascular conditions. In 2011 the Cochrane Collaboration published a review of 23 clinical trials which involved the use of bone marrow stem cells in patients whose hearts were failing (congestive heart failure). This review found that overall these stem cells improved heart function and lowered the risk of death.2

A WORD TO THE WISE: The studies reviewed and analyzed by the Cochrane Collaboration involved people getting bone marrow stem cells alone so getting stem cells should be the first treatment method used in people who are seriously ill or have had a recent heart attack or stroke since the sooner fresh stem cells reach damaged tissues the more rapid recovery will be. In addition, stem cells may well prevent heart rhythm irregularities and the development of congestive heart failure which is common after a heart attack. Both of these conditions (cardiac irregularities and congestive heart failure) can kill which means ANY delay in getting stem cells is unwise!

SAFETY & EFFECTIVENESS OF SHOCK WAVE THERAPY (SWT)

The safety and efficiency of SWT has been established in numerous randomized, placebo controlled studies (This type of study is one of the most powerful ways for determining a drug or device's effectiveness in participants).

Here is what these studies have shown in summary form:

SWT increases:

- Blood flow
- **Ejection fraction** (heart)
- Performance during exercise training & endurance while walking for 6 minutes
- Oxygen uptake
- **Ischemic threshold** syndrome
- **Vascular Endothelial Growth Factor (VEGF)** and the receptors it binds to and activates
- Capillary density

**SWT decreases:**

- Angina pectoris on the [Canadian Society Grading System for Stable Angina](#)
- [New York Heart Association heart failure functional classification](#)
- Nitroglycerine use
- Hospitalization
- Arrhythmia

As you already know from reading all of the above discussed choices determining the best combination of therapies to use will have to be discussed with a knowledgeable doctor. In addition, each person has to have a specific diet, supplements and medications determined for their specific problem(s) and metabolism to enhance their degree and rate of healing and recovery.

**This combination of therapies synergistically removes calcification, fibrosis and scarring of atherosclerotic arteries that are present in the HEART, LEGS AND BRAIN.**

You can get Dr. Steenblock's expert help in making these determinations by calling 949-367-8870 or 800-300-1064.

**REFERENCES**

1. "Cardiac shockwave therapy in patients with end-stage coronary artery disease", presentation by Dr. J. Vainer, University Medical Center, Maastricht, Netherlands.