

A Painless Alternative to Bypass Surgery

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<http://www.whitakerwellness.com/our-therapies/eecp/content/article/A-Painless-Alternative-to-Bypass-Surgery-.html>

Chester was in the intensive care unit, being prepped for triple bypass surgery the next day. He was suffering with unstable angina so severe that merely walking 10 yards brought on chest pain, and blockages from 90-95 percent had been identified in four of his coronary arteries.

Having been a patient at the Whitaker Wellness Institute, Chester was familiar with alternative therapies for [heart disease](#). As his surgery drew near, he made a difficult decision. He checked out of the hospital against the advice of his cardiologists, who unanimously felt that he should be a "surgical candidate," came to the Whitaker Wellness Institute, and began a course of enhanced external counterpulsation (EECP), a noninvasive mechanical therapy for the treatment of heart disease and other circulatory disorders. After he completed the treatment course six weeks later, Chester felt better than he had in years. He went from barely being able to cross the street to walking a mile and a half twice a day without angina.

Chester's story is more dramatic than most, but the chain of events that led him to the ICU is an all-too-common scenario: chest pain, angiogram, bypass surgery. Chester just chose to step out before the last act, and he is thankful he did.

You Have More Options Than You Think

What angers me most about the current state of conventional cardiology is that patients are presented with gloom-and-doom scenarios, scared out of their wits, and virtually shoved into unnecessary bypass and other invasive procedures without being offered any alternatives. Folks, you do have other choices.

The therapeutic powers of a low-fat diet, [exercise](#), nutritional supplements targeted at the cardiovascular system are well documented. [EDTA chelation therapy](#) is another effective option. But sometimes, particularly in cases of acute angina pectoris such as Chester's, these aren't enough.

That's where EECP comes in. It far surpasses anything I've seen for the nonsurgical reduction or elimination of angina.

EECP Dramatically Improves Blood Flow to the Heart

EECP was developed at Harvard University more than 50 years ago and has been used by hundreds of thousands of people. It has been tested in a number of clinical trials with astoundingly positive results, and its safety record is impeccable. EECP works on a very simple and obvious premise. Since angina is caused by an inadequate blood supply to the heart, the best way to alleviate it is to get more blood to the heart.

EECP does this by pumping, literally squeezing blood out of the legs so more blood is delivered to the heart. This increases heart perfusion, or its supply of oxygen and nutrients, via the coronary arteries. EECP doesn't open previously blocked arteries. Instead, it's something of a "natural bypass" It improves

and increases collateral circulation, the small vessels your heart naturally grows around blocked arteries to "bypass" the blockage.

The pumping is done by a body stocking extending from the ankles to just below the waist. You lie on a flat surface and the stocking contracts in rhythm with your natural pulse in a sequential wave-like motion from calves up to buttocks. When it contracts, blood is forced up the legs through the veins, to the heart, and throughout the body. A session lasts one hour, and except for the squeezing sensation, causes no discomfort whatsoever. A usual course is 35 one-hour treatments, five per week over seven weeks, or two treatments a day for four weeks.

Clinical Studies Show Significant, Lasting Improvement

Chester's experience parallels that of patients involved in clinical trials of EECP. A 1992 study published in the *American Journal of Cardiology* reported on 18 patients with severe heart disease (they had already had bypass surgery and were still having chronic angina) who received a full course of EECP. Sixteen of the 18 had complete relief of angina, and the other two had partial relief. In addition, thallium stress tests demonstrated a total resolution of obstructive blood flow in 67 percent of the patients and partial improvement in 11 percent

In a more recent study, a multicenter trial carried out at seven university medical centers, including Yale, Columbia, and Harvard. This placebo-controlled study involved 139 patients, average age of 63, with chronic angina pectoris. These patients had serious heart disease. They were on maximal medication, 51 percent had had previous heart attacks, 62 percent had undergone bypass and/or angioplasty, and 65 percent had multivessel coronary artery disease.

They were divided into two groups and received either 35 EECP or placebo treatments over a course of four to seven weeks. While the placebo group showed little improvement, patients undergoing EECP had a decrease in both weekly episodes of angina (from 3.9 to 2.4) and nitroglycerin use (from 2.6 to 1.2 times per week). In addition, patients noted a slight increase in exercise duration and marked improvements in energy and sense of well-being.

How long do EECP's effects last? I know of one patient who, five years after he was given his "last rites" and underwent EECP as a last-ditch effort, is fully functional and pain-free. One year after the above study's conclusion, 40 patients who had undergone EECP were reexamined, with 70 percent continuing to show clinical benefits.

You'll Be Hearing More About This Therapy

If EECP is so good, why aren't more physicians prescribing it? The answer: EECP is a threat to the multibillion dollar heart disease industry, to the pharmaceutical giants, to the cardiac surgery suites that are the showrooms of this nation's hospitals, to the cardiologists already in practice, and to those being churned out every year from our medical schools. Like a skid-row junkie, the heart disease industry has a ravenous habit that must be satisfied with a continuous supply of patients, regardless of cost and injury to the people they are supposedly helping.

EECP is beginning to gain a foothold in this country. Even if cardiologists continue to ignore the evidence, the people who pay for health care will eventually sit up and take notice. EECP costs much less than [angioplasty and bypass surgery](#), it is noninvasive and can be administered outside a hospital, and it is extremely safe and effective.

Recommendation

- In addition to relieving angina, EECP is also an excellent therapy for other disorders involving the circulatory system—peripheral vascular disease, [stroke](#), [Parkinson's disease](#), impotence, blindness due to retinal artery occlusion, and sudden deafness. For more information on EECP treatment at the Whitaker Wellness Institute, call **(800) 488-1500** or [click here](#).

References

- Lawson, WE et al. Efficacy of enhanced external counterpulsation in the treatment of angina pectoris. *Am J Cardiol*, 1992;70:859-862.
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