



Heart and circulatory diseases - Aetiology and Therapy

**by
naturopath (Heilpraktiker)
Günter Vorwald**



Disturbances of the cardiovascular system normally have their origin not in the system itself, but are part of a wider context. To start with, patients have often eaten animal protein too fast and in too great a quantity. This can lead to consequences in two systems: parts of the protein are not broken down properly in the intestines but rather they decay in the gut. The toxins that are formed in this process start to paralyse the gut wall, thus slowing down peristalsis. The slower excretion rate leads to a build-up of toxins, which cause the intestinal walls to go limp. As a result the volume of intestinal contents increases.

This effect can be observed in the form of a slightly distended abdomen. In the event of ongoing damage to effect the intestinal mucosa, toxins penetrate through the intestinal wall and lower the tonus of the muscles of the abdominal wall, so that all the internal organs prolapse. This causes changes in posture as the additional abdominal weight has to be „balanced“. The enlarged abdominal volume has another important effect - it hinders respiration. It can be observed regularly that breathing is strongly impaired in nearly all cases of cardiovascular disease. Therefore less oxygen is breathed in and not enough carbon dioxide is breathed out. A sign of a raised carbon dioxide content can be seen in form of a blue discoloration of the finger nails.

Toxins put too great a strain

on the liver and detoxification becomes more and more difficult, which leads to an accumulation of increasing amounts of toxins in the circulatory system. From there, toxins and waste products get into the skin, where they are deposited and will lower the tone of the skin leading to wrinkles - especially on the face.

The increased uptake of animal protein has another important aspect: Protein molecules streaming into the blood circulation from the gut via the liver are passed on via the capillaries to the connective tissues and will be deposited there until needed. In case of a surplus of proteins in the connective tissue for a protracted length, these tissues act as a great reservoir for the passage of fats and oxygen. Fat accumulates in the blood and the so called „fat or lipid values“ increase. In order to avoid energy deficits, the body increases the production of cholesterol in the liver to ensure that the fat molecules with the aid of carrier molecules reach their target cells more easily. As a consequence of this carrying and the build-up of waste deposits in the connective tissues, the cholesterol content of the blood rises. When the cell metabolism decreases and single cells lack oxygen, the mitochondria switch from the citric acid cycle to an archaic metabolism of fermentation. This produces lactic acid instead of pyruvic acid. The proteins deposited in the

connective tissues swell up, so that a gelatinous, highly acidic intercellular substance is formed.

To maintain oxygen supply, the bone marrow produces erythrocytes at an accelerated rate. This causes the haematocrit to rise above 40%. Several mechanisms become activated within the connective tissues in order to break down or to excrete the proteins. One possibility is excretion via the lymphatic system (apparent in children in the form of permanently enlarged tonsils); another possibility is the occasional attempt to break down proteins by an inflammatory response. Finally, a third possibility is that the endobiont *Mucor racemosus* Fresen which is present anyway, evolves into larger forms in order to break down proteins more rapidly. This means that it transforming them from an immovable into a mobile form.

Besides that the *Mucor* has the task of limiting the lifespan of erythrocytes whose production is increased. On a dark field microscopic haemogram the *Mucor* can easily be seen attacking and destroying the erythrocytes. The *Mucor* is possibly also involved in stimulating the formation of new erythrocytes or in assisting in their breakdown in the spleen at a faster rate.

If this process of renewal takes place too fast, immature



erythrocytes appear in the haemogram. They indicate that the whole regulatory system is in a state of emergency.

If the connected tissues suffer from an overload, blood vessels deposit proteins in the basal membrane and later as in the intima cells as well. It is increasingly difficult for other nutrients, especially for fats and calcium, to reach their target cells. Therefore they form deposits around the sides of blood vessels, which is called „arteriosclerosis“ if diagnosed. This can be well observed in the form of the so called „Arcus senilis“, a grey veil around the iris.

The next sensible step in the effort to maintain the functioning of metabolism consists in the formation of a thickened protein rim around the erythrocytes, which can clearly be seen as a bright ring under the dark field microscope. It gives an indirect signal to the observer how far the body's attempts of the body to compensate have proceeded and provide a representation of the dynamic of events in the body.

Due to a dysfunction of the gut, malnourishment occurs. The absorption of nutrients is impaired and metabolism in the final phase of circulation is disturbed, which causes a lack of many minerals within the cells. Magnesium and potassium are the minerals most concerned. Besides it is only too logical

that not enough vitamins reach their target cells, especially Vitamin E as a repair vitamin for damaged endothelial cells and Vitamin C for the control of inflammatory response processes. Both are needed and used in high quantities.

The formation of lumps or „rouleaux“ of erythrocytes in the blood is a sign of a low electrical charge on the surface, but most of all of too much protein in the organism.

In summary it can be said that the following signs and symptoms are present in cardiovascular disease:

- Excessive intake of protein
- Intestinal disturbances
- Impaired liver function
- Impaired respiration
- Oxygen deficiency in the cells
- Disturbance of the citric acid cycle
- Carbon dioxide and lactic acid overload
- Hyperacidity of connective tissues
- Infestation with endobionts
- Mineral deficiency
- Vitamin deficiency with increased free radical formation
- Deficient charge of erythrocytes

Treatment of cardiovascular disease

For the treatment of cardiovascular disease the following

therapeutic measurements are indicated:

1. Consequent reduction of animal protein in the diet and increased intake of fruit and vegetables with the emphasis on alkalinising products:

- Celeriac
- Kohlrabi
- Carrots
- Potatoes
- Beetroot

2. Consciously eating more slowly (eating a meal, not „bolting“ it)

3. Strong antacid treatment with ALKALA N powder, initially with 1/4 teaspoon in water to be taken in the afternoon.

The amount should be increased slowly day by day until the urine test strip shows a dark blue colour which indicates an alkaline reaction. The patient should continue taking the same amount every day for a week and check his urine with a test strip three times daily. In contrast to other prescribers, I do not think it is important that the strip shows blue values each time, but that it is normal to see a fluctuation around a pH of 7. Neither a so called „acidic rigidity“ nor an „alkaline rigidity“ can be the aim of the treatment. Life finds its greatest dynamic on a cyclical basis.

According to my observations the alkaline peak can occur both in the morning and at other times of the day. In my



opinion it is crucial that at least one alkaline value can be measured once per day. In that way a pronounced hyperacidity of the connective tissues can be decreased slowly. If this procedure is overdone and the prescriber is too keen just to achieve alkaline values, the patient may start to suffer from strong cramps and pain.

4. Breathing exercises

The sound *OOOOOOOOOOO-
OOOOOOOOOOOOmmmmmmmmmm* should be droned as deep and slowly as possible. Three breaths should be taken one after the other with this sound. It is recommended to repeat these exercises several times a day. The exercise leads to a switch in the circulation cycle via the respiratory centre. In this way the blood pressure is lowered. As a reflex reaction breathing gets deeper which activates digestion and increases the basic metabolism in the liver. As movement of the lungs is enhanced, blood supply to the heart improves. As the oxygen content of the blood rises, carbon-dioxide levels decrease. This has a positive effect on the neutralisation of lactic acid by bases (alkalis).

5. With MUCOKEHL 5X intravenous (i.v.) or intramuscular (i.v.) given once a week and by taking one tablet daily when no injection is given, the endobionts are deconstructed into a growth-form of lower valency which helps to establish a less viscous blood flow. If the haematocrit value is clearly

increased, blood letting is certainly a reasonable perceptibly intervention, in order to decrease the viscosity of the blood within a short time.

6. If the dark field microscopy haemogram shows an increased tendency towards an aggregation of thrombocytes, NIGERSAN 5x is injected in addition and will be taken daily as well in the form of 1 tablet in the evening.

Alternatively SANKOMBI 5X can be prescribed in the form of drops.

7. In order to accelerate the excretion of lactic acid, the weekly injection of SANUVIS in addition to the alkalinising products has been proved worthwhile. It contains a harmonic sequence of ascending potencies of Acidum L (+) lacticum. I have my patients take this in the morning after breakfast.

8. To activate the citric acid cycle it is important to inject CITROKEHL once weekly. It contains a harmonic sequence of ascending potencies of Acidum citricum.

9. In order to meet the required amount of Vitamin C, I prescribe any vitamin C preparation so that 1000 i.E. are taken daily. Pure ascorbic acid often causes stomach problems, so that I prefer to give a preparation with a slow release action. I have the patient take this in the morning with their breakfast.

I do not practise intravenous Vit. C treatment, which is possible especially in serious cases of arteriosclerosis since it is too time- and cost-intensive.

10. At lunchtime I have the patients take MAPURIT. This covers the daily requirement of Vit. E and Magnesium at the same time which is an ideal way. This preparation is especially valuable in disturbed perfusion of the heart.

11. If there are any indications, even only occasionally of a disturbance of the gut, in which case a coating of the tongue can often be observed, I follow the uncommonly valuable advice of Dr. Werthmann. He is always pointing out that the gut walls show degenerated villi, so that food is not absorbed despite optimum nutrient intake.

Especially if there is the slightest hint of a simultaneous allergy, the first remedy of choice is always FORTAKEHL!

Since I have been following this advice, I have been much more successful. Often one pack of tablets given before any other therapeutic measurements is enough. FORTAKEHL 5X should be given once daily and a pronounced improvement of the gut will be observed.

12. To deliver more energy to the cells, the intake of oils is recommended. It is suggested that high quality plant oils like linseed oil or olive oil should



be taken at mealtimes. Many patients prefer to take oils in form of capsules.

For these patients the company SANUM offers LIPISCOR. It contains the valuable omega-3-fatty acids, which offer a quick energy boost to the cells. As increased oxygenation takes place other fats pass from the blood stream into the cells and the lipid content in the blood is lowered. At the same time the cholesterol content of the blood is lowered, as the liver is not forced to secrete cholesterol into the blood for emergency transport.

This cardiovascular therapy, in several stages can be further supplemented if necessary e.g. by doses of enzymes, which only work properly when the acid-alkaline ecology in the body is balanced, as the enzymes

strongly depend on the pH of the environment.

It is self-evident that an oxygen therapy in several stages can be useful in severe illness. It may also be necessary to carry out chiropractic or homeopathic interventions.

Basically the clotting or „rouleaux formation“ of the erythrocytes can be resolved by magnetic field therapy, as the magnetic fields induce an electric charge in the erythrocytes, so that they can kick off and move freely.

However, in my practice treatment using preparations from SANUM has often proved to be sufficient.

For quick success, I have written a „self-help programme“, that I pass on to my patients if needed. It is available in the German

language to you as a practitioner and can be ordered from the author of this article. The title is „Bluthochdruck Selbsthilfe-programm aus Sicht der Naturheilkunde“ („High blood pressure - a self help programme from the naturopathic view“).

(„Heilpraktiker“)
Günter Vorwald

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