

## **New Theory of Cardiovascular Diseases. Treatment: Hijama?**

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### **Abstract**

The author, Vladimir Ermoshkin, in his mini-review “New Theory of Cardiovascular Diseases. Treatment: Hijama?” conducted a brief analysis of the state of affairs to find the mechanism of some cardiovascular diseases (CVD) and cancer. Over the past hundred years, in a century of great discoveries in many Sciences, cardiologists have not answered two main questions in medicine.

What is the mechanism of most CVD and some cancers?

Why very often there is a comorbidity of several diseases?

In fairness, I must say that modern medicine has done a lot in other sections of its activities, but the search for the mechanism of many CVD fails. As you know, in some countries, the mortality rate of people under 60 years of age from CVD and cancer is very high.

The author studies this problem for 7 years, participates in conferences, publishes articles, conducts discussions with doctors. He showed that the main link of pathological effects on the body is increased venous pressure. The rise of venous pressure is due to the opening of arteriovenous anastomoses (AVA). The opening of AVA is the result of stress, high arterial pressure and a sedentary lifestyle. Increased venous pressure leads to blockages of varying degrees of capillary circulation in various organs. Genetics, human habits and way of life identify the bodies, which primarily occur circulatory disorders. Increased venous pressure leads to vasodilation, organ dilation, venous stagnation, edema, thrombosis, obesity and other problems. Dirty blood and other fluids, accumulating in certain areas, there is a source of pathology, adversely affecting human health.

But it turned out that mankind through trial and error found a way of getting rid of storage of pathological micro clots, dead capillaries and cells. Name of these methods are “hijama” and hirudotherapy. For example, the method of “hijama” began to be used several millennia ago and continues to be used today in the Arab countries. Also, this method is widely used in some European countries. The method allows periodically remove dirty blood from the body, thereby preventing many diseases.

The author hopes that it has found the key to unlocking many of the mysteries of medicine, the key to the question of the possibility of using procedures of the type “hijama” for the prevention and treatment of many diseases.

The question remains: is it possible to improve the “hijama” method, using the latest achievements in pharmacology, biochemistry and other areas of medicine?

**Keywords:** *Cardiovascular Diseases; Hijama*

### **Purpose of the Study**

In 2011-2019, the New Theory of Cardiovascular Diseases (CVD) and Cancer was born and began to gain a foothold. The author of the theory received hundreds of requests for the publication of this theory in medical journals. More than 30 articles on this topic have been

already published. There are also hundreds of invitations to participate at international medical conferences and they continue to come. But, the main alarming thing is the complete absence of any reaction from research centers for Cardiology. The New Theory is interesting to editors of medical journals from many countries of the world and conference organizers. Interested people write letters to me, but health managers and medical research centers are not at all interested in this question. They go their own way. Probably, they know the secret knowledge or the secret direction of the search, which we, the future patients, simply cannot understand. Is it so? Let us get all this straightened out.

### Method

The study of numerous sources of information posted on the Internet. Discussion of proposed ideas at conferences.

### Result

The ideas and descriptions of the New Theory of CVD and Cancer were published in various sources: first (2012) in Russian [1,2] and from May 2016 in English [3].

Let us briefly repeat these ideas. In humans, the arterial pressure (AP) may increase due to physical and psychological stress, due to osteochondrosis of the cervical region, due to a sedentary lifestyle, poor diet, lack of physical activity and some other factors. Increased arterial pressure can lead to the opening of arteriovenous anastomoses (AVA) or AV-shunts in the cardiovascular system. When AVA open, the AP drops. When AVA close, the AP increases [3,4]. The ratio of arterial and venous blood in a healthy person at rest: 20% in the arteries, 5 - 7.5% in the capillaries and 72.5 - 75% in the veins. With open AVA, there is an increase in the volume of venous and a decrease in the volume of arterial blood. First of all, excess venous blood is concentrated, due to the gravity, in the lower half of the body, in the so-called "gravitational traps": in the pelvic organs, in the legs, in the shells of various fascia. From the "gravitational traps" the further movement of fluids downward is either difficult or impossible (in the soles of the feet). A return to the optimal ratio of blood volumes cannot occur quickly enough. Excess of venous blood leads to an increase in venous pressure in all venous vessels since the venous valves of a physically inactive person gradually fail.

The heart has its own adaptation mechanism, allowing it to automatically pump the same amount of blood that enters the right atrium from the veins. The principle of operation of this mechanism is called the Frank-Starling law. In accordance with this law, an increase in the volume of blood flowing to the heart leads to stretching of the heart chambers, and the adaptation mechanism, in response to this, causes an increase in the strength of heart contractions. As a result, the volume of blood coming from the heart to the systemic circuit increases. Thus, all the blood flowing to the heart is automatically pumped into the aorta without delay.

This is ideally, but the real picture for middle aged people is somewhat different because, with the years lived, the venous vessels stretch significantly, the valves become deformed and the blood begins to flow into the lower half of the body. We emphasize that stretched veins can always take an additional volume of blood, especially if the body is in a sitting or standing position, since veins have very low elasticity. Thus, the "excess" part of the venous blood and the intercellular fluid stagnate more and more. A person by the age of 35 - 40 begins to gain weight, not only due to the expansion of organs due to excess fluids, but also due to the growth of visceral fat. At the same time, the quality of nutrition of a particular person has little effect: overweight can be gained on potatoes and bread. After all, this is not the result of the quality of food, this is the result of venous stagnation!

There are additional arguments. Why this is capillary circulation which slows down? Because the excessive venous pressure, due to open AVA, can reach the level of venules and increase the pressure in the venules. Regular sleep on a horizontal surface, in which the venous pressure levels out, partially compensates for blood stasis. But over the years, a night's rest does not save from growing problems.

Due to daily increase in systemic venous pressure, the pressure difference between arterioles and venules in some micro areas of organs in the lower half of the body drops to values of 10 - 20 mm Hg or less. Let's recall that normal pressures in arterioles are 40 - 50

mm, in venules - about 10 - 15 mm, the optimal difference is 30 - 35 mm Hg. The blood in the capillaries reduces its speed, stagnates, the cellular nutrition is disturbed, varicose veins and thrombosis of small veins being observed. At the same time, due to the continuity of macro and micro blood flows, the thrombosis of arterial vessels, first small, then larger is observed. Pathology develops. The cells die in the process of necrosis, apoptosis.

The farthest, from the heart, capillaries, internal organs and skin accumulate pathological fluids to a greater degree, since in the “distant” arterioles, the pressure is less. That means that the pressure gradient is also smaller and, therefore, the nutrition of the working cells is worse. Accumulated fluids, accumulated pathology in people who neglect physical activity, do not allow the body to be healthy and energetic. In numerous micro zones with impaired cellular nutrition, the inflammation of various organs, cell mutation, and oncology can occur [5-7].

It is known that the “topology” of all large and medium-sized vessels, even without taking into account the small arteries and veins, is not repeated for each person who has its own individual topology. In addition, the genetics and lifestyle of people are also different, so the history of diseases in one person may be very different from another one. But the general trends in the incidence of modern people who prefer a sedentary lifestyle are mostly the same.

If stressful situations, unhealthy lifestyles, low physical exertion dominate during life, then diseases appear sooner or later in each person, and with significant comorbidity [8,9], i.e. there are several diseases at once. According to the New Theory, the comorbidity results from the pathological effect of increased venous pressure and slower blood circulation in many organs. For the official medicine comorbidity - a thing beyond understanding for many decades.

Thus, the tendencies and sequence of diseases in humans are approximately as follows:

- 1) Due to an increase in venous pressure in the hollow veins and, especially, at the entrance of the right atrium, arrhythmias and paroxysmal tachycardias can occur. Myocardial excitations can be different: some of the excitations can be mechanically induced and the other part - bioelectric. With paroxysmal tachycardia, a mechanical wave (pulse wave) begins to run in a circle (heart, aorta, artery, liver, vena cava, heart) and excite itself. That is why cardiac beats with such tachycardias follow at equal time intervals and do not depend on the phases of respiration. Due to frequent seizures and overloads, cardiac dilatation, fibrosis, valve damage, atrial fibrillation may occur.
- 2) With a sedentary lifestyle, in which the venous pressure in the legs and other parts of the body increases, there may be swelling and blood stasis. Doctors often make a diagnosis of “heart failure”, accompanied by visceral obesity, atherosclerosis, and liver disease. By this time, doctors are usually determined with the alleged “primary” disease of the patient.
- 3) Because of the jumps in arterial pressure, early strokes and heart attacks in 30 - 50 years are possible.
- 4) Pathologies continue to develop in the lower half of the body - this is a continuation of the influence of gravity. Due to an increase in venous pressure at the level of microvessels and due to slower blood circulation, numerous diseases arise: first of all, the liver, since the large AVA may be located near the liver [10]. In parallel, some diseases of the gastrointestinal tract and pelvic organs, hemorrhoids, joint problems and other diseases occur.
- 5) Over time, pathologies in the upper part of the body are added to the pathologies in the lower half of the body. There are additional problems with the heart and blood vessels, with the lungs, with venous outflow of venous blood from the head, which can lead to neuropathological diseases.
- 6) Further, all pathologies can be summed up in various combinations. Human health is rapidly deteriorating. The occurrence of systemic inflammation, oncology is possible. The outcome is near: death of the patient. Any of the “causes”, including the “primary” disease, can be entered on the death certificate by the doctor. Everything depends on the doctor and on the specific variant of the development of the patient’s pathology, although the mechanism of the development of the patient’s pathology is the same.

So, probably, the mechanism of many diseases is finally discovered. According to the New Theory of CVD and Cancer, the main cause and main mechanism of most diseases is venous plethora due to long-open or gaping arteriovenous anastomoses (AVA) plus gravity. All this leads to an increase in venous pressure, a blockage of blood circulation, and diseases. The plausibility and uniqueness of the proposed mechanism is indirectly confirmed by the lists of factors contributing to the development of various CVD and cancer - these lists, taken from various sources in different countries, are 70 - 100% identical! Hence, the mechanism must be either very similar, or it is really the same!

Let's remind that doctors usually adhere to the following list of CVD risk factors: physical or psychological stress, hypertension, elevated cholesterol, elevated sugar levels, obesity, lack of exercise, sedentary lifestyle, poor heredity, harmful ecology, smoking, alcoholism, poor housing conditions, unhealthy diet, climate, etc.

So, stress in all lists of CVD risk factors, and for New Theory too, is the most important factor, it comes first. This is not by accident! Apparently, that's true! But only the New Theory substantiates this influence, indicating the mechanism: an abnormal increase in venous pressure due to open anastomoses of AVA and the influence of gravity. In turn, the anastomoses open due to the rise in arterial pressure, due to stress. Thus, the above risk factors of CVD do not contradict the New Theory; on the contrary, they now look reasonable [11,12].

Below are the new additional facts that our group has been studying recently, and these facts are again in favor of the New Theory of CVD and Cancer. New data can be explained and justified by an increase in venous pressure with open AVA. Please find below italicized the New Theory attitude to the observed facts.

- 1) An interrelation of inflammatory bowel disease and the risk of heart attacks have been detected [13]. The main role is played by increased systemic venous pressure.
- 2) Enlargement of the liver and fatty hepatosis occurs in heart failure. In turn, heart failure is caused by increased venous pressure [14,15].
- 3) Atherosclerosis and plaques form precisely in case of problems with the liver [16]. It is known that atherosclerosis is based on impaired liver function and vascular inflammation. These are one of the main factors of the disease. It is believed that the liver constantly produces bile. But because of some unknown reason, it does not enter the intestine completely, but accumulates in the bile ducts, litters the liver, interferes with its work. According to the New Theory, this unknown reason is the pathological effect of increased venous pressure in the central veins and, in particular, in the hepatic vein. The bile contains cholesterol (lipoproteins), which, without getting into the intestine, can leak directly into the bloodstream. The peculiarity of this cholesterol is that it did not undergo the process of intestinal fermentation. This cholesterol is low density, but must be high density. On the other hand, when a person is healthy, there is no liver dysfunction, the cholesterol is not emitted from the liver into the bloodstream, the bile is normally secreted into the intestine and is involved in digestion and vascular atherosclerosis is not formed.
- 4) In most patients with severe sepsis and septic shock, despite the existing hemodynamic disturbances, normal or even elevated venous saturation (oxygen content) is detected upon admission to the intensive care unit, which may indicate regional disturbances in oxygen consumption. In this regard, some authors do not recommend the use of venous saturation as a marker for tissue hypoperfusion. Moreover, the deterioration of the patient's condition and the worsening of distributive disorders can usually be accompanied by an even greater increase in venous saturation, which is an unfavorable prognostic sign [17]. Here comes the moment of truth! For doctors, this question is a dead end. According to the instructions, modern doctors are not recommended to use the fact of increased venous saturation for any conclusions in the treatment of sepsis (inflammation)! But it is the increased saturation that once again confirms the New Theory: a part of oxygenated blood through AVA enters the veins and mixes there.

Now we can assume that the mechanism of many CVD and cancer has become clear. Moreover, it becomes more understandable since, in recent decades, mortality from CVD and cancer has increased. All this is due to an increase in stressful situations, due to a decrease in physical activity of middle-aged and older people, due to a sedentary lifestyle, due to over-nourishment, due to the computerization of society.

The main questions remain. What to do? Who is guilty? How to carry out prevention and how to treat?

First, we must recognize that the causes of CVD and cancer are of a physical nature and are amenable to scientific explanation. For further study, it is necessary to create new groups of researchers to study CVD, to study the work of the AVA anastomoses. We have to confirm that arrhythmia attacks are mostly caused by mechanically induced heart arousal. So, in tachycardia, the mechanical wave runs from bottom to top along the hollow veins, each time focusing on a certain area of the myocardium, and this leads to excitations of the heart. The modern medicine treats some forms of arrhythmia by radiofrequency ablation, in other words, by burning living tissue. Of course, the fibrous tissue is formed on the myocardium after ablation and this tissue prevents the run of any impulse and disperses the mechanical wave well. But the question arises: is it possible to help a person without destroying healthy tissue and healthy cardiomyocyte cells? How to conduct prevention?

Secondly, it is possible to rehabilitate and modify for safety the previous centuries-old methods of prevention and treatment. Such methods include bloodletting: hidzhama [18] (using vacuum cans) and hirudotherapy. For example, hidzhama is an artificial creation of capillary bleeding on the surface of the human body, in its special zones where accumulation of dirty blood and fluids is most likely. If nothing would be known about the hidzhama procedure, then, on the basis of the New Theory presented above, it would have to be invented.

Thirdly, a simple vacuum "massage" with glass or plastic jars (without skin micro-cuts, i.e. truncated "hijama" method) also gives positive results [19]. Scientific justification of the usefulness of cans came only in the twentieth century. So, the outstanding Soviet therapist Vasilenko V.H. (1897-1987), found that immediately after the use of cans reduced systolic (upper) pressure by about 25 mm Hg, and the pulse rate slows down by 20 beats per minute. The clinical composition of blood also changes: the number of leukocytes decreases by 15%, the number of lymphocytes increases by 20%. At the same time, without any apparent reason, increases blood clotting, improves immunity. This is an excellent result, and it also goes in favor of The new Theory.

Fourthly, it is necessary to reconsider many sections of medicine, taking into account that the physics of many pathological processes inside the body has become known; the mechanism of development of most CVD and cancer has become known. It is necessary to do a great deal of work on combining the latest new discoveries in biochemistry and other exact sciences with the New Theory. A person should not die suddenly at a young age but should reach the natural limit of life expectancy of 90 - 100 years!

So, the profound changes in modern medicine, in the General theory of CVD and cancer, are waiting in the wings. Old medical mistakes need to be corrected! Some widely used" modern " treatments need to be adapted to the proposed Theory.

### Summary

The New Theory of CVD and cancer is more than 7 years old. This Theory is in contradiction with the existing concepts of theoretical medicine. The ideas of the New Theory about the significant impact of increased venous pressure on human health have already been published in more than 30 articles in Russian and in English. Yet to my address not received any negative feedback on the New Theory. Question: how long should we wait for the leaders of medicine to pay attention to new ideas? Who will decide on the changes in medicine?

So, the division of medicine into narrow specializations led to the fact that instead of searching for the main mechanism of diseases of internal organs, the best representatives of official medicine competed with each other in terminology to determine the boundaries between the specializations, to determine the nosological units.

As a result, there was a stagnation in theoretical and clinical medicine for many decades. But now the direction of development of medicine in my opinion can be clarified.

I am told that any innovation must be tested by evidence-based medicine. But in this unique case, nothing needs to be proved, for example, with the help of additional experiments or a set of statistics. The New Theory of CVD has already been proven by medical practice in recent decades, and, more broadly, in recent millennias! There's nothing to criticize the New Theory for! The only question is, is it possible to improve the hijama, taking into account all the achievements in biochemistry of recent decades?

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