CASE FROM THE CENTER

Coronary Artery Occlusion, Chelation and Cholesterol in a 49-year Old Pilot

James A. Jackson, Ph.D, BCLD1; Ronald E. Hunninghake, M.D.2; Hugh D. Riordan, M.D.2; Yaseem Sarwar, Ph.D.2

The patient is a 49-year old white male who had a previous heart attack in May 1993. He underwent heart catheterization and was found to have his left main anterior descending coronary artery completely blocked. A balloon angioplasty was performed which opened the vessel to 90 percent. After the angioplasty his chest pains and shortness of breath disappeared. He was required to have a repeat vascular study before he could get his pilot’s license renewed.

A comprehensive evaluation of the patient was done at the Center. Some significant laboratory findings included a low plasma vitamin C level, zero urine C, low gamma linolenic acid on the RBC essential fatty acid analysis, elevated urinary pyroles, high histamine, high fructosamine and elevated cholesterol. His RBC zinc and plasma vitamin B1 levels were suboptimal. A diagnostic chelation showed high body stores of aluminum and cadmium. He was also found to have several allergies.

Treatment included Cardi-Rite (J.R. Carlson Labs), Evening Primrose Oil, Vitamins B1, E, C, and Flax. Pycnogenol, a strong antioxidant, was given for the allergies and Niaplex to help lower the cholesterol. He underwent five chelation treatments over the next six months.

At the repeat vascular study fifteen months after his first one, the angiogram showed that his coronary artery system was totally normal and there were no blockages anywhere in the coronary blood vessels. The cardiologist was very surprised and pleased with the results. In addition, the patient was feeling much better. At a follow-up visit he complained of bowel problems and was found to have an intestinal parasite, for which he is currently being treated.

1. Professor and Assistant Dean, Graduate School, Wichita State University, Wichita KS., 67260-0004.