

Chances of Replacing the Classical View

There are many scientific arguments that cannot be reconciled with the classical heart attack model. Coronary artery stenoses are only the cause of a small proportion of heart attacks. How about the majority of heart attacks? We must try to fill this gap in our knowledge. We must overcome the absolute fixation on the coronary arteries and develop a modern concept that does justice to the various ways in which heart attacks originate and weigh these up against each other.

The chances of putting the classical theory behind us are, however, not good. The classical idea has the immense advantage of being simple, plausible, easy for nearly everyone to understand, and it has become established in the minds of most people, one could say, in the minds of almost all of mankind. And it will not be easy to dispel it. Critics, such as I, take a lot of trouble writing long texts, attempting to be as precise as possible, but who reads these texts?

However, actual practice is more important. The whole treatment scenario, with catheterization, bypass surgery, “cholesterol inhibitors” and “blood thinners” is legitimized by the classical theory. **Whereby, a huge amount of money is involved** - billions of Euros, more than was lost during the Lehman Brothers insolvency. The supply side is strong, very strong, and will not allow anyone to spoil their game. **And consumers have no objections;** on the contrary, this practice has their lively consent. According to the classical theory, a heart attack is a mechanical breakdown. Blockages in the coronary artery call for the corresponding mechanical repair, exactly like a blocked fuel cable in a motor. A complete arsenal of high-tech medicine stands in wait. What more could one want?

If only all these practical efforts were of use, then it wouldn't matter whether the theory were correct or not. The old doctor's motto, “what helps, heals” would rob all criticism of its urgency. **However, the success of the present practice compared to what it claims to achieve is only modest.** Here one must take a closer look. Scientific publications have to be studied; this cannot be expected of patients. It has therefore previously been relatively easy to present the extremely lean track record and also the failures of the prevailing high-tech medicine to the public as a brilliant performance.

But the seeds of change lie precisely in the shortcomings of current practice. **For all the expense and effort of high-tech medicine, all in all heart patients are badly assisted: their situation could be improved a great deal.** Dissatisfaction is increasing and this opens peoples' ears to well-founded criticism. At the same time, there is a readiness among many heart patients to try out new paths when these are pointed out to them. In a slightly modified version of a famous saying: “Anyone who desires change, who wishes to see alterations to the classical concept on heart attacks and current treatment methods, must be capable of hearing the grass grow”. And the grass is growing. I hope that this web site will aid this growth.