

The controversial issue regarding cause of infarction

- Origin in heart tissue itself instead of arteries has been proved, but is persistently ignored by conventional medicine.

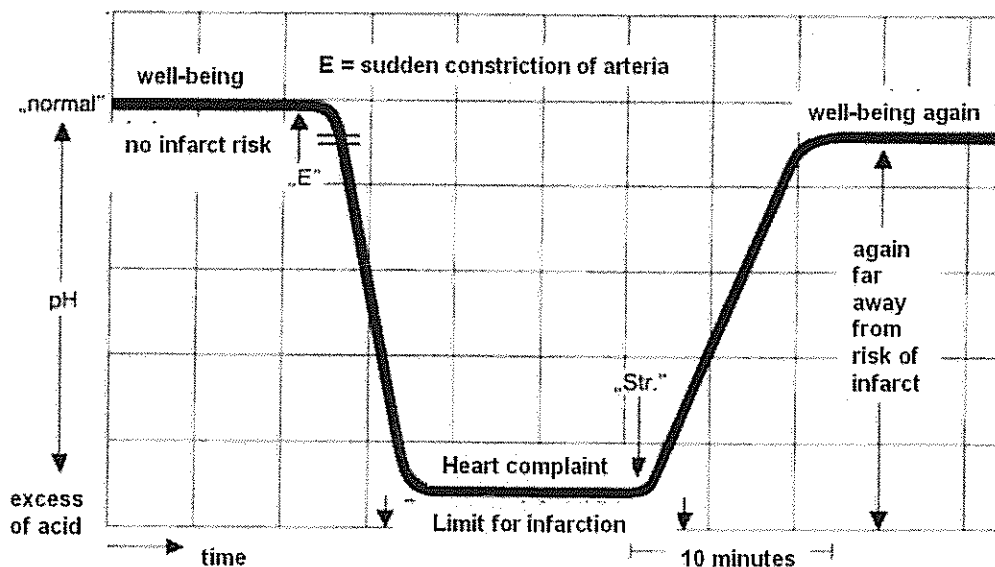
Neither calcification nor cholesterol induce a cardiac infarct, but in fact a damage of myocardial itself. Arteriosclerosis by mistake became the punching bag. Nearly exclusively the inner cell layers of left heart ventricle show a risk for cardiac infarct, which is a default in metabolism, accompanied by an acid overload catastrophe. It is proved that local thromboses develop secondary, not until an acid overload/ a death of cell structures already have occurred.

Main influence factor is the interaction of sympathetic/ parasympathic nervous system, which is influenced by the body's acid-alkaline balance, vitality supporting nutrients (amongst others vitamins), secretion of endogenous Strophanthin (Ouabain) and stress factors: an overactive sympathetic nervous system is of high risk and induces a cardiac infarct. A risk diagnosis best maybe done with the HRV-method (heart rate variability).

The myocardial pH-value is approx. 7.2 for the heart of a healthy person, but yet 6.8 for those sick persons who are scheduled for a bypass surgery, and with 6.2 the point of no return is touched (necrosis, infarction, exitus).

Disordered oxygen-utilization in myocardial - regularized by Strophanthin -

From research institute of Prof. Manfred von Ardenne: The graphic shows a provoked „nearly infarction“ by arterial constriction „E“ in an animal experiment, which is – instead of ongoing constriction – corrected by administration of agent g-Strophanthin („Str.“).



pH-scaling in steps of 0.2 pH value each casket: below is 6.2 , entirely above is 7.4 .
Well-being optimal with 7.2 , also good with pH > 7.1, limit of infarction is pH value of 6.2.