

Case 2

Brief History

1. Mr CL J, 67 years of age, consulted us on September 09, 2000, for the following complaints :-

- (a)** Angina on exertion.
- (b)** Choking in the throat (also during exertion).
- (c)** Walking unsteady and unable to bend the knees due to the onset of Osteoarthritis.
- (d)** Hypertension and remnants of post-operative right upper limb paresis.

2. The throat choking symptoms had surfaced in 1993 for which medication had been prescribed. Due to regular angina attacks, an angiography was performed on 02/11/95. The results were as follows :-

* **LEFT MAIN STEM** : This vessel has 40% stenosis.

* **LAD CIRCUMFLEX** : This vessel has 99% mid segment stenosis. OM1 has proximal 70% stenosis. OM2 has 100% stenosis at origin.

* **RCA** : Dominant. This vessel has 70-80% proximal stenosis and 70-80% stenosis after conal branch. It has 100% stenosis at origin of PL branch.

* **SUMMARY** : - Left Main disease (40% stenosis)
- Triple vessel disease.
- LV dysfunction.

• • **RECOMMENDATION** : **Myocardial revascularisation by CABG**

3. Because of the heavy blockages, bypass surgery was advised and eventually performed on 11/12/95 at Escorts Hospital. The procedure went off without any hitch but during the post operative recovery period he developed right upper limb paresis for which he was put on physiotherapy.

4. After his discharge from hospital he strictly followed the prescribed regimen as regards medication, diet and exercise. However, nothing was done about the right upper limb paresis at the hospital and it required a full three months of regular physiotherapy for the limb to regain some form of movement. After a post operative period of about four years the same symptoms, that should have been eradicated via surgery, of his initial complaints reappeared in full force. Due to the recurring chest discomfort and throat pain, he underwent an investigative stress ECG on 08/11/99 which had the following results :-

(A) Was exercised for 4.14 minutes on the Bruce protocol at a workload of 5 METS and achieved 85% of the predicted heart rate. Exercise was terminated due to chest discomfort.

(B) Resting ECG revealed no significant abnormal findings.

- (C) Developed symptomatic 1.5-2 mm DS ST dep. In L2, V3-V6 during stage II at HR of 131 BPM. St-T shift reverted to basal pattern after 1 minute in the recovery period.
- (D) Ventricular bigeminy and couplet in stage II.
- (E) Normal heart rate and BP response to exercise. No S3/S4 heard.
- (F) Abnormal stress ECG.

5. On consulting and tabulating these findings, the patient was advised by his doctors to undergo a further angiography for confirmation purposes which would be followed by a second CABG. The patient vehemently refused to undergo another surgery and insisted that he would continue only with medication. The doctors had no alternative but to comply.

6. Thereafter the patient came to us for consultations and advice and chelation was commenced on 10/09/2000. After eleven sittings he was given five infusions of DMSO following which EDTA was continued. The patient has had 20 treatment sessions so far and at this point his overall physical improvement is truly remarkable. Not only is he able to walk without angina and fatigue but the throat choking symptoms have also completely vanished. His osteoarthritis has improved to the extent that there are no impediments to free movement. Best of all, the paresis of the right upper limb, which had persisted in some form even after physiotherapy, has completely disappeared.