Noninvasive Treatment for Heart Disease

review by Katherine Duff

Heal Your Heart with EECP: The Only Noninvasive Way to Overcome Heart Disease by Debra Braverman, MD
Celestial Arts, P.O. Box 7123, Berkley, California 94707 USA
ISBN: 1587612445; Paperback; 2005; 215 pp; $18.95

Heart disease stands as the number one killer in the United States. Currently, about thirteen million people live with this disease. Unfortunately, most of these people hold outdated understandings of heart disease and the best treatments available. In her book, Heal Your Heart with EECP, Debra Braverman, MD, brings us all up-to-date, offering a new definition of heart disease along with an explanation of a safe, noninvasive treatment that has resulted in great success.

Most people believe that heart disease is a “plumbing” problem, resulting in blockages that need to be cleared by surgery. The new definition of heart disease, according to Dr. Braverman, is that heart disease is a system-wide illness, characterized by poorly functioning blood vessels that inhibit blood flow and fail to deliver needed oxygen throughout the body. Treatment, then, needs to address the growth and strengthening of our blood vessels. Such strengthening can be accomplished by exercise – and by the treatment introduced in this book, Enhanced External Counterpulsation, or EECP.

Though new to most of us, EECP has actually been around for decades. Experiments with the concept of counterpulsation began in the 1950s as a means to support circulation in critically ill cardiac patients. At that time, a small balloon was threaded into the aorta through the femoral artery. The balloon was inflated during the heart’s resting phase to increase oxygen and blood flow to the heart. The balloon then deflated before the heart beat again, decreasing the workload on the heart. Advancements by the Chinese in the 1970s allow external application of counterpulsation, using large blood pressure cuffs placed on the legs. In this case, a computer directs the inflation and deflation of the cuffs through EKG monitors placed on the chest. When the heart beats, the cuffs relax; when the heart rests, the cuffs tighten, sending blood flow back up to the heart and through the body. This procedure exercises the blood vessels by causing chemicals to be released that encourage growth and strengthening, reducing the workload of the heart, and increasing oxygen throughout the body.

The success of EECP has been measured in reduction of pain, improved blood flow to the heart, and increased functionality. Over 100 scientific studies document the efficacy of EECP. Readers may be surprised to learn that the Food and Drug Administration approved EECP for use in various heart conditions in 1995 and that both Medicare and most private insurers cover EECP treatment.

Dr. Braverman became so impressed with the results of EECP, especially the increased quality of life delivered, she dedicated her career to promoting this treatment. Often, she notes, patients will ask her why they have never heard of EECP before. The reader will undoubtedly ask the same question.

Dr. Braverman’s answer goes to the heart of our medical system’s construct. She notes the influence of hospital and doctor fees, the love of high technology, and the push for pharmaceutical company profits and profitable medical devices. EECP, a noninvasive, less expensive, more successful treatment, is used by the mainstream medical system but only as a last resort, after surgeries have been performed and medications have been maximized. The author makes the case for using EECP as a first treatment for heart disease. The numerous surgeries that have become accepted as the normal treatment for heart disease will for most become unnecessary, she argues, if EECP becomes the more standard treatment.

For anyone interested in EECP, or in learning more about heart disease, this book should be required reading. Most doctors just do not convey to their heart patients the information found here. Dr. Braverman writes in a straightforward accessible style that makes the book a pleasure to read. Since she also makes a case for the use of EECP as a preventive measure – treating other conditions marked by poor blood flow and enhancing athletic performance – there are few who would not benefit from the information in this book.

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Even a small study provides several benefits for manufacturers. Although botanicals and supplements cannot be patented, any data on a product (including RCTs) is a form of intellectual property. Having data on efficacy and safety from RCTs gives the manufacturer a means of addressing challenges from the FDA or FTC about labeling and advertising claims. Another benefit for the company lies in the allowances and tax credits that exist for research and development expenses, even when a study’s outcome is negative. As consumers and practitioners become aware that not all botanical products are alike, manufacturers who can support their advertising with RCTs of their actual product (not just an ingredient in the product) will come out ahead. When asking a company for copies of studies, Alamada tells readers to also find out if any financial ties exist between the researchers and the company. In other words, are the researchers independent, or do they have a financial interest in the company? Conflict of interest is just as much a possibility in the supplement industry as in the pharmaceutical trade.

Practitioners who want to find clinically tested, effective herbal products for their clients will benefit from the herbal profiles included in The Handbook of Clinically Tested Herbal Remedies. Each profile consists of a summary section (table, text, and references), followed by product information, clinical trials (not all favorable), and the manufacturer’s contact information. The Fundamentals section, however, will far outlive the profiles in usefulness. I wish this information, presented so cogently and thoroughly in The Handbook of Clinically Tested Herbal Remedies, were widely available. The next time healthcare writers, medical journal editors, and consumers come upon a study that “proves” an herb is ineffective (or effective), they need to understand that their conclusion refers only to the specific product and dosage used in that study – not necessarily to other products or to that herb itself.

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