

Mind your heart

Prof. B. M. Hegde

"It is not what you eat that kills you; it is what eats you (your negative thoughts) that kill you."

Anon.

To keep your heart as young as that of a child, have a child's heart that knows no hatred. To live long and healthy maintain a child's innocent heart. Have a heart by minding your heart. Mind runs the heart and not the other way round. Mind your heart.

The first ever scientific study of the connection between diet and the heart diseases began in Framingham village in Massachusetts, where many other epidemiological studies have been done since. This study, started in the year 1954 when the fat theory of atherosclerosis, a vessel hardening process, was at its height of glory. The study results were not published. By the time the study results came in 1959 there were already multibillion dollar diet industries that were selling fat lowering diets and concoctions. The results of the study showed that what one eats has nothing to do with heart diseases or any other disease as long one does not over eat and become obese.

The fat theory thrives in the medical world and the pharmaceutical industry even to this day despite many gaping holes in the theory. Recent studies have shown that these drugs stimulate the vitamin D receptors to achieve their laboratory results. In a hot country like India and Kuwait, with lots of sun, rich people, living constantly in air-conditioned comfort, could profitably spend some time in the sun daily to get their cholesterol levels back to the desired levels. For the poor peasant cholesterol control comes from nature- a great boon indeed! For a change, the Mathew

Law is altered slightly here to "He who hath not shall be given."

William Harvey, of de Motu Cordis fame, way back in 1641AD, had indicated that the mind of the patient plays a vital role in the aetiology of heart diseases. He saw in the hearts of his patients who died of "spastic constriction of the vascular bed", on the post mortem table, such thick heart muscular walls (ventricular hypertrophy in our present jargon) that he compared those hearts to that of a bull. He also noted that during their life time those patients had hated a lot of people and could not take revenge on their enemies despite the fact that they wanted to do so. They did not think of forgiving their foes! "Forgive your enemies and enjoy good health" avers Ayurveda, the Indian science of life and living healthy.

Heberden, a family doctor in London, first described his own "anginal" chest pain, without knowing that it came from the heart. His student, John Hunter had a similar patient that died later and the postmortem showed that Hunter's patient had syphilitic aortic valve calcification involving the sinuses of Valsalva as well blocking the origins of the coronaries. Hunter thought that his boss also must have had syphilis! Hunter used to get angina

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pains and they were brought on by emotional upsets. He had written that anyone that provokes him to get violently angry could kill him. Indian Ayurveda, which described the anginal pain of the heart in minute detail thousands of years ago, had graphically described the role of the mind in its causation.

*"They gave each other a smile
with a future in it."*

Ring Lardner.

An infant smiles at everyone and everything unless it is hungry or has pain when it cries. How many of us, grown up people, would be able to smile at some one naturally? That is the main difference between an infant and us, adults. The drastic difference in the hearts' function in the two groups mentioned earlier, the infant and the adult, is also significant. The infant has what we call "sinus arrhythmia", the heart runs faster when the infant takes a breath in and slows down when it breaths out. This healthy heart rate variability (HRV) gradually gets blurred as we grow and harbour negative thoughts like anger, pride, ego, jealousy and hatred (hostility) to finally become very regular just before death.

With our extensive work on HRV first published in the Kuwait Medical Journal, we had been able to demonstrate, through a complicated computer model of the HRV, how this change alters the heart's function. We were able to show that the heart could be gradually brought back to its original HRV status with "praanaayaama" and yoga in another study yet to be published, capable of helping people even with advanced coronary artery disease by many

groups in India and abroad. Multivariate analysis of the risk factor studies done lately have thrown up hostility as the leading risk factor for heart attacks. This brings primacy to the human mind in the realm of heart disease causative factors. One should remember that the human being is a composite blend of the mind and the inherited genes. The physical body is only the carrier of these two traits. Time evolution in the human system, therefore, depends on all the three parts—mind, body, and the mind. This should warn the medical profession about predicting the unpredictability future of human beings by studying a few parameters of the human body alone, as is done in the realm of routine screening of the apparently healthy.


At the Deaconess Hospital, a part of the Peter Brent Brigham Hospital of the Harvard Medical School in Boston, Dr. Herbert Benson uses mind body medicine to help patients with heart diseases. That has reduced the work of the conventional cardiology department. Roger Laham, the Director of the Angiogenesis Laboratory at the same hospital, recently showed in an elegant study of Laser Total Revascularization procedure for advanced coronary artery disease that the operation, in fact, is only as good as simple reassurance. In a group of five hundred patients sent there for bypass surgery he divided them into two identical groups—one where the operation was performed and in the other a sham operation only was attempted.

In the sham operation group the patient was taken to the theatre where he/she was anaesthetized and then brought out after an hour

without any surgery done. Such patients, when they woke up from their sleep, were told that they had very successful results with their operation (which, in fact, was not done at all). Follow up now shows that those who believed that they had a successful operation in the second group were all symptom free and their heart scan showed complete revascularization after one year. Of course, they were advised change of mode of living and some minimum medicines.

Laham's study has driven the last nail on the coffin of cosmetic bypass surgeries and angioplasties. It is the mind that controls the blood supply more than the whole gamut of the reductionist block clearing procedures! Human body is not a machine where the blocked vessel does need a new vessel to get blood past it. Nature provides enough collateral vessels anyway. The mind predominantly provokes this process. Even in the conventional bypass and angioplasties it is the mind that does the job after having lost so much money. Poor mind thinks that the money has bought relief through surgery while the collaterals develop mainly because of this placebo effect.

If one were to understand the patho-physiology of anginal pain one quickly realizes that the major four blood vessels that are shown on the angiogram have very little to do with the disease. It is the millions of small perforating muscle arteries that are not seen in the x-ray that alter the muscle blood supply. The latter small vessels normally have a capacity to dilate five fold when extra blood is needed by the heart muscle, the so called coronary reserve. Major vessel



blocks rarely precipitate a heart attack as shown by Valentine Fuster in New York, that “less than 30 per cent of the heart attack related major vessels are more than 50 per cent blocked.”

When the coronary reserve comes down for any reason, coronary artery disease presents itself in its multiple syndromes. A sudden block of a normal coronary artery with a clot might precipitate a major heart attack as the perforating vessels are taken by surprise suddenly whereas, in a long standing block, like the 90 per cent blocked vessel heart attack rarely comes! Therefore, bypassing a major vessel makes little difference to the situation. For symptom relief bypass surgery is good in those with intractable chest pain despite the best possible medical and reassuring therapy. Holistic approach with tranquility of mind through yoga that brings the HRV back to its original form, sensible diet that does not put additional burden on the weakened heart, and drugs that help in such situations are the best bet. Recent large controlled studies have shown that life style modifications with yoga and judicious medical management are better than all interventions put together.

Every fashion goes about in a cycle and old fashions become new after a few years. Same happens in medical thinking. It was in the year 1773, a brilliant medical brain, Charles Scharshmidt, professor of medicine at the age of 26 at the then Mecca of medicine in Vienna, wrote the first textbook of medicine in Europe where he had a chapter for “diseases with spasticity of the vascular bed and constant agitation of the mind”. His therapeutic regime

was very much like our latest treatment mentioned above, viz: “tranquility of the mind, vasodilators like nitrates, and change of mode of living!” He was so brilliant that he became the professor of medicine at that age despite the fact that he was not the son of the soil in Austria. He was originally from the Volga Valley in Russia and came to Vienna to study medicine. Knowledge changes but wisdom lingers. Ayurveda suggested thousands of years ago exactly identical philosophy that Charles later was to propagate.

When the world wakes up to this reality the millions of people taking cholesterol lowering drugs would instead change their mode of living and try to get tranquility of mind. This would kill two birds with one stone. Whereas this approach would have psychological effect on the patient, it nullifies our claim about the scientific basis of all our RCTs bringing down thousands of deaths and extensive morbidity due to adverse drug reactions (ADR) that have become a nightmare for the medical profession today. It would also make people tranquil bringing down crime rate in addition as a bonus. Crime today is another big killer in the world of monetary economy and cut-throat competition generating hatred. Some studies have shown that some of the cholesterol lowering drugs themselves increases crime rate, accidents and suicides.

To keep your heart as young as that of a child, have a child’s heart that knows no hatred. To live long and healthy maintain a child’s innocent heart. Have a heart by minding your heart. Mind runs the heart and not the other way round. Mind your heart. Recent advances in science have

brought in the new concept of consciousness into scientific jargon. Everything that science did in the past depended on the mind of the scientist. In an article in the past entitled Watenchap is wot watenchoppen doen, (Science is what scientists do) I had shown that most of the hitherto believed scientific dogma had serious flaws in them. Recently I was sharing the podium in Washington with the leading physicist, Hans-Peter Duerr, Emeritus President of the Max Planck Institute in Munich, Germany where he was talking about Matter and I was talking about the change of medical scientific base from reductionism to holism. The latter would show how the mind is an integral part of every human cell at its sub-atomic level-quantum consciousness.

Peter started his talk by saying: “I have been working at the Institute for 55 years now and my job is to look at matter at its subtlest form being a nuclear scientist. After fifty five years of doing that, initially with Albert Einstein and later with Werner Heisenberg, after that for many years on my own, I have come to the conclusion that there is no matter at all. Matter and energy are but the two faces of the same coin. Therefore, there can not be absolute objectivity in science. Scientific objectivity is but subjective objectivity. I call this as a duality.” That was a very profound statement. This describes our dilemma in medical science where we still follow the deterministic predictability model of the Newtonian physics, which needs serious reconsideration in the light of newer developments, to take us to the correct science of CHAOS-a holistic science.

The earlier we did it the better for mankind as medical world has become a curse on mankind. David Eddy, former professor of cardiac surgery in Stanford, resigned from his job to do his PhD in mathematics to change the scientific basis of modern medicine from reductionism to non linear holism. Eddy's audits on many of our current practices leave much to be desired. His painstaking research into a new software, archimedesmodel.com, incorporating nearly ten thousand differential equations is a virtual model to audit any of our treatment modalities, including surgical methods. This scientifically proves that all is not

well with modern medical science. The recently discovered Expectation effect, a powerful psychological effect (randomized control trials) thereby making the much touted Evidence Based Medicine (EBM) to be more of an evidence burdened medicine. The discovery of consciousness by modern physics has given a new tool for medical research and interventions. Mind rules the body and mind is where most diseases start. Heart diseases are in the forefront of this mind-body medicine. That said, I must also mention that the finer aspects of the cause effect between the various psychological components of our

thinking and heart diseases. To give one example, we know that depression is an important risk for coronary heart disease along with hostility, but we still do not know which features of depression are associated with an increased risk for mortality and which ones are not. (Robert M. Carney, PhD, Kenneth E. Freedland, PhD and David S. Sheps, MD, Psychosomatic Medicine 66:799-801 (2004) Depression is a risk factor for mortality in coronary heart disease.

"Don't hate, it's too big a burden to bear."

Martin Luther King Sr.

Study proves beneficial effects of coconut oil and kernel

There is a fear among people that consumption of coconut oil may elevate blood cholesterol thereby predisposing the user to coronary heart disease. This fear is based on the fact that coconut oil is a saturated fat and all saturated fat elevate blood cholesterol. The Bio Chemistry Department of the University of Kerala has undertaken a study in human subjects under free living conditions. The study undertaken by Dr. T Rajamohan has revealed that consumption of coconut oil in the general population did not elevate total cholesterol, LDL cholesterol or LDL cholesterol/ HDL cholesterol ratio. Nor did it reduce HDL cholesterol, but lowered triglycerides. It reduced the risk factors of Coronary Artery Disease in Kerala namely elevated serum triglycerides. Consumption of coconut kernel with coconut oil had a beneficial effect that it reduced total cholesterol and lowered triglycerides. It also raised HDL cholesterol levels and lowered the LDL cholesterol/HDL cholesterol

ratio. The study further indicates that dietary practice of Kerala population consuming fresh coconut kernel and coconut oil reduces the risk of coronary artery disease. The beneficial effect of coconut kernel may be due to two factors present in it namely the coconut protein and the dietary fiber, both of which confer beneficial effects on blood lipid parameters. Consumption of coconut oil and coconut kernel had only beneficial effects not only in cases with normal cholesterol, but also in those with elevated serum cholesterol. In both vegetarian and non vegetarian coconut oil and coconut kernel consumption showed positive beneficial effect. The study further found that the beneficial effect of coconut oil and coconut kernel seen in young subjects is also seen in old subjects. Further both male and female subjects had beneficial effects, but the decrease in triglyceride on coconut oil was more in females than in males.

Coconut oil and coconut kernel had only beneficial effect in diabetic subjects since there was decrease in LDL

cholesterol in diabetic, greater increase in HDL cholesterol, but one disadvantage was the increase in triglyceride in the diabetic subjects. Smokers showed an increase in total cholesterol when on coconut oil and kernel when compared to non smokers. Subjects who consume fish had a disadvantage with coconut oil in that the HDL cholesterol was decreased presumably due to the effect of ω -3 fatty acids present in fish. Subjects who consume beef predominantly had also an advantage of coconut oil in that total cholesterol was lower as also LDL cholesterol, but the disadvantage with coconut oil in these subjects was a decrease in HDL cholesterol. Coconut oil consumption had also beneficial effect in subjects with elevated triglycerides and increase in HDL cholesterol. The study concluded that subjects with high fat consumption had a disadvantage with coconut oil in that triglycerides increase in this group.

Courtesy : Coconut Insights