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What do People Experiencing Myocardial Infarction have in Common that Medicine is Still Unable to Recognize or Treat?

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Nowadays, whenever I open my phone and read news about another famous person who has suddenly passed away, I wish I could share with the world what I am trying to explain in this article.

What is currently happening involves a pathophysiology that differs from what we traditionally learn in medical school. Many individuals who die from myocardial infarction do not necessarily present coronary artery obstruction. On the contrary, many of them have completely normal coronary arteries when evaluated through coronary angiography [1].

In many discussions, the COVID-19 vaccines are often portrayed as the primary cause of these events, especially because more than half of the world's population received them [2].

However, there is another possible cause that cannot be detected through conventional laboratory testing. This condition may be affecting a large portion of the global population, yet modern Western medicine is still largely unaware of its existence [3].

Through my studies integrating Traditional Chinese Medicine with modern Western medicine, I observed, using radiesthesia to evaluate the energy of the five massive organs described in Traditional Chinese Medicine, that most people today—regardless of age or country—present severe deficiencies in the energy of these organs: the Liver, Heart, Spleen, Lung, and Kidneys. According to my observations, these energetic changes began around 2014, following the global implementation of 5G technology in 2013 [3-4].

The clinical significance of these findings is substantial. According to Traditional Chinese Medicine, normal Blood circulation within the vessels depends on the balance of *Yin, Yang*, *Qi*, and Blood energies. *Yin* and *Yang* are primarily produced by the Kidneys, while Blood is generated by the Spleen. When these energies are balanced, *Qi* production also remains adequate, under the regulation of the Liver and Lung. However, when these five organs become energetically depleted, the body loses its ability to maintain proper Blood circulation. As a result, Blood stagnation becomes much more likely—not necessarily because of arterial obstruction, but because of severe energetic deficiency in these organs. This stagnation may occur anywhere in the body, even in the absence of detectable vascular blockage [5-7].

Therefore, many of the pathological changes occurring today exist primarily at the energetic level, which remains invisible to the naked eye and undetectable through conventional diagnostic methods. For this reason, these concepts are not addressed in most Western medical schools. Since the Flexner Report and the restructuring of medical education in 1910, only findings observable through laboratory or radiological examinations have generally been considered "scientific" [8].

Nevertheless, human energy exists and plays a fundamental role in health. According to the concepts discussed in this article, if medical education does not evolve to integrate the knowledge of Traditional Chinese Medicine—which has existed for more than 5,000 years—with modern medicine and the teachings of Samuel Hahnemann, who developed homeopathy approximately 250 years ago, medicine may continue to lose effectiveness. Many medications currently prescribed may not produce the desired therapeutic effects and may instead contribute to further energy depletion in already weakened patients. This reduction in vital energy may increase the likelihood of complications such as Blood stagnation, myocardial infarction, thrombosis, pulmonary embolism, stroke, and other severe conditions [1,9,10].

Approximately six years ago (2020), I treated a patient who presented with upper abdominal pain. Further investigation revealed portal vein thrombosis. He continues to receive anticoagulant therapy and undergoes regular coagulation monitoring. At the time of evaluation, all five of his massive organs showed severe energy deficiency. He initially began treatment aimed at replenishing the energy of these organs but later discontinued it. However, this energetic treatment was essential because it addressed the root cause of the thrombosis rather than only controlling the symptoms [11].

Another patient developed retinal artery thrombosis shortly after receiving a COVID-19 vaccine and subsequently lost vision in one eye. According to the concepts presented in this article, the vaccine, being a highly concentrated substance, may have contributed to Blood stagnation and triggered the condition [5,12].

A third patient presented with lower back pain and sought care at a healthcare facility, where he received an anti-inflammatory injection in the gluteal region. Immediately after the injection, he developed severe leg pain that later localized to his foot. After two weeks of persistent symptoms without a diagnosis, I evaluated the patient and identified necrosis of the second toe on his left foot caused by thrombus formation after the administration of the highly concentrated anti-inflammatory medication. Evaluation of his energetic condition revealed a complete deficiency of energy in the five massive organs—Liver, Heart, Spleen, Lung, and Kidneys—which worsened further after the use of the prescribed pain medications [5].

The fourth and final case discussed in this article involves a woman approximately 65 years old who was going through a marital separation and began using anxiolytic and sleep medications. One day, she came to my clinic complaining of precordial chest pain. Because I already knew she had risk factors for Blood stagnation, I immediately requested a D-dimer test. Two days later, when she returned with the results, her D-dimer level was elevated at 800 (normal values being up to 500). I immediately referred her to the hospital for further evaluation, as the condition could represent a myocardial infarction or another serious cardiovascular event. During hospitalization, myocardial infarction was ruled out; however, the patient was diagnosed with pulmonary thromboembolism and remained in the intensive care unit for approximately five days for treatment of the pulmonary embolism [5,7,13].

The major problem we are facing today is that most conditions are being treated only at the symptomatic level. Due to the lack of medical training focused on identifying the root cause of disease formation at the energetic level, physicians often diagnose and treat only the manifestations of illness, while the underlying cause—energy deficiency in the internal organs—remains untreated [1].

According to Albert Einstein (1879-1955), everything in the universe is made of energy, and therefore human beings are also fundamentally energetic beings. This concept has been studied for thousands of years within Traditional Chinese Medicine. For this reason, there is an urgent need to integrate the teachings of Traditional Chinese Medicine with those of modern Western medicine in order to understand the human being as a whole rather than as isolated parts. Without this integration, we may continue missing opportunities to save lives and prevent conditions such as myocardial infarction, which, according to the concepts presented in this article, may often be preventable [1,9,14].

Prevention today should not focus solely on prescribing lipid-lowering medications to reduce the risk of myocardial infarction, because elevated cholesterol alone may not fully explain the increase in cardiovascular events. According to the concepts discussed in this article, many of these medications are highly concentrated substances that may contribute to further energy depletion in already weakened patients, potentially increasing the risk of myocardial infarction or other complications associated with energy deficiency. Effective prevention, therefore, would involve minimizing the use of medications believed to reduce vital energy and prioritizing therapies aimed at restoring internal energy balance, including highly diluted medications. According to the Arndt-Schulz Law, established in 1888 by two German scientists, highly concentrated medications may reduce vital energy, while highly diluted substances may stimulate it. Based on this principle, the use of highly concentrated medications should be approached with caution in today's patients to avoid complications or even death [10,15,16].

Even in cases where myocardial infarction with arterial obstruction is diagnosed, the underlying condition, according to the concepts presented in this article, remains an energy deficiency involving the five massive organs. Therefore, physicians should carefully evaluate which types of medications are most appropriate for these patients in order to avoid further energy depletion and reduce the risk of additional complications or sudden death associated with inappropriate therapeutic approaches [1,9].

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