A WAY-OUT OF THE DEADLOCK

A PHYSIOLOGICAL ANSWER TO MISTAKES OF MEDICAL SCIENCE
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A physiological answer
to mistakes of medical science

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Foreword

By taking Adelfan, Dibazol, Nitroglycerine, Sustak, No-Spa, Eufilin, Kavinton, Papaverin, Enap, Cardiket, Clofelin, Capoten, Renitek, Enalapril, Prestarium, Valocordin, Arifon and other cardiovascular medications, people actually do not treat hypertonic disease, ischemic heart disease (IHD) or stenocardia (angina pectoris) but they only dilate the narrowed blood vessels for a while, thus decreasing blood pressure and the workload of the heart. In order to avoid taking these organism-destroying drugs, you will only need to restore the blood vessels (the tiniest arteries and arterioles) to their natural, normally expanded condition which is lost as you grow older.

These very results are achieved within several months through a simple home procedure by using “Samozdrav” breathing device. Afterwards blood vessels do not need to be dilated by pills and tablets, and they constantly furnish normal pressure and blood circulation to all organs, including the heart and brain.

Normalization of blood supply to all organs facilitates the restoration of sleep and functioning of the bowels, it removes headaches and pains in the spine and joints, eliminates bronchitis and spells of asthma, normalizes the concentration of sugar in blood, etc.

The unique capabilities of “Samozdrav” complex have been deservedly recognized with the award of one silver and two gold medals of International Invention Forums in Brussels, Paris, and Moscow. In January 2002, this breathing device was presented at the 4th Russian Scientific Forum called “Traditions of Russian Cardiology and New Technologies in Cardiology of 21st Century” and at a specialized exhibition “Cardiology 2002” in the city of Moscow.

The author of this book — he is also one of the inventors of “Samozdrav” breathing device — has attempted to convey to his readers the information about this remarkable scientific achievement, which literally has an enormous practical value.

The treatment of the problem that can be solved by “Samozdrav” apparatus has been performed on the basis of popularizing the fundamental scientific knowledge about human physiology and comparing opinions of authoritative scientists and physicians.

The arguments presented in this book in favour of the top-priority orientation concerning recovery of the organism via its natural strengths, capabilities and reserves convincingly prove the feasibility of the way-out — offered by the authors of “Samozdrav” complex — from the deadlock of the modern drug therapy.

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1 In Russian, “samozdrav” ("самоздрав") means “self-health”. (Transl.)
Introduction

Despite the fact that this word is known almost to everyone, when asked the question “What does the word hypertonia mean?” the people, who are not well-acquainted with medicine, always give a wrong answer. They usually say, “It is a disease which causes blood pressure to increase.”

The case about the word “hypertonia” among physicians is not much better. Anyway, having posed the same question to three delegates of the cardiological forum in Moscow, the author of this book received three identical erroneous answers. Without a moment’s thought, they all replied, “It is high blood pressure.”

Everybody knows that hypertonia manifests itself through high arterial pressure (hypertension). However, few people know that it is not a disease but rather the organism condition that generates the majority of chronic illnesses. It is the very hypertonia that causes insomnia and migraine, hypomnesia (weakness of memory) and head noises, dizziness as well as stenocardia, arrhythmia and short-breathing, diabetes, osteochondrosis and arthrosis, paradontosis, cholecystitis, gastritis and constipation (colitis), and many more maladies. Hypertonia forces the organism to increase arterial pressure, and it results already in hypertonic disease, which is considered the most widespread human illness. Myocardial infarctions and cerebral strokes do not occur without hypertonia.

Since hypertonia is the source of the majority of serious health problems among most people, the problems, which almost every one of us has either faced already or will inevitably face in the nearest future, it is worth that everybody would know what it is and, most importantly, how to overcome it.

From this book, you will learn the essential things about hypertonia:
- what it consists in;
- how it originates and develops;
- how it generates various chronic diseases;
- what is the basis of main prejudices and errors of the people, who suffer from chronic diseases caused by hypertonia, and mistakes of the physicians trying to treat them;
- how to protect yourself from hypertonia and get rid of it once and for all.

Heart, blood vessels, brain

In order to correctly understand what our book is about, you will need to have a minimum knowledge of the circulatory system of blood vessels and how it is connected with the heart and brain. For this purpose, we will use the famous book “The New Living Heart” of no less eminent authors: Michael DeBakey and Antonio Gotto. The Russian translation of this book was published in Russia in 1998. The book appeals to a large public and has almost 500 pages. Its authors are distinguished physicians of our time, the founders of the modern cardiovascular surgery. In Russia, Michael DeBakey is more known — he superintended the open-heart surgery of the Russian president, Boris Yeltsin, that was performed in 1996. Antonio Gotto, Jr., is the
Excerpts from the chapter “Blood Vessels: The Vascular System”

The heart, as we have said, is the center of the cardiovascular system. The body’s requirement for oxygen and food is met by a network of blood vessels known as the vascular or circulatory system. (...) This system is a continuous network, connected with the heart, which serves as a pump. The blood vessels comprising the vascular system consist of arteries, arterioles, capillaries, venules, and veins (Figure 3.1). The blood vessels transport the blood from the heart to the tissues of the body and back again.

Blood, primed with oxygen, leaves the heart on its journey via a large artery called the aorta. From the aorta, the blood travels through smaller arteries and then arterioles to connect with a network of vessels known as capillaries. As blood moves from the heart to the capillary bed, the arteries become progressively smaller and more numerous. Their total cross-sectional area increases so that the rate of flow of the blood decreases as it travels farther away from the heart.

The arteries themselves range from a great superhighway, the aorta, with its one-inch diameter, down to the minute arterioles, whose width is only 0.02 inch (0.5 mm). The capillaries are the final pathways for the blood. An artery’s wall may be divided into 3 layers or sections: the intima, the media, and the adventitia (Figure 3.2).

Figure 3.1. From the heart, oxygenated blood passes from the arteries through smaller branches called arterioles into capillaries, where food and oxygen are supplied to the cells of the body and waste products are removed. After passing through the capillaries, the blood enters the small venules, which connect to the veins to return to the heart.
Figure 3.2. The different types of cellular components of the three layers that constitute the structure of an artery.

The outermost layer of the artery’s wall, the adventitia, is rich in connective tissue, nerve fibers, and a special group of blood vessels called the vasa vasorum, which supply the artery itself. The vasa vasorum is a network of small vessels that provides oxygen-enriched blood for the walls of medium-sized and large arteries and veins.

The state of contraction of muscular arteries is regulated by sympathetic nerve fibers [going from the brain], which are abundant in the adventitia. (…) Arterioles, the smallest of arteries, are of particular importance in determining the level of the arterial blood pressure. Relaxation or dilation of the arterioles decreases the resistance to blood flow and lowers the blood pressure. Vasoconstrictor nerve fibers, part of the sympathetic nervous system, release adrenaline and noradrenalin to regulate the contractile tone of the arterioles.

An excessive degree of arteriole contraction is thought to be one of the important causes of high blood pressure (hypertension).

The smallest arterioles merge with capillaries of the same size. (…) Capillaries empty into venules, which in turn form veins. The vein has a larger lumen and a thinner wall with relatively less muscle and elastic tissue than an artery of the same size. The relatively larger lumen accounts for the slower flow of blood and lower pressure in the venous system.

Just beyond the aortic valve are the coronary arteries and their network of branches that supply blood to the heart itself. These arteries girdle the heart like a crown, hence the name “coronary”. A healthy heart shows an extensive field of blood vessels flowing from the coronary arteries.

Immediately beyond the exit of the coronary artery is the aortic arch, which forms the two major channels leading from the heart, one to the lower part of the body and the other to the upper part, especially the brain (Figure 3.4).

Side roads from the arteries fan out into a maze of smaller and smaller blood vessels, until the arterioles and capillaries are reached. The capillaries pass through the spaces between cells where the delicate transfer of food and oxygen in exchange for waste occurs.

During the early part of the trip, a strong pressure is generated by the contractions of the heart. The force is dissipated by the time the blood reaches the veins, and the outward rush of blood gives small impetus to the return flow.

Inside the skull, a vast network of arteries feeds the cells of the brain. The main arteries supplying the brain form a circle at its base called the circle of Willis. This circle of arteries serves to provide all parts of the brain with relatively equal amounts of blood.

The arterial route to the lower half of the body starts at the downturn of the aortic arch. As the aorta passes through the diaphragm, it becomes the abdominal aorta (Figure 3.5). A series of crossroads fan out to supply organs and tissue along the way. Each major organ has its own route.
Figure 3.4. Three major arteries — the innominate, left common carotid, and left subclavian — arise from the aortic arch to supply the head and arms with blood.
Figure 3.5. Branches arise from the aorta in the chest and abdomen to supply blood to the body wall and major organs.
“Hypertonic patients” speak about their illness

Interviews with the people, who are diagnosed with “hypertonic disease”, generally show the following impressions of the patients about their illness:

- they call it hypertonia;
- they think that sooner or later this disease will overtake all people, i.e. it is practically impossible to avoid it;
- the cause of bad health (feeling) is high blood pressure;
- pills must be taken to lower blood pressure and to keep it normal;
- this disease is dangerous: the danger consists in high blood pressure;
- if blood pressure is not reduced, cerebral stroke may occur;
- cerebral stroke is hemorrhage of the brain which results from bursting of blood vessels in the brain because of very high blood pressure;
- many “hypertonic patients” keep a naïve hope for “a miraculous deliverance” from this disease, thus, unfortunately, they give advantage to all kinds of swindlers, like sellers of various disks, bracelets, and amulets.

There are several errors in hypertonic patients’ understanding about their illness; these errors pertain to high arterial pressure and especially to cerebral stroke, which is the greatest fear of “hypertonic patients”.

There would be no need to talk about these errors if they did not bring along a certain hazard to human health and even life. Specialists dealing with acute disorders of cerebral blood circulation can explain better than anyone else what these rather unsafe delusions of “hypertonic patients” consist in.

Warnings from experts who deal with cerebral strokes!

*Taken from the interview of Zinaida Alexandrovna Suslina, Doctor of Medicine, professor, deputy director in the field of neurology at the Russian Academy of Medical Sciences, the head of the department of acute disorders in cerebral blood circulation.*

*From magazine “Preduprezhdenie” [“Prevention”] No.4, 2002, pg.23*

Q: Cardiovascular diseases are considered to be the major calamity of 20th century. Cerebral stroke is one of the most formidable among them. Our elderly readers are asking: How great is the likelihood of having a brain stroke as you grow older?

A: Unfortunately, elderly people are subject to this risk. We won’t be able to do without statistics here. The figures are alarming. They should be known. Alas, our country takes one of the leading places in the world on disorders of cerebral blood circulation, especially on their adverse outcomes. Annually up to 400,000 brain strokes occur in the country and approximately 30% of patients die in the first days. **No more than 20% of people return to their former activity.** Others become invalids and need assistance and aid. It is a tragedy not only for the patient himself but for his family and relatives as well. They are compelled to change their lifestyle when such patient appears in the family. This is not only a medical problem but a social one, too.

Cerebral stroke prevention, its effective treatment is a task of national importance, I would say. In fact, it is an issue of preserving the laboring and intellectual potential of the nation. In our country, cerebral strokes have become noticeably younger. If earlier the average age of patients was over 60, now, especially among men, it is up to 50 years quite often.

Q: What is cerebral stroke? Tell us about the major reasons which bring it about. In everyday language, it is called a paralysis, attack, apoplexy. Are these the same disease or do they have their particular differences?

A: It is always an acute disorder of cerebral blood circulation, blood supply to the brain. There are two main types of cerebral strokes. (1) **Hemorrhagic stroke.** A more familiar name of it is **hemorrhage in the**
brain. (2) Ischemic stroke. On the contrary, it is an insufficient flow of blood into the brain — cerebral infarction.

Reference: according to medical statistics, only one of 6 strokes is hemorrhagic (internal bleeding). And other 5 of 6 cerebral strokes are ischemic (lack of blood supply).

Q: What other indirect factors can indicate the beginning of this disease?

A: At the beginning, disorders of cerebral blood circulation proceed without symptoms. In this sense, we are at a disadvantage in comparison to cardiologists. They deal with pain there, a symptom which is difficult for a person to cope with. He is scared of it and comes for help. In our case, unfortunately, most often “nothing aches”, there are only parallel sensations: numbness, tingling, formication (having shivers), difficulty of speech, dizziness, staggering, weakness of hands and arms that can occur and then cease in a few minutes. Such is the peculiarity of this disease. A person feels no danger of this condition and he doesn’t go to see a doctor. He turns for help only when, unfortunately, very little can be done.

Q: We get the following questions too: Does a person lose his/her professional skills forever after having suffered from this disease?

A: Judge it yourself. Within the first year 20% of patients experience cerebral strokes again. And since then 5-6% of patients experience them every year. Sad statistics, as you can see. It happens not only in our country but worldwide as well. By the way, victims of cerebral strokes in America are on the average about 70 years old, and in our country they are about 60 years old.

Q: Have scientists found any new effective methods to treat this disease? Or is it still considered to be the most severe, dangerous and least promising in its treatment?

A: Now our country has started a program of the total fight against arterial hypertonia. We have begun to carry it out actively, but sometimes thoughtless performance of the best recommendations can do harm. If physicians take efforts to reduce the arterial pressure of all patients in the same extent and to bring it to formally normal figures — 120/80, then such reducing of blood pressure may cause the brain ischemia in some patients as a result of excessive therapy. This is a serious problem. I think we will find mutual understanding with therapists and cardiologists. We must regard it with special responsibility and carefulness. Nothing is more terrible than illness created by doctor’s hands. But, unfortunately, sometimes treatment is carried out incorrectly at the level of “first aid”. The organism of the patient is overloaded with so-called diuretics, i.e. medications that increase the excretion of urine. These drugs “dry out” the brain, reduce the fluidity of blood, and thus they bring harmful results instead of good.

Q: But diuretics are indeed prescribed quite often, and while treating hypertonia as well.

A: Yes, diuretic drugs are obligatory while treating hypertonia. But dosages and purposes of prescriptions are absolutely different here. And when large amounts of Lasix are injected intramuscularly or intravenously, it becomes inadmissible. As a result, in our hospital, we get a patient who needs recovery from these inadequate actions of our colleagues at the level of “first aid”.

Q: Can low blood pressure bring about cerebral stroke?

A: The vascular system of hypotensive patients usually adapts to this particular arterial pressure as life goes on. Life quality of such people can be a little lower than life of those whose blood pressure is normal. But, as a rule, a moderate hypotension (low blood pressure) does not lead to a disorder of cerebral blood circulation. However, if hypotension is medicated, i.e. when arterial pressure is reduced by medications (drugs), this condition may be dangerous (i.e. it results in deterioration of cerebral blood circulation and it can bring about ischemic stroke. [Yuri Mishustin])

That’s the way it is. If you thought that cerebral stroke occurred because of high blood pressure, you were mistaken! It happens more frequently because of arterial pressure reduced by a pill or injection.

If the majority of cerebral strokes was the result of the brain hemorrhage (including the cases when a blood vessel was torn due to “excessively high” arterial pressure), then “the medical fight” against high arterial pressure, which is carried on by millions of “hypertonic patients”, would be certainly justified. But actually, as follows, from Z. A. Suslina’s interview in particular,
high blood pressure has nothing to do with the origin of the majority of strokes (5 out of 6). Furthermore, cerebral strokes very often result from “treating hypertonia” by medications which reduce arterial pressure.

Here questions naturally suggest themselves. Why do “hypertonic patients” — people suffering from the most widespread illness in the world — have an absolutely distorted understanding about it that can result in severe consequences? Why do millions of people worldwide daily endanger themselves to get cerebral stroke — a disease which is probably the most terrifying to them and their relatives? And why, at the same time, do they suppose that by taking “medications for blood pressure” they will save themselves from cerebral stroke?

Who can we pose these questions to? Of course, they should be addressed to specialists dealing with hypertonic disease, and in medicine such experts are cardiologists. At any rate, nobody knows other specialists who would be more related to treating this disease than cardiologists. Besides, we are unlikely to find more authoritative cardiologists than M. DeBakey and A. Gotto, the authors of the book “The New Living Heart”.

Having read this book attentively, an inquisitive reader will find in it answers to many questions. The book presents us with a unique opportunity to learn what the treatment of hypertonic disease actually consists in.

From what, how and whereby are “hypertonic patients” treated?

Excerpts from the chapter “Hypertension”

The Silent Killer

The dramatic phrase — “the silent killer” — is used frequently to describe high blood pressure, or hypertension. Hypertension earned this name by having no noticeable symptoms: a person can have high blood pressure for years without knowing it. Uncontrolled hypertension can cause a stroke, enlarge the heart, and damage the kidneys. It can cause aneurysms to form, large arteries to rupture, and the heart or kidneys to fail.

Hypertension is also the leading chronic adult illness in the United States today, affecting more than 50 million Americans.

Although hypertension is a highly serious medical condition, it is also highly treatable. Once hypertension is diagnosed, it can be managed through a program of lifestyle changes and medications tailored to the individual.

High Blood Pressure

Blood pressure is regulated by arterioles, which are small branches of the arteries. If the arterioles become narrowed, the heart struggles to pump blood, and both systolic\(^2\) and diastolic\(^3\) pressures will increase. Blood pressure guidelines classify blood pressure in stages: optimal, normal, high normal, and high blood pressure. There is no single ideal blood pressure reading; rather, acceptable blood pressure falls within a range.

Blood pressure can vary widely, not only from day to day but also within the same day, and even the same hour. Blood pressure can be affected by a variety of factors, such as the stress of being at the doctor’s office (often called office or white coat high blood pressure), excitement, recent exercise, or some illness and medications. These changes in blood pressure are perfectly normal.

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\(^2\) Intensity of arterial pressure when the blood is driven onward from the heart chambers.

\(^3\) Intensity of arterial pressure “between each blood outflow” when the heart muscle relaxes and the chambers fill with blood.
For most adults, blood pressure is considered to be high when systolic pressure is greater than 139 mm Hg or diastolic pressure is greater than 89 mm Hg for an extended time period.

Risks of Hypertension

Unfortunately, high blood pressure often has no symptoms, so a person can have hypertension for years and be unaware of it. Severely high blood pressure may cause headaches and bleeding into the blood vessels of the eye. High blood pressure can cause the heart to become enlarged and the arteries to become scarred and less elastic. Hardened and narrowed arteries are less able to carry the amount of blood needed by the body’s organs and tissues. The longer blood pressure remains high, the greater the risk for damage to body organs. Narrowed arteries also can lead to the formation of blood clots, which can cause heart attacks and strokes.

Types of Hypertension

There are two types of high blood pressure: secondary and essential, or primary, hypertension. Secondary hypertension results from the presence of a specific disease or medical condition, such as kidney disease, adrenal tumor (primary hyperaldosteronism), renal artery stenosis, coarctation. Secondary hypertension represents only a small percentage (about 5%) of all hypertension cases. Essential, or primary, hypertension is by far the more common form of high blood pressure. Essential hypertension is hypertension in which there is no known underlying cause. It occurs when the vessels are excessively contracted (...). Essential high blood pressure is responsible for 90 to 95 percent of all hypertension cases. Important to understand is that essential hypertension cannot be cured, but with lifestyle changes and medication, it can be controlled.

Risk Factors for Essential Hypertension

While the exact cause of essential hypertension cannot be pinpointed, there are specific, often interrelated risk factors that seem to play important roles in its development.

Controlling Hypertension

While essential hypertension cannot at present be cured, it usually can be managed.

The physician should explain your condition, set a blood pressure goal for you, and outline ways to meet that goal that are tailored to your needs and your medical history.

Hypertension Medications

Hypertension can be treated by several different types of medications. Patients react differently to medications, and some may experience side effects. Side effects often can be moderated or eliminated by lowering dosage or by substituting another medication.

Diuretics

Diuretics are often the first type of medication prescribed for treatment of hypertension. Diuretics eliminate excess fluid and salt that accumulate in the tissues surrounding the arteries and thus lower blood pressure. Side effects sometimes associated with diuretics include harmful effects on the blood lipid profile, weakness, and loss of potassium.

Beta-blockers
If diuretics are not effective in lowering blood pressure, a beta-adrenergic blocker, called beta-blocker for short, may be prescribed in combination with a diuretic. Beta-blockers have a complicated mechanism that involves decreasing heart rate and force of contraction and altering plasma volume. Side effects that have been linked with beta-blockers include fatigue, insomnia, and aggravation of congestive heart failure; impotence.

Other Types of Medications

Other types of hypertension medications, including adrenergic inhibitors, angiotensin-converting enzyme (ACE) inhibitors, calcium antagonists, and vasodilators, work by opening constricted blood vessels. ACE inhibitors may interfere with kidney function and cause coughs and rashes. Calcium antagonists may cause headaches and dizziness. Vasodilators may cause headaches, tachycardia, and fluid retention.

[Here it is appropriate to add scientific data from other sources. Vasodilators dilate only peripheral vessels (mainly the vessels that supply blood to the abdominal organs). Arterial pressure (AP) decreases because of this, but the decrease of AP aggravates cerebral blood supply since most vasodilators do not affect blood vessels of the brain. When AP decreases, blood flow through cerebral vessels decreases in proportion to the reduction of blood pressure. And this causes dizziness, headaches, tachycardia, etc...]

Maximizing the Effectiveness of Medication

You can maximize the effectiveness of high blood pressure treatment by keeping all appointments with your physician, following medical recommendations for making lifestyle modifications (such as losing weight, getting regular exercise, and moderating alcohol intake), and taking all medications as directed.

Medication can control hypertension, but it cannot cure it.

Make your medication a part of your daily routine. Carry a day’s supply of current medications with you at all times.

Do not stop taking your medication if your blood pressure is normal when you have it checked, for it is probably the medication that is causing your blood pressure to be normal. Always keep your appointments with your physician to have your blood pressure checked.

The Patient’s Responsibility

It is crucial that the patient realize that, while essential hypertension can be controlled, it cannot be cured. Hypertension requires lifetime management, but the severity of this condition can be lessened with careful compliance with the prescribed treatment regimen.

Realities of cardiology

“We use medications, which cannot cure, to cure an incurable illness.”

An honest advertisement of cardiological clinics.

Having read the excerpts from the book of the authoritative cardiologists and “having separated the husk from the grain”, an attentive reader can draw some important conclusions and generalizations for himself/herself.

About the possibility of curing hypertonic disease (HD)
“Essential hypertension cannot at present be cured”, “it cannot be cured”, “While essential hypertension can be controlled, it cannot be cured.”

Modern cardiology has no means to virtually fight against HD, i.e. there are no means for curing or eliminating the disease.

About causes of hypertonic disease

Cardiologists do not know what causes essential arterial hypertension: “While the exact cause of essential hypertension cannot be pinpointed...” (The term “essential” means “causeless, idiopathic”). This explains the absence of means to virtually fight against HD. In fact, a disease can be cured only after the cause, which generates it, is eliminated.

At the same time it is mentioned in the book that “AP is regulated by arterioles”, “If the arterioles become narrowed, AP will increase”. Thus, it turns out that cardiologists indeed point out at least one cause of arterial hypertension — narrowing of arterioles. “An excessive degree of arteriole contraction is thought to be one of the important causes of high blood pressure (hypertension).” However, cardiologists do not know the exact cause which brings about HD.

About treatment of hypertonic disease

Treatment (the way common people understand it) is a process leading to recovery, to deliverance from a disease or at least to its suppression, i.e. it is a process, which assumes if not a complete elimination of the cause of the disease, then at least some impact on this cause.

Cardiologists repeatedly use such terms as “treatment” or “medications”. Right at the beginning of the chapter, it is even stated that “…it (arterial hypertension) is also highly treatable.”

However, as a matter of fact, cardiologists themselves do admit that no treatment of HD exists in the normal sense of this word. The results of cardiological “treatment” prove this: can anyone name at least one former “hypertonic patient” who has been cured, i.e. has become healthier due to the treatment? And do you know any “hypertonic patient” who, after a cardiological treatment, feels better than he felt one, two… years ago?

About the results of treating hypertonic disease

The result of any “normal” treatment is recovery. But what does the result of cardiological “treatment” consist in? If there is no recovery — and recovery is impossible in this case because the disease is incurable — then what should be considered as the result of treatment? Try to ask yourself this question and you will definitely find the answer yourself. Here’s a prompt:

a) treatment of a “curable” disease ends up in recovery;

b) treatment of the “incurable” HD ends up in… “Correct! It ends up in cerebral stroke or infarction”.

About medications

Although such terms like “medications” and “drugs” are used frequently, actually all “medications for HD” are not medications at all (i.e. remedies for treating an illness), but they are “hypertension medications or medications for lowering high arterial pressure”. These are synthetic chemical substances that render diuretic, sedative or vasodilating effects for quite a short time.

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4 Abbreviations which are used hereinafter: AP — arterial pressure; HD — hypertonic disease. Quotes from the book “The New Living Heart” are italicized.
Yet, the majority of “hypertonic patients” consider the “pills for blood pressure”, which they take, as medications and drugs.

In fact, there are no medications for HD! Therefore, there is no treatment. Accordingly, there is no recovery, too.

We hope you have noticed that all “medications” mentioned by cardiologists give “side effects” which are very hazardous to the organism. Yet, despite this, they say, “Make your medication a part of your daily routine”, “HD requires lifetime management”.

About the physician’s role in “treating” hypertonic disease

Since treatment of hypertonic disease does not exist, a natural question arises: What does the “work” of the physician consist in?

While a “curable” disease is treated, the work of the doctor is obvious:

- diagnostics, i.e. finding out the causes of a sickly condition;
- selecting medications, i.e. the remedies which will have impact on the cause of this sickly condition; prescribing dosage;
- supervising the course of treatment till the recovery.

During “cardiological treatment”, the role of the physician virtually boils down to experimenting on the patient in order to choose those “anti-hypertensive” medications which would regularly reduce AP to some kind of “a norm” with minimal “side effects”.

What makes hypertonic disease dangerous?

But what does the danger of HD actually consist in? Why should a person “in a daily routine” take “medications” which undoubtedly destroy his organism? Why should he take them without having any hope that his health would improve?

It is one thing when we deal with “severely high” blood pressure which “may cause headaches and bleeding into the blood vessels of the eye”.

However, it is quite another matter when we deal with “moderate” hypertonic disease. How does “mild” HD threaten us, the one that cardiologists suggest “treating” even at the cost of ruining the organism? Somehow the authoritative cardiologists have said very little about it — only 9 lines. (Yet, the book has 497 pages.)

Little, not concretely and unconvincingly do cardiologists write about the hazard of high AP. As for the danger of a possible result from fighting against high blood pressure, i.e. AP, which once was “excessively” lowered by “medications”, cardiologists do not write anything about it.

Medical deadlock

The overall picture seems to be quite sad, indeed.

Cardiologists, who specialize in heart and blood vessels, talk about some unknown danger of high AP and urge people to reduce it by any possible way to a certain standard, strictly speaking, that nobody knows about.

Neurologists (neuropathologists), who specialize in brain and nerves, speak about “illness created by doctor’s hands”, i.e. about cerebral ischemia (including a brain stroke) which results from reducing AP by medications. Besides, they call the process of decreasing AP to “a norm” an “excessive therapy”.

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Let’s assume that some day neurologists will make cardiologists recognize and admit that fighting against HD by “anti-hypertensive medications” brings more harm to a patient than “high” AP itself; that indeed this “battle” is hazardous to human health and even life. But what should be done then with these very “anti-hypertensive medications”? Today anti-hypertensive (hypotensive) remedies make up a group of the best-sold medications all over the world. We are talking about billions of dollars (see pg.50). Any sensible person understands that another reason why cardiologists and therapists would be unlikely to stop “fighting against blood pressure” is that modern medicine would be recognized as insufficient due to this. As we have found out after all, “treating” HD is just prescribing medications for reducing AP. There is simply no other remedy to help it!

When a person is hospitalized to some cardiological center, even to CCH (Central Clinical Hospital), he/she receives the same “cardiological treatment” there, only under the supervision of physicians. Accordingly, the same results follow. For example, 15% of emergency patients, who were admitted to the clinic of the Institute of Clinical Cardiology in the Center of Scientific Cardiology at the Academy of Medical Sciences of the Russian Federation, would already experience a myocardial infarction while staying in the clinic [magazine “Kardiologia” (“Cardiology”) No.2, 1992].

In the center of the “discussion” of cardiologists and neuropathologists, there is one question which is very important for every “hypertonic patient”: What is considered to be a normal AP? Is there any specific measure (reading) of it for each person?

It is possible to assume there is a general standard (norm) for many people, e.g. 120/80 for young people since most of them are still healthy (even though we could find a considerable percentage of hypotensive patients among them too). However, what kind of a norm can we apply to 50-60-year-old people whose AP, due to their age, should already be higher than that of the young people? But higher to what extent?

There are few healthy people among 50-60-year-olds; thus, the standard of AP should depend on “health condition”. But how should it depend? Here’s another question. What if a person had low blood pressure in his youth (as a rule, almost nobody among 50-60-years-olds knows what his AP was when he was 30, for example), it means that when he is 50-60 years old, his “normal arterial pressure” should also be lower than that of the majority of his peers? But how much lower?

And, finally, the main question: What are the criteria (yardstick) for determining the “abnormality” of arterial pressure? It is obvious that you may not need any criteria to consider AP “abnormal” if it “goes overboard”, for example, to 220/140. However, it is known that a huge number of people feel quite well for many years with a constant arterial pressure of 140-150/100-110 and even 170-180/120-130. On what basis, i.e. on the basis of which criterion should AP be considered “abnormal” in such cases?

After all, a person, in fact, is healthy — he feels well, has nothing to complain about. You may ask: Why should doctors “treat” him then by poisoning his organism with chemicals, deliberately worsening the cerebral blood circulation and causing a brain stroke?

According to the book “The New Living Heart” and monographs of leading experts dealing with hypertonic disease, there are no scientifically grounded methods for defining a normal AP value (reading) for a particular person. Therefore, it is not clear: on what strictly scientific basis can we classify somebody as a “hypertonic patient” and begin dosing him with medications to make his blood pressure “normal”? As we can see, there are lots of questions here, but neither cardiologists nor neurologists have any answers to them.

Disagreements in opinions of cardiologists and neurologists can lead up to “seditious” thoughts about medicine. In fact, even a common person, not knowledgeable in medicine, will most probably accept the neurologists’ point of view after having read “The New Living Heart” and the interview of Z. A. Suslina.

First, cardiologists have no convincing explanations about the hazard of high AP and the necessity of reducing it by pills on a regular basis. Second, the danger of decreasing AP artificially is obvious even from the point of view of basic physics. As a matter of fact, AP is
intended for ensuring that blood would pass through vessels, through cerebral vessels in particular, in that quantity which is necessary for it to work normally (750 ml per minute). And according to the laws of physics, any artificial reducing of AP will surely result in decreasing of blood flow through the brain vessels, i.e. it will bring about ischemic condition.

Implementing prescriptions of therapists and cardiologists, who suggest reducing AP by pills, poses a danger to human health. And this is a deviation from the major precept of physicians, which is “Do not harm!”

“Despite the appearance of new methods of diagnostics, an enormous arsenal of various medical products, surgical and endovascular methods, the efficiency of treatment not only does not increase, but, according to the growing lethality in hospitals, it even decreases.”.

This is the quotation from the speech of Evgeniy Chazov (at the Russian national congress of cardiologists), the director of the Russian Scientific and Industrial Complex of Cardiology in the Department of Health of the Russian Federation, an academician of the Russian Academy of Science (RAS) and the Russian Academy of Medicine (RAM) [taken from “Meditsinskaya gazeta” (“Medical Newspaper”), No.81, 29.10.2003, pg. 11].

The phenomenon of “the growing lethality in hospitals” is the diminishing percentage of those patients who leave their cardiological departments and clinics alive.

A way-out of the deadlock

“Wherever you pass, everywhere is an impasse!” — says a Russian proverb that can be applied to situations similar to the one where millions of “hypertonic patients” have found themselves without being aware of it. This is undoubtedly a deadlock which has already held medicine or, at least, a large part of it for many years — the field of medicine that is engaged in treating the most widespread illness. And apparently medicine has no way-out of this deadlock. However, in no way does it mean that patients, who get into a medical impasse, cannot get out of it.

While neuropathologists are trying to find mutual understanding with therapists and cardiologists, we, their patients, should simply go back about 30-40 years into the past when:

- nobody measured his arterial pressure regularly like many “hypertonic patients” do nowadays;
- there were no “modern”, “highly effective” anti-hypertensive medications yet.

In those days, when people had ailments or headaches, they could perfectly deal with this sickness by using cheap Korvalol and even valerian drops. Besides, there were fewer cerebral strokes than nowadays. It is not the best way-out but, at least, it is less detrimental to the brain, let alone the liver and kidneys; furthermore, it is less expensive.

Some readers might think that treating HD with Korvalol and valerian drops in those days was compulsory since there were no more effective remedies then. It is not so even for this reason that the impact of “sedative” medications on the organism is optimal from the scientific point of view.

“Sedative” drugs like Korvalol (Valocordin) or valerian tinctures (potions) affect blood vessels moderately, therefore more mildly, more naturally (in contrast to “modern” vasodilating remedies that directly affect muscles of abdominal arterioles and thus causing draining of blood in the brain). The effect of Korvalol and valerian extract results in “inhibition” of the overexcited brain. Due to this, the brain “releases” (expands) the arteries through the nerve fibers in their walls, and the AP decreases.

Academician G. F. Lang (1875-1948) — the founder of the teaching about hypertonic disease — considered treating HD by “sedative” medications more rational than treating it by “drugs for arterial pressure”. Several generations of physicians studied his textbooks in their time.

5 Since 1990 up to 2001, the number of men dying of cerebral stroke in Russia every year has increased by 1.5 times.
“... in treating hypertonia, bromide drugs, luminal, valerian medications etc. dominate among medicinal remedies. These medications should be taken continuously also in those cases when there are no direct indications of increased excitability of the mental sphere. By reducing excitability of the nervous system, they will favorably aid in lowering blood pressure in these cases, too.”

“The third trend of treatment consists in attempting to directly reduce arterial pressure, i.e. treating by methods or medications which affect the immediate system components that regulate the tonus of the arterial muscular system (the majority of modern hypotensive medications — Y. M. [Yuri Mishustin]). This trend seems to be the least rational, since it does not eliminate the cause of hypertonia, which has a point of application apparently in the top levels of the system that regulates arterial pressure.”

If we compare the aforesaid statements of G. F. Lang about treating hypertonic disease and the comments of M. DeBakey written in his book, we will find out that the medications which Lang preferred (bromide drugs, valerian medications and other sedative drugs tranquillizing the nervous system) are not even mentioned by M. DeBakey. Presently those medications, whose application in treatment was called “the least rational” by Lang, have become the main thrust and focus in medicine.

So, it turns out that G. F. Lang was wrong and his followers have corrected the scientific errors of their teacher after having found proofs that another approach to treating HD is right. However, our attempts to find scientific proofs of the falsity of G. F. Lang’s views about HD and its treatment have not been crowned with success. And no wonder. The statements of G. F. Lang correspond to exact science — physiology. Besides, any attempts to disprove it would obviously be anti-scientific. Therefore, no one has even endeavored to prove “the falsity” of academician Lang’s viewpoints.

For some time now (20-30 years ago), cardiologists and specialists in HD have simply been ignoring G. F. Lang, i.e. science. Well, it seems they needed to do it for some reason. At this very time did “the fight against blood pressure” start through the use of anti-hypertensive medications rejected by Lang — the fight which has given billions of dollars to pharmaceutical industry and has brought an epidemic of cerebral strokes to humanity.

It turns out that “disciples” of the academician — instead of developing his teaching and reaching the truth in their quest for a hitherto unknown prime cause of hypertonic disease — have deliberately begun walking on the dead-end path which G. F. Lang warned about more than half a century ago. There would not be anything extremely bad if it became a dead-end for cardiology as science. However, due to cardiology its own deadlock has become an impasse for millions of people who are remote from science.

Quite recently, a realistic way-out has appeared from this medical deadlock — the deadlock which captured millions of people worldwide.

Having started to use it, people no longer need to monitor their arterial pressure (AP). They have stopped taking both anti-hypertensive and sedative medications: Korvalol and valerian drops. These people have become healthy, although prior to that they had been “hypertonic patients” for many years.

You may say it is impossible. However, sometimes impossible things become possible.

A first category therapeutic physician (general practitioner), Valentina Grigoryevna S., also considered her own HD incurable and she “treated” it the way she was taught to do it and how she used to treat others for many years while working in the Municipal Cardiological Dispensary in the city of Samara and as the head of the department too. She “treated” it by anti-hypertensive medications. As a result, by the spring of 2002, her expenditures on “medications” that she was supposed to take amounted to 1000 roubles per month, and MEC [Medical Expert Committee (for the ascertaining of invalidism)] declared Valentina Grigoryevna a 2nd group invalid. Like other cardiologists and therapists, she also did not have an exact explanation of her health problems, and the only version suggested by the specialists of the authoritative Samara Clinic of Angiosurgery (clinic of academician Ratner) should have inevitably resulted in an operation on the vertebral artery near her brain. Fortunately, it did not result in this.
“More than 15 years ago I experienced an acute disorder of cerebral blood circulation (brain stroke) in the vertebral basilar basin. In 1999 I had a severe toxico-allergic myocarditis. And less than a year after this my arterial pressure began to rise (although prior to this I had low blood pressure; I was a hypotensive patient) and as AP was increasing, I began having spells of cardiac fibrillation (ciliary arrhythmia). Edemas appeared on my legs and I had dyspnea (shortness of breath) while climbing upstairs to the 2nd floor. Lately, in addition to hypertensive spells, I started experiencing Mèniére’s syndrome (attacks of severe dizziness) and short-term recurrent ringing in the right side of my head. In the mornings, AP was always very high: 200/110 — 250/130 mm Hg. After I was taking medications — Narvask, Renitec — AP lowered to 160/100 — 170/110, but next morning it was over 200 again. At first, I tried to control spells of cardiac fibrillation in the cardiological dispensary. During the last year, I was fighting it on my own at home by taking 1200 mg of Cordarone in two doses. The maintaining dose of Cordarone was 200 mg. I was taking it continually for more than 1 year. But after I was reducing the dose to 100 mg per day, paroxysm was recurring in 2 weeks.

Being a therapist of long standing, I was strictly carrying out all recommendations of academic medicine. In April 2002, I was examined by physicians in MEC (Medical Expert Committee) where they declared me a 2nd group invalid. Furthermore, they directed me to the clinic of angiosurgery at SMMA (Samara Municipal Medical Academy) where, after consulting with an angiosurgeon, I was given lots of additional prescriptions and a recommendation to pass a repeated physical examination after 6 months. In case the treatment would be ineffective, they did not exclude an option of performing a reconstructive operation on blood vessels in my neck.

Thus, I gained a “bouquet” of serious diseases, which inevitably forced me to take a lot of medications. Every month I had to spend up to 1000 roubles to obtain them. I began a hectic quest for ways to stop taking at least some of my drugs.

I distrust the majority of non-traditional treating methods. But one day, having turned on the TV, I saw the ending episode of a program — a discussion about a training simulator (exerciser) with hypercapnic mixtures. Just in case, I wrote down the phone number and then I immediately started browsing through all my books on physiology of respiration which I had in my home library. After my reading I decided that I should try it because this method is physiological and at least it will do no harm. Although, frankly speaking, I didn’t expect any success.

I obtained the exerciser on 15.04.2002 and set to work. RVM (respiratory volume per minute) was 13 liters/min. During the first 2 weeks since I began the session, it was difficult for me to breathe, I was about to give up the whole thing. It was going on in this manner for the first 6-7 minutes but I continued carrying out the suggested recommendations with persistence and patience. My salivation was excessive. However, when I reached the 8th minute, I started breathing so easily that I felt like flying (apparently the broncho-spastic component was being eliminated).

Salivation and difficult breathing disappeared in 2 weeks. AP was already fluctuating between 120/80 — 170/110 mm Hg. By gradually reducing the dosage, I stopped taking hypotensive (anti-hypertensive) medications.

In 1 month my health improved so much that I stopped taking all drugs, including Cordarone; I couldn’t reduce its dose even for over 1 year.

In 2 months edemas on my legs disappeared and AP became stable: between 120/80 — 170/110 mm Hg. In that case when AP would reach up to 170/110 mm Hg, I kept breathing for another 10-15 minutes and then AP would diminish in 40-60 minutes.

The spells of cardiac fibrillation ceased. I lost 5 kg in weight due to decreased hydrophilia of the tissues (my body dried out slightly). Mèniére’s syndrome did not occur any more and ringing in the right part of my head vanished as well.

At present, after five months, my RVM is 6.5 liters/min. I am absolutely sure that my health has improved so much only due to this, seemingly, simple device.

I am happy! Now I am living an absolutely active life, not setting any limits even to a considerable physical workload on the plot of my countryside summerhouse. I have regained my former shape and have returned to normal life.

With all my heart I am thanking the wonderful people who have made this complex (apparatus) which is indispensable in life of every sick person and which grants health to people.”

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6 Hypercapnia (from the Greek hyper = “above” and kapnos = “smoke”) is a condition where there is too much carbon dioxide (CO₂) in blood. (Transl.)
It is absolutely unlikely that some therapist or cardiologist will believe in the things which have happened to Valentina Grigoryevna. As a matter of fact, she has become a healthy person and she has stopped taking “medications”, which contradicts both the theory and practice of cardiology. From the medical point of view, it is simply impossible. Hypertonic disease is just incurable. Moreover, at the same time Valentina Grigoryevna got rid of cardiac fibrillation — another disease that cardiologists cannot cure. From the medical standpoint, the case of Valentina Grigoryevna is a miracle. However, there is a strict scientific explanation for this “miracle”.

Science restores health

There is an exact natural science — normal human physiology. In contrast to cardiology, which specializes only in the heart and large blood vessels, and to neurology, which deals only with the brain and nerves, and, for example, to pulmonology, which focuses only on the lungs, or to gastroenterology, which studies only the bowels, stomach, liver etc., normal physiology takes into consideration the organism as a whole.

Several generations of physiologists, among whom are our great compatriots (I. M. Sechenov, B. F. Verigo, P. M. Albitskiy, I. P. Pavlov), within 150 years of research and experiments, have depicted a fairly complete picture of all processes occurring in the human organism with their interrelation, by the way.

It was the knowledge from the exact science — normal physiology — that allowed to formulate the cause of hypertonic disease and many other illnesses, which are also considered incurable, and to find methods to eliminate this cause.

Hypertonia is the cause of diseases

Let’s make a note: cardiologists do not use the term “hypertonia”. They speak about arterial hypertension, hypertensive disease. And what is “hypertonia”?

What do we mean while uttering the word “hypertonia”? After all, this word is used much more frequently than the concept of hypertensive disease, although it should be vice versa. At any rate, many people will consider these terms identical. And they will be wrong. Let’s refer to the Brief Medical Encyclopedia (further mentioned as BME; the “Soviet Encyclopedia” Publishing House, M., 1989, Vol.1, pg.298):

“Hypertonia is an excessive tension of muscles. The term is used to describe the increased tension of smooth muscles of hollow organs (e.g., stomach, urinary bladder, etc.), ducts and blood vessels as well as skeletal muscles. Hypertonia of the arterial walls is one of the causes of the increase in arterial pressure, during hypertonic disease too; however, it is not recommended to define the very increase of arterial pressure (hypertension) by the term “hypertonia”.

Thus, hypertonia means an increased tone (tonus) of muscles. “Hypertonia of arterioles can be the main cause of arterial hypertension. It is justified to use the following terms as synonyms: “essential arterial hypertension” and “hypertonic disease”, during which arterial hypertension is conditioned, first of all, by hypertonia of arterioles (BME. Vol.1, pg.294).

“Arterial hypertension is the increase of blood pressure in the arteries of the greater and lesser circulation” (ibid.).

The word “essential” means “causeless” (“The Dictionary of Physiological Terms” M., 1997, pg.24). Physicians qualify 95% of cases of hypertonic disease as “essential”.

Therefore, hypertonia is not a disease. It is a fairly stable, steady state of muscular tissues; it is characterized by their increased tonus.

The increased tonus of tiny blood vessels (arterioles), ducts (of liver and endocrine glands), bronchi and bronchioles, which also consist of smooth muscles, results in decreasing of
Their lumen (inner diameter), i.e. in constriction. Another name for this phenomenon is a spasm of smooth muscles.

An increased tonus of vessels in the arterial bed (arterial hypertonia), first of all, is the constriction of the tiniest vessels — the smallest arteries and arterioles (micro-vessels).

Grigoriy Fiodorovich Lang, a true scientist and a remarkable physician and clinician, wrote about this.

"A disorder in functioning of small arteries and arterioles — because of high tonus of their musculature and, consequently, the constriction of their lumen as a whole, which impedes the blood outflow from the arterial system — should be considered as the proximate cause of a long-term hypertension”. “It was assumed (earlier) that these changes (in arteries and arterioles) were related to the arteriosclerosis group or were caused by some specific process, which affects and damages small blood vessels. Presently these ideas are only of historical interest. Now it is universally acknowledged that the constriction of arterioles is the result of their intensive tonic twitching, i.e. the outcome of a pathological deviation of their functional state.”

Modern specialists in HD also agree with such definition of the essence of arterial hypertonia.

“Although atherosclerotic changes in large arteries are typical of patients with hypertonic disease, the increase of blood pressure is mainly caused not by this but rather by changes in small arteries and arterioles that are not subject to atherosclerosis. It is their increased tonus, which is fixed by structural functional changes, that results in a chronic increase of peripheral resistance. We are talking about arteries with the lumen of less than 300 microns (0.3 mm) and arterioles”. (E. E. Gogin “Hypertonic disease”. M., 1997; 400 pages, pg.68)

Constriction of arterioles, which increases the resistance to blood flow — peripheral vascular resistance (PVR) — generates a certain increase of AP on its own, but the major hazard for the organism from arterial hypertonia does not consist in this.

Constriction of arterioles results in the decrease of blood flow within the organs (it results in abnormality of the regional blood circulation), i.e. it brings about ischemia — a disorder of the normal blood supply for their tissues. And on the cellular level, ischemia leads to oxygen starvation of cells (tissue hypoxia). Because of anoxia (lack of oxygen), cells stop performing their functions to the full extent. An acute oxygen deficiency does result in massive loss of cells, i.e. infarctions of organs, and not only those of the heart (myocardial infarction) or the brain (ischemic stroke), but infarctions of other organs as well.

The essence of hypertonic disease is a disorder of blood circulation in all vital organs as a result of hypertonia of arterioles. This is the main danger of hypertonia for human health.

Accordingly, any treatment of HD must be directed to normalizing of blood circulation, i.e. to eliminating the cause of HD, which is hypertonia of all arterioles (micro-vessels), but it must not be directed to artificially decreasing AP that deliberately results in deterioration of cerebral blood circulation and even in a brain stroke.

Increased arterial pressure during hypertonic disease is just a symptom which points to insufficient blood supply in the organs and to overuse of the heart muscle (myocardium).

**What does a tonometer show?**

Hypertonia is an increased (hyper) tonus of muscular tissues but it is not a disease at all. Arterial hypertonia results in abnormality of blood supply in tissues and organs.

This is the main and sometimes very hazardous trouble caused by hypertonia. The second harm from hypertonia is that overload of the heart muscle increases by 1.5-3 times.

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7 E. E. Gogin — a professor, scientific supervisor in therapy at CCH (Central Clinical Hospital) in the Medical Center at Administrative Department of the President of the Russian Federation, a corresponding member of the Russian Academy of Medicine.
However, common people think that the major trouble from hypertonia is high arterial pressure and that one should fight against it. In fact, **fighting against high AP is the same as fighting against high temperature** and considering that the organism is jeopardized by the very temperature rather than, for example, by the infection which caused it.

Just as a thermometer can only indicate the presence or absence of infection in the organism by showing the intensity (reading) of body temperature, likewise a **tonometer shows only a degree of disrupted or normal blood supply** to the tissues and organs as well as a degree of myocardium overload by the measures (readings) of systolic and diastolic pressure in the arteries.

By the way, even the very name of the apparatus — **a tonometer** — indicates that it is intended not for measuring pressure (as we know, manometers are made for this) but rather for measuring the level of arterial hypertonia, i.e. **the tonus** of blood vessels in the arterial bed. A combination of two readings of the manometer, which measures pressure in the cuff, is simply used as indices of the tonus of blood vessels.

High tonometer readings are not warnings for everybody to immediately take a pill “for pressure”. This is a signal to take measures to diminish the intensity of arterial hypertonia, which impedes normal blood supply to the entire organism — it is a signal to eliminate its prime cause.

**What causes blood pressure to vary?**

Arterial pressure of every person varies in the course of twenty-four hours because of **changes in the lumen of arterioles**. It can change within wide ranges (up to 3-10 times), for example, depending on concentration of some substances in blood that flows through arterioles. Thus, an increase in concentration of **adrenaline** (usually because of stress) results in constriction of arterioles and AP **starts rising**.

When **Nitroglycerine, Papaverine, Dibazol** or any other anti-hypertensive, vasodilating medications enter blood, they cause dilation of arterioles, and AP **diminishes**. An increase in concentration of carbon dioxide CO₂ in blood, which flows through arterioles, brings about the same effects, i.e. dilation of arterioles and reduction of AP.

**A normal lumen of arterioles** in a healthy person (who is relatively young, as a rule) is **continually maintained through** a chemical effect that is directed onto their walls by **carbon dioxide CO₂** dissolved in blood. This substance (together with water H₂O) is constantly produced in every cell of the organism as the final product of oxidation of carbohydrates (mainly glucose). Carbon dioxide CO₂ is eventually released from the organism through the lungs. However, on its way to the lungs, CO₂ remains in blood for some time and it plays the role of a **natural regulator of the lumen in arterioles**, i.e. keeping their constriction in check. Normal concentration of CO₂ in arterial blood guarantees the absence of steadily high AP.

When concentration of CO₂ in arterial blood is substantially reduced, the lumen of arterioles diminishes considerably. Constriction of the brain arterioles results in decreasing of blood flow through its tissues, thus causing cerebral ischemia. In the lower section of the brain, there is the so-called vasomotor center, which controls the lumen of arteries. In response to ischemia, the brain increases impulsion in nerve fibers onto the walls of tiny arteries, which supply abdominal organs with blood. **Arteries contract, thus pressure increases** and cerebral blood circulation improves.

A chronic condition of cerebral ischemia induces extra excitation of the nervous system, and an excessive increase of AP is one of its manifestations and results. In this situation, excessive impulsion occurs in the abdominal artery, thus causing AP to leap, but in this case such “jump” is “unnecessary” for the brain and the entire organism.

**The error of cardiology**
There are enough reasons to consider that not only pharmaceutical industry led cardiologists into an impasse but the “science” of cardiology as well. And it is possible to give a rather definite answer to the question, “Why has it happened like this?”

It has happened so because the modern “science” of cardiology virtually ignores the role of the brain as the main regulator of the entire cardiovascular system.

Otherwise cardiologists would not be engaged in regular exsanguination of the brain by reducing AP with pills “to the norm”. If cardiologists recognized the major role of the brain in the function of cardiovascular system (CVS), i.e. if they admitted that intensity (magnitude) of AP at any moment is a result of the regulating activity of the brain, they would never set any norm (not exceeding 139/89 mm Hg) and they would not counteract the brain by reducing the pressure which it (the brain) increased.

As a matter of fact, the brain not just regulates the pulse and AP but it controls the activity of the entire CVS. The task of the brain is not to maintain “normal” AP but to ensure a normal blood supply to the tissues of various organs. By changing AP from the vasomotor center, the brain alters the intensity of blood flow in individual organs to guarantee normal functioning of the organism in diverse situations (relaxation, physical activity, stress, sleep, meal-time, fatigue...). Intensity of AP changes, first of all, at the will of the brain. And if the regulator — the brain itself — is normally supplied with oxygen, it will never allow AP to decrease below the level that it needs. However, if AP rises very high, it means this is necessary either for the organism as a whole, for instance, during physical activity (up to 200/110), or for the brain in order to protect itself from ischemia (except for the cases of extra excitation of the nervous system).

“Increased” arterial pressure ensures normal blood supply to the brain tissues during arterial hypertonia.

An increase of arterial pressure (in a state of rest) is a natural protective (compensatory) reaction of the brain to deterioration of cerebral blood circulation because of constriction of cerebral arterioles. By increasing AP, the brain protects itself from the hazard of cerebral stroke.

If we proceed from the obvious thesis that the brain as the master of the organism does everything in a right way, then we should acknowledge that any AP is normal, i.e. exactly what the organism needs at the moment.

However, if a “hypertonic patient” does feel bad and the intensity of AP is considerably higher than his optimal reading (higher than the usual AP when he feels “good”), it does not mean that it is high pressure that makes him feel sick. He feels bad because of overexcitation of the brain. “High” pressure can cause only headaches.

Increased AP indicates extra excitation of the nervous system or the fight of the brain against the threat of ischemia and cerebral stroke. In this situation, artificial reducing of AP by pills only aggravates the problem, although it does kill headaches for a while.

Decreasing AP by pills without a specific necessity is a rude interference with cerebral activity, thus always disrupting normal functioning of CVS and undoubtedly harming the brain with negative effects since it results in deterioration of cerebral blood circulation. Consequently, sleep gets worse, memory weakens, irritability increases, and the nervous system becomes over-excitabile. Finally, the brain’s performance of the function in regulating the activity of CVS also deteriorates. Reducing AP by pills is the path towards ischemic stroke, i.e. cerebral infarction. Neurologists do understand this, but it is hard to make cardiologists see it. And they are unlikely to ever perceive it because the brain as if does not exist for cardiology.

Neither does the brain exist in modern cardiology nowadays. Nevertheless, once upon a time, it did exist. Why did academician G. F. Lang consider sedative drugs as preferable “medications for pressure”? Because he understood the predominating role of the brain in the activity of CVS. With Korvalol or valerian tincture, we assist the brain: we stop its overexcitation, which is manifested by excessive breathing and excessive increase of AP. In response to our aid, the brain itself reduces AP. However, anti-hypertensive medications do not help the brain in any
way. Furthermore, they interfere with the brain’s activity and cause harm by deteriorating its blood supply.

Yet, modern cardiologists do not even know about it because their teachers have “banned” academician Lang years ago.

In quest of the prime cause

It is a well-known fact since the beginning of 20th century that the direct cause of hypertonic disease (essential hypertension) is hypertonia, i.e. a stable, increased tonus (constriction, decrease of the lumen) of arterioles and the tiniest arteries.

“In 1911, a famous clinician E. Frank coined the name “essential hypertonia”, and he wrote at the same time that “etiology (the cause) of the increased tonus of the annular musculature of arterioles during essential hypertonia remains completely unknown.” (B. I. Shulutko “Arterial hypertension 2000”, St. Petersburg, 2001; 382 pages, pg.13)

The only thing E. Frank did not know was the prime cause of this disease. Back in 1911 and up till now, “essentiality”, i.e. “groundlessness, idiopathy” of hypertonic disease consisted and still does consist in the mystery of the factor that causes the increased tonus (hypertonia) of arterioles.

A person, who is not well-versed in medicine, will find it hard to believe in this, but physiologists have known the cause of hypertonia of arterioles, which is still a mystery to physicians, for at least fifty years. It has been written about this cause in all textbooks “Normal Physiology” for a long time already. Moreover, it is possible to determine the cause of hypertonia of arterioles via two simple experiments based on the data which are known from physiology for a long time.

The first test. Millions of hypertonic patients perform it daily. For example, taking a pill of Papaverine or Dibazol, i.e. the substance, which, while remaining in blood, affects the walls of arterioles in such a way that their tonus reduces and the lumen increases. High arterial pressure diminishes accordingly.

The second test. Any person, who takes “pills for pressure”, can carry it out himself. First, you must measure AP with a tonometer. Then keep watching your respiration. After every breathing-in and breathing-out, you should make a pause (for 5-10 seconds after exhalation and for 10-15 seconds after inhalation). Try to make both inhalation and exhalation as suppressed as possible. In about 20 minutes, after having measured AP, you will find out that it decreased, i.e. arterioles dilated.

In both tests, we receive the same result but via different methods. In the first case, arterioles dilated because of Dibazol (Papaverine) which came into blood and affected their walls. But what rendered the same result, i.e. reduction in the tonus of arterioles, during the second test? After all, nothing was brought into the organism from outside. Thus, it means that some substance, produced by the organism itself, affected the walls of arterioles in the same way as Papaverine did.

This substance is carbon dioxide CO2. During our second test, breath hold-ups produced (according to known reasons) an increase of carbon dioxide CO2 concentration in arterial blood.

In principle, the two simple experiments that have been presented are sufficient for “discovering” the cause of hypertonia of arterioles. As soon as you increased the content of CO2 in blood, arterioles dilated. However, while the concentration of carbon dioxide in blood was “low”, arterioles were constricted: they had a chronic increased tonus.

You can draw your own conclusion about the factor that causes hypertonia of arterioles.

There is another simple experiment which confirms the results of the two previous tests. Any person can perform this experiment. You should sit down on a chair (to avoid collapsing) and make several deep inhalations and exhalations until… you “feel dizzy”.

The produced dizziness can be explained very simply. Excessive respiration (in contrast to suppressed breathing during the second test) results in the decrease of CO2 concentration in arterial blood. Therefore, arterioles (first of all, in the brain) constrict, which causes the reduction
of blood flow (ischemia) in the brain. This dizziness is the result of shortage of oxygen for normal brain activity.

**Oddities of “medical science”**

Despite the obviousness of the cause of arterial hypertonia from the physiological point of view, the cause of hypertonia is an unrevealed mystery to medicine, and “essential” HD still remains “essential” since 1911.

It seems that medical science, for at least 90 years already, has been failing to determine the cause why arterioles are in a permanently constricted state and why they remain in this narrowed condition for years.

In the mean time, any textbook of “Normal Physiology” directly points out that carbon dioxide CO₂ in blood is a natural vasodilator, i.e. the substance which dilates (expands) blood vessels. It is easy to both assume and verify that the cause of arterial hypertonia, i.e. the state when arterioles are constantly narrowed, is just an insufficient concentration of carbon dioxide CO₂ in arterial blood — it is a natural vasodilator, the substance which naturally prevents constriction of arterioles.

However, for some reason, within the past decades none of medical scientists have found time to assume, to verify the assumption and to make sure that it is correct.

The existence of Verigo-Bohr effect has also been committed to oblivion; this discovery was made back in the late 1800’s by doctor B. F. Verigo (in the city of Perm, Russia) and was confirmed by the German scientist Bohr ten years later. They found out that the ability of the organism to absorb and uptake oxygen, which enters it through the lungs, depends on the content of carbon dioxide CO₂ in it (in the organism). The higher the concentration of CO₂ in the organism (in blood), the more oxygen O₂ is propelled to the cells (through arterioles and capillaries) and is absorbed by them.

Such are the oddities of “medical science” which has been searching, within 100 years, for the cause of “causeless” hypertension just like in quest for “Elusive Joe”, whom, as it is well known, nobody tried to catch because no one really needed this.

Modern medicine has forgotten one of the major precepts of Hippocrates, “Eliminate the cause and the disease will leave!” However, if the disease leaves, then the patient will leave too, or, rather, the consumer, the client of “medical services” who buys pills, BAS (biologically active supplements), etc.

**The cause of arterial hypertonia**

It is very easy to verify the statement that the prime cause of hypertonia is insufficient concentration of CO₂ in blood. All you need is to find out how much CO₂ is contained in arterial blood of hypertonic patients and healthy people. That is exactly what Russian scientists of physiology accomplished in early 1990’s.

A thorough examination of gaseous composition of blood among numerous and diverse age-groups of people allowed to make a univocal conclusion about the cause of the constant spasm of micro-vessels, i.e. hypertonia of arterioles. The results of this research can be found in the book “Human efficiency and the physiological role of carbonic acid” (N. A. Agadjanyan, N. P. Krasnikov, I. N. Polunin, 1995). The great majority of the examined elderly people, in a state of rest, had 3.6-4.5% of CO₂ in their arterial blood (while the norm is 6.0-6.5%).

Thus was obtained actual evidence that the prime cause of many chronic illnesses affecting elderly people is the state when the organism loses its ability to constantly maintain in arterial blood CO₂ content which is close to the standard of 6.0-6.5%. And the fact that young and healthy people have 6.0-6.5% of CO₂ in their blood is a physiological axiom which has been known for a long time.
But what does the concentration of CO₂ in arterial blood depend on?
Carbon dioxide CO₂ is constantly produced in cells of the organism. The respiratory center, i.e. the brain division controlling external breathing, strictly regulates the process of CO₂ elimination from the organism through the lungs. The ventilation of lungs (depth and frequency of respiration) among healthy people at every moment of time is maintained so that CO₂ is removed from the organism only in such quantities that not less than 6% of CO₂ would always remain in arterial blood. A really healthy organism (in terms of physiology) does not allow that CO₂ content would decrease below this figure and rise above 6.5%.

It is interesting that the values of an enormous number of diverse readings and measurements, which are determined during various researches in polyclinics and diagnostic centers, differ among the young and the old by fractions, maximum by units of %. And only indices of CO₂ content in blood differ approximately by 1.5 times. There is no other more striking and concrete difference between healthy and sick people.

Hypocapnia — constant deficiency of carbon dioxide CO₂ in the organism — is the main cause of arterial hypertonia, i.e. hypertonia of arterioles and tiny arteries.

While a person is young and moves around relatively a lot (games, sports, dancing at discotheques...), the intensity of his/her breathing corresponds to physiological standards and it amounts to 2-4 liters per minute in a state of rest. However, with the increase of years, due to stresses and sedentary life, the intensity of respiration gradually rises and at the age of 50-60 most people already breathe 8-12 liters per minute, i.e. they exceed the norm by 2-3 times.

Excessive lung ventilation results in excessive washing-out of CO₂ from arterial blood. For instance, during the intensive respiration of 10 liters per minute in a state of rest, there is only about 4% of CO₂ in arterial blood, which can be easily confirmed with the help of a gas analyzer of blood. An abnormally low CO₂ level in arterial blood produces a constant, intense spasm of arterioles, i.e. arterial hypertonia, which generates hypertonic disease.

Discovering the prime cause of hypertonic disease triggered the quest for methods of its elimination. So, an apparatus patented in 1998 became the main component of “Samozdrav” complex which is designed for eliminating the cause of hypertonia of arterioles. However, we will talk about it a little bit later.

**Summary**

The prime cause of hypertonia is the reduction of carbon dioxide CO₂ content in arterial blood.

While ageing, the human organism loses its ability to maintain in arterial blood the normal CO₂ concentration (of about 6%), which plays the role of a natural antispasmodic, i.e. the substance resisting hypertonia or constriction of arterioles. Its outward manifestation is an increase of respiratory intensity.
Occurring arterial hypertonia — constriction of arterioles — causes deterioration of blood supply to all organs. This is the essence of hypertonic disease.

A state of constantly narrowed cerebral arterioles forces the brain to keep AP on a higher level than in the time of youth. Thus, the brain ensures a minimally required blood flow through its own vessels. Any actual value of AP in this case is a norm, since the brain itself maintains it, and there are no grounds to assume that the brain is “wrong”.

A temporary increase of AP in a state of rest only indicates that an additional factor, besides a constant hypertonia of arterioles, has appeared and forced the brain to additionally increase AP. Usually, such complementary factor is an excessive agitation of the nervous system.

In order to make high AP return to the norm naturally, you do not need to swallow a pill “for pressure” but rather calm down the nervous system; it can also be achieved by taking Korvalol or valerian tincture. In response to this, the brain “will release” the compressed abdominal arteries, respiration “will settle down”, the content of CO₂ in blood will increase, and arterioles will dilate. The blood pressure will lower “on its own” to the standard which is necessary for the brain.

Solving the problem of eliminating hypertonia consists in restoration of normal CO₂ content in arterial blood.
“All diseases are caused by nervousness” and hypodynamia

Why does the human organism lose its ability to maintain a normal content of CO₂ in blood and, consequently, a normal tonus of arterioles as it grows older?

Homo sapiens (an intelligent, wise man) often behaves unwisely from the Nature’s point of view. His lifestyle contradicts a natural way of life. The main component of a normal lifestyle of a human being as that of any living creature is motion; moreover, it must be a fairly frequent, long and intensive activity. During motion and activity, the organism produces considerably more carbon dioxide and releases more of it into the atmosphere than in a state of rest. Even more CO₂ is released during a rapid, intensive movement or, especially, while moving and experiencing some workload.

Regular physical workloads maintain a normal physical condition of the entire human organism, including the respiratory system which is the most important factor for its health.

The shortage of moving activity in a contemporary civilized middle-aged person amounts to 70-90% from the necessary standard. Due to this, the quantity of CO₂ produced by the organism and released into the atmosphere is several times less than the amount “designed by nature”. Without a sufficient and regular activity, the respiratory system, which ensures a permanent concentration of CO₂ in blood, weakens, degrades, and “loses its shape” with age. The intensity of breathing increases “slowly but surely”.

In this background, i.e. in the background of the shortage of physical activity, stresses play a special role in accelerated development of hypertonia.

A long time ago did people figure it out that “all diseases are caused by nervousness”. However, medical science still has been unable to formulate a proper scientific explanation of the relation between stresses and health disorders.

It is known that stress results in excitation of the nervous system. The results of such agitation are as follows:

- heart rate increases;
- intensification in impact of vasomotor center onto the walls of abdominal arteries;
- depth and rate of respiration is increased by the respiratory center.

All these three factors cause AP to increase. Practically everybody knows that AP actually rises because of nervousness (stress).

Under natural conditions, where man lived thousands years ago, stress reaction as a result of threat and fear always preceded the subsequent physical activity (workload) such as fight or flight. Then stress reaction of the organism was an act of its instantaneous mobilization to overcome the workload that was ahead. Workload would appear inevitably. Therefore, excitation of the nervous system would find its natural, biological and physiological discharging with no negative consequences for the organism. Everything was in its natural, inherent balance.

However, under civilized conditions, stress reaction does not have an outlet through physical activity; therefore, serious negative ramifications for health are accumulated.

The absence of a proper natural answer to agitation of the nervous system in a modern person causes headaches because of increased pressure and also brings about cerebral ischemia and “overwrought nerves”. Submitting to the call of nature, the organism still attempts to compensate nervous excitation in a natural way (by swinging arms, jumping off a chair, pacing back and forth in a room...), but it is too little to make up for the consequences of stress.

One of the main components of stress reaction is an increase of breathing intensity by several times (2-5) in comparison to the normal rate of human respiration. After short-term stresses, the intensity of respiration becomes normal again relatively fast. During frequent and especially strong and prolonged stresses (for example, after the loss of a close person), the previous values of breathing intensity cannot be restored and it becomes constantly excessive. The decrease of CO₂ concentration in blood, which corresponds to increased respiration, rises the degree of hypertonia of smooth muscles and micro-vessels as well.
The physiological prime cause of hypertonia — reduction of carbon dioxide CO\textsubscript{2} concentration in arterial blood — is a result of negative ramifications of stresses, stresses that cannot find an inartificial, nature provided way of discharging because of hypodynamia (lack of physical activity).

People with a constant, fairly intensive physical activity and workload have minimal consequences of stresses. It may be said that they are protected from stresses; therefore, they are healthy even late in life. However, as we know, there are very few such people, at least, among those who live in our modern, civilized conditions.

A lot of “elderly healthy fellows” can be found in those areas where people at an early age have sufficiently large natural physical activities (but without overstrain and overwork) and in their old age they live a calm, stress-free life. There does the better part of long-living people live too.

This can be observed, for example, in mountain settlements of Caucasus where all their life people have to climb up and down along the slopes of mountain trails, roads and side-streets of the settlements, thus experiencing regular physical loads on the level of athletes. And when they get old, their health is not sapped by stresses as it is typical for the European civilization and, especially, for the Russian one. In Caucasus, elderly people are respected, are not mistreated, they are not loaded with cares and, what is more, with hard physical work.

That is why people in mountain settlements know nothing about “hypertonia”. “Healthy Caucasian elderly guys” are best proofs that “physiology” is correct, the “physiology” presented in this chapter and explaining the origin of “all diseases caused by nervousness”.

Ischemic heart disease (IHD)

Like in the case of hypertonic disease, we shall not tire the reader with illustrations from the book “The New Living Heart”, which demonstrate views of cardiologists on what causes IHD. Cardiologists’ version about the cause of IHD is well-known. According to this version, the manifestations of IHD — stenocardia (pains in the heart area), arrhythmia (disorder of heart rhythm), myocardial infarction — result from the process when coronary (heart supplying) arteries are “blocked” with atherosclerotic plaques, which supposedly are formed due to excess of “bad” cholesterol.

This version actually gives a partial explanation of “heart problems” among elderly people whose atherosclerosis of coronary arteries develops to such an extent that it becomes a real obstacle by impeding blood flow to the heart muscle.

However, arrhythmia and stenocardia are far from being the destiny of old people; for instance, myocardial infarctions happen quite often to people who are 50 and even 40 years old. When relatively young people die from infarctions, pathologists, as a rule, certify that myocardial infarction is not caused by very large plaques or blood clots.

If we drew an analogy between hypertonic disease and IHD, we could speak about essential, “causeless” IHD because cardiologists say nothing about any other cause of it except atherosclerosis, and atherosclerosis is far from being a constant cause of IHD.

Nevertheless, it is still the same hypertonia of arterioles that causes both “non-atherosclerotic” IHD and “causeless” hypertension.

An increase of the peripheral vascular resistance (PVR) resulting from the constriction of micro-vessels intensifies the overuse of the heart muscle, the myocardium, by 1.5-3 times. Getting over the increased load requires more energy, and myocardial cells need more oxygen to generate it.

However, the delivery of additional oxygen to myocardial cells is hindered because due to “disproportionate” load the “compression period” of the myocardium increases (and at the same time the micro-vessels, which supply the heart muscle with blood, are compressed too). Thus, the sufficient amount of blood fails to reach the cells, since the “relaxation period” of the
myocardium diminishes accordingly. As a result, a person experiences spells of stenocardia and arrhythmia and quite often an instant infarction.

The simplest proof that the major cause of IHD is not atherosclerosis but rather constriction of arterioles and tiniest arteries is a well-known “medication” for stenocardia — nitroglycerine (Nitrong, Sustak). Actually, this “remedy” only dilates arterioles, i.e. it reduces the load on the heart. After micro-vessels are expanded (temporarily), the attack of stenocardia abates.

The fact that the major cause of IHD consists not in the heart and not in the blood vessels that nourish it but rather in the tiny vessels of the arterial bed, which are mainly located in abdomen, is proved by the data presented in the reference book that any physician is familiar with.

“Due to nitroglycerine, peripheral vascular resistance decreases. As a result, the myocardium unloads; its strain in overcoming the resistance to the blood release diminishes; then the myocardium need for oxygen and the heart’s consumption of energy are reduced too. The decreased tension towards the myocardium contributes to redistribution of blood flow in the myocardium in favour of the focus of ischemia. Along with the decrease of ischemia, the painful impulses coming from the ischemic center disappear and aching syndrome ceases gradually as well.” (M. D. Mashkovskiy “Lekarstvenny’e sredstva” (“Remedies and Medications”). Physicians’manual. Volume 1, pg. 376, 2002)
Overload of heart muscle (myocardium) according to carbon dioxide content in arterial blood.
Even if a person has a considerable “atherosclerotic lesion” of coronary arteries that impedes blood supply to the myocardium, this patient can avoid, for example, an aortocoronary bypass operation, which cardio-surgeons would suggest, by simply reducing the workload of the myocardium via dilating the abdominal micro-vessels. Blood carrying capacity of the coronary artery, being insufficient due to atherosclerosis, will become completely sufficient because the myocardium will need less oxygen for normal functioning after myocardial load is reduced. And normalized blood supply to the liver, endocrine glands and to the walls of arteries will stop further development of atherosclerosis.

There is one more question concerning IHD to which cardiology does not have any definite answer. Why does the quantity of myocardial infarctions increase during periods of prolonged heat? We found the answer to this question during the summer heat of 2002. It turned out that within three weeks of thirty-degree Celsius heat the content of carbon dioxide in arterial blood of every person, whom we had tested before the heat, was reduced approximately by 1% (for instance, it was 5% and then it became 4%). Prolonged heat periods result in a temporary increase of respiratory intensity by 1.5-2 times along with a corresponding decrease of CO₂ content in arterial blood and a rise of workload on the heart muscle.

**What should be done?**

Restoration of normal health = normal respiration = normal CO₂ content in blood = normal tonus (lumen) of arterioles.

Restoration of the organism’s ability to maintain the optimal concentration of CO₂ in blood is the indispensable condition and the only method to be delivered both from many illnesses and medications which ruin the organism.

This possibility has been proved, for example, by those people who, in their ripe years, managed to force themselves to jog not less than 5 km (3 miles) everyday. However, it took them at least 2-3 years of daily jogging workload in order to restore the normal functioning of their cardiovascular system. The physiological result of these efforts is restoration of normal or close-to-standard concentration of CO₂ in arterial blood.

The name of doctor Buteyko is well-known in our country: he is famous as the author of the method which helps people to get rid of many chronic illnesses without using medications. Those who had a chance to better familiarize themselves with his “Method of volitional elimination of deep respiration” do know what an important or rather a key role is assigned to carbon dioxide CO₂ in it. Within almost 40 years of practical application of this method, K. P. Buteyko and his followers have proved that a person can get rid of many chronic illnesses, including hypertonic disease, by increasing the content of carbon dioxide CO₂ in his organism.

There are other methods, similar to that of Buteyko, as well: for example, respiratory training by Strelnikova, respiratory training via Frolov’s exerciser, breathing exercises from the millennial hatha yoga. Those, who have tried any of the enumerated methods, do know how agonizing these respiratory exercises are to the human organism. It is a rather prolonged volitional violence against oneself in response to a constant desire to breathe “with all lungs”, which results from forceful restraining of respiration. Very few people are able to endure such excruciation. That is why the above-mentioned methods have not answered expectations.

The physiological essence of the Buteyko method and those that are similar to it consists in a temporary artificial increase of CO₂ concentration in blood (while exercising) due to volitionally holding back breath during exhalation. Three years of such exercising result in a gradual decrease of respiratory intensity. As K. P. Buteyko used to say, people “learn to breathe correctly” via his method.

However, even despite the official recognition by the USSR Ministry of Public Health and multiyear active propaganda, the Buteyko method did not gain wide acceptance because it requires enormous personal volitional efforts and a lot of time.
Respiratory exercises via Frolov’s training device, which appeared quite recently, have not changed the situation for the better. The manipulations they propose are even more complex to carry out than holding back breath according to Buteyko, despite the presence of a device — a respiratory exerciser.

Nowadays the use of “Samozdrav” complex appears to be the most advanced method of restoring normal CO₂ content in blood by normalizing respiration — the method which is accessible literally to everybody.

The physiological essence of the effect of “Samozdrav” complex on the organism is the same as that of the Buteyko method, but a temporary artificial increase of CO₂ concentration in blood is achieved by a fundamentally different method. An important difference in how “Samozdrav” complex affects the organism and how its “predecessors” affect it is smoothness, gradualness, and softness. It almost completely excludes “exacerbations” that are typical of the same Buteyko method.

What is “Samozdrav”? 

The main component of “Samozdrav” complex is a capnicator — a device that forms an active respiratory medium which differs from the atmosphere by a lower content of oxygen O₂ and by increased (regulated) concentration of CO₂. If you breathe through the capnicator in a usual, i.e. calm, even way without hold-ups for just 20 minutes per day, it will result in a temporary increase of CO₂ content in blood, depending on its settings (but not higher than the standard of 6.5%).

Since these changes in the organism are analogous to the changes caused by a long physical activity, the capnicator was officially called “Exerciser, gymnastic imitator” (EGI). One short respiratory procedure per day is sufficient and the intensity of your breathing in a state of rest will lower to the standard in several months. You will be able to measure the intensity of your respiration and thus to observe the process of its normalization on your own by using the second device (included in the set) — a capnometer — once or twice a month.

Using “Samozdrav”, elderly people will be able to reduce RVM (respiratory volume per minute) by several times within 4-10 months, e.g. from 8-12 to 3-5 liters per minute. Therefore, the content of CO₂ in blood will gradually increase and will approximate the standard of 6.0-6.5%. The tonus of micro-vessels will become practically the same as at the age of 25-30. Not without reason do people, who have used “Samozdrav”, often compare it to “rejuvenating apples”. Indeed, this is a real rejuvenation, although in a physiological sense.

A few words about rejuvenation. Advertisements and commercials regularly offer to women wonderful cosmetic preparations which supposedly rejuvenate skin by improving microcirculation of blood. No longer will such advertisements be able to cheat those women who have already read this book because now they know how to really improve microcirculation of blood in the skin tissues.

Normalization of blood flow through dilated micro-vessels eliminates hypoxia, i.e. anoxia or oxygen starvation of cells. Cells start working at their full capacity and performing their functions to a full extent.

Increased immune status of the organism is one of the most important results of the improved oxygen supply to all cells. The immune system consists of cells, and the primary condition for their normal functioning is normal oxygen supply.

A distinctive feature in the use of “Samozdrav” is availability and simplicity. In contrast to the Buteyko method and to those that are similar to it, any person, at any age can use “Samozdrav” complex since it demands no efforts: neither physical nor volitional. Exercises with the capnicator require no special time allotment because it is possible to combine them, for example, with reading a newspaper or watching TV.
“Samozdrav” is available to the budget of any person. Expenses for its purchase pay off quickly and allow a person to save a lot on “medications”; as a matter of fact, the majority of “hypertonic patients” spend from 300 to 1000 roubles for “treatment” per month.

The components of “Samozdrav” complex look outwardly so simple that many people become perplexed when they see it for the first time, “Is it possible that this small set of plastic parts plus a polyethylene “bag” can actually give such a fantastic effect?” People are often somewhat bewildered and they express certain disbelief concerning our main thesis that the majority of the most widespread chronic diseases have only one major cause, i.e. constriction of arterioles due to shortage of CO2.

We receive a lot of letters and phone calls from those people who have already used “Samozdrav”. The lion’s share of these responses expresses gratitude for the restored health. However, there are messages of another kind, too. Here’s the letter which we received from the city of Nizhniy Novgorod.

Dear Ladies and Gentlemen!

I purchased one set of “Samozdrav” complex and, therefore, along with it I got the right at least to write you a letter and share my thoughts, or my doubts rather.

I learned about “Samozdrav” complex two months ago, I was musing about it, was looking for it in Nizhniy Novgorod and then, failing to find it, I made a COD order by mail through the editorial office of “Argumenty i fakty — Zdorov’ye” newspaper. The complex was delivered to me; thank you. I was only grieved by the fact that the actual price was almost twice as high as the one which was indicated in the booklet.

Of course, it’s half the trouble. A sick person losing hope is ready to do anything and I gave my last money in order to pay off the parcel. Somebody always tries to line one’s pockets by misfortunes of others. Such is the structure of the world and at the age of 62 I am not surprised by it anymore.

Now I’ve got what I was looking for. Furthermore, I’ve got the information about the method, the principle, i.e. the fundamentals used for constructing the complex. And if earlier (2 months ago) I trusted A. A. Nenashev somewhat completely, now, after having begun the exercises, I started doubting.

Of course, all genius things are simple. That’s what wisdom says. But isn’t the very essence of the problem presented too simplistically, taking into consideration an illiterate sick person? The cell is a very complex mechanism!!! Even after the discovery of DNA its inner processes are far from being understood. But you explain everything so simply: carbon dioxide, oxygen and everything is okay! And a person will be young and healthy! Such are the promises of Mr. A. A. Nenashev and all those who help him in earning money.

Even in my amateurish opinion, it is far from being so. The organism consists of different types of tissues, intercellular fluid, finally hormones. Doesn’t it seem ridiculous, gentlemen, that I, at the age of 62, all of a sudden will become young (in 10 months)?

I am coming to the gist of the matter. While propagandizing your achievements, you have no right to hide from the sick people those cases when your method is powerless. And you must give people honest explanations rather than to swindle them out of their last money by promising a panacea. If your method is so brilliant and successful, then why do doctors in hospitals and polyclinics as well as medicine keep silent about it???

I guess that anoxia of cells is only one of a thousand causes of diseases which you mention. After all, the very procedure of treatment seems quite obscure. Why should we breathe through the device for just 20 minutes twice a day? Why does it take 1.5 month to get used to the correct respiration? Don’t we breathe just this way, i.e. 4 liters/min., when we are young?!! So, the organism should be happy to take in those things that are necessary for it! But you speak about caution, overtraining.

Some of my friends were followers of Porfiriy Ivanov. They walked lightly dressed in chilly weather; they would starve for a whole week. They also wanted to go back to the lifestyle of distant ancestors. It would often end up in a tragic way. They overdid it! In your case, of course, everything is more civilized. But it’s not convincing, unfortunately. And I have no illusions concerning myself either. Although there is one “pro” point: despite everything, during the course
of 3-10 months of exercises, there will be hope living in me. And that’s all. However, hope dies also, even if at the very end.

About my diagnosis: atonic colitis (the large intestine, colon doesn’t function) + osteochondrosis + insomnia. Constipations… that goes without saying.

I would gladly propagandize your apparatus but I don’t have any right to do it without having been convinced of its effectiveness. Besides, I tell no one at all that I myself have become a victim of my gullibility and trust. It is really shameful that I, an educated person, grown wise with experience, have been cheated so easily. I wouldn’t like that the same would happen to my close people.

I am sorry for disturbing you.

14.01.2001 Tatiana Vasilyevna Maslenikova.

City of Nizhniy Novgorod, Moskovskoye highway, house #… apart. #… tel. #…

The address and telephone # are not for your reply, I understand that you have nothing to tell me. I have mentioned them because there is no need for me to hide. I have said what I really think.

Approximately in four months, we received the second letter from Tatiana Vasilyevna.

Dear Yuri Nikolayevich!

Three and a half months have passed since that day when I began using your exerciser-capnicator, and it is already possible to make first generalizations. First of all, I am expressing my heartfelt gratitude, of course. All things that will be written below are the arguments in your favour because to say “thanks” almost means to say nothing at all. And, nevertheless, I thank you over and over again for my restored health (even though partially restored). And my wishes to you are as follows: may you also be healthy as well as your companions, colleagues, and those who hold the same views like you.

And here are my arguments. My main illness: lumbosacral osteochondrosis, i.e. below my waist. I spent 35 years at the constructor’s board, so this disease is probably occupational.

Therefore, those who suffer from pains in their spine do know what it’s like. It aches day and night, non-stop. And the longer the inflammation continues, the more abdominal organs get involved in this process: the activity of kidneys, bowels and pancreas reduces, the urinary bladder fails, constipation starts bothering me. In a nutshell, I feel like a complete wreck despite my clear mind and lots of plans and desires. However, I am unable to carry out my plans anymore.

The diagnosis is set — I need treatment.

So, I go to the neuropathologist… It is a rare thing when a doctor is your team-mate. Most often we, elderly people, are a burden for physicians and we can’t attain anything worthwhile from them. But, nevertheless, I had to go through all this: injections, pills, massage, rubbing, the “Vitaphon” apparatus, canine belt, and, finally, the corset. I’ve tried all these things but all of them would bring only a temporary palliation and then the pain would come back with greater intensity. Eventually a person remains alone to face his problem. However, I didn’t want to give in and to accept this nonsense. And I kept on searching: the health system “Nishi”, starvation, and advices of Paul Bragg. And then I came across your apparatus. Of course, I did doubt: will it help me? But I had no other choice anymore. So, I refused all injections and pills (especially anesthetics) and began “to breathe”.

Not everything was going smoothly during the first month, even 2 months. Sometimes the pain would become twice as strong, and my entire body would ache. I wanted to quit everything and resume my “medicated treatment”. But something was stopping me, and over and over again, every morning and evening, I would persistently sit down to breathe, going from one stage to another.

Now my doubts have been completely dispelled. The pain is gone. My overall condition has improved. I sleep better and my bowels work well. I can walk for a long time, climb up a hill or go upstairs without getting tired. I have resumed gymnastics, including spinal exercises, which I simply couldn’t do before. On the whole, I have returned to normal life. I work in the garden a lot, forgetting about my back...
Everything that you wrote in your annotations and booklets — all these things were being proved to be true. The theory has become alive. I mean the theory about anoxia of cells and about the method of eliminating hypoxia. My respiratory volume per minute was reduced from 13 liters/min to 7 liters/min. My breathing has become calm, almost imperceptible. It has become different! And this different respiration has brought about colossal changes in my organism! That's for sure! I really don’t know and don't see any other reasons for this.

Thank you once again.

With profound respect,

*Tatiana Vasilyevna Maslenikova.*

**How does it work?**

Having purchased the complex, you should attentively study the certificate where illustrated stages of assembling the capnicator and instructions how to use of the capnicator and the capnometer are presented. Since the instructions are fairly simple and short, usually people do not have any problems to master them.

The first very important practical action with this complex (device) is to use the capnometer to measure CO₂ content in your arterial blood in a state of rest. The measuring procedure consists in determining how much time it will take you to fill the metering chamber of the device with your exhaled air during a calm, natural respiration in a state of rest. The instruction contains a chart or table, which will enable you to determine the intensity of your breathing (in liters per minute) and the content of CO₂ in arterial blood in % depending on the time of inflating the chamber. The latter value (index) is determined by its dependence on the index of respiratory intensity, which is known from physiology. For example, the majority of people at the age of 50-60 usually inflate the metering chamber within 1 or 2 minutes. If you, let’s say, filled the chamber in 1 minute and 20 seconds, then, after finding the appropriate row in the table, you will see that your blood contains 4% of CO₂ in a state of rest. What does it mean? Since every percent % of deviation from the standard (6.5%) causes a decrease of the lumen in cerebral micro-vessels by 20-25%, in your case the lumen of the arterioles, which supply blood to vital organs, is open by 70% in comparison to its normal 100% dilation.

The degree of reduction in blood supply to vital organs can be determined according to the graph enclosed with the instruction.

Now all you need to do is to write down the date of your first measurement in the appropriate row of the table and to start restoring the normal lumen of your micro-vessels.
It will be going on during several months as a result of daily respiratory procedures with the capnicator. In this case the main factor, which has a positive influence on the organism, is the increased content of CO\(_2\) in the air mixture (in comparison to the atmospheric one) that the capnicator forms. It is known that the atmospheric air contains 0.03% of CO\(_2\) and our exhaled air has 4.5% of CO\(_2\), i.e. 150 times more than in the atmosphere. The capnicator makes an air mixture by mixing up the exhaled air with atmospheric air; therefore, this mixture contains more CO\(_2\) than the atmosphere and less CO\(_2\) than the exhaled air. This ratio is regulated by the volume of the operating chamber of the apparatus. While using the capnicator for several months, you will increase the volume of the chamber from 0.4 liters to 1.5 liters.

During the first stage, the container with the capacity of 0.5 liters (only the plastic glass) forms the air mixture which contains approximately 0.3% of CO\(_2\). In a month, after the first stage is over, you will perform a measuring procedure that will objectively show you the change in the parameters of your organism. The time of your filling the chamber with air has increased up to 1 minute 50 seconds and, according to the chart, the content of CO\(_2\) in your blood has risen to 4.6%; therefore, the lumen of micro-vessels has expanded by approximately 10%.

This often is already sufficient for you to subjectively feel positive changes in your health. You should record the date of the measurement and proceed to the next stage.

The second stage of breathing the air with 1.0% of CO\(_2\) with the volume of 0.7 liters within a month will result in increased time of inflating the capnometer’s chamber, for example, up to 2 minutes 10 seconds and an increase of CO\(_2\) concentration in blood up to 5.0%. And it means an additional increase of the lumen in micro-vessels by 10-15% and a gradual decrease in manifestation of symptoms of some chronic diseases. You should write down the date of the measurement in the table.

The third stage. Another month of breathing through the container of 1 liter’s volume, which gives 1.5% of CO\(_2\) in the air inhaled through the capnicator, results in further improvement of blood flow and the values of the measured parameters.

The fourth stage produces even more subjectively positive sensations in your body. The volume of 1.5 liters forms in the capnicator the air mixture, which contains already 2.0% of CO\(_2\). In a month, the values of the measured parameters will approximate to the normal ones. For example, the time of your filling the chamber with air will already reach 3 minutes, and the concentration of CO\(_2\) will be 6.0%. The lumen of blood vessels will become almost normal.
After having finished the described course, no matter what the last values of your measured parameters are, you should continue daily sessions with the volume that you used during the last stage. The continuation of these exercises will stimulate further positive changes in your organism.

The practice of using “Samozdrav” complex shows that in some people, who have used this device, the above-mentioned changes transpire in a very low degree and sometimes they do not happen at all despite the fact that the patients fulfilled the instructions perfectly. The number of such cases is not large — it does not exceed 10-20%. Having analyzed them, we were able to formulate the main reasons that account for the absence of the expected results while using the complex.

1. The presence of organic (irreversible) changes in the organism, which become insurmountable obstacles for the reverse reconstruction of the “deregulated” regulators of the organism. These are, for example, kidney changes, which cause a secondary arterial hypertension.

   These sorts of obstacles for restoring the normal functioning of the body systems are most often characteristic of elderly people.

2. Unstable nervous system. A permanent or regular, frequent overexcitation of the nervous system is accompanied by excessive release of adrenaline, which causes the constriction of arterioles.

   Slight dilation of arterioles as a result of the procedure with the breathing exerciser is brought to naught when they are constricted by the excess adrenaline during the day. But even in such cases using the exerciser makes sense. This is a peculiar barrier preventing further deterioration in the condition of the organism.

“Hypertonic patients” should know this

Since this book has been written for present and “future” hypertonic patients — sooner or later almost everyone will become like they — after you read it, you will be able to inform the tenacious “lovers of tonometers and pills” about the following factors:

- hypertonia is not a disease but the cause of diseases;
- there is a practical possibility to avoid hypertonia and, therefore, many illnesses which are caused by it;
- the painful symptoms of hypertonia — headaches, insomnia, fatigue, dizziness, chronic fatigue, hypertonic crises — are actually the result of a deficient blood supply to the brain or the result of overexcitation of the nervous system but not the consequences of “high blood pressure”;
- you cannot speak about a normal value (reading) of arterial pressure (for example, 120/80) in cases of many people. A conditionally “normal” or optimal value of arterial pressure can be considered the value of normal AP in a certain person.
- any “usual” value (reading) of arterial pressure is normal, since it is the very AP that ensures the supply of blood to the brain — the quantity of blood which is minimally required for the brain’s functioning and which protects the brain from the shortage of oxygen, i.e. hypoxia;
- an increase of the pressure above the “normal” value is a symptom of a temporary deterioration in the blood supply to the brain or overexcitation of the nervous system;
- reducing the “increased” AP by pills is an unnatural action, which harms your health;
• only a minimal reducing of AP by “pills for pressure” is allowed during strong headaches and in those cases when fear overwhelms you as you see that your AP went “overboard”, for example, beyond the reading of 220.

• when you do not feel well and this condition is accompanied by substantially increased AP (in comparison to the usual one), the best, natural and useful action is to take sedatives (that calm your nervous system) like Korvalol, Valokordin, valerian tincture... and to rest. This is the best and, perhaps, the only help for the organism;

• cerebral stroke, as a rule, is the result of deficiency in blood supply to the brain tissues (5 out of 6, and only 1 results from hemorrhage) but it is not the result of “high blood pressure”;

• taking “pills for pressure” aggravates the condition of cerebral ischemia and causes ischemic blood stroke (5 out of 6);

• within several months, the condition of hypertonia can be eliminated only by one method which requires a person to make certain efforts, though not very big ones.

This is not a panacea, but...

The testimonies presented in the book from the people, who have made use of “Samozdrav”, prove that this complex enables you to get rid of not only cardiovascular diseases but other chronic illnesses as well. Why does it happen?

First of all, it happens so because “Samozdrav”, while dilating arterioles to their normal condition, also restores normal blood supply to all cells of all tissues of all organs in the organism. As a result, they begin functioning normally and pathologies disappear. Therefore do many diseases recede, such as diabetes (type 2), parodontosis, arthrosis, osteochondrosis, prostatitis, colitis, gastritis, ulcers in the stomach and duodenum, etc.

As we know, a great many things depend on the activity of the cerebrum. The brain is the regulator of many processes that take place in the organism. In fact, regulation of AP, which we have already spoken about in detail, is only one of many regulating functions of the brain. Thus, while restoring normal blood supply to the brain via “Samozdrav”, we not only eliminate HD and protect the brain from cerebral stroke but we also restore the normal regulation of many processes in the organism. This in itself eliminates many health problems.

The second factor is the removal of spasm (hypertonia) of all smooth muscles in the organism. And these smooth muscles form not only arterioles and arteries but also bronchi, walls of bowels, hepatic ducts, biliary tracts, urinary tracts, ureters... Therefore, the shortage of CO$$_2$$ in the organism causes spasms not only in micro-vessels but in smooth muscles of other organs too; and this becomes the main cause of many chronic illnesses.

This fact is well illustrated by the example of the well-known medication with the name that seems strange at first sight: NO-SPA (which means “no spasms”). Physicians recommend this remedy and patients take it when they have illnesses which seem to have nothing in common.

“The federal manual for physicians how to use medications” (Moscow, 2000, pg.22) indicates:

“NO-SPA. Antispasmodic medication. Indications for use: spasm of the smooth musculature in the gastrointestinal tract and other digestive organs, spasms of peripheral blood vessels, spasms of the urinary tracts, algodismenorrhea (painful menstruation).”

In the reference book “Remedies and Medications” edited by K. Klyuev (Moscow, 2001, pg.376), is written, “... spasms of the stomach and bowels, spastic constipation, spells of cholelithiasis and urolithiasis, stenocardia.”
The advertisement flyer (information for customers) enclosed in the box of NO-SPA indicates:

“The active substance — Drotaverin — is the remedy that removes spasm of smooth muscles.

Indications: spasms of the stomach and bowels, spasms in the liver and kidneys, spastic constipation, ulcers in the stomach and duodenum, spasms of smooth muscles in the urinary tracts; headaches caused by spasms of blood vessels.”

NO-SPA helps patients who have various diseases (of course, like any “chemical medication”, it gives only a temporary effect) by removing spasm of smooth muscles in blood vessels, micro-vessels, esophagus, stomach, bowels, kidneys, liver, urinary tracts...

However, once a person restores the normal content of CO$_2$ in his organism and thus removes the constant spasm of all smooth muscles, which occurs due to its shortage, immediately NO-SPA along with other antispasmodic drugs become unnecessary.

Having restored via “Samozdrav” the ability of the organism to maintain the normal content of CO$_2$, people eliminate constant spasm in the smooth muscles which form blood vessels, bronchi, bowels, hepatic ducts, etc. Therefore, not only do cardiovascular diseases recede but also bronchial asthma, chronic obstructive bronchitis, colitis, constipation, cholecystitis, gastritis...

Of course, this is not a panacea (cure-all), but nowadays in the entire world perhaps there is nothing what resembles it more than “Samozdrav”.

This is not a remedy for many illnesses. However, via “Samozdrav” complex, a person can accomplish himself those things which are beyond the power of any medications. He can get rid of “a bouquet of diseases” on his own by eliminating their main cause — hypertonia, i.e. constant spasm of all smooth muscles in the internal organs. This permanent spasm is gradually removed while the normal content of CO$_2$ in the organism is restored; CO$_2$ is a natural antispasmodic agent produced by the organism itself.

I am sure that wiser people among those, who have not become captives of doctors and drugstores yet, will draw an important practical conclusion for themselves after having read this book. Why should you bring this matter to physicians and pills if once and for all you can set your organism in order via “Samozdrav”? And then you can simply continue testing your health (by the capnometer) and maintaining it at the proper level during many years to come by simply breathing through the capnicator for just 1 or 2 months per year, for 20 minutes a day, while simultaneously reading a newspaper or watching TV.

“Samozdrav” and medicine

In the first letter of T. V. Maslennikova from Nizhniy Novgorod, there is one question which many people wonder about, “If your method is so brilliant and successful, then why do doctors in hospitals and polyclinics as well as medicine keep silent about it???”

The first and the simplest answer to this question is as follows: the majority of ordinary doctors, at least, know nothing about the existence of “Samozdrav” yet. Brief advertisements like “‘Samozdrav’ is deliverance from pills, cerebral stroke and infarction” are printed only in major national newspapers (“Trood-7” [“Labor-7”], “Vestnik ZOJ” [“Herald of Healthy Lifestyle”], “Moya semya” [“My Family”], “Argumenty i fakty” [“Arguments and Facts”]) just once or twice a month. Moreover, if a common person, having read our advertisement, can hardly believe in the fact that it is possible to get rid of chronic diseases and taking pills, then doctors are almost unable to believe it. After all, they consider chronic diseases “incurable”, and in their opinion all people must be ill and “be on pills” just because they are over 50 or, furthermore, over 60. From the doctors’ point of view our advertisement is a blazing fraud.

A special reservation: while talking about doctors here, we mean only therapists and particular specialists who deal with chronic diseases.
Physicians, like representatives of any other profession, do things the way they were taught to do. And physicians have basically been taught one thing: to prescribe various pharmaceutical medications depending on the symptoms of diseases. In reality, doctors, whether they want it or not, are one of the elements of the product realization system in pharmaceutical industry. That is why they were retrained for “treating” hypertonic disease by expensive antihypertensive medications rather than by cheap valerian tincture and Korvalol.

At the end of this book, we presented the appeal to the delegates of the annual cardiological forum, which took place in January 2002 in Moscow. As full participants in the forum, we — the authors of “Samozdrav” complex — handed out the appeal to the forum delegates. Understanding the true purpose of cardiology, we, nevertheless, expected that at least very few of them would respond. The result exceeded our very modest expectations. No one responded. Not a single cardiologist did express even a slightest desire to familiarize himself with the information about the method of fighting hypertonic disease, IHD, cardiac insufficiency, and about the way to really protect yourself from infarctions and cerebral strokes.

Apparently, medical specialists, in this case cardiologists, are completely satisfied with the present situation. Moreover, the facts that mortality rate from cardiovascular diseases does not reduce, that doctors are often unable to prevent cerebral stroke or infarction even in hospital conditions... this does not seem to bother them.

If the goal of modern medicine and the purpose of physicians’ work were human health rather than “treatment” of patients, they would certainly make use of the potentialities offered by “Samozdrav”.

Is there any sense to treat a disease without affecting its cause? None! If you (a doctor) really want to make your patient healthier, first of all suggest him that he should “set his organism in order” (to restore the normal blood circulation), and only then start treating the disease. Of course, if there is something left to treat after the organism is set in order. And here does a problem arise: what am I (the doctor) needed for if there is nothing to be treated?

For the sake of objectivity, it should be mentioned that since “Samozdrav” is the device for domestic use, it is possible to understand physicians in some way and, at least, to partially explain their indifference. Since it is a domestic thing, then it has nothing to with doctors.

And yet we have got remarkable responses about “Samozdrav” from physicians. However, these are the cases when the breathing device has been used either by the doctors themselves or by their acquaintances and relatives. After all, physicians are humans as well, and they also get sick, they take pills but to no avail and... they can do nothing about their chronic diseases.

“If you want to be healthy, make an effort!”

Serial production of “Samozdrav” complex has been performed since 1998. During this period, hundreds of thousands of people have made use of it both in Russia and abroad as well (including France, Slovenia, Yugoslavia, England, Germany, USA, Canada, Israel, Australia...). And practically everybody, who regularly used it for at least 4-6 months, has evaluated the truly wonderful capabilities of this complex.

Some of our grateful “patients” do more than just writing a letter to us. Being eager to tell other people about the “secret” of their marvelous recovery, they go to the editorial offices of their local newspapers.

Here, for example, is a note from “Kalinigradka” newspaper (city of Koroliov, Moscow region) dated on March 25th, 2000 and signed by Yuri Andreevich Kozhukhov.

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A MIRACLE DID HAPPEN!

In 1992, I had my first infarction and in 1995 and 1996 the second and the third infarction occurred. My heartbeat became intermittent, a daily cardiac fibrillation appeared, debilitating heart attacks were striking me about four times a week, and stenocardia plus intensive heart rate filled my entire existence. I mean existence because this couldn’t be called life any more. And all these things were happening in the background of high arterial pressure, i.e. hypertension. I had to summon the ambulance quite often. I’ve been to our urban hospitals — in the City Central Hospital (CCH) and Kostinskaya — three times. The excellent cardiologist A. I. Yosilevskiy selected the proper medications for me, which would help me sometimes to kill a heart attack on my own. Yet, we couldn’t succeed in solving the problem cardinally. The question arose: what should be done? I would turn for help to psychics, quack-doctors, and healers. Everything was useless. The major Russian “spell-caster”, academician Sytin, couldn’t help either. One day, through an advertisement, I purchased the Frolov respiratory exerciser and EGI (Exerciser, gymnastic imitator). First, I began to breathe according to Frolov’s methodology. I breathed or, rather, suffered even for three months, but I couldn’t master this procedure properly because it is too sophisticated and difficult to learn. But when I proceeded to EGI breathing device with its methodology, then “the process started”, so to say; moreover, I had to breathe through the exerciser for only 20 minutes a day in a usual, calm way. And a miracle did happen! My arrhythmia disappeared in two months, and in six months heart attacks ceased, stenocardia was gone, the heart calmed down and began to work rhythmically and unhurriedly, my arterial pressure became stable and now it is at the level of 140-150 by 75-85. The last time when we summoned the ambulance was about seven months ago and I haven’t taken any pills for five months already. No pills at all. Gradually less “significant” diseases left me, for example: radiculitis, pyelonephritis (disease of kidneys). I unexpectedly lost 6 kg in weight. A similar miracle happened to my wife too; she got rid of her headaches, vegetovascular dystonia, and arising bronchial asthma. She lost 8 kg. And all this happened without any agonizing procedures of organism purification that Malakhov and other healers propose to us, without any “Kremlin pills” and “shark cartilages”.

After having been cured in such a wonderful way, I have decided to share my discovery with readers of “Kaliningradka”: maybe EGI apparatus will prove to be a panacea for your ailments too.

Y. Kozhukhov.

From distant Dagestan, we received an envelope with a letter and “Kizlyarskaya Pravda” newspaper, which was dated August 10th, 2001 and was folded several times. The message came from Ivan Petrovich Gulyaev, a veteran of World War Two, a retired colonel and a former leader of a regional construction organization. We think that the article published in the newspaper (or, rather, the story presented in it) it is worthy to be read by millions of those people who have “bouquets of diseases” and who have become reconciled to their lot. (In November 2001, I. P. Gulyaev visited us in Samara. The story of Ivan Petrovich about his “resurrection” was video recorded and now any “unbeliever” can see with his own eyes that everything related in the newspaper article is the plain truth.)

If you want to be healthy, make an effort!

THE MIRACULOUS APPARATUS WILL HELP

I, Ivan Petrovich Gulyayev, born in 1920, live in the village of Chernyaevka in Kizlyar region, Topol'skaya str., 8. I am presenting these data for those who will doubt my sincerity and truthfulness. These skeptics can see for themselves that I am 81 years old, I’m working at my little farm, I have a garden, a vineyard, poultry (30 fowls), 2 pigs; besides this, I bake my own
bread, I cook, etc. You don’t believe, do you? Then talk to my neighbors; finally, contact my doctors who treated me... in the past.

I had a whole bouquet of diseases: cerebral atherosclerosis, arrhythmia, osteochondrosis of locomotor apparatus (arms and legs), bronchial asthma, prostatitis, problems in gastrointestinal tract, chronic catarrh of the upper respiratory tract, hypertonia, etc.

Doctors could not save even “tsars” — our Secretary Generals, who had such a bouquet of diseases, though entire administrations, institutes and all kinds of foreign medications were available for them. But, alas, nothing could help, and their finish was death.

But I, a common person, have got rid of all my illnesses and I continue to live. It turns out that the key to the problem is not in medications but in small quantity of carbon dioxide, which is in the blood of any person; doctors already knew about it 100 years ago, but no one knew how to add carbon dioxide to the blood.

And here did my acquaintance with Samara Institute of Physiology begin or, rather, with the apparatus — EGI breathing device (capnicator). Everything started when I noticed a short report in one of the national newspapers that hundreds of instruments and medications were presented in Brussels during the International Exhibition of Inventions where over 50 countries participated, and EGI breathing device was unanimously awarded the gold medal. This apparatus treats without doctors and medications in domestic conditions.

I immediately wrote a letter with a request that one apparatus would be mailed to me. During the last three years, from March 1997 till April 2000, I went to Chernyaevskaya outpatient clinic 45 times and I was hospitalized 12 times. Believing in advertisements, I ordered from Moscow Chinese “Huato pills”, “Chiornaya zhemchuzhina” (“black pearl”), Israeli “Prostacal”, and our Russian Alicor and Alisat. As a result, there was no relief, let alone the recovery, but the money was spent in thousands of roubles. I sold 2 motorcycles, a TV set, a double-barreled gun, and electric drill to buy medications. Since the middle of March 2000, I was bedridden, doctors were visiting me daily and nurses were giving me injections.

On April 4, I got a postal notification that a parcel was sent to me. I attentively read the user’s manual, assembled the apparatus and began to breathe.

On April 5, the doctors came to me and asked, “How are you?” I answered, “It’s hopeless!” And I turned down the injections, pills and doctors. I showed this breathing device to the doctors and stated that from now on and forever EGI would be my doctor in charge and my medications. The doctors haven’t even heard about this apparatus. The results of my analyses — the indices of my health were as follows: the respiratory volume per minute (RVM) was 9.7 liters/min; the content of carbon dioxide was 3.9%. So, I started to breathe regularly for 20 minutes everyday, and I breathed exactly for one year.

Within one month the apparatus did those things which the doctors and medications were unable to do: I got up from the bed and with the help of a walking-stick I went to the office of the state farm (sovkhoz) to celebrate the Victory Day. By this I greatly astonished the gathering because back in March I ordered a coffin for myself, which was delivered to me from Kizlyar. And the people would often ask one another, “Is Petrovich still alive?” And here he is — “the deceased” — in person, as large as life!

As a result, within a year, the entire “bouquet” of my diseases gradually disappeared. I feel myself completely healthy. Now the results of my analyses are as follows: blood pressure is 120 by 70, the respiratory volume per minute is 4.0-4.3 liters/min, and the content of carbon dioxide is 6 percent.

The EGI apparatus annually participates in international exhibitions and wins medals every year: in 2000 it was awarded the silver medal in Paris, and in 2001 it won the gold medal in Moscow. Let any opponent tell me about a medical device or remedy which had, well, at least, one medal. Or let them tell me about some doctor who will dare to guarantee that he would cure a patient once and for all. There are no such devices but EGI does give this guarantee, provided that you will carry out the directions exactly and will believe that it will help you to be cured by raising the content of carbon dioxide in blood to the normal level.

Let my opponents also find an 80-year-old World War Two veteran who would have the same health characteristics like me, i.e. who would be absolutely healthy. But as for me, within 3-5 minutes I will accurately determine his physiological characteristics via the apparatus — express-analysis.

All sick people, who cannot be cured by medications, are called chronic patients by doctors, i.e. in the Russian translation it means “permanently sick people”. But it seems to me
that we make ourselves such chronic patients because of laziness and by our negligent attitude toward our own health. You must fight for your life rather than lose heart because of an ailment. You must resist and believe in the complete recovery of your organism.

Go ahead and buy one EGI apparatus for your family and within 3-10 months, depending on your age and diseases, you will become absolutely healthy, you will live for many years, and you will have an active lifestyle. My personal experience testifies about it.

Health will come to every patient if he longs for it himself. Just do your math and calculate your expenses on medications. The cost of EGI is much lower.

We are especially pleased to read letters from physicians, since they are usually more skeptical about the potentialities of “Samozdrav” than people of other professions.

I want to express my heartfelt gratitude for your breathing apparatus “Samozdrav”. I’m a physician and I’ve been sick with diabetes for 32 years already. I’ve read about your researches in the newspaper, but back then I hardly believed in such brilliant results. Now I’ve tested everything on myself and on other people, and the results have exceeded all expectations. The dose of insulin has reduced from 60 to 46 units, the appetite decreased by 50%, the readings of rheovasography of my legs are 0.9 (they were 0.4). I feel no weakness, my arms and hands are strong, I can walk far for long distances, my legs don’t get tired and don’t ache at all, the cardiogram has improved, blood pressure is normal, parodontosis has disappeared (my gums don’t bleed, and the teeth sit firmly in their alveolar sockets) — the feeling of being a healthy person has returned to me.

My mother had two teeth extracted 3 years ago; after that recesses appeared in her upper palate and the gums were itching badly. During the last 2 years, bloody discharges were oozing from the recesses; I’ve been helping her to cure these recesses for the past 2 years, but everything would fail until she began to breathe through your apparatus. In 3 months, the recesses vanished, itching of gums disappeared as well, and the disease abated. Right now my mother feels great and she says, “I’d rather be blowing into this apparatus for the rest of my life instead of taking chemical pills.”

I want to bow my thanks to academician Agadjanyan, professor Nenashev and the whole group of authors for having invented this wonderful “panacea”.

Yuri Alexandrovich Kovalenko (36000, city of Poltava, Gogol’ str., 19-21).

Greetings, dear Yuri Nikolayevich!

Yuri Alexandrovich, whom you already know from the first letter, is addressing you. Nearly two years have passed since the moment when I began using your “Samozdrav” apparatus. I accomplished the first session in 10 months and I described it in my first letter. I started the second session 7 months later. During this time, while doing measurements, I noticed that the concentration of CO₂ decreased from 5.8% to 5.2%. Taking into consideration my 1st type diabetes (insulin-dependent), this not a bad indicator (reading) on the whole; it shows that oxidation level of carbohydrates, proteins and fat has been lowered insignificantly. The analysis of blood circulation in the capillaries also showed insignificant changes, which makes me glad too. The oculist examined the fundus of my eyes. He said that if he hadn’t known that I was sick, he could have never told that I had the eye-grounds of a sick person. Between the 1st and 2nd courses of treatment, I began feeling insignificant rheumatic pain in the sural muscles of my legs while walking fast. The uncomfortable processes in my legs and feet ceased during the 2nd session of treatment via the exerciser. I walk quickly now, without stopping, and I feel myself superb. I’ve understood that it is possible to completely stop the development of complications and to stabilize the disease. I am deeply grateful to you for this, you have prolonged my life. And it is not a problem that I have to periodically use your apparatus — if only there would be no worse trouble!

I want to thank you and your colleagues, who participated in making the remarkable device, and to express heartfelt gratitude from the people whom I have personally treated on behalf of you. All of them are very satisfied and they feel well. You’ve granted them not only hope but also health and an active life of full value.

With a profound respect,
A Side Effect

“A side effect” in medicine is an undesirable negative result from taking medications, which occurs along with the expected “medicinal” effect.

In this sense, the use of “Samozdrav” complex does not have any side effects because the procedure is absolutely natural. In fact, everybody can understand that there can’t be any negative consequences from regular gymnastic exercises with very moderate workloads.

“Samozdrav” has a very beneficial side effect. Here’s what it does: it reduces the content of substances which harm the organism; they are in the atmosphere. Of course, not in the entire atmosphere but only in that part of it which is inhaled by a certain person who has performed the course of normalizing his organism’s activity via “Samozdrav” complex.

This is a vivid illustration of “a side effect”.

To be exact, this effect consists in the decreased amount of harmful substances that enter the lungs from the atmospheric air. If prior to the use of “Samozdrav” a person’s respiratory volume per minute was, for example, 8 liters a minute and after several months it became 4 liters a minute, this, in addition to the aforementioned beneficial effects for the organism, indicates the following: now exactly half as less “poison” gets into the human organism from the atmosphere per unit time.

Eliminate the cause and diseases will leave you!

THE TERRESTRIAL GIFT OF SPACE MEDICINE

Since 1998, not less than 100,000 people of different age have got rid of things that were causing them a lot of suffering for years and even decades. The normal activity of their cardiovascular system has been restored: failures of the heart rhythm and periodic pains behind the sternum plus dyspnea (short breath) are gone; the arterial pressure has become stable. Their respiration has become regular and calm, like it was in their youth, and, as a result, “the diseases of deep respiration” — chronic bronchitis, bronchial asthma, etc. — have vanished. The people have regained good health, cheerfulness and sound sleep which were forgotten long ago.

And all this has become possible due to the complex that restores the organism physiologically by eliminating the prime cause of many diseases. The basis of the complex is a 40-year-old discovery that was made by scientist-physiologist Nikolay Agadjanyan and his colleagues from the Air Force Institute of Aerospace Medicine while they were preparing astronauts for their first cosmic flights.

Back then, through extreme experiments on healthy people, they discovered the main cause of cardiovascular pathologies and destruction plus premature aging of the organism. This cause is HYPOCAPNIA, i.e. shortage of carbon dioxide CO₂ in the organism (in arterial blood), which results from hypodynamia (hypokinesia) — a deficiency of physical activity and also because of stresses. Hypocapnia causes spasms of micro-vascular networks and it brings about oxygen shortage and energy starvation of billions of cells in the organism.

Due to the state of weightlessness (zero gravity), which creates absolute hypodynamia, as well as because of stresses, a healthy young person could have practically been turned into a feeble, sick old man within 2-3 months of a space flight. This problem doesn’t happen to astronauts exclusively thanks to the active respiratory medium (ARM) that was developed by N. A. Agadjanyan. ARM, which is maintained in spaceship cabins due to the content of CO₂
increased by dozens of times, in comparison to the terrestrial atmosphere, does not allow that the level of CO₂ in the organism would drop below the critical point.

Astronaut G. Titov with the laboratory associates after he returned to the Earth; N. Agadjanyan is on his right.

Under usual terrestrial conditions, it takes years and decades for hypodynamia and stresses to ruin the organism and to undermine health and physical strength. However, the result is the same — a person at the age of 50-60 already has a considerable hypocapnia and, as an inevitable consequence, he acquires the classical collection of the so-called “diseases of civilization”: ischemic heart disease, hypertonic disease, insomnia, migraine, constipation, vegetovascular dystonia, osteochondrosis... The examinations of the population, which were carried out under the auspices of academician N. A. Agadjanyan in 1993, showed that hypocapnia, as a result of long-term hypodynamia and stresses, is a usual pathogenetic condition that can be observed practically in all people who are close to the age of 50 and older. The content of CO₂ in their arterial blood is below the normal level by 20-40%. Many people start suffering from this condition considerably earlier.

In order to attain a real recovery, first of all, you need to normalize the gaseous composition of blood, i.e. to eliminate hypocapnia. Medications have nothing to do with it at all, and yet even a short-term respiration with ARM, within several months, is able to remove the prime cause of the majority of diseases, which is hypocapnia — the shortage of carbon dioxide CO₂ in arterial blood.

“ELIMINATE THE CAUSE AND THE DISEASE WILL LEAVE” — the wise statement, known since the times of Hippocrates, has acquired a real practical embodiment with the advent of “Samozdrav” complex. Restoration of the organism occurs in several months of breathing through the domestic respiratory apparatus that forms ARM; the breathing sessions are performed for 20 minutes 1-2 times a day.

Of course, this remarkable achievement of Russian science, which changes the modern concepts about human health, about what causes “the diseases of civilization”, about real possibilities of preventing and eliminating them, is being gradually acknowledged in the world. In 1999, “Samozdrav” complex was awarded the gold medal of the International Exhibition of
Inventions in Brussels, and quite recently it won the Grand Silver Medal of the International Fair in Paris.

This achievement is the result of multigenerational labors of many Russian physiologists as well as efforts of the Soviet School of Space Biology and one of its outstanding representatives — Professor, Doctor of Medicine, Fellow of the Russian Academy of Medical Sciences, Nikolay Alexandrovich Agadjanyan.

Y. Mikhailov

This article was published in the section of “Zdorov’ye” (“Health”) in the newspaper “Argumenty i fakty” (“Arguments and Facts”) in November 2000 (No.44). And in February 2001 the international jury, headed by the Nobel Prize winner, academician Jores Alferov, honored “Samozdrav” complex with the gold medal of the first “Moscow International Salon of Innovations and Investments”.

"An abnormally low content of the vitally important substance — carbon dioxide — in the organism of millions of people poses an enormous hazard to their health and even life. When there is deficiency of carbon dioxide, spastic phenomena (spasms) occur in the entire organism and generate highly detrimental consequences: hypertonic disease, ischemic heart disease, constipations, obesity, type II diabetes, bronchial asthma, gastric ulcers, osteochondrosis, etc. Antispasmodic and vasodilating medications remove the spasm temporarily without eliminating its prime cause.

"Samozdrav" complex is designed for ensuring the restoration of the constant and normal content of carbon dioxide in arterial blood, which results in automatic elimination of spastic phenomena.

I have been dealing with scientific and practical issues of this field for several decades, including the methods for increasing the adaptive, compensatory and reserve potentialities of the organism by using special respiratory mixtures with a high content of carbon dioxide. The results of scientific research and applied developments accumulated in this sphere of study, which have been utilized especially in practical astronautics for decades already, demonstrate that the methodology, used in "Samozdrav" complex, is the most promising and scientifically substantiated.

Undoubtedly, "Samozdrav" complex is a remarkable achievement of our Russian scientific school of human physiology. An accessible apparatus has been created which has already helped hundreds of thousands of people, and in the future it will assist millions of those who suffer from "the diseases of civilization".

N. A. Agadjanyan,

Professor, Doctor of Medicine,
Fellow of the Russian Academy of Medical Sciences,
International Academy of Astronautics,
Russian Academy of Ecology,
New York Academy of Sciences.
General manifestations of hypertonic condition

Insufficient blood supply to the brain, heart, liver, kidneys, lungs, pancreas and other vital organs, which results from hypertonia of arterioles.

The overload of the heart increased by 1.5-3 times, which generates hypertrophy of the left ventricle (the cardiac wall becomes thicker), as a result of hypertonia of arterioles that supply blood to the brain and abdominal organs.

Hard breathing resulting from hypertonia of bronchioles.

Disorder in the outflow of bile and pancreatic secretion (juice) resulting from hypertonia of ducts.

Disorder in renovation processes of articular cartilages and the mucous membrane of the bowels due to hypertonia of arterioles which supply blood to the appropriate tissues.

Disorder in the intestinal activity as a result of hypertonia of the bowels and arterioles which supply blood to them.

Deterioration of the external view and state of skin as a result of hypertonia of arterioles which supply blood to the skin.

The list of diseases and manifestations of health deterioration which appear in the organism as a result of hypertonia

Cardiovascular system. Hypertonic disease, ischemic heart disease, myocardial infarction, arrhythmia, disorder in cerebral blood circulation, cerebral stroke, and vegetovascular dystonia.

Digestive system. Cholecystitis, pancreatitis, gastritis, gastric and duodenal ulcers, constipation.

Nervous system. Dizziness, tinnitus (buzzing in the ears), headaches, disorders in coordination, memory deficits (amnesia).

Respiratory organs. Chronic bronchitis, chronic coughing, bronchial asthma.

Metabolism. Insulin-independent (type II) diabetes, obesity, atherosclerosis.

Musculoskeletal system. Arthrosis, osteochondrosis.

Genital system. Some forms of prostatitis, impotence, male sterility and female infertility.

Skin. Accelerated fading because of an abnormally low level of nutrition; dermatitis, eczema, baldness.

Immune system. Immunodeficiency, a decrease in general stamina of the organism concerning infections, too.

Symptoms of poor health. Reduction in working capacity, weakness, fatigue, the syndrome of chronic fatigue, difficulties in solving everyday problems.

Consequences of eliminating hypertonic condition

✓ Restoration of the brain functions which control vital processes of the organism.
✓ Restoration of the normal rate of removing the breakdown products, including ammonia.
✓ Intoxication from the colon does not exceed the permissible standard (constipations disappear).
✓ Restoration of the liver functioning, including the function of detoxification of ammonia.
Normalization of digestion. Digestion becomes better due to improvement in the production of digestive juices and in the absorption of nutrients.

Normalization of metabolism, restoration of intracellular energy. Metabolism is restored, and the intracellular energy production rises by 20 times. The formation of lactic acid decreases and the ability of the organism to use fats for energy production is restored.

Restoration of functioning of the vital organs. The work of the pancreas, lungs and liver (including its ability to eliminate toxins) is improved because spasms in the ducts and bronchioles are eliminated. Their blood supply is restored to 100%.

Normalization of the brain functioning. Restoration of memory, the calculative ability, activity of the cerebral cells in producing hormones; the psycho-emotional reaction is balanced.

Normalization in the renewal of mucous membranes and cartilages. Restoration in the production rate of new cells of mucous membranes, cartilages, joints, and the reproduction of lubricating synovial fluid.

Removal of toxins and waste products from the organism. Disappearance of ischemia ensures a normal elimination of metabolism waste. Restoration of metabolism due to the reduction in concentration of waste products.

Normalization of the genital system functioning. Elimination of ischemia of the cerebral controlling systems and elimination of ischemia of the very reproductive organs results in improvement of their functions.

**Rating of the leading commercial names according to the scope of pharmaceutical sales in the Russian Federation in 2003:**

* 1. No-Spa
* 2. Enap
* 3. Haw (hawthorn) tincture
* 4. Cavinton
  5. Viagra
  6. Essenciale N
  7. Mezym forte
  8. Aktovegin
* 9. Enalapril
* 10. Kapoten
* 11. Arifon

* — vasodilating medications

Dear Ladies and Gentlemen!

During the 4th Russian Scientific Forum of Cardiologists, the results of a 5-year work in developing and testing “The technology of non-pharmacological prolonged vasodilatation based on “Samozdrav” complex” were presented to the attention of the medical association for the first time.

This technology allows to restore the normal tonus of micro-vessels in the organism of almost any person no matter how old he is and what chronic diseases he has; it can be accomplished in several months with minimal material expenses and without using any usual remedies and medications. In this way, the prime cause of arterial hypertension and ischemic heart disease is eliminated, and myocardial infarctions as well as cerebral strokes are securely prevented. As a result, the patients gradually get rid of the symptoms of hypertonic disease, stenocardia, arrhythmia, etc…

At the forum, this technology is presented in the form of three reports (pg.7-10 in the collection of theses) and as a material (physical) object, which we named “Samozdrav” complex, that consists of “Exerciser, gymnastic imitator (capnicator)” and a capnometer.

In these reports, the prime cause of IHD (ischemic heart disease) and hypertonic disease is mentioned for the first time, and a practical possibility to realistically protect the human organism from myocardial infarction and cerebral stroke is vindicated as well.

**The scientific basis of this technology:**

- the role of carbon dioxide CO₂ as a vasodilator in arterial blood (it is well-known from physiology);
- the results of the research, published in the monograph of M. E. Marshak “The Physiological Significance of Carbonic Acid” (Moscow, “Medicine”, 1969);
- the results of the multiyear researches of N. A. Agadjanyan, academician at RAMS (Russian Academy of Medical Sciences), about the influence of hypercapnic mixtures on the human organism, which have been utilized in practical astronautics.

Professor A. A. Nenashev, an authoritative scientist and physiologist, doctor of medical sciences, was directly involved in developing this technology. The predecessor of our technology can be considered, to a certain degree, “Method of volitional elimination of deep respiration” by K. P. Buteyko which was endorsed by Ministry of Health in USSR; however, that methodology has not become popular because of its “laboriousness” to patients.

This technology and its main apparatus have been patented. The authors have received 3 patents of the Russian Federation for inventions. “Samozdrav” complex has been presented twice at international forums of inventions, innovations and new technologies, and it was awarded the gold medal (in Brussels, in 1999) and the silver medal (in Paris, in 2000). At the first “Moscow International Salon of Innovations and Investments” in 2001, the complex was honored with the gold medal. The international contest commissions of the aforementioned forums recognized the high social significance, revolutionizing novelty and promising future of our invention.

Serial production of “Samozdrav” complex has been performed since 1998. Over 300,000 items have been marketed during this period. At the same time, we have been improving both the technical and methodical features of this breathing device. On the basis of the current data about the results of using this complex, we can speak about absolutely positive responses and, at least,
about hundreds of cases when we recorded the recovery of people from chronic diseases, and not only cardiovascular ones; they got rid of these illnesses either completely or almost completely, which they couldn’t achieve prior to this. At any rate, the very **possibility of cardinally improving your health via “Samozdrav” complex is without question.**

We should particularly underscore the point that the very effect of long-term vasodilatation does not require any specific proofs because it arises out of the well-known role of CO₂ as a vasodilator (substance that dilates or expands blood vessels) and out of the dependence of its content in arterial blood on the level of lung ventilation (known from physiology), as well as out of the practical possibility to reduce lung ventilation, for example, according to Buteyko method. This technology is top-safe and it cannot cause any negative side effects due to its absolute “naturality” for the organism.

Unfortunately, at the moment “Samozdrav” complex is distributed mainly by sales to people via newspaper advertisements. Obviously, through such way of distribution, it will take a lot of time for this breathing device to reach the enormous number of people who desperately need it. Without active participation of physicians in this process, primarily cardiologists, millions of sick people simply will never obtain it.

By inviting medico-cardiological institutions to cooperate with us, at initial stage we are willing to arrange that they could preliminarily familiarize themselves, free of charge, with all information which we have about utilizing the technology of non-medicated prolonged vasodilatation.

*General director Y. N. Mishustin*

To order “Samozdrav” breathing device, you can visit our website [www.cosmicussalus.lt](http://www.cosmicussalus.lt) where you will be able to find all necessary information not only in English but in Lithuanian, Russian, Polish, German, and French.

If you want to contact us in Russian, our main contact information in the Russian Federation is as follows:

Научно-производственное предприятие “Самоздрав”
443051 г. Самара, ул. Енисейская, 62
Тел. (846) 9314277; тел./факс (846) 9314276
E-mail: samozdraw@samtel.ru
Website: www.samozdraw.ru

*Having read this book, you have become a rare possessor of the information which is indispensable to almost all those people who cannot be called “young” anymore. This information has a vital significance to many of them. We would be very happy if you made it a matter of your obligation to give this book to your acquaintances and friends who may need it.*
is indispensable to everyone who would like to protect his organism from many chronic illnesses. “Samozdrav” breathing device is a means of realistic prophylaxis of diseases via eliminating their major cause in its initial stage.

is indispensable to everyone who suffers from chronic diseases. Without restoring the normal blood supply, you cannot expect neither an easement of their course nor, furthermore, recovery from illnesses.

is also indispensable to those patients with chronic diseases who even though do not expect to be delivered from them (it is just unbelievable that such things are possible!!), yet they would not mind refusing the need to take pharmaceutical medications which ruin the organism.

Academician N. A. Agadjanyan and Y. N. Mishustin.