

Chest Pain Rituals: What is Chest Pain, Anyway?

By Simon Yu, MD

What would you do if you're over 50 years old and experience chest pain and shortness of breath in the middle of the night? This can be an extremely frightening experience. "Heart attack" is the first thing that may come to your mind. People over the age of 50 have been programmed to react to chest pain with suspicions of a heart problem and heart attack. (Acute Coronary Syndrome is the new terminology for chest pain.) This is the beginning of the "ritual of allopathic medicine."

Your first step is to go to the nearest hospital's emergency room to rule out heart attack. Due to the tremendous pressure from the possibility of a malpractice lawsuit, the emergency room physicians will run you through a ritual of test after test to rule out the probabilities of cardiac or non-cardiac chest pain. If you have any minor changes in EKG or blood lab test results, most people over 50 years old will automatically be admitted to the hospital to rule out heart attack.

In the hospital you will be hooked to electronic monitoring. You will go through a cascade of more tests and procedures. I won't bore you with the details. After the cardiac catheterization, it is not uncommon to hear that you have 80-90% occlusion in the artery of your heart.

The doctors will typically recommend cardiac angioplasty, placement of one or more stents, or a by-pass operation. You may be told "If you don't have angioplasty or a by-pass, you may have a full blown heart attack and drop dead any moment". Next thing you know, you are on the operating table.

One of my patients, over time, had seven cardiac angioplasty procedures plus a valve replacement plus a by-pass operation. Another patient recently had four stents placed for critically occluded heart vessels but still has chest pain. Another patient had two by-pass operations. The doctors then told him they can't do any more operations on him. The patient is still suffering from chest pain while on a maximum dose of heart medication. Is there a missing link between chest pain and procedures like angioplasty, stent placements and by-pass operations?

Western medicine analyzes the human body from a mechanical point of view. If you have chest pain and an angiogram shows 95% occlusion of the coronary artery, the doctors assume that you have chest pain as a result of the occlusion of the artery. They also assume the occlusion is cutting off the blood supply to the heart. The most logical thing to do by cardiologists and cardiothoracic surgeons is to open up the blocked blood vessel by angioplasty, stent placement and/or a by-pass operation.

But what happens to that logic when the patient continues to experience chest pain even after angioplasty, stent placement or a by-pass operation? One recent possibility for an explanation of non-cardiac chest pain is "acid reflux." The patient will be put on anti-acid medication for the rest of their life after an extensive gastrointestinal (GI) evaluation by a GI specialist.

What does the doctor do if the patient continues to have chest pain after stent placements or a by-pass operation and is on a maximum dose of heart medication and anti-acid medication? Those "difficult" patients will be put on anti-anxiety medication for suspected anxiety and stress related chest pain. If the chest pain continues, the next move is referring them to a psychiatrist for mind-altering medication to dissociate your body and detach your mind from the chest pain.

This tragic scenario will repeat for millions of people. For every step we take, there are cumulative side effects from the invasive procedures and medications.

While I was on active duty for the U.S. Army a few years ago, a 38 year old Master Sergeant came to see me with complaints of chest pain. He had extensive cardiac and GI evaluations. Every test came back negative. I gave this particular soldier, whose career was on the line, a trigger point injection on his right shoulder blade and a specific tender area on his spine (the para-vertebral area at T-4) for a pinched nerve. His chest pain resolved within one minute. His military career was saved from a medical discharge for unexplainable chest pain.

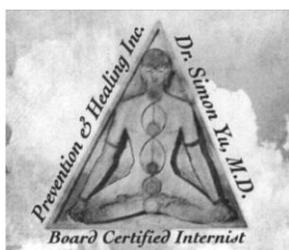
Another patient's chest pain was resolved by extraction of an infected tooth. Still another patient responded to nutritional therapy and chelation therapy. In addition, some people appear to have a perfect heart condition and still suffer from a massive heart attack due to an emotional shock or grieving.

So, it is time to re-evaluate "Chest Pain Rituals." What is chest pain, anyway? I believe chest pain is like any other pain in the body and can be evaluated from a holistic view of the mind/body/spirit. We should think of the human body not only from a bio-mechanical and bio-chemical view but also as a bio-energetic phenomenon.

When there is blocked energy flow, the disturbance of the flow of energy will create pain. This pain can often be corrected with nutrition (biochemistry), spine adjustment (bio-mechanical), and acupuncture or emotional release (bio-energetic). Invasive procedures like angioplasty, stent placement and by-pass operations can be used as a last resort, not as a first attempt.

In summary, when you experience chest pain in the middle of the night, don't panic. You should go to the hospital immediately and follow through with the rituals of allopathic medicine. However, don't submit to invasive procedures like stent placements or a by-pass operation immediately. Explore other preventive and alternative therapies before thinking about a stent placement or a by-pass operation.

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