

Preventing a Second Stroke

The American Heart Association, The American Stroke Association and other national health organizations have recently issued new guidelines to prevent a second stroke in patients who have already experienced one. They appear in the February 2006 issue of Stroke.

The committee that developed the recommendations offered this advice:

1. Smoking cessation
2. Limiting alcohol to no more than 2 drinks per day for men and one drink per day for non-pregnant women
3. Reducing obesity
4. Increasing physical exercise
5. Pharmaceutical treatment with anticoagulants and antiplatelet drugs
6. Carotid artery surgery or angioplasty
7. Antihypertensive pharmaceutical treatment is recommended
8. The optimal drug treatment should be individualized based on the patient
9. More rigorous control of blood pressure and lipids should be used for diabetics, and more patients should require combination therapy. Angiotensin-converting enzyme inhibitors and angiotensin receptor blockers are recommended as first-line treatment
10. Patients with elevated cholesterol should be treated with lifestyle modifications and statin drugs
11. And it goes on and on, mentioning more procedures and more drugs, including aspirin therapy, among other things.

There are references to diet and lifestyle modification, but nothing specific enough to make a difference. And the authors do not make any reference to the work of Dr. John McDougall, Dr. Caldwell Esselstyn, or Dr. Dean Ornish who have successfully reversed cardiovascular disease with conversion to a vegan, low-fat diet.

This is a serious issue and affects a lot of people. By the year 2050, it is estimated that Americans will suffer 1,000,000 strokes per year. Today, about 1/3 of the 700,000 strokes occurring annually are recurrent strokes. The risk for a second stroke is 40% within 5 years following the first one. This should be a notice for everyone that the medical profession is completely ineffective in teaching people that stroke is a major wake-up call that your diet and lifestyle habits need immediate and significant reform.

So, the cardiologists in the U.S. have had another lesson in how to manage symptoms in patients using drug therapies and surgical intervention, despite the incredible evidence that there is a better, safer,

more effective way that can not only reduce the incidence of more adverse cardiovascular events, but improve patients' quality of life. For those who wonder why doctors aren't talking to patients about Ornish, McDougall, Esselstyn and The Wellness Forum - this is why!

Dr. Pam Popper

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