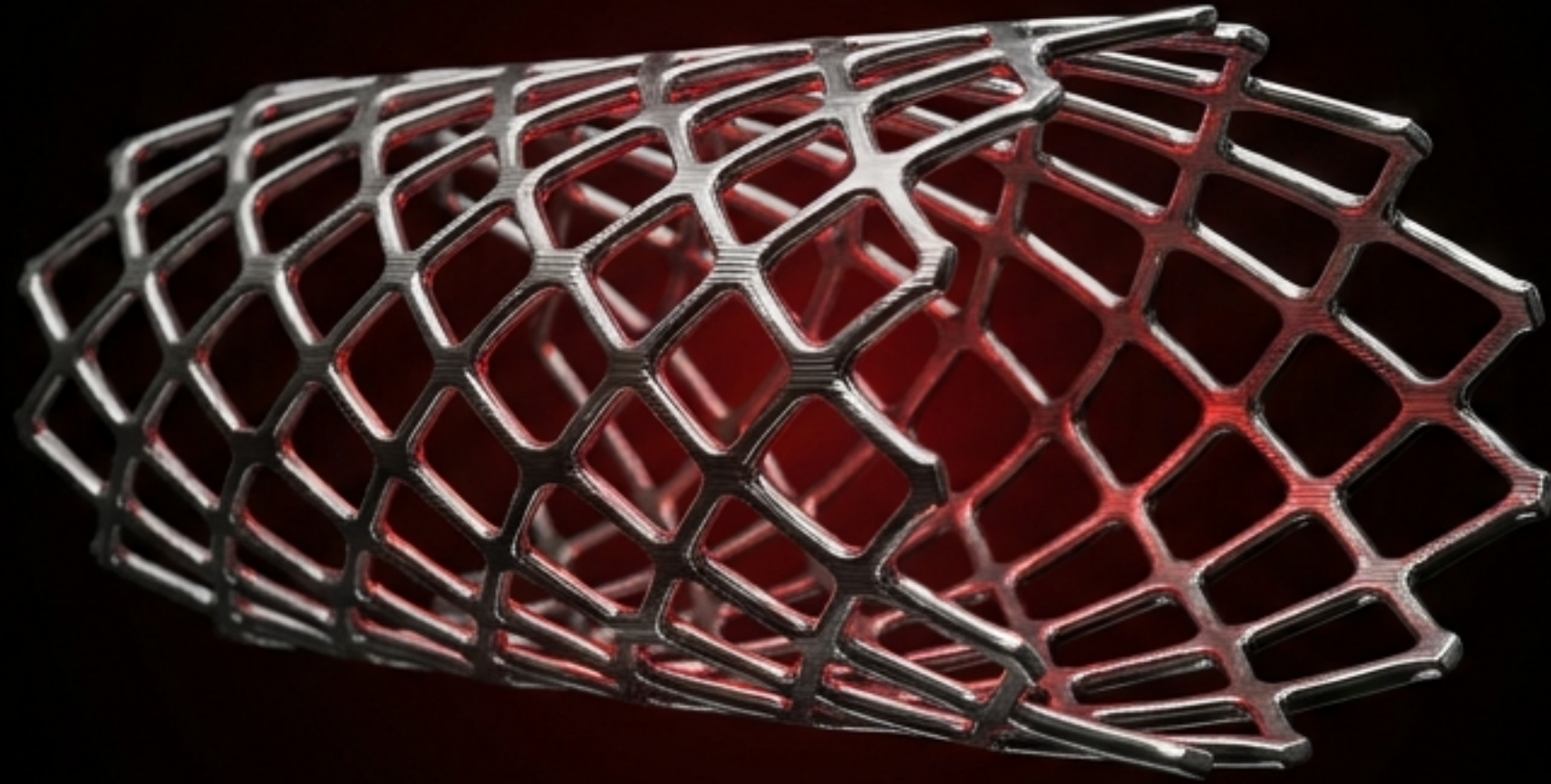


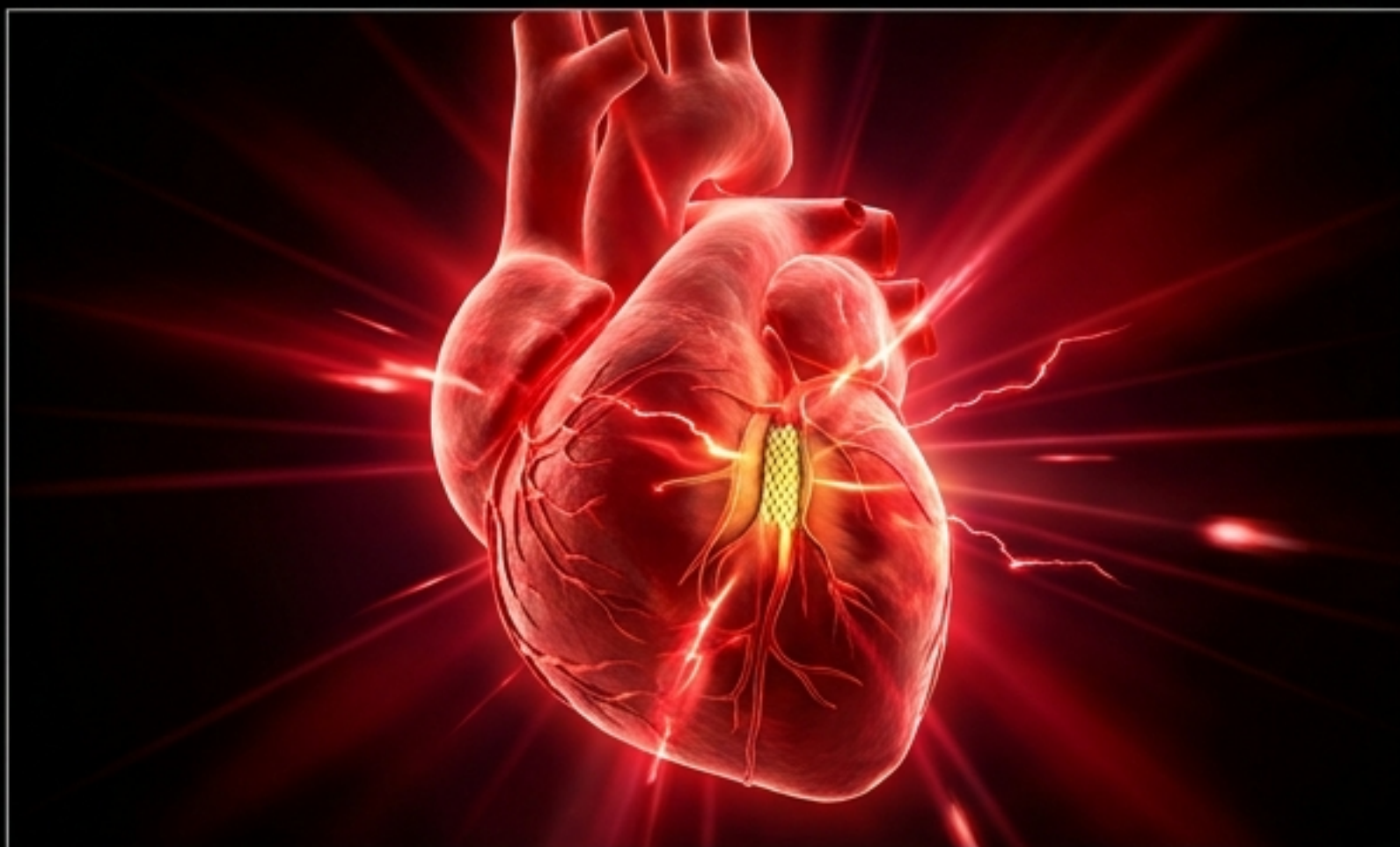
The \$5 Billion Stent Illusion



Why modern cardiology's favorite procedure
fails to cure stable heart disease

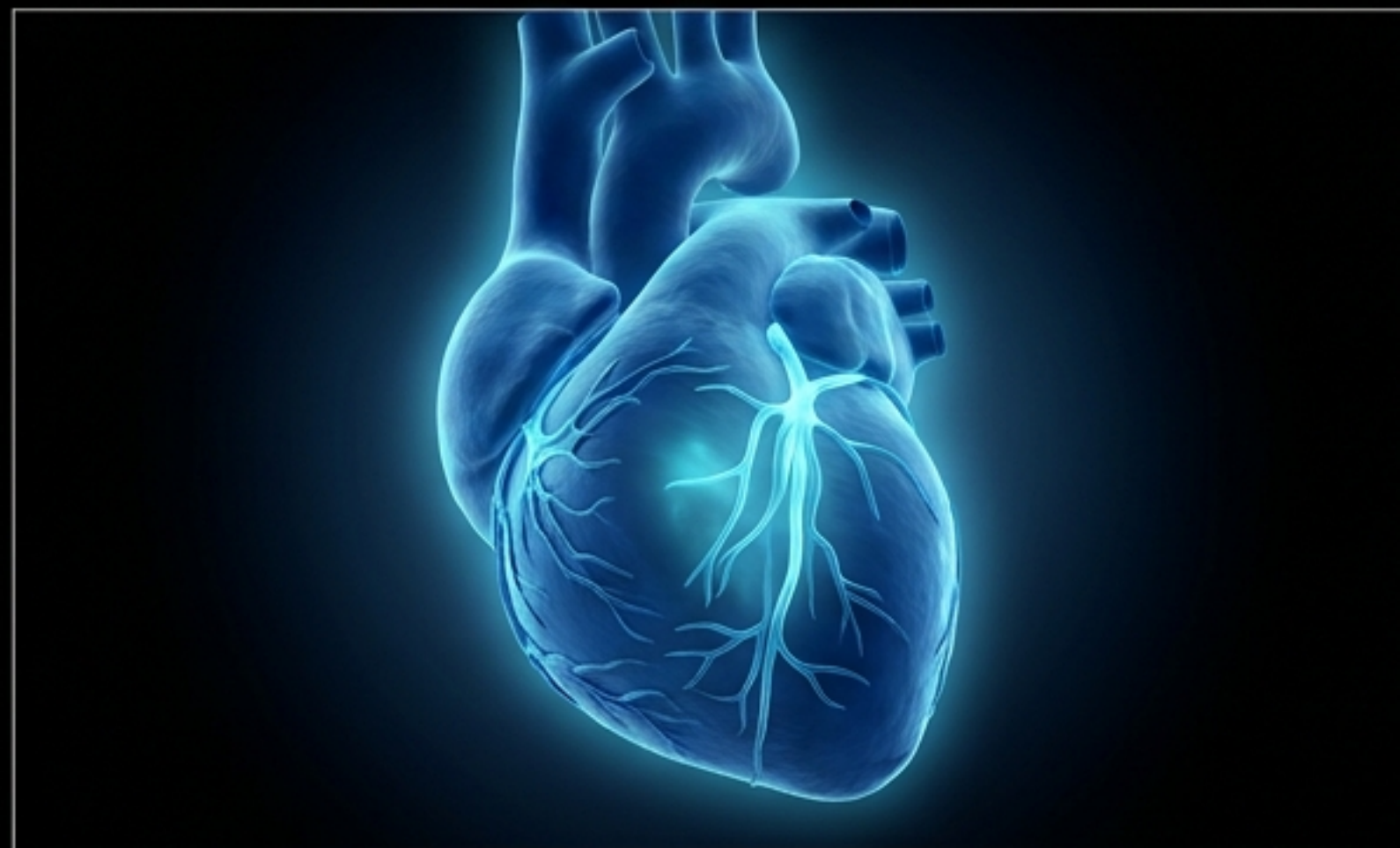
The only rule you need for cardiac stents.

Acute Coronary Syndrome (Heart Attack)



YES. Stents are lifesaving in an acute emergency.

Stable Coronary Artery Disease

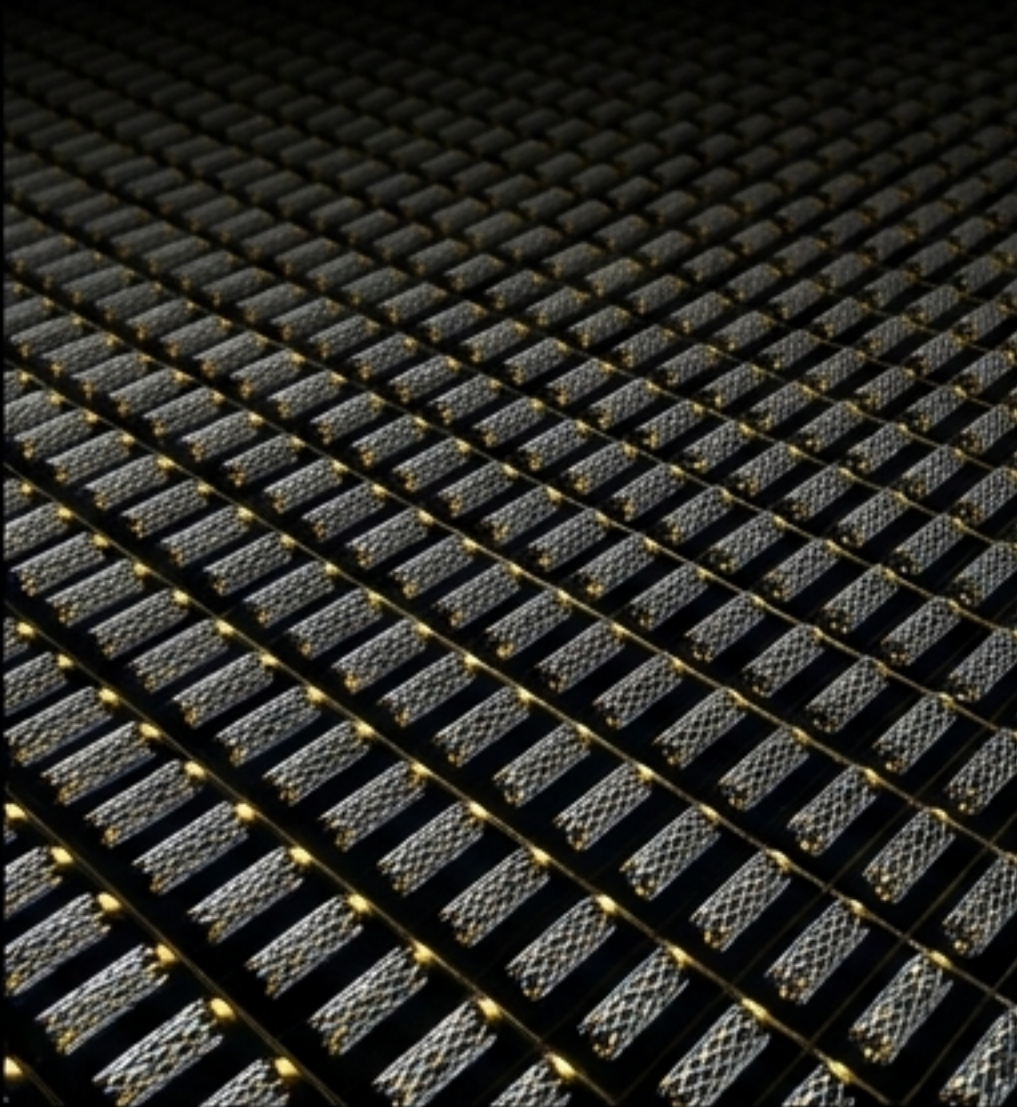


NO. For stable symptoms like chest pain, stents offer no survival advantage.

A highly lucrative industry built on unwarranted procedures.

1,000,000

Stents inserted annually in the US alone
(iData Research)



\$5,000,000,000

Annual value of the stent industry
(GlobalData)



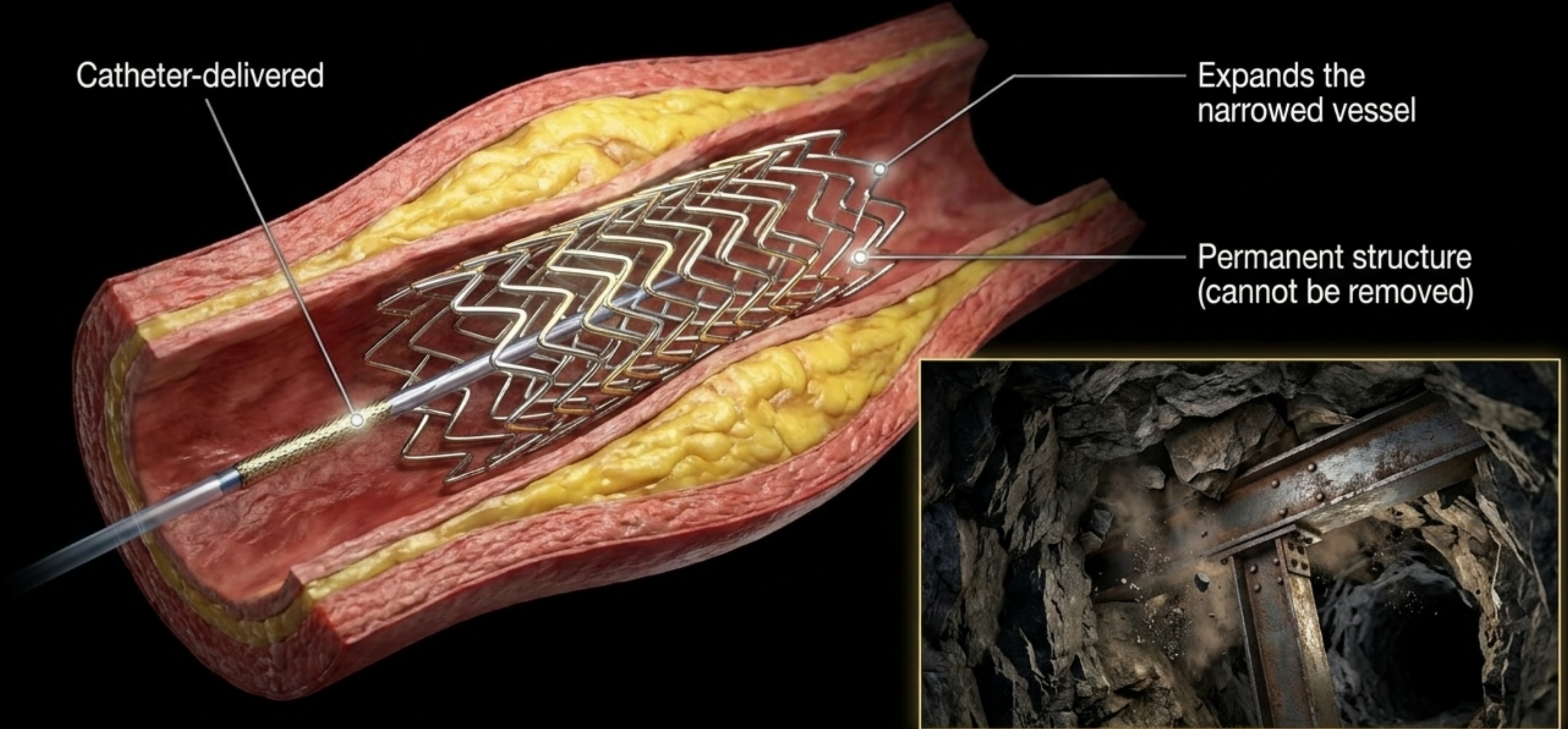
80%

Stent procedures initially unwarranted
by current guidelines (JAMA, 2015)



Guinness World Record: Between 2000-2006, Emil Lohan received an astounding 34 cardiac stents.

Propping open a collapsing tunnel.

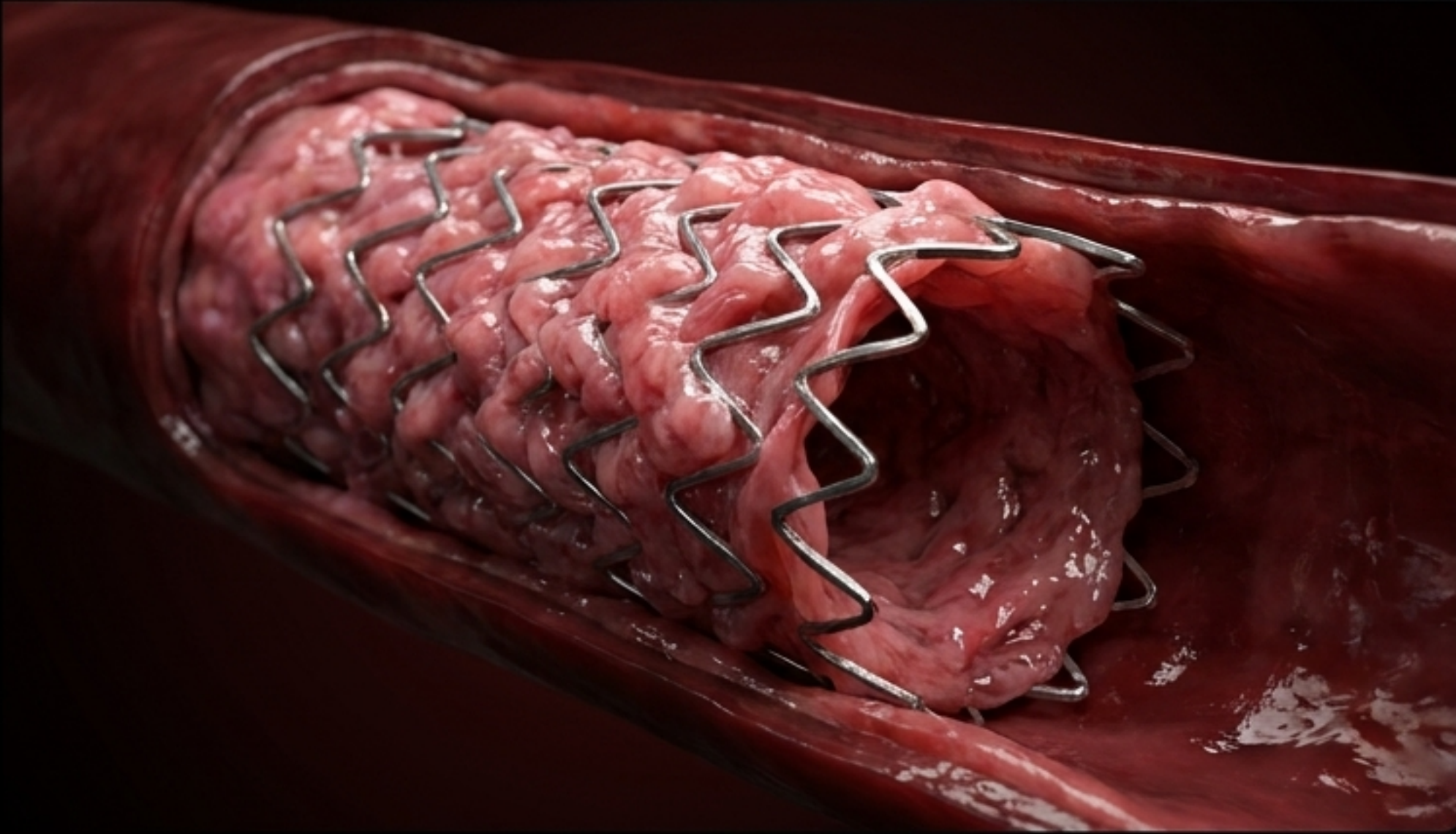


Four generations of flawed engineering.

The Stent Evolution Matrix

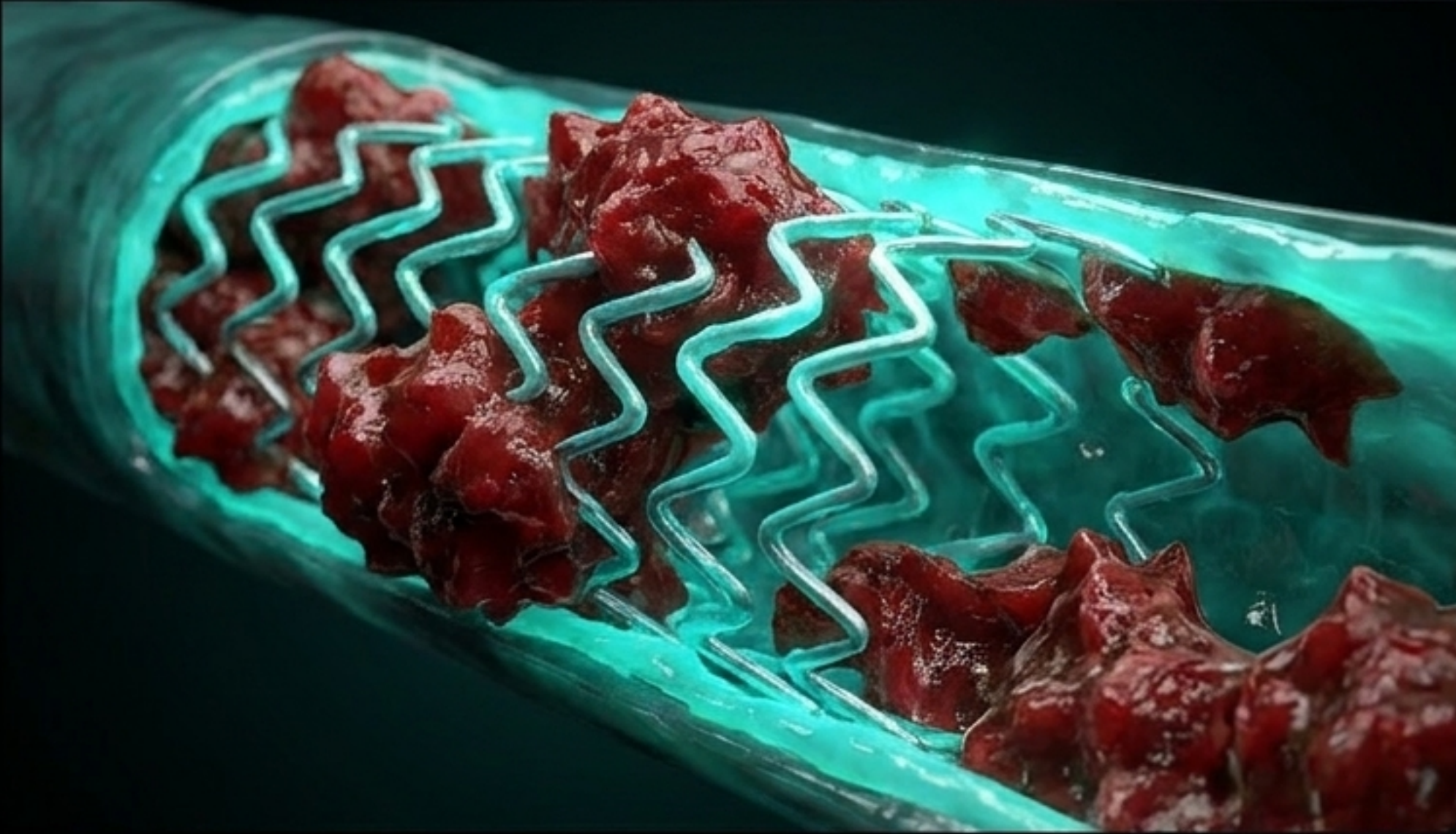
Technology	Gen 1: Balloon Angioplasty	Gen 2: Bare-Metal	Gen 3: Drug-Eluting	Gen 4: Bioabsorbable
Core Mechanism	Inflates to push plaque.	Permanent metal scaffolding.	Polymer-coated metal leaking chemo-drugs (paclitaxel / everolimus).	Scaffolding degrades over time.
Primary Complication	Artery simply returns to previous narrow diameter.	Neointimal Hyperplasia (Tissue overgrowth).	In-Stent Thrombosis (Deadly blood clots).	Still approaching modern efficacy, but eliminates permanent structure.
Required Medication	None specific	Standard antiplatelet	Lifelong dual antiplatelet therapy	Temporary antiplatelet

The biological backlash of bare metal.



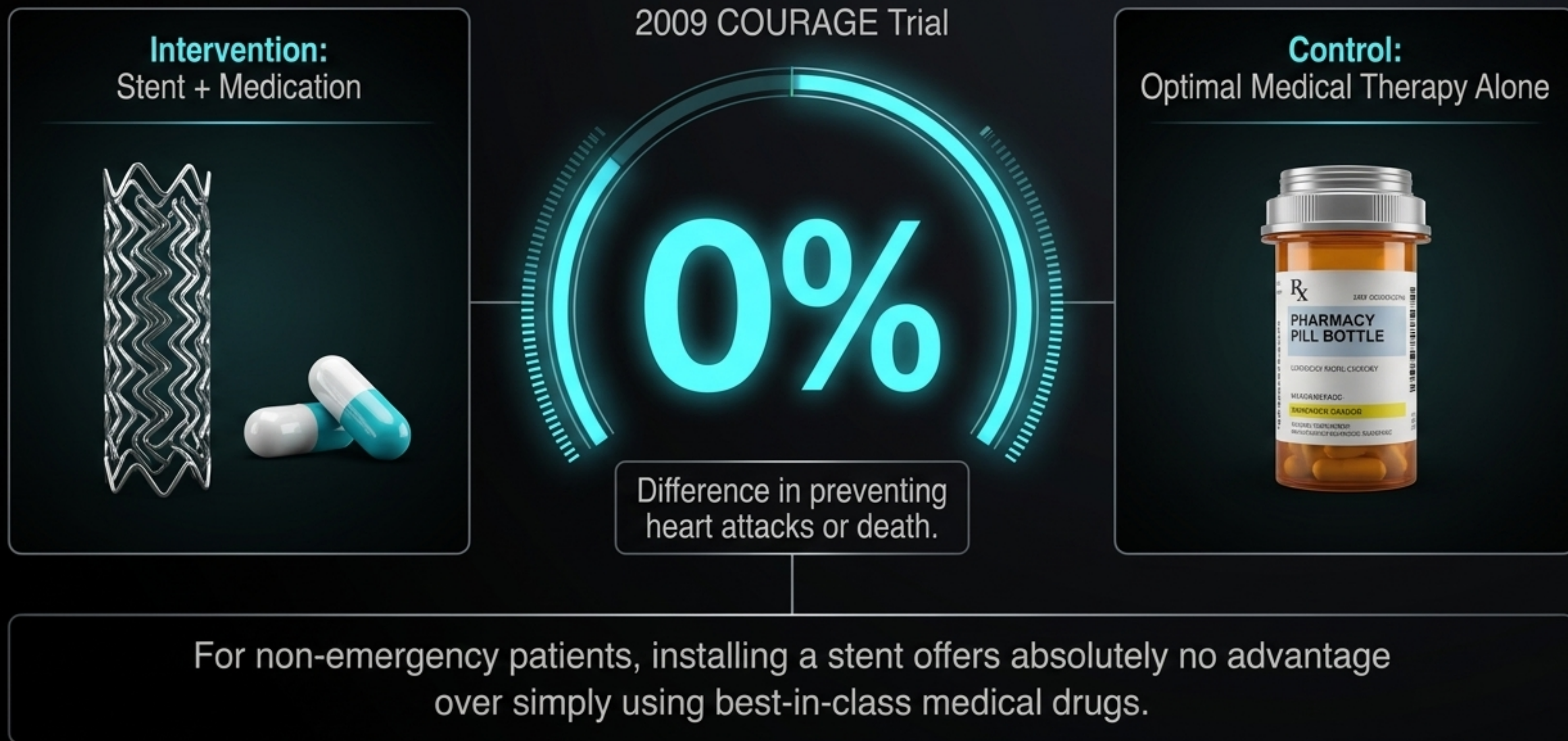
The body treats the stent as trauma. It rapidly overgrows arterial tissue to cover the metal, counterproductively blocking the very artery the stent was meant to open.

The deadly trade-off of chemical coatings.



The chemical coating halts tissue overgrowth but prevents healthy healing. The resulting clots are lethal. To manage this 'traffic jam,' patients are locked into months or years of dangerous dual antiplatelet therapy (blood thinners).

The data reveals a total lack of mechanical advantage.



The definitive proof of a surgical placebo.

2017 ORBITA Trial

Full Stent Insertion

Sham Procedure (Placebo)

Both groups showed identical improvements in chest pain (angina) and exercise tolerance.

The perceived benefit of stents in stable patients is overwhelmingly driven by the placebo effect.

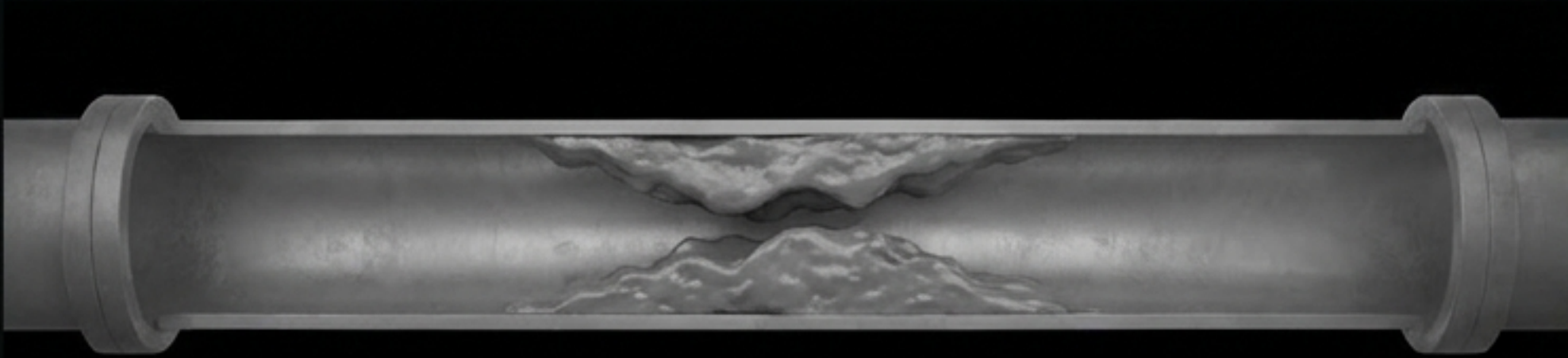


“The continued use of PCI [stents]... reflects persistent adherence to the belief that the epicardial obstruction is the proximate cause... However, when the data does not support the existing paradigm, a new paradigm must be formulated.”

— Journal of the American Medical Association (JAMA), 2015

Translation: Doctors keep placing stents because they are stuck in an outdated 'plumbing' mindset, refusing to accept that localized blockages don't cause the actual heart attacks.

Heart disease is a systemic failure, not a clogged pipe.



The Plumbing Illusion

Fixing a localized pipe with a stent fails because it treats the symptom, not the source.



The Biological Reality

Atherosclerosis is a systemic, biological disease affecting the entire network. You cannot mechanically prop open your way to a cure.

**Mechanical fixes fail because they ignore the underlying biology.
To cure the disease, we must treat the biology.**

The Paradigm Shift Matrix

The Plumbing Approach

- **Intervention:** PCI / Stents
- **Target:** Localized blockages
- **Risk Profile:** Invasive trauma, deadly clotting, lifelong bleed risk
- **Efficacy for Stable CAD:** Pure placebo effect

The Biological Approach

- **Intervention:** Whole-food plant-based diet + Optimal Medical Therapy
- **Target:** Systemic vascular health
- **Risk Profile:** Zero harm
- **Efficacy for Stable CAD:** Rapid reversal of coronary artery disease, decreased plaque, and 90% reduction in chest pain

Combine the best of both worlds: lifestyle and precise medical therapy to reverse the disease from the inside out.