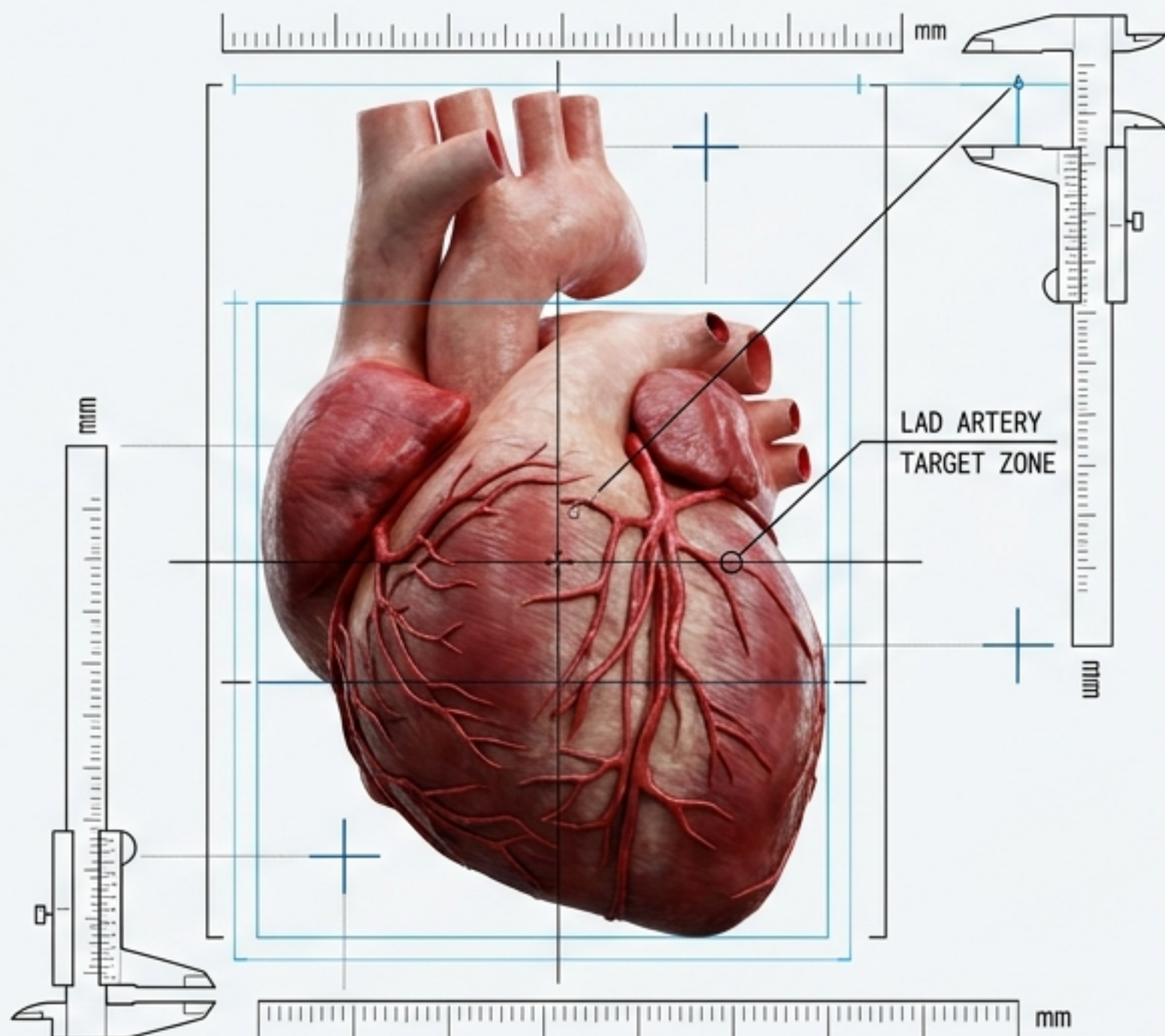


Visual Evidence of Coronary Reversal: The Megdal Serial Angiogram (2014–2018)



STUDY OVERVIEW

A four-year forensic angiographic evaluation demonstrating the complete structural regression of coronary artery disease.

TELEMETRY DATA MATRIX

PATIENT: Peter Megdal, PhD

MODALITY: Quantitative Coronary Angiography (QCA)

INTERVAL: 4 Years (2014 - 2018)

OUTCOME: Complete Functional Regression

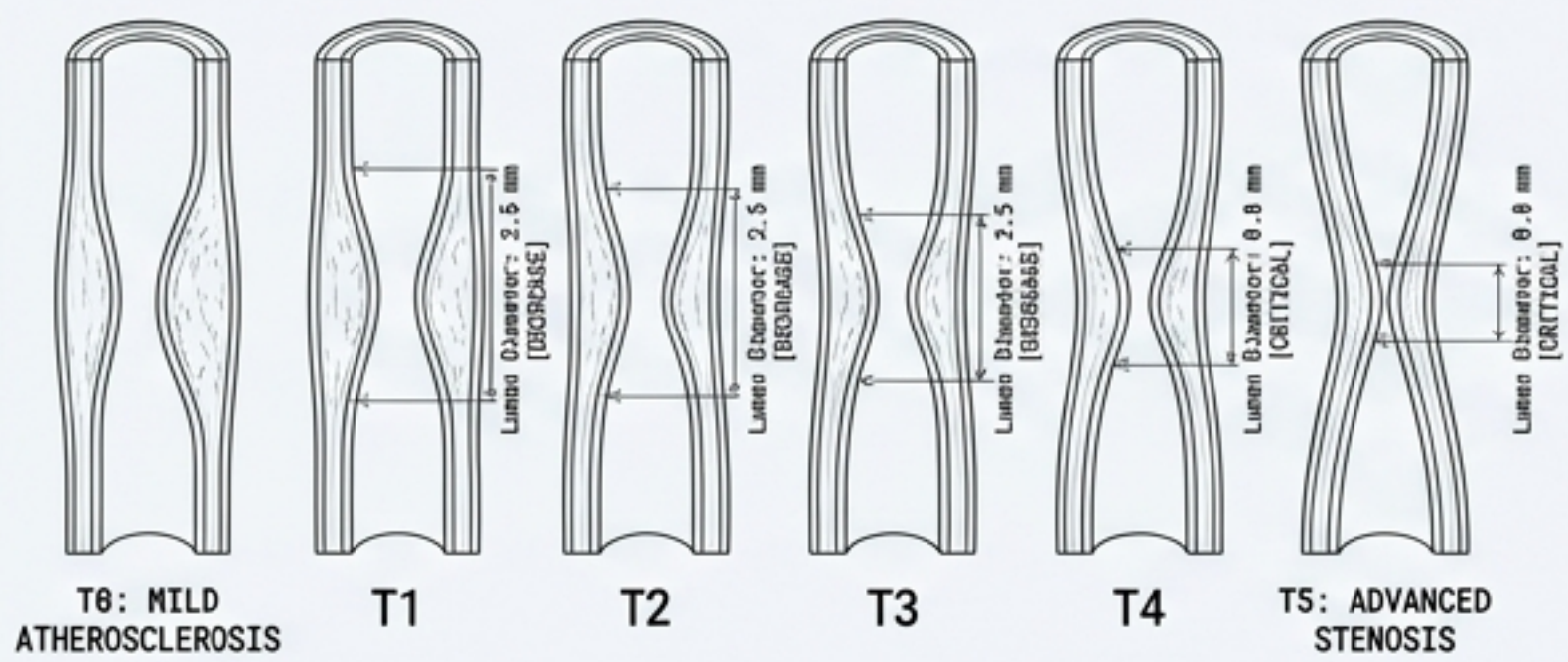
REF: CARDIO-2018-REV
ID: MEG-P-001
STATUS: CONFIRMED

10mm

DATE: 2018-11-28
TIME: 14:32:00 UTC

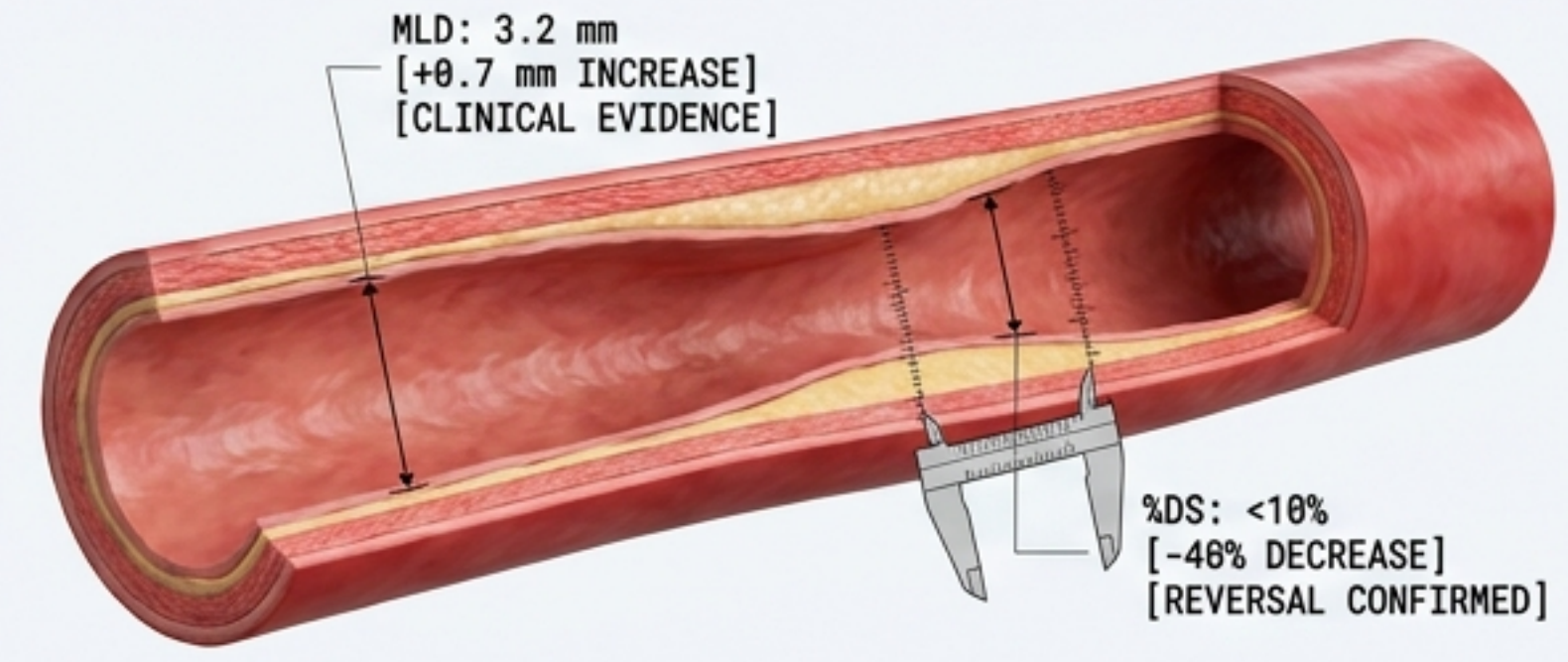
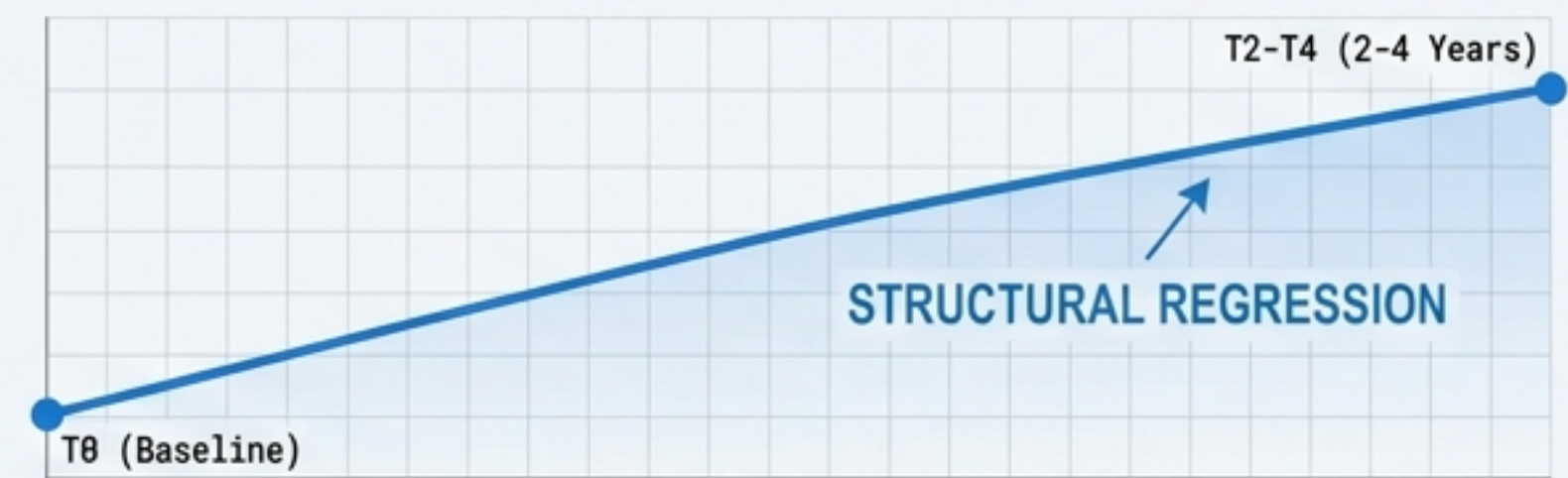
STRUCTURAL REGRESSION IS THE HIGHEST THERAPEUTIC OUTCOME IN CARDIOVASCULAR DISEASE MANAGEMENT

THE TRADITIONAL DOGMA: DISEASE MANAGEMENT



Traditional management views atherosclerosis as a chronic, progressive condition. The primary goal is merely to slow down the inevitable narrowing.

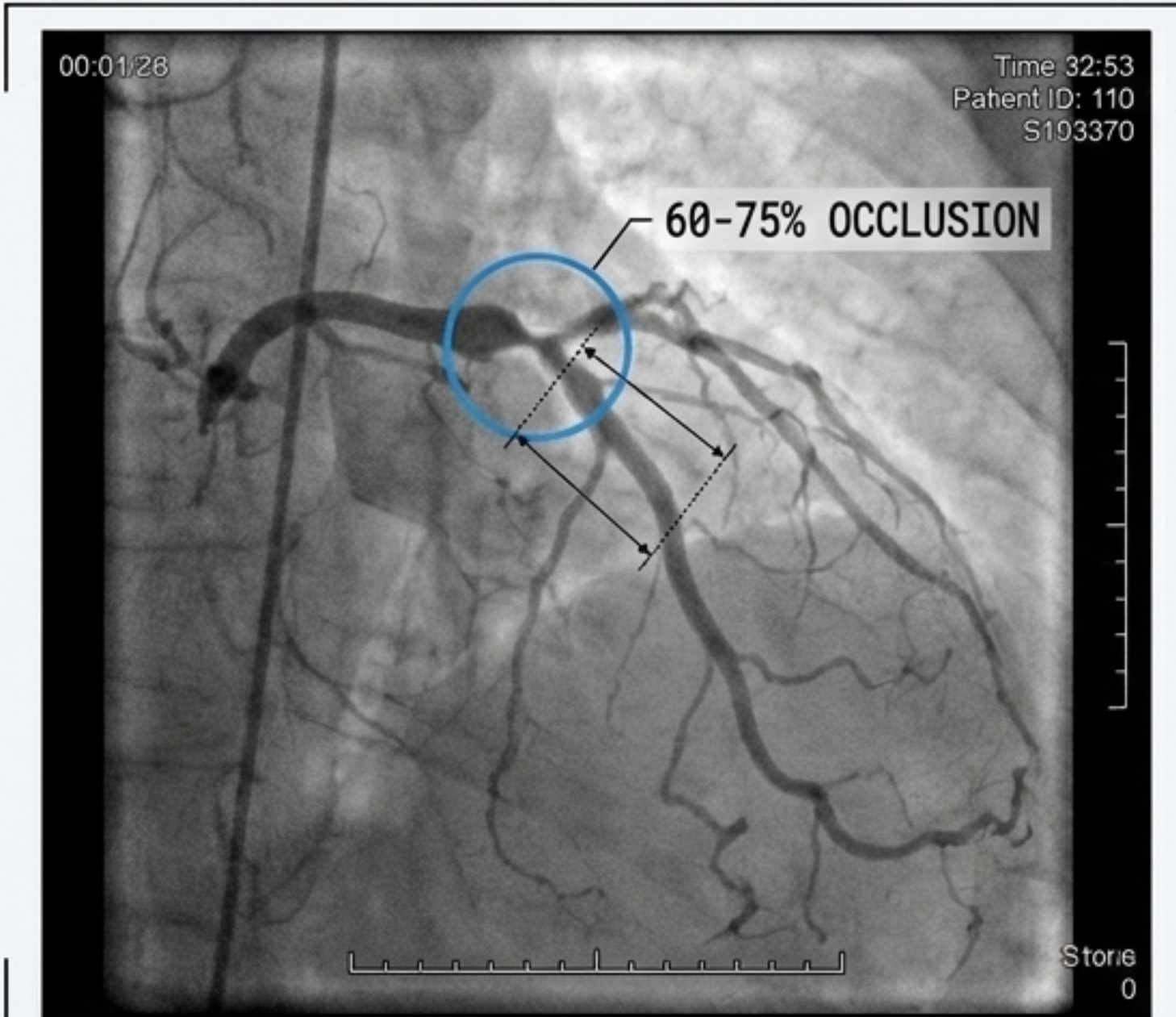
THE BIOLOGICAL REALITY: DISEASE REVERSAL



Clinical trials utilizing serial coronary arteriography prove that aggressive risk factor modification can induce measurable structural reversal within two to four years.

SERIAL ANGIOGRAPHIC ANALYSIS: DOCUMENTED RESOLUTION OF SEVERE LOCALIZED STENOSIS

2014: Severe Stenosis



2018: Fully Patent

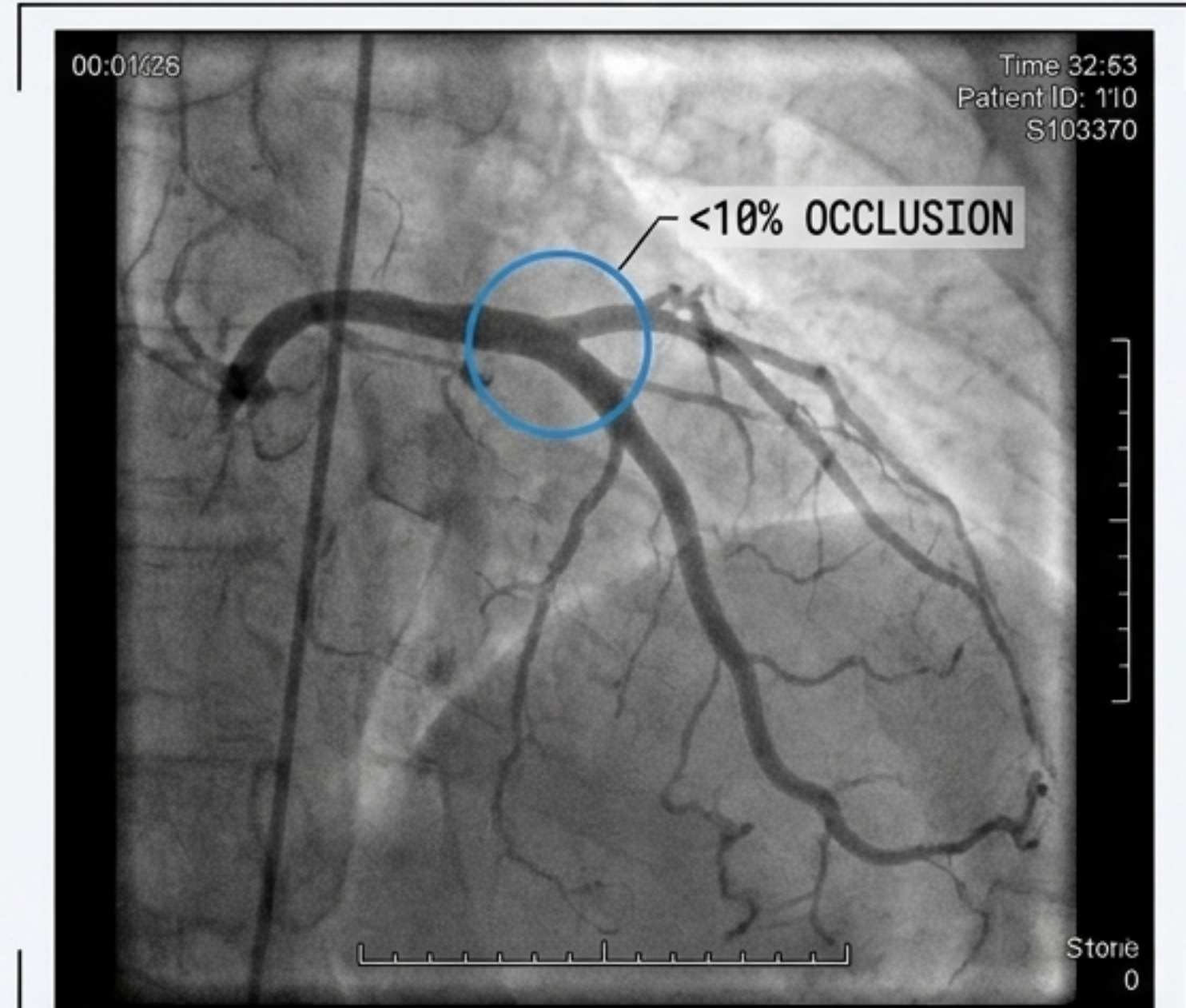
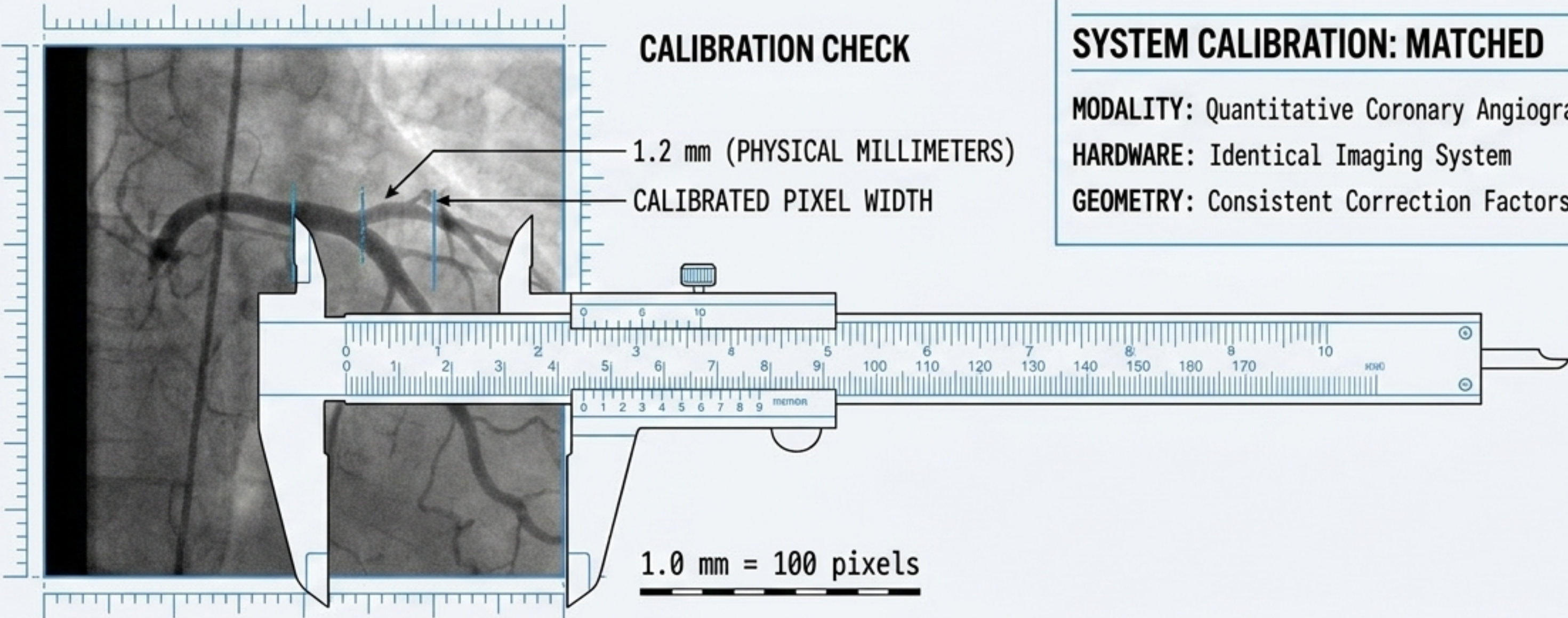


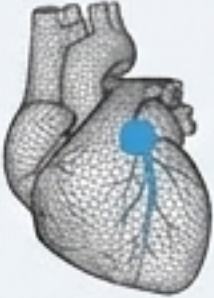
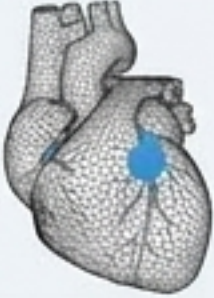
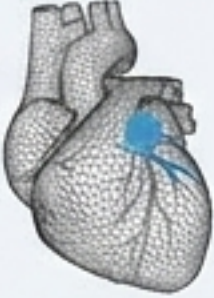
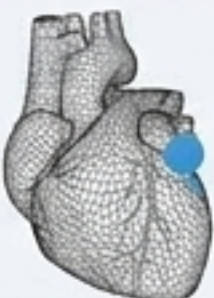
Exhibit A: The First Diagonal Branch Origin. Over four years, the severely narrowed segment achieved a fully patent state, proving profound localized anatomical reversal.

RIGOROUS METHODOLOGY ELIMINATES TECHNOLOGICAL ARTIFACTS, CONFIRMING GENUINE BIOLOGICAL REVERSAL



THE STANDARD OF PROOF	IDENTICAL HARDWARE	CALIBRATED CALIBER
Quantitative Coronary Angiography (QCA) provides objective measurement of coronary luminal dimensions, removing human visual bias.	Both studies were conducted at the same hospital, on the exact same machine, eliminating detector geometry errors.	Pixel measurements were rigorously converted into true physical units (mm), ensuring observed changes are objective physical reality.

DIAGNOSTIC MATRIX: SEGMENT-BY-SEGMENT QUANTIFICATION OF ANATOMICAL REVERSAL

Arterial Segment	2014 State (Visual %DS)	2018 State (Visual %DS)	The Verdict
Proximal LAD 	Moderate Stenosis (40-55%)	Mild Stenosis (20-30%)	Partial Regression
Mid-LAD 	Mild Stenosis (20-30%)	Near Normal Patency (<10%)	Complete Functional Regression
First Diagonal Branch Origin 	Severe Stenosis (60-75%)	Fully Patent (<10%)	Profound Anatomical Reversal
Circumflex Artery (Mid Segment) 	Mild/Moderate Narrowing (30-45%)	Improved Patency (<20%)	Partial Regression

Systemic therapy yields systemic results: Evidence of positive arterial remodeling

CONFIDENTIAL CLINICAL EVIDENCE DOSSIER | REF: CV-REVERSAL-TRIAL-003 | DATE: OCT 26, 2024 | CONFIDENTIAL REPORT

Focal vs. Diffuse

Mechanical interventions (like stents) only fix a single focal pinch-point. They do not treat the underlying arterial disease.

CALIBRATION: Matched

MODALITY: 3D QCA

Positive Remodeling

The consistent, widespread widening across entire standardized segments indicates a reduction in diffuse atherosclerotic burden throughout the arterial wall.

CALIBRATION: Matched

MODALITY: 3D QCA

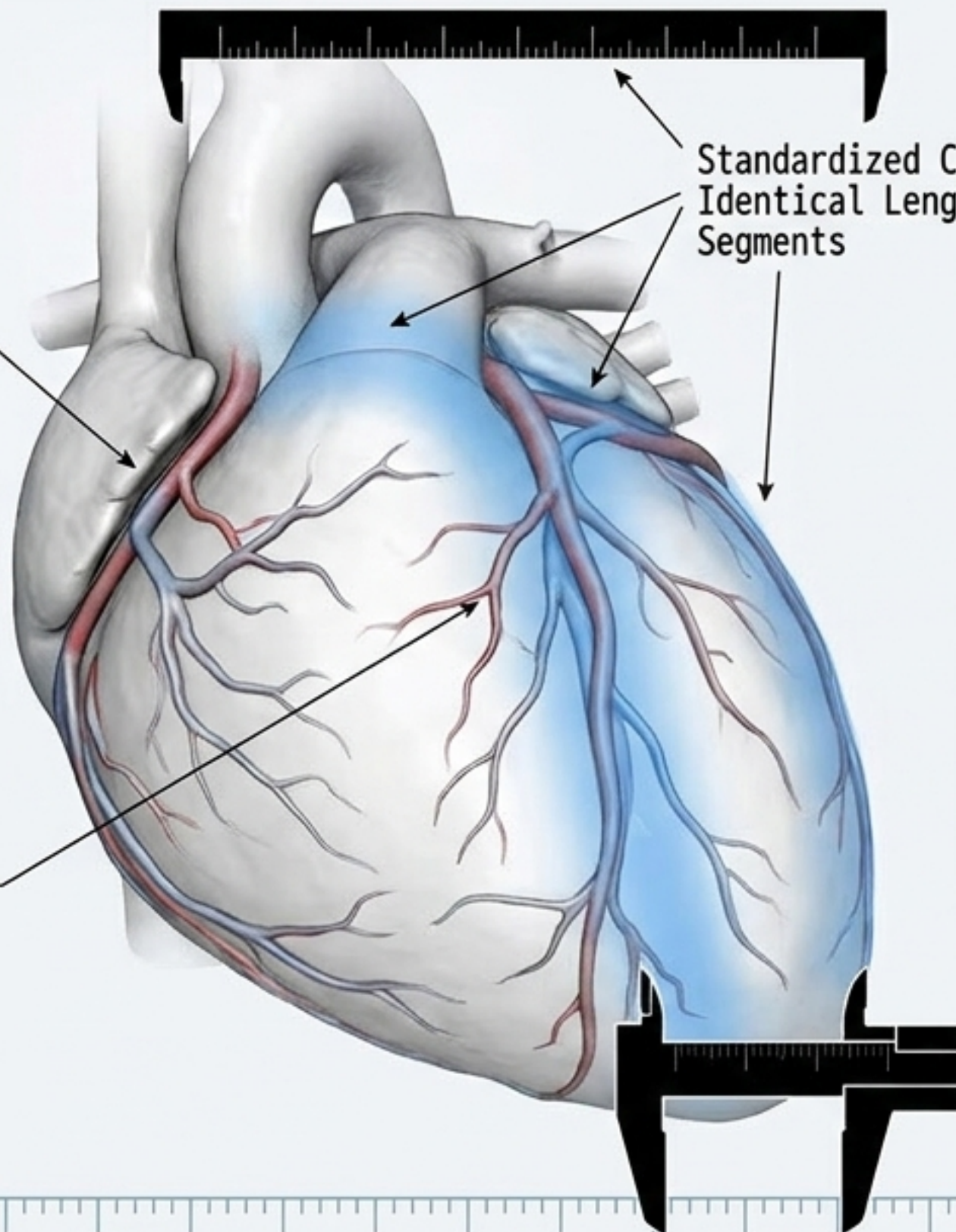
Standardized Calibrated
Identical Length
Segments

CONCLUSION: SYSTEMIC BIOLOGICAL HEALING

This generalized improvement rules out mechanical intervention or pathological dilation (ectasia).

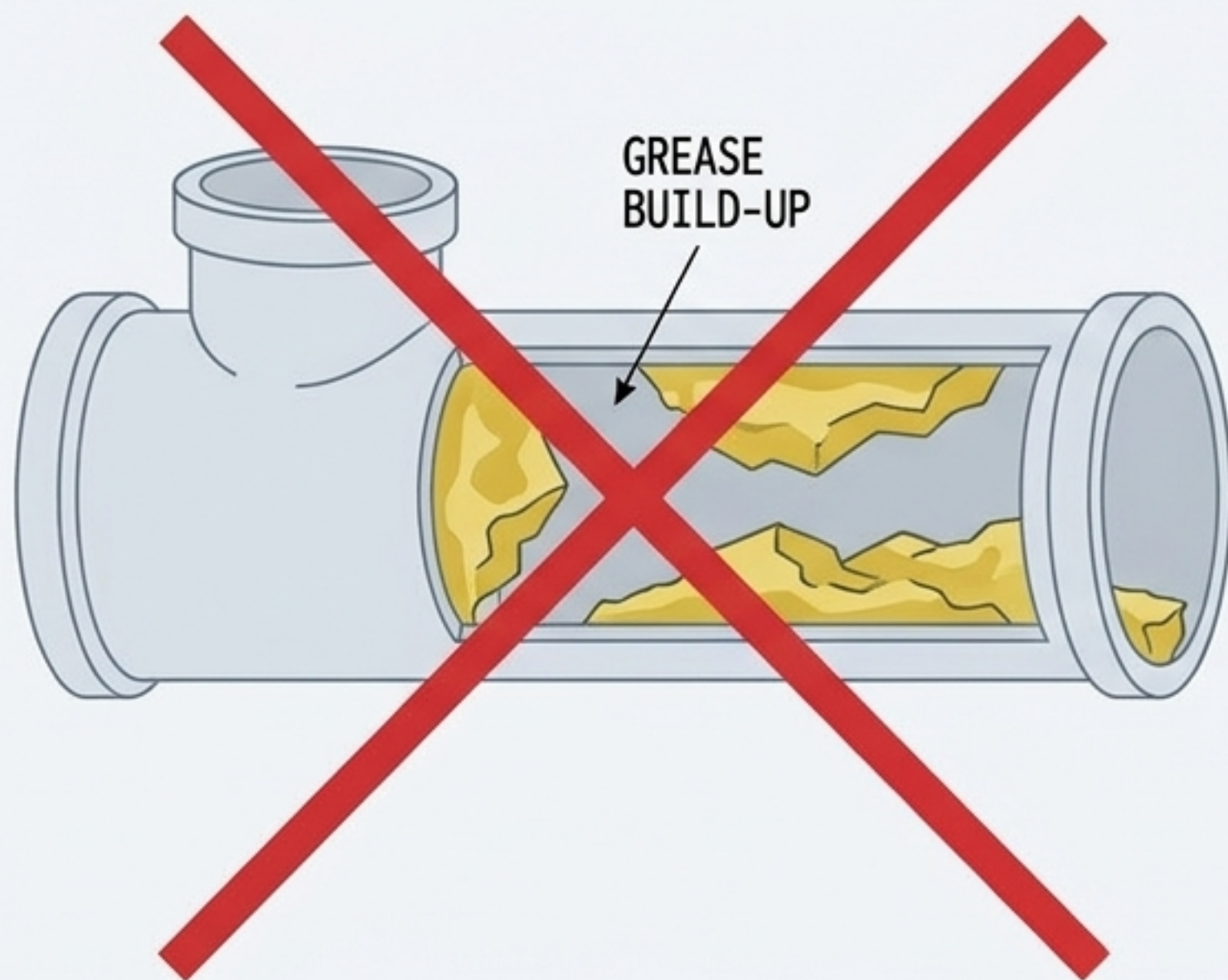
It is undeniable evidence of systemic biological healing.

VERDICT: CONFIRMED POSITIVE REMODELING (DIFFUSE)



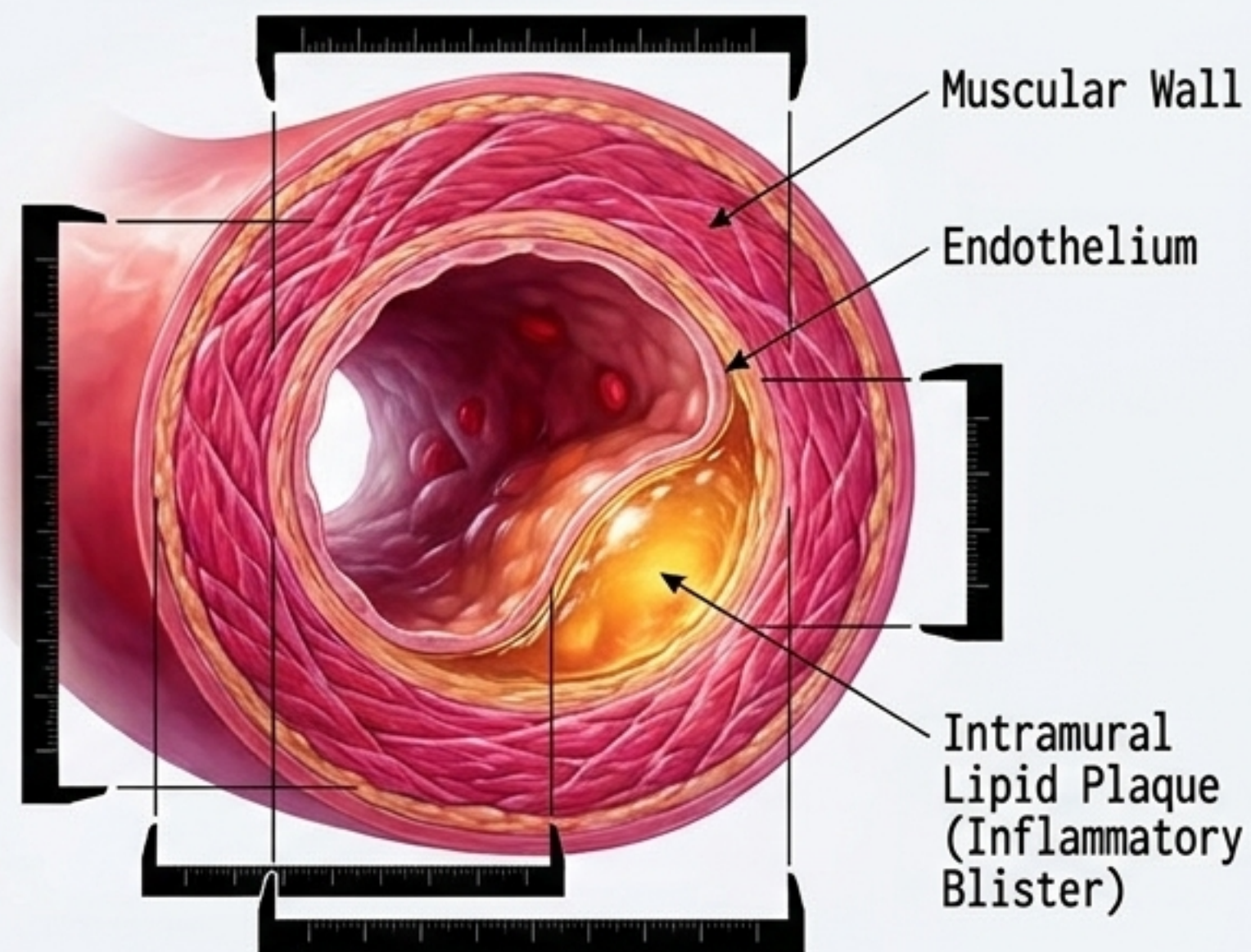
Plaque is not sludge stuck in a pipe; it is an inflammatory blister within a living wall.

The False Assumption (Plumbing)



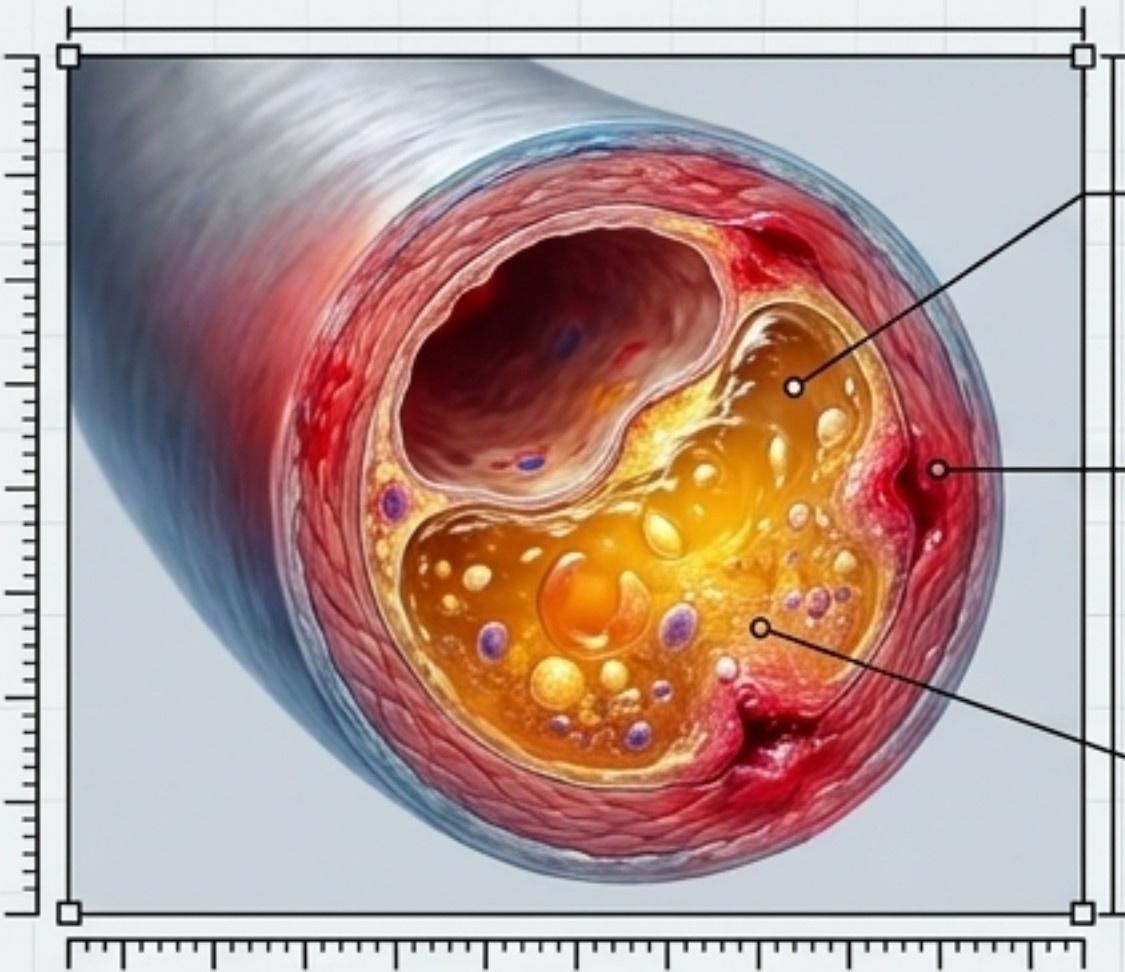
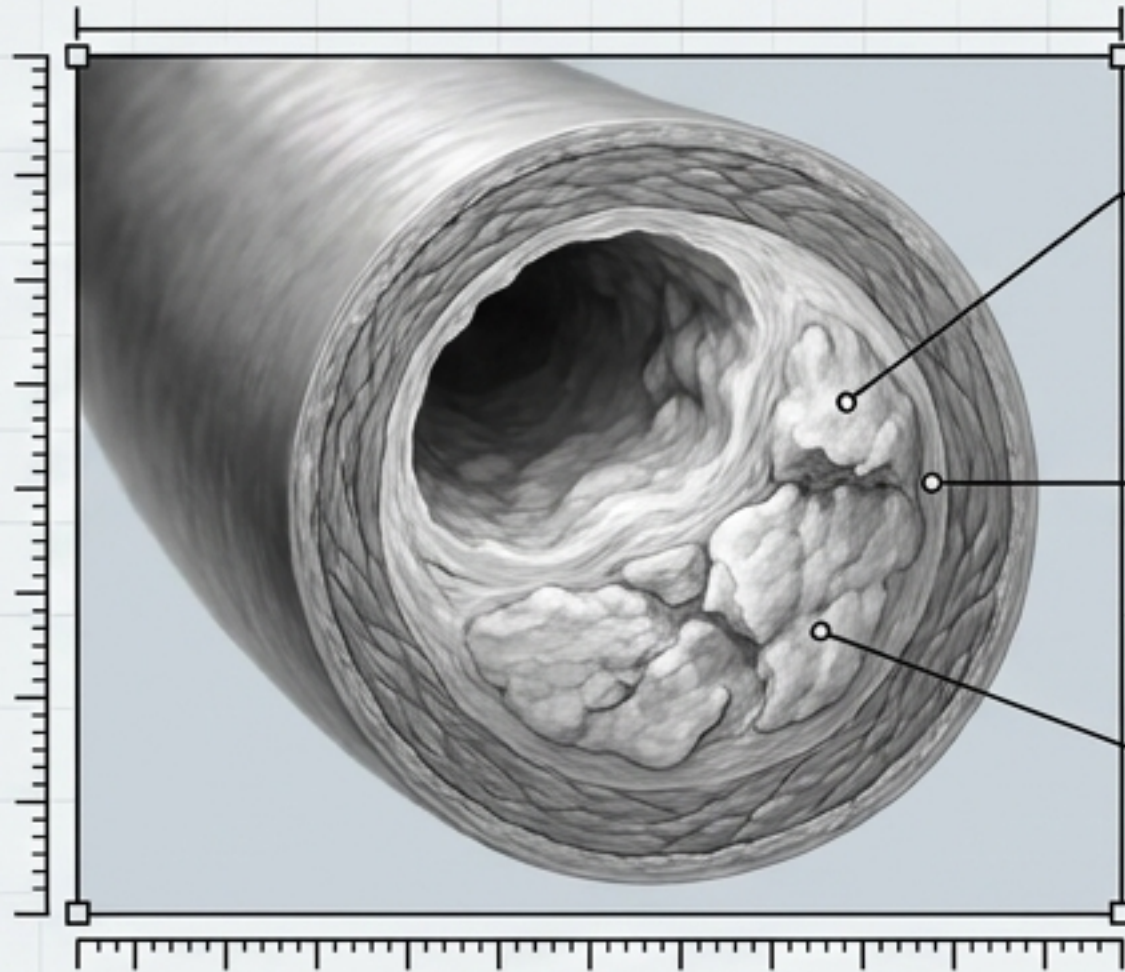
Coronary artery disease is frequently misunderstood as a mechanical plumbing issue, where sludge simply builds up inside a hollow tube.

The Biological Reality (Living Tissue)

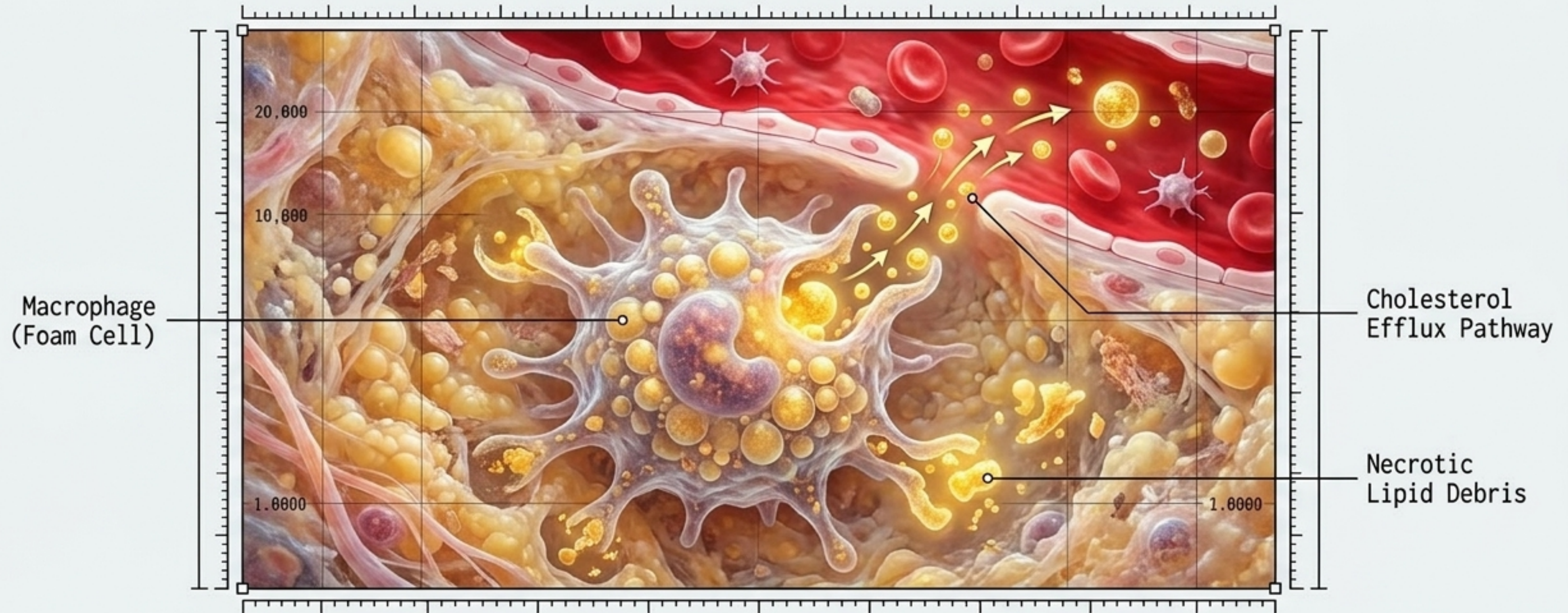


Regression is not the mechanical act of “flushing a pipe,” but the biological process of “healing a scar” and reducing swollen inflammatory content from within the vessel wall.

The highest-grade blockages are often the most reversible if they are lipid-rich.

The Active Volcano (Vulnerable Plaque)	The Fossil (Stable/Calcified Plaque)
 Liquid Lipid Core Active Inflammation Highly Responsive to Treatment The First Diagonal Branch reversed a 65-point occlusion. This profound magnitude of change proves the original lesion was a vulnerable, lipid-rich plaque, uniquely capable of rapid shrinkage under intensive therapy.	 Dense Calcium Deposits Thick Fibrous Cap Refractory to Reversal Calcified or dense fibrotic lesions represent older, highly stabilized disease. They are structurally sound but mechanically rigid, making them highly resistant to biological shrinkage.

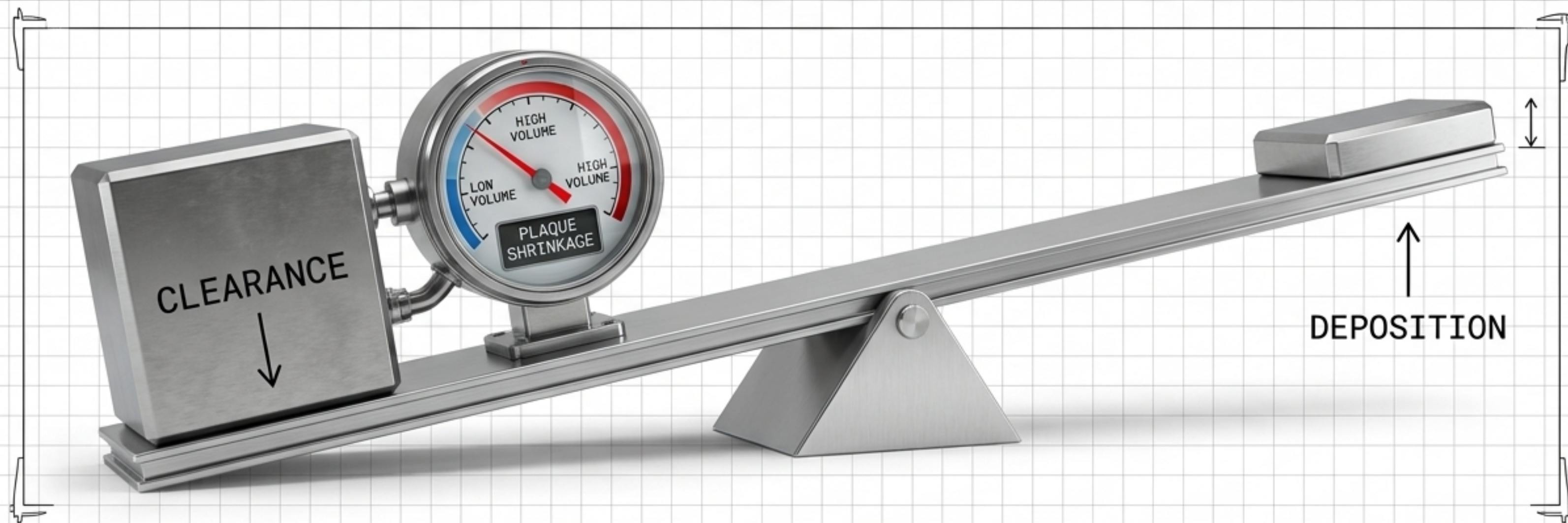
Cholesterol efflux: The cellular cleanup crew driving atheroma volume reduction.



The Mechanism: Plaque regression requires a net reduction in Percent Atheroma Volume (PAV). This structural shrinkage happens when the body increases its capacity for cholesterol efflux—clearing necrotic cell fragments and lipid debris out of the foam cells and into the bloodstream faster than they can accumulate.

Sustained plaque shrinkage requires tipping the metabolic equilibrium.

$$\left[\begin{array}{c} \text{Clearance} \\ \text{Rate} \end{array} \right] > \left[\begin{array}{c} \text{Deposition} \\ \text{Rate} \end{array} \right] = \text{Net Negative Atheroma Volume}$$



The therapeutic environment must achieve a state where the rate of cholesterol cleared from the vessel wall continuously outpaces the rate at which new cholesterol is deposited from the bloodstream. This sustained net negative accumulation physically shrinks the plaque.

Intensive Lifestyle Modification (ILM) is the primary trigger for profound biological healing.



Dietary Protocol

Whole foods, plant-based diet, kept very low in both added fat and sugar to drastically reduce systemic lipids.



Physical Conditioning

Moderate, regular cardiovascular exercise to improve endothelial function and blood flow.



Stress Regulation

Structured stress management techniques, such as yoga and meditation, to lower cortisol and inflammation.



Social Infrastructure

Enhanced social support systems designed to ensure strict, long-term adherence to the protocol.

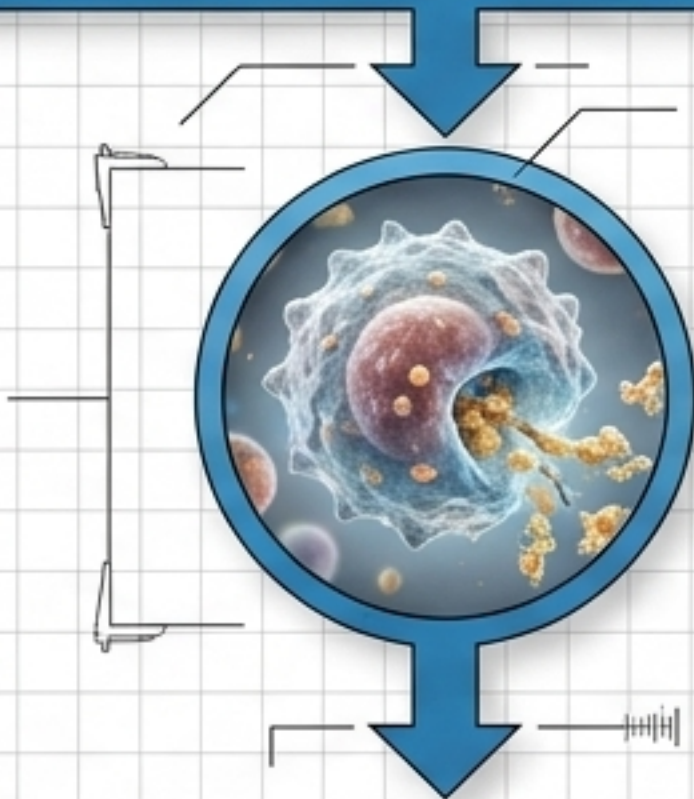
The generalized multi-vessel improvement seen in the Megdal angiogram is a hallmark outcome of highly efficacious ILM programs. Four years of sustained regression serves as objective proof of strict, long-term adherence to this rigorous regimen.

The Cascade of Coronary Reversal

The Input:
Behavioral Protocol



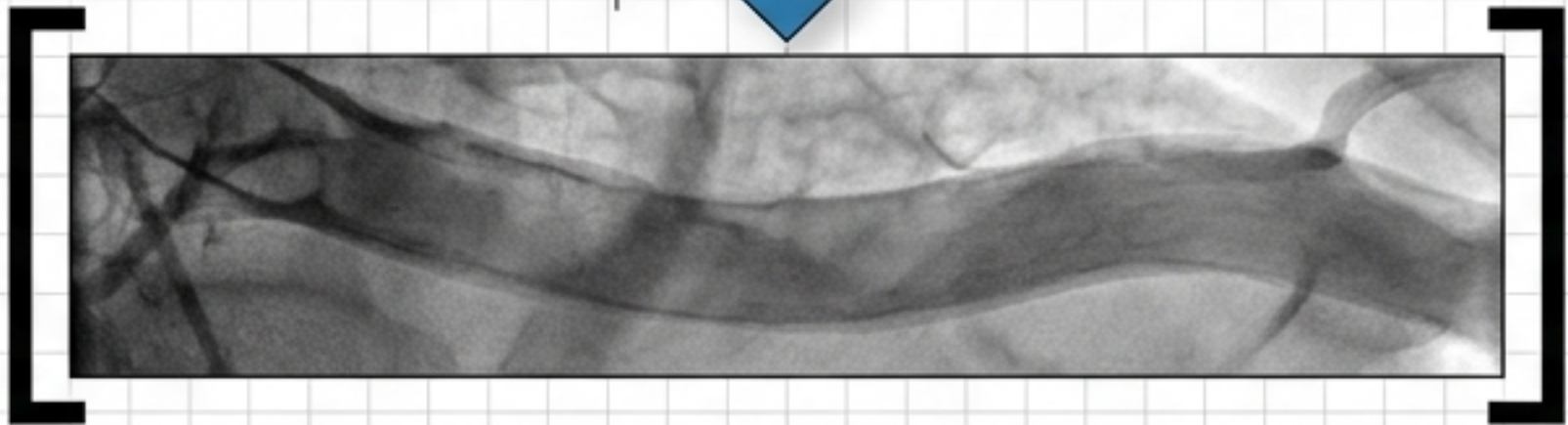
The Engine:
Cellular Biology



[Clearance] > [Deposition]

Cholesterol efflux exceeds deposition, generating a net negative atheroma volume.

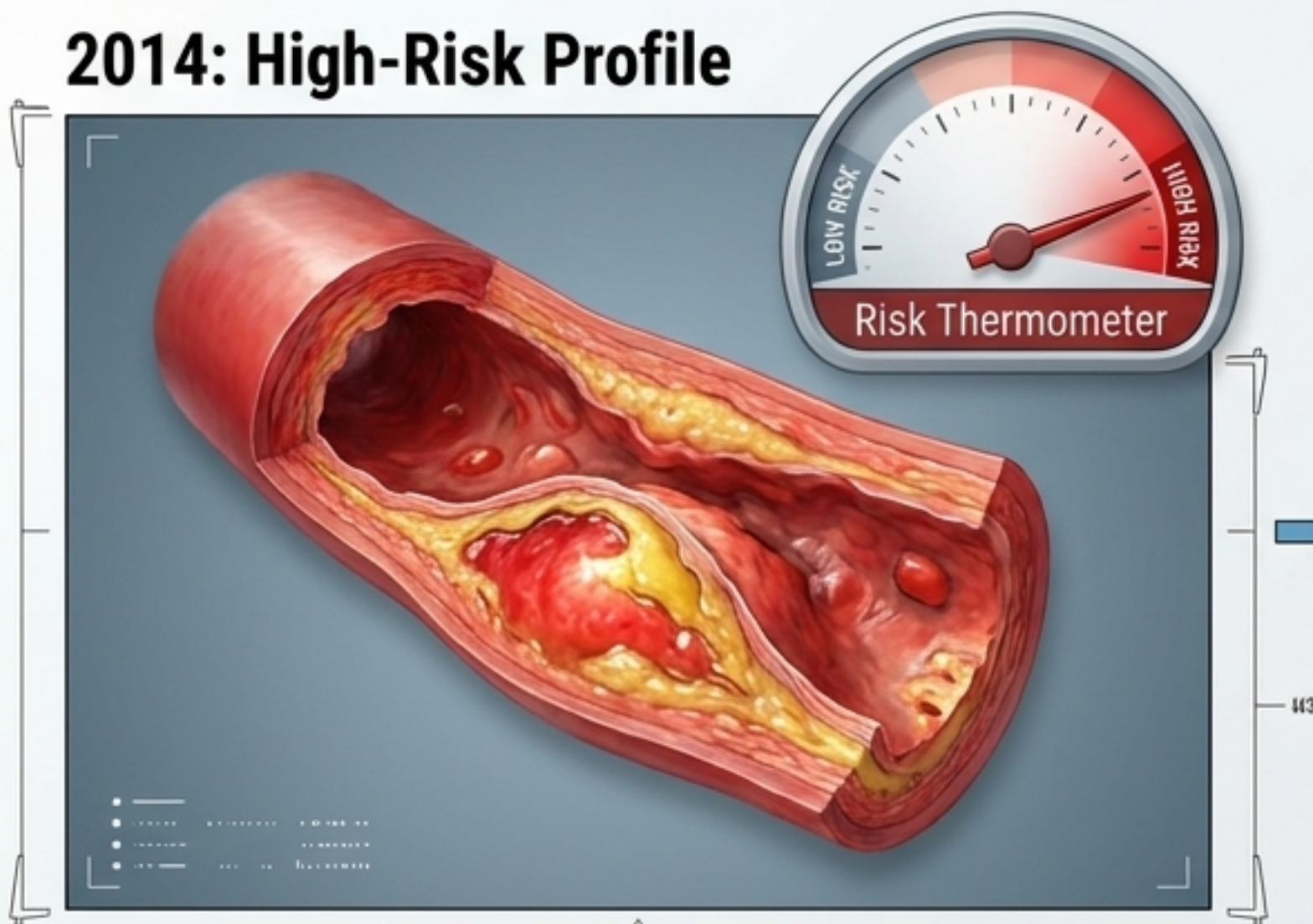
The Output:
Macro-Anatomy



The arterial wall physically heals and shrinks, restoring full blood flow without mechanical intervention.

Plaque stabilization drastically reduces the odds of future cardiovascular events.

2014: High-Risk Profile



Unstable, lipid-rich, rupture-prone lesion.

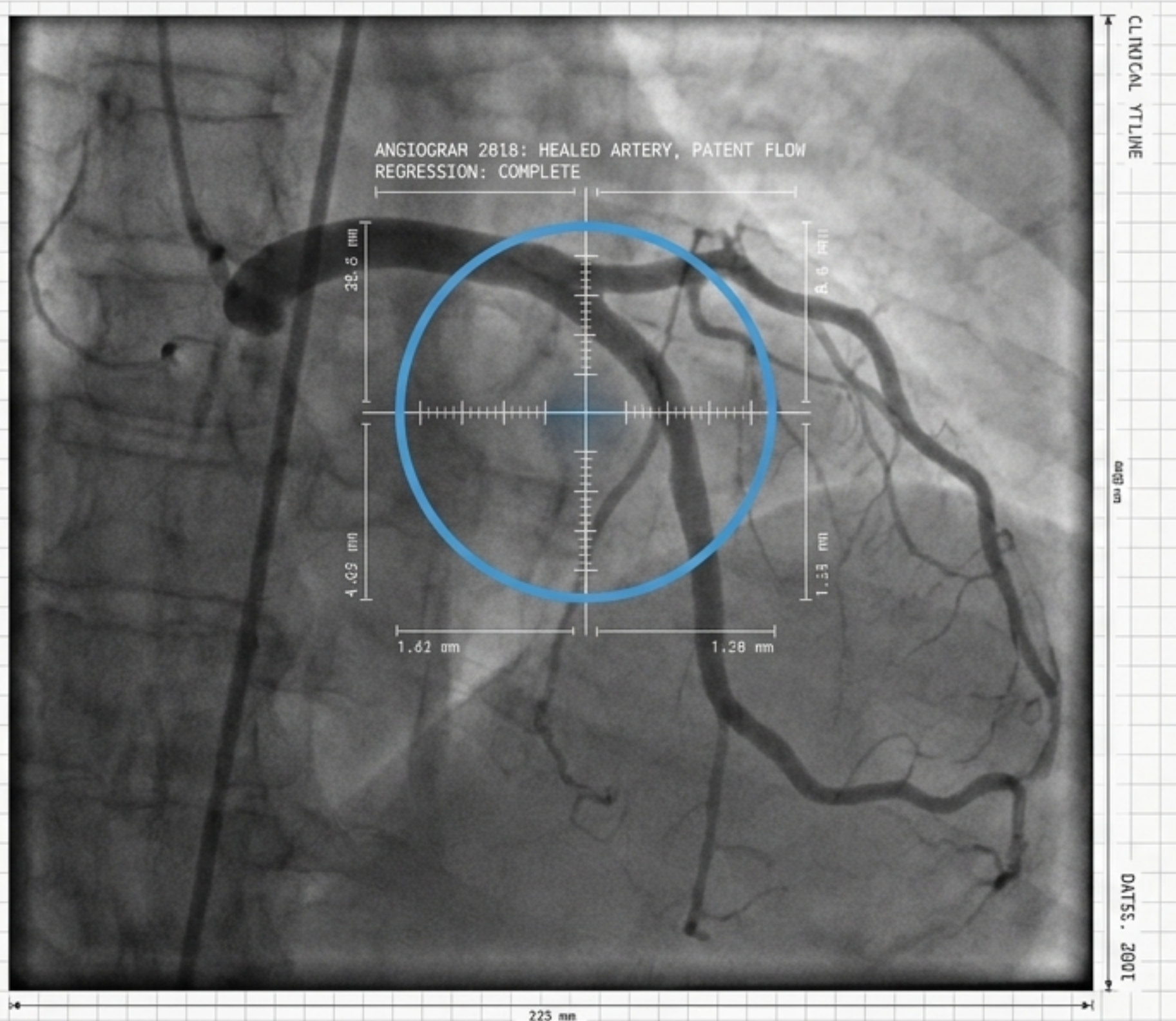
2018: Low-Risk Profile



Biologically defused, stabilized, and structurally reduced lesion.

The Meta-Regression Statistic: Every 1% reduction in Percent Atheroma Volume (PAV) directly associates with a 20% reduction in the odds of Major Adverse Cardiovascular Events (MACE). The structural regression visually evident in the angiogram signifies an exponential drop in mortality risk.

Treating the biology, not the pipes.



The Megdal Serial Angiogram demonstrates that with rigorous lifestyle modification, the highest therapeutic outcome—structural regression of coronary artery disease—is not an anomaly.

“It is a biological capability.”

END OF CLINICAL REVIEW

SOURCE: CURINGHEARTDISEASE.COM

PETER NEGDAL, PHD *PJL* DATE: OCT 26, 2024