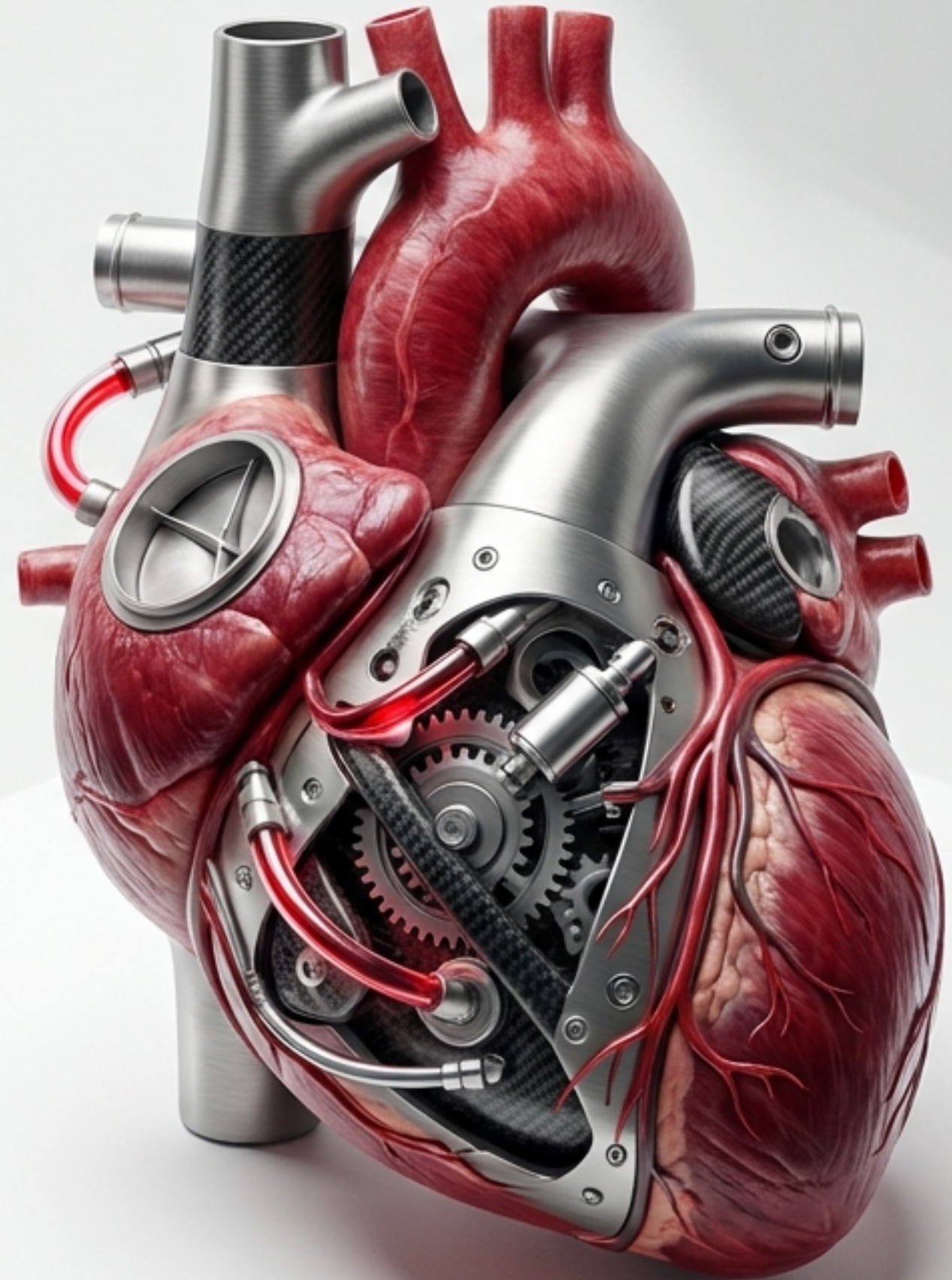


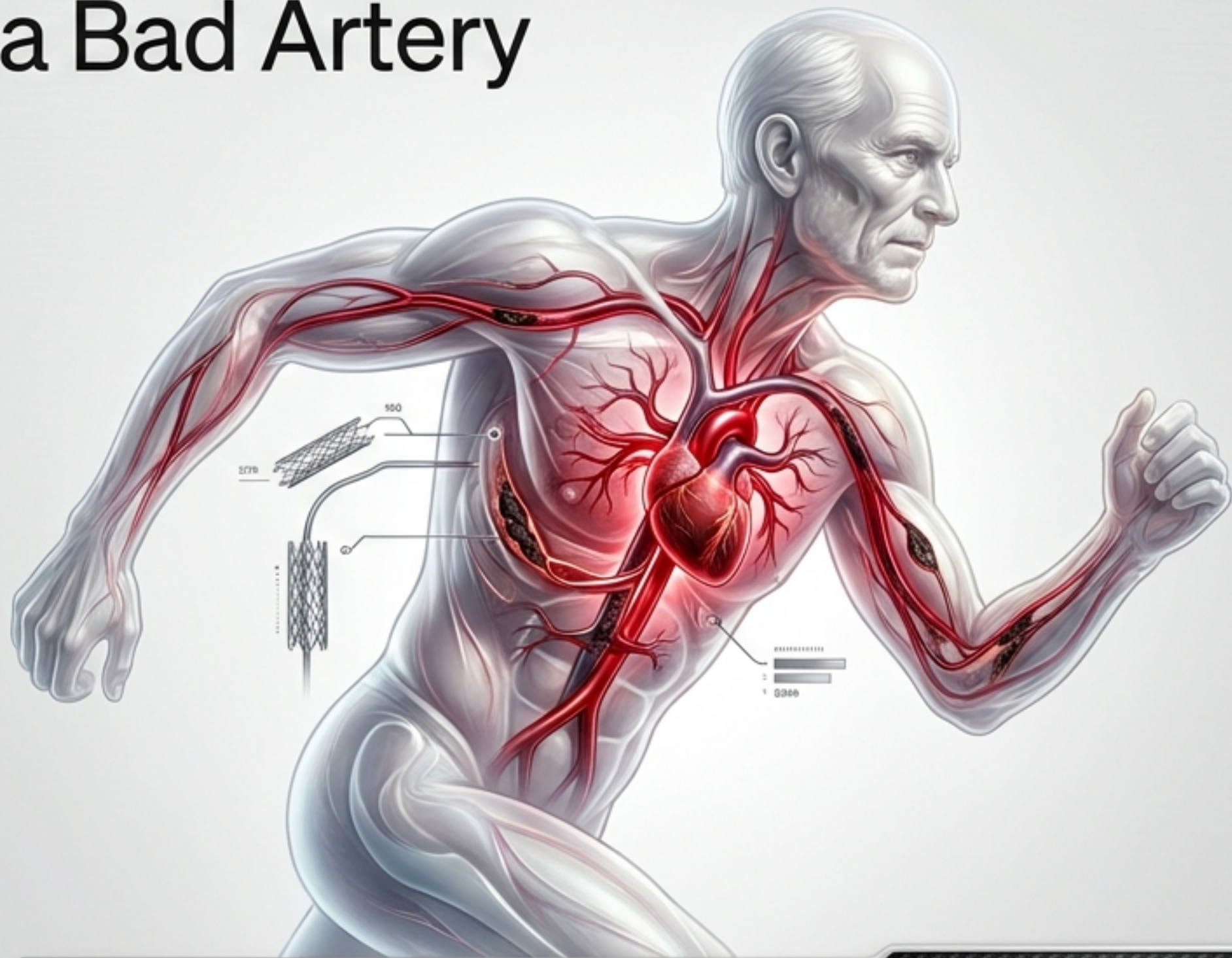
The Athlete's Hidden Heart

How state-of-the-art science and intensive plant-based nutrition reversed 'permanent' coronary artery disease.

N-of-1 Clinical Case Study /
Reporting Standard: CARE Guidelines.



You Cannot Out-Train a Bad Artery



System Failure

655,000

Americans die from heart disease each year.



The Silent Threat

1 in 5

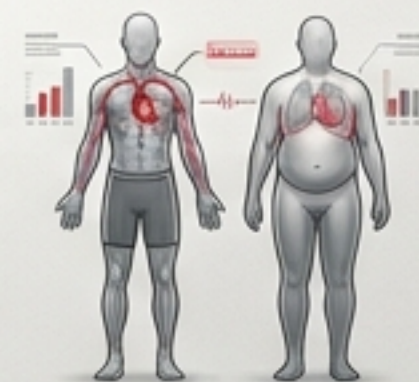


Heart attacks are entirely silent—the structural damage occurs without the person ever knowing.

The Paradox

Elevated Risk

Veteran endurance athletes frequently carry a coronary plaque burden equal to, or exceeding, their sedentary peers.



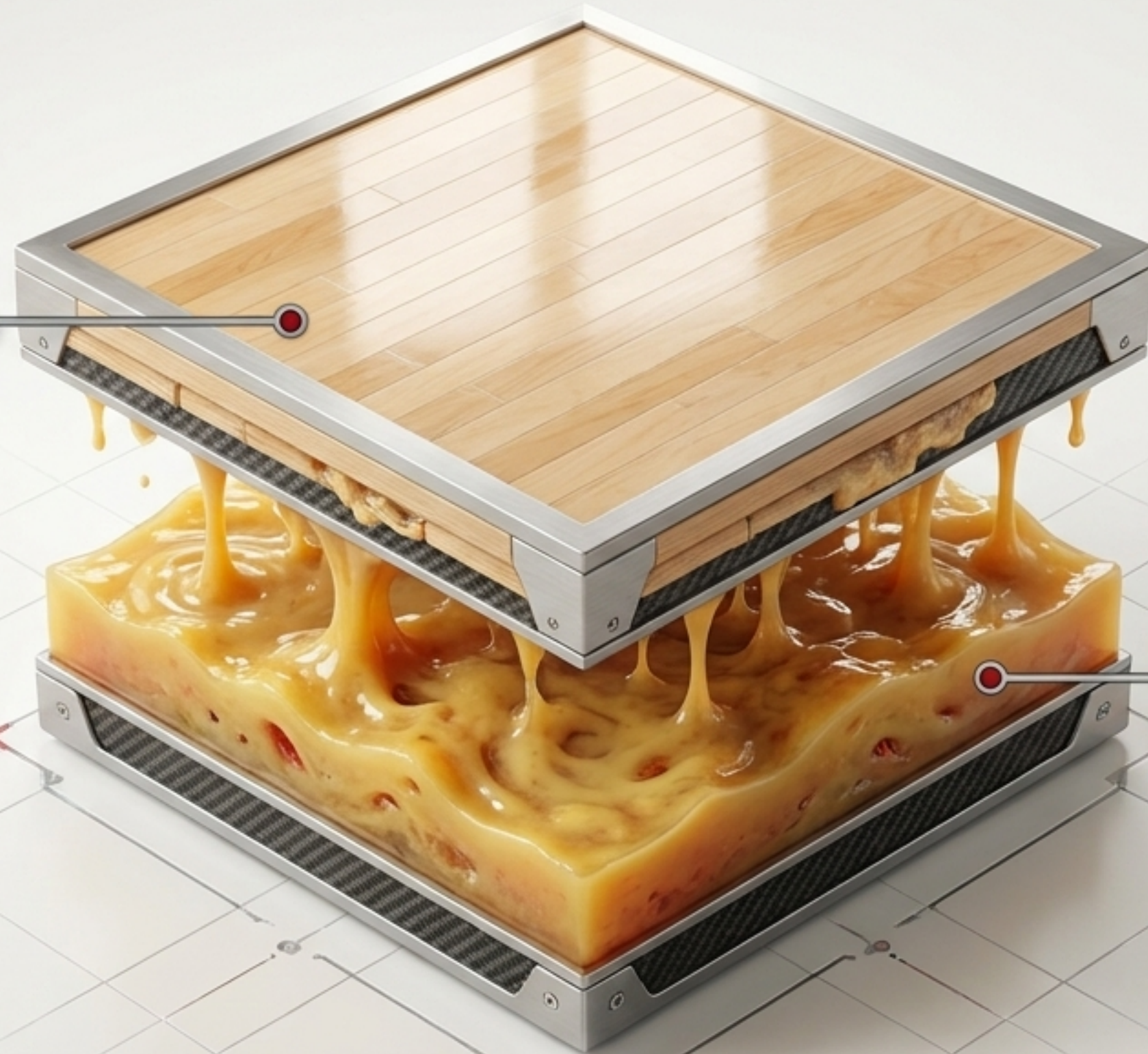
Physical fitness masks the structural reality of the artery. A high-performance engine can still have fundamentally compromised fuel lines.

The Illusion of the 'Zero' Score

The Hard Rock (Surface)

A Coronary Artery Calcium (CAC) scan only measures calcified plaque.

A zero score feels like a definitive victory—the surface is shiny and clean.



The Dirt Under the Rug (Subsurface)

The test entirely misses non-calcified, soft plaque.

This hidden, unstable lipid pool is what actually ruptures and triggers a sudden heart attack.

The Disconnected Warning Light



1. The Choke Point

Arterial blockages cause ischemia (oxygen starvation) during heavy exertion.

This structural failure should trigger severe chest pain (angina).

2. The Chemical Override

High-volume endurance exercise creates "exercise-induced hypoalgesia."

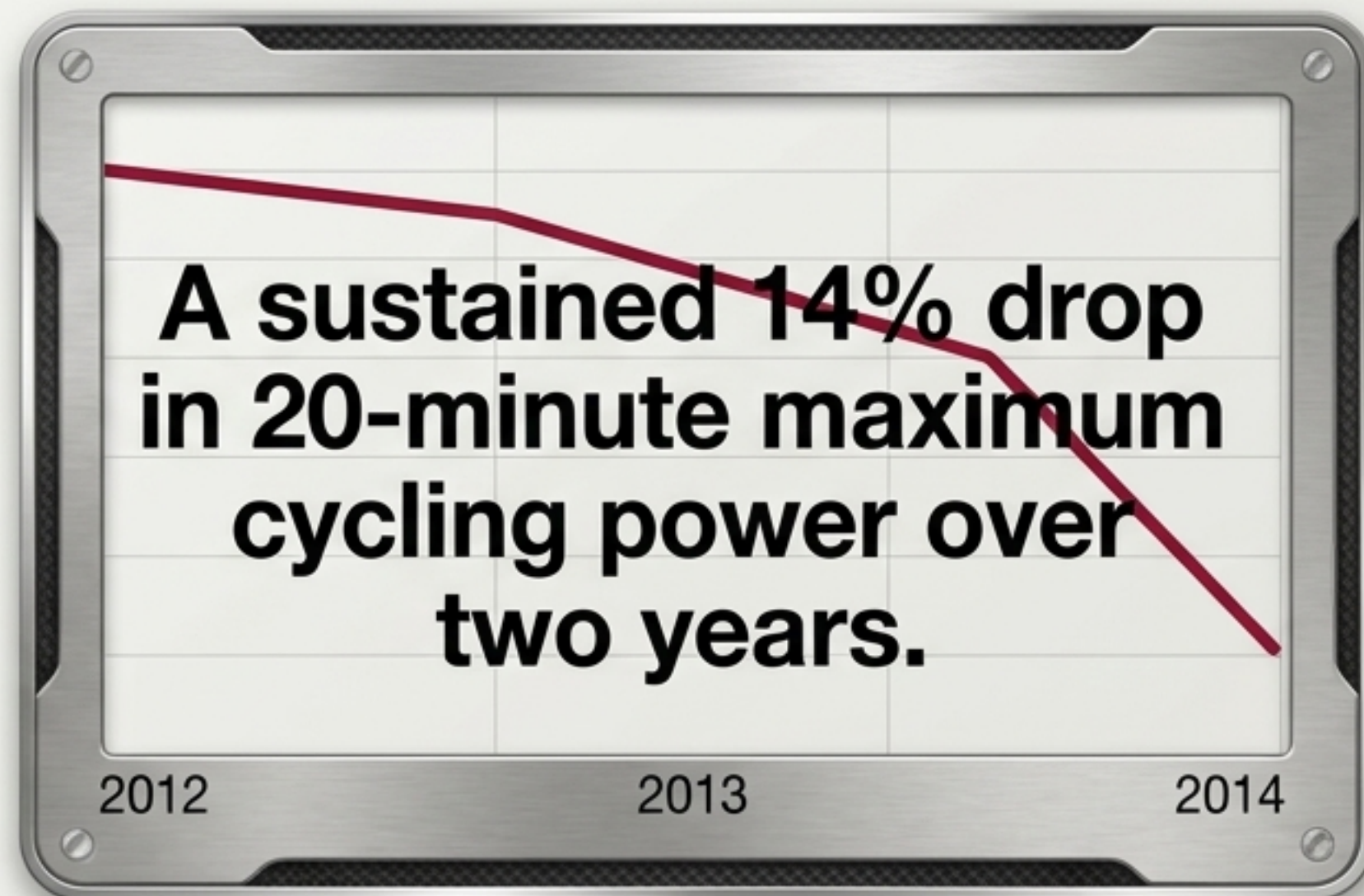
The athlete's body pumps out massive doses of natural painkillers and endocannabinoids.

3. The Deadly Secret

These chemicals physically sever the communication wire.

The athlete feels absolutely no pain, fatally masking the choking artery until absolute peak workload is reached.

The Sentinel Symptom



Subject:

Dr. Peter Megdal, PhD.
55-year-old elite
competitive cyclist.

Lipids:

'Excellent' by standard
primary-care medical
metrics.

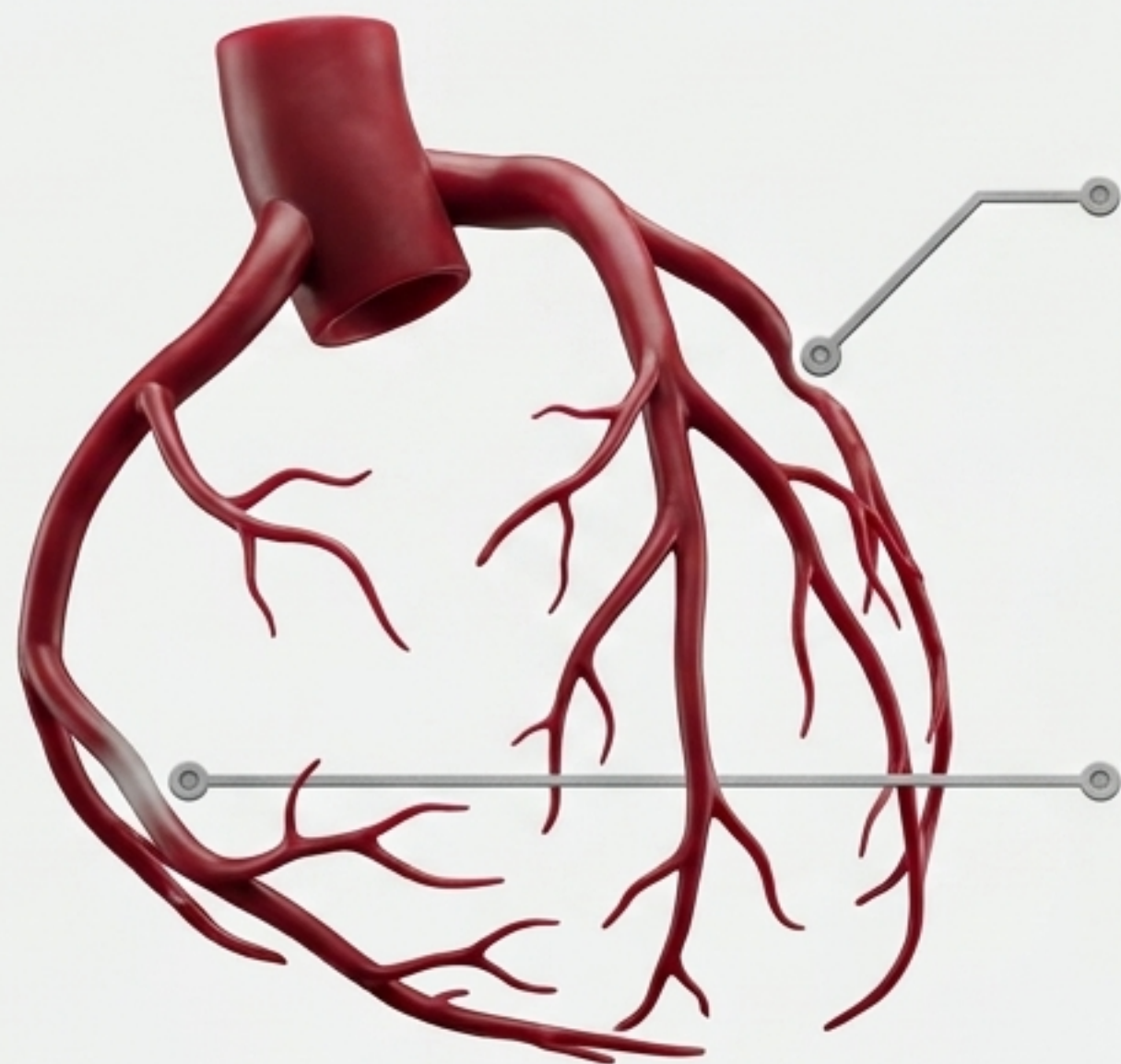
Lifestyle:

Flawless. No smoking,
low alcohol, extreme
daily fitness.

Angina:

Zero. No chest pain.
No breathlessness. Just a
mechanical loss of power.

Mapping the Structural Failure



First Diagonal Branch (D1)

100% Occluded.

A chronic total occlusion. Bypassed only by tiny, inadequate bridging collaterals. Deemed inoperable.

Right Coronary Artery (RCA)

65% Tandem Blockage.

The dominant lesion restricting major flow.

Result: The invasive angiogram revealed multivessel coronary artery disease. A 4.0mm x 38mm drug-eluting stent was deployed into the right coronary artery.

The Illusion of the Localized Fix



The Physiological Reality

Pre-Stent Aerobic Capacity ($\dot{V}O_2$ Max):	54.8 mL/kg/min
Post-Stent Aerobic Capacity ($\dot{V}O_2$ Max):	52.0 mL/kg/min

A stent is a localized plumbing fix for a systemic biological disease. Following the procedure, Dr. Megdal's aerobic capacity paradoxically dropped. The stent solved one bottleneck, but it did not cure the diseased endothelium of the entire vascular network.

The Burden of the Surplus

The Reality

The average adult carries 5.6 grams of cholesterol in their plasma at any given moment—the exact weight of a U.S. nickel.



The Requirement

To maintain structural integrity and cellular function, the human body actually only needs 1.5 to 2.7 grams.



The Mechanism: The massive, lifelong two-to-four-fold surplus is not inherently toxic, but its sheer volume and pressure forces it to be driven deep into the arterial walls, creating plaque. To reverse the disease, the surplus must be aggressively extracted.

The Triad of Reversal

1. Plant-Based Nutrition

Specs: 10% fat, 0mg dietary cholesterol.

Mechanism: Halts the introduction of new arterial injury.

2. Aggressive Lipid Therapy

Specs: PCSK9 Inhibitor (Evolocumab) + Niacin.

Mechanism: Actively extracts the existing cholesterol surplus, driving LDL down to biological minimums.

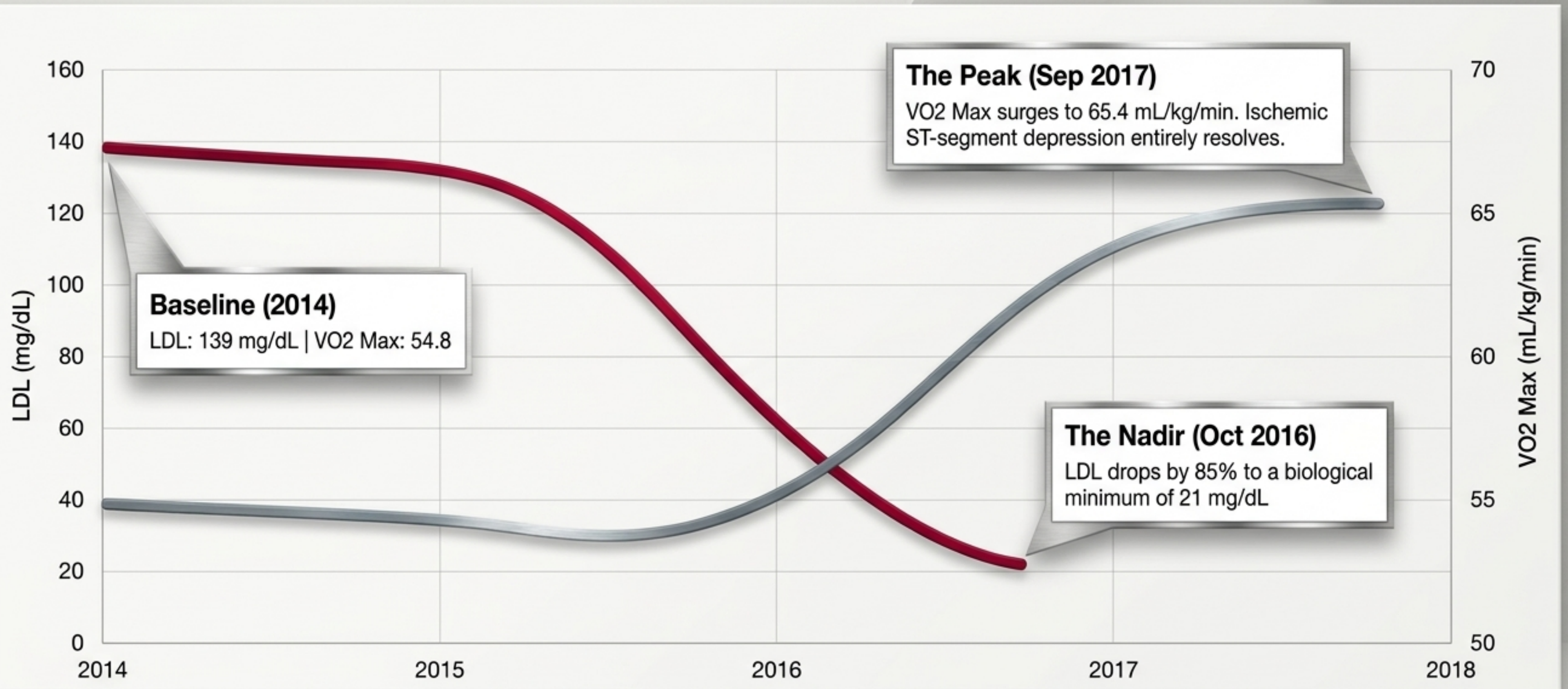


3. Sustained Endurance

Specs: 6-10 hours/week, >2,200 kcal/week.

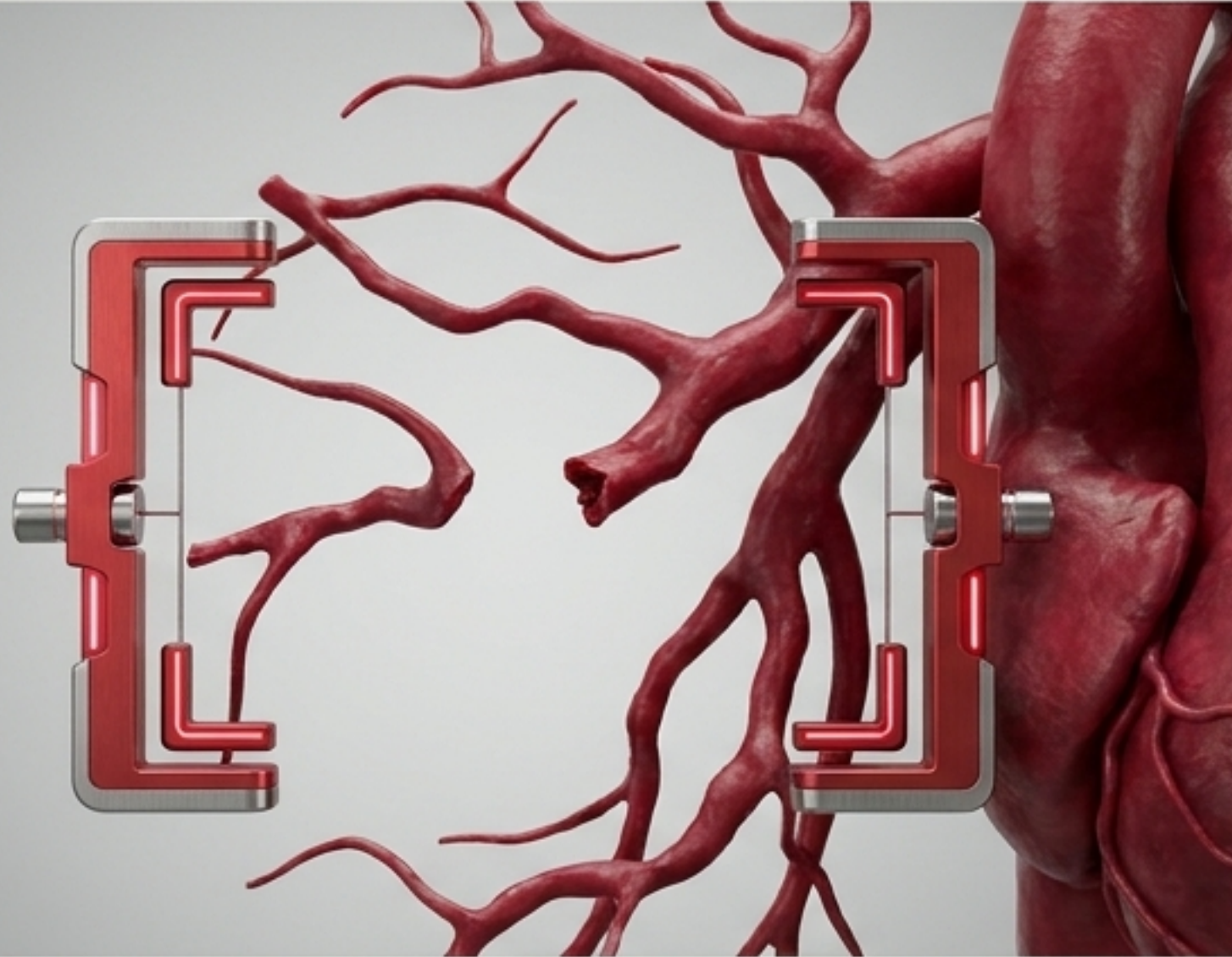
Mechanism: Forces endothelial healing and expands collateral vessel networks via high shear stress.

The Quantitative Transformation (2014 - 2018)

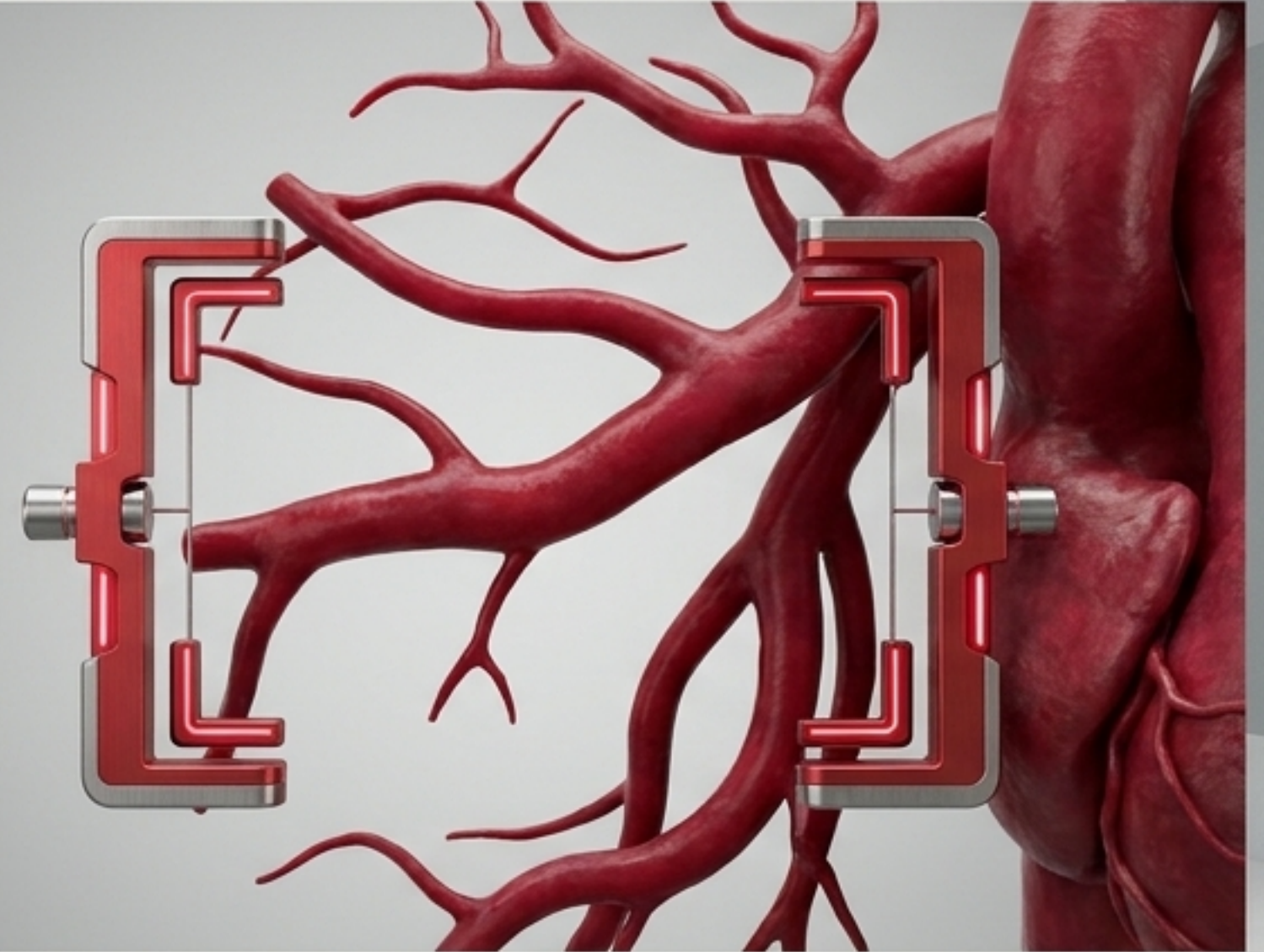


Conclusion: Athletic performance didn't just recover—it surpassed baseline, leading to a National Record and 4th place at the World Championships.

The 'Impossible' Angiographic Reversal



2014 Angiogram



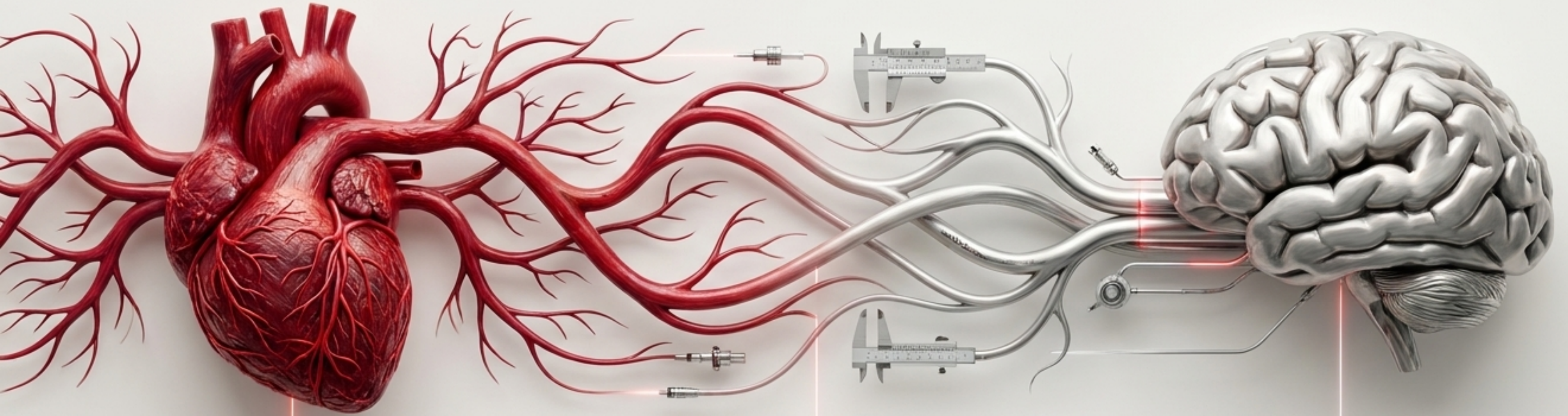
2018 Angiogram

Four years later, without a stent or bypass in that specific vessel, the 100% occluded artery had re-opened (recanalized). Furthermore, the calibrated reference segments proved generalized widening of the arterial tubes across the entire network—the atheroma had regressed.

Standard Care vs. Intensive Reversal

	Standard Care	Intensive Reversal Protocol
Goal	Symptom Management & Stabilization	Actual Disease Reversal
Lipid Target	LDL < 70 mg/dL	ApoB/LDL < 30 mg/dL (via PCSK9)
Nutrition	“Heart Healthy” Mediterranean (modest fat)	Strict WFPB (10% fat, 0 cholesterol)
Plaque Outcome	Disease stabilization / calcification	Active lipid extraction and atheroma regression
Athletic Performance	Often depressed or permanently limited	Restored to world-class physiological peaks

Beyond the Heart: The Systemic Defense



The Brain

Alzheimer's may start in the arteries. Protecting the vascular endothelium in midlife is a profound defense against cognitive decline.

The Liver & Kidneys

The toxic burden of ApoB particles damages micro-vasculature across all major organ systems, not just the heart.

The Unified Theory

The body is a single, continuous, high-pressure hydraulic system. Healing the engine's primary fuel lines simultaneously rescues every downstream system.

Decoding the Leading Edge of Cardiovascular Science



The Mission

To make state-of-the-art, evidence-based information on heart disease reversal accessible to the public.

What We Provide

Curated education on cardiovascular health, diet, and lipid pharmacology.

Frameworks for organizing complex health information.

Strategic preparation assistance for high-stakes medical appointments.



Join the Pursuit of Reversal

Subscribe to our newsletter at **curingheartdisease.com** to receive the latest research, detailed case studies, and access to our **AI research assistant**.

Curing Heart Disease, LLC provides educational and advocacy services only.

We utilize the best available science to decode cardiovascular health, but we do not diagnose, treat, cure, or prevent any disease.

This presentation is for informational purposes and is not a substitute for professional medical advice. Always consult a licensed physician regarding treatment decisions.