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This is a Revolution= An Innovative Medical Treatment (Erzengin's Solutions) for Arteriosclerosis Obliterans

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Abstract Now after that, atherosclerosis can be treated completely by our spectacular solutions . This is a great invention in medicine. Our solutions; one of which is Erzengin's solution I (ES-I) effects on all atherosclerosis obliterans by only medically, such as coronary atherosclerosis and peripherial atherosclerotic disease. The other solution complexes (Erzengin's solution II and III are also effective in Diabetic and atherosclerotic arterial foot diseases, Parkinsonizm and essential tremor, stroke, diabetic retinopathy, and impotence, such as arterioles-venules-capillary level diseases acutely. We strongly proved that these solutions will be breakthrough in medicine. It was also observed that our innovative combined drugs (Erzengin's solutions) are able to prevent the formation of atherosclerotic and calcified plaque of arteries, and to regress pre-existing ones (Chronical treatment). We have completely treated 22222 cases totally by Erzengin's solution I (21947 patients), and Erzengin's solutions II and III (275 patients), successfully.

Keywords Innovative medical treatment for coronary atherosclerosis, Erzengin's solutions (ES-1, II, III), Current medical treatment for coronary atherosclerosis

1. Introduction

Atherosclerosis is a most common life-threatening process. The term atherosclerosis refers to the thickened and hardened lesions, which have lipids and calcifications in the intimae and media of elastic and muscular arteries. Today, it is known that atherosclerosis begins as early as fetal life, especially in the fetuses of hypercholesterolemic parents [1]. Formation and progression of atherosclerotic plaques and calcifications in all arterial beds of intimae have been well documented by many authors, such as Fuster and Falk [1-3], who subdivided the formation and progression of these plaques into several phases (Figure 1).

As we know, the formation of atherosclerosis clearly described in classical medical literature and our published studies [4-5]. New sophisticated techniques it has been well documented that, such as MSCT method (640 slice) showed that formation and localization of the atheroma. On the other hand making a comparison between MSCT, coronary angiography, perioperative findings and histopathological data which detected by light and electron microscopy and environmental SEM (By using a microtome, slice samples can be taken, across the walls of samples classical histopathological routine investigation and addition to chemical analysis can be taken by means of energy dispersive X-ray mobile monitoring the surface of specimen by SEM).

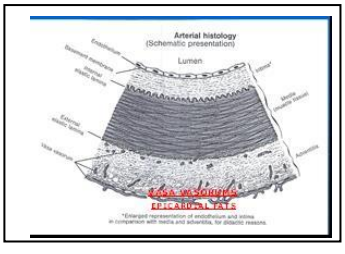

Figure 1. This figure shows arterial structures such as epicardial fats tissue, vasa vasorums and tunicas of an artery

Until now, atherosclerosis have been tried to treat by many procedures. In spite of the fact that this life-threatening condition has never treated successfully. Since years, treatment of the atherosclerosis was taught to

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be impossible. Bypass surgery and stent implantation are only time-saving treatments for patients. At the end, patients would die. Despite all this, we have been strongly demonstrated that It is possible to stop and completely cure of atherosclerosis by only medically with our solution combinations. This innovative therapy is a revolution in medicine. In our previous publications, we published a very wide range of etiopathogenesis and types of atherosclerosis [4-8]. In this study, we aimed to determine which layer of the atherosclerotic artery is involved in this process, stopping it, regresing it and curing totally. In this case, we found the combination of these treatments, and we reached a definite result only with this combinations of solutions (ES-I, II, III) in our 22222 patients to whom advised immediately CABG surgery by cardiologists and cardiac surgeons. In other words, after our drug combination treatment, bypass operations will be history.

Objective: The aim of this study is to cure the helpless diseases which are atherosclerosis obliterans such as coronary atherosclerosis and peripherial arterial atherosclerotic disease, and also Parkinsonizm and essential tremor, complications of diabetes mellitus such as Diabetic foot, stroke, retinopathy and kidney diseases etc.

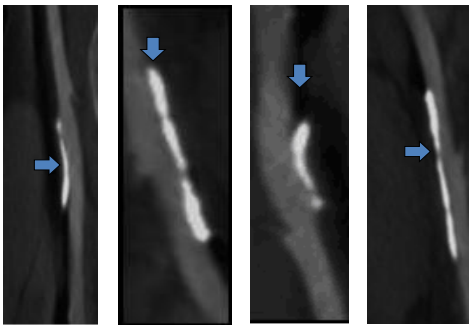
2. Material and Methods

Before the date of 7.7.97, the ethics committee approval was obtained from the ethics committee of Istanbul University and then this study was started. Before clinical studies, randomized double blind placebo controlled experimental animals (preclinical studies) were studied and the results were statistically significant. We examined coronary atherosclerotic calcifications and modern current treatment in 22222 patients at Istanbul Medical Faculty by using randomized double-blind controlled placebo studies, and focused in particular on adventitial localization since 07.07.1997. In this context, four different consecutive cases (Fig.4-6) were investigated by MSCT 640 and conventional coronary angiography. In comparison with IVUS, Stephan Achenbach et al found a sensitivity of 82% to detect coronary artery segments containing atherosclerotic plaque in patients without significant coronary artery stenosis [4]. MSCT might be useful for the characterization of human coronary plaque morphology by non-invasively determining tissue density within the lesion [9-12].

On Figure 2, the adventitial atherosclerotic calcifications (atheromatous components) on the femoral arteries of Guinea pig, rabbit, goat and mouse have been shown.

In the third figure (Fig. 3), a soft plaque of atheroma on the right coronary artery of adventitia takes place.

In the Figure 4, the atherosclerotic soft and vulnerable plaque (atheromatous component) starting from adventitia of the mid segmental part of the Left Anterior Descending (LAD) artery and multiple small adventitial calcifications were shown that just beneath the subepithelium of the adventitia on the (LAD).



a) b) c) d)

Figure 2. Adventitial atherosclerocalcifications (atheromatous components) of on the femoral arteries of a) Guinea pig, b) Rabbit, c) Goat, d) Mouse. The grey areas are soft plaque (lipids core), the white areas are calcified plaques

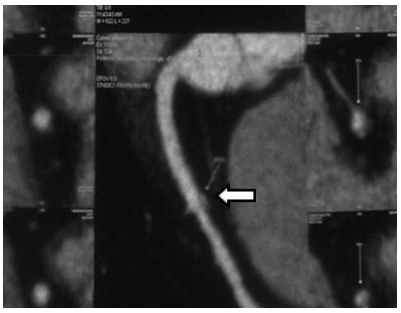


Figure 3. Adventitial soft plaque on the right coronary artery of a 48 years old man (is shown white arrow)

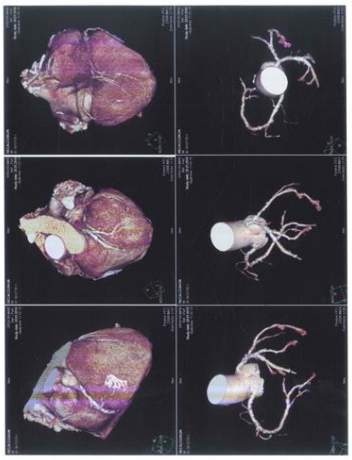


Figure 4. Multi-size adventitial atherosclerocalcifications on the LAD and Cx arteries

Table 1. The combinations of Erzengin's Solution and usages

Combinations	Usages
ES-I	Coronary arterial disease
ES-II	Diffuse atherosclerosis obliterans
ES-III	Vascular brain disease

In our study, three different solutions were used. ES-I was used in treatment of coronary atherosclerosis while ES-II, peripherial atherosclerosis obliterans (carotis, brain, lower extremity arteries etc) diseases such as diabetic target organ complications (diabetic foot, retinopathy, stroke,

kidney disese and impotence). ES-III was also used in treatment of senil tremor and some neurological disease such as Parkinson and etc (Table 1).

Action mechanisms of these solutions are

1. By activating the matrix GLA protein from the inactive state in the atheroma plate developed in the arterial wall, to enable the mobilization of Ca + 2 ions from the vessel wall to the bones, and also ensure that the smooth muscle cells involved in the plaque formation settle regularly in the artery wall as a building block,
2. To ensure healing or repair of the lesioned arterial wall, thus to strengthen the arterial wall,
3. By reducing the viscosity of the blood flowing through the artery, to enable reducing the coefficient of friction of the artery wall, Sheer Effect and also accelerating blood flow,
4. By mobilizing the oxy LDL-cholesterol, cholesterol and triglyceride in the atheromatous component of the arterial wall in the blood flow, to dissolve the atheroma plaque in the arterial wall and to restore the arterial endothelium to its natural form,
5. To reduce LDL-cholesterol, cholesterol and triglyceride levels in the blood,
6. By increasing the development of arterioles and venules, to provide the collaterals of barren arteries,
7. To increase oxygenation at the cell level and thus to reduce myocardial hypoxia,
8. Thus, to ensure repair of damaged cells in target organs.

In our studies, a total of 22222 patients were investigated by MSCT, and invasive coronary angiography were performed to make a comparison between their results. The 20888 patients were male and 1334 were female of total patients. The age of the patients were between 33 and 78 years old. At the end of this investigation, 792 patients had stent implantations, 322 patients underwent coronary bypass surgery and 21108 patients were treated medically. The group of 22222 patients underwent MSCT and invasive coronary angiography, and more than 2000 had IVUS coronary arterial biopsy in the operating room, with the cut coronary materials being sent immediately for light, electron and SEM microscopic investigations, which were performed to determine the localization of the atheromas, atheromatous components and calcifications [13-16].

While this study was ongoing, 275 patients were treated ES-II and ES-III (ES-I cured 20833 patients) (Table 2). The 220 patients were male and 55 were female of total patients. The age of the patients were between 44 and 89 years old. This spectacular herbal complex solution strongly effects immediately within two-four hours on above the mentioned group diseases particularly arterioles-venules-capillary level.

Ethics approval of this study was given by the ethics committee of the University of Istanbul before 07.07.1997.

Table 2. The usages of Erzengin's Solution on patients

DISEASES	NUMBER OF PATIENTS
Diabetic foot	196
Retinopathy	2
Impotence	8
Stroke	18
Senil tremor	48
Parkinson Disease	3
Coronary Artery Diseases	21947
Total number	22222

3. Results and Discussion

However, our team recently demonstrated the adventitial localization of atherosclerotic calcifications by using the 640 Multi Slice Computed Tomography (MSCT) with a magnifying glass on 22222 atherosclerotic patients and 275 arterioles-venules level patients.

As a result of our studies, these views were generated step-by-step as our knowledge has increased and become more refined since 1997. We strongly emphasize that most of the patients have a coronary spasm (mostly diffuse) during invasive coronary angios [4]. Due to the stressful conditions of invasive coronary angiography, it is important to emphasize that most of the cases involve local (especially areas with atheromatous plaque such as the right coronary artery orifice) or systemic coronary artery catheter contact with prolonged spasms and that these patients are exposed to unnecessary CABG operation. It is very important to keep this point in mind, because of the fact that at the beginning of the invasive angios should be given GTN (Nitroglyserin) sublingually. MSCT (especially the 640 section) is applied in physiological conditions, eliminating these errors and avoiding unnecessary coronary surgical interventions.

Atherosclerotic calcification is one of the major causes of progressive degradation of the human arteries and target organs. It progresses insidiously and its damaging effects of human organism remain unknown for a long time before cardiac, cerebral or peripheral symptoms and/or other ischemia develop.

For many years, atherosclerotic plaque formation has been accepted as a dynamic, progressive process and a very dangerous, fatal disease which can never be effectively prevented, stabilized or treated because of its dangerous progression.

According to our new clinical and laboratory findings; we believe that atherosclerotic and calcified plaques can be stabilized and fully treated with only drug therapy, regardless of where their localization is on the arteries. This means that, in addition to the current treatment, our ES-I can totally cure the atherosclerosis and prevent plaque formation permanently. So, we have proved that this insidious and potentially fatal process is regressive,

preventable and totally curable using only a combined drug therapy.

Erzengin's solution (I-III) is a spectacular herbal complex solution strongly effects immediately within two-four hours on above the mentioned group helpless diseases particularly arterioles-venules-capillary level. Nowadays, preliminary studies are ongoing for this herbal solution.

In this context, we will write about a new additional treatment combinations (Erzengin's solutions I-III) for atherosclerotic plaques. Here, we will present Erzengin's new medical combination therapy against this progressive, dynamic and potentially fatal disease. Dosages of this treatment combinations (ES I-III) vary from patient to patient. As you know, each patient is an antitemorbid. Because of the fact that, at the beginning of this outstanding treatment we have found; according to the patients' symptoms and signs and advanced laboratory findings, it is decided which one the treatment combinations should be used. Atherosclerotic calcifications lead to death and disability by occluding the arteries of vital organs. The non-invasive treatment prevents this severe diseases, which otherwise require expensive, often palliative and high-risk surgical procedures and/or invasive interventions. The medical treatment would also be necessary after CABG surgery or stent implantation in order to prevent the progression of the virulent process. Erzengin's combination therapy also makes a major contribution to the treatment of osteoporosis while it prevents diseases such as atherosclerotic calcified arteries. We found that the side effect of this drug was headache Fortunately, it was unimportant because we observed less than 2.3% patients. Any bleeding and obstruction was not seen any of the patients. The main purpose of our therapy with Erzengin's Solution I (ES-I) is to prevent the formation of atherosclerosis, eliminate the existing atherosclerosis, and to completely heal the existing disease [17-18].

In the light of recent developments and new knowledge, suitable anti-lipid and anti-thrombotic treatments are approved for suitable patients. In addition to these treatments, it is known that Menaquinone-7 (Vitamin K2, found in Soybeans and green lentils) [19] and Vitamin D3 causes the arterial calcifications regress, and the calcium to mobilize from the walls of arteries to the bones. Insufficient ingestion of Vitamin K2 (Menaquinone) causes atherosclerotic and calcified plaques on the arterial walls and atherosclerotic coronary arteries due to the lack of Matrix Gla-Protein (MGP) carboxylation. This means that sufficient ingestion of Menaquinone-7 (especially Vitamin K2 = MK-7) prevents atherosclerotic and calcified plaque formation [19]. The results of Menaquinone-7 treatment are controlled by using MSCT. In addition, according to several studies, it has been observed that the ingestion of Plant Sterol Esters and particularly the esters of Plant Stanol lowers total cholesterol, LDL and triglyceride in serum and cures atherosclerosis in the ratio of 15-27%. The combination of Plant Stanol Esters and statins prevent atherosclerosis in the ratio of 46%. According to our results; Plant Stanol esters are more effective than sterols. On the other hand, these esters prevent side effects of statins. The other two components of Erzengin's solution I combination are Omega-3 (Eicosapentaenoic Acid – EPA and Docosa-hexaenoic Acid – DHA) and Ubiquinol (Coenzyme QH) (Table 3). Contents of ES-II and ES-III solutions are also shown in Tables 4 and 5.

Table 3. The mechanism of Erzengin's Solution I

*MENAQUINONE-7
*OMEGA-3
*CORONARY DILATATORY DRUGS
*COENZYME QH or Q10:
*PLANT STANOL ESTERS
*ANTIAGGREGANS or ANTIPLATELLETS
*SUITABLE ANTILIPIDS

Table 4. The mechanism of Erzengin's Solution II

*MENAQUINONE-7
*OMEGA-3
*CORONARY DILATATORY DRUGS
*COENZYME QH or Q10:
*PLANT STANOL ESTERS
*ANTIAGGREGANS or ANTIPLATELLETS
*SUITABLE ANTILIPIDS
*MELILOTUS OFFICINALIS
*PENTOKSIFILIN
*SİLOSTAZOL

Table 5. The mechanism of Erzengin's Solution III

*MENAQUINONE-7
*OMEGA-3
*CORONARY DILATATORY DRUGS
*COENZYME QH or Q10:
*PLANT STANOL ESTERS + A different kind herbs
*ANTIAGGREGANS or ANTIPLATELLETS
*SUITABLE ANTILIPIDS
*MELILOTUS OFFICINALIS
*PENTOXISIFILIN
*SİLOSTAZOL
*RESVERATROL

At the beginning of our studies, the comparative animal study (Stage A) was initiated at DETAE in Istanbul Medical Faculty (Ethics approval of this study was given by the ethics committee of the University of Istanbul in 1998).

For the second stage of our studies, we planned a case study group (Stage B) consisting of patients with informed consent and divided into 2 random subgroups. The first subgroup (Group B-1) consisted of patients who preferred to receive ordinary treatment. These patients were treated with conventional medication in order to allow comparison with the second group of patients. This subgroup (Group B-2) were medicated with the ES-I therapy, together with the other ordinary therapy.

Healing of atheromatous components are shown before and after treatment with solution ES-I in Figure 5.

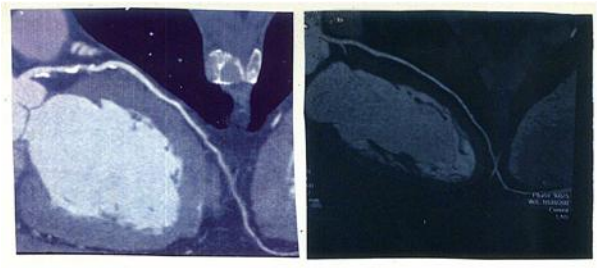
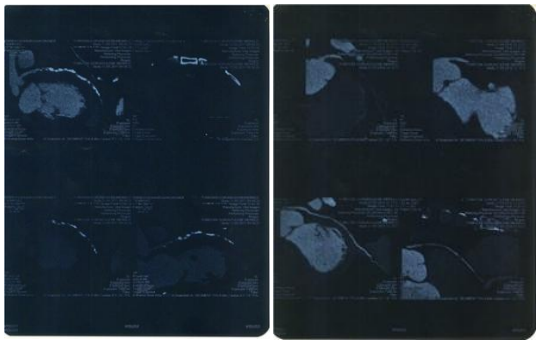


Figure 5. Healing of atheromatous components are shown before and after treatment with solution ES-I

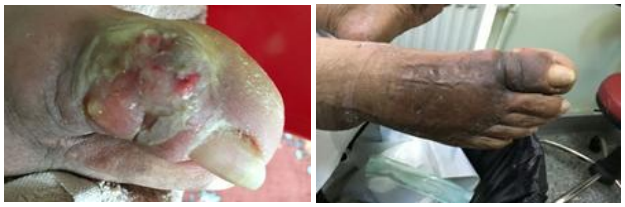
In Figure 6, although this patient (K.B. 52\M) was severe symptomatic ischemic heart disease and advised CABG operation in september 2017, he certainly did not accept surgery. This figure shows before and after medical treatment with ES-1 and gets better daily. Now he has been walking 10 km asymptomatically.



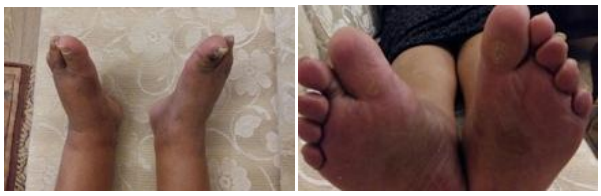
(a) b)

Figure 6. Healing of atheromatous components are shown before (a) and after (b) treatment with solution ES-I

Healing steps of diabetic foot are shown before and after treatment with solution ES-II in Figure 7.



(a) b)



(c) d)

Figure 7. Diabetic foot

a) Before treatment
b) One week after treatment with solution ES-II
c) Two weeks after treatment with solution ES-II
d) One month after treatment with solution ES-II

Furthermore, in this new study, there are more patients than the previous study and all patients underwent stage B procedure. If the studies accomplish their objectives, there will be a permanent solution for the atherosclerosis that leads to severe diseases in arteries of vital organs and sudden deaths. The combination of Erzengin's solution I together with the ordinary therapy will sort out the complications of the atherosclerosis permanently. We believe that this therapy will completely prevent the atherosclerosis in a non-invasive, risk-free and inexpensive way. Our research will make an incomparable contribution to all of humanity by expanding the life span and enhancing quality of life. It will represent a remarkable success in the name of science, and make a great contribution to the economy.

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4. Conclusions

We conclude that the MSCT is a very important tool for the diagnosis and evaluation of coronary lesions. In addition, it is an important guide for curing silent ischemia and myocardial infarction, particularly for patients unwilling to undergo invasive coronary angiography.

Today;

- It is possible to treat coronary atherosclerosis can be treated medically with only drug combination therapies.

(An innovative treatment and exact solution for coronary atherosclerosis and calcifications)

- Also, it is possible to treat many helpless diseases such as Parkinsonizm and essential tremor, complications of diabetes mellitus such as Diabetic foot, stroke, chronical renal parenchymal diseases and uremia, retinopathy, Alzheimer, impotence and chronical obstructive lung disease (COLD), glaucoma and cataract.

- So much so that, if the studies accomplish their objectives, there will be a permanent solution for the atherosclerosis that leads to severe diseases in arteries of target organs and sudden deaths. The combination of Erzengin's herbal complex solution (EASX) and Erzengin's solution I together with the ordinary therapy will sort out the complications of the athero-sclerosis permanently. We strongly believe that this combined therapy will completely stop and treat the atherosclerosis in a non-invasive, risk-free

and inexpensive way. Our research will make an incomparable contribution to all of humanity by expanding the life span and enhancing quality of life. It will represent a remarkable success in the name of science, and make a great contribution to the economy.

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