

The New Theory Explains Why CVD and Cancer are Related to Each Other

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Medical statistics say that more than 17 million people/year die of CVD worldwide. The problem cardiovascular disease (CVD) is facing a very acute [1,2]. The list of factors is known, but the mechanism is not. The search for the mechanism of CVD for many centuries, results have not given. For example, heart failure [3] (HF) is one of the most severe and unfavorable for the prognosis of complications of diseases of the cardiovascular system. Surprisingly, according to the modern concept of HF, the latter can accompany any cardiovascular disease. But this is nonsense for the whole of science called CARDIOLOGY. It can be concluded that for many years the CVD mechanism remains an unreasonable logical explanation. Our team of researchers has shown that in most cases [4-8], CVD occur due to improper operation of arteriovenous anastomoses (AVA). AVA can be in open and closed states. These shunts protects the major arteries from damage when blood pressure increases under stress. Through AVA blood flows into veins and there is a rapid decrease in arterial pressure. When passive hypodynamia is present, AVA can be in an open state too long. Blood from above measures flows into the venous channel and increases the pressure there. Hollow (cava) veins overflow. Under certain conditions, mechanical induced arrhythmias of the heart begin. Increased venous pressure also extends into the small veins, as a result of pressure gradient between arterioles and venules becomes too small. This leads to a stasis of capillary circulation and damage to venous valves. Part of venous blood leaks through the delicate walls of the vessels. Begin edema, varicose veins, thrombosis. It is the increase in venous pressure due to open AVA that is the cause of HF. Loss of arterial blood leads to a decrease in the ejection fraction and an increase in heart rate. In the first place the disease are exposed to organs that accumulate fluid under the action of gravity of the Earth. These organs in a sitting or standing person include the pelvic organs and joints of the legs. Some groups of cells are exposed to necrosis, mutations, blood becomes thick and dirty. There is a comorbidity. Immune cells can't get close to tumor cells due to the lack of differential pressure in the blood vessels. Our group found that large macro events in the form of permanent or recurrent losses of arterial blood and in the form of overflow of venous vessels lead to intense organismic compensation of such pathological conditions. These compensations in humans are realized at microbiological, intracellular levels. But these compensations in conditions of hypodynamia, as a rule, are inadequate, they cannot affect the pathological mechanism in any way, to the work of AVA. State of human health deteriorates every year. The increase in the incidence in our days has become possible only because, according to the "idea of the Lord God", a person must work every day to get food, warmth, entertainment. Must work the muscles should be trained the respiratory diaphragm and the myocardium. But since the end of the 20th century, a lot has changed, physical activity has disappeared, a person for many hours sit at a computer in the office and at home, food has become redundant, stress has become greater. To change the situation with CVD and cancer, you need to "treat" AVA, you need to make rebuilding of healthcare!

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Conclusions

- 1) The cause of many CVD, including some types of cardiac arrhythmia, and, apparently, the formation of cancerous tumors are the leakage of arterial blood through open AVA into the veins.
- 2) It is with the onset of abnormal AVA work that a person begins to increase his weight, grow old, acquire various chronic diseases.
- 3) Our group believes that first of all, cardiologists should "treat" AVA, pay attention to the study of the work of large anastomoses.

Bibliography

- 1. Aksu K., *et al.* "Inflammation-induced thrombosis: mechanisms, disease associations and management". *Current Pharmaceutical Design* 18.11 (2012): 1478-1493.
- Chereshnev VA and Gusev E Yu. "Immunological and pathophysiological mechanisms of systemic inflammation". Medical Immunology 14.1-2 (2012): 9-20.
- 3. Ermoshkin VI. "The new theory of heart failure". London (2017).
- 4. Ermoshkin VI. "New theory of arrhythmia. Conceptual substantiation of arrhythmia mechanisms". Cardiometry 8 (2016): 6-17.
- 5. Ermoshkin VI. "Arteriovenous anastomoses and cardiovascular diseases". 8th Cardiovascular Nursing and Nurse Practitioners Meeting. Las Vegas, USA (2016).
- 6. Ermoshkin VI. "A New Theory of Certain Cardiovascular Diseases". EC Cardiology 2.5 (2016): 223-225.
- 7. Ermoshkin VI. "The new theory of cancer complements ancient Chinese Qigong therapy" (2017).
- 8. Ermoshkin Vladimir. "Multiple Sclerosis. Why Did The "Progressive Theory" of Paulo Zamboni Not Find Support? But Then A New one Was Born!". International Journal of Case Studies in Clinical Research 2.1 (2018): 04-06.

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