

The Cause of Inflammatory Bowel Disease - Increased Venous Pressure in the Lower Half of the Human Body

Ermoshkin Vladimir Ivanovich*

Russian New University (RosNOU), Moscow, Russia

***Corresponding Author:** Ermoshkin Vladimir Ivanovich, Russian New University (RosNOU), Moscow, Russia.

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Abstract

Purpose: Official medicine cannot explain why there is a significant relationship between Crohn's disease and ulcerative colitis on the one hand and cardiovascular (CVD) - on the other hand. It is not yet possible to determine the relationship between these diseases, but this relationship is clearly evident in many studies in recent decades.

Method: The study of numerous sources of information posted on the Internet. Discussion of proposed ideas at conferences.

Results: The results of major studies on the relationship between inflammatory bowel disease (IBD) and cardiovascular disease are summarized below.

Keywords: *Inflammatory Bowel Disease (IBD); Venous Pressure; Human Body*

Patients with inflammatory bowel diseases, in particular Crohn's disease or ulcerative colitis, significantly increase the risk of myocardial infarction, according to the results of studies published in the journal *Inflammatory Bowel Diseases* [1] (IBD). According to the results of the study, the chronic inflammatory process can be associated with an increased likelihood of developing cardiovascular diseases, but the role of Crohn's disease and ulcerative colitis in the development of myocardial infarction has not yet been determined. To obtain the necessary data, scientists analyzed the medical records of more than 29 million people (of which 132 thousand suffered from ulcerative colitis and 259 thousand - Crohn's disease).

In five years, patients with inflammatory bowel diseases had myocardial infarction 25% more often than in the General population. Moreover, the greatest risk was observed among young patients: in the group of patients aged 30 - 34 years, the probability of heart attack was 12 times higher than in healthy individuals of the same age. According to the authors, the inflammatory process in the intestine should be considered as a separate risk factor for heart disease.

Another study. An analysis of medical-record data from more than 17.5 million patients found [2] that people with inflammatory bowel disease are at elevated risk for a heart attack, regardless of whether or not they have traditional risk factors for heart disease such as high cholesterol, high blood pressure and smoking. People between the ages of 18 and 24 are at the highest risk, according to research presented at the American College of Cardiology's 67th Annual Scientific Session.

Younger patients had about nine times the risk of a heart attack compared to their peers in the same age group (who didn't have IBD), and this risk continued to decline with age. So said Muhammad S Panhwar, MD, a resident in internal medicine at Case Western Reserve University/University Hospitals Cleveland Medical Center in Cleveland and lead author of the study, one of the largest to date to investigate the link between IBD and heart disease risk.

"Our findings suggest that IBD should be considered an independent risk factor for heart disease".

IBD is an umbrella term for two chronic inflammatory conditions, Crohn's disease and ulcerative colitis.

Third study, inflammatory bowel disease raises risk of stroke, heart attack: Study from the Mayo Clinic [3].

The researchers looked at nine different studies, which included over 150,000 patients with inflammatory bowel disease. They used the data to estimate the risk of heart disease and stroke in this patient population, compared to the general population. The results of the evaluation showed that patients with inflammatory bowel disease were at a 10 to 25% increased risk of heart disease, including heart attack and stroke, compared to those without inflammatory bowel disease. Interestingly, the increased risk was more prominent in females

with inflammatory bowel disease. However, while the association between inflammatory bowel disease and heart disease was found to be significant, a direct cause-and-effect relationship was not determined.

How should we evaluate the above data of American researchers?

There is no doubt that these data are objective and require an explanation of the mechanism in terms of theoretical and practical medicine. Such results cannot be ignored: millions of people on different continents are at risk. While official medicine to explain the relationship between Crohn's disease plus ulcerative colitis on the one hand and strokes, heart attacks, other CVD on the other hand cannot.

And it cannot, apparently, because the official medicine has no theory of CVD, the mechanisms of development of many diseases are not found. There are only lists of factors that contribute to the disease. In this case, medicine has not found anything better than to consider inflammatory bowel disease "an independent risk factor for cardiovascular disease".

Why not pay attention to the New theory of CVD and cancer, which has been promoted by a group of Russian researchers for more than 7 years? I will not describe it in detail in this article, because the whole theory is very voluminous and concerns many aspects of modern medicine.

More information about "The New Theory of CVD and cancer" can be found on the Internet [4-11].

Now briefly about the New Theory of CVD and cancer. During stresses, loads and significant rises in blood pressure (BP) can come off large arteriovenous anastomoses (AVA), while arterial blood flows directly from the arteries into the venous channel. Then, after a few seconds, the AVA are closed. All this leads to a decrease in arterial pressure, to an increase in venous volume and venous pressure, to stagnation, edema, thrombosis. Sedentary lifestyle contributes to the development of this pathology: in some patients, AVA after opening will close with long delays, or can be open constantly. As a result, the optimal ratio of arterial and venous blood volumes is disturbed. Specifically: under the influence of gravity of the Earth venous blood flows down, and concentrated in the so-called "gravity traps". The venous vessels will dilate. Gradually, due to increased load, venous valves, where they are present, fail. Venous pressure in the area of the right atrium also rises above normal. At some points in time, an overflowing hollow vein begins to conduct mechanical impulses from the pulsating due to the fullness of the liver to the atria and ventricles. This leads to different types of mechano-induced arrhythmia. The heart begins to work with increased loads. Because of the jumps in arterial pressure, some arteries, for which the increase in arterial pressure is excessive, are subject to spasms. Spasms of the arteries (and the growth of plaques in them) may be subject to coronary and cerebral arteries. The likelihood of heart attacks and strokes increases.

On the other hand, in the lower half of the body, in a sitting or standing position, venous pressure in the veins can increase from 12 - 18 mm Hg to 40 - 50 mm Hg and even higher. This is the result of additional venous blood and damaged venous valves. The pressure difference between arterioles and venules in some organs becomes insufficient for cells: instead of the optimal 35 mm Hg, this difference becomes close to 0 - 20 mm Hg. Blood circulation slows down or stops in the capillaries in the first place in those organs that are located below of open AVA: in the legs, in the pelvis, in the intestine. This means that with prolonged stagnation in many organs, thrombosis is formed first in small and then large arteries and veins.

During the night rest in a horizontal position, the disproportions in the volume of venous and arterial blood are reduced, because the gravity of the Earth acts on all organs and on the entire cardiovascular system equally, does not create large pressure gradients between any veins. Sleep helps to reduce the pathology that occurs due to a sedentary lifestyle. But this is not enough. Every person needs daily exercise. It is exercises and breathing practices with extreme movements of the diaphragm down and up that contribute to the pumping of stagnant venous blood. Remember: the heart is not able to effectively raise blood from the lower half of the body in the vertical position of the spine. For this reason at sedentary work at many cold feet, and after a full - fledged dream-feet warm.

Now, thanks to "The New Theory of CVD and cancer", it becomes clear the mechanism of Crohn's disease plus ulcerative colitis and CVD. These diseases occur almost simultaneously, in different organs, because the constant loss of arterial blood for the body is a general pathology. Therefore many diseases are correlated with each other. In the coronary and cerebral arteries are formed plaques, atherosclerosis, and all this to protect arterioles from high arterial pressure. Zones of necrosis and apoptosis are formed in the zones of slow blood circulation. This mechanism, apparently, leads to the formation of ulcerative colitis and Crohn's disease zones. Note the figures 1 and 2. Ulcerative colitis zones are located mainly in the areas of "gravity traps", i.e. in the lower areas of organs, in the bends of the intestine facing the bulge downwards. This is exactly where venous blood accumulates in vessels, while slowing or stopping blood circulation.

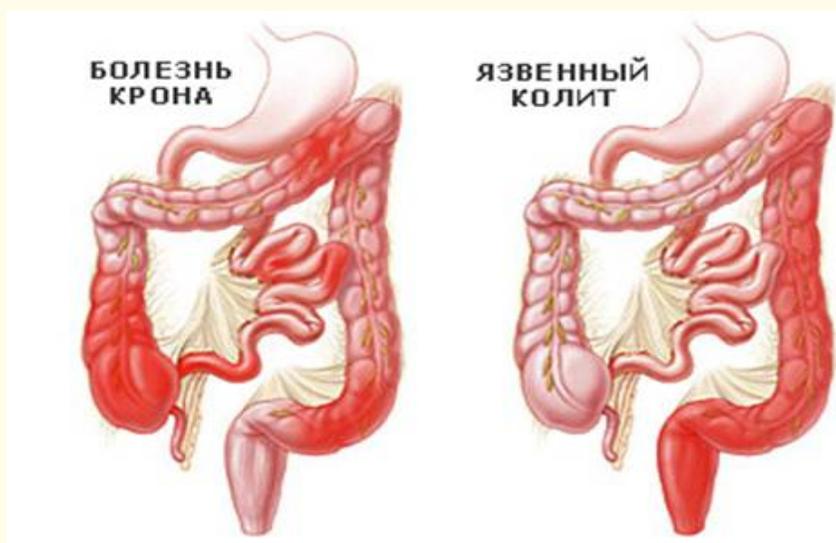


Figure 1: Crohn's disease and ulcerative colitis.

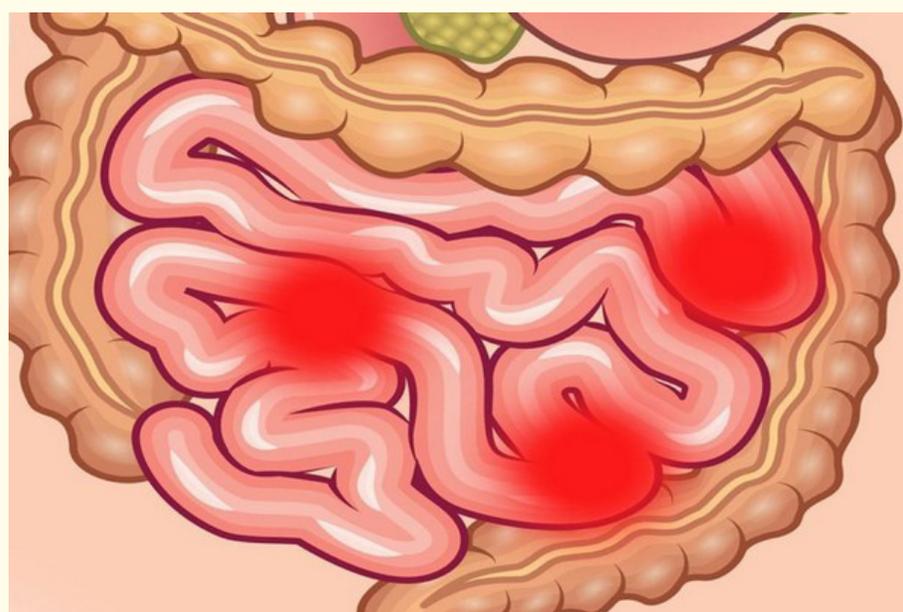


Figure 2: Inflammatory bowel diseases.

“The New Theory of CVD and Cancer” is a theory that explains the global nature of the possible pathology of blood circulation in a person who is in the earth’s gravitational field. Of course, much is still unknown. But it becomes clear where to start treatment of many diseases with an unknown mechanism, where to look for reserves to increase the life expectancy of modern man.

It turns out that in the list of diseases that can explain by “The New Theory of CVD and Cancer”, apparently, it is necessary to include a large number of somatic and autoimmune diseases.

The proposed theory confirms the famous thesis: “All diseases of the nerves”. In short, the mechanism is as follows: first, psychological or physical stress plus anxiety, physical passivity, then open AVA anastomoses, jumps in arterial pressure, venous plethora, arrhythmias, atherosclerosis and plaques, other CVD, blockage of blood circulation, thrombosis, many somatic diseases, oncology

Conclusion

Apparently, the relationship between the occurrence of Crohn's disease plus ulcerative colitis and cardiovascular diseases was found. This relationship is a violation of blood circulation. It is necessary to direct efforts to the recognition and promotion of "The New Theory of CVD and Cancer" to study the fine work of large and small arteriovenous anastomoses (AVA), to study the violation of capillary circulation in the areas of possible pathologies. It is necessary to develop methods of prevention and treatment of vascular pathology, which consists in a significant imbalance in the volumes of arterial and venous blood in open arteriovenous anastomoses. All this leads to many diseases.

We are confident that the proposed theory will lead to great breakthroughs in all medicine!

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