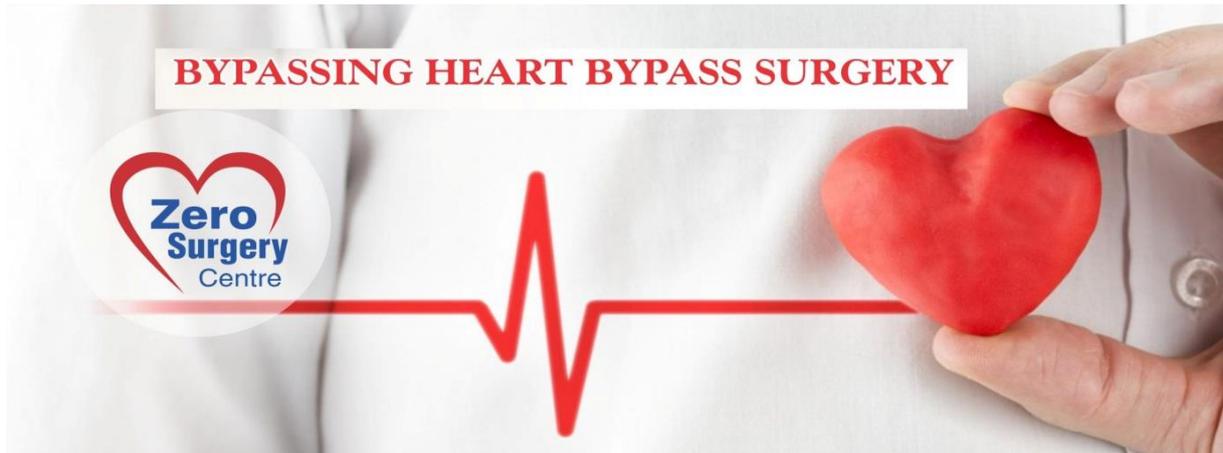


## THINKING BEYOND BYPASS - Preventing and Reversing Heart Disease



***New treatment alternatives millions of heart patients with chronic angina chest pain prefer to avoid bypass surgery***

### External Counter Pulsation - ECP / EECP Natural Bypass

Creating Natural bypass with ECP - since 2002  
Technical knowhow & training from the world's most experienced:  
Red Cross Hospital, Canton, China  
Approved worldwide by FDA (USA), NHS (England), CE (Europe),  
Australia, China, etc.

### ARTERY CLEARANCE THERAPY (ACT)

Most experienced - since 1994  
Technical knowhow & training from Chelation therapy leaders:  
Arterial Disease Clinic, London (UK)  
American College for Advancement of Medicine (ACAM) protocol  
Available worldwide - USA, Europe, Asia, Australia, Africa.

*If you suffer from chronic angina pectoris, i.e. pain in chest due to less blood supply to heart (Coronary Artery Disease) Artery Clearance (ACT) and External Counter-pulsation (ECP) are for you.*

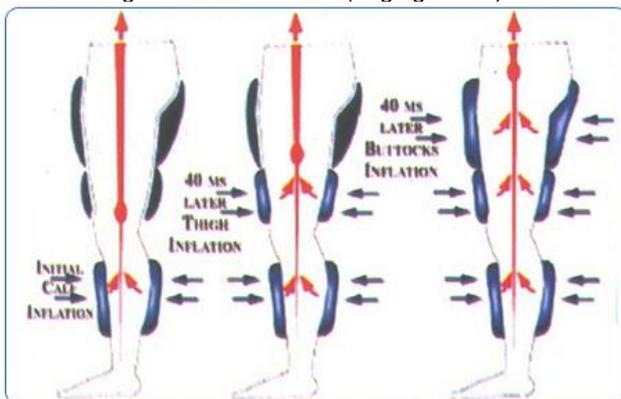
#### What is External counter Pulsation?

ECP is a non-surgical, mechanical procedure to reduce the symptoms of angina pectoris by increasing blood flow to the heart. The beneficial effects of ECP persist even after completion of the therapy.

#### What does ECP do?

ECP causes immediate and sustained increase in heart's blood supply by:

- \* Dilating coronary blood vessels
- \* Opening dormant collaterals
- \* Creating new blood vessels (angiogenesis)



**World's No 1  
no-surgical  
Centre  
- Sibia  
Medical  
Centre.**

#### How is ECP done?

For ECP patient wears a series of pressure cuffs (like large blood pressure cuffs) around the legs and lies on a bed. The cuffs inflate and deflate electronically synchronized with the heart beat (ECG) and move the blood from the legs toward the heart at the right time of mid diastolic period when heart muscle takes its blood supply from Aorta through coronary arteries. The increased blood flow is delivered to the heart's blood vessels at the precise moment when it is relaxing i.e. during diastole when blood flow through the coronary vessels is at its peak with



each heart beat for one hour daily. When done repeatedly this increases collateral circulation thus creating bypass naturally without surgery.

### How long does ECP treatment take?

Each ECP session is of one hour and one or two treatment sessions can be done in one day. Treatment can be done 5 to 7 days a week and usually 35 one hour sessions are required. Treatment can be completed minimum in 3 weeks' time. Some patients may need more treatment sessions.

### What is Artery Clearance Therapy (ACT)?

ACT is non-operative treatment of angina chest pain to increase blood flow to the heart to avoid bypass and to treat post bypass angina pain with Chelation Therapy along with Lifestyle management, antioxidants and nutrients.



### How is ACT done?

ACT prevents and reverses heart disease. It includes EDTA chelation therapy which is safe, comfortable intravenous drip medication as recommended by American College for Advancement in Medicine. In ACT medicines are given in intravenous drip each lasting 2½ to 3 hours. Usually 20 to 30 drips are given two or three times a week in 6 to 15 weeks. Patients can also have two drips on consecutive days every week.

### How does ACT increase the micro-circulation?

ACT improves coronary blood flow by removing calcium from blood vessel walls and the plaques that contain 70% calcium, 23% lipids and 7% other material. It also removes heavy metal pollutants, the cause of free radical formation that lead to plaque formation. Chelation detoxifies the body leading to healthier life and is part of anti-ageing programs in many countries.

### How is the acceptance of ACT by patients?

It is very well accepted by patients.

Lifestyle, nutrients and antioxidants are well accepted world over. EDTA Chelation is off label use of FDA (USA) approved medicines using American College for Advancement in Medicine protocol and guidelines. It is accepted by National Health Services (NHS) in UK and is available in over 2000 clinics in America and many in Canada, England, France, Germany, Australia, Italy, Switzerland, Netherlands, and Spain etc. It is a patient proven therapy and millions world over have reported benefit with this treatment but there is varying opinion of cardiologists about the therapy.

### Which patients can benefit by ECP and ACT?

Heart patients of Angina chest pain and Myocardial Infarction (Heart Attack) -

- \* With failed angioplasty or bypass
- \* Who are not fit for angioplasty or bypass
- \* Who do not benefit by medicines.
- \* Who do not want angioplasty or bypass

ACT is also beneficial in:

- \* Renal Hypertension
- \* Pain legs due to Peripheral Artery Disease
- \* Cerebral ischemia with memory/mental deficiency
- \* Cerebral thrombosis /embolism caused paresis
- \* Chronic Fatigue (Tiredness) Syndrome
- \* Decreased sexual functioning
- \* To increase sports performance
- \* For detoxification and anti-ageing

**Our mission  
Dedicated to serve  
patients worldwide  
to treat, reverse and  
prevent diseases  
and preserve health  
with safe, effective,  
proven alternatives  
to surgery.**

### Are ECP and ACT possible in patients having Diabetes, High Blood pressure, Thyroid problem, etc.?

Yes, ECP and ACT are possible in patients with Diabetes, High Blood pressure, Thyroid problem, and most other diseases.

### How does the patient know that he is better?

Patients feel better and they test better. Patients require less medication, have less frequency and intensity of chest pain and discomfort, breath better and can walk longer distance and faster. Improvement can be confirmed with CCG / and Stress Thallium tests. They have better exercise tolerance, improvement in quality of life and can lead a more active life.

## Will Angiography, Cardiovascular Cartography and Stress Thallium show the improvement?

Improvement can be assessed with Cardiovascular Cartography (CCG) or Stress Thallium as they document the blood flow. Please note that blood flow is not proportionate to the degree of stenosis in blood vessels as is usually presumed. Angiography assesses the patency and stenosis in three big blood vessels and their major branches but is not suitable for visualizing the millions of smaller blood vessels and capillaries. Angiography also does not assess the blood flow to the heart muscle.

**ਬਿਨਾਂ ਅਪ੍ਰੇਸ਼ਨ ਦਿਲ ਦਾ ਇਲਾਜ**

**Alternative to Heart Bypass Surgery  
(ACT - EECP)**

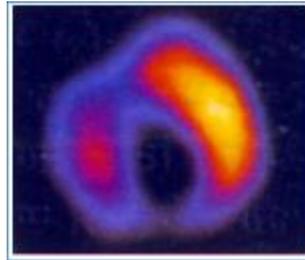
- \* For Failed Bypass
- \* Unfit for Bypass
- \* Not Wanting Bypass

**ਬਿਨਾਂ ਅਪ੍ਰੇਸ਼ਨ ਕਿਰਨਾਂ ਨਾਲ ਪੱਥਰੀ ਦਾ ਇਲਾਜ**

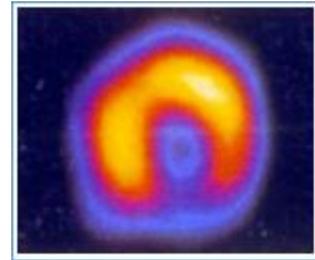
**KIDNEY STONES?  
REMOVE WITH RAYS WITHOUT SURGERY**

Lithotripsy:

**Mb: 98140-34818**

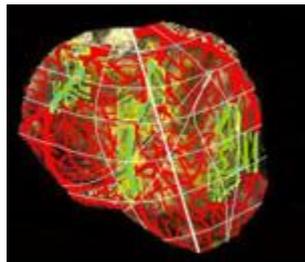


Less blood flow before treatment

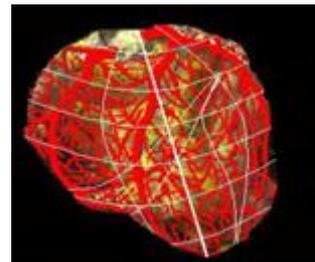


More blood flow after treatment

## CARDIOVASCULAR CARTOGRAPHY



Less blood flow before treatment



More blood flow after treatment

ਬਿਨਾਂ ਅੱਪਰੇਸ਼ਨ ਦਿਲ ਦਾ ਇਲਾਜ

Facility **Mb: 98140 34818**

ਸੀਬੀਆ ਮੈਡਿਕਲ ਸੇਂਟਰ, ਲੁਧਿਆਨਾ

## Are ACT and ECP possible before, after or in failed angioplasty & bypass surgery?

ACT and ECP can be done before or after angioplasty or bypass surgery and also where they have failed; there is recurrence after bypass or for additional benefit for a better and more active life style.

## Are Angioplasty and Bypass not good options?

As surgery is not successful in every patient and has risk, hence surgery should be preserved for patients not responding to safe non-surgical treatments. The life of the stent and bypass are limited and repeat stent and bypass are less safe and not always possible.

## What are the advantages of ACT and ECP?

ACT and ECP works very well before or after bypass in Coronary Artery Disease causing Angina. They work on all blood vessels not only on single isolated lesion and are also effective in small vessel diffuse disease which are non-amiable to other procedures. As surgery is not successful in every patient and has risk, hence surgery should be preserved for patients not responding to safe non-surgical treatments. The life of the stent and bypass are limited and repeat stent and bypass are less safe and not always possible. Below are the salient features:

	Angioplasty/Stent	Bypass Surgery	ACT
<b>Procedure</b>	Stretch artery and place stent	Attach new vessel around blocked site	IV medication & Life style management
<b>Anesthesia</b>	May be needed	Needed	Nil
<b>Blood transfusion</b>	No	Yes	No
<b>Scar of cut</b>	No	Yes	No
<b>Pain</b>	Yes	Yes	No
<b>Hospital stay</b>	Few days	Few weeks	2½ to 3 hours*
<b>Return to work</b>	Days to weeks	Weeks to months	Same day
<b>Procedure danger</b>	Yes	Yes	No
<b>Surgery unfit patients</b>	May not Possible	Not Possible	Possible
<b>Failed bypass</b>	May not be possible	May not be possible	Possible
<b>Complications</b>	Possible +	Possible ++	Nil
<b>Procedure deaths</b>	+ 0.4 to 1 %	++ 1 to 8%	Nil
<b>Heart attack due to procedure</b>	+ 3%	++ 5 to 10%	Nil

<b>Emergency CABG Results</b>	Needed in 2 to 5% 85 to 90%	Itself bypass surgery 80 to 90%	Nil 80 to 90%
<b>Re-block chances</b>	40% by 6 months	10 to 20% by 1 year	Maintenance program
<b>Other benefits</b>	No	No	Yes *
<b>Reversal of other blocks</b>	No	No	Yes
<b>Preventive procedure</b>	No	No	Yes
<b>Cost effectiveness</b>	No	No	Yes

\* May be needed for the basic disease.

### What if ACT and ECP fail in any case?

If ACT fails External Counter Pulsation (ECP/EECP), angioplasty and Bypass are still possible.

### How can the benefit of ACT and ECP be enhanced?

For best result we advise ACT and ECP both treatments along with heart specific diet, good life style and proper medication.

### Linus Pauling, the only scientist to receive two unshared Nobel Prizes

**wrote:** Chelation is far safer and much less expensive than surgery. EDTA chelation therapy makes good sense to me as a chemist and medical researcher. It has a rational scientific basis, and the evidence for clinical benefit seems to be quite strong. Metallic ions play an important role in the formation of atherosclerotic plaque and EDTA removes them with relative safety and without surgery. Published research and extensive clinical experience shows that EDTA helps to reduce and prevent atherosclerotic plaques thus improving blood flow to the heart and other organs. The scientific evidence indicates that a course of EDTA chelation therapy might eliminate the need for bypass surgery.



Dr. Harpreet Kaur Sibia and Dr. S.S. Sibia with John Buckley, Director, Arterial Disease Clinics, UK. One of world's best Chelation Centres.

### Evidence: Journal of Advancement in Medicine:

Analysis of 2,870 patients treated with chelation therapy showed marked improvement in 76.9% and good in 17% having ischemic heart disease. Marked improvement occurred in 91% and good in 8% patients with peripheral vascular disease and intermittent claudication. In patients with cerebrovascular and other degenerative cerebral diseases 24% had marked improvement and 30% had good improvement.

### PIONEER - MOST EXPERIENCED

Sibia Medical Centre introduced ACT in the region with technical knowhow and training from Arterial Disease Clinic, London and Manchester in UK using American College for Advancement in Medicine (ACAM) protocol. Dr. Sibia is member of ACAM (USA) treating patients from all over the world most economically.

## 2nd World Congress On Interventional Cardiology

Extract from address at Mumbai by

**Dr. APJ Abdul Kalam, President of India**



There is a competition between cardiologists and surgeons in treating heart cases. The ideal practice should be to provide only the minimum essential treatment instead of going in for surgical intervention as a routine management of the disease.

**EXTERNAL COUNTER PULSATION (ECP)** is a truly non-operative, non-pharmaceutical, safe and effective treatment which has made big news in the west. ECP is FDA (USA) approved and finds reference in medical and cardiology textbooks. Many favorable articles have been published in the Journal of the American College of Cardiology, Cardiovascular Reviews Reports, Cardiology, Mayo Clinical Proc., Clinical Cardiology, Journal of Critical Illness, Journal of External Counter Pulsation, etc. The success of ECP can be judged from the fact that in USA the insurance sector reported that the reimbursement for ECP has gone up by 6% whereas that of other procedure like angioplasty, bypass surgery, etc. has come down by 7%.

It is well known that following bypass surgery only 75% patients are symptom free for 5 years or more and only 50% after 10 years or more. The number of patients having recurrence after bypass, ballooning and stenting is increasing and for them ECP is the only FDA approved treatment available which is documented to increase blood supply to the heart by 20-42%, to the brain by 22-26% and to the kidneys by 19%. ECP also increases heart's output. Now the treatment is available in most of the leading hospitals of the world. In India, ECP is available at Sibia Medical Centre, Ludhiana besides Escort Heart Institute and Research Centre, New Delhi.



## Need Alternative to Surgery? Second Opinion? Ask Team of Dr. Sibia

*We seek your support and will appreciate your help to spread the message of NO-SURGERY treatments in any way you can. We are available for articles, press conferences, radio and television shows and any other awareness method to enable us to serve maximum number of patients.*

### Contact Now

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[drsibia@gmail.com](mailto:drsibia@gmail.com)

Location: 30.914345,75.8360716 <https://goo.gl/maps/iXnWdmsdny22>

- Facilities:
- Avoid Heart Bypass Surgery - ACT & ECP.
  - Remove Kidney stones with rays - Lithotripsy (ESWL).
  - Knee Joint arthritis pain - Avoid Knee replacement with Cytotron.
  - No side effect cancer treatment - RFQMR.
  - Detoxification - Chelation Therapy.
  - Immunity, etc - Ozone Therapy.
  - Backache - Computerized Spinal Table.

*Please resend email or phone if no reply to your email within 24 hours*



**[www.SibiaMedicalCentre.com](http://www.SibiaMedicalCentre.com)**

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