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elcome to the first edition of the Journal of Arteriology. We consider ourselves to be "arteriologists" or experts at arterial wall health.

All of our science, all of our focus, all of our study and expertise is looking at and examining the artery wall and its layers. We look for arterial wall plaque and assess how stable it is in the artery wall.

The Bale/Doneen Method provides the architecture for clinicians to bring prevention to their practice. It identifies 6 key elements for assessment and disease determination. It differs from the current standard of care in that it is based upon a disease treatment paradigm instead of the standard of care, which is a risk factor paradigm.

We look at the health of the individual's artery walls. If we identify atherosclerosis in the wall, that individual has arterial disease. We determine why it is there, because there is always a reason or root cause. And once we know the root cause, then we can properly treat it by decreasing the vascular inflammation and see the disease stabilize over time.







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Heart attacks and strokes are still the biggest cause of death and disability in this country, and they also happen to be the biggest financial burden on our healthcare system. Therefore, we can't afford to allow these debilitating events to continually occur. The recidivism rate can be controlled, but there must be a paradigm shift because with standard of care encouraging therapy to simply be directed at the lumen of the artery and not at what is happening in the wall of the artery, most people who have heart disease are not even being diagnosed. Waiting for an event to happen is not the way to diagnose. And once the event occurs, the standard of care does not say to providers, "look for what caused the event". So of course the recidivism rate continues to go up. But the Bale/Doneen Method can alter that course by giving you tools to identify disease and correctly treat it even when a patient is asymptomatic.

As we teach our course, it has occurred to us that we have really defined a new science of medicine that should accurately be named "arteriology". The Bale/Doneen Method articulates all of the science, synthesizes the data, and puts it into the clinician's hands so they can work with and educate the patient to understand the importance of healthy and stable arterial walls so that they can live life long and also well.

Some changes must occur to affect this paradigm shift and require optimal care to become the new and better "standard" to follow when treating patients. Any provider whose work has systemic value on the artery wall should be doing their part to help recognize the importance of this new way to look at prevention. We are talking about dentists, rheumatologists, dermatologists, ophthalmologists, cardiologists, and many more specialties that don't understand how what they do affects another.

As arteriologists, we can join together to make a profound and positive difference in saving lives. So please help us spread the word about Arteriology as a new field of medicine. It just makes sense.