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THE BALE/DONEEN METHOD RESEARCH DOCUMENT

The presence of an atheroma is an essential ingredient for a cardiovascular (CV) event. This is well documented historically and continues to be supported by very current publications.^{1,2} It is well known that conventional risk factors are not sine quo non for a CV event. The recent publication regarding stroke incidence clearly illustrates this point.³ It is also well known that predicting CV events solely on the basis of risk factors frequently fails to identify individuals that suffer heart attacks.⁴ Given this information it makes sense to rest any CV prevention program on a platform of assessing individuals for the presence of atherosclerosis. If arterial disease (plaque) is identified regardless of symptoms or risk factors, the possibility for a CV event exists. This fact was established years ago.⁵ It continues to be confirmed that the presence of disease in any arterial bed elevates event potential regardless of risk factors.⁶ Every CV wellness program must incorporate assessing for atheroma.

Inflammation is causal of atherosclerosis.^{7,8} Inflammation is involved in the initiation and progression of atherosclerosis, as well as, the

stimulation of CV events.⁹ In order to prevent an unwanted consequence, the causes of the consequence must be addressed and nullified. Therefore, halting atherosclerosis requires extinguishing arterial inflammation. CV wellness programs must be anchored in the thorough and regular assessment of arterial inflammation.

In order to extinguish arterial inflammation all elements fueling the 'fire' must be abolished. Numerous pathologies can be at the root of the inflammation. Conditions known to be associated with arterial inflammation include: lipids¹⁰; smoking¹¹; hypertension¹²; insulin resistance¹³; vitamin D deficiency¹⁴; obstructive sleep apnea¹⁵; obesity¹⁶; diet¹⁷; physical inactivity¹⁸; psychosocial issues¹⁹; oral health issues²⁰; systemic inflammatory conditions such as rheumatoid arthritis, lupus, eczema, etc.²¹; genetic influences²². Therefore, all potential sources of inflammation ('fire') must be explored. Optimal management of any and all issues fueling the 'fire' must ensue. Many cases of atherosclerosis are perpetuated by arterial inflammation driven by issues that go beyond the lipids, as routinely demonstrated by the 'residual

risk' left behind in the majority of statin trials. In order to inactivate the atherosclerotic disease process, comprehensive assessment and control of all 'root' pathologies contributing to arterial inflammation must occur. It takes a holistic approach to shut down active atherosclerosis.

Monitoring atherosclerosis in an individual patient is valuable. When evidence of progression is present the risk of a CV event is significantly higher.^{23, 24}

The Bale/Doneen Method rests on a platform of assessing and monitoring arterial disease. It is anchored in inflammation being causal of atherosclerosis. The method comprehensively

evaluates known sources for arterial inflammation and promotes optimal management of all identified contributors to the arterial 'fire'. The formally collected clinical data from the Spokane, Washington practice utilizing the Bale/Doneen Method indicates stabilization of the atherosclerotic disease process. There was a significant conversion of plaque morphology to 100% echogenic lesions by the fifth year of follow-up.²⁵ Echogenic carotid plaque is significantly less inflamed than non-echogenic plaque.²⁶ This finding is congruent with the paucity of CV events from this practice.

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