

Autogressions and the Heart

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DOI: 10.31080/ASMS.2023.07.1509

Received: November 30, 2020

Published: March 10, 2023

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Abstract

It is becoming increasingly important to recognize the importance of autoimmune processes and auto aggressions in relation to heart disease and related deaths. This connection has always been present, but only recently has its importance been scientifically recognized. Atherosclerosis as a result of mitochondriopathy and collagenosis is coming to the fore, especially since autoantibodies against RNA and DNA and adhesion of spike proteins to the myocardium are increasing in frequency due to COVID-19 and vaccination. The therapy of cardiac diseases thus acquires a different direction.

Keywords: COVID-19; RNA; Heart Disease

Introduction

A researcher from the University of Leuven in Belgium performed a meta-analysis considering a large number of patients from England [1]. The aim was to clarify whether there is an association between autoimmune diseases and cardiovascular risk. Nineteen autoimmune diseases were distinguished and used. After a follow-up of 6 years, there was a significant difference compared to the control group: the risk for heart and blood vessels increased with the number of autoimmune diseases. With a single autoaggression diagnosis, the risk of cardiovascular disease increased 41%; with two diagnoses, the risk increased 2.6-fold; with three diagnoses, the risk increased 3.8-fold. It was striking that younger patients under 45 years of age were preferentially affected.

The highest risk was found in systemic sclerosis [2]. Systemic sclerosis (abbreviated SSc) or systemic scleroderma (from ancient Greek σκληρός sklēros, German ‚hard‘ and ancient Greek δέρμα derma, German ‚skin‘), formerly also called progressive (systemic) scleroderma (abbreviated PSS) and scleroderma for short, is

an inflammatory rheumatic disease, an autoimmune disease belonging to the group of connective tissue diseases (collagenoses). The leading symptoms of this chronic inflammatory disease of the vascular and connective tissue, which occurs in many places, are hardening of the skin, especially on the hands and face, and attacks of reduced blood flow to the fingers or toes, Raynaud's syndrome.

Stimulating autoantibodies against the receptor of the growth factor platelet-derived growth factor (PDGF) may be the cause of the SSc [3,4]. Antinuclear antibodies (ANA) can be detected in the laboratory in 90% of cases [4]. In our experience, it is often primary arteriitis or vasculitis. Typical for primary vasculitis is the detection of antineutrophil cytoplasmic antibodies (ANCA).

Case Description

A case description: a 48-year-old male patient experienced sensations of the heart without warning. At the hospital, it was found that a large number of coronary arteries were narrowed. He received 7 stents. Because the symptoms recurred after a short time, the cardiologists discussed several bypasses. Before this could

happen, he died. Laboratory antibody results were received the day after death. It was a collagenosis affecting the intima of the arteries. The adequate therapy would not have been stents and bypasses, but cortisone shock treatment and methotrexate. This possibility is not sufficiently considered by cardiologists.

Our findings and experiences

The diagnosis of collagenosis has become more frequent since the Covid 19 pandemic. It is associated with mitochondriopathy and antibodies against RNA and DNA. Collagenosis is a group of chronic recurrent inflammatory diseases with poor prognosis due to humoral and cell-bound autoimmune processes, which have the following common features [5]:

- A chronic recurrent inflammation of the vascular connective tissue and interstitium; small arteries, arterioles and capillaries are particularly affected
- Systemic spread to internal organs (e.g. kidneys, heart, liver, brain)
- The presence of various humoral antibodies, especially directed against cell nuclear antigens

What we found here is a correlation between the number of Covid 19-vaccinations and the expression of autoantibodies. However, non-vaccinated individuals are also affected, presumably via «shedding» [6]. Other possibilities include myocardial infestation by spike proteins and/or their immune complexes. When both coincide, such deleterious processes occur as in the case description [7,8].

There are natural remedies to prevent autoimmune diseases at the heart. Against the viral load exists Echinacea purpurea. In a clinical study, E. Kolev et al demonstrated that it significantly reduced the risk of SARS-CoV-2 infections [9]. For strengthening the heart muscle, g-Strophanthidin is available (3mg caps, enteric-coated) [10]. It corresponds to the body's own cardiac hormone Ouabain [11,12].

Conclusion

From the cardiologists' point of view, the formation of plaques in the context of a metabolic syndrome is in the foreground of atherosclerosis. Accordingly, the therapy is a mechanical one. It is too rarely considered that it could be an autoimmune process. It

should be demanded that parallel to the cardiac catheterization in all patients with vascular problems the determination of autoantibodies should be performed. In this way, unsuccessful therapies can be avoided.

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