

Global Cardio Care® Presents Research Poster With Cardiologists At American Heart Association Hypertension Conference

Hypertension Data of 150 EECP Patients Practicing Lifestyle Modification from Ronald Weaver MD, Inc. LA Practice Shows Improvement in Blood Pressure

LOS ANGELES, CA, USA, September 18, 2017

/EINPresswire.com/ -- Global Cardio Care, Inc., Cedars-Sinai Heart Institute and University of Chicago Medicine presented a research poster at the American Heart Association Hypertension Conference in San Francisco that proves efficacy of lifestyle modification and Enhanced External Counterpulsation (EECP) on systolic and diastolic blood pressure in 150 patients from the Los Angeles physician practice of Ronald Seymour Weaver MD, Inc. The poster was presented Sept. 15, 2017 and announced today.

Presenters of the poster include Murtaza Bharmal, MD, University of Chicago Medicine; Ronald Victor, MD of Cedars-Sinai Heart Institute; Sara Soulati, CEO of Global Cardio Care and inventor of the patent-pending Sara Soulati® Health for Life™ Program with Dean Chiaro, Chief Clinical Officer of Global Cardio Care Centers.

Publishers of the [EECP and lifestyle poster](#) include its presenters and Michael Share, MD and Timothy Henry, MD, Chief of Cardiology with Cedars-Sinai Heart Institute.

“Since 1996, we have been studying the effects of EECP on chronic stable angina pectoris, other cardiovascular diseases, metabolic syndrome risk factors, and those relating to cardiovascular disease prevention,” said Sara Soulati, CEO of Global Cardio Care in Los Angeles and inventor of the Sara Soulati Health for Life Program. “When we combine my plant-based lifestyle modification program with EECP to reverse and prevent disease, patients benefit from a circulatory and anti-inflammation methodology that requires no surgical intervention or medication. We are honored to work with such esteemed leaders in cardiology to present our data to a wider audience at the American Heart Association.”

Results of EECP, Lifestyle Modification in 150 Patients

The majority of patients (73%, 110 of 150) with baseline stage one or stage two hypertension

Improved Systolic and Diastolic Blood Pressure After Enhanced External Counterpulsation Therapy Combined with a Lifestyle Modification Program

Murtaza Bharmal MD, Michael Share MD, Sara Soulati, Dean Chiaro, Ronald Weaver MD, Ronald Victor MD, Timothy Henry MD, University of Chicago Medicine, Cedars-Sinai Heart Institute, Global Cardio Care and the Sara Soulati Health for Life Program, Los Angeles Internal Medicine Practice, AHA Council on Hypertension, AHA Council on the Kidney in Cardiovascular Disease, American Society of Hypertension, Joint Scientific Session 2017

Group	Systolic mean ± SD mm Hg		Diastolic mean ± SD mm Hg	
	Pre-1st Session	Post-35th Session	Pre-1st Session	Post-35th Session
All Patients (n = 150)	135.6 ± 16.1	126.4 ± 16.2	80.0 ± 9.1	77.7 ± 8.5
Normotensive (n = 50)	112.0 ± 5.5	120.4 ± 10.4	70.0 ± 6.0	73.6 ± 7.7
Pre-hypertension (n = 198)	127.4 ± 6.0	125.3 ± 9.5	78.9 ± 6.4	77.3 ± 8.4
Stage 1 HTN (n = 108)	163.9 ± 6.5	128.4 ± 8.1	82.9 ± 7.2	81.1 ± 7.9
Stage 2 HTN (n = 42)	165.1 ± 9.2	134.7 ± 12.9	105.5 ± 12.1	79.3 ± 10.2

Table 1: There was a significant reduction in systolic blood pressure among all patients within 3 sessions of beginning EECP. The most prominent reduction is observed in those patients with baseline stage 2 hypertension. Diastolic blood pressure changes reflect a smaller but similar pattern compared to systolic blood pressure across all groups.

Figure 1: The left figure demonstrates changes in systolic (SBP) and diastolic (DBP) blood pressure after EECP therapy. The right figure illustrates the same data stratified into incremental 10 mm Hg BP baseline groups of 1-10 (Group 1 SBP >= 181, Group 2 SBP 171-180, etc.). The largest decrease in both systolic and diastolic blood pressure was observed in patients with baseline hypertension. Interestingly, in patients with low baseline systolic and/or diastolic blood pressure, EECP had an equalizing effect shown by an increase in pressure post-therapy.

Figure 2: The right figure illustrates the same data stratified into incremental 10 mm Hg BP baseline groups. The largest decrease in both systolic and diastolic blood pressure was observed in patients with baseline hypertension. Interestingly, in patients with low baseline systolic and/or diastolic blood pressure, EECP had an equalizing effect shown by an increase in pressure post-therapy.

Significant Findings

The majority of patients (73%, 110 of 150) with baseline stage 1 or 2 HTN achieved a BP < 140/90 after EECP therapy.

EECP BP changes are maintained throughout the course of EECP therapy with a more modest reduction in blood pressure observed at the end of therapy (Table 1).

Discussion

Proposed mechanisms include increased shear stress resulting in enhanced peripheral artery flow-mediated dilation from endothelial-derived vasodilator agents (NO, endothelin, IGF1) leading to muscle relaxation and dilation of blood vessels.

In addition, increases in colony-forming, endothelial progenitor cells upregulate intracellular pathways that ameliorate HTN-related decline in endothelial repair capacity of progenitor cells.

Conclusions

EECP therapy leads to a reduction in both systolic and diastolic blood pressure, which is most prominent in patients with baseline hypertension. These results are maintained throughout the 35 sessions.

Future Directions

Further studies are indicated to confirm these findings as well as assess for the length and durability of the effect (i.e. if BP is maintained long-term or only if EECP continues).

DISCLOSURES: Sara Soulati is the founder and CEO of the Sara Soulati Health for Life Program and Global Cardio Care. Dean Chiaro is Chief Clinical Officer of Global Cardio Care Centers. Other authors have no disclosures.

<http://GlobalCardioCare.com> EECP is a registered trademark of Sara Soulati, Inc.

EECP and lifestyle research poster presented at American Heart Association Hypertension Conference

achieved blood pressure of less than 140mmHG/90mmHG after EECP therapy.

There was a significant reduction in systolic blood pressure among all patients within three sessions of beginning EECP. The most prominent reduction is observed in those patients with baseline stage two hypertension. Diastolic blood pressure changes reflect a smaller but similar pattern compared to systolic blood pressure across all groups.

Systolic and diastolic changes to blood pressure were maintained through the course of EECP therapy with a more modest reduction of blood pressure observed at the end of 35 hours of therapy.

About the Patient Data Set

Patients presented at Global Cardio Care Centers, a highly experienced clinic in the field of EECP, with significant coronary artery disease with limited revascularization options, had Canadian Cardiovascular Society class III-IV angina despite optimal medical therapy, and were first-time EECP recipients.

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Since 1996, we have been studying effects of EECP on chronic stable angina pectoris, cardiovascular diseases, metabolic syndrome risk factors, and cardiovascular disease prevention.”

Sara Soulati, CEO, Global Cardio Care, Inc.

During one hour, each patient’s blood pressure was measured before and after the EECP session by trained healthcare technicians and lifestyle coaches. Highly engaged technicians offering one-to-one interaction for 60 minutes each day coached the patients. They discussed plant-based nutrition, food choices, and the effects of salt, caffeine, alcohol, and tobacco on the heart, and provided instant feedback as part of the Sara Soulati Health for Life Program.

Mechanism of EECP

During EECP, patients lie on a comfortable bed with three large blood-pressure like cuffs wrapped around calves, thighs, buttocks. When the heart pumps, the cuffs deflate rapidly in sequence and when the heart rests, the cuffs squeeze rapidly improving return of blood flow to the heart.

This squeezing mechanism acts as a second heart circulating blood throughout the body and producing increased shear stress resulting in enhanced peripheral artery flow-mediated dilation from endothelial-derived vasoactive agents including increase in nitric oxide, decrease in endothelin, increase in vascular endothelial growth factor and also increase in colony-forming endothelial progenitor cells.

For more information about the poster, please reach Global Cardio Care, Inc. in Los Angeles.



Murtaza Bharmal, MD, University of Chicago Medicine (left); Ronald Victor, MD, Cedars-Sinai Heart Institute, CEO Sara Soulati, Global Cardio Care, Inc.

About Global Cardio Care, Inc.

Global Cardio Care, Inc. is a physician practice management firm founded in 2002 and directed by CEO and President Sara Soulati. Its mission is to prevent and reverse cardiovascular disease with education and lifestyle coaching that provides people with instant feedback about plant-based nutrition and risk factors for disease. In 2005, Sara Soulati invented the Sara Soulati Health for Life Program, a lifestyle modification and disease prevention program, and in 2014 filed a patent for the fully complete program with a health assessment component. Global Cardio Care manages Global Cardio Care Centers in Inglewood and Global Cardio Care—West Los Angeles, the physician practices of Ronald Seymour Weaver MD, Inc. Visit Global Cardio Care at <https://globalcardiocare.com>, on LinkedIn, Facebook, and Twitter.

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