Review of SØREN BALLEGAARD’s book, “Heal your Heart”

This is a very valuable book for doctors, practitioners of alternative medicine, people who have or are at risk of developing coronary heart disease, and completely healthy individuals. The book can definitely be recommended as valuable reading for students of medicine, nursing and other health professions. Søren Ballegaard writes in the preface “that the book is directed towards all of the 300,000 Danes with heart disease resulting from arteriosclerosis but also towards the other 1.800.000 Danes at risk of later developing cardiovascular disease”. It is written in Danish and therefore addresses Danes, but it is definitely of value to readers far beyond Denmark.

Søren Ballegaard has been interested in the effects of acupuncture on patients with cardiovascular disease for 17 years. In this book he has summarised his experience not just of acupuncture, but also of all preventative methods and the possibilities that exist today in advanced conventional treatment of cardiovascular disease. With today’s very advanced and technologically oriented handling and treatment of cardiovascular disease, it is important to point out that patients can themselves do a lot to impact their risk of contracting, or their established, cardiovascular disease, through lifestyle changes, influencing risk factors, changing the way they look at risk factors and the mechanisms behind the development of the disease and how the established disease can be treated. We have all too many patients who become subject to advanced vascular surgery because of, for example, coronary heart disease because the patients remain passive and don’t themselves realise how important it is to have a holistic approach to treatment of cardiovascular disease and don’t know what possibilities exist regarding changes of lifestyle.

The book presents Sören Ballegaard’s programme of Integrated Rehabilitation, which is a self-care programme. The aims are to give patients and persons at risk of heart disease a better understanding of how the disease can emerge and develop, how an individual can improve his health condition and hopefully prevent progression of disease.

In Heal Your Heart Dr Ballegaard clearly describes the Integrated Rehabilitation programme, which consists of three weeks of intensive acupuncture accompanied by training in a self-care programme, which the patients and individuals at risk can follow at home. There is a good summary of the classical Chinese medical theory with detailed description of acupuncture and acupressure. Sören Ballegaard also refers to modern western research, which during recent years has brought an understanding about how e.g. acupressure and acupuncture can be explained by interference with nerve transduction and signal neuroendocrine mechanisms. For each chapter there is a great number of valuable references for further studies.

In the majority of patients with cardiac disease the underlying cause is atherosclerosis. The author has therefore tried to briefly describe the process of atherosclerosis and factors of importance for the progression of the disease and how changes in life-style and methods of classical Chinese medicine can interfere and prevent this progression.
He gives us an introduction to what he calls “the body’s health balance” and how our life style and what the author calls “life circumstances and attitudes” can influence our health. He describes in a very interesting way how our way of living with positive or negative life style habits and attitudes can influence our health. He also describes the well-known importance of social support, good relations to people around you and positive thinking and the importance of these factors for well-being and prevention of disease. When reading these chapters I came to think about a pop song “Don’t worry, be happy”. The philosophy of thinking which Sören Ballegaard leads us into and clarifies why it is so important to try to be happy and not worry to maintain as good health as possible. He very clearly describes the risk that social isolation, anger, hostility, depression and negative feelings increase the risk of illness and worsen the course of heart disease. He also brings up the risk of chronic stress and burn-out. Sören Ballegaard describes how we should look upon life force, life skills and health. He writes:” Life force is like the wind and the soul like the sail, which propels the ship. Common sense is the rudder, which controls the ship. Good seamanship is about matching your course and sail area to the wind, to the strength and weakness of the crew, and to the waters so that ship and crew come safely into harbour even under difficult conditions”. If Dr Ballegaard with his integrated rehabilitation programme can get his patients and persons at risk of cardiac disease to understand and adjust their attitudes according to the citation above it must be of great importance for the health and disease progression of these persons. Dr Ballegaard very interestingly discusses how we can make our life situation more positive by the way we think and behave, the importance of a good marriage, our social network, self-confidence, and the ability to take things for granted. Dr Ballegaard writes “you have to look after you garden” – especially “when the world is against you”. I have read the chapter entitled “Life circumstances and attitudes” and as being trained in conventional, western medical science the chapter was not only of great interest but also a kind of eye-opener for me.

In two chapters the author describes more conventional risk factors including exercise for physical training and relaxation, the importance of weight control, good eating habits, blood lipids, the influence of a healthy diet including vitamins, antioxidants as well as the negative role of coffee, alcohol and smoking. For those readers who would like to try healthy food, Dr Ballegaard gives a long list of wholesome recipes. Since Dr Ballegaard wants his Integrated Rehabilitation programme to be complete, it is easy to understand that for the best possible well-being one has to consider the mental as well as the physical condition and the influence of a more or less stressful environment. Healthy food is important for the internal milieu and cellular environment of the body.

In one chapter of this book, Dr Ballegaard presents scientific data from patients who have undergone Integrated Rehabilitation. He reports the experience from a registry of patients available at Nordic Heart Centre. This material includes 161 patients who were followed for 3 years of which 99 were candidates for either bypass or PTCA while the remaining 65 patients had been rejected for invasive treatment either due to high risk (14 patients) or because operation or re-operation was not possible for technical grounds (48 patients). Of the 99 patients who were operation candidates, 80% avoided having an operation by the integrated rehabilitation programme. Among these 99 patients, 2 deaths were recorded during the 3-year observation period, which was in the same magnitude as the risk for the
general population matched for gender and age in Denmark. Among the 62 patients who could not be offered invasive treatment due to high risk or for technical grounds, there were 2 deaths, again similar to the general population. Concerning risk calculation, the 12 patients (7%) who did not finish the treatment are included. Of all 161 patients, 88 had had an earlier heart attack. The accumulated 3-year risk of having a new heart attack was 2.8%, which was in fact somewhat lower than Danish patients who received invasive treatment of medical therapy after their heart attack. Among the 99 patients who were candidates for invasive therapy, the number of days in hospital fell by 96%, the number of visits to the heart specialist by 84%, and there was a 78% fall in heart medication consumption. Very similarly, the 62 patients, who were not accepted for invasive treatment, had a fall of number of days in hospital by 95%, the number of visits to a cardiologist by 67%, and the use of medication by 73%. Dr Ballegaard has then calculated that the total savings among the 99 operation candidates was 12.000 US$ per patient and year. The total savings for the 62 patients who were not accepted for invasive therapy due to risk or for technical reasons amounted to 7500 US$ per patient and year.

These results are of course very impressive if they were correct by all means. It is good that the author has discussed the general applicability of the results and the risk of selection bias, expectation bias and the problem of choosing the right control group. There is no doubt a selection of patients. The patients have accepted to come to Nordic Heart Centre to undergo the Integrated Rehabilitation programme, which means that they believe in the ideas brought up in this book. From his presentation of patients it is mentioned that a total of 341 patients have been treated for clinical angina pectoris. Of these patients 82 were lacking bicycle test or myocardial scintigraphy, and 57 were not sick enough to be referred for invasive therapy, and that would not change the interpretation of the results. Although most of data are presented on a completed the treatments basis, the results concerning risk evaluation are presented on an intention-to-treat basis, thus eliminating this source of error. I think that the overall interpretation is that in selected patients with a willingness to undergo the Integrated Rehabilitation programme, the data seem to be very good both with regard to efficacy and safety. The follow-up results from his registry therefore support the value of the programme.

The book concludes with a very valuable reference list, which gives a relatively healthy picture of the research field.

To sum up I want to say that I read Søren Ballegaard’s book with great gain and would warmly recommend it both to colleagues, alternative medicine practitioners and students and to patients and individuals interested in preventative healthcare. The book describes in a very readable and concentrated way the value of lifestyle changes, acupuncture and acupressure in the prevention and symptomatic treatment of cardiovascular disease. I am convinced that if our patients with cardiovascular disease or the risk of the same had both the interest and the opportunity to put themselves under the treatment which Søren Ballegaard describes that we could very tangibly reduce sickness and mortality among our patients with cardiovascular disease. However, I think we need to turn a blind eye to the fact that the author describes the magnitude of the gains we can attain, since the figures are all too uncertain in the absence of a control group which is comparable in all respects.
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