

New Definitions of Scurvy Affect Everyone

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(PRWEB) November 30, 2004 -- The pericorneal vasculature, studied frequently by contact lens practitioners, shows that Scurvy affects all humans some of the time and most of us most of the time. The largely unrecognised chronic subclinical form can best be diagnosed (and cured) by Optometrists using sequential electronic retinal artery images and highly variable amounts vitamin C, occasionally with other nutrients.

The second letter defines chronic subclinical scurvy from which all humans suffer in the long term and from which we probably all die earlier than we need, having suffered it in varying degrees throughout our lives. Our deaths are ascribed to any or multiples of ninety Free Radical diseases, which are actually rooted in acute 'ephemeral' type scurvy or 'chronic subclinical' scurvy. This renders most death certificates inaccurate as they ignore the initiating factor; lack of vitamin C and Linus Pauling was absolutely right.

In my opinion Jim Fixx died of Chronic subclinical scurvy which was the direct cause of chronic unbalanced circadian atheroma (CUCA) that could have been prevented by an Optometrist trained in CardioRetinometry. Repair of the heart's coronary arteries and every other artery in the body is governed by homeostatic mechanisms. These control blood pressure, cholesterol levels (dietary cholesterol is laughably little involved and false 'findings' have caused fifty years of dietary misery) body temperature and just about every other system. The cardiovascular repair system is efficient but rate limited. Because it is rate limited we must not wear ourselves out faster than we can repair our arteries. Obviously we would not survive to adult age if repair were not at least twice the rate of wear, making it possible for every arterial endothelial cell to be replaced and stuck in place with collagen in eight hrs of overnight rest - not necessarily sleep.

I have defined the system of repair as 'circadian atheroma' a complete and perfect 24hrly cycle of wear and repair. But this is dependent on the nutrients being readily available in the blood stream and the wear not being excessive. If we are what we eat then I believe that 'Good meat makes good meat' and asking the body to make good meat from vegetables might be too difficult for some of us. All the amino acids are supplied and vegetables and fruits provide the vitamin C - that is - unless they were frozen too long ago or just stored in the fridge and too long in a cold store before that. Then, if one jogs ten miles per day as Jim Fixx did, and eats food marginally deficient in vitamin C; perhaps old and overcooked then without supplementary vitamin C the system will acquire microscopic increments of wear; cells not replaced in the linings of the arteries overnight, sore places sealed with nature's 'backup' a putty like cholesterol not found in animals that make their own vitamin C continuously.

This 'first aid' is crucially dependent on the presence of amino acids possibly most quickly obtained from meat, a complete first class protein. Lysine and Proline unite with Glycine all held together by a molecule of vitamin C to form collagen, at once the terylene binding in our pipes and the cement holding us together.

Cholesterol - not in the form of the dietary type - unless one eats monkeys that like us are genetically adapted to make Lipoprotein alpha [Lp(a) - will substitute for the collagen the body cannot make sufficiently quickly. If it has to act as a substitute every night even in microscopic amounts, the Lp(a) will eventually accrete into a blocking mass that becomes mineralised, stiff, and when inelastic, will cause elevation of blood pressure, more damage and sudden thrombosis or angina type ischaemia of the heart muscle, intermittent claudication in the limbs or transient ischaemic attacks, presently attributed by the medical profession to malfunctions of the nervous system. I am grateful to the late and loved Linus Pauling PhD. and hard working Cardiologist Matthias Rath MD. for the explanation.

The moral of the story is to have regular examinations of the retinal arteries by a patient, suitably equipped optometrist trained in CardioRetinometry. This is in my opinion, after five years of observation of my patients' health, the most valuable safeguard of one's cardiovascular and probably many other systems as they do not act in isolation.

The atheroma of the retinal arteries is a virtually perfect surrogate outcome predictor of coronary heart disease and will continue to be so as long as the eyes are connected to the rest of the system. The modern electronic eye camera/microscopes with high definition magnification facility show the impacting of the cholesterol beautifully and also its redissolving into the bloodstream when the system is restored to balance. And this is seen in arterioles too small to be seen with the naked eye!

Many early cancers, arthritis and many of approximately ninety other free radical diseases will be slowed if not prevented. Glaucoma has become a rarity in my practice. This despite in 1979, publishing a paper on the high rates of glaucoma here in Hull! That report in March 1979 was news and having been picked up by literature searchers was broadcast on the BBC news in every news bulletin of the day.

Little can be said more truly than that Scurvy is 'in the nature of Man,' and now, it seems, to a far greater extent than I had ever guessed at, an ascorbaemia being Man's primary inherited metabolic disease.

Whilst day to day variations in the pericorneal vessels are a relatively readily readable 'barometer' of 'ephemeral' scurvy especially when viewed via the slit lamp biomicroscope of the contact lens practitioner, little attention has been paid to it except by a few dedicated medical practitioners.

The pericorneal arterioles and capillaries can and are graded in my system of practise into ten degrees of scurvy allowing the accurately prediction to patients of how much or little vitamin C they have been eating. The highest mark anybody has had is 94% When I started this grading c.1997 I confounded my nursing staff by being able to correctly identify patients who ate no or few greens. But the same ease of observation does not attach to identification of the chronic subclinical variety. It cannot identify dietary faults in the most recent past. In a similar way to slow build-up of vitamin E in the body fat and cell walls of the brain, it takes over a month to be sure what is happening to the cholesterol in the retinal arteries.

Chronic subclinical scurvy is best diagnosed via patient repeated sequential electronic imaging of the eye's retinal arteries and veins which have been the subject of my intensive research since 1998. This was inspired ten years ago by Prof Denham Harman who wrote his Free radical Theory of Ageing and Disease fifty years ago this week. He is the most modest man I have ever met and has received every medical prize except the most coveted - the Nobel Prize. He deserves newspaper headlines world-wide all this coming week!

Having given employment to 4000 specialist workers in his field; having received every other medical prize; having started us all taking our vitamin C and having survived to (I have lost count) his 89th yr (?) how can 'Official Medicine' continue to deny him the Nobel Prize?

Curiously, in the UK, whilst I have been greatly aided by helpful medical practitioners joining my panel of advisers on ethical and inter-professional relations, local Official Medicine has obstructed my work although it is aimed at the improvement of Public Health via Nutritional Prophylactic CardioRetinometry. Indeed, one of the physicians on my panel was threatened and was ordered to cease aiding me.

The attack I faced, took the form of a serious and grossly absurd written allegation against me personally, directed in March 2003 at the UK regulatory body of Optometry; the General Optical Council. This supreme body has the power to strike names off the UK register. The fact that the complaint against my practise of Nutritional Prophylactic CardioRetinometry was not pursued might be interpreted in ways it is not for me to suggest. Needless to say, being greatly incensed at the brazen and hurtful nature of the allegation of unprofessionalism etc., I aired my feelings in the Optometric Press about lack of support from the General Optical Council against Official Medicine. It was not sufficient for that body simply to take no action. Sydney J Bush. PhD., DOpt. (IOSc. London) 28th Nov. 2004. HULL. England.

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