Heart Attack Drugs

Nitroglycerine (organic nitrate) causes the blood vessels to expand (vasodilator) and is used to treat angina pectoris (pain in the heart). Nitroglycerine is used as an explosive. It is a poison and causes a sympathetic nervous system reaction, which causes a need for increase circulation (vessel dilation) to get rid of the poison.

The drug companies do not know how or why it works, the preferred use is nitroglycerin ointment the FDA rates the ointment as ineffective (does not work) because there is no substantial clinical evidence for its use. Lower doses of Isosorbide Dinitrate (Isordil) are used for heart attack prevention and treatment. The dosage believed to manage heart attack patients is 120mg.

However, 95% of the patients usually take lower dosages. Isosorbide Dinitrate lacks therapeutic effectiveness (does not work). The liver destroys the tablets for heart attacks before they can reach coronary (heart) blood vessels. The non-nitrate drugs do not decrease the heart attack incidences or the pain (anginal) of the attack (e.g., ethaverine, papaverine, dipyridiamole). Dipyridamole (persantine) does not decrease the severity of incidence of heart pain and it does not treat or prevent heart pain.

It does increase blood flow. However, the increase blood causes a decrease of blood 10 narrow blood vessels because the blood flow increase goes 10 wide-open vessels. This diverts blood flow from narrow vessels. It makes the condition seem better while making the condition worse. Ethaverine and Papaverine do the same thing and damages the liver.

The majority of the prescriptions for these drugs are written for poor circulation to the brain (i.e., Alzheimer'S, Parkinson) and legs (limbs). However, these drugs have no effect (do not work) on poor circulation.