

Prof. Sydney Bush

DOpt PhD

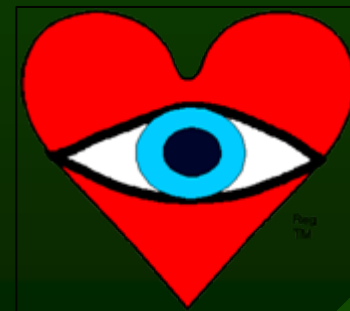


AACL 2013



Nutritional Preventive and Therapeutic CardioRetinometry® EU (Reg. US. Pat+)

For the London Anti-Ageing Conference
Saturday 21st Sept 2013
Kensington Town Hall.



Presented by
Sydney J Bush DOpt., PhD(hc).

(HeartSavers Ltd & Institute of CardioRetinometry)





Nutritional Preventive and Therapeutic CardioRetinometry® EU (Reg. US. Pat+)



Title

“Does disappearing
Retinal arteriolar reflex
signify life extension?”





CITATIONS

The Abstract and citations are appended

Except for the images, your notes contain everything that is only briefly on the screen. The images will be on website LifeExtensionLecture.com





The lecture describes

1. How the discovery was made.
2. How medicine hid the evidence
3. How medicine almost killed it off.
4. How the anomalies of Snel's Law of reflection were completely ignored
5. How heart disease is caused
6. How heart disease can be monitored, prevented and actually cured by obtaining dissolving and vanishing of what was thought to be simply a reflection from the arterial and venular walls but is now clearly disease!

It touches on

7. How vitamins work & we have RDAs.

.





Essential Background

After the discovery in 1999, of the predictability of appearance and disappearance of the arteriolar reflex whilst researching for arterial displacement in the retinal disc of the Optic nerve, that would be pathognomonic of atrophy and glaucoma, my medical contact lens patients were the first in 2000, to agree with my interpretation.





My deduction from the very first moment of seeing its disappearance, very much as in images I shall show you, was that the frequently disappearing arterial reflex could NOT be a 'reflex' and could not be coming from the arterial wall as is still taught. It could not be the "Healthy Sign" as is still being taught to Ophthalmologists and Optometrists..





The white features could only be the visible manifestation of ubiquitous, life threatening, intraluminal plaque, conforming precisely with Pauling Rath theory of cardiovascular disease in its disposition and relationship to vitamin C consumption or deficiency. In over 80% of cases there was an easily established link when questioning patients.

200 patients insisted it was probably connected of whom 100 wanted to write definitely connected to more vitamin C.





It thus became obvious that the disease is so common that physicians cannot face the reality of the prevalence of CHD, and the present scoring system is a face saving exercise because they can't admit that 98% of doctors has CHD just like you.

Michelson et al proved that its appearance does correlate to coronary artery plaque without realising it is the same plaque. Its disappearance must therefore signify Life Extension for “we are as old as our arteries





Now I shall show you in easier detail than on that day of the discovery, how I was presented with a picture that was not immediately understandable.

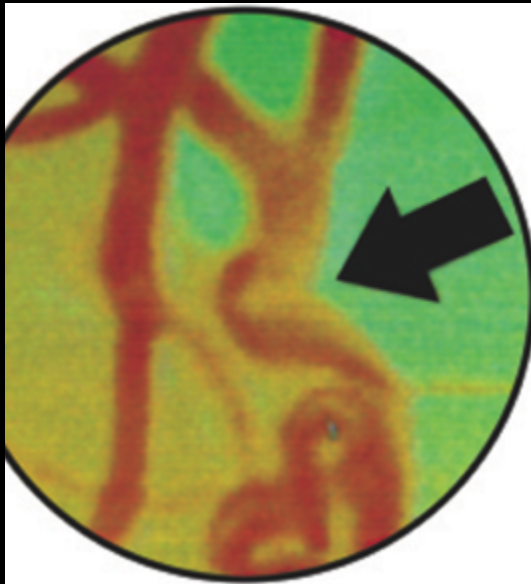
Until when asked if she had been taking the gram of vitamin C for infection and allergy prevention , the patient said “Yes, a gram twice a day as you asked me to.

I realised then that I had proved Pauling - Rath Theory, but it would be a fight to make the doctors accept it.

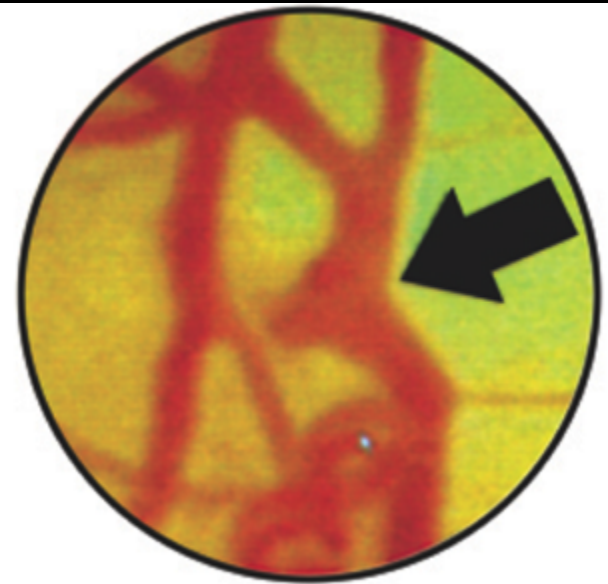




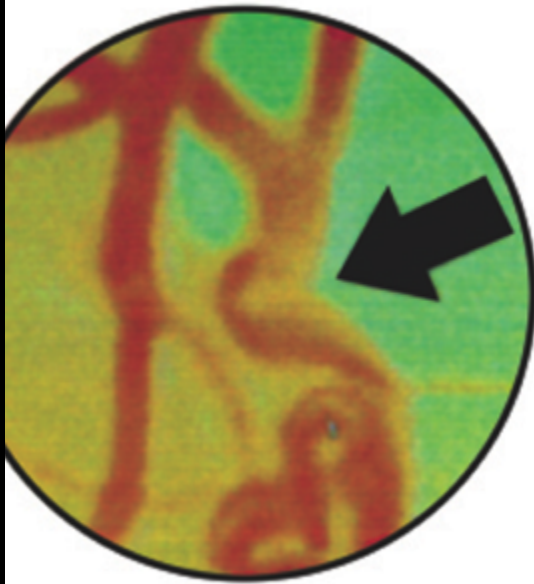
The black arrows show not a movement but a change in the central vessels of the retina



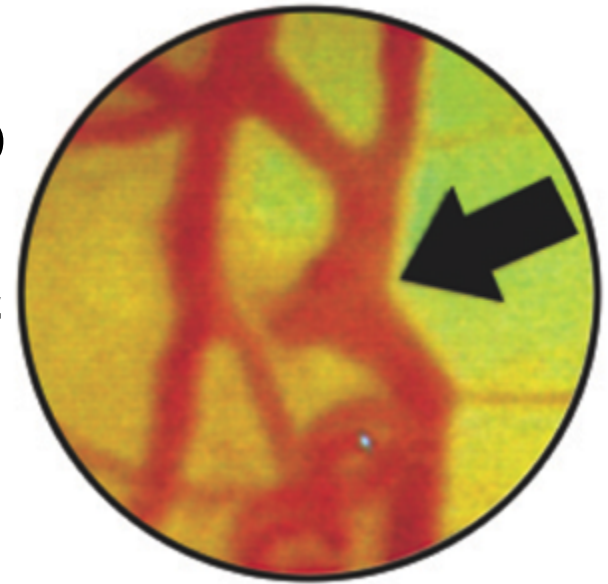
The research camera was to detect earlier 'Nasal Shift' of vessels .i.e. Glaucoma



**This widening of vessels and increased blood flow could only mean blockage dissolved!
If this was heart disease it would be 100 times more important than glaucoma!**



The research camera was to detect earlier 'Nasal Shift' of vessels .i.e. Glaucoma



My next thought was “EUREKA!” If she has achieved this with the vitamin C for allergy and infection control, I’ve proved Pauling Rath theory” and she positively assured me 2 gms/day did it!



When this was repeated in over half the patients, progressing to almost all, as more were convinced when they saw the improvements, the doctors included, the doctors and I came to an agreement to market it.

But then the NHS PTC doctors forced my medical panel's chief doctor to stop cooperating, and made him lie to the General Optical Council that he had not authorised his name on the brochure. Such a criminal act by me would have achieved my being struck off, and stopped the research.





My medical patient pleaded with me that he had no choice then, in **February 2003**, but to write the letter to the GOC, dictated for the Hull PTC by Dr. Mark Hancocks, under threat of having his NHS contract cancelled. And that is how the Director of the PTC, Dr. Sue Butler, threatened me in **July 2008**, if I refused to stop informing NHS patients that arterial disease is reversible.

I refused to renew my contract on those conditions.





The leaders of Optometry looked the other way, rather than attempt to protect the public, and when the attack was repeated in 2012 the Association of Optometrists refused to find a QC. who was unhappy with heart disease, although there must be very many. I rejected their choice.





Wasn't he stunned when at the fitness to practise hearing engineered by the NHS to discredit me, I informed Dr Hancocks that his abused witness, had remained my patient for the next five years – not exactly expected of a man who writes complaining to the GOC except with a pistol to his head. **I accuse him of perjury.**





If you were to write a wish list - What would make a perfect test for Coronary Heart Disease (CHD) monitoring – the best ever?

1. Greater Safety?
2. Greater Accuracy - No false positives or negatives?
3. Greater Availability – No need to go to a hospital?
- 4 Greater Affordability = Lowest cost?
5. Greater Repeatability every month/6 months/year?
6. Greater Speed?
7. Greater Visibility and confidence of actual prevention?
8. Greater Visibility and provision of actual CURE?
9. Can you think of more? I can't!

Yes - EXTRA SPIN-OFF BENEFITS REDUCING RISK of CANCER, INFECTIONS, ALLERGIC REACTION SO BRAIN WORKS BETTER & AGING SLOWED!





How long would it take
to develop such a
fantastic procedure
as you have just asked for?



THIS IS IT !



Or would you prefer the present system that offers instead, Greater risks of Cancer, Infection, Brain Damage, and death by continuing degeneration & Stroke risk

X-rays can be inaccurate & misleading.

Injections – can kill and damage.

There's no possibility of frequent checks without frying you far more than working in the nuclear industry.

Hospital visits can be unpleasant, lengthy and expensive.

There's even the possibility of dying in or as you leave the hospital



Now
you understand perfectly
why this has been
covered up and
the doctors are not happy
with me.

And that is why
Cardiologists Pharmacy and
megabucks medicine
fight to close the journals
to me

🔦 In this way I have shown a new understanding of the cascade of changes in visible retinal vasculature with creation of hypertension. Transparent vessels do NOT reflect light. The appearance is more of change inside the lumen seen through the arterial wall.

This causes blockage, impedes blood flow, internal blood pressure falls, Intraocular pressure (IOP) overcomes it,


Vessels collapse under IOP

Blood flow decreases. Ischaemia develops.

Compensatory blood pressure then rises as the same changes occur in the carotid arteries. Raised blood pressure inside the vessels pushes the ends apart, causing lengthening and tortuosity which can stress retina and cause tearing and detachment.

Lipid deposited on and between endothelial cells in diastasis becomes visible as it thickens following Pauling/Rath theory. Excess plaque, mineralised, embrittled, fragments.





These two papers by Morganroth et al and Tedeschi-Reiner must be the two most regretted papers medicine has ever published.

With these papers they shot their medical colleagues in BOTH feet
Ending the justification for cardiologists' X-Ray angiography
Restricted to Hospitals only!





And Let in Retinal Photography
that can be provided with a
(quite expensive electronic)
camera

- In thousands of practices –
even in third world countries.





A few things that X-Rays CAN'T do

1. Show the COLOUR and Age of the plaque
2. exact location within the vessel and if it conforms to Pauling-Rath theory of haemodynamics
3. If it is increasing or decreasing
4. Importantly its RATE of change

All impossible with X-Rays without frying the heart with radiation





So Michelson et al
Didn't know it at the time but they
imperilled perhaps \$10Billion
(\$10,000,000,000) of tax paid
profits annually, from

Lucrative heart bypass operations
at \$20,000 each
and
lifelong heart drugs.





But this opens up a huge
enormous medical
Pandora's Box
can of worms that leads to
a worst case scenario!





If everyone knew about
Michelson's paper, the eventual
photographs of unblocked
retinal arteries could lead directly
to serious questions of organised
fraud against public health and
patients by Cardiology and
Official Medicine'






And this is where we are right now
This fraud breaches Anti-trust
law in the USA and UK.


Sherman Act 1890, the Clayton Act
1914 and the Federal Trade
Commission Act 1914
UK Competition Act 1998





The fraud has shortened the lives of many millions and impoverished even more, by creating heart disease and imposing heart bypasses on a trusting public, denied the knowledge they have made possible through their taxes and charity.

Sherman Act 1890, the Clayton Act 1914 and the Federal Trade Commission Act 1914 UK Competition Act 1998





Specifically against the law, Medicine has achieved this dominant position in the market through the deliberate restriction of the knowledge that was bought and paid for by the public through taxes and your donations funding research.

Truly organised Medicine wants both YOUR MONEY AND YOUR LIFE





In 1954 Dr George C. Willis with Drs A.W Light
and W. S Cow published a paper -
Serial Arteriography in Atherosclerosis
in Canada Med. Assn J. Vol71 pp 562-568
Which began the GREAT DECEPTION!
They showed with X-Rays before the dangers
were so well known, that vitamin C reversed
coronary artery disease.
Not only that but THIS WAS THE FIRST TIME
CONTRAST MEDIA WERE INJECTED INTO
THE HEART TO SHOW IT.





This work was ignored and the credit for devising the procedure was given in the Wikipedia to Dr F. Mason Sones MD. My many attempts to right this wrong against Dr Willis resulted in my being given a lifetime ban presumably by the pharmacy gatekeepers who appear to watch for every mention of vitamin C.





This false trail was achieved by

1. Manipulating the medical archive,
2. Excluding vital scurvy related papers,
3. Restricting medical education,
4. Training medical students in lies to answer questions about vitamin C as I was trained to lie and
5. Lying to patients about arterial disease being irreversible.





Further proof of the illegal restriction of the knowledge comes from the graph in the 700 Vitamin C Secrets **book** that shows how Scurvy, which is the real, principal cause of coronary heart disease⁽⁶⁾ was taken out of the medical archive to deceive the public.

700 Vitamin C Secrets (and 1,000 Not So Secret for Doctors!)





This is how I next exposed THE GREAT DECEPTION

700 Vitamin C Secrets (and 1,000 Not
So Secret for Doctors!)

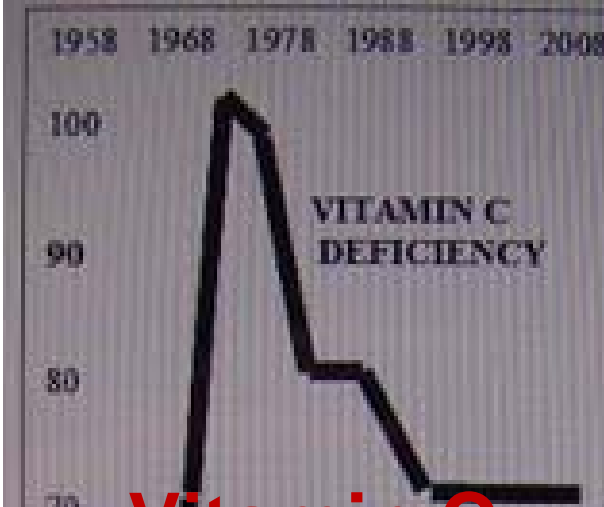




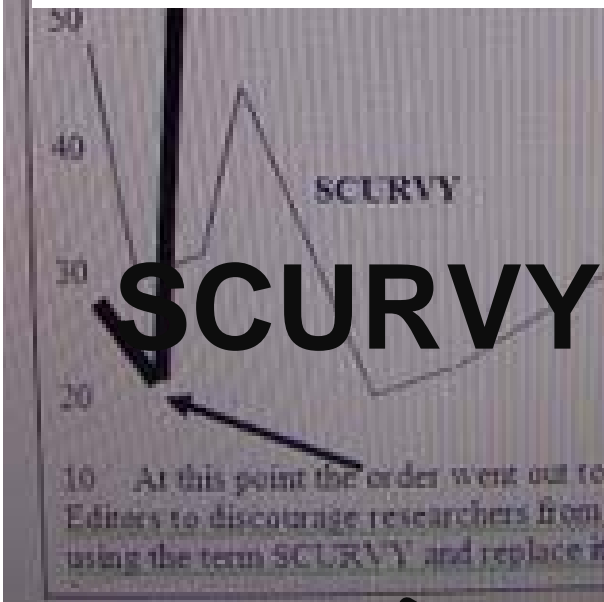
100

Number
Of
Mentions
Of
SCURVY
In
The
Medical
Archive

ZERO



Vitamin C
Deficiency



Thin line at bottom
Shows the point at
the arrow's end
where the editors of
medical journals
stopped mentioning
Scurvy and changed
it to
Vitamin C Deficiency.
Far less alarming and
scurvy disappeared
from the West as the
most fatal disease

1958



2008





The false trail was extended in the 1970s by suppressing the work of the World's greatest scientist of the 20th Century, twice Nobel Prize Winner Dr. Linus Pauling author of Vitamin C and the Common Cold, and cardiologist Dr. Matthias Rath MD, whose papers were excluded from every major medical journal.





Linus Pauling then PREDICTED the state of WAR that now exists between The Public and Pharmaco-Medicine.

Was he right? Could civil war follow as people learn how they have been betrayed by their institutions in so many ways?





Did the UK NHS declare War on
Optometry by attacking me?
I described it in my encyclopaedia
with the teasing title, 700 Vitamin C
Secrets (and 1,000 not so secret for
doctors) when I proved their hypothesis
to make it an established theory!





Isn't lying about
Vitamin C
Genocide?





Did I prove how the NHS wants to suppress this development when having invited all the cardiologists to my lecture to the British Medical Association on 2nd December 2009 they, and all the executive of the NHS Primary Care Trust refused to attend and they and continued to deny that arterial disease is reversible?





Vitamins and RDAs.

Too many doctors are opposed to nutrition – it costs them.

Instead of a NHS, with that incentive, they bought themselves assured sickness.





Vitamins were only found when the whole new concept of deficiency disease cured by these magic substances was revealed.





So can it surprise anybody when that invaluable source of Health Advice The Daily Mail, on 6th July 2013, quotes Dr. Alan Kristal stating that “More and more of these studies show that high doses of supplements have no effect or increase the risk of the disease you are trying to prevent.” Is he serious?





The flagrant corruption of UK medicine re the RDA for vitamin C is shown by the reluctance to follow the USA in upgrading by doubling and quadrupling their advised amounts for non-smokers and smokers. Both countries deny the inadequacy of the vitamin E RDA so that is the most powerful review evidence for need. Further proof is the rejection of the Sardi Expert committee's appeal for revision.





How heart disease is caused

CHD is mainly Scurvy! Lack of vitamin C is the main problem. Lack of Lysine, Proline and Glycine to make collagen, and vitamin E to perform many vital functions all exacerbate it.

Deficiencies of Co-enzyme Q10, alpha-lipoic acid, Glutathione in the red cells, MSM, vitamin D3 and doubtless other factors still unknown play a part.

Excesses of polyunsaturated oils, histamine, toxins, hypertension, stress and infections all exacerbate it.





Diastasis (Separation) of the endothelial cells of the vessel walls would allow penetration of the aqueous phase of the plasma to permeate, hydrolise, and ungel the collagen of the vessel wall, which could lead to weakening and spectacular loss of strength, manifesting as aneurysm and/or haemorrhage.

A genetic metabolic countermeasure identified by Pauling and Rath provides Lipoprotein alpha [Lp(a)] in proportion to anascorbaemia. The anatomical countermeasure for genetic anascorbaemia is the thickened arterial wall of Homo Sapiens.





Prevention of endothelial oedematous diastasis is achieved by an attraction between lysil strands and binding sites on damaged endothelial cells and Lp(a) molecules which attract and form a 'key in lock' connection resulting in a soft malleable and hydrophobic layer protecting the strength of the collagen of the tunica intima against hydrolysis and utilises fibroblasts, blood platelets, calcium and macrophages forming plaque which can become invaded by neovascularisation as the growing mass requires protection from colonisation by bacteria. Capillary fragility between plaque and endothelium can haemorrhage dislocating mineralised and embrittled plaque causing thrombus formation.💡



How can it be monitored?

The entire process can be observed by sequential and subtractive high definition fundus photography with all electronic fundus cameras being capable of providing sufficient detail for a reasonable degree of confidence in monitoring as we evaluate many other features, particularly those where plaque and its consequences are predictable.





This is what is being evaluated for improvement.

1. Blood vessel diameters,
2. Tortuosity,
3. Retinal perfusion
4. Neural perfusion
5. Neuro-retinal rim and architecture
6. Arterio-venous crossovers,
7. Arteriolar Intraluminal plaque
8. Venular intraluminal plaque
9. Disc architecture.
10. Harmonics of the haemodynamics



This what must be addressed for improvement.

1. Blood chemistry
2. a. plasma ascorbate, to make collagen
3. b. Lysine
4. c. Proline
5. d. Glycine (ALL Components of collagen)
6. e. Histamine (Diastasis dependent)
7. g. Plasma vitamin E
9. Hypertension caused by atheroma.
10. Anaemia
11. Unwise lifestyle
12. Unwise diet and deficiencies



With good sequential subtractive fundus photography it can be controlled with ultra precise accuracy, completely impossible by all other known means as prescribed antioxidants are varied according to the revealed needs.

Even daily ascorbate biochemical assay will not yield adequate information for the same control for Hickey & Roberts have shown the ephemeral nature of the plasma ascorbate level.





How effectively can CHD be prevented?

Cardiologist Dr Matthias Rath MD states on page 39 of his book “Why Animals Don’t Get Heart Attacks – But People Do!”

“The fast growth of coronary artery deposits during the first six months was slowed, and essentially stopped during the second six months. As a result no heart attack would occur.” a statement which appears eminently true.





Dr Rath's experience is however based on the limited possibilities for the re-evaluation of the CHD by the X-Rays of ultrafast computed tomography.

CardioRetinometry now offers a more refined evaluation as there is no limit whatever to the frequency of evaluation and even daily evaluation is becoming possible for research with the development of cameras that will resolve particles as small as blood corpuscles!





So how effectively can
CHD be cured?

It seems that the answer
has to be 100%





I suggest 98% reduction of risk,
bearing in mind that even racehorses
can have a heart attack!
Perhaps I am being unduly cautious.





How long does it take to train a technician
in evaluation?

It was a great surprise and
disappointment to find on
first uploading images
to the internet in December 2004,
that my colleagues were often
unable to see the differences!





Since then Dr Vera Riches
MD., BSc., DCardioRet
and I have agreed that it is expected
to require between 6 weeks and 6 months
to train suitably gifted people in
the necessary skills.





It is so complicated that
we do not expect to see anybody
achieve an automatic evaluation
programme as there are
so many variables to take
into consideration.





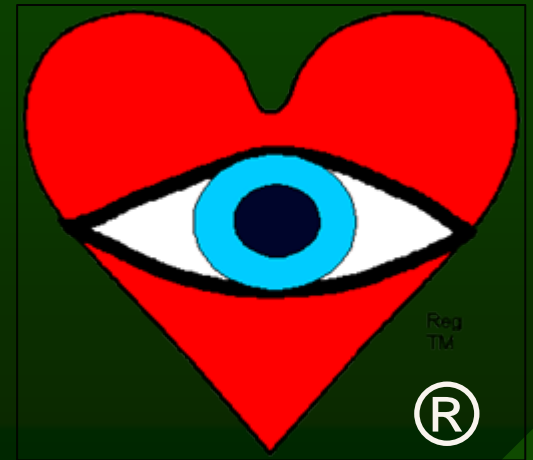
As the journals were closed
to the World's greatest
scientist Linus Pauling
and cardiologist
Dr Matthias Rath.



So Google finds the truth
PubMed hides it!

Nutritional Preventive and Therapeutic CardioRetinometry® EU (Reg. US. Pat+)

If YOU WANT TO LIVE LONGER
and are an average
cardiologist
physician or
any healthcare pro.



IN MY OPINION you are not exempt!
YOU NEED THIS CARE - and
at the end of the lecture
you can tell us why you don't!



This situation could not arise
without government ignoring it





Helped by the General Optical Council
spending £100,000 that could have
been devoted to research, forcibly re-
registering me after retiring to full time
education, to ban me for technical
misconduct in order to deter
Optometrists from learning and
practising how to end
heart bypasses and medical profits
by claiming correctly, to
“Cure Heart Disease”





I believe that this decision to strike me
off will backfire on the
General Optical Council (GOC)
and that public outrage could
require the replacement of the GOC.





Dr. Julian Whitaker in the film, about Dr Burzynski and his discovery of the cancer cure stated

“ true medical breakthroughs are
suppressed because they
“put at risk the entire financial
underpinnings” of medicine.”





End of Politics?

Not quite
Dr Fred Klenner MD., FCCP.
stated

“The physician would allow the
patient to die rather than admit
the power of vitamin C beyond
the range of a vitamin.”





To prove the title, I had first to
prove that current teaching is
wrong and that
arteriolar reflex actually comes
from intraluminal plaque blocking
the artery
and not the 1986 'blood column' of
Brinchmann-Hansen or
'ensheathment' as taught for
100 years.





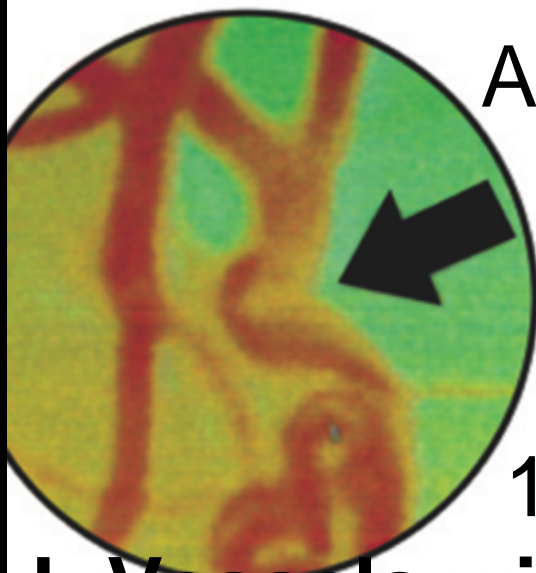
I believe I did this by first showing
that every time the arteriolar reflex
disappeared,
vessels widened
showing
more blood flow
and
this reversed when
patients ignored my advice.



Heart disease reversed and cured

HEART DISEASE

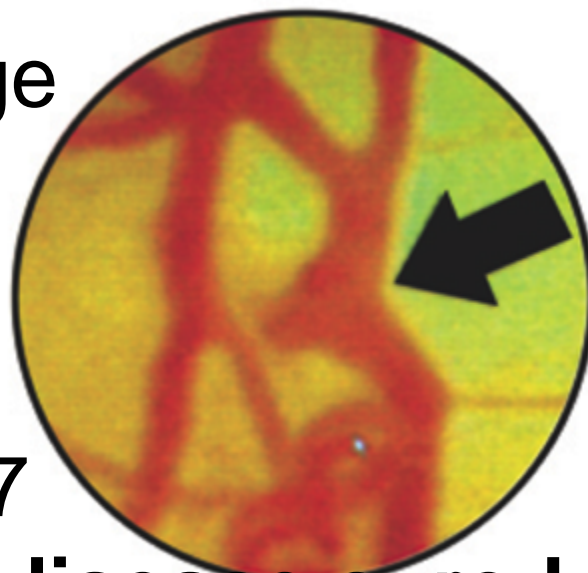
CURED



Arterial Blockage
shown in Left
Retinal photo
Disappears

1998

2007



L Vessels widen as heart disease cured R

**Optometrists will
agree this is very likely
how most of YOUR**

**But amazingly, we
never recognised
it as heart disease!**

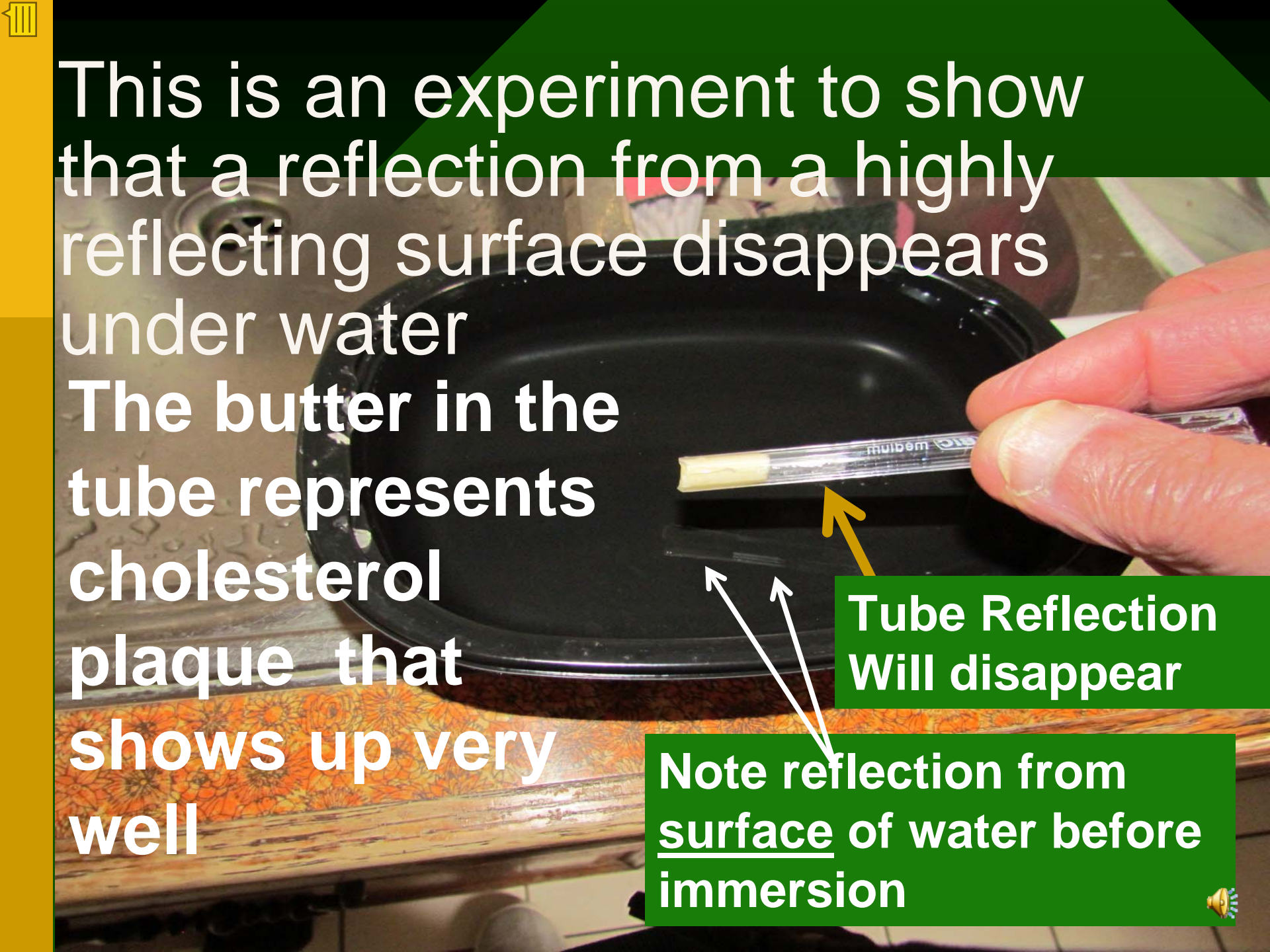
Arteries will appear

Everyone had it! 💡



I set out to prove that the 'reflex' is
actually intraluminal plaque
with
an experiment
that I have not seen before





This is an experiment to show that a reflection from a highly reflecting surface disappears under water

The butter in the tube represents cholesterol plaque that shows up very well

Tube Reflection Will disappear

Note reflection from surface of water before immersion



🔊 The 'plaque' looks the same under the water from any ang. Does this show that the 'reflex' from the retinal arteries cannot be from the "blood column" or the "wall of the artery" as everyone else claims, and is still being taught?





If everyone was so certain of it – why did Brinchmann-Hansen and Heier write as recently as 1986, their report concluding that the the light reflex must be generated from a “rough reflecting surface”- “erythrocytes” suggesting the blood column?”

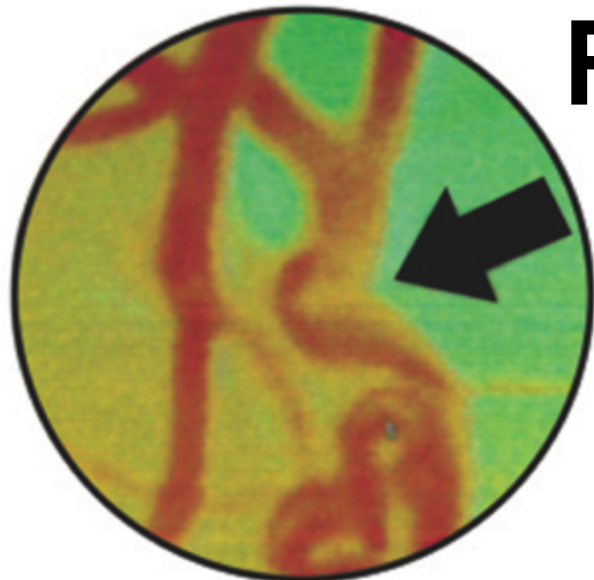




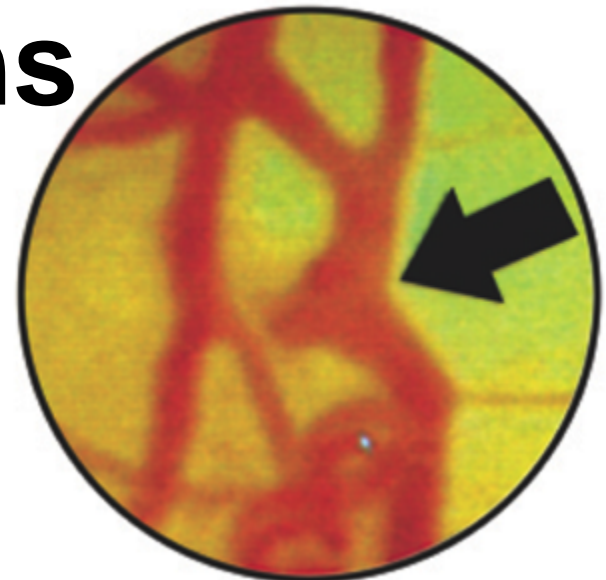
To my mind it made no sense for it failed to explain the disappearance of the reflex when the blood was still there - and often more of it!



My next task was to show the impossibility of Snel's law of reflection being followed. Here we have typical vessels. Yet there are vessels with no reflex and others with equal reflex on both convex and concave surfaces!



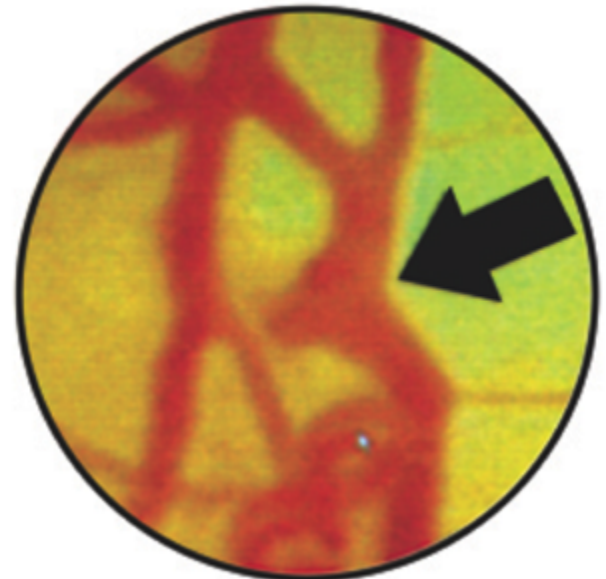
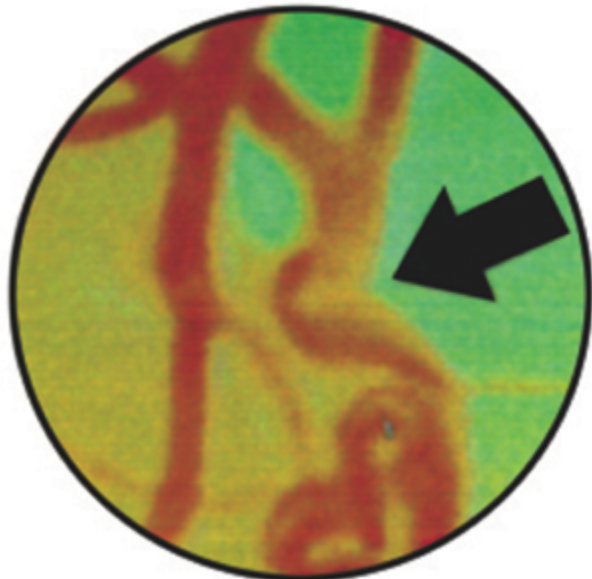
**Reflections
don't do
that!**



**plainly establishing that an arterial surface
does not (as Havener says) have to reflect and
can be transparent.**

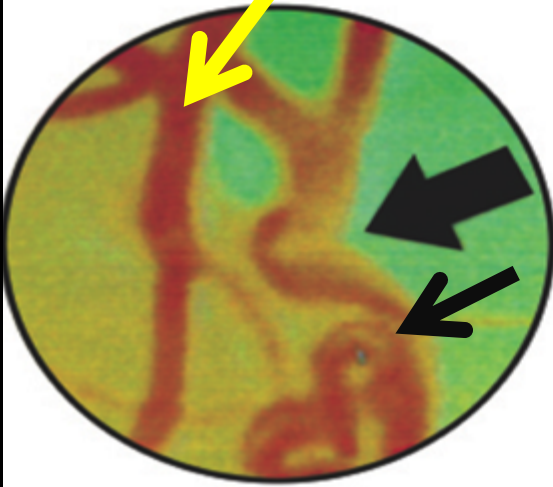
He was right!

**After that I had to show that the so called
reflection disobeys all the laws.**



No Reflection!

And TOO MUCH reflection



Something wrong here!
This can't be right!
Snel's law of reflection
does not allow this if the
white feature is mere
reflection!

Why has this glaring
anomaly never been
challenged?

Case Proved!





Thank You Michelson et al!

That the highly recognisable unblocking of retinal arteries is a perfect surrogate outcome indicator of coronary heart disease atherolysis (plaque dissolving) follows directly from two papers that found virtually 100% sensitivity and 100% specificity for retinal artery reflex being a mirror image of coronary artery disease.

Michelson, Morganroth, Nichols & MacVaugh. *Retinal arteriolar changes as an indicator of coronary artery disease*. Arch Intern Med- Vol 139; (Oct 1979.)
Tedeschi-Reiner E, Strozzi M, Skoric B, Reiner Z. Relation of atherosclerotic changes in retinal arteries to the extent of coronary artery disease. Am J Cardiol. 2005 Oct 15;96(8):1107-9.






Currently it is a project
at the University of Chicago.

Paul Francis BSc who gained a 1st Class
Honours degree for his thesis at Hull University
after conducting research with me
found that his own arteries suffered with his
stress during the six months of his work
before recovering.





When I first uploaded these images to the Internet I was stunned to be told by my colleagues that they considered them to show little or no difference. Intensive study is needed to acquire the skill to evaluate the images as we seek to identify changes as small as $\pm 2\%$.





An increase of 2% blockage every year for 25 years from a baseline of only 25% at age 25 would mean certain death after age 50 if not before.





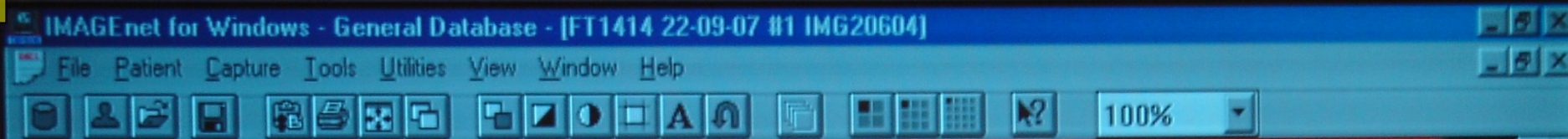
In the next slides, a series of photographs of the retinal arteries you will see that the retina is pale becoming more red as blockages disappear and vessels open. I shall run through them very quickly as they will not teach anybody much in the short time available.



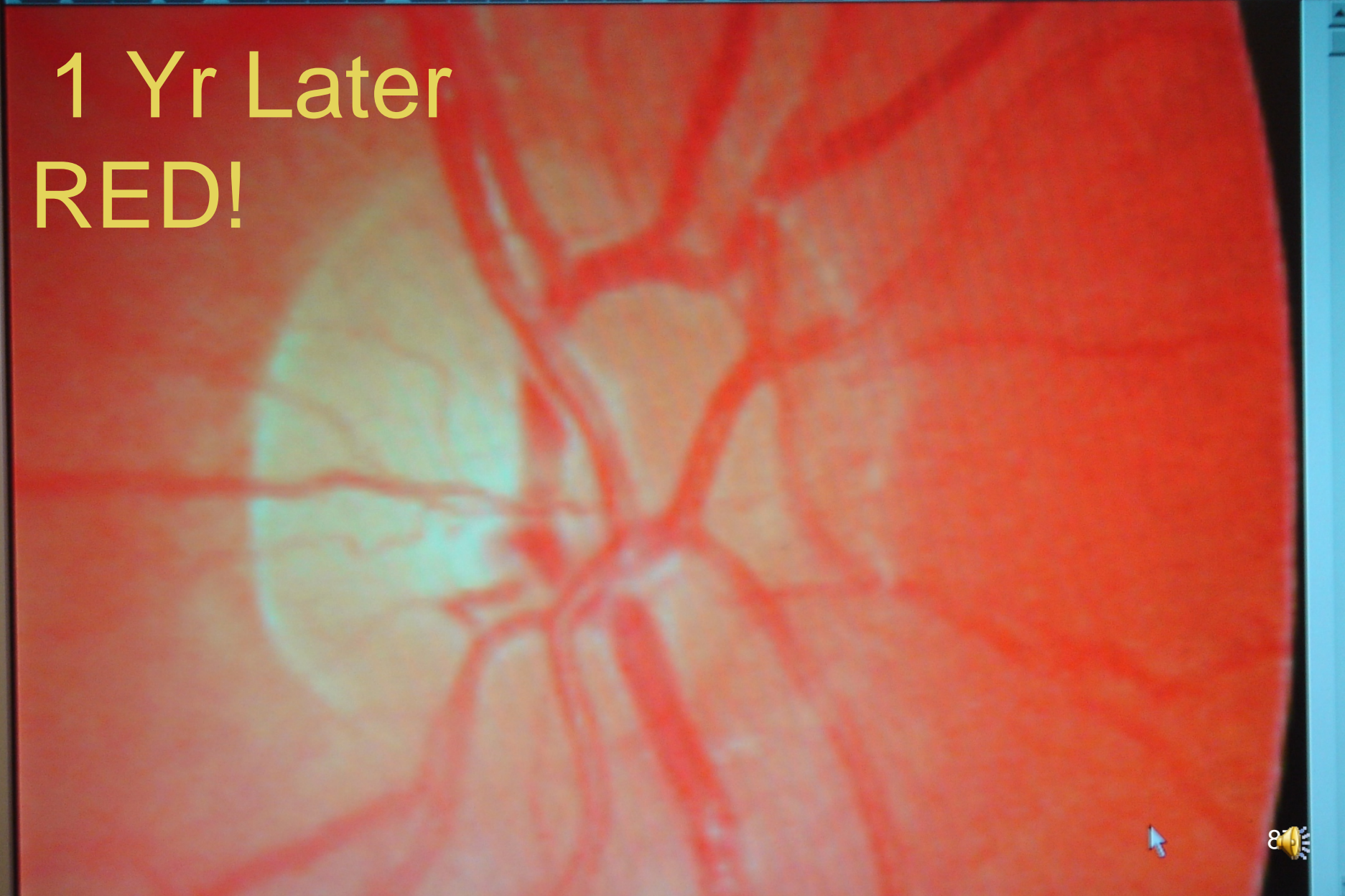


PALE





1 Yr Later
RED!



Hypertension Origin?

Cholesterol Blocks

Note how vessels widen with increased blood-flow and at the arterio-venous crossover the artery becomes more transparent. The vessels jump about because the whole vasculature is recovering its former shape and the entire retina changes colour as the cholesterol disappears and the blood returns

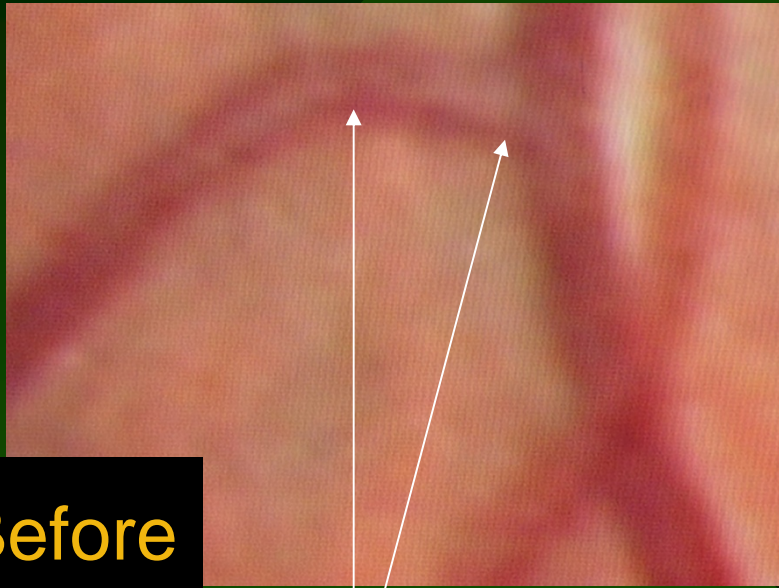
Hypertension Origin?

Dissolves & Circulation Returns

Note how vessels widen with increased blood-flow and at the arterio-venous crossover the artery becomes more transparent. The vessels jump about because the whole vasculature is recovering its former shape and the entire retina changes colour as the cholesterol disappears and the blood returns

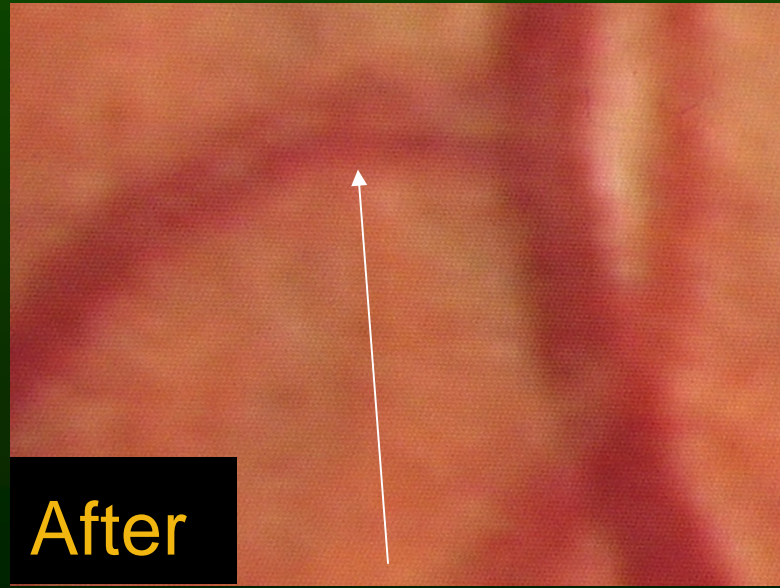


Before these photos were taken Nobody had ever seen this happen!



Before

Vein pushed up to arch higher as the cholesterol blocks entry to larger vein



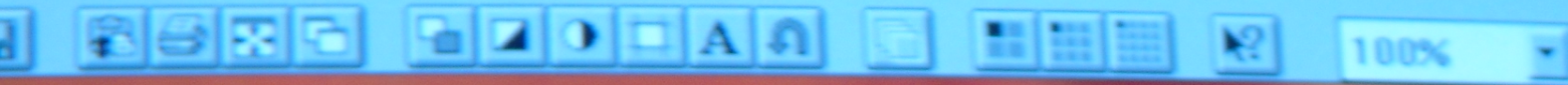
After

Cholesterol block dissolving, blood-flow restored. pressure falls – arch falls.



Windows - General Database - [FT 1388 25-11-04 82 IMG0081]

Capture Tools Utilities View Window Help



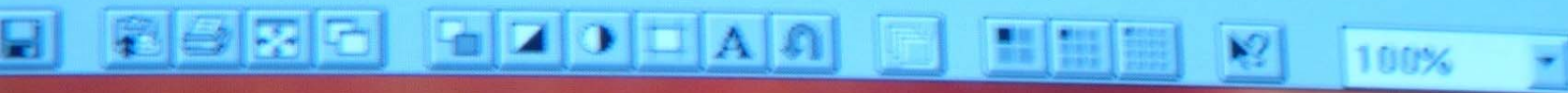
Retina =YOUR Cerebral Cortex NOW?
Did they lie to you about Vitamin C?





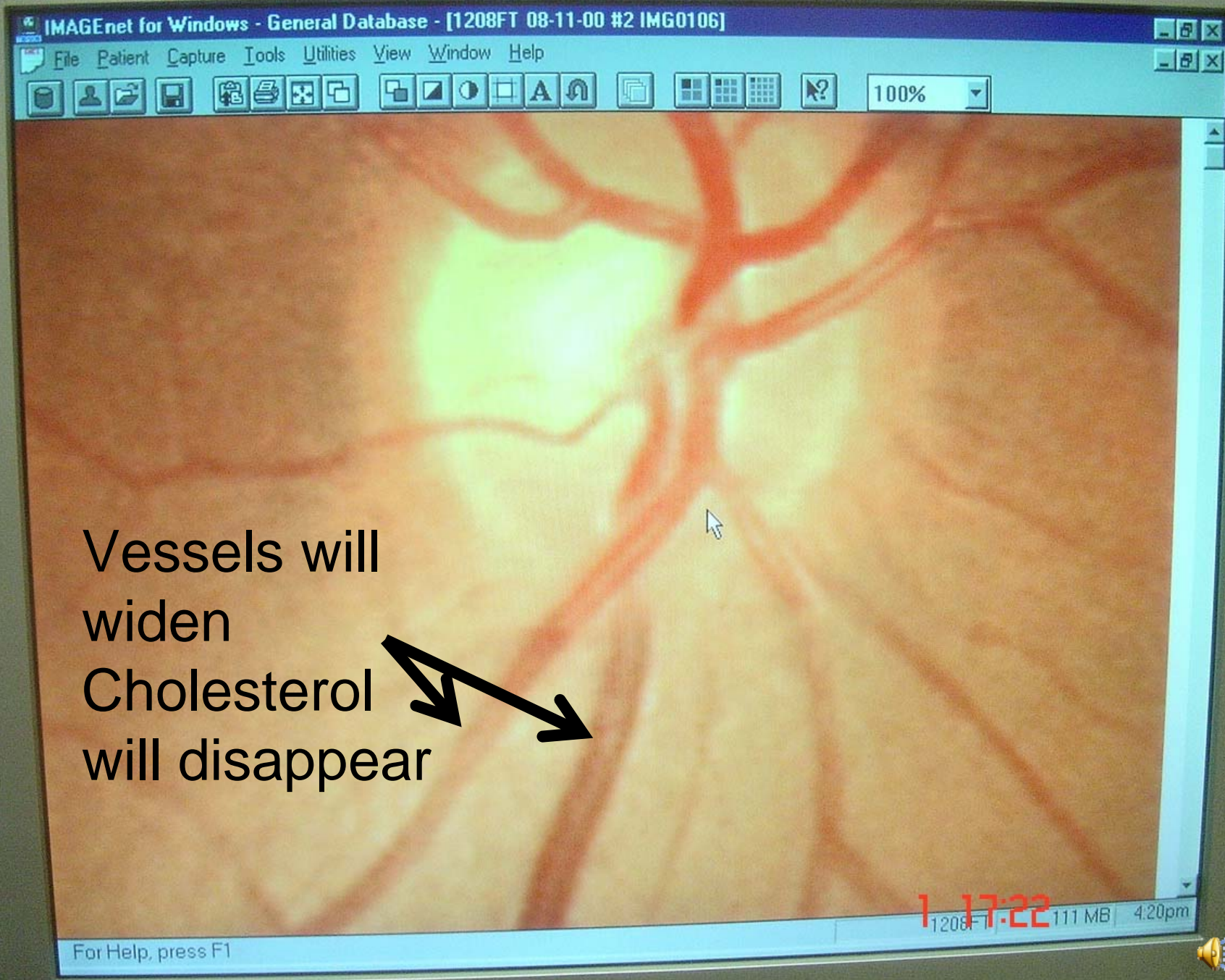
Windows - General Database - [FT 1388 23-03-05 #1 IMG0143]

Capture Tools Utilities View Window Help



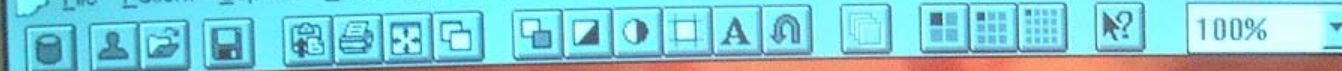
Retina = YOUR Brain 4 months later?
. Did they lie to you about Vitamin C?





IMAGEnet for Windows - General Database - [1208FT 28-11-07 #1 IMG1377]

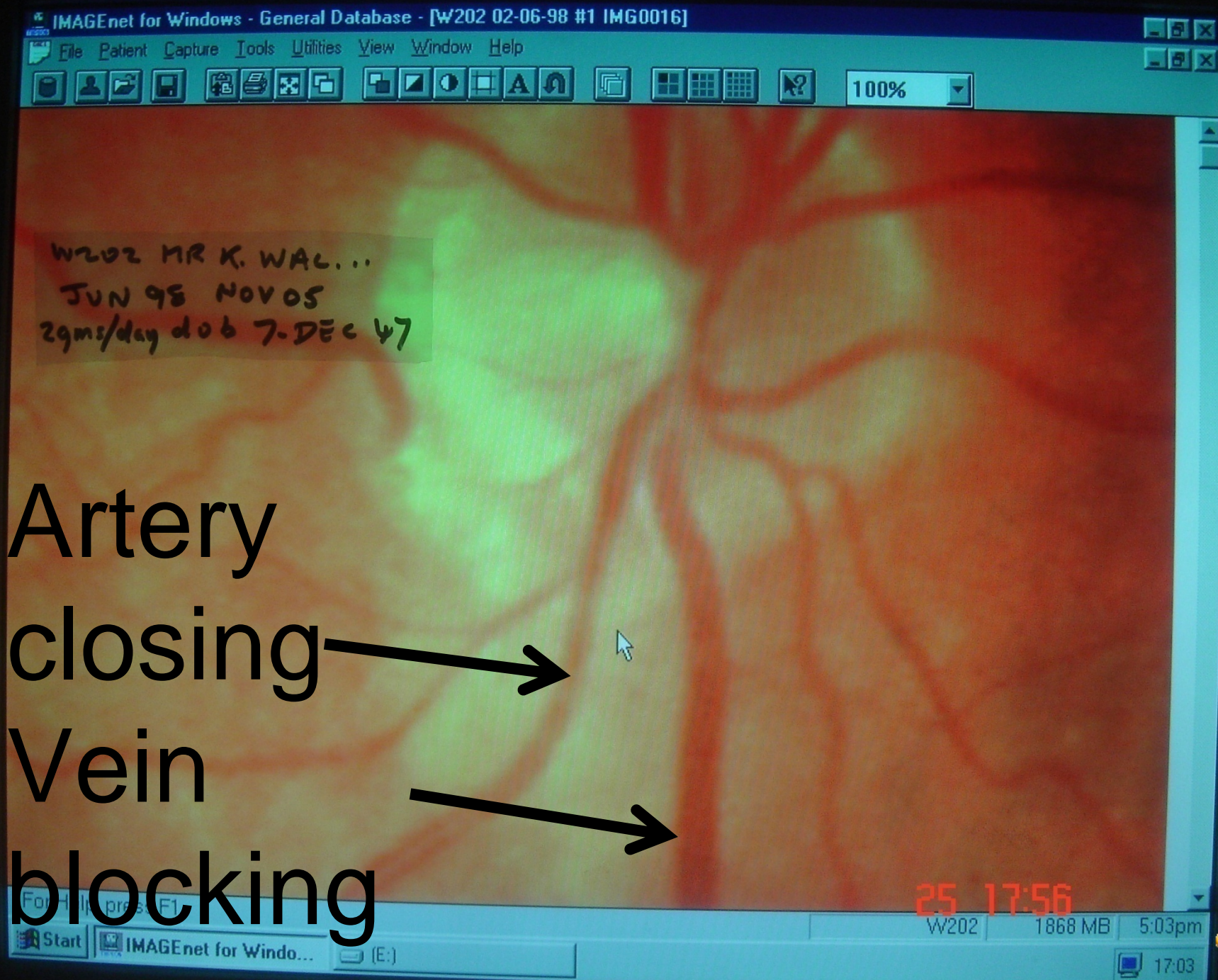
File Patient Capture Tools Utilities View Window Help

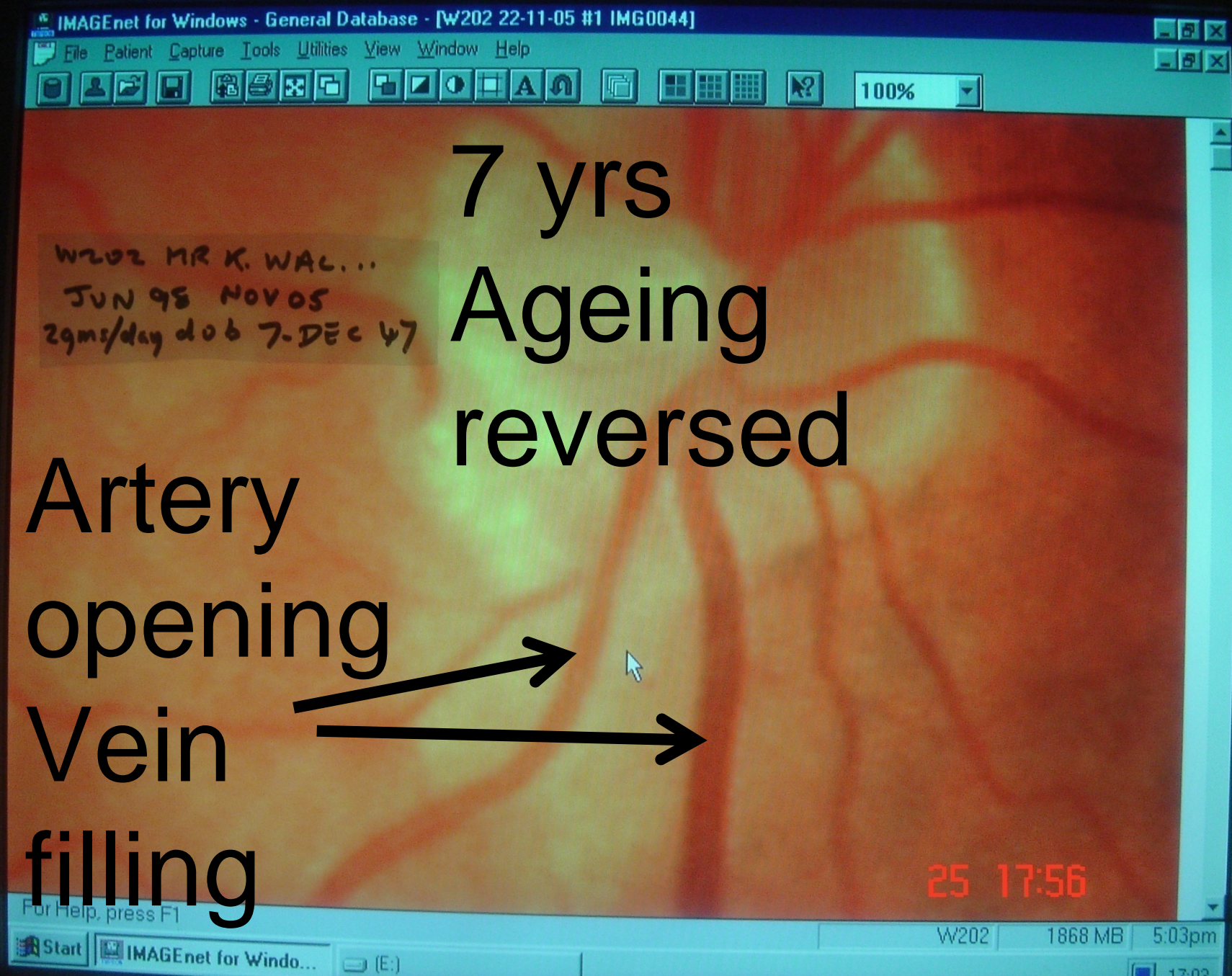


5 yrs
Ageing
reversed

1 17:22 1 MB 4:20pm

For Help, press F1





7 yrs

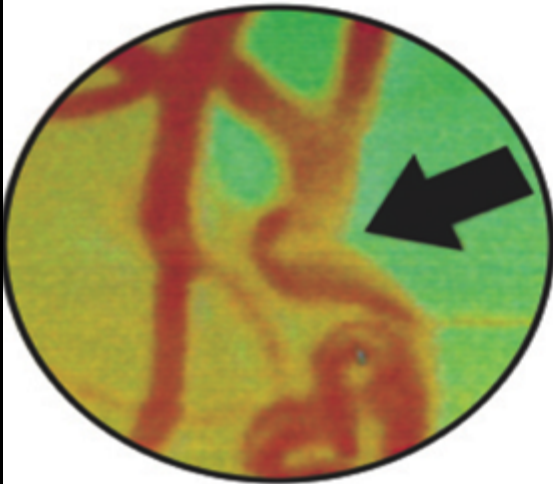
Ageing
reversed

Artery
opening
Vein
filling



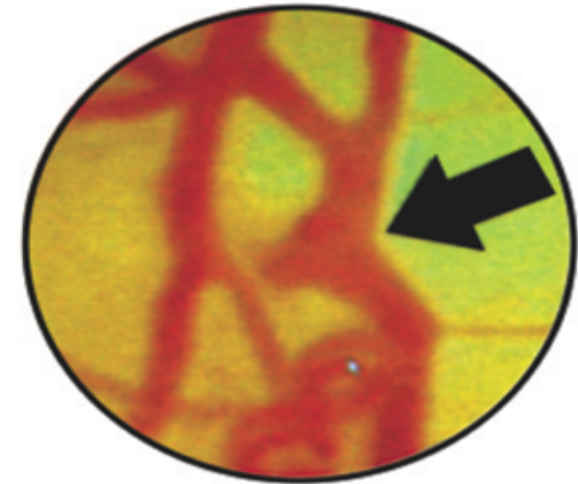
25 17:56

I estimate that the patient on the Left would be Cardiology's Grade ZERO!



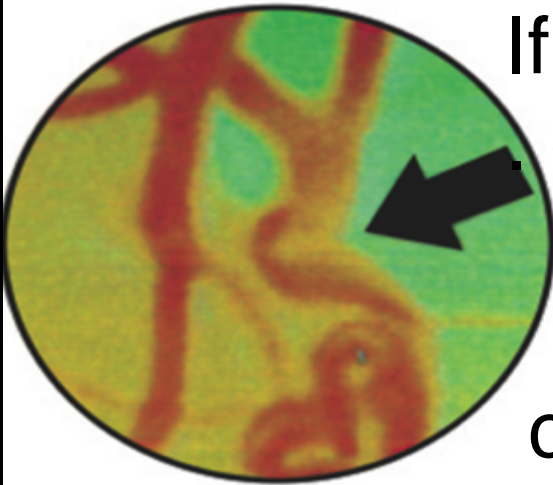
**1998 HEADING FOR
CORONARY HEART
ATTACK**

Note black arrow
pointing to obstruction.

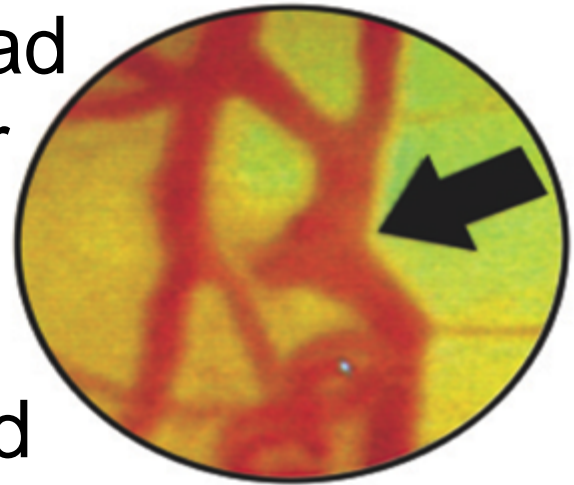


**NINE YEARS LATER
IN 2007 & UNCHANGED
in 2009 11 years later
AGEING STOPPED
& REVERSED!**

Even the Better arteries on the RIGHT aren't my Grade ZERO!



If the change had gone the other way we might assume she could have died





Many doctors dearly want to dismiss the vitamin C connection, saying it is all anecdotal without a double blind study.

What they hate to be told is that

No disease was being treated

No placebo was needed.

This was a discovery unrelated to everything.

This was evidence based medicine

of exactly the same kind that proved Vioxx killed people and it was banned

Like you don't need double blind studies to prove hemlock and cyanide kill

Here was an established link. Vitamin C cured the reflex which had then to be recognised as diseased plaque..



And that is why
Cardiologists Pharmacy and
megabucks medicine
fight to close the journals
to me



The discovery that arterial blockage can be reversed naturally and monitored in the retinal vessels is said to be a major event in medicine of the 20th Century that Dr. W. Gifford-Jones MD states in his newspapers columns is “a historic discovery worthy of the Nobel Prize.”





It is the key discovery that eluded the greatest scientist of the 20th Century, Double Nobel Prize winner Dr. Linus Pauling to crown his 40 years of research, latterly with cardiologist Dr. Matthias Rath





Yet with thousands of photographs, many uploaded to the Internet since Dec 2004, the whole of UK and Western organised medicine has conspired to ignore and suppress this vital discovery.

FOR 9 YEARS !





It appears that the media and particularly the London Daily Mail may have conspired with Medicine to keep the public in ignorance

Was suppression of the Prendeville Report obtained after the time and effort of consecutive patients following false promises of the Daily Mail Health Supplement Editor?

We saw instead a full page advert by BAYER Pharmacy!





Did the Daily Mail editor receive perhaps £25,000 NOT to publish the Prendeville report?

And 25,000/WEEK for the last five years?





So I determined to make it
impossible to continue
ignoring this by claiming to
CURE heart disease.





Which is legal, decent and honest if the claim relates to degrees of CHD that cardiologists refuse to recognise by ignoring up to 49% blockage of all major heart coronary arteries.





By calling 49% Blockage
GRADE ZERO!





Why do they do this?





Is it because they DARE NOT admit that almost everybody has that much heart disease exactly as I assure you corresponds with what we see in your retina?





And in the unlucky
ones it breaks away
and you can die if we
don't dissolve it out
for you?





And the cardiologists
die too!


My Physician friend
died on the table
having a bypass!





For How much longer
can the deception of
Grade Zero continue?






Following the uploading of 'before and after' retinal images to the Internet in Dec 2004, All the world could see and do their own study to refute the finding. In nearly NINE years – although the anti vitamin C brigade would very much like to deny the effect but

NOBODY HAS DENIED IT!

The Rest Of The World thus served as 'Controls' in what is now the longest, biggest unrefuted challenge to my peers in history. Nobody dares to go on record saying Vitamin C does not repair the arteries as shown here.





Now I want to assure you that even if you have heart disease . . .

Even if you fear a stroke or another heart attack . . .

Even if you rightly fear that tinkering with the pump won't mend the weaknesses in the rest of the arteries





You can **IMMEDIATELY** start reducing the risk of a coronary thrombosis, stroke, aneurysm, angina or ischaemic renal failure and possibly Alzheimer's too





Send your photographs to
Evaluation@SydneyBush.com
Everywhere in the World where
there is a **45 degree fundus camera**
and an Internet connection, your retinal
arterial condition can be captured
and transmitted to the Institute for
evaluation with your questionnaire
to assess your heart health
requirements in far greater detail
than ever before possible.





Photographs can be sent to
Evaluation@SydneyBush.com
You pay the Optometrist for a series of
seven pairs of photographs to be sent
for a cost of £10/pair (Some might
charge more) and e-mail for and return
the health/medical history
questionnaire.





In Complicated cases
Former University Chancellor
Prof. Dorie Erickson
PhD(Nutr) PhD(Edu)DLitt MA.,MSc CNC
Chief of Nutrition at the Institute
can be consulted for more expert nutritional
assessments.

Best sources of nutrients are
suggested and each service is based on a
three year contract.

The Institute can be contacted on
Prof@sydneybush.com.
Or Bush@InstituteOfCardioRetinometry.ac



To close

An Example of Cardiology's

GRADE ZERO





Mike Reid killed by a heart attack

SEE
PAGE
NINE

EastEnders: Mike Reid with co-star Barbara Windsor in the BBC1 soap

FULL MEDICAL CHECKUP & CLEAN BILL OF HEALTH 2 WEEKS BEFORE!

30 11:11

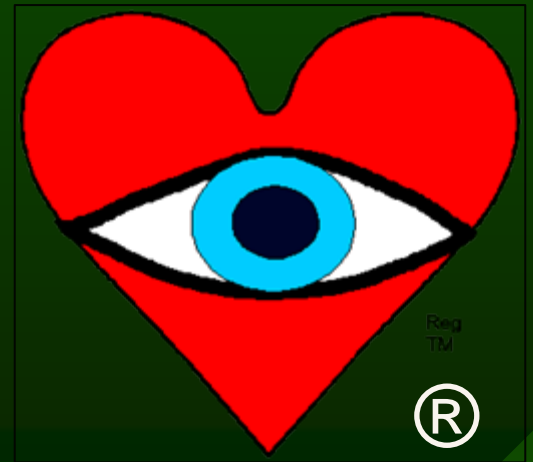




To End
For ten years people
have said to me
“I believe “Everything
in Moderation!”

& I reply

“Then, you can just expect
a moderate heart attack.”





End





AACL 2013