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The Silent Bacteria and Atherosclerosis

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Is it possible that a species of bacteria that commonly causes sinus infections, bronchitis, asthma or pneumonia can also be a silent cause of atherosclerosis?

Atherosclerosis (also known as arteriosclerotic vascular disease or ASVD) is a specific form of arteriosclerosis in which an artery wall thickens. Many people are familiar with the common term, **hardening of the arteries**.

Atherosclerosis is the leading cause of heart attacks, stroke, and peripheral vascular disease.

The bacteria linked to heart disease is **chlamydia pneumoniae**.

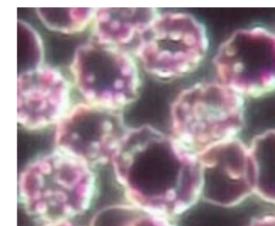
The medical research has shown that this bacteria can **live quietly in the body for decades** without causing any problems.

Unfortunately, we also now know that chlamydia pneumoniae has been found to be a cause of a **silent infection leading to coronary arterial inflammation**.

In one breakthrough study, chlamydia pneumoniae was found in **79% of people with carotid artery plaque** vs. 4% in people with no plaque!

Even though the medical research has shown the existence of this bacteria and arterial inflammation many cardiologists do not check to see if chlamydia pneumoniae is present.

Three inflammatory lab markers should be part of any cardiovascular work-up. These include: **fibrinogen, C-reactive protein (high sensitivity) and ferritin**. In the event any of these markers are elevated you should do some detective work and see if chlamydia pneumoniae is present. I recommend measuring the **chlamydia antibodies by PCR** at any commercial medical lab to establish that there is indeed an infection.



Chlamydia Pneumoniae

“ Chlamydia pneumoniae was found in 79% of people with carotid artery plaque vs. 4% in people with no plaque! ”

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Chronic Inflammatory Markers



The best treatment is **azithromycin 500 mg twice a day (on an empty stomach) for 3-5 days 1-2 times a month for 6 months**.

I also would recommend consulting with your functional medicine practitioner for **natural botanical treatments**.

At the conclusion of the treatment, recheck to see if the inflammatory markers have come down and repeat the chlamydia antibodies. Of course don't forget to re-introduce probiotics to replace what the antibiotics have destroyed.

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