

Personal Observation of Thiamine Therapy of Coronary Heart Diseases-A Preliminary Approach of Physiologic Therapy with Case Reports

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Abstract

This report was based on clinical findings from a population with terrible hard labor and inadequate food 6 decades ago. Thiamin was found essential in body energy regeneration, curable for many heart disorders including hypertension, and dramatically eliminating lipoma. Only thiamin 300 mg plus 1 ampule of VB Co. were injected twice daily in a case of severe coronary heart disease and cured. Another 32 patients were then followed. As the result of continuous 180-300 injections within 3-5 months, there was an initial non-responding stage about 3-8 weeks without improvement of cardiac signs possibly due to reducing the lipid/cholesterol blockers or blood cell debris. Once an interval was found, lipid/cholesterol removal by thiamin would be progressed gradually or dramatically for totally 3-5 months until cardiac signs completely free for 2-4 years. No other routine medicine was required. The associated abnormalities were eradicated including kidney cyst, panic state, Parkinson syndrome, nail-layering, peripheral neuritis. It could be "refueled" with only vitamin B1 after a certain period if restenosis returned. Although all regular medicine was canceled, associate hypertension, hyperlipidemia, and diabetes were normalized or obviously reduced and diabetes greatly improved in measured cases. Thus, update by multiple institutes is required.

Keywords: Arrhythmia bradycardia; Cardiac electric shock; Coronary heart disease; Kidney cyst; Lipomatosis; Myocardial infarction; Nail layering; Thiamin deficiency; Thrombosis

Abbreviation: CHD: Coronary Heart Disease; AGEs: Advanced Glycation End-products

Introduction

The function of every organ and tissue in the human body depends on body energy, which is generated through oxidation of food substances by a series of enzymatic reactions initiated with coenzyme thiamin and co-factor magnesium. When they are severely undersupply or over much consumed, detrimental consequences involving different systems or pathogenic processes would ensue, leading to various life-threatening conditions or very queer clinical phenomena, including cardiovascular or many others. These were commonly observed in a labor camp and poor villages due to terrible hard labor and hunger [1].

For example, a miserable with heart rate 18/min was saved with intravenous injection of 10 ml of normal saline which thoroughly rinsed an empty thiamin ampule just finished before disposal. Repeated thiamin injections cured a case with myocardial infarction and an electrician fatally shocked by high voltage electricity [1]. Each injection of thiamin 200 mg relieved or tolerated chest pain for 1-3 hours. Furthermore, thiamin normalized bradycardia, tachycardia, arrhythmia and hypo- or hypertension. Thiamin deficiency might cause abrupt and quickly changing hypertension mimicking pheochromocytoma. Acute formation of lipoma had been observed on a laborer's weight-bearing shoulder when he became exhausted in carrying muddy earth with a shoulder pole. It was eradicated within two days after an intra-mass injection of thiamin 50 mg. Regular sized lipoma in a civil case was eradicated with several intra-mass injections of thiamin. This can be verified by anybody. Thromboses inside three major veins of the left leg in a case of viral pneumonia with fulminating fever had been solved with help of thiamine [2]. These became the theorem of a clinical trial on CHD. Hypoglycemic effect of thiamin had been well documented by Brownlee, et al. [3] and also confirmed in our practice. Homocysteine had been considered by Herrmann, et al. [4] could be effectively reduced

with vitamin B. Our clinical result provides support. These constituted the basic theorem for designing thiamin and totally canceling anti-hypertensives, lipid regulating agents, hypoglycemic agents, angina pectoris relieving medicine and aspirin because even trace or low amount of thiamin had an observable therapeutic effect. Therefore, under prolonged high dose thiamin injections, they became unnecessary in the study of CHD, which is prevalent after middle age due to chronic physical/mental exhaustion with poor recovery and degradation of body energy generation mechanism as aging progressed.

Patients were chiefly the residents within 20 miles from the teleclinic in the west suburban area of Tianjin city, China. They were introduced by the patients' friends. All of them received parenteral thiamin 200-300 mg and vitamin B complex one ampule (containing VB1 20 mg, VB2 2 mg, VB6 2 mg, niacinamide 30 mg, pantothenic acid 1 mg) twice daily with absolute freedom of either quit or continue to be injected according to the patient themselves. Vitamin B complex was used to prevent from a possible imbalance among vitamin B group after prolonged high doses of thiamin. The teleclinic (Uncle Ben's Clinic) was very primitive without a laboratory and regular medicine except for vitamins and the test reports from the local hospitals. As the results of 180-300 injections within 3-5 months:

- There was an initial period of 3-8 weeks without the observable response of cardiac signs except for increased appetite, well-being,

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and general health. In a rare case, cardiac sign reacted favorably on the third day

- Once an interval was found, lipid/cholesterol removal by thiamin would be progressed gradually or dramatically for totally 3-5 months until cardiac signs completely free. It could be "refueled" with only vitamin B1 after a certain period if restenosis returned. Although regular medicines were canceled, associate hypertension, hyperlipidemia, and diabetes were normalized or obviously reduced and diabetes greatly improved in measured cases. Occasionally, the complete cure might be found in a patient with injections for only one month
- No other medication was required during the study. When cardiac signs became totally free, vitamins were then discontinued within the sign free period of 2-4 years

Elimination efficacy of thiamin on them could be estimated as lipid/cholesterol \geq hypertension > diabetes according to clinical observation. In total, 33 patients of CHD with or without stent became completely sign-free.

The role of thiamin might be even much more, or versatile, because other associated lesions with clinical or pathological significance were also eliminated including a kidney cyst, panic state in a senior, Parkinson syndrome in a case with also cerebral stroke, a potbelly became smaller, nail layering for 64 years, i.e., clay-like upper layer and empty space underneath.

Description of Cases

Cases of CHD without stent treated with parenteral thiamin in Tianjin west of China after 2015

A) Li YJ, 56 years old peasant, suddenly attacked by the sensations of stop-up and suffocation at the epigastric region, which was associated with suppression sensation of the chest, short breath, left elbow hurt, and profuse cold sweating in the forehead on Mar 10, 2015, after arduous labor. Each intermittent attack persisted for about 5-8 minutes and with the occurrence of 7-9 times a day and 4-6 times a night. He was diagnosed with severe CHD and an immediate installing stent was suggested by the Tianjin Xiqing Hospital. He refused and accepted parenteral thiamin 300 mg and vitamin B complex one ampule twice daily through the author's teleclinic. Ten days later, the above signs became mild, short and less frequent gradually until the third months. Then it became only once a day when scratching scalp during washing head. It disappeared completely after 5 months without recurrence until 2018 albeit his labor-load was doubled. Thereafter, the same injection was administered only occasionally when he felt exhausted. This was the first case of CHD cured with thiamin and no laboratory help from the hospital. He became an example for the villagers with the same illness.

B) Li YF, 60 years old, female, became suffocated, short breath, and occasional pre-cardiac pain for 10 years and constantly on nitroglycerine or related medicine. She was advised to have thiamin injection Jun 25, 2015. VB1 300 mg and VB complex 1 ampule were injected twice daily. Her symptoms dramatically improved even at the first few days, however, she felt intolerable itching of the head and nausea after injection at the 13th day. Then only thiamine 100 mg was tried, she fainted on the ground due to hypotension and recovered after infusion of anti-shock medicine. This was a case of anaphylaxis, which usually occurred immediately after the first injection. It should be in mind that a large dose of thiamine may be allergic any time when injected. Oral

benfotiamine 150 mg thrice daily was then given. It worked but not as effective as 2 injections of regular thiamin 300 mg. Another 150 mg was added. It became under control.

C) Shaw YX (Li HF), female, 63 years old, suffered from pre-cardiac pain with increased intensity and frequency for 5 years and admitted Tianjin First Central Hospital, Nov 11, 2015, (#125486). The diagnosis was CHD, unstable angina pectoris, cardiac function grade I (NYHA), hypertension grade II (high risk). Medication included aspirin 100 mg qd, clopidogrel 75 mg qd, atorvastatin 20 mg qn, rabeprazole sodium 20 mg qd, isosorbide mononitrate 20 mg bid, metoprolol tartrate 12.5 mg bid and benazepril HCl 20 mg qd. Installing stent at LAD, narrowed by 75%, was suggested but refused by her during the operation and discharged.

Three months later, on April 1, 2016, her severe pre-cardiac pain recurred and parenteral thiamin 200 mg and VB complex 1 ampule twice daily was administered in the teleclinic while all her medicine from the hospital was totally canceled. Her intermittent severe pre-cardiac pain diminished within the first week and became totally free from a sudden attack of pain after 31 days. She was the first effective case with 200 mg of VB1 and VB Co. in only 31 days. Then follow-up study was held until May 20, April 2018 with no sign recurred even injected VB1 200 mg bid two years ago.

D) Wang SF, 85 years old housewife had frequent shortness of breath, palpitation, chest tightness or pain, leg edema, and general weakness and lassitude for 6 years. She had visited multiple top hospitals in Tianjin. Medication included nicergoline, isosorbide mononitrate, aspirin, aminophylline and some more. Clinical signs and symptoms persisted. She then visited the author's teleclinic on Oct 10, 2016, for a cardiac problem. All her above medicines were totally canceled and only thiamin 300 mg plus VB complex one ampule were injected twice and occasionally once a day. She became completely free from cardiac signs after injections for 3 months. Very gladly, her unique nail abnormality for 64 years due to cold injury was observed recovering from the 7th week of thiamine therapy. Therefore, thiamin therapy continued until her nails became normal. From the very beginning, she had been injected for totally 6 months. Both cardiac signs and the 10 fingernails became normal although the thumb nails improved very sluggish. For detail, please refer the separate report [5]. Figure 1 can be omitted if not useful. It has not been published in my article

E) Wang JL, 45 years old male visited the teleclinic on Jun 13, 2018, for intermittent suffocation, tightness of the chest and pre-cardiac pain of 7 years, especially when driving on the uneven roads. He was an excessive alcohol drinker for many years. Although it was completely abstinent for many years, however, cardiac signs developed when he was only 37 years old. He was admitted in Tianjin Chest Hospital on Jun 10, 2018, for cure (#R18424). The diagnosis were atherosclerotic CHD, unstable angina pectoris, cardiac function grade II (NYHA). CAG study demonstrated a middle portion of LAD narrowed by 70%. Installing a stent was suggested but he refused and accepted thiamin therapy the very next day.

Every day he was injected thiamin 300 mg and one ampule of VB complex two times. He became totally free from cardiac trouble after 3 months. As a bulky person of 183 cm in height and 91 kg in weight, his potbelly was found smaller and losing weight of 5 kg after injecting for 2 months and no regain. Totally, he had been injected for four months. This case indicated that thiamin is effective in reducing body fat although appetite may increase. It should be reasonable to reduce adipose tissue with a large dose of parenteral thiamin for obesity.



Figure 1: An empty space between the upper layer of the nail and nail bed.

F) Zhan XJ, 57 years old male, admitted in Tianjin First Central Hospital on Dec 17, 2018 (#N712176286) for pre-cardiac chest pain of 5 years. He was attacked 2-3 times a day but tolerable. Hospital diagnoses were CHD, angina pectoris, old infarction, and blood pressure 179/88 mmHg. PCI operation was performed and stent setup was suggested but he refused. The very next day he came to the teleclinic for vitamin B therapy. Thiamin 300 mg and one ampule of VB complex were injected only once a day so as to keep his driving job. Cardiac signs diminished after 3 months and totally free after 5 months. Thereafter, he was injected once every 2 or 3 days without interruption. The blood pressure was around 130/80 mmHg.

On his 50th day of injection, a smell and large piece of mucous "clot" was sneezed out and his rhinitis troubled him for several months finished. It confirmed that thiamin and vitamin B complex was curable for rhinitis as described previously [1].

G) Zhao TH, 53 years old male, visited the clinic on July 28, 2018, because of episodic pain of 3-4 times at the central portions of the chest and the back with a feeling of voiding urine and emptying the bowl. Routine vitamin B injections twice daily were held. His cardiac trouble diminished as early as at the 3rd day of therapy and became signs totally free after injecting for 30 days. He was the most effective male as short as in 30 days with regular high dosage. In a follow-up study at October 2018, he found that his vision field became dark transiently when he coughed severely. Benfotiamine 150 mg once in the morning for five days was added, his dark vision became bright as before without return.

H) Fu SZ, 56 years old housewife admitted in Endocrinology of Tianjin First Central Hospital on Oct 13, 2015 (#404438) for polydipsia, polyuria, and dryness of the mouth of 12 years, palpitation, suffocation and suppression sensation of the chest of 4 years, and erosion of external canals of both ears of 4 years.

Hospital diagnoses were: diabetes type II with fasting hyperglycemia 8.91 mmol/L and peripheral neuritis; hypertension (190/120 mmHg); CHD with the narrowness of LAD by 90%, tachycardia, and arrhythmia including multiple premature heartbeats; hyperlipidemia with TRIG 2.07 mmol/L. After therapy, her conditions improved and discharged, Oct 27, 2015.

However, her clinical signs returned within a year and she visited the teleclinic on Aug 24, 2017, for routine therapy of parenteral thiamin and vitamin B complex twice daily and all medicine from the

hospital was canceled. Every sign improved but not totally free after injections for two months. Tachycardia and arrhythmia returned and advanced. As therapy continued for another two months, hypertension, tachycardia, and arrhythmia were under control, while her external ear canals became intolerable itching with drainage of liquid discharge. Non-flushing niacin 1000 mg was given daily for 10 days and nothing troubled her again from the ears.

At the third 2 months, she was trouble by unstable hypoglycemia due to intentionally reducing food intake. After adjusting her ration and continuation of the injection, she became signs totally free with 420 injections within 7 months. When she visited this author Aug 30, 2018, she looked very healthy and strong with a rosy face. No medicine had been used after stopping thiamin therapy. Blood pressure was around 140/80 mmHg and fasting blood glucose level was 6.30 mmol/L. This was the most refractory case among the 33 patients. It also indicated that atypical pellagra of the external canal of the ears was not too rare.

Cases of CHD with stents

I) Guo XC, 61 years old, admitted to Tianjin Chest Hospital (#K9880) on Jan 30, 2013, for intermittent and progressive pre-cardiac discomfort and pain of 10 years. Admission diagnoses included CHD, unstable angina pectoris, cardiac function grade II (NYHA). Examination revealed a normal chest in thoracic film and rS in II, III, AVF of ECG. UCG revealed LA 36 mm, LV 47 mm, EF 60%, pulmonary artery systolic pressure 35 mmHg, sclerotic aorta, slight regurgitation of mitral valves. CAG/PCI operations: Five stents were set up in the following locations with narrowness in %: a proximal portion of LAD 80%, DI orifice 90%; LCX middle segment 90%, OMI 90%; RCA orifice 75% and middle segment 90%.

Post operation improvement was poor. The patient couldn't work but idled at home. Adding more stents was suggested by the Hospital but he refused and accepted thiamin therapy after three and a half years, on Sept 18, 2016. Because of well-being feeling after the first few injections, he believed on the effect of thiamin deeply and visited the teleclinic punctually. After 5 months of therapy, he became signs totally free and resumed heavy farming, driving and also frequently cycling around for about 10 miles every day.

J) Zhang CB, 43 years old male, suffered from intermittent pre-cardiac pain for 5 years and admitted Tianjin Chest Hospital on Dec 2, 2014 (#T19611).

Admission diagnosis: (a) sclerotic CHD; (b) stable angina pectoris; (c) essential hypertension of highest risk, grade III, BP 200/130 mmHg; (d) old myocardial infarction at frontal inter-septum and lower part of the cardiac wall; (e) cardiac function: grade I of NYHA.

Examination revealed: (a) aorta dilatation and thickness of pleura on both sides in thorax film; (b) electrocardiography: Q wave was found in II, III, avF, V1-V3; bipolar or inverted T wave in I, avL, V4-V6; (c) UCG: LA 32 mm, LV 54 mm, EF 56%, systolic pressure of pulmonary artery 30 mmHg, sclerosis of aorta, abnormal segment moving function and decreased dilatation of the left ventricular wall. Coronary artery narrowness was found in RCA 100%, LAD 100% and LCX 50%; (d) slightly elevated blood triglyceride, apolipoprotein B, LDL, LDL/HDL, Cholesterol/HDL. apolipoprotein A1/B decreased; (e) a cyst of 1.2 × 1.2 cm was found in the left kidney on Nov 01, 2013 (public profiling #20131101363Z, p.3). It became 1.3 × 1.9 cm on Oct 30, 2015 (p.2, XQN20151030303Z).

CAG/PCI operation was performed and 2 stents were inserted at

proximal portions of RAD and RCA, where were narrowed by 100% for each. After discharge on Dec 09, 2014, pre-cardiac pain improved. Blood pressure varied about 150/100 mmHg. However, he was troubled daily by heavily pressing feeling in his epigastric region, fatigue, and palpitation especially when walking upstairs. Intramuscular thiamin 300 mg and 1 ampule of vitamin B complex twice daily were accepted, Sep 27, 2016, and all medicine prescribed by the Hospital were canceled. After 3 months of thiamin therapy, the following improvements were observed:

- (a) All cardiac signs dramatically relieved even after only 10 days
- (b) General health greatly improved and normal physical and mental activity resumed
- (c) Kidney cyst disappeared within 40 days as recorded in an annual public health examination, Nov 6, 2016 (#XQN20161106037Z, p.2), and no recurrence thereafter
- (d) Blood pressure varied about 150/100 mmHg following PCI operation

After 2017, hypertension and hyperlipidemia normalized under no other medication. However, electrocardiography and old infarction remained no change.

K) Bian RN, male, 73, admitted Tianjin Chest Hospital (R14394) on May 5, 2018, for pre-cardiac pain, suffocation and tightness feeling of 4 years, which aggravated when walking or cycling fast or coughing. Admission diagnoses included CHD, unstable angina pectoris, cardiac function grade II (NYHA), essential hypertension grade 3 (highest risk). UGC study demonstrated, LA: 35 mm, LV: 54 mm, EF: 62%, systolic pressure of pulmonary artery 30 mmHg, sclerotic aorta with median regurgitation of its valves, and decreased dilatation of the left ventricle. During PCI operation, LAD was found narrowed by 80% at the middle portion and by 30% at its proximal. The middle portion of RCA narrowed by 50%. A stent of 3.5 × 15 mm was set up at the middle portion of LAD. After the operation, his blood pressure reduced from 200/100 to 153/69 mmHg. However, no improvement for intermittent heart pain especially when cycling faster or touching a bump. He visited the teleclinic on Jul 25, 2018. Routine thiamin therapy was applied. Conspicuously, his cardiac signs improved after the 9th day and became totally free after 31 days. He was the one with a very desirable result among the patients with a stent.

L) Deng XL, a housewife of 75 years old admitted Tianjin People's Hospital on Jun 5, 2015 (#0000286935) for intermittent claudication and numbness of the legs for 2 years and associated with short breath, suffocation and chest pain for 2 months. She was diagnosed with sclerotic arterial occlusion of lower extremities, CHD, and hypertension. Physical examination showed low temperature and no pulse could be felt at the dorsal part of both feet but without pigmentation and ulcer. CTB study (test #CTB127308) revealed:

- (a) Blocked left femoral artery and upper and middle portion of right femoral artery
- (b) blocked bilateral anterior and posterior tibial arteries
- (c) Multiple mixed plaques were found inside the abdominal aorta, bilateral common iliac arteries, and external iliac artery
- (d) Median sized narrowness was found in the right common iliac artery and bilateral external iliac arteries

Ultra-sonic study of the heart (#201506050290) demonstrated:

- (a) Slightly enlarged left auricle
- (b) Slightly thickened inter-ventricular septum
- (c) calcified aortic and mitral valves
- (d) Mild regurgitation of mitral and tricuspid valves
- (e) Decreased dilatation of left ventricle

The left brachial artery was opened to take photography of the abdominal aorta and a stent was set up in the left renal artery and angioplasty surgery was done to insert a micro-catheter in the left iliac artery. After the operation, she could walk a short distance with mild pain but no cramp, which occurred every night 3 months later. She visited the teleclinic on July 25, 2018, for nocturnal intolerable cramp of the legs and short of breath of 3 months. VB1 300 mg and VB Co 1 ampule twice a day were injected. There was no cramp at the first night after thiamin injection but the leg muscles became very tonic. It disappeared on the second night and thereafter. However, chest pain and short breath diminished as late as after 3 weeks and became totally free at the end of the fifth week. She then continued the injections for another 3 weeks to fortify the well-being effect, totally 2.5 months.

Discussion

Cases with severe or fatal thiamin deficiency were commonly found in a labor camp due to terribly hard labor and hunger because exhaustive physical labor causes excessive generation of free radicals in skeletal muscles [6,7]. Starvation enhanced hepatic free radical release due to tissue depletion of glutathione [8]. Life-long proteins, such as collagen and elastin, are very sensitive and vulnerable to the cross-linkage reaction of α -oxoglyoxals and Advanced Glycation End-products (AGEs) leading to different forms of unbelievable degradation, which might be the etiology of many space-occupying masses including some kinds of cysts such as submandibular gland cyst, Baker's cysts, kidney or liver cysts; nodules; lipoma and some benign tumors; and even malignancy, such as osteosarcoma and lymphoma in the camp and poor villages as observed [1]. Similarly, the life-long protein molecules inside the large vascular wall and the valves would be definitely affected leading to large vessel dilatation, sclerosis, rigidity or valve regurgitation, such as the aorta and pulmonary artery. Therefore, a large dose of parenteral thiamin should be also essential for preventing and correcting aortic or other valve regurgitation and the complicated repair procedures may be likely avoided. For the same reason, in the case of acute myocardial infarction, cerebral apoplexy, high voltage electricity shock of the heart, parenteral thiamin should be the top most prompt essential rescue procedure as experienced.

Thiamin deficiency results in the excessive generation of numerous detrimental metabolites including free radicals, α -oxoaldehydes, AGEs, lipid peroxides, etc. All of these metabolites constitute a pathogenic basis for hypertension, hyperglycemia, and hyperlipidemia. However, these metabolite stresses can be protected and corrected by thiamin as listed in the following:

- Thiamin suppressed the production of dicarbonyls [9] and free radicals either indirectly or directly as an indirect antioxidant [10]
- Thiamin inhibited lipid peroxidation in liver microsomes and free radical oxidation of oleic acid [11] and thiamin was required in α -oxidation of 3-methyl substituted fatty acids [12,13]
- High dose of thiamin (70 mg/kg/day) prevented diabetes-induced increases of plasma cholesterol and triglycerides in rats

but did not reverse the diabetes-induced decrease of high-density lipoprotein [14]

- Thiamin (10⁻⁴-10⁻⁶ M) inhibited lipid peroxidation in rat liver microsome and free radical oxidation of oleic acid in vitro [15]. The antioxidant effect of thiamin might be related to the successive transfer of two H⁺ from its NH₂ group of the pyrimidine ring and one H⁺ from thiazole ring to the reactive substrates. Therefore, thiamin was considered as a site-directed antioxidant [16].

Thiamin was very effective in reducing lipid: Acute formation of a lipoma on the weight-bearing shoulder of an exhausted laborer using a shoulder pole was observed, 1959. His shoulder fatty pad was only just palpable, however, after carrying over-heavy muddy earth with a pole in digging canal for several days, that shoulder “grew upward” drastically in one day with a height of 5 cm and occupying the entire shoulder like a hamburger. Thiamin HCl 50 mg was injected directly into the mass and it reduced in half the next day and further diminished the second day, leaving the original fatty pad as before. Eradication of lipoma in a villager after several intra-mass injections of thiamin had been observed. This can be verified by anybody. Perhaps, no pharmaceuticals could eliminate lipoma as smart as thiamin. Lipid anywhere in the body should be reasonably reducible with thiamin injection. Therefore, a large dose of parenteral thiamin or oral benfotiamine should be the major medicine in curing obesity. Ingestion of thiamin, arginine, caffeine, and citric acid had been reported effective in reducing visceral fat in obese persons.

Conclusion

High dose of parenteral thiamin was curable for CHD. It should be also an essential and prompt rescue procedure in myocardial infarction, cerebral apoplexy and electric shock of the heart.

Thiamin was highly effective in reducing body fat and eliminating lipoma and should be an essential agent in preventing and eliminating obesity.

Disclosure

This paper is absolutely beneficial to all human being and should have no conflict of interest to anybody.

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