Smart Life Forum

Eric Gordon, MD

Nanobacteria and Their Role in Heart Disease_

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Eric Gordon MD, graduated from Albany Medical College, Albany NY, in 1980. He completed his residency in Family Practice at St. Clare's Hospital in NY. In 1990, he founded the Washington County Hospice, and served as Medical Director from 1990 to 1995.

According to Dr. Gordon, his passionate interest in alternative medicine, diet and nutrition started well before he went to medical school. By integrating his conventional medical knowledge with his interests in nutrition and diet, he developed his own unique methods of treating people with diseases that fall outside of those easily treated by disease-based medicine, such as chronic fatigue syndrome/ fibromyalgia, multiple chemical sensitivity, intestinal disorders, and hormone disorders.

In 1992, Dr. Gordon started on his journey to become a full-time alternative medical doctor. He studied osteopathic manipulation at an osteopathic school in New York City . He then went on to work in a pain clinic and further learned the information and techniques he would need to become a well-rounded alternative medical doctor.

Eric has been working with CFIDS and Fibromyalgia patients for over ten years. He and his wife, a registered nurse who also works with him, moved to Santa Rosa , CA in 1997.

Nanobacteria and their role in heart disease

The idea that low-grade chronic infection can cause chronic illness had fallen out of favor in the past 50 years. Infectious diseases were acute and by and large treatable with antibiotics. Ongoing damage if present was felt to be due to persistent inflammation secondary to immune dysregulation. A major change in this paradigm came when H. Pylori was accepted as a cause of gastric ulcers.
The heretofore-ignored proposal that chronic infection might underlie atherosclerotic disease suddenly received attention. The increasing understanding of

the role of inflammation in atheroscrerosis fed the excitement. Studies seemed to show some decrease in mortality in patients with known CAD (Coronary Artery Disease) who had received courses of antibiotics for bronchitis. Elevated antibody titers (a test to measure the presence and amount of antibodies in blood against a particular type of tissue, cell, or substance) to chlamydia and mycoplasma pneumonia were noted in coronary patients. However, the evidence has not been consistent and much doubt exists about the relationship of these bacteria to CAD.

In 1988 two Finnish researchers decided to figure out why some of their mammalian cell cultures were dying. Their investigations led to the isolation of a tiny calcium-secreting microbe. This bacteria named Nanobacterium Sanguineum is between 20 to 500 nanometers. This was felt to be too small to support the mechanisms of bacterial life. They couldn't get published till 1998. During the time they were trying to publish they found Nanobacter in all types of calcified tissue, including coronary arteries. At that point a researcher named Gary Mezo Ph.D. made the leap that if he could kill the Nanobacter he could prevent the illness or even reverse it. Using Dr. Mezo's protocol, helical CT scans of the coronary arteries are showing reversal of CAD. Dr. Gordon will outline the pertinent research and present their treatment protocol, their data, and some of his own results. He will compare its use with that of Na and CaEDTA chelation.

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