

# Oncology, as Well as Most Cardiovascular and Metabolic Diseases, Occur Mainly due to Stress and Uncontrolled Leakage of Blood from the Arteries into the Veins

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## Abstract

**Annotation** This article is a hypothesis dedicated to the search for the causes and mechanisms of the development of oncological, some cardiovascular and metabolic diseases in humans. For a very long time, approaches to solving the problems of causation of these diseases were not productive enough. And in 2025-2026, from the author's point of view, there may be some progress in understanding the causes of these diseases!

**Key Words:** oncology, cancer, atherosclerosis, metabolic syndrome, abdominal obesity, diabetes mellitus, pulmonary hypertension, arteriovenous anastomoses, bloodletting

## Introduction

**Goal** Here is the usual description of the causes of cancer given by standard medicine. The main cause of cancer is genetic mutations. In the process of cell division in the body, errors in genes sometimes occur. If the immune mechanisms that are supposed to prevent and correct these errors do not work, a cell with damaged DNA develops and divides repeatedly, disobeying the body's controlling systems. As a result, an education is formed, which is called a malignant tumor. But the root causes of the genetic mutations remain unknown. The expanded purpose of this study is to rethink the metabolic processes occurring in the human body, not only taking into account genetic, biological, biochemical and chemical processes, but also taking into account some physical processes that, oddly enough, turned out to be decisive not only in the development of cancer, but also atherosclerosis, metabolic syndrome, and pulmonary hypertension [1 - 5].

### The results of the critical analysis

The connection between cancer and emotional turmoil has been known for a long time. In the 2nd century AD, the Roman physician Galen noticed that cheerful women were less likely to get cancer than gloomy and sullen ones. In 1853, the English surgeon and pathologist James Paget in his work "Lectures on surgical pathology" suggested that depression has a direct influence on the development of cancer.

He found that the incidence of cancer in people is directly proportional to strong feelings — excitement, anxiety, disappointment. But the first

study, supported by statistical data, was published only in 1926. Elida Evans, a student of Carl Gustav Jung, published a book called "Cancer Research from a psychological point of view" (by the way, the preface to it was written by Thomas Jung himself). The book presented the results of an examination of 100 cancer patients. Evans found out that shortly before the disease developed, many of them lost important emotional connections — they experienced the death of a loved one, lost their job or home.

In the 1970s, a new scientific field appeared - psychoncology. This is one of the branches of oncology that studies the impact of cancer on human psychological health, as well as the relationship between emotional state and carcinogenesis, i.e. the process of malignant tumor formation.

The following two paragraphs list the ailments and diseases that modern standard medicine indicates under stress. It is known that with chronic stress, stress hormones (cortisol, adrenaline) are constantly released into the bloodstream, and this depletes the body. The heart, brain, blood vessels, and endocrine system are affected. The main symptoms of chronic stress: excessive sweating, cold in the extremities, headache, fatigue, trembling, rapid pulse, chest pain, bruxism, muscle spasms, stool disorders (constipation, diarrhea), nausea and vomiting, weight gain or, conversely, weight loss, mood swings, sleep disorders, decreased concentration, infectious diseases, withdrawal, depression, pessimistic mood, lack of sexual desire, feeling of excitement, anxiety, decreased attentiveness, forgetfulness, absent-mindedness, other cognitive

impairments, problems falling asleep, sleep, alcohol addiction, drug addiction, and others.

Stress can be a trigger for the development of serious diseases. Among them are arterial hypertension, myocardial infarction, arrhythmia, metabolic syndrome and prolonged hormonal imbalance, obesity, which cannot always be corrected by diet, colitis, gastritis and other diseases of the gastrointestinal tract, psoriasis, acne, alopecia, depression, neurosis, and other mental pathologies. Stress can also lead to immunodeficiency or disruption of the immune system. At the same time, it is the immune system that is the main weapon against cancer. She knows how to recognize abnormal cells and destroy them. But something unknown seems to be preventing the immune system from quickly finding and destroying these cells.



**Figure 1.** Cardiometric signs of AVA opening. In the picture: an ECG at the top, a rheogram at the bottom, marked "AVA=ABA" – this is the opening of arteriovenous anastomoses (shunts). A rheogram is a graphical representation of changes in the electrical resistance of living tissues, organs, or body areas when a high-frequency and low-power electric current is passed through them.

If a person is exposed to frequent stress, excitement, and anxiety for a long time and does not have any useful physical and respiratory activity, then the total amount of blood transfused through the anastomoses into the veins may be sufficient for a gradual deterioration of health. What are the consequences of manipulating arteriovenous anastomoses that open and close seconds later for, for example, several tens of minutes or even several hours, i.e. during a prolonged stressful situation? This means that arterial blood replenishes the venous pool in small doses all the time, changing the composition of the "venous" blood. In fact, venous blood becomes mixed, with an increased content of oxygen, nutrients, hormones, antibodies, etc.

Blood flowing, for example, through anastomosis from the superior mesenteric artery into the portal vein mixes and then enters the liver. They suffer from a violation of the composition of such "venous" blood, primarily the liver, then the myocardium, lungs, and kidneys already in the arterial basin. Over time, fatty alcoholic or non-alcoholic liver disease may occur with this mode of operation.

The same reason probably contributes to abdominal (visceral) obesity and ascites. But the point of view of standard medicine is different here: fatty liver disease due to hereditary causes, overeating, hormonal imbalance. Obviously, these issues require additional research and clarification.

The leakage of arterial blood into the venous basin through the anastomosis between the superior mesenteric artery and the portal vein (this anastomosis is probably number 1 in importance), after another portion of the transfusion, gradually increases the pressure in the venous basin, which increases the stagnation of venous blood in the pelvis and legs, especially when the spine is vertical. Stagnation worsens the

**Question:** what have doctors and patients been ignoring for centuries?

**Answer:** they do not take into account the work of large arteriovenous anastomoses (AVA) in the large circle of blood circulation (BCC) [3, 6]!

3It turns out that due to the fact that a person's blood pressure (BP) increases during moments of stress, large arteriovenous anastomoses can open for a short time [3]. In fact, anastomoses are emergency pressure valves. Arterial blood is transfused into the venous channel through open anastomoses [7, 8]. At the same time, systemic blood pressure decreases.

Usually, patients who have anastomosis openings are diagnosed with vegetative vascular dystonia at an outpatient appointment. Thus, during the cardiometric examination of the patient [8], signs of the opening of arteriovenous anastomoses of the BCC were found (Fig.1).

situation for any person, as the accumulation of blood and intercellular fluid in the legs progresses, serious diseases occur: varicose veins, thrombosis, damage to the valves of the leg veins, diabetes mellitus, etc.

Recall that the volume of arterial blood cannot change significantly in a particular person. Let's say it is equal to 850 ml. Organizational adjustments must maintain this volume at an unchanged level. The volume of blood output by the ventricles of the heart: on average 65-70 ml, and under load up to 125 ml. On the other hand, the volume of venous blood can vary over a wide range. On average, it is 4-5 times larger than the volume of arterial blood. We can assume that the venous volume is 4400 ml. The question arises: "What is the mechanism for replenishing the lost volume of arterial blood during stress leaks?" After all, if the Frank-Starling law on equal volumes of discharge through the left and right ventricles of the heart is valid, then there is only one solution – an increase in pulmonary pressure, an increase in capacity, frequency and strength of heart contractions in order to replenish the lost volume of arterial blood. From the point of view of the author's theory, these volume replenishments due to blood leaks are the "cause of pulmonary hypertension"! That is why the walls of arterial vessels of the small circle of blood circulation thicken, fibrosis appears [9, 10]. But standard medicine often calls the cause of pulmonary hypertension "idiopathic."

the work [13], carried out by medical specialists based on extensive experience in observing patients with pulmonary hypertension, refers to such a trigger of pulmonary hypertension as "portal hypertension". In the same document, there is an observation about a non-specific clinical manifestation of pulmonary hypertension as "noise of arteriovenous blood discharge." These two characteristic observations may confirm the author's hypothesis about the periodic opening of the "arteriovenous

anastomosis number 1", after which portal and pulmonary pressure can really rise!

Numerous other observations confirm that, according to standard medicine, concomitant diseases with increased pulmonary pressure are all the same coronary heart disease, diabetes mellitus, chronic obstructive pulmonary disease, rheumatic arthritis, sleep apnea, and others. So, there is an external, more general reason. And this reason is physical: a lack of arterial blood due to "blood leaks through the anastomoses of the BCC into the veins" due to an increase in systemic blood pressure. Sometimes doctors say [11]: "By the way, about blood pressure".

It is often lower than normal in pulmonary hypertension. Which is paradoxically combined with the sky-high pressure figures in the small circle of blood circulation (MCC): as a result of the disease, the left parts of the heart suffer, giving too weak a cardiac output."

**The author's comment.** Blood pressure below normal is a confirmation of the fact that due to the stresses of opening / closing the "anastomosis number 1" blood pressure can fluctuate widely: sometimes above normal, then below normal. All this is due to leaks and a slow decrease in the total arterial blood volume of a large circulatory system! At the initial stage of a stressful situation, a decrease in blood volume in the aorta occurs, among other things, due to a decrease in the capillary and tissue volume of blood in peripheral organs (hands and feet get cold)!

But at the final stage of a stressful situation, a hypertensive crisis may occur! This is when, due to leaks, there is not enough blood in the large arteries and in the aorta! Thus, the entire group of diseases mentioned above (atherosclerosis, metabolic syndrome, pulmonary hypertension, and possibly oncology) occurs due to arterial blood leaks through anastomoses during moments of prolonged psychological stress.

But let's return to the description of oncology. Due to leaks, not only venous, but also arterial blood changes its composition, because the liver and kidneys cannot cope with the neutralization of substances that have passed through two ways: either through all natural body filters, or through anastomoses. In fact, substances may appear in the arterial blood that should not enter the arterioles and capillaries of the working cells.

These are toxins, carbon dioxide, damaged cells, metabolic products, microthrombi, excess minerals, medicinal substances, etc.

These "unnecessary or excessive" substances can linger or "get stuck" in various internal organs and in the skin. In fact, the "dirt" presented above can remain in small arteries, arterioles, capillaries, venules, or in the intercellular fluid. Over time, these "excess" blood fragments accumulate, which can lead to health problems. In fact, there are (micro) blockages of blood circulation in any areas of any of the human organs. To deliver these "excess" blood fragments through small vessels to the venous bed, the central nervous system must raise systemic blood pressure. It turns out that due to contamination of the arterial bed at the capillary level, one of the main causes of increased systemic pressure in humans may arise.

In the presence of "dirty" blood, small areas of tissue with slow or stopped blood circulation constantly appear and disappear. In these areas, in conditions of a shortage of fresh blood, damage and blood clots are likely to appear. Then only one cell with mutated DNA can appear. Such a cell develops, divides repeatedly, not obeying the body's immune system, because immune cells also cannot get inside the blocking zones. As a result, a malignant tumor may form.

Statistics show that cancer can occur in any organ, but most often it affects the skin, lungs, gastrointestinal tract, breast, prostate and liver.

Let's remember that skin cancer comes first. The hijama procedure demonstrates to us that some organs and tissues in humans are affected by substances that are "unnecessary" for the body, "stuck" at least in human skin and in adjacent organs [12]! You can get acquainted with the pictures of the procedure results on the Internet. The first thing that can be observed in a patient after the hijama procedure is a decrease in systemic blood pressure, and this looks optimistic!

In addition, there are foreign studies on the hijama procedure, but for some reason there are problems with the expanded publication of these data.

Author's opinion: it is necessary to conduct new modern research in Russia and publish them. This will reduce speculation about the danger of hijama!

Here are some "secret data". In foreign studies [14] on hijama, it is indicated that the blood released during the procedure contains: non-viable cells, deformed and outdated; acids (uric, lactic, etc.); endotoxins; purulent exudate; heavy metals; cholesterol; a large number of pathogenic microflora; other elements that impede regenerative processes in the body. Microscopic studies of blood extracted during hijam also reveal, for example: distinctive shapes of red blood cell cells (anisocytosis, poikilocytosis); lack of hemoglobin (hypochromia); decrease in the number of white blood cells.

So far, we are offered to accept the point of view of the Ministry of Health, and consider [14] that there is no clinical evidence of the effectiveness of hijama for 2500 years — existing studies are supposedly few, have a weak methodology and do not allow us to conclude about the benefits of the procedure.

#### The author's suggestion

The main thing is that it is necessary to somehow detect the fact of blood leaks through the anastomosis and replenish the lost volume of arterial blood without delay.

It is necessary to invent a device that will record the opening and closing of large anastomoses, including anastomosis number 1, i.e. it is necessary to "see" your body's reaction to possible stress from an independent source of information and timely perform preventive procedures that will be offered to us in the near future as optimal: physical, respiratory, medicinal procedures, combined.

What do we know about the leaks now? The author suggests that a person can feel the flow of arterial blood into the veins. At this time, a person experiences unusual "pulsations in the navel area," or "pulsations in the abdomen." Doctors sometimes tell such patients: This may be due to prolonged sitting in an uncomfortable position, after stress, heavy physical exertion, or certain diseases of the abdominal organs. After a while, the pulsations may disappear without a trace. Check out the mentions of this phenomenon on the Internet from patients who tell doctors about these pulsations. There are a lot of such messages from women and men (thousands of messages). Doctors answer: either it is an aortic aneurysm, which is a rare and dangerous case, or it is a variant of the norm, which happens very often. The usual recommendations are to check the abdominal organs in the clinic.

Why does the author recommend doing breathing and physical exercises in cases of abdominal pulsation? Yes, because a person in a small circle of blood circulation also has arteriovenous anastomoses between the bronchial artery and the bronchial vein! The number of such anastomoses in the lung under normal conditions is 25-30 [15]! Why did nature provide for the presence of anastomoses in such quantity?

Apparently, in order to be able to quickly replenish the arterial pool of the BCC, for example, when a person is injured with significant losses of arterial blood of the BCC! In order to compensate for blood loss through small circle anastomoses of BCC.

This requires deep breathing movements to quickly replenish the arterial pool of the MCC, even if the additional blood from the MCC is only partially oxygenated. After all, a lack of arterial blood volume in the arterial basin is very dangerous, it is a rapid hypovolemic shock with loss of consciousness!

People! Avoid stressful situations. Engage in breathing practices and physical exercises! The benefits of the procedures have been proven. Try the hijama procedure.

Unfortunately, the author has not yet undergone any hijam procedure, but there is a desire!

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