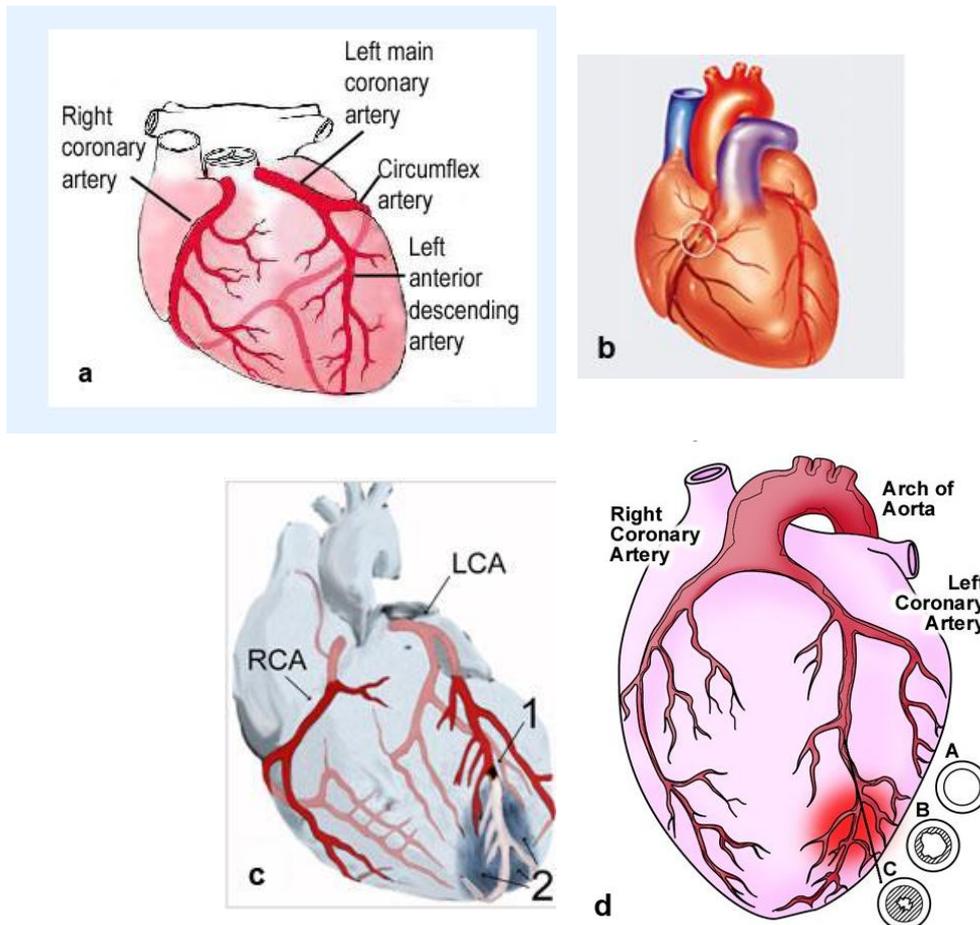


Classical Concept

Blocked coronary arteries are thought to play the decisive role in heart attacks. As you all know, the classical opinion is that heart seizures are caused by “stenoses” (narrowings) of the coronary arteries and a heart attack occurs due to a complete acute blockage of a coronary artery.



**Sketches from the internet:
Coronary arteries (a), coronary stenosis (b), development of a heart attack (c and d)**

Most people will be acquainted with and understand these illustrations. Just for review, I will again shortly explain the most important points from the view of conventional medicine with regard to heart seizures and heart attacks. Blocked vessels are a result of arteriosclerosis, an inflammatory disease of the arteries, in which fat deposits accumulate in the arteries, the arteries harden (“sclerosis”) and the artery walls calcify. The inner surfaces of the blood vessels lose their smoothness and bulge-like “plaques” or ring-shaped thickening of the vessel walls develop, thus constricting the inside of the vessels. Severe stenoses definitely obstruct the blood flow. If the coronary arteries were isolated from one another, as shown in all 4 sketches, the supply of fresh blood to the heart muscle, as well as oxygen, would suffer due to arteriosclerotic bottlenecks.

During stress and effort the sympathetic nervous system (“SNS”) is activated and the pulse rate increases. The heart muscle therefore uses up more oxygen. This increase in oxygen

requirements can only be fulfilled to a certain degree if the blood flow is obstructed. If the consumption of oxygen exceeds the restricted amount available, the heart muscle gets into trouble. **The interplay between blood vessel stenosis and stress: this is the scenario in which, according to the classical view, heart seizures occur.** During a heart seizure the patient experiences chest pain, the rib cage tightens and breathing is difficult. This is an attack of angina pectoris (Latin for “tightening of the chest”).

Narrowings of the coronary arteries also play the main role in the development of a heart attack, according to conventional medicine. If such an arteriosclerotic plaque tears, the body activates, as in any injury, the coagulation system in order to close the defect. The resulting blood clot can completely close the already severely stenotic coronary artery. As suggested in the sketches, the area of the heart muscle served by this artery would be completely cut off from the blood supply. This bloodless area is no longer capable of life; a heart attack occurs. This is the current opinion.

Criticism is not called for

The classical theory on the cause of heart attacks has never met with such general acceptance as it does today. During the whole of the 20th century, up until the 1990s, many critical voices were to be heard from experts in the field that expressed fundamental doubts on this approach. To name some examples from German-speaking areas: Hans Kaunitz (12), Berthold Kern (13), Hans Glatzel (14) and Hans Schäfer (15), whereby the articles cited here by these authors are just a small excerpt from their lives’ work.

The pathologist Giorgio Baroldi, from Pisa, carried out basic studies on the circulation in the heart muscle, and he discovered facts that clearly contradict the conventional view. From 1952 until his death in 2009, Baroldi published the results of his studies in many articles in all the renowned medical journals in the world. The more often his results questioned official coronary artery theory, the more his publications were silently ignored. This “heretic”, as he liked to call himself, this dissenter from the official doctrine, became one of the most fundamental critics of classical heart attack theory. During the last years of his life, he published his complete works on the subject in the book [“The Etiopathogenesis of myocardial infarction”](#) (16), which you will find on this web site as a PDF file. My following statements are largely based on the work of Baroldi.

Present day treatment, using stents, bypass operations, cholesterol inhibitors, and blood thinners, is the logical consequence of classical heart attack theory, which focuses completely on the coronary arteries. To doubt this theory means to doubt the current practice. The more this treatment concept became established during the last 20 years, the more consistently critical voices were marginalized. **Scientific articles that question the official theory have nowadays almost no chance of being published in any of the serious medical journals.** This is really the case. A few exceptions confirm the rule. In 2004, I was lucky enough to have the opportunity of publishing my concept, which dissents from the general consensus, in the “Zeitschrift für Kardiologie” (now “Clinical Research in Cardiology”), the most important German cardiological journal. For this, I am very grateful to Thomas Meinertz, the editor at that time, as he is a far-sighted colleague, who is interested in unorthodox explanatory models. This article, [“On the genesis of myocardial ischemia”](#) (17) is also available as a PDF file on this website.