

Doubts

I would like to sow a little doubt. The aim of this chapter is to show in a clear and visual way that the blocked coronary artery theory can not be upheld.

A coronary artery is said to be severely stenotic if the diameter of the vessel has narrowed by 70% or more. According to the current point of view, any stress is critical in the case of such severe stenosis and causes typical heart complaints. In this respect, Baroldi had discovered interesting relationships, from the view of a pathologist. You will probably be acquainted with the work of a pathologist from TV series such as “Crossing Jordan”. Pathologists learn from by dissecting the corpses of the deceased.

Doubt: The findings following the autopsies of an innumerable number of deceased persons showed (16) that:

- Among accident victims of all ages (more younger than older persons), almost 40% (!) had several severe stenoses of the coronary arteries. These people, who had in general never complained of heart problems and who no one thought might have heart problems before their accidental death, had extensive blockages of one or more coronary arteries.
- Furthermore, severe critical stenoses of the coronary vessels were found during the autopsy in 2/3 of all the patients who had not (!) died of heart disease.
- Of the patients who did actually die from a heart attack, but who had never previously suffered any heart complaints during their lives and had then died suddenly from a first attack, most had one or more severe stenoses of the coronary vessels.

All stenoses of the vessels in these 3 groups of patients had developed at an early stage in life; pathologists can judge this. They had already existed for months or years without causing complaints, without causing a heart attack, and these individuals lived normal, often stressful lives.

Blocked coronary arteries are one thing, a heart attack is another.

Many more people than generally assumed obviously live with severely stenotic coronary arteries. **Blockage of the coronary arteries is a very common phenomenon in the industrialized world and it affects young and old, the healthy and the sick, and people with and without heart disease. Blocked coronary arteries and heart attacks are two different things.**

Doubt: The extent of a heart attack does not, as a rule, correspond to the area supplied by the artery beyond the blockage, as the sketches in the chapter “Classical Concept” would suggest. The area affected is in general much smaller and sometimes reaches into areas supplied by other unblocked arteries.

Doubt: Heart attacks are mainly localized in the left heart chamber. One speaks of front and back wall heart attacks, meaning the front and back wall of the left heart chamber. The arteriosclerotic alterations and stenoses affect all 3 coronary vessels and the frequency of a blockage is similar in all three coronary arteries. If arteriosclerosis plays a causal role in the

development of heart attacks, then heart attacks should affect both sides, the atrium and chamber of the left and the right side of the heart to the same extent. According to extensive research, a heart attack always, in almost 100% of the cases, affects the left chamber of the heart, and more rarely (14%) also the right chamber (18). The involvement of the right side is usually due to an encroachment of a heart attack from the left to the right side.

And so on and so forth. I only want to give you an overview of the most important and understandable facts. **These pathological findings obviously contradict the classical theory that critical stenosis leads to heart seizure and complete blockage to a heart attack.**