



NATURAL SOLUTIONS

Clinical Kinesiology, Acupuncture, & (7) Holistic Healthcare

Susan L. Levy, D.C., DABCO, FACA

Author of *Your Body Can Talk* & *Your AGING Body Can Talk*

[facebook/YourBodyCanTalk](https://www.facebook.com/YourBodyCanTalk) · YourBodyCanTalk2@gmail.com · www.YourBodyCanTalk.com

Does Heartbreak Really Affect the Heart?

By Burt Espy, B.S., M.S., D.C. F.I.A.C.A.

ABSTRACT

Heartbreak, or heartache, disappointment, sorrow, loneliness, anger, hatred, worry, fear, etc.; these are just normal EMOTIONS experienced by normal people every day. However, most people, including doctors, think nothing about them.

And yet, many current medical research studies show a definite correlation between these EMOTIONS and coronary artery disease, coronary heart disease, and heart attacks! Our sixteen years clinical research here at Chronic Health Solutions definitely shows the same correlations.

Joy is the positive emotion for the heart and you need a lot of it to protect your heart.

INTRODUCTION

Mr. Laszlo was a fifty-five-year-old male who visited a renowned cardiologist* in April 1995 for the first time. He talked of his father with great sadness, being reminded by a picture of the cardiologist's grandfather hanging on the office wall.

Mr. Laszlo explained how he was born in Hungary and had last seen his father when he was three. He remembered seeing his father being taken away into Hitler's army. Later his father was captured by the Russians and subsequently died of starvation in Siberia.

Throughout his childhood and his entire life, Mr. Laszlo had experienced, on an unconscious level, a deep unfulfilled longing for his father. Although he felt some sadness consciously, his unconscious feelings were very strong. When he developed heart disease in his late forties and needed *triple coronary artery bypass surgery by age fifty*, he was shocked and dismayed because he had none of the usual risk factors associated with heart disease. That is, he was a non-smoker, had a normal cholesterol level, had no history of hypertension, and there was no known history of coronary artery disease in the family.

But what Mr. Laszlo didn't connect with was that *a deep longing for an unavailable loved one can, literally, affect the health of the heart.*¹ For more than fifty years, Mr. Laszlo, on both the conscious and unconscious levels, had painfully longed for his absent, deceased father. *He experienced a heavy heart which later manifested as heartbreak.* Even though, like many others, *particularly men*, he ignored the emotional pain, the physical components of his profound heartbreak were manifested in his body.

*Steven T. Sinatra, M.D.

¹ *Heartbreak and Heart Disease*, Stephen T. Sinatra, M.D.

Observations of Mr. Laszlo showed his breathing was very shallow, his chest was rigid and his shoulders rounded. The contours of his chest muscles made it appear that he was wearing heavily armored chest plate. The armor was his way of protecting his vulnerable childhood heart. To avoid the deep anguish of his heartbreak, Mr. Laszlo unconsciously and chronically deadened the breathing patterns in his body. *When breathing is diminished, the capacity for feeling is also diminished.* Thus, his heart was “locked” in a frozen chest, it was definitely in deep stress.² Thus *he was a prime candidate for more serious heart problems.*

Typical heart patients are usually men-of-action and they can rarely indulge in the contemplative life. Their attitude toward life is that they would rather ‘die with their boots on’ at the height of their success than see themselves grow old and turn their businesses over to a younger person. To think of retiring into a life of leisure is worse than death to some people. Don’t make just business the heart of your life or when business is over the heart is gone.³

You don’t see women pat their “bay windows” with pride. Women are also more particular about their food, while men would rather “eat it if it kills me” if it should be one of their favorite poisons.⁴

Although the Laszlo example dealt with a slow incidence process, it doesn’t have to be that way. *Any sudden display of deep emotion, be it anger or love, has a very instant effect on the heart as well as the entire body.*⁵

SCIENTIFIC STUDIES

1. *A Prospective Study of Anger and Coronary Heart Disease, (CHD)* – Conclusion: This data suggests that high levels of expressed anger may be a risk factor for CHD among older men.⁶
2. *Triggering of Acute Myocardial Infarction Onset by Episodes of Anger* – Conclusion: Episodes of anger are capable of triggering the onset of acute myocardial infarction, but aspirin may reduce that risk.⁷

Editorial Note:

Aspirin, a common drug, has been touted as a preventative to heart attacks. However, many studies dating back to 1968 have not confirmed this.⁸ In 1974, *twenty-three years ago*, in the United States, *The National Institute of Health* in the form of the *National Heart, Lung, and Blood Institute*, and at the cost of \$16,000 conducted a large test in the pattern of two large English tests, but with dismal results. The study director, Robert I. Levy, reported that aspirin helped neither men nor women, but that it causes ulcer-like pain, inflammation and bleeding in the stomach and intestines. *Mr. Levy concluded that heart attack patients should NOT be given aspirin on a sustained basis.*

3. *Symptoms of Anxiety and Risk of Coronary Heart Disease (CHD)* – Conclusion: This data suggests an association between anxiety and fatal coronary heart disease, in particular, sudden cardiac death.

² Ibid.

³ *Who’s the matter with Me?*, Alice Stedman.

⁴ Ibid.

⁵ Ibid.

⁶ *A Prospective Study of Anger and Coronary Heart Disease*, I. Kawachi, D. Sparrow, A. Spiro, S.T. Weiss.

⁷ *Triggering of Acute Myocardial Infarction Onset by Episodes of Anger*, M.A. Mittleman, M. Maclure, J.B. Sherwood, R.P. Mulry, G. H. Tofler, S.C. Jacobs, R. Friedman, H. Benson, J.E. Muller.

⁸ *The Lancet*, 1968, p. 779; *The Lancet*, 1971, p.399; *The Lancet*, Sept. 2, 1972, p. 441; *The British Medical Journal*, 1974, pp. 436-440; *The Lancet*, 1979, pp. 1313-1315; *Jama*, Feb. 16, 1990, pp. 6609-6610; *Science*, 1980, vol. 208.

4. *Hostility and Health: Current Status of a Psychosomatic Hypothesis* – Conclusion: This data suggests that hostile persons may be at increased risk for subsequent coronary heart disease and other life-threatening illnesses.⁹
5. *Heart Disease, Depression Cause-Effect Link Sought* - Dr. Robert Carney¹⁰, Professor of Medical Psychology at Washington University in St. Louis, Missouri has found that one in six people in the general population has an episode of major depression in his or her lifetime. About half of people with heart disease do.¹¹

THE HEART AS A PUMP¹²

The heart is actually two separate pumps—a right side that pumps the blood through the lungs (oxygenates the blood) and a left side that pumps the blood through the peripheral circulation (oxygenates and nourishes the cells) then returns to the heart. In turn, each of these two separate sides of the heart is a pulsatile two-chambered pump composed of an atrium and a ventricle.

The atrium functions principally as an entrance to the ventricle, but it also pumps weakly to help move the blood into the ventricle. The ventricle then supplies the main force that propels the blood through either the pulmonary or the peripheral circulation.

Cardiac Muscle

The heart is composed of three major types of cardiac muscle: atrial, ventricular, and specialized excitatory and conductive muscle fibers. The atrial and ventricular muscles contract in much the same way as skeletal muscle, except for a longer contraction time in the heart muscle. In contrast, the specialized excitatory and conductive fibers contract freely because they contain few contractible fibrils. Indeed, because of their rhythmic properties and their rapidity of conduction, they provide an excitatory system for the heart and a transmission system for rapid conduction of the cardiac excitatory signal throughout the heart.

Cardiac muscle fibers are arranged in a lattice-work, the fibers dividing, then recombining, and then dividing again. The muscle fibers are striated as typical skeletal muscle. These contain intercalated discs which are actually cell membranes that separate individual cardiac muscle cells from each other. Since electrical resistance through the intercalated discs is much less, it allows the cardiac muscle fibers to act as a “syncytium.” The cardiac fibers are so tightly bound that when one of them becomes excited, the action potential spreads to all of them.

The heart is composed of two separate syncytiums—the atrial syncytium and a ventricle syncytium, both made up of the walls of each. These are separated from each other by fibrous tissue that surrounds the valvular opening between each. Action potentials can be conducted from the atrial syncytium into the ventricular syncytium by way of a specialized conduction system – the A.V. bundle.

Because of the syncytial and interconnection nature of cardiac muscle, stimulation of any single atrial muscle fiber will cause the action potential to travel over the entire atrial muscle mass and similarly for the ventricle. This is called the “all-or-nothing principle.” However, because the cardiac muscle fibers all interconnect with each other, the all-or-nothing principle applies to the entire functional syncytium of the heart rather than to single muscle fibers, as in skeletal muscle fibers.

⁹ *Symptoms of Anxiety and Risk of Coronary Heart Disease*, I. Kawachi, D. Sparrow, P. Vokanas, S.T. Weiss.

¹⁰ *Hostility and Health*, T.W. Smith, Review Articles, *Health Psychology*, 1992, ii (3) i, p. 139.

¹¹ *Heart Disease, Depression, Cause- Effect Link Sought*, Gina Kolata, *Denver Post*, January 14, 1997, p. 10A

¹² *Textbook of Medical Physiology*, Seventh Edition, Arthur C. Guyton, M.D. W.P. Sander Company, Philadelphia, 1986, pp. 150-165.

THE HEART AS THE EMOTIONAL CENTER

Coronary artery disease (CAD) is the most common cause of death in the industrialized world. Somehow it is a unique phenomenon of contemporary man. The origin of CAD resides in modern man's character and behavior. And his behavior is often the *result of unresolved emotional conflicts, psychological inquiries, and developed patters which unconsciously attack our physical bodies*,¹³ and the Chinese agree in saying that two organs more susceptible to emotional disturbances are the heart and liver.¹⁴ Alice Stedman said that "the heart is the body's symbol of the 'love' of your life, of the things and the people you have with your whole being. The physical seat of love is also the heart. It is the center of the circulation system which carries love (blood) to all other parts of the body (or world)."¹⁵

The story of Laszlo from the introduction illustrated how heartbreak, or loss of love can definitely lead to heart disease. An interesting, yet sad, Russian study shows the maladaptability of males in the following animal study. Since baboons nurture each other, they are very much like humans and they also mate for life. The Russians reared baboon couples, then removed the male from the cage and put a new male in. The ex-mate was placed only a few feet away in another cage in full view of his partner. This was a very cruel study to do with such sensitive animals. The results of the experiment were that all eighteen of the male baboons, the "ex-husbands," died within six months of separation due to stroke, hypertension, and heart attack. The *acute psychological stress of being trapped, heartbroken, and helpless overwhelmingly resulted in their death*.¹⁶ Another very wise viewpoint on stress by Alice Stedman – "It is not what you do, but the way you FEEL about it that causes stress."¹⁷

Dr. Stephen Sinatra understands that male's vulnerability when he says that women can adapt better than men. He also says that women's physiology is more in harmony and balance than a man's. *Thus generally, women can come through a crisis situation better than men*.¹⁸ *Women are really the stronger sex because of their adaptability, flexibility, and communication skills*. They are much better at establishing, new vital connections. In contrast, and to their detriment, men tend to build walls and hold feelings in. They keep secrets and are poor in communicating their feelings.¹⁹

I recently found another interesting connection between emotions and heart health. Everyone has heard that cholesterol is bad for the heart. Well, researchers have found that *cholesterol is grossly elevated by stress*.²⁰ Over time, just holding in emotions can make the blood more susceptible to cholesterol elevation.

A similar finding was seen on medical students whose cholesterol levels were significantly raised after being told that they had failed exams. Thus, we see that fear and stress raises our cholesterol levels. *Conversely, loving contact lowers cholesterol*. A study of rabbits that were petted and cuddled showed a lower rate of

¹³ *Heartbreak and Heart Disease*, Stephen T. Sinatra, M.D.

¹⁴ *The Web That Has No Weaver*, Ted J. Kaptchuk, Congedon and Weed, Chicago, IL., 1983.

¹⁵ *Who's the matter with Me?*, Alice Stedman.

¹⁶ *Heartbreak and Heart Disease*, Stephen T. Sinatra, M.D.

¹⁷ *Who's the matter with Me?*, Alice Stedman.

¹⁸ *Cardiovascular Disease in Women*, W.P. Castelli, American Journal of Obstetrics and Gynecology, 1985; 158, pp. 1153-1160.

¹⁹ *Heartbreak and Heart Disease*, Stephen T. Sinatra, M.D.

²⁰ *Changes in Serum Cholesterol and Blood Clotting: Time in Men Subjected to Cyclic variations of Occupational Stress*. M. Friedman, *Circulation*, 1958; 17, pp. 852-861.

atherosclerotic aortic lesions that did a group of control rabbits that did not receive the cuddling.²¹ The cuddling and simple contact somehow provides a “protective effect” on the vascular system.

And humans are no different. Love actually heals. Alice Stedman said it best when she said, “The best way to heal a faulty heart is to love, really love its owner. The surgeon may be able to mend a damaged heart, but only love can give it its daily food.”²²

Could the fear of death cause coronary disease? A study of race car drivers in England showed high elevations in cholesterol and blood lipids occurred regardless of diet. It’s ironic that they risk their lives racing and they’re mostly unaware of a silent killer—stress.²³

Combat soldiers are also under high stress. Several deaths in the Persian Gulf War were a result of acute heart attack, not combat wounds. Dr. John W. Brimhall, a diplomate in Applied Kinesiology, agrees that correcting emotional situations can be beneficial in reducing or eliminating heart and blood related symptoms.²⁴

One last study that illustrates the importance of the caring, cuddling, or petting principle. During the 1970’s, a Swedish study compiled heart attack data on the various European countries. It was amazing to note that the *Island of Crete did not report one heart attack death over the entire ten-year period.*²⁵ This was even though their average cholesterol level was over 220, and although the Mediterranean sun and diet, rich in monounsaturated fats, are positives for the body. The emotions were probably the major factor involved. For in Crete and Greece, the men spend quality time with one another. Over lunch they talk about their real feelings. The favorite topics of American men, money, sports and businesses are not discussed there. Rather, men talk about their families, their feelings, their dreams. They even talk about their spiritual beliefs and they do not wear social masks. They cry, argue, support, and even hold each other.

A Greek physician explained the reason for the lack of heart disease in Greece and Crete was the healing power of nurturing relationships, particularly among males. He felt strongly that such camaraderie occurring over lunch or a game of chess is a major factor in the reduction of CHD.

THE HEART AS THE SPIRIT OF THE BODY, THE KING OF THE BODY, AND THE BATTERY OF THE BODY

The heart is everything to the body. I tell all my patients that the *heart is the battery of the body* Because if it doesn’t run, you don’t run. Depleted adrenals also result in low energy, but if you have heart problems, you will experience fatigue. *Four of the most common symptoms that I see in my patients are headache, neck pain and stiffness, indigestion, and fatigue. These are beginning, Sub-Clinical Heart Symptoms!* Most people out there are walking around with heart stress. Anyone with any of the following symptoms has heart stress (meaning the heart is asking for “help”):

Fatigue	Bursitis	Chronic fatigue syndrome
Neck pain or stiffness	Palpitations	Reflex sympathetic dystrophy
Indigestion	Tendentious	Hiatal hernia

²¹ *Social Environment as a Factor in Diet Induced Aortic Atherosclerosis in Rabbits*, R.M. Norem, Science, 1980; 208; pp. 1475-1476.

²² *Who’s the matter with Me?*, Alice Stedman.

²³ *Endogenous Hyperlipidemia Induced by Emotional Stress of Racing Driving*. P. Taggett and M. Carruthers, Lancet, 1971; 1: pp. 16-22.

²⁴ *Chemical-Structural-Emotional Heart*, John W. Brimhall, D.C., DIBAK, International College of Applied Kinesiology, vol. 1, 1997-1998.

²⁵ *Ten-year Mortality in the Seven Countries Study: Medical Aspects of Mortality Statistics*, H. Bostron and N. Ljungstedt, The Skandia Group, Almquist and Wiksel Int., Stockholm, 1981.

Headaches	Varicose veins	Syndrome “x”
Pain between shoulders	Irregular heart beat/rapid heart beat	Transient ischemic attacks (TIA)
Shoulder pain or stiffness	Numbness	Phlebitis
Tingling hands/fingers	High blood pressure	Stroke
Pain down arms	Breast lumps	Swelling ankle/hands
Elbow pain	Chest pain	Myocardial infarction (heart attacks)
Pain under ribs	Wrist pain (Carpal Tunnel Syndrome)	Reflex sympathetic dystrophy

And if you don't treat the heart, it will continue to get worse. If you POISON it with drugs (even Rx drugs) it will get worse faster!

Symbolically and poetically, the heart represents the very SPIRIT, the core of the person. Catastrophic illness literally causes us to surrender. The heart is definitely the KING of the body.²⁶ The heart will not only tell you the truth, it will actually force you to see the truth. It will literally force you to your knees, and if you don't listen to the message, you could die...graveyard dead!

According to Chinese belief, the heart is considered the “Ruler of the Body,” because like a benevolent and enlightened monarch, it is all-knowing and ever-present. The heart propels the blood through the body and enfolds the spirit maintaining awareness. Thus, the Chinese just use different words, but agree on the leading role of the heart.²⁷

Dr. Sinatra, the cardiologist who inspired this paper, makes the following, wise comments concerning the heart: “Based on my two decades of experience as a cardiologist and psychotherapist, I strongly believe that *prevention is easier than cure when it comes to the heart.*”²⁸

WHOLISTIC DIAGNOSIS AND TREATMENT

Treatment first consists of a good, specific diagnosis based on a holistic approach. We test kinesiologically to find the body's needs because each body is unique and then we retest to check the effectiveness of the treatment. We generally find that the body wants the ACUPUNCTURE system corrected first, followed by NUTRITIONAL needs, and finally STRUCTURAL balance. Any muscle or ligament work would also be addressed before organ work. However, the muscles and spine are most generally NOT primary.

We do not guess when it comes to your health. We treat your body as a very intelligent biocomputer. Thus, we process the body like a computer starting with the most serious symptoms, then proceeding towards a solution.

Clinical kinesiology is the diagnostic method used to communicate with the body. A strong muscle is used, usually a straight arm for convenience (group muscle test). However, surrogate testing is used with children or someone without a strong muscle.

Acupuncture: First we balance the major meridian for the major organ involved, after locating the acupuncture points needing correction (utilizing clinical kinesiology diagnostic techniques), we have a choice of four different forms of acupuncture:

Needle	Magnet
Soft laser	Acutabs

²⁶ *Heartbreak and Heart Disease*, Stephen T. Sinatra, M.D.

²⁷ *Between Heaven and Earth*, Harriet Beinfield, Lic. Ac., and Efren Korngold, Lic. Ac., OMD, Ballantine Books, NY, Sept. 1991.

²⁸ *Heartbreak and Heart Disease*, Stephen T. Sinatra, M.D.

The form of acupuncture to be used is based on patient desires and physical aspects of the particular point location. My clinical practice has shown all four to be effective, although the needle, soft laser, and magnet have a more powerful and permanent effect.

Personalized Nutrition

To get the best response from the body, specific nutrients usually are required for the *organ under stress*, and most generally, we find that the body *requires glandulars*. Specific nutrients made from “clean” animal glands or organs (usually from New Zealand). These also contain synergistic vitamins, minerals, and/or herbs. I find great success with, and much prefer the Core-Level™ line of glandulars from NutriWest® and developed by Dr. Alan G. Beardall.²⁹ Later, as we work through adaptations, the body may also require specific vitamins, minerals, enzymes, amino acids or specific herbs. Generally, we find that the body wants significantly higher quantities of vitamins than the recommended daily requirement (RDA). C.K. (clinical kinesiology) techniques also can be used to determine the daily dose and length of time required for the specific nutrient to build the body’s health reserve back to normal.

Since we are working to balance the body’s acupuncture energy (meridians), the combination of acupuncture, nutrition, and chiropractic adjusting has proven very effective.

Adjusting

Normally, after the acupuncture and nutritional requirements are determined, we ask the body for subluxations... (these usually do not show up initially). Correction is generally made with a low-force instrument since the body is very effective. Corrections are made where problems are found, whether spinal, extremity or tissue.

Frequency and Length of Treatments

Generally, the frequency and length of treatments is very individual. Of course, the more serious the case, both would increase.

Electro-Meridian Imaging (EMI)*

Ryodoraku acupuncture (a quick test to measure and monitor the health of the patient) was developed by Dr. Nakatani in the 1940’s in Tokyo, Japan. His study of electro-acupuncture found that most meridian points of the traditional acupuncture system have lower electrical resistance than the normal body surface.

The Ryodoraku examination is based on the resistance of the skin to electrical stimulation and observes the body function scientifically from the standpoint of the autonomic nerves. The exam consists of measuring the “source points” on the traditional acupuncture meridians. (An exception is the large intestine meridian, where Li4 is measured instead of Li5).

Our clinical research has shown the Ryodoraku examination most helpful in measuring the health profile of the patients as they progress through treatment. It gives both doctor and patient an *objective* measure of the patient’s current health balance. The exam is run initially, and then at periodic intervals of every three to four treatments, depending on the individual case.

Thus, the EMI is both an objective verification of the effectiveness of our treatment and the patient’s health.

²⁹ *Your Body Can Talk*, Susan L. Levy, D.C. D.A.B.C.O., F.I.A.C.A. and Carol Lehr, M.A., Hohm Press, Prescott, AZ. Sept. 1996.

*EMI: Term coined by Dr. John Amaro, International Academy of Clinical Acupuncture, Carefree, AZ.

CONCLUSIONS

Heartbreak or heartaches are classic signs of a broken heart. And these are proven to cause heart disease or a heart attack as documented in this paper.

Your body is delicate, and far too often your symptoms are ignored or taken too lightly! I submit the following example: As preparation for this paper, a Medscan search brought up the following case— “a twenty-four-year-old, white athletic woman, free of heart disease, according to medical standards and tests, experienced an episode of fear when she was assaulted in the street without physical injury while undergoing twenty-four-hour Holter monitoring*.”³⁰ She developed an important sympathetic [nervous system] response in which, besides the symptoms characterized by palpitations, chest pain, dyspnea, asthenia, dizziness, nausea, and profuse cold sweating, she had an episode of paroxysmal atrial tachycardia.

To the medical research team, it was an interesting, not well understood, case, but to us this young lady had a heart problem (heart stress) which was asking for “help.” The symptoms that she had experienced were definite heart symptoms. They should also be treated holistically instead of waiting and watching until more serious heart symptoms develop.

* *A Holter monitor* is a battery-operated portable device that measures and records your heart’s activity (ECG) continuously for 24 to 48 hours or longer depending on the type of *monitoring* used. The device is the size of a small camera. It has wires with silver dollar-sized electrodes that attach to your skin.

³⁰ *Paroxysmal Atrial Tachycardia Recorded by Holter Monitoring During an Episode of Fear*. E. Badni, L. Lepe, G. Van, R. Espinoza, *Angiology*, July, 1996, 47 (7); pp. 713-716.

REFERENCES

- A Prospective Study of Anger and Coronary Heart Disease*, I. Kawachi, D. Sparrow, A. Spiro, S.T. Weiss.
- Between Heaven and Earth*, Harriet Beinfeld, Lic. Ac., and Efren Korngold, Lic. Ac., OMD, Ballantine Books, NY, Sept. 1991.
- Cardiovascular Disease in Women*, W.P. Castelli, American Journal of Obstetrics and Gynecology, 1985; 158, pp. 1153-1160.
- Changes in Serum Cholesterol and Blood Clotting: Time in Men Subjected to Cyclic variations of Occupational Stress*. M. Friedman, Circulation, 1958; 17, pp. 852-861.
- Chemical-Structural-Emotional Heart*, John W. Brimhall, D.C., DIBAK, International College of Applied Kinesiology, vol. 1, 1997-1998.
- Endogenous Hyperlipidemia Induced by Emotional Stress of Racing Driving*. P. Taggett and M. Carruthers, Lancet, 1971; 1: pp. 16-22.
- Heart Disease, Depression, Cause- Effect Link Saught*, Gina Kolata, Denver Post, January 14, 1997, p. 10A.
- Heartbreak and Heart Disease*, Stephen T. Sinatra, M.D.
- Hostility and Health*, T.W. Smith, Review Articles, Health Psychology, 1992, ii (3) i, p. 139.
- Jama*, Feb. 16, 1990, pp. 6609-6610.
- Paroxysmal Atrial Tachycardia Recorded by Holter Monitoring During an Episode of Fear*. E. Badni, L. Lepe, G. Van, R. Espinoza, Angiology, July, 1996, 47 (7); pp. 713-716.
- Social Environment as a Factor in Diet Induced Aortic Atherosclerosis in Rabbits*, R.M. Norem, Science, 1980; 208; pp. 1475-1476.
- Symptoms of Anxiety and Risk of Coronary Heart Disease*, I. Kawachi, D. Sparrow, P. Vokanas, S.T. Weiss.
- Ten-year Mortality in the Seven Countries Study: Medical Aspects of Mortality Statistics*, H. Bostron and N. Ljungstedt, The Skandia Group, Almquist and Wiksel Int., Stockholm, 1981.
- Textbook of Medical Physiology*, Seventh Edition, Arthur C. Guyton, M.D. W.P. Sander Company, Philadelphia, 1986, pp. 150-165.
- The British Medical Journal*, 1974, pp. 436-440.
- The Lancet*, 1968, p. 779.
- The Lancet*, 1971, p.399.
- The Lancet*, Sept. 2, 1972, p. 441.
- The Lancet*, 1979, pp. 1313-1315.

Science, 1980, vol. 208.

The Web That Has No Weaver, Ted J. Kaptchuk, Congedon and Weed, Chicago, IL., 1983.

Triggering of Acute Myocardial Infarction Onset by Episodes of Anger, M.A. Mittleman, M. Maclure, J.B.Sherwood, R.P. Muiryy, G. H. Tofler, S.C. Jacobs, R.Friedman, H.Benson, J.E. Muller.

Who's the matter with Me?, Alice Stedman.

Your Body Can Talk, Susan L. Levy, D.C. D.A.B.C.O., F.I.A.C.A. and Carol Lehr, M.A., Hohm Press, Prescott, AZ. Sept. 1996.