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Soldier's Heart and a Gifted Mind: Additional Considerations for Atatürk's Cardiac Symptoms

LETTER TO THE EDITOR

To the Editor,

This letter offers additional considerations regarding the article "Atatürk's (1881–1938) Heart Disease: A Qualitative Research."[1] Its purpose is to re-examine the diagnostic interpretation of Atatürk's cardiac symptoms and propose a plausible functional explanation. Retrospective medical analyses of historically significant figures enhance understanding of both the individual and their era, and such inquiry is particularly meaningful for Gazi Mustafa Kemal Atatürk, founder of the Republic of Türkiye and among the foremost leaders of the early 20th century.

The article examined two cardiac episodes Atatürk experienced in 1923 and 1927, concluding that they likely represented acute coronary syndromes. These events, characterized by chest pain and fatigue, appeared self-limiting and uncomplicated, except for fever noted in the latter. However, available records document no cardiac symptoms before 1923, between these two episodes, or after 1927 until his death. Current evidence indicates that cardiac symptoms and antecedent events are highly prevalent before acute coronary syndromes and frequently recur thereafter.[2,3] Despite persistent risk factors such as tobacco use and the absence of any specific cardiac treatment, Atatürk remained symptom-free thereafter. From a clinical standpoint, survival under such conditions—without intervention or risk modification—would generally be improbable, and long-term recovery exceptional. These observations suggest that alternative, non-ischemic explanations should be considered.

A plausible candidate is Da Costa syndrome, or "soldier's heart," a functional cardiovascular disorder described in 19th-century soldiers and associated with chest pain, palpitations, dyspnea, and fatigue in the absence of structural heart disease.[4] In modern terms, it may represent a stress-related autonomic dysfunction. Atatürk's life was defined by prolonged combat—from 1905 through the War of Independence (1922)—and recurrent exposure to severe stress and injury, including a nonpenetrating chest wound during the Battle of Dardanelles. After the war, new political and ideological pressures replaced the physical strain of battle. Notably, his cardiac episodes coincided with the proclamation of the Republic and the resolution of major political crises. This temporal pattern resembles the "letdown effect," in which illness occurs following relief from intense stress. Lipton et al[5] showed that sudden reductions in stress may precipitate migraine attacks through autonomic shifts; a similar mechanism may plausibly have contributed to Atatürk's post-stress cardiac symptoms.

In a previous article, I underscored intellectual giftedness as a key developmental trait shaping Atatürk's character.[6] Gifted individuals often display heightened autonomic reactivity and experience profound inner tension, existential questioning, and uncompromising dedication to ideals—all evident in Atatürk's life. This dimension should inform any assessment of the extraordinary psychological stress he endured.

Finally, the "Atatürk's Consultation Report" warrants brief comment. The persistence of auscultatory rales in the lower left lung for about a year represents a clinically concerning finding, and the absence of appropriate evaluation reflects

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the diagnostic limitations of early 20th-century medicine. Likewise, given the restricted reliability of laboratory methods of the time, the alleged gonorrheal infection should be regarded as uncertain and unreliable. It is also notable that no forensic medical evaluation was performed during his cardiac events, despite his status as a national leader.

In summary, these reflections help us appreciate how a great leader followed his heart in devotion to his nation and to humanity, and how this extraordinary effort ultimately resonated within his own heart.

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REFERENCES

1. Köken AH, Bolat M, Çelik İE. Atatürk's (1881-1938) heart disease: a qualitative research. *Anatol J Cardiol*. 2025;29(8):431-443. [CrossRef]
2. dos Santos ES, Minuzzo L, Pereira MP, et al. Acute coronary syndrome registry at a cardiology emergency center. *Arq Bras Cardiol*. 2006;87(5):597-602. [CrossRef]
3. Steen DL, Khan I, Andrade K, Koumas A, Giugliano RP. Event rates and risk factors for recurrent cardiovascular events and mortality in a contemporary post-acute coronary syndrome population representing 239 234 patients during 2005-2018 in the United States. *J Am Heart Assoc*. 2022;11(9):e022198. [CrossRef]
4. Jones E. Historical approaches to post-combat disorders. *Philos Trans R Soc Lond B Biol Sci*. 2006;361(1468):533-542. [CrossRef]
5. Lipton RB, Buse DC, Hall CB, et al. Reduction in perceived stress as a migraine trigger: testing the "let-down headache" hypothesis. *Neurology*. 2014;82(16):1395–1401. [CrossRef]
6. Sabuncuoğlu O. A rebuttal to psychoanalytic biography of Mustafa Kemal Atatürk. *Acta Med Hist Adriat*. 2024;21(2):203-222. [CrossRef]