

Mapping Behavioural Implementation Gaps in Traditional Medicine and Cardiovascular Care

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Abstract

The rising burden of cardiovascular diseases and growing interest in traditional medicine (TM) have driven research on healthcare utilization, cardiovascular care management and behavioural implementation gaps. This bibliometric study analysed Scopus-indexed publications (2016–2026) using ScientoPy, Scopus Analyser and VOSviewer. Results show increasing publication trends with variable citation patterns, with strong contributions from the USA and China supported by major funding agencies. Keyword and density analyses reveal clustering around cardiovascular disease, hypertension and diabetes, with comparatively weaker emphasis on behavioural implementation constructs such as adherence and self-management. Findings highlight persistent gaps in integrating behavioural perspectives into TM-related cardiovascular research.

Keywords: Traditional medicine; Cardiovascular disease; Behavioural; Bibliometric analysis

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1.0 Introduction

The rising burden of cardiovascular disease (CVD), alongside growing interest in traditional medicine (TM) and complementary approaches, has spurred research into healthcare utilisation and cardiovascular care management. However, barriers such as limited evidence, weak patient–provider communication and broader health system constraints may hinder the integration of TM and, in turn, influence patient behaviour within cardiovascular care pathways (Kohl-Heckl et al., 2022).

Previous bibliometric evidence shows sustained growth in complementary and traditional medicine research in cardiovascular health, with key contributions from countries such as China, the United States, and India, and emerging thematic focus on herbal medicine and integrative approaches (Bachri et al., 2026). However, the field has largely overlooked behavioural implementation gaps, particularly those tied to adherence, lifestyle change and healthcare decision-making. Therefore, this study aims to analyse global research trends on TM use and cardiovascular care management with a specific focus on behavioural implementation gaps. The objectives are to examine publication and citation trends, identify leading countries, journals, and funding institutions, analyse keyword co-occurrence patterns, and evaluate the extent of behavioural dimensions within the literature.

2.0 Literature Review

2.1 Traditional Medicine Use in Cardiovascular Disease Management

People frequently use traditional medicine alongside conventional care to prevent and manage CVD. Evidence suggests that traditional Chinese medicine and related herbal therapies may contribute to cardiovascular protection through multiple mechanisms, including the reduction of oxidative stress and inflammation, regulation of lipid metabolism, improvement of endothelial function and modulation of gut microbiota (Dai et al., 2024). Commonly used medicinal plants such as ginseng, hawthorn, *Salvia miltiorrhiza*, and *Ginkgo biloba* have demonstrated potential benefits in blood pressure control, lipid regulation and overall cardiac function (Zhang et al., 2025). Despite these promising effects, challenges such as limited standardisation, variability in evidence quality, and potential herb–drug interactions continue to constrain clinical integration into mainstream cardiovascular care.

2.2 Behavioural Determinants and Implementation Gaps in Cardiovascular Care

Behavioural determinants and persistent implementation gaps heavily influence cardiovascular care, ultimately driving treatment outcomes. Modifiable behaviours and psychosocial factors largely drive CVD risk, whereas social determinants like income, education, and healthcare access fuel disparities in care (Burg et al., 2025). While effective cardiovascular behavioural medicine strategies exist, system-level constraints, provider

barriers, and inadequate implementation structures continue to limit their adoption in routine clinical care (Stoney et al., 2022).

2.3 Bibliometric Evidence and Research Gaps in Traditional Medicine and Behavioural Cardiovascular Research

Bibliometric studies show a rapidly expanding body of literature on traditional medicine (TM) in cardiovascular disease (CVD), particularly within Traditional Chinese Medicine (TCM) (Liu et al., 2020). Despite this growth, evidence translation remains limited, particularly in terms of clinical validation, standardisation, and toxicological evaluation of herbal interventions. In parallel, behavioural cardiovascular research highlights the growing importance of psychosocial, behavioural, and structural determinants of cardiovascular outcomes, grounded in biopsychosocial frameworks. However, bibliometric and conceptual reviews indicate that behavioural cardiology remains underutilised in mainstream cardiovascular research and is only weakly integrated into routine clinical practice (Waldstein et al., 2022).

Across both domains, a shared limitation is the insufficient integration of behavioural implementation frameworks with traditional medicine research. While TM studies often focus on pharmacological and mechanistic outcomes, behavioural cardiovascular research emphasises psychosocial determinants, yet both fields lack strong transdisciplinary convergence. This disconnect contributes to persistent implementation gaps between evidence generation and real-world cardiovascular care delivery, particularly regarding adherence, lifestyle modification, and patient decision-making. Furthermore, inequities in research participation and limited inclusion of marginalised populations continue to constrain the generalizability of findings and hinder the development of culturally (Jurado Vélez et al., 2025).

3.0 Methodology

3.1 Data source and search strategy

A comprehensive bibliometric analysis was conducted using the Scopus database to identify and retrieve publications on the use of traditional medicine, cardiovascular care management, and behavioural implementation perspectives in cardiovascular health.

The search strategy used Boolean operators as follow: ("traditional medicine" OR "herbal medicine" OR "complementary medicine" OR "alternative medicine" OR CAM OR "integrative medicine") AND (cardiovascular OR "cardiovascular disease*" OR CVD OR "heart disease") AND (behavio* OR attitude* OR perception* OR belief* OR adherence OR compliance OR self-management OR self-care OR implementation).

To ensure relevance and consistency, the dataset was restricted to English-language articles published between 2016 and 2026. The final CSV export included full metadata, including titles, authors, affiliations, abstracts, and keywords.

3.2 Bibliometric analysis

Descriptive bibliometric indicators were used to assess publication performance and research trends. These included annual publication counts, citation patterns, leading contributing countries, and the most productive 5 7 journals. Country and journal analyses were conducted using ScientoPy, while temporal trends in publications and citations were examined using Microsoft Excel. Funding information was analysed using the built-in Scopus analytical tools.

3.3 Network visualisation and mapping

A keyword co-occurrence analysis via VOSviewer revealed the intellectual structure and thematic evolution of the literature. A minimum threshold of 5 8 occurrences was applied to the author keywords used to construct the cooccurrence networks. Visualisations of these co-occurrence networks revealed major thematic clusters, research hotspots, and relationships among key 9 concepts. In addition, density visualisation was applied to highlight areas of high and low keyword concentration, providing further insight into dominant and emerging research themes.

3.4 Study flowchart

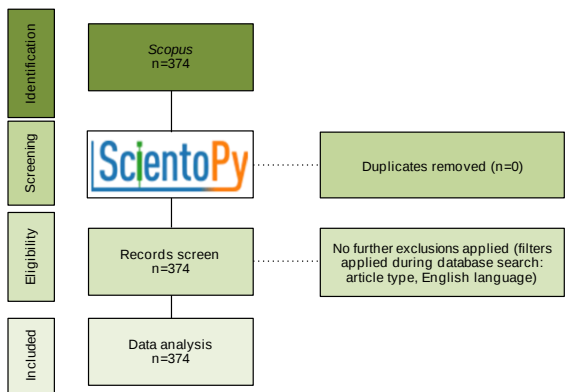


Figure 1: The Modified Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) Guideline

The selection and screening process for eligible publications followed a modified Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework, as illustrated in Figure 1, showing 374 retrieved records with no further exclusions applied.

4.0 Results

4.1 Publication and citation trends

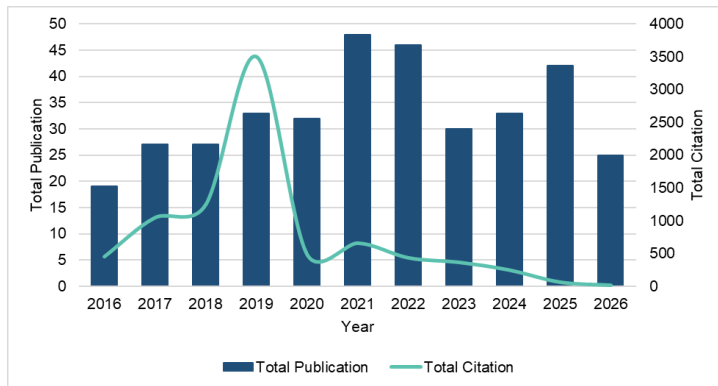


Figure 2: Annual publication and citation trends related to traditional medicine use, cardiovascular care management, and behavioural implementation gaps in cardiovascular health (2016–2026)
(Source: Authors' analysis using Microsoft Excel based on data extracted from Scopus database)

Figure 2 illustrates the annual publication and citation trends for research on traditional medicine use, cardiovascular care management, and behavioural implementation gaps in cardiovascular health from 2016 to 2026. Overall, the number of publications shows a general upward trend, rising from 19 articles in 2016 to a peak of 48 in 2021, indicating growing scholarly interest in this interdisciplinary field. Publication output remained relatively stable thereafter, with moderate fluctuations between 30 and 46 articles annually.

Meanwhile, citation analysis reveals that publications from earlier years accumulated substantially more citations, with the highest citation count recorded in 2019 (3,498 citations), followed by 2018 (1,238 citations) and 2017 (1,042 citations).

4.2 Leading countries contributions

Figure 3 presents the global distribution of publications on the use of traditional medicine, cardiovascular care management, and behavioural implementation gaps in cardiovascular health. The United States emerged as the leading contributor with 95 publications and the highest Average Document Year (ADY = 9.5), indicating both substantial research productivity and strong recent publication activity. China ranked second with 57 publications and an ADY of 7.5, reflecting its growing influence in this research domain. Other notable contributors included Australia (30 publications), the United Kingdom (28 publications), and India (25 publications), demonstrating active engagement from both developed and emerging economies. Countries such as Brazil, South Korea, Italy, Canada, and South Africa also contributed meaningfully, although with lower publication outputs ranging from 13 to 20 articles.

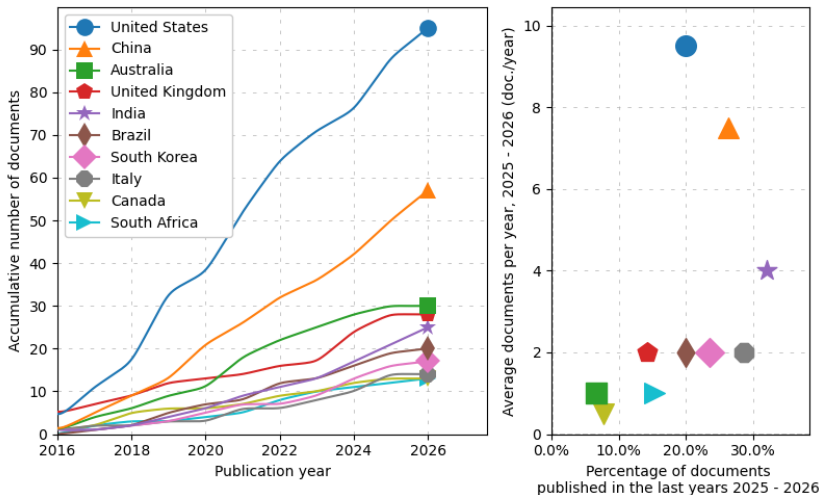


Figure 3: Global distribution of publications by country
(Source: ScientoPy)

4.3 Source and journal analysis

Table 1. Top 10 journals ranked by number of publications and citations

No	Source Title	Total publication	SJR	SNIP	h-Index
1	BMJ Open	16	0.930	1.002	5
2	BMC Complementary Medicine and Therapies	13	0.825	1.184	8
3	Journal of Ethnopharmacology	12	1.283	1.553	8
4	PLoS ONE	8	0.726	1.081	5
5	International Journal of Environmental Research and Public Health	5	0.927	1.413	5
6	Journal of Alternative and Complementary Medicine	5	0.498	N/A	4
7	Complementary Therapies in Medicine	4	0.963	1.293	3
8	Medicine (United States)	4	0.527	0.698	2
9	Fitoterapia	3	0.511	0.895	1
10	Patient Preference and Adherence	3	0.690	1.041	2

(Source: Scopus)

The top 10 journals ranked by number of publications are presented in Table 1. BMJ Open recorded the highest number of publications ($n = 16$), followed by BMC Complementary Medicine and Therapies ($n = 13$) and the Journal of Ethnopharmacology ($n = 12$). Other

prominent journals included PLoS ONE (n = 8), International Journal of Environmental Research and Public Health (n = 5), and the Journal of Alternative and Complementary Medicine (n = 5).

Additional contributing journals were Complementary Therapies in Medicine (n = 4), Medicine (United States) (n = 4), Fitoterapia (n = 3), and Patient Preference and Adherence (n = 3). The presence of journals specialising in complementary medicine, ethnopharmacology, public health, and patient-centred care highlights the interdisciplinary nature of research on traditional medicine use, cardiovascular care management, and behavioural implementation gaps in cardiovascular health.

The journals exhibited varying bibliometric indicators, with SCImago Journal Rank (SJR) values ranging from 0.498 to 1.283, Source Normalized Impact per Paper (SNIP) values ranging from 0.698 to 1.553 (excluding journals with unavailable data), and h-index values ranging from 1 to 8. Among the listed sources, the Journal of Ethnopharmacology demonstrated the highest SJR (1.283) and SNIP (1.553) values, while both the Journal of Ethnopharmacology and BMC Complementary Medicine and Therapies achieved the highest h-index (8), indicating strong scholarly influence within this research domain.

4.4 Funding agency analysis

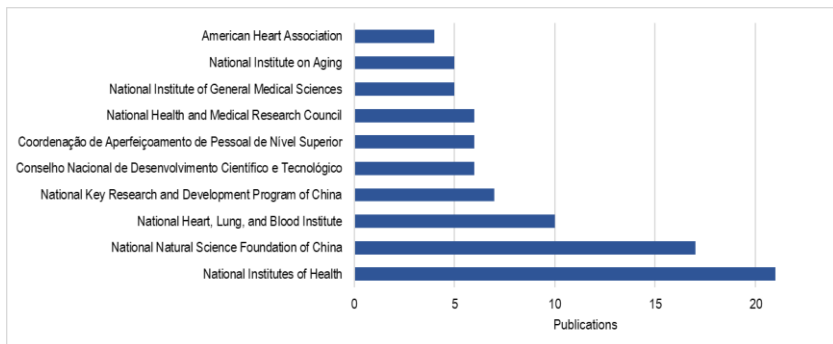


Figure 4: Distribution of publications by major funding agencies
(Source: Scopus)

Figure 4 presents the distribution of publications according to major funding agencies supporting research on traditional medicine use, cardiovascular care management, and behavioural implementation gaps in cardiovascular health. The National Institutes of Health (NIH) was the leading funding agency, supporting the highest number of publications (n = 21), followed by the National Natural Science Foundation of China (NSFC) (n = 17) and the National Heart, Lung, and Blood Institute (NHLBI) (n = 10). These findings indicate the substantial role of national health research organizations in advancing research at the intersection of traditional medicine, cardiovascular care, and health behaviour.

Other prominent funding bodies included the National Key Research and Development Program of China (n = 7), Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq) (n = 6), Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES) (n = 6), and the National Health and Medical Research Council (NHMRC) (n = 6). Additional contributions were provided by the National Institute of General Medical Sciences (NIGMS) (n = 5), the National Institute on Aging (NIA) (n = 5), and the American Heart Association (AHA) (n = 4).

4.5 Keyword co-occurrence and thematic analysis

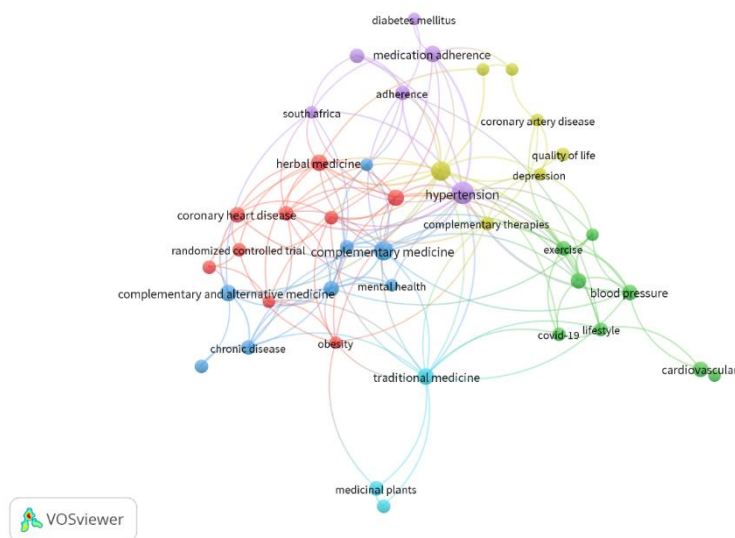


Figure 5: Keyword co-occurrence network map
(Source: VOSviewer)

The keyword co-occurrence network map is presented in Figure 5. A total of 1,216 keywords were identified, of which 41 keywords met the minimum occurrence threshold of 5 and were grouped into six clusters based on their co-occurrence relationships.

The most frequently occurring keywords included "hypertension" (n = 29), "cardiovascular disease" (n = 19), "complementary medicine" (n = 20), "medication adherence" (n = 12), "herbal medicine" (n = 12), and "traditional medicine" (n = 11). Other commonly occurring keywords were "complementary and alternative medicine" (n = 11), "blood pressure" (n = 10), "cardiovascular" (n = 9), "integrative medicine" (n = 9), and "mindfulness" (n = 9).

Cluster 1 included keywords related to traditional medicine and chronic disease management, such as "herbal medicine", "traditional chinese medicine", "diabetes", "type 2 diabetes", "obesity", "cardiovascular diseases", and "randomized controlled trial". Cluster

2 comprised lifestyle and behavioural risk factors, including "blood pressure", "cardiovascular", "exercise", "diet", "lifestyle", "mindfulness", "covid-19", and "hormone replacement therapy".

Cluster 3 included complementary and integrative healthcare and patient-centred research themes, such as "complementary medicine", "complementary and alternative medicine", "integrative medicine", "qualitative research", "knowledge", "mental health", and "heart failure". Cluster 4 focused on cardiovascular outcomes and psychosocial burden, including "cardiovascular disease", "quality of life", "depression", "delirium", "coronary artery disease", "risk factors", and "complementary therapies".

Cluster 5 represented behavioural implementation and clinical management themes, including "hypertension", "medication adherence", "adherence", "treatment", and "diabetes mellitus", along with "south africa". Cluster 6 comprised ethnobotanical and traditional knowledge systems, including "traditional medicine", "medicinal plants", and "ethnobotany".

Overall, the network highlights a strong thematic integration between traditional medicine use, cardiovascular disease management, and behavioural implementation factors, particularly in relation to hypertension management, medication adherence, and complementary medicine utilization.

4.6 Representation of cultural and behavioural dimensions

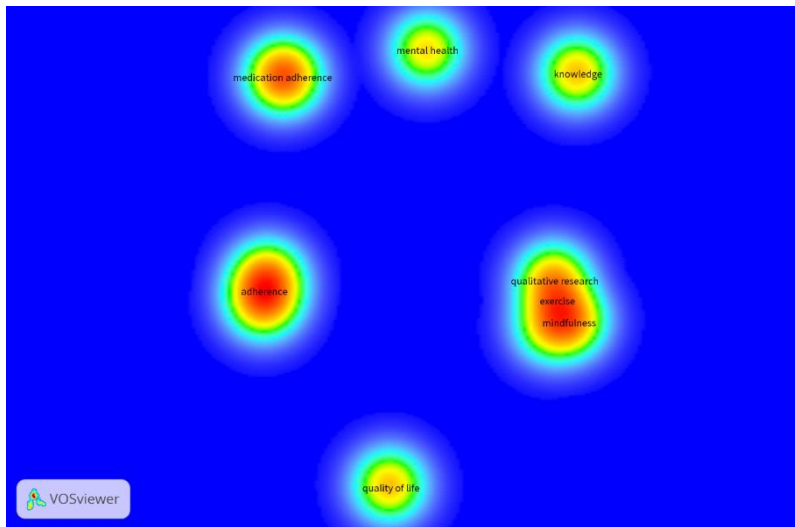


Figure 6: Density visualization of behavioural implementation gaps in cardiovascular health research
(Source: VOSviewer)

The density visualization of behavioural implementation gaps in cardiovascular health research is presented in Figure 6. The keywords included in the analysis were "medication

adherence" (n = 12), "exercise" (n = 7), "treatment" (n = 7), "mindfulness" (n = 9), "lifestyle" (n = 6), "knowledge" (n = 6), "quality of life" (n = 6), "diet" (n = 5), "mental health" (n = 5), and "qualitative research" (n = 6).

Among these, "medication adherence" recorded the highest occurrence, followed by "mindfulness" and "exercise", indicating strong emphasis on behavioural compliance and lifestyle modification in cardiovascular care. Keywords such as "treatment", "lifestyle", "knowledge", and "qualitative research" also showed notable presence, reflecting growing attention to patient-centred behavioural determinants and implementation processes in cardiovascular health management. Lower-frequency but relevant constructs such as "diet", "mental health", and "quality of life" further highlight the multidimensional nature of behavioural gaps influencing cardiovascular outcomes.

5.0 Discussion

The present bibliometric analysis provides a comprehensive overview of research on the use of traditional medicine, cardiovascular care management, and behavioural implementation gaps in cardiovascular health. Overall, the observed publication trajectory indicates sustained, progressively expanding interest in this interdisciplinary field. The gradual increase in publications over time reflects a broader shift in cardiovascular research from purely biomedical perspectives toward more behaviourally informed and patient-centred approaches. This aligns with previous bibliometric evidence indicating sustained growth in complementary and traditional medicine research in cardiovascular disease, including an annual growth rate of 9.74% and an average of 31.38 citations per document (Bachri et al., 2026). The fluctuating citation pattern, with higher citation peaks in earlier years, is consistent with the concept of citation lag, in which foundational studies accumulate greater influence over time than recent publications still in their early diffusion stage within the scientific community (Yang et al., 2024).

In terms of geographical distribution, the dominance of the United States and China highlights their central role in shaping the intellectual structure of behavioural cardiovascular research. The United States, as the leading contributor, reflects a strong institutional emphasis on health behaviour, chronic disease prevention, and implementation science. In contrast, China's prominent position likely reflects the deep integration of traditional medicine systems into its healthcare framework. This integration facilitates research exploring behavioural transitions between traditional medicine use and conventional cardiovascular care pathways. Similar patterns have been observed in previous studies, in which China and the United States consistently lead in complementary and integrative medicine research output, driven by substantial governmental support and established research infrastructure (Bachri et al., 2026). Other contributing countries such as India, Australia, and Brazil, further indicate that behavioural dimensions of cardiovascular care are gaining global relevance. However, disparities in research output suggest uneven development across regions.

The funding landscape further reinforces the concentration of research support within a limited number of high-income and emerging economies. The NIH and NSFC emerged as the most influential funding bodies, underscoring their strategic prioritisation of cardiovascular and behavioural health research. This concentration of funding may shape global research agendas by prioritising certain behavioural constructs, such as adherence and lifestyle modification, while potentially limiting the representation of culturally specific behavioural frameworks from low- and middle-income regions. Previous bibliometric studies mirror these findings, noting that while the behavioural and social sciences are crucial for tackling noncommunicable diseases, chronic underfunding has historically constrained their growth and real-world impact (Kaplan et al., 2017). The involvement of cardiovascular-focused agencies such as NHLBI and AHA further confirms the increasing recognition of behavioural determinants in cardiovascular disease prevention and management.

Journal distribution patterns indicate that research in this field is disseminated across a combination of complementary medicine, ethnopharmacology, public health, and patient-centred care journals. The prominence of journals such as *BMJ Open*, *BMC Complementary Medicine and Therapies*, and the *Journal of Ethnopharmacology* reflects the interdisciplinary nature of the field, where biomedical research intersects with behavioural science and traditional healthcare systems. Importantly, the presence of journals such as *Patient Preference and Adherence* highlights the growing emphasis on behavioural implementation outcomes, particularly adherence, treatment engagement, and healthcare utilisation. This diversification of publication outlets reflects the growing recognition of behavioural dimensions in cardiovascular care, supported by the emergence of behavioural cardiology, which integrates psychological and behavioural approaches into CVD management to address comorbidities, promote lifestyle change, and improve patient outcomes (Smolderen et al., 2024).

The keyword co-occurrence network further reveals that the intellectual structure of the field is strongly anchored in both clinical and behavioural domains. High-frequency keywords such as “hypertension,” “cardiovascular disease,” and “diabetes mellitus” confirm the centrality of chronic disease contexts. In contrast, terms such as “medication adherence,” “treatment,” “lifestyle,” and “knowledge” highlight the behavioural dimension of healthcare implementation. Notably, “medication adherence” emerged as one of the most influential behavioural keywords, indicating sustained attention to compliance-related challenges in cardiovascular management. Improved adherence is associated with better disease control, reduced complications, and enhanced quality of life. The co-existence of complementary medicine terms such as “integrative medicine,” “herbal medicine,” and “traditional Chinese medicine” suggests that behavioural decision-making is increasingly occurring at the intersection of traditional and modern healthcare systems.

The density visualization further underscores that behavioural implementation gaps remain unevenly represented within the literature. While keywords such as “medication adherence,” “exercise,” “mindfulness,” and “lifestyle” appear as central behavioural nodes, their relatively limited clustering density compared to disease-focused terms indicates that

behavioural processes are still emerging as a distinct research focus rather than a fully established domain. This suggests that much of the current literature continues to prioritise disease outcomes over behavioural mechanisms underlying healthcare utilization and treatment engagement. The presence of “knowledge,” “qualitative research,” and “mental health” further indicates a gradual shift toward more interpretive and patient-centred approaches, yet these remain secondary to clinical descriptors. Similar gaps have been identified in previous behavioural health research, where implementation and adherence-related constructs are often underrepresented despite their importance in chronic disease management, particularly those related to patient agency, beliefs, and mental states, which are essential for aligning treatment with patients’ values and goals to improve adherence (Amdie et al., 2022). This imbalance highlights the need for more theoretically grounded behavioural frameworks to understand better how cultural beliefs, health literacy, and decision-making processes influence cardiovascular care pathways.

6.0 Conclusion

Overall, the findings suggest a clear transition in the literature from traditional medicine as a pharmacological or ethnobotanical subject toward a more complex behavioural and implementation-oriented research. However, despite this evolution, behavioural constructs remain inconsistently integrated, indicating a persistent gap between biomedical and behavioural science perspectives.

Future research should therefore prioritise integrating behavioural theories, implementation science frameworks, and culturally sensitive models to understand better how traditional medicine use influences cardiovascular care decisions, adherence behaviours, and long-term health outcomes.

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