

## Broken by Our Hearts

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Sonia came to my office because she had menstrual problems: cramps while bleeding, headaches while ovulating. I worked diligently, taking a full history and treating the energetic syndromes that were a sure bet, etiologically. What I didn't know was how the energetic patterns that caused her physical symptoms were behind, and being exacerbated by, an emotional roller coaster.

In the first weeks of our work together, Sonia met a nice man. More than that, she quickly fell in love again. In her late 30s, her body clock was ticking so loudly she mistook the sound for tinnitus. She was frightened. If she blew this opportunity, it would be another feather in the cap of failure for her. Her self-esteem would fall even lower.

If she did this one right, she just might have a chance at the future she wanted. Her life could finally contradict the loneliness that motivated her to overfill her days with work. There was lots of pressure in that scenario. To ease that pressure and ensure success, every organ in her body was working overtime. Her entire system was needed to maintain equilibrium during the emotional highs and lows of her new love affair. There was so much at stake, and her body knew it.

Sometimes she felt intoxicated with bliss - joyous beyond joyous, her heart full to overflowing and, energetically, it was. As a result she couldn't sleep. Her spleen, getting much-needed energy from its mother organ as the heart fires flared, became overstimulated and Sonia wasn't hungry for anything other than her man. She couldn't think straight and she lost a few pounds; not that she minded of course. But not eating wasn't a healthy thing for a woman with a *qi* and blood *xu* diagnosis. Her liver, stressed in its attempt to process the emotions that rushed through her, worsened her menstrual symptoms. Her body produced hormones and neurotransmitters specific to the first few months of romance: oxytocin, serotonin, estrogens, androgens, endorphins and others - all requiring *qi* and blood reserves, which ultimately came from her kidneys. The kidneys urged her to be sexual, in part to draw energy from her lover into her exhausted system. Her lungs transformed this *qi* into feelings of closeness - the intimacy factor.

While she desperately hoped that this relationship would be the one to work out, it was doomed like the others. Sonia too quickly opened her heart in the hope of finding the "right one." She struggled through thick goo of energetic and emotional stagnation as her new lover began to look like all the others. As a vegan, Sonia's spleen *yang xu* made it hard for her body to metabolize the loving that was coming to her. She didn't perceive her new partner's personality clearly or digest his affection. She couldn't recognize him for who he was through her hunger to have him be who she *thought* she needed.

When he ended the relationship, it was (he said) because he felt she didn't listen to him or appreciate him for who he was. Her lungs mourned, her pericardium put up walls to protect the heart, and the liver was forced to contend with the wild fluctuations of emotion while losing energetic nourishment from its mother organ. Hormone levels shifted again. Sexual play vanished and newly exhausted kidneys generated fear that no new love would ever come into her life. Sonia's skin ached for her lover's touch; for the *qi* that came with tactile affection. Chronic

dampness ensured that her emotions would not heal quickly. The swamp of pain became larger and the organs more exhausted.

How could I possibly succeed in healing this sweet, vulnerable woman if I didn't know about or understand the energetic forces involved in her experiences of love and heartbreak? How would menses, the physical expression of lost potential, ever fully heal in a context of this nature?

Emotions pick us up and throw us like tornados. In our heart-starved society, the plight of the lovesick is worsened by energetic weakness. This is a burden known to both genders. Poor relationship skills leave our patients riddled with longing, weakening *qi* further. Do these emotional whirlwinds affect the results of your work? When a patient is flooded with affairs of the heart, the body can break. The being can break.

You see patients like Sonia, although you may never hear about this side of her life or the desperate emotions associated with it. She needs practical things to do in order to heal from an emotional roller coaster, just as she needs to make dietary and lifestyle changes to regulate her menses and alleviate headaches. OM teaches us how to help our patients with both.

Be thorough. You may see some changes on the tongue or fullness in the pulse when passions are at their fullest. However, it takes careful questioning of all aspects of a patient's life to discern the effects of love or the lack of it. I am not suggesting you become a psychologist. Thorough training in OM introduces you to theories that explain patterns of emotional and mental experience. Our professional ancestors discovered a relationship between psychology, cognitive function and physiology that appears simplistic but interprets human consciousness and behavior brilliantly. There are components of it in all the major OM theories.

To improve your ability to treat a broader range of patients and to enhance all your results, integrate what you already know about OM interpretations of the workings of the mind and emotions. If you haven't taken this aspect of the medicine seriously, please reconsider. Its usefulness may surprise you. Those patients who appear the least affected by emotions may be battling inner demons the hardest. If you have ever fallen into or out of love, you know the workings of the heart can turn your world upside down. How can the body's *qi*, relying upon a delicate infrastructure of meridians and organs, remain stable as the winds of love, loss or stress blow?

One of my key diagnostic questions is: "Which emotion do you spend the most time in?" This sends me in the direction of a specific internal organ if I am considering *zang fu* or Five-Element theories. However, I use this question to set the stage for a discussion of emotions as symptoms. Patients need to know that their perception of themselves and their attitudes about love and life may be symptomatic - a reflection of their energetic profile - and correctable. While most people believe they have a body, they also believe they are their mind and emotions. Ego feels like whom we are. We believe personality is self. With the guilt and shame associated with believing that everything bad about you was born into you inherently or the result of a dysfunctional childhood, the weight of the self can feel paralyzing.

If Sonia understood that her repetitive relationship cycle could be traced to syndromes rather than inherent self-sabotage or anger at her dad, she would not only be relieved; she also could better participate in her own healing. If I had done a more thorough intake, coming to know her as an integrated whole - her body's cravings and energy level, as well as her romantic, overwork, emotional and thought patterns - my diagnosis and treatment protocols would have increased in effectiveness. I could have done better by her.

Perhaps it is time to put another question into your initial interview: "What are the voices inside your head? Do you consider them to be intuition? Or are you hearing negative self-talk with its usual badmouthing? What do your inner voices tell you about your health? What do those voices think of you and the visions you have for your dreams, your future, etc?"

We risk when we create a more intimate path with our patients. However, OM provides us with the tools to justify those risks. It provides us with answers, leading to better results. I think we can lean on that pretty hard. I think the roots and branches of this medicine can hold us through all the storms of life.

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