

Heart Shock

Traumatized Emperor, Chaotic Empire

What is Heart Shock and why is it so important?

Heart Shock² refers to a systemic instability, and to some degree chaos, resulting from life insults or traumas. It is crucially important because a vast majority of patients (and people in general) present with some manifestation or symptomatology consistent with this diagnosis. Traumas associated with Heart Shock can occur early in life or they can occur later in life—key determining factors being how those traumas are perceived by the individual, as well as the person's age and level of development, maturity, and stability at the time of the shock/trauma. Not all shocks are created equal. Some are more significant than others, and individual constitutions vary considerably, creating the need to weigh all the variables as we interpret our findings. The *Nei Jing Su Wen* states:

The channel, blood and energy of a man will be affected and changed by terror, fright, anger, fatigue... Under these situations, if one has a strong body, his energy can be dredged, and his sickness can be recovered; if his body is weak, the evil energy will hurt the body in the wake of it.³

“Shocks” can be physical traumas, like accidents and injuries, or they can be purely emotional in origin. They can be localized injuries and/or major, systemic attacks. Regardless of scope and severity, all physical traumas have an emotional correlate. For example, someone who gets into a car accident may experience significant physical repercussions, but the emotional shock of that incident will have a lingering and profound impact as well.

The instability that results from the shock is termed “Heart Shock” not because it exclusively affects the Heart, but because the Heart is the epicenter of impact. The Heart is considered the Emperor (or Empress) in Chinese medicine, so instability to the Emperor will affect the entire Empire. This is true of any systemic insult of this nature, and is how it can become an obstacle to long-lasting and effective treatments.

Su Wen Chapter 8 discusses the vital role of the Emperor:

As the Heart is the monarch in the organs, it dominates the functions of the various viscera, so when the function of the Heart is strong and healthy, under its unified leadership, all the functions of the various viscera will be normal, the body will be healthy and the man will live a long life, and in his life long days, no serious disease would occur. It is just like the condition in a country when the monarch is wise and able and all the work in various departments are in concert, the country will be prosperous and powerful, but when the monarch is thick-headed, that is, when the function of the Heart is incapable, the mutual relations between the viscera in the body will be damaged, the body will suffer great injury to affect one's health and the length of life. In a country, the political power will be unstable and every thing in the country will be out of order. It is advisable for one to pay attention to it greatly.⁴

This translation addresses the concept of instability and demonstrates the elevation of the Heart as the Emperor. Thus, anything that significantly impacts the Heart and creates a scenario where the Heart is incapable of performing any of its functions will lead to chaos. The Heart and other organ systems have multiple interrelationships, and every organ system relies on the Heart for stability, for proper circulation of blood, and for movement of the shen through the blood, and on the spirit to keep things calm and anchored. One of the primary manifestations of Heart Shock is this lack of grounding. This instability creates a barrier to treatment unless corrected.

Many practitioners are aware of the five element/constitutional model of JR Worsley, which refers to different types of blocks. Dr. Hammer has also delineated a number of “blocks” that need to be addressed, either concurrently or prior to other diagnoses. Heart Shock is a major one. The idea is that, in order to fully resolve any condition, you must first remove these obstacles that interfere with the healing mechanisms of the entire organism. Otherwise, treatment runs the risk of failure, or at best only temporary symptomatic relief.

When it comes to trauma, chronology matters. Generally speaking, the earlier in one's life a trauma occurs, the more significant its impact. Many patients are surprised to discover that a trauma from decades ago can contribute to subsequent and seemingly unrelated symptoms and suffering. A trauma that occurs prior to the age of maturation impacts the entire process of maturing. Cycles of 7 and 8 (tian gui) are affected. Growth and development become stunted. An early life trauma impacts the Heart/Kidney axis and subsequently interferes with the distribution of yuan qi. Furthermore, trauma hampers overall circulation, preventing blood from properly nourishing the organ systems and extremities, weakening the adrenals/Kidney yang, and promoting an overactive nervous system. These systems become increasingly taxed over time so that the sequelae of an early trauma can be debilitating later in life.

Physical trauma

From a physiological perspective, physical trauma restricts peripheral circulation of qi and blood. Following a traumatic injury, peripheral blood vessels constrict to increase blood flow to the center of the body.⁵ Emotional trauma and shock create the same effect. The idea is that, when you have a particular trauma or something is very suddenly shocking to the system, the body contracts, drawing its resources inward. For example, if you hear a gunshot at close range or someone slams down on the table all of a sudden, you are likely to recoil and tighten inward. This occurs as a protective measure—essentially it is the Heart sending yin, qi, and blood into the internal aspects of the organs to preserve their function.

As yin and blood are drawn towards the center of the body, we start to see a disconnect between the yin and the yang. Without yin to anchor it, yang will “float” upward. Following a traumatic event, the heart rate becomes elevated and blood and nourishment are driven toward the center of the body to protect it. This pathodynamic is really basic physiology. It’s a protective measure, not really “pathology,” as in essence it is “ecology.”

Although the effects of minor trauma are likely to be limited to local circulation, that circulatory impairment can have a broader impact and make the area more vulnerable to other conditions. When we experience a major trauma, the circulation of qi and blood is affected systemically. Ultimately this drains the qi, yin, and blood of the Heart. The Heart then attempts to compensate for this decrease in circulation by working harder and harder to overcome the stagnation. Over time this taxes the Heart. It is very similar to the dynamic of over-exercise (which we will cover in more detail in Chapter 2). When we start to make the Heart work harder, we need to finance that level of activity and that level of vigilance from somewhere. Over time the additional strain on the Heart depletes resources. Dr. Hammer continually points out that Heart Shock affects every cell in the body. Diminished circulation eventually results in a decrease in the essential nutrients that the blood provides, and an increase in waste products within the blood, putting additional strain on the systems that help with detoxification.

As stated earlier, all major physical traumas also cause an emotional shock to the Heart. There’s always the emotional correlate, so we cannot simply focus on treatment of a particular injury. Many traumas can date back to conception, pregnancy, and even to the birthing process itself. Traumas related to Heart Shock encompass in utero events, the health of the fetus, the health of the mother during gestation and pregnancy, the integrity of the mother’s circulation, and any kind of shock or traumatic event that impacts the mother during pregnancy. Modern birthing practices have become medicalized. Although birth is a natural process, we now commonly hook women up to tubes and pump medication through their systems, using tools like forceps and introducing drugs like pitocin/oxytocin to speed up the delivery. These things tend to intensify the birthing process, often introducing pain and additional stress, and can be considered shocks and traumas to both the mother and the baby.

There are many predisposing variables—the mother’s constitution, her circulation, the integrity of the baby during the gestation process—that can affect the level of an infant’s capacity to tolerate some of these interventions. Not every baby born in a hospital will undergo Shock, but a large number are vulnerable to enduring problems resulting from the now commonplace use of drugs and forceps. Furthermore, pregnancies now frequently occur later in life, when the constitutions of the mothers are often compromised. Rather than giving birth in their 20s, many women are having children in their 30s and perhaps 40s. This can have a significant impact. What rises to the level of Heart Shock in one person may not rise to the level of Heart Shock in someone else, so the varied aspects of constitution, lifestyle, physiology, and circumstance must be accounted for.

Within the context of Heart Shock, one must also look at what happens during the bonding process early in life. In general, the earlier the trauma, the greater the impact. This is because, early in life, the Heart and Kidney axis have not fully been formed;⁶ those systems have not yet matured. Therefore, they tend to bear the brunt of the imbalances, causing a stunting in development.

In terms of physical trauma, the principal short-term issue is pain. But this pain often becomes chronic. This happens when the healing process is impaired because of a weakness and taxation on the Heart and circulation. Symptoms like migrating joint pain often result from the decreased circulation. Over time this deficit can lead to different kinds of structural defects, which often manifest as pain and discomfort in other parts of the body as well.

Once the Heart’s capacity to circulate blood and nourishment is impacted, we start to see changes in all the different tissues and structures that rely on that blood and nourishment for support; areas of the body become deprived. It can be helpful to imagine health as a beautiful garden and the body as having a system of interconnected hoses which are used to bring nourishment and fluids to that garden. If you start to get kinks in those hoses, you will start to see diminished resources and water flowing to those corresponding areas. In these areas of limited access, you would eventually see that the flowers and plants dry out, wither, and decay. This is similar to what happens internally when improper blood flow fails to properly nourish the muscles, tissues, and sinews. Bones and joints are not as highly vascularized as some of the other tissues, so they tend to deteriorate more quickly and be more profoundly impacted.

As the pattern progresses, manifestations of impaired circulation and taxation on the Heart will include things like insomnia and other sleep disorders. We may also see “shen disturbances”—variations of anxiety, depression, and other mood and panic disorders—because we are dealing with the stability of the Heart, the Emperor, which also governs the patient’s emotional life.

Consequently, the ups and downs of these mood swings can impact the Triple Burner⁷ and its ability to regulate temperature. Some people emotionally feel “hot and cold”—going from one extreme to the other, from mania to depression within

the bipolar continuum. These problems are more likely to result from traumas that occur earlier in life, before the maturation of the different organ systems.

Some of the things I commonly see that are frequently overlooked are the chronic fatigue syndrome and fibromyalgia presentations. These are often perceived as “mystery illnesses” and people often wonder where these diagnoses come from. Over the last few decades there has been an explosion of these diagnoses. It is really a collection of symptoms that tends to just get lumped into these categories of fibromyalgia and chronic fatigue because the Western medical community doesn't have a clear understanding of the pathomechanisms behind these symptoms. However, when you cross-reference this population of “chronic fatigue” sufferers with those presenting with Heart Shock, a strong connection arises.

As a practitioner in a suburban town with well-funded athletics programs, I often see patients suffering from concussions and post-concussion syndromes. Concussions readily and frequently rise to the level of Heart Shock and trauma. They exemplify many aspects of trauma—all the different types of soft tissue injuries and stagnations of blood and circulation to the tissues. The head becomes even more of a concern, since it will impact brain function. Systemically, the impact will create more taxation on the Heart and more stress on the circulation. More waste will be created internally and emotional instabilities are more likely to take place. Head injuries often rise to a higher level of severity, and result in significant qi and blood stagnation, warranting treating the Heart as a primary component of the treatment plan. I can attest to how quickly someone can respond to treatments, especially if the concussion is of a fairly recent origin. Repetitive concussion is common in athletes, and this requires a longer healing process as well as increased number of treatments. In any scenario where someone's getting repeated injuries, it's important to stop the activity that's causing the injury to allow for proper healing. However, our current athletic system, which prioritizes the game over the individual, is often unsupportive of a prolonged healing process. Furthermore, symptoms often disappear before the underlying mechanisms are resolved, creating a strong vulnerability for further injury as well as the sequelae of Heart Shock symptoms to progress and become more severe.

To reiterate, Heart Shock can be physical as well as emotional, and when physical injury rises to the level of Heart Shock, there will be an emotional correlate that occurs at the same time as the initial trauma. Beginning from this event, and worsening over time if no intervention takes place, is impairment to the circulation. A patient who has had a concussion, depending on the patient's level of maturity and the strength of their constitution, may heal with proper time and rest, but in many cases, people simply become less symptomatic and assume they have healed without examining all the other dynamics that result from the injury itself. A Western doctor may do an MRI or a CT and look at what's going on structurally and, if nothing is revealed on the imaging, may conclude the injury is gone. But this does not address the taxation on the Heart, nor does it consider the impact to the nervous system or how that nervous system hypervigilance is impacting the sinews/muscles/tendons,

how it has impacted the adrenals, the Triple Burner mechanism, blood stagnation congesting the tissues, etc. These are some of the things that we want to factor into a complete healing process. As practitioners treating the sequelae of Heart Shock, it is imperative to create a strategy which factors an understanding of all the levels of diagnoses included within Heart Shock, not just the appearance of healing via the disappearance of symptoms.

The impact of traumas can last for decades, long after the initial injury has seemingly healed. Treating trauma goes well beyond the sports medicine approach of patching someone up so that they can get back on the field or court again. In Chinese medicine we are charged with creating health and nourishing life, as well as well-being and longevity (*yang shen*). To do so requires understanding the underlying root causes and the myriad manifestations that are created as a result. In treating those with injuries that have risen to the level of Heart Shock, we cannot simply remove a symptom and send them on their way. At the very least, they are vulnerable to another injury, and most likely future illness, as the dynamics of Heart Shock continue to create future pathology. As we embark on our relationship with these patients, we must educate them on the impact of their lifestyle and activities on their healing process, and engage them to make the necessary changes and commitments in service of their health.

Countless patients have come in over the years with a variety of injuries that can seem pretty straightforward, but a thorough evaluation often reveals critical information about the nature of the injury, the underlying constitution, and often a diagnosis of Heart Shock acting as a systemic block to healing. Discussion always takes place to explain the mechanisms preventing the healing process, and for athletes, often it requires time away from the training regimen until the condition stabilizes. After a trauma, the Heart needs to be strengthened, yin and blood need to be nourished and secured, the nervous system relaxed, the adrenals and Kidney yang anchored, etc. Without taking these (and other) strategies into account, one can create more damage to the tissues, and long-lasting injuries can, and often do, result.

A recent patient sought my help five months after she experienced a head trauma. The patient, 34 years old, woke up in the hospital the following day with significant pain, headaches, face numbness, dizziness, palpitations, low blood pressure, and numbness in her tongue. She was put on a week of anti-seizure medications and vicodin. Five months later she still felt weak and faint, facial numbness, and pain in her head, as well as significant anxiety. Heart Shock was a major component of her presentation, but from a more detailed evaluation, prior traumas were revealed which set the stage for her constitutional weakness and vulnerability. All of these significantly impacted her body condition, leaving pronounced instability and chaos (“Qi Wild,” deficiency, as well as circulatory deficits). Her case study can be found in Part III of this book.