

Expressions of the Heart

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In our last article, the reader was exposed to the history and origins of Contemporary Chinese Pulse Diagnosis (CCPD) and the entire methodology for analyzing, interpreting, managing and treating patients that we refer to as Contemporary Oriental Medicine (COM) as well as a few of its unique concepts. In this article, we shall further explore COM, with an emphasis on imbalances of the Heart, especially as it relates to one's psychology as described in Dragon Rises, Red Bird Flies (DRRBF). The Heart holds the position as emperor, and as the great communicator, it is only fitting that it should have the greatest range of expression. Its expressions are described below in the context of the numerous imbalances that we see as manifesting in the following patterns of signs and symptoms. Keeping in mind that each pattern below is presented as a single expression, which rarely, if ever, is seen clinically without combining with other expressions to manifest a more complicated picture. It is also important to note, that the progression of these patterns are not necessarily linear, but often one expression can lead to another.

The Heart and Fire Phase in Dragon Rises Red Bird Flies

One of the central themes of Dr. Leon Hammer's work is an emphasis on the role of awareness (Hammer 2005, p16). From a classical and conventional Chinese medical perspective, this is certainly the purview of the Heart. In addition to compounding some of the states described and delineated below, addressing Heart conditions from the perspective described in Dragon Rises, Red Bird Flies, offers another avenue into the varied expressions of the Heart and the Fire phase in general. Dr. Hammer's work charges us with a serious commitment to practice a truly individualized and preventive medicine in the context of a deeply grounded and searching therapeutic relationship. Given the role assigned to the heart in terms of awareness and housing of the Spirit, any attempt to demonstrate the basic congeniality of psychology and Chinese medicine must focus on this aspect of both psyche and soma. This does not amount to a psychologizing of Chinese medicine, but to a fulfilment of the inherently embodied psychosomatic model established by the classics (Hammer 2005, p50).

An introduction is required before discussing its particular staging of Heart and Fire phase patterns. The text describes the therapeutic power of bringing insights from humanistic psychology to bear in our

understanding of the patient. The principle link is in establishing respect for the individual as a cornerstone of therapy. Dr. Hammer's work challenges one to understand how the patient experiences the world, and how this phenomenological framework becomes a valuable part of diagnosis. Striving to understand in this way, which demands all of the care and skill one can employ, is to offer the greatest degree of respect to the patient. The technical aspects of COM diagnosis, especially Contemporary Chinese Pulse Diagnosis, bypass what has been termed resistance, in fact eradicating it, while establishing contact via listening, touching and sensing.

The challenges faced by our patients in striving to evolve as human beings, present clinically as adaptive responses to insults that have dramatic influences on the course of one's maturation. Our approach to these responses is to recognize them as attempts at contact in the interest of remaining intact (Hammer 2005, p392). While associated with particular epochs of development, the phase concepts employed in Dr. Hammer's model are not static and can be identified in multiple time periods (Hammer 2005, p83). In particular, the blocks that we examined in our previous article demonstrate this concept clearly. We have established the relevance of these ideas clinically.

Our purpose in this paper is to simply elaborate the Fire phase in the context of Heart pathologies with insights from COM and DRRBF. Therefore, each applicable concept will be incorporated into a more conventional and easily recognized framework for the sake of highlighting some of the salient ideas from each of these perspectives. The interested reader is of course encouraged to consult DRRBF for a fuller explanation. As a final note, the use of the terms Yin and Yang in DRRBF requires clarification. Yin describes the passive attributes of the phase and Yang describes the active expression.

We begin with a discussion of the natural functions of the Fire phase according to DRRBF. The Heart Yin is creative inspiration; the Heart yang is the organized and useful expression of creativity. Small Intestine allows for further clarification and the separation of ideas and feelings (Hammer 2005, p206). The Pericardium governs the protection and communication of these functions into the world. The Triple Burner serves balance, and integration (Hammer 2005, p209). As an example of all these functions conjoined, imagine an author having their inspiration, articulating

it in writing, editing and fact-checking it, publishing and defending their work and striking a balance between all of these functions while maintaining daily activity.

Heart Qi Deficiency

The Symptoms of Heart Qi deficiency from a COM perspective, while having some overlap with the TCM pattern, elaborates and makes some distinctions. For example, palpitations are listed in TCM as a symptom of Heart qi deficiency, but in COM, we distinguish different types of palpitations (see Table 1 below). The palpitations associated with Heart qi deficiency are those that occur on exertion. Similarly, shortness of breath is of the type that occurs with exertion. Fatigue is another representative symptom that can overlap with many of the deficiency patterns in TCM. Here, we refer to fatigue which is most pronounced in the morning. The type of insomnia is that which has the patient waking frequently throughout the night, however, no agitation is experienced and the patient can return to sleep, (see Table 2 below). Heart qi deficiency can come in a variety of stages from the mild and moderate to the more severe, as it approaches Heart yang deficiency. With a mild to moderate deficiency, the extremities will be slightly cold (without pronounced internal cold), and sweating can be spontaneous or excessive with exertion, becoming more cold as it approaches Heart yang deficiency. Mild chest pain accompanies this pattern as does mild dependent oedema, especially on the hands and face. As the Heart is the communicator, with a deficient Heart qi, patients will be unable to contain their emotions and excessive talking can be the result.

In DRRBF terms, the excessive talking can be influenced by the profusion of ideas and receptivity to stimuli that defines the Heart Yin Excess pattern. In that case, the constant mental activity and heightened awareness can be exhausting to the Heart qi as conventionally understood, because the energy needed to maintain stability is very taxing. Likewise, assuming that the Heart Yin energies are at least uncompromised, if not Excessive, but Heart Yang functions are diminished, there will be a consistent struggle to communicate the available inspiration into a meaningfully expressed or usefully executed manifestation. Anxiety and worry are likely provoked by any situation that requires the organized or contained realization of ideas. In what is termed a Heart Yin Deficient pattern (see COM description below), the creative inspiration is lacking, rather than the means to organize and express it. With any disruption of Heart function, we examine the history for constitutional, family history, and congenital factors such as birth trauma. A degree of lability is typical of Fire phase conditions from the perspective of

DRRBF. Of course, one of the hallmark symptoms of Heart qi deficiency is mild anxiety with emotional vulnerability and lability. Often patients will feel as if they are on an emotional 'roller coaster.' Again, it must be emphasised that here we provide just a few examples of how DRRBF concepts can add to our understanding of the aetiology and pathology of Heart patterns.

The Signs of Heart qi deficiency according to COM are analyzed through the pulse, tongue, eye and complexion. On the pulse, one will likely find 'Change of Intensity' on the entire pulse which is consistent, a slow rate, a 'Changing Rate at Rest' which is consistent, a 'Changing Rate on Exertion' with an increase of less than 8 beats per minute, and possibly an Intermittent or Interrupted pulse. At times, a pulse rate which becomes rapid with a small stimulus indicates Heart qi deficiency. In addition, one may find a pulse quality termed a 'Smooth Vibration' indicating anxiety and worry or the Slippery quality in the Mitral Valve position.

The tongue will be pale or normal in colour. In constitutional Heart Qi deficiency there is a shallow mid-line crack reaching the tip. Should lifestyle factors be implicated, the crack will deepen. One may also see swelling along the edges of the 'Heart crack' with additional paleness and swelling at the tip. The inner canthus of the eye will be pale. The complexion will be pale, especially on the forehead.

The aetiologies of Heart qi deficient expression include:

- Constitution. This includes inherited (genetic) predispositions and congenital factors
- Over-exercise and physical overwork
- Physical trauma (creating overwork of the Heart) (see Heart shock infra)
- Dampness and heat in the blood also requiring the Heart to overwork
- Previous Rheumatic fever
- Heart qi agitation (see infra)
- Blood loss (Maciocia 1989, p154)

It is important to note that Heart Qi deficiency makes one vulnerable to other Heart pathologies (i.e., heat, phlegm, other deficiencies of the Heart). In constitutional Heart qi deficiency, symptoms and signs of other Heart pathologies are likely to manifest sooner, in greater measure and will be more difficult to reverse.

Symptom	Heart Qi Deficiency	Heart Yang Deficiency	Heart Fire	Heart Blood Deficiency	Liver
Palpitations	On exertion	More severe than Heart qi deficiency	Pounding and forceful	Mild to moderate on exertion	At rest

Table 1. COM distinctions: Palpitations.

Symptom	Heart Qi Deficiency	Heart Blood Deficiency	Heart Yin Deficiency	Heart Fire	Heart Blood Stagnation
Insomnia	Waking frequently throughout the night, no agitation is experienced, patient can return to sleep	Patient waking up after 4-5 hours of sleep and being able to return to sleep after approximately 15-30 minutes	Frequent waking with agitation	Difficulty falling asleep and vivid, often disturbing dreams due to the heat harassing the spirit	Up after 4-5 hours, often fearful at the time of waking, can't get back to sleep

Table 2. COM distinctions: Insomnia.

Heart Yang Deficiency

Heart yang deficiency, as a further progression of Heart qi deficiency represents a more urgent expression of the Heart. In this case, many of the symptoms will be similar, but to a larger degree. Palpitations will be more severe, as will the shortness of breath on exertion and fatigue, chest oppressiveness and pain, feeling of cold in the hands and feet and dependent pitting oedema. If the Heart is also enlarged (positive Heart enlarged pulse), there is also difficulty sleeping on the left side and at a late stage, one needs to sleep in a sitting position. Additional symptoms include poor concentration and forgetfulness.

The pulse in this expression will be 'Feeble-Absent' at the left distal position. There will be a slow rate and we may see a deep pulse with severe irregularities, a positive Heart Enlarged position and no change or a decrease in 'Rate on Exertion'. The tongue will typically be pale, wet and swollen, with a central crack with swelling along the crack. In severe Heart yang deficiency there will be a loss of colour at the tip. The complexion will be pale and pasty.

The aetiology of a Heart yang deficiency include:

- Constitutional deficiency of the Heart (Qi deficiency)
- Over-exercise, which is especially harmful in individuals who have not reached adulthood
- Kidney yang deficiency leading to Heart Yang deficiency
- Wind-cold damp settling in the Heart (Wiseman, 1996, p154)
- Loss of qi and blood due to acute or chronic haemorrhage

- Previous incidence of scarlet fever.

Heart Yang Collapse

In the advancing progression from Heart qi deficiency towards yang deficiency and eventual collapse, we see an ever worsening picture of signs and symptoms. Here we have severe palpitations, severe shortness of breath, cyanosis of the lips, profuse oily sweat, cold limbs, weak and shallow breathing and possibly coma. The pulse in this scenario is usually Interrupted, Scattered or Minute and Yielding Hollow Full-Overflowing. The tongue will be blue in colour. Aetiology is the same as Heart yang deficiency.

Heart Blood Deficiency

With the Heart blood deficient expression we see similar symptoms to Heart qi deficiency like mild to moderate palpitations on exertion, mild coldness of the extremities, mild to moderate anxiety (here the anxiety is more consistent and less labile), and fatigue in the morning (though not as pronounced as with Heart qi deficiency). In addition, there is poor memory and concentration, depression with a flat affect, dizziness with changes of position, dream disturbed sleep and insomnia (this insomnia is distinguished by the patient waking up after 4-5 hours of sleep and being able to return to sleep after approximately 15-30 minutes).

The pulse in Heart blood deficiency is typically thin, particularly at the left distal position. In addition, one typically sees an increase in 'Rate on Exertion' of more than 12 beats (between 12 and 18 is a mild blood deficiency, between 18 and mid to upper 20's is a moderate blood deficiency and upper twenties and higher is a severe blood deficiency).

The complexion in patients with this diagnosis is dull and pale. The tongue is pale, thin and slightly dry, often with a peach colour on the edges, a pale tip and a central crack (if an underlying Heart qi deficiency).

Aetiologies include:

- Constitutional deficiency of the Heart (Qi deficiency)
- Mental overwork
- Prolonged severe Heart qi agitation
- Spleen and/or Kidney jing deficiency
- Acute or chronic haemorrhage
- Liver blood deficiency (Wiseman, 1998, p 266)
- Poor nutrition and diet lacking in blood nourishing foods
- Blood damaged by chronic disease (Chen 1987, p290)

Heart Yin Deficiency

The presentation of Heart yin deficiency includes palpitations, dream disturbed sleep and insomnia (this is marked by frequent waking with agitation); anxiety, mental restlessness and irritability, fidgetiness, being easily startled, dry mouth and throat and night sweating. Dr. Hammer notes that night sweats are very common in Heart pathology and that it often presents when yin and yang are separating. With more prominent Heart yin deficiency sweating does not cease after the individual wakes up. If the sweating ceases, it is a more serious condition and reflects more of a Heart yang deficiency. Malar flushing is seen more in the late stages of a yin deficiency pattern with low grade fever, especially in the late afternoon and evening, as manifested as five palm heat.

The DRRBF personality has been mentioned above; essentially a person lacking the capacity for creative inspiration, passion or spontaneity.

The tongue in Heart yin deficiency is red (scarlet, translucent), peeled and dry with a contracted tip. There are pale-red points on the tip which are flat and coalesced (not raised as seen in a Heart Fire pattern). There will be a midline crack in a concurrent constitutional Heart Qi deficiency. The pulse is Tight-Wiry in the Left distal position and will have a 'Hesitant' wave (mild Heart Yin Deficiency)

The aetiologies are:

- Prolonged Excess Heat, usually originating in the Liver (Yin deficiency ensues after the fire "burns out")
- Frequent use of stimulants (coffee, amphetamines, cocaine)
- Mental overwork (anxiety and worry are forms of overwork)

- Attack of exterior Heat consuming body fluids and exhausting Heart Yin (Maciocia 1989, p207)
- Emotional trauma or shock

Heart Fire

Once again we see palpitations, but with Heart fire they are pounding and forceful. There is anxiety, excessive loud talking with pressured invasive speech, an excessive and forceful demeanour, grandiosity (expansive sense of self), thirst which is only temporarily relieved by fluids, tongue ulcers, mental restlessness and agitation (mind racing), feeling of heat, insomnia (here with difficulty falling asleep and vivid, often disturbing dreams due to the heat harassing the spirit), occasionally waking after two hours of sleep, dark urine or hemeaturia, bitter taste in the mouth and delirium (occurring with a high fever as seen in pericarditis and myocarditis).

The pulse will have a rapid rate and will be 'Bounding' (rate feels more rapid than it is) with 'Robust Pounding' in the left distal position as well as 'Tense, 'Flooding Excess' or 'Full-Overflowing' in the left distal position. The tongue will be red with raised red points on the tip, as well as red, swollen and dry on the tip (not as dry as seen in a Yin deficiency pattern). The complexion will be entirely red. The inner canthus will be red as well.

The aetiologies are:

- Heat, any source, but often from nervous tension, i.e., 'Nervous System Tense', heat in the digestive system, heat caused by substances such as cocaine and methamphetamines
- Inability of the Triple Burner to regulate physiology
- Constitutional vulnerability of the Heart exacerbated by insults to Heart from life
- Very high fever. This pattern is often seen in Graves's disease, the manic stage of bipolar disease and in stimulant abuse, particularly cocaine.

Of particular note in this pattern is the role of the Triple Burner as described in Dragon Rises Red Bird Flies. Concerned as it is with balance and integration and as a Fire organ concerned with water metabolism in the classical physiology, the Triple Burner functions as the thermostat that governs the relationship of Wood, Fire and Water. The relationship between these elements, as well as the stresses that may be implied by insults in other Phases and periods of development trace the rise and fall through the manic and depressive episodes of bipolar disorder. In terms of the Heart Fire/manic phase, it is often heat from the Liver Wood that builds the Fire which grows impervious to the moderating influence of Kidney Water and flares out of control. In Dr. Hammer's experience, which has been successfully applied and replicated in our own work,

supporting the Triple Burner's ability to govern this cycle helps to avoid recurrences of this vicious cycle (Hammer 2005, p292).

Phlegm Fire Disturbing the Heart Orifices

This pattern includes Heart Fire symptoms (see Heart Fire above) plus:

- Mania stage of bipolar disease with mental confusion, loss of touch with reality, delusions and hallucinations
- Schizophrenia (often of the hebephrenic type with excessive and inappropriate laughter), hallucinations and poor boundaries (an inability to distinguish one's inner world from the outer world; possible paranoia)
- Epilepsy
- Yang Obstruction type of Phlegm Obstructing the Heart Orifices (Stroke)

The signs of Phlegm Fire disturbing the Heart Orifices are similar to Heart Fire plus the pulse will be slippery in the left distal position, and the tongue will have a thick, greasy coat, concentrated in the central Heart crack.

The aetiology of this expression include:

- Phlegm which is produced from fluids brought to the Heart in order to cool heat and/or Fire in the Heart which congeals
- Dampness from the Spleen and/or Gall Bladder
- Liver fire
- Heart fire

In DRRBF terms, we can perceive the influence of other Phases just as we can observe the influence of other Organ's in the development of this condition. Here we will use Schizophrenia as an example. It is understood in terms of the breakdown of boundaries that are associated with the Earth phase. The hebephrenic behaviour may be construed as a conflation of the emotion of the Heart, Joy, with the communicative function of the Fire phase. This means that a weakness of Water, which implies early and even intra-uterine insults, is thus incapable of controlling Fire and that the Earth functions were compromised by the same weakness of Water.

We note also the COM notion of an ecological approach to aetiology and patho-mechanisms. In this case it is the constant delivery of tempering fluids to the Heart that provides the milieu for the proliferation of phlegm. This speaks to the incredible intelligence of the normal physiology in countering the long term ravages of lifestyle or other insults.

Phlegm Confusing the Heart Orifices (Phlegm Cold)

This diagnosis can be subdivided into mild and severe expressions. The mild scenario is marked by diminished awareness (selective inattention), poor memory, poor concentration, mental fog, and neurosis. The severe can be further subdivided into 4 types:

1. Severe depression- sometimes associated with depressive stage of bipolar disease, mental confusion, clouding of consciousness including sensory organs, psycho-motor withdrawal and paranoia
2. Schizophrenia (catatonic type) with poor boundaries (inability to distinguish inner world from outer world)
3. Epileptic seizures, and
4. Yin-type stroke in phlegm obstructing the Heart orifices (stroke)

This manifests with a slippery pulse in the left distal position (often with Heart qi and blood deficient signs). The tongue has a thick white coat, often concentrated in a central crack, and a swollen body.

Aetiologies include:

- Heart Qi deficiency (usually constitutional)
- Shock
- Depressed phase of the bipolar disease (see Phlegm fire), involving the Triple Burner's inability to regulate metabolism, and
- Dampness from the Spleen and Stomach and/or Gall Bladder

Phlegm Obstructing the Heart Orifices

The pulse associated with this condition is slippery and wiry, or 'Hollow Full-Overflowing' and is usually Rapid. Its rate is often difficult to determine. This pattern includes all three types of stroke: yang obstruction, yin obstruction and exhaustion syndrome. The primary cause is Liver yang transforming into Liver wind, which generates heat and combines with pre-existing phlegm.

Yang Obstruction: Sudden collapse with loss of consciousness, lockjaw (trismus) clenched fists, retention of urine and faeces, stiffness and spasm of limbs, redness of the face and restlessness, open eyes. The tongue is red and has a yellow, greasy coating and the eyes are congested. Yin Obstruction: Same as Yang Obstruction except that the face is pale, the limbs are cold and there is no restlessness. The tongue is less red and has a white, greasy coating.

Exhaustion Syndrome: The mouth is open, hands are relaxed and the eyes are closed; there is oily perspiration and incontinence of urine and stool. The tongue is pale, swollen and flaccid.

Heart Qi Agitation

The milder variety (Dr. Shen's Heart Nervous) is characterized by worry which becomes more severe and consistent as the smooth vibration increases in the number of positions it is accessed on and the depth which it is appears (the more superficial the more mild). The later stages of Heart qi agitation include other deficiencies of the Heart. The more severe expression (Dr. Shen's Heart Tight) reflects excess heat consuming the yin and transforming into deficient heat. In the early stages (excess heat) the symptoms include agitation, irritability, tension, difficulty falling asleep and mild to moderate anxiety. On the pulse, at first there is a tense-tight quality in the Pericardium position (a sign of excessive heat) and as the Heat becomes more severe the whole left distal position becomes tense and 'Robust Pounding'. Later, the heat consumes the yin, resulting into a yin deficient pattern with restlessness, constant worry, a racing mind, constant waking throughout the night with agitation, mild to moderate anxiety and an obsessive compulsive personality. The pulse will be tight in the left distal position, 'Hesitant' on the whole pulse. The aetiology of this expression is overworking of the mind, obsession, over-thinking and long-term worry.

When Heart qi agitation is severe, it can be marked by signs of instability such as changes of mind about others and the chosen course of one's life, feeling like one is on a "roller coaster" and mildly out of control, difficulty focusing thoughts and actions, self-doubt and indecisiveness; propensity to panic. With instability, the pulse will show an occasional 'Change of Rate at Rest'. With more consistent change, or with an occasional or consistent 'Interrupted' pulse, a concurrent Heart qi deficiency with fatigue and depression may prevent the mood changes. Another common finding with unstable Heart qi agitation is a 'Change of Qualities' in the left distal position reflecting a separation of yin and yang of the Heart.

Heart Full (trapped Qi in the Heart)

Patients with trapped qi in the heart are tired, typically depressed and become angry quickly. They experience whole body discomforts, difficulty breathing out, trouble lying on their left side, incipient (early stage) hypertension and in the advanced stage, haemoptysis. The pulse configuration is tense inflated at the left distal position (yielding inflated in less serious conditions), with a normal or slightly rate.

The aetiologies include:

- A sudden and very profound repressed anger at time when a person is extremely active
- (Breech birth)
- Trauma to the chest
- Emotional trauma (involving grief if the inflation is also present in the right distal), and
- Sudden lifting beyond one's energy

Heart Closed (Heart Qi stagnation)

The symptoms of Heart closed are constant emotional difficulty in a person who is vengeful and spiteful and cut off from their feelings. The person will experience chest pain (resulting from the closing off of qi circulation in the upper burner). Heart qi stagnation will exacerbate a pre-existing Heart qi deficiency. The left distal position will have a 'Flat' quality and the person's eyes will look withdrawn or angry. The aetiology is:

- Birth trauma with the cord being wrapped around one's neck
- Emotional trauma when an individual is underdeveloped or deficient (often the event is loss of a loved one during childhood)
- Sudden bad news or break-up of a romantic relationship
- Physical trauma to the chest

Here, the discussion of Pericardium Yin Excess as described in DRRBF, can shed some light on the degree to which CCPD, COM and DRRBF concepts are related. The natural function of the Pericardium in this formulation is in determining the quality and quantity of contact. It is one of the great contributions of Dr. Hammer's work to describe the importance of the drive to maintain contact while staying intact, and to recognize so many restorative manoeuvres as attempts mediated by the Pericardium to preserve the individual in the face of the "slings and arrows of outrageous fortune." A fuller explanation of Pericardium Yin Excess follows.

We see the force of energy forcibly suppressed yielding difficulty in giving and receiving, both in opening the heart to intimacy and the mind to ideas. With little communication, the lack of relations provokes feelings of loneliness and isolation that may eventually produce bitterness, vindictiveness and vengefulness (Hammer 2005, p194). An excessive concern with protecting the self is likewise an isolating function that ultimately reinforces the painful separation between self and other. Anxiety may even be provoked by naturally burgeoning Heart energies threatening to overwhelm the Pericardium's defences. Major depressive episodes may result from the painful recognition that the protective manoeuvres have been

all too successful in keeping a meaningful engagement with another person at bay. The loneliness, sorrow and pain of such a recognition can be overwhelming enough to make suicide a possibility.

Again, to emphasise the ecological approach to the generation of patterns, we must note that often the wisdom of the body-mind is demonstrated in the erection of Pericardium Yin excess walls in response to very real traumatic experiences. Ultimately these walls exist in the service of safe passage, as painful as it may become. Thus, another hallmark of incorporating these concepts into our practice of Chinese medicine is in the development of a safe therapeutic relationship. While some somatic psychology systems have focused all too strongly on breaking down muscular patterns of tension in the interest of freeing the straitened psyche, with Chinese medicine we are capable of providing nourishing energy simultaneously. Here too, using another concept that follows from DRRBF but has become more clear clinically in recent times, we may employ Phase concepts and language skilfully within the therapeutic relationship, to increase awareness of the compensatory behaviour. Thus we might verbally engage with the compensatory pattern while also addressing energetic deficits and physical surfeits with herbs and acupuncture.

Heart Blood Stagnation (Dr. Shen's Heart Small)

The patient with Heart blood stagnation will suffer from fears and a propensity to social anxiety, anger and a constant feeling of tension. There will be pain in the cardiac region which is needle-like or stabbing (the pain can also be in the shoulder and/or radiating down the arm); insomnia (in which the patient is up after 4-5 hours of sleep, often fearful at the time of waking and can't return to sleep); palpitations; shortness of breath (difficulty is in inspiration, not expiration); feeling of oppression/constriction of the chest; cyanosis of lips and nails; cold hands (lack of circulation to the limbs); nightmares; easily startled. In the late stage coronary artery disease is likely. On the pulse, early stage Heart blood stagnation will show with a very 'Flat' quality. Later, it will manifest as deep, thin, and 'Feeble' (according to Dr. Shen). If choppiness is found at the left distal position it reflects a more serious condition. The rate is usually normal, slightly rapid, or slightly slow. Arrhythmias will likely be found. The tongue will be purple, often with raised red points (signs of Heat).

The aetiologies include:

- An evolution from Dr. Shen's Heart Closed
- Emotional trauma (early loss of a loved one)
- Abuse
- Birth trauma
- Physical trauma

Heart Shock

For the symptoms associated with Heart shock, we refer the reader to the earlier discussions on Heart yin Deficiency, Heart qi agitation, Heart full, Heart closed and Heart blood Stagnation, Heart qi Deficiency (in late stage). In children, it can also manifest with fear and nightmares. (In a previous issue of Chinese Medicine Times, our article explored this concept in the context of a patient case study.) Given the ubiquitous violence, oppression and danger of the modern world, Heart Shock may be considered one of the most significant plagues of our times. It is also worthy of noting that Heart shock is one of Dr. Hammer's "blocks" to treatment which must be resolved in order to achieve long-lasting results from any therapy.

The pulse rate at first is rapid, later slowing as the energy of the Heart gets consumed from the overwork (Heart qi deficiency). 'Rough Vibration' is found on the whole pulse. The 'Flat' pulse in the left distal position indicates the trauma occurred when the individual was young or weak, or the event was of overwhelming intensity. The 'Inflated' quality in the left Distal position indicates the event occurred when the individual was relatively robust. The complexion will be blue-green around the mouth (earlier), temples (later), or on the whole face (if it was very severe).

The aetiology include:

- Severe physical trauma
- Abuse (physical, emotional, sexual)
- Deprivation early in life
- Sudden loss of a loved one
- Disappointment in love

One example of the manner in which emotional trauma and heart shock can evolve may be drawn from adverse childhood experiences. Here we will examine the role of Pericardium Yin deficiency in the phenomenon of re-enactment that often characterizes the sequelae of abuse. This is not to suggest that what follows is inevitable. The natural function of the Pericardium Yin involves, among other things, the individual's capacity to obtain the nourishment in spirit that is available through communication and meaningful exchange with others. The Yin in particular is charged with the ability to remain receptive to this without becoming unnecessarily drained by it. One test of the integrity of the Pericardium unfolds in the oedipal drama that accompanies the affirmative stage of development around the ages of 3 to 5. Successful negotiation of this period requires a balanced atmosphere of restraint, joy, acceptance and regard (Hammer 2005, p190). The sense of self emerges under the protection of this relationship and the development of skill in relating to others also begins to expand. Events injurious to growth in this stage will limit the capacity of the

Pericardium precisely in discriminating between safe and nourishing relationships or draining and destructive ones. The Pericardium also supplies the capacity for what we term restitutive strategies and helps to form the persona that engages with the other. An inability to determine the actual tenor of relationships and to moderate the rush of Heart energies makes one vulnerable to repeating failed behaviours, or to be hurt by poorly judged partners. Consequences include confusion, anxieties and depression. This describes but one facet of the full pattern, but illustrates how the concepts discussed in *Dragon Rises Red Bird Flies* can help us to understand and help our patients.

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