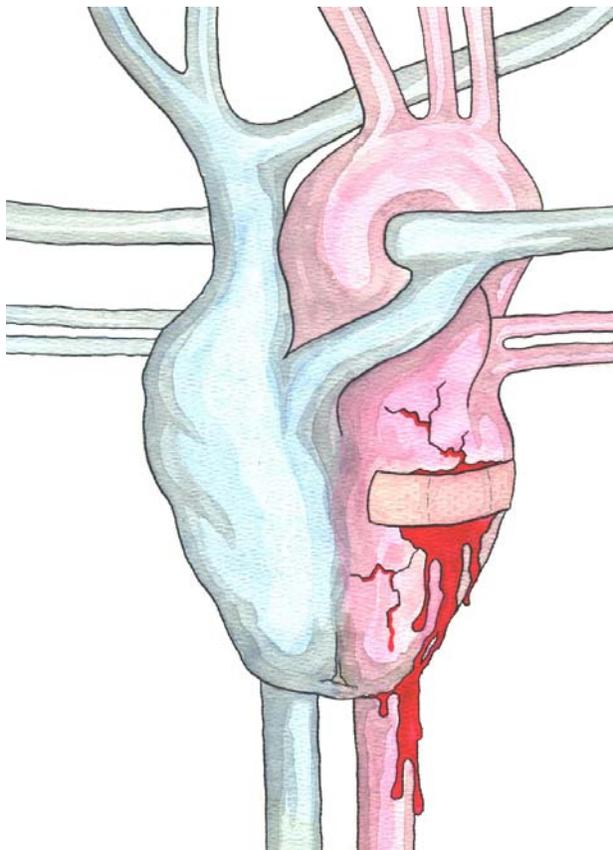


## The Cardiovascular System: Conventional vs. Holistic Viewpoints on the approach to and treatment of Cardiac Insufficiency



“Home is where the heart is.”  
“I don’t have the heart to tell her about it.”  
“It just broke my heart when I heard the news.”  
“I can’t believe that guy is so heartless!”  
“When I saw how much it was going to cost, my heart almost stopped!”  
“Oh, he is my heart and soul.”  
“I got so scared my heart skipped a beat.”  
“I’m just heartbroken.”  
“My heart is full of joy.”  
“My heart is full of sorrow.”  
“My heart beats for you.”  
“Don’t lose heart. Keep trying!”  
“Be still, my heart!”  
“Let’s just get to the heart of the matter!”

Figure 1: “Broken Heart,” 1982

### Conventional View and Treatment:

The conventional viewpoint of the Cardiovascular System is very clinical, scientific, and quite rooted in the material realm. It is considered a self-contained delivery and recovery system...a rather remarkable plumbing network tied to a central pump-station. Comprised of physical components (heart, veins, arteries, capillaries, and blood), its job as a “system” is to deliver oxygen and nutrients throughout the body via the blood and in turn deliver waste products for removal. It’s a system of exchange – good stuff in, bad stuff out, good stuff in, bad stuff out, thump-a, thump-a, thump-a. Blood itself is described as a separate kind of tissue in the body.

So long as things continue without visible symptoms, the heart is said to be “functioning normally.”

Cardiac Insufficiency is defined in very simple terms as *heart failure*,<sup>1</sup> which is not the same as a heart attack (acute myocardial infarction).<sup>2</sup> Conventionally, it literally means the heart cannot adequately perform its physical function, and it relates to the heart’s ability to move blood. It is often used synonymously with “*congestive heart failure*” and “*myocardial insufficiency*”. There are several ways to label the disease: *forward heart failure*, *backward heart failure*, *right ventricular failure*, and *left ventricular failure*.<sup>3</sup> For all its effort in identifying and defining specific types of heart failure, conventional medicine falls short of truly explaining *why*.

Regardless of definition or label, the physical manifestation is a build up of blood in the system related to weaknesses of the heart muscle. Often serious, it can be further complicated by conventional management because treatment does not consider the long term impact of diuretics on kidney function. Edema (excess fluid in the body tissue due to fluid leaks from the circulatory vessels) is the most consistent symptom of cardiac insufficiency. Table 1 summarizes the most common symptoms associated with ventricular insufficiency:

<b>TABLE 1: SYMPTOMS/MODALITIES ASSOCIATED WITH VENTRICULAR INSUFFICIENCY</b>	
<b>Left Ventricular Insufficiency (most common, leading to pulmonary edema)</b>	<b>Right Ventricular Insufficiency (least common, can be secondary to LVI)</b>
Cough, breathlessness (esp. on exertion or lying) (related to underlying pulmonary edema)	Peripheral edema (pitting); swelling of ankles (worse after exercise and at end of day). Evident in feet ankles, lower legs (and potentially the sacral region for bedridden/extremely sedentary patients)
Waking at night (12pm – 1am) with wheezing, gasping for air; need for open window.	May be accompanied by or preceded by weight gain and/or scanty urine.
Pinkish, frothy sputum.	Distended veins in neck due to increased pressure.
Palpitations, tiredness, muscle fatigue, faintness, perspiration.	Liver enlargement w/tenderness and pain in region of right hypochondria. Potential for jaundice.
Pain in chest.	Nausea, vomiting (either by the condition or the medications being used to treat it).
Appearance is cold, pale, cyanosis (blue-ish tint to skin). Nocturia.	Palpitations, pallor, tiredness, breathlessness, cyanosis.
Worse w/exertion, emotion, respiratory symptoms.	Pain in chest

When a patient presents with a combination of these symptoms, investigations are ordered to identify what is wrong in the body. A suspicion of cardiac insufficiency would prompt a chest X-ray to look for enlarging of the heart and an electrocardiogram (ECG) for cardiac rhythm analysis to determine if localized ischemia (anemia related to obstructed or reduced blood flow) exists. A 24-hour ECG may be ordered to determine whether arrhythmias (irregularities in the heartbeat) are a problem, and the physician may order a blood serum Atrial Natriuretic Peptide (ANP) from the lab (ANP is a hormone that “acts to reduce water, salt, and adipose loads on the circulatory system.” It is produced, stored, and released by the muscle cells of the atria, and its

higher-than-normal presence would suggest a homeostatic response to distention of the atria and cardiac-related edema. )<sup>4</sup> Absence of serious symptoms and negative test results might well prompt a physician to order a cardiac stress test (Exercise ECG), a very dangerous option if the patient does in fact have early manifestations of heart failure that are not yet detectable clinically.

Cause-factors will focus on purely physical 'failure' of the heart, with inherited influences, improper diet, excess weight, lack of exercise, and/or improper lifestyle being identified as contributing to or actually causing the condition, with little (if any) attention being given to other areas of the patient's life.

Conventional treatment is achieved primarily with prescribed drugs and patients are routinely advised on diet, exercise, and use of tobacco. Drug treatments are suppressive and may lead to additional complications due to drug side-affects and resulting lower energy level of the patient.

<b>TABLE 2: TREATMENT AND MANAGEMENT OF CARDIAC INSUFFICIENCY<sup>5</sup></b>	
Diet	Reduction of salt intake. Elimination of table salt, avoid salty foods.
Exercise	Gentle, but regular and consistent.
Smoking	Eliminate.
BP/Cholesterol	Monitor and treat if "abnormal."
Digoxin	To increase force of heart contractions. Watch for toxic affects esp. in elderly or when combined with diuretic.
Diuretics (low, med, high potency)	Aimed at reducing edema; prescribed depending upon severity. May lead to loss of potassium, so supplements should be taken. Watch blood urea and electrolytes levels.
Vasodilator	Aimed at dilating arteries, veins, or both, depending upon where edema is localized. Side-effects prohibit use in many patients. Causes heart to work harder and exacerbates symptoms of tiredness, coldness.
ACE Inhibitor	Similar action to and affects of vasodilators.
Surgery	To correct heart valve disease if possible.
Cardiac Transplant	For end-stage failure/younger patients.

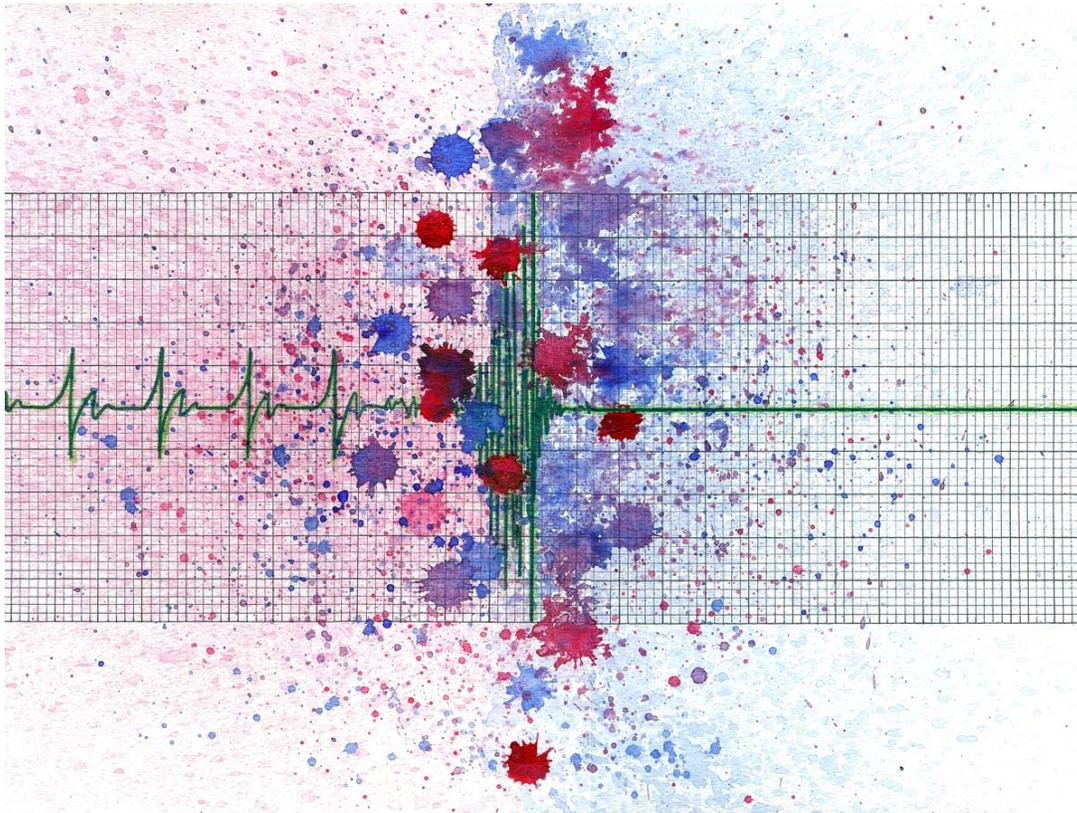


Figure 2: "EKG," 2007

## Holistic View and Treatment:

If its function is simply to pump blood which then carries out a laundry-list of biological tasks in the body, why do we clutch our hands over our hearts when we are sad, happy, or hurt? How do we come to use heart-expressions, subconsciously but very clearly emphasizing the deep and quite distinct connection between our physical hearts (the organ) and our energetic hearts (the mind-spirit). Figures 1 and 2 graphically highlight the significance of the mind-body energetic connection and its progressive journey towards health or illness over an extended time period.

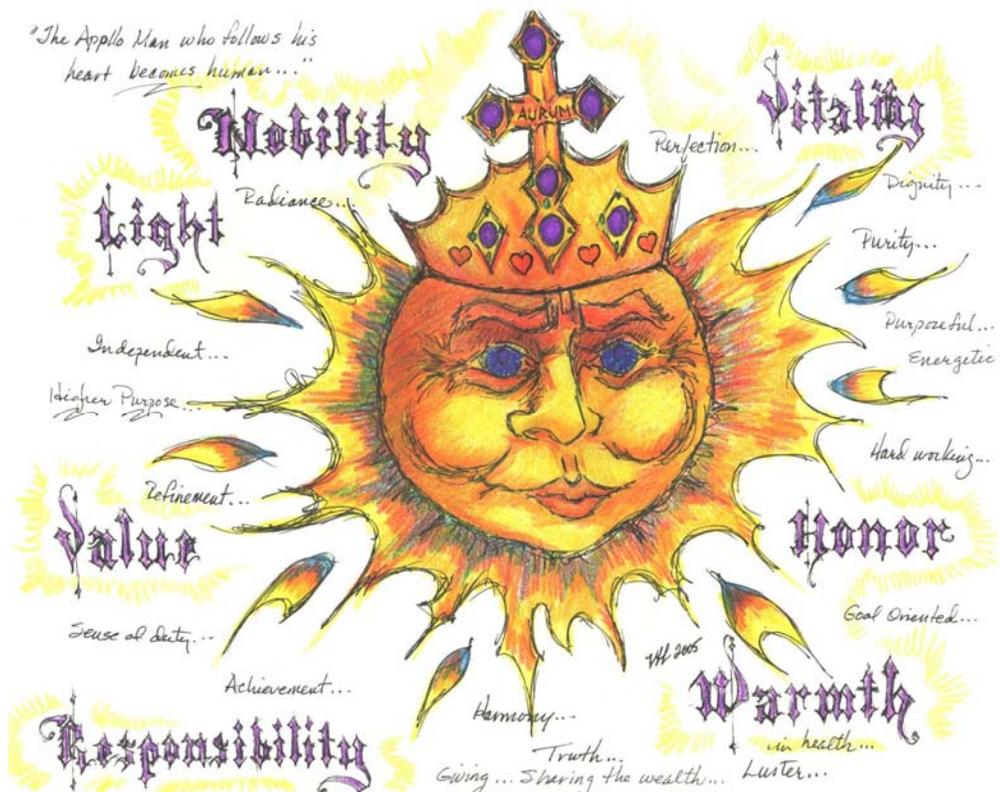
In holistic terms, *heart* is an organ, and *Heart* is something altogether different, for *Heart* embodies in its essence all of the energy in our being. Diseases of the heart are very common and most will be chronic and degenerative; patients will present with low energy and potentially questionable vitality. Although heart failure is not seen in a holistic clinic as often as other heart conditions, a holistic practitioner well-equipped with an understanding of the natural laws of cure, the signs and symptoms of serious heart disease, and an awareness to proceed carefully and thoroughly may certainly help a patient achieve better quality of life than is possible with conventional care. For centuries it has been widely understood that *heart* the organ and *Heart* the energy are both central and inseparable:

“From Contemplations by the Huainan Masters (*Huainanzi*), ca. 110 BC: The heart is the ruler of the five organ networks. It commands the movements of the four extremities, it circulates the Qi and the Blood, it roams the realms of the material and the immaterial, and it is in tune with the gateways of every action. “

“From Guanzi, ca. 200 BC: The heart is the emperor of the human body.”

“From Li Ting, A Primer of Medicine (*Yixue Rumen*), 1575: The Heart is the master of the body and the emperor of the organ networks. There is the structural heart made from blood and flesh: it has the shape of a closed lotus flower and is situated underneath the lung and above the liver. And there is the luminous Heart of Spirit-Shen, which generates Qi and Blood and thus is the root of life. It is the source of all our bodily parts and functions, yet it does not manifest in obvious signs and colors. Just when you want to define it and say 'here it is,' it is gone; whenever you forget about it, however, it comes closer to you than ever. This is why it is called the 'vacuous spirit.' Despite its elusive nature, Shen commands our body's every action and every part. Material form and luminous Shen must therefore be looked upon as an interdependent pair, and we have to understand that diseases of the structural heart are always caused by unbalanced emotions such as depression, anxiety, obsession, or sadness, which open up a pathway through which noxious pathogens can enter.”<sup>6</sup>

The Heart as Emperor proffers an image of grace, dignity and honor. One might imagine the Heart, crowned, radiating warmly and compassionately ruling over the physical and energetic organs of the body, guiding and directing its entire function in harmony and balance. This image is clearly depicted in many Homeopathic remedies of the Gold series and Stages 10 (Emperor, True King) and 11 (King) of the periodic table. Likewise, when the energies of Heart



become unbalanced and unable to recover, it is likely the darker side of the King will arise and ultimately manifest in physical pathology as depicted in the remedy picture of Aurum Metallicum:



For the Holistic practitioner, it is not difficult to see that “the heart of the matter” is the core or central essence of the being: the Spirit, the Soul, the Mind, call it whatever you like—and that *heart failure is the resulting pathology of Heart Failure, or a specific energetic imbalance within the Empire posing a direct threat to the Throne.* These beautiful expressions of the role and responsibility of the Heart clearly illustrate the deep and timeless mind-body connection:

“From Li Yuheng, Unfolding the Mat with Enlightening Words (Tuipeng Wuyu), Ming dynasty, 1570: The sage regards his/her body like a country: the Heart is the ruler, and the Jing and the Qi are the citizens. If the Heart does not abuse its superior position, if it remains centered and focused on the essential matters, the Jing will flourish and the Qi will be steady, noxious intruders will always be fought off, the Dantian (Red Field, or “Elixir Field,” Center of Gravity or balancing point) will be full with treasures, and every part of the body landscape will be light and at peace.”

“From Shen Jin'ao, Dr. Shen's Compendium of Honoring Life (Shen Shi Zunsheng Shu), 1773: All of the twelve channel networks obey the orders of the heart. The heart, therefore, is the ruler of the organ networks. Its position is south, its season is summer, and its nature is fire. The heart thus represents the principle that is referred to as the body's imperial fire (Jun Huo). Its relationship to the other organs is hierarchical; not only

do the twelve channel networks attune their respective Qi [functions] to the directives of the heart, but they offer their entire Jing [material essences] as tribute to nourish the heart. The Heart, therefore, is the root of life, the seat of *Shen*, the master of Blood, and the commander of the vessels.”

If the Holistic view includes the understanding of inseparable heart and Heart-energy, then holistic treatment must include a similar body-mind regimen aimed at the causative factors related to the patient’s entire presentation, with the goal of achieving balance and restoring health on all levels (physical, emotional, mental, spiritual) as rapidly, gently, and permanently as possible.<sup>7</sup>

It is as obvious in holistic medicine as it is in conventional medicine that lifestyle behaviors which may be contributing to the condition or preventing recovery from it should be altered. Diet should be as wholesome as possible, taking care to avoid artificial or processed foods. Intake should be balanced appropriately to the body’s needs and it may be beneficial for the patient to see a dietician or attend educational classes for holistic eating/cooking principles and practices.

Careful notes should be obtained regarding modalities. Patients should be encouraged to participate actively in their own healing process and accept the challenges of returning to a healthier lifestyle. They should be advised to continue in moderation those things that provide amelioration of their symptoms and to avoid/eliminate those things that aggravate or are known to actively contribute to pathology (such as smoking, substance abuse, etc.).

Given that care for the *heart* must include care for the *Heart*, patients should also be encouraged to explore any means they are comfortable with to positively engage the mind, or the mental, emotional, and spiritual aspects of their life. Meditation, study, exploration, counseling and coaching are all viable options to consider. Hobbies and interests of a safe and healthy nature should be encouraged to continue, and questions directed at helping a patient become more aware are helpful (such as “What would you *like* to do?” “What makes you feel better?” “What makes you feel worse?”).

A good understanding of the patient’s medications is essential, as is reinforcing with the patient that conventional medications must continue to be monitored and adjusted as necessary under the guidance of a qualified practitioner.

An explanation of the essence of “Heart” and “Blood” would be in order to help the patient understand more fully the energetic connection between mind and body. It might be beneficial to have the patient define what “Heart” means in their own terms in order to gain more insight into the meaning and purpose within their life which may help reveal more specific causative factors that underlie the physical symptoms. Typically, a patient’s history will include significant emotional disturbances involving loss, separation, or other events that have strongly influenced how the patient is able to respond (or not respond) in relation to others and to him- or herself with expressions of joy, happiness, and fulfillment.

Regardless of whether a patient has opted for conventional or holistic treatment, it is essential for the practitioner to be aware of symptoms that indicate a serious condition or worsening of the patient’s condition. Since cardiac failure can have a relatively bleak prognosis, obvious worsening of symptoms that clearly indicate the patient is not moving in the direction of cure should be acted upon without delay, and any symptoms indicating an acute situation should be referred immediately for emergency treatment (if a patient presents with acute symptoms, an ambulance should be called to respond).

General guidelines for symptom recognition are outlined below:

<b>TABLE 3: SERIOUS CONDITIONIS OF THE CARDIOVASCULAR SYSTEM<sup>8</sup></b>	
Chest Pain	<ul style="list-style-type: none"> <li>• Severe</li> <li>• While at rest</li> <li>• Long duration (greater than 20 minutes)</li> <li>• With vomiting, rapid pulse, low blood pressure</li> <li>• With sweating, pallor</li> <li>• Increasing frequency</li> <li>• Nighttime attacks</li> </ul>
Breathlessness	<ul style="list-style-type: none"> <li>• Severe</li> <li>• Acute</li> <li>• Progressive</li> <li>• With confusion, disorientation</li> <li>• With cyanosis</li> <li>• Pulse &gt;120/min</li> <li>• Paroxysmal attacks at night</li> </ul>
Palpitations	<ul style="list-style-type: none"> <li>• Pulse rate &gt;120/min</li> <li>• Pulse rate &lt; 50/min</li> <li>• With chest pain</li> <li>• With edema</li> <li>• With loss of consciousness</li> </ul>
Edema	<ul style="list-style-type: none"> <li>• Acute</li> <li>• Unilateral</li> <li>• Severe</li> <li>• Progressive</li> <li>• With cardiac symptoms</li> <li>• With renal symptoms</li> </ul>
Cyanosis	<ul style="list-style-type: none"> <li>• Central – tongue</li> <li>• Peripheral (lips and extremities (unless due to cold)</li> </ul>
Loss of consciousness	<ul style="list-style-type: none"> <li>• On exercise</li> </ul>
Cough	<ul style="list-style-type: none"> <li>• With pink, frothy sputum</li> </ul>
Distended veins	<ul style="list-style-type: none"> <li>• In an abnormal site (neck, when sitting up, over chest or abdominal wall)</li> </ul>

<sup>1</sup> Heart failure is defined as “inadequacy of the heart so that as a pump it fails to maintain the circulation of the blood, with the result that congestion and edema develop in the tissues.” The heart itself is defined as “a hollow muscular organ which receives blood from the veins and propels it into the arteries.” Further descriptions are given of its physical structure. A heart beat is defined as “a single complete cycle of contract and dilation of heart muscle” somehow leaving the term “My heart beats for you” rather devoid of the intensity of feeling generally associated with the words when whispered in another’s ear. *Steadman’s Concise Medical Dictionary for the Health Professions*, 2001, pp 152, 429, 450.

<sup>2</sup> *Heart attack* is more specifically related to the death of heart tissue generally related to an inadequate supply of blood to the heart muscles. *The Clinical Medical Guide, a Holistic Perspective*, 2001, pp 102-107.

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<sup>3</sup> The definitions below indicate conventional medicine's focus on attempting to identify and explain the physical reasons for pathology with the intention of describing why the problem has occurred. Clearly this focus only addresses *what* has happened physically, which is essentially a description of the resulting pathology and not *why* it has happened.

*Forward heart failure:* "the concept of congestive heart failure resulting from inadequate cardiac output and consequent inadequate renal blood flow resulting in retention of sodium and water."

*Backward heart failure:* "the concept of congestive heart failure resulting from passive engorgement of the veins caused by a "backward" rise in pressure proximal [nearest] to the failing heart chambers."

*Right ventricular failure:* "Congestive heart failure manifested by distention of the neck veins, enlargement of the liver, and dependant edema due to pump failure of the right ventricle."

*Left ventricular failure:* "Congestive heart failure manifested by signs of pulmonary congestion and edema." *Steadman's Concise Medical Dictionary for the Health Professions*, 2001, pp 98, 377, 552, 866.

<sup>4</sup> Wikipedia, [http://en.wikipedia.org/wiki/Atrial\\_natriuretic\\_peptide](http://en.wikipedia.org/wiki/Atrial_natriuretic_peptide) , June 5, 2007.

<sup>5</sup> Summarized from *The Clinical Medical Guide, a Holistic Perspective*, 2001, p 107.

<sup>6</sup> The 5 Organs Network of Chinese Medicine – [Heart, http://www.itmonline.org/5organs/heart.htm](http://www.itmonline.org/5organs/heart.htm), September 29, 2006.

<sup>7</sup> For the Homeopath, this involves detailed receiving of the case, obtaining thorough information related to the patient's entire picture (environmental factors, inheritances, causative factors, modalities, and so forth) in order to identify the most-similar remedy. These are foundational beliefs in the practice of Homeopathy:

Aphorism 1: The physician's high and ONLY mission is to restore the sick to health, to cure, as it is termed.

Aphorism 2: The highest ideal of cure is rapid, gentle and permanent restoration of the health; that is, the lifting and annihilation of the disease in its entire extent, in the shortest, most reliable, and the least disadvantageous way, on easily realizable [in-seeable] principles. *Organon of the Medical Art*, 1996.

<sup>8</sup> Copied from *The Clinical Medical Guide, a Holistic Perspective*, 2001, p 108.