



Xīn Pathology - Some thoughts arising from Clinical observation

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Tom has now agreed that we can reproduce some of these articles on the college website.

This is the first of these, entitled "Xin Pathology- some thoughts arising from Clinical observation", originally published in December 1995.

Contextualization

As it is often the case, I find that being involved in Clinical supervision in the Teaching Clinic affords me the rare opportunity to distance myself from immediate involvement with the patient – allowing me to assume a ‘fly on the wall’ vantage point – while still maintaining contact with the dynamic, therapeutic and didactic interaction between the trainee-practitioner and client. This partial distancing provides a spur to contemplation of what is happening on a broader canvas.

A wider perspective opens out and the freedom from direct contact with and sole and immediate responsibility for the client allows one to concentrate upon the more fundamental, underlying theoretical, but strictly clinical implications of the case.

During the course of the current Clinical training session I have found concern with Xīn pathology repeatedly resurfacing. The following thoughts are the result of that preoccupation.

Preamble

Many of the more psychological, mental, psychic, or ‘mainly non-purely-physical’ pathologies and pathogens affecting Xīn Zàngfǔ are not always adequately dealt with in the current TCM literature available in English.

The more ‘spiritual’ ramifications of pathology are not only absent in translations from modern TCM texts, they have rarely even appeared in contemporary Chinese medical texts in the first place. The reasons for this omission are long and various. The oriental, as contrasted to the occidental, orientations in this area are quite different.

The result of this dearth of information about an area of pathology that concerns us all in our daily practice of medicine in the West is that we must supply it ourselves, as best as we can, or else go without. We will get no immediate assistance from the Chinese.

What we must do, it seems to me, is go back to the sources of medicine, not in this case to the literary sources – the revered classical texts themselves - but to the well-spring of all medicine, namely the systematic, studious and lengthy examination of pathologies presented with immediacy and intimate knowledge by the experts, namely our patients. Patients are the only thorough going experts on pathology. Doctors may well be versed in matters of medical theory but it is the patients who know about sickness first hand. Everything else is, strictly speaking, second hand. To advance in this precise area of therapeutics we must endeavour to learn, of necessity, from our best teachers, namely our own clients.

It should be stressed, here, that the following has no pretence whatsoever of masquerading as Classical TCM theory. Rather it is, and must remain, solely a tentative presentation of some reflections arising from personal clinical experience.

Thoughts on Xīn pathology

A common, but strangely undiscussed pathology, relating to Xīn is the type of distress, disorientation and anxiety consequent upon or concomitant with prolonged sleeplessness.

The lack of sleep, or what the Chinese call ‘fullness’ of sleep, and we may label ‘soundness’ of sleep, occasions the disorientation, confusion, and stress that here concerns me.

Many of the less commonly discussed Xīn pathologies focus upon disorientation, confusion or lack of contact with reality. These are what I might conveniently label the more ‘spiritual’ aspects of Xīn pathology (a Western Medic might label them as psychological or psychiatric) to distinguish them from the more crudely physiological clinical manifestations usually, and virtually exclusively, presented in the literature.

The most commonly encountered Xīn-related complaints in my TCM clinic are not physiological. They concern Shén disturbance, in its multifarious forms. These are barely touched upon in standard texts. A palpable deficiency of information in this regard could stunt the practitioner’s efficacy as a physician.

The predominantly Yīn function ascribed to Xīn Zàngfǔ, circling around the role of Xīn Shén, is assurance of tranquillity. It shuts off and shuts down. It keeps things calm. It makes them quiet. It fosters tranquillity. It ensures rest. This is essentially a Yīn function.

I have deliberately employed active verbs to denote Xīn Yīn function precisely because they are wholly active interventions of Xīn Zàngfǔ. They are not something that just happens to Xīn, they are what Xīn actively does.

When Xīn is functioning healthily it both bestows and maintains quietness in the individual. It permits the appropriate and welcome cessation of activity and bustle that characterises daily life. It brings about quietness and precludes every form of disquiet and disturbance. This is how the person is able to go to sleep. This is why the person is able to stay asleep throughout the night.

The quiet mind sleeps through thunder.

All sleep relates directly to the quietness of the mind. Sleeping, going to sleep and staying asleep, being rested and rising restored, is all part and parcel of the Xīn Yīn function. The sheer ability to sleep is its most basic manifestation. Anything that disrupts this essentially Xīn Yīn function, at any juncture, is potentially pathological.

Lack of easy and restful sleep, over a period is potentially a pathology in itself. It is also, as I will indicate, a possible pathogen. In both guises it is an all too frequent visitor to the TCM clinic.

If sleep is unsettled, if it is restless rather than restful, if it is interrupted, for instance by distressing dreams or horrid nightmares – and if this goes on for, say, more than two or three nights in a row – then I have found that patients can become disturbed, in various ways, in the daytime. If sleep is repeatedly broken by wakefulness of this kind then the patient complains. If sleep that is restful and restorative is denied constantly during the night, then the consequences show in the day.

It is very often the case that this type of problem is an accompaniment or outcome of some other pathology. Its frequency of presentation in the TCM clinic, however, whether as a primary or secondary complaint, is remarkable.

I would suggest that virtually any fairly serious pathology and a host of more trivial ones, very quickly gives rise to this disharmony. Also, in terms of therapeutic outcome, it is nearly always this aspect of the pathological picture that shows the first signs of improvement, irrespective of the main presenting pathology.

Sleep disturbance is one of the most widespread of complaints, and, unfortunately, one of the most easily overlooked.

In my considered opinion, three areas of seemingly trivial dysfunction signal pathology, no matter what the nature or seriousness of the presenting or consequent complaint. They are:

- sleep disturbance,
- problems with food intake and
- difficulties with evacuating waste products.

If any of these is present, the person is not and cannot be fully healthy.

The fact that they appear non-seriously life threatening in themselves should not allow us to disregard their significance as primary indicators of pathology. Nor should the fact of their extreme prevalence permit us to view them as trivial; common-place does not equate to trifling. Just because one or other of them is mentioned by virtually every client we encounter should not seduce us into disregarding their possible pathological import.

I do not wish to suggest that any of these factors in isolation is necessarily to be taken as a signal of serious illness, simply that none of them can safely be discounted.

It is not at all unusual for the sleep disturbance. nighttime-perturbation - and consequent full-rest deprivation - under discussion to be accompanied by night sweats, varying in degree from very slight to pronounced. Sweat is the so-called “body fluid” associated with Xīn dysfunction. Thus, sleeplessness, sleep disturbance, nightmares, troubling dreams, restlessness, wakefulness, absence of restful sleep and night sweats are often closely linked.

I do not intend to suggest that all night sweating is to do with Xīn dysfunction, merely some.

The accumulated outcome of this deprivation of tranquillity that makes rest and recuperation possible is firstly, and most immediately noticeably, a “lack of spark” or “sparkle” – a diminution of real liveliness - in the victim during the day. They look tired, sound tired, act tired. They respond in nearly all instances in a manner betraying approximation to physical, mental or emotional weariness. “Lack-luster” is the most fitting description of their overall demeanour. Most tellingly, this all-embracing dullness is not confined primarily or exclusively to physical functioning, the effervescence of the mind too is affected.

This ‘mental’ aspect is the key, clinically diagnostically significant indicator of specifically Xīn Shen involvement. Conversely, if the mind remains alert, sharp and lively in daily transactions, then Xīn Shen is more than likely not affected.

In the interests of preserving clarity, two notes of caution are needed here.

First, not all lack of sleep, not all absence of rest produces Xīn-related disharmony, only some, namely that which reaches to and impinges upon these more specifically non-purely-physical aspects. It is our job as competent diagnosticians to distinguish between the two, and to proceed accordingly.

Secondly, it needs to be made explicitly clear that the Xīn Shen disturbance being here considered do not derive solely - much less exclusively - from sleep-related disturbances. There are several other sources of such imbalance. In terms of sleep I am here dealing only with one of the most common.

Irrespective of causal or contributory factors giving rise to such disturbance, the patient begins to complain increasingly of encroaching anxiety and unease. They begin to feel frazzled. They are unsettled. They are no longer comfortable. A pall of worry descends upon them. They become progressively affrighted. They are agitated in themselves. They find it difficult and in some cases impossible to be or to become “cool, calm and collected”.

The sense of ‘being supremely at ease with the world and all its emanations’ that I have (elsewhere) characterised as the hallmark of Xīn Shen health and vitality is markedly absent.

Not only are patients uneasy in themselves, they readily transmit this sense of disquiet to others. Their prevailing lack of ease circles out to contaminate their entire environment. They are not comfortable with themselves, or in themselves. The discomfort becomes pervasive and invasive to the extent that one can no longer easily be comfortable in their presence.

In only slightly more severe cases patients tend towards a form of mild ‘panic’ or mental alarm or agitation that is very distressing to them. Their consequent temerity quickly becomes manifest. Yet again they not only become unsettled but also very unsettling to others. They cannot disguise their disquiet, nor diminish it. They are incapable of guarding against it or avoiding it. They are incapable of dispelling or escaping it, even with the greatest effort. They cannot banish it with an act of will. It is beyond their conscious management. It frustrates their deliberate choice and eludes all attempts at control.

The repercussions of this burgeoning state of unease, anxiety, fearfulness and frustration are predominantly emotional in import, rather than being pre-eminently rational or mental. The mind, or mental faculties, cannot dominate or extinguish these distressing feelings or ever-encroaching preoccupations. The reasoning mind has no effective part to play in this arena. Its best efforts are rapidly neutralised and relegated to insignificance. The very best and most strenuous mental

endeavours cannot pull the victim out of the clutches of this despond. The emotion is too strong for reason to reach.

If the condition prevails unimpeded, the patient begins to fall prey to irrational worries and anxieties. They become unsettled by present and future concerns alike, each vying for precedence. Pointing out the gross irrationality of such “foolish preoccupations” or “irrational fantasies” merely elicits the response – “I know it is foolish to worry about the present or future concern, but I simply cannot help it.” Being conscious of folly does not suffice to dispel it. The fact that the ‘object’ of concern or worry must be considered, objectively, as irrational, unreal or unrealistic does not preclude its intrusion. Highlighting the sheer irrationality of the condition does not ease the plight. Rationally explaining that there is no real basis for worry or concern, again, elicits the response – “I know that, but I just cannot help being worried about it, or anxious about it.”

I would usefully add here that it is strictly the object of anxiety or worry that is irrational, not the client. Indeed the intelligence of the client is not in question - very intelligent people suffer just as much, if not more than others from this complaint. Their intrinsic intelligence is not in dispute. It is most important to remember this, as will soon become evident.

In more severe instances, and keeping close to our initial example of sleep-related disorders, if, for instance, the sleep deprivation has been more prolonged (say over a period of four nights or more) or if the sweating at night has been especially profuse or repeated, then the condition can deteriorate markedly. The same can happen if the nightmares become increasingly disruptive or frequent.

In my clinical experience the other, apparently unrelated, factor that promotes alarmingly rapid deterioration in this context is what is termed ‘break-through’ bleeding in females. This phenomenon is far more prevalent than one might initially assume, particularly with women who are adapting to the varied demands of the contraceptive pill. Repeated or constant loss of blood, even in seemingly minute quantities, can precipitate this type of deterioration.

The increased pathology is characterised by more severe fright and irrationality, giving rise to increased panic and more pronounced disorientation or confusion – all compounded by a growing feeling or sense of loss of control.

Before discussing these augmentations more fully, it might be useful here to note the more obviously physical signs and symptoms that accompany this spiral or deterioration.

From a physical perspective this exacerbated state can be evidenced by a burning sensation in the palms, particularly along the palmar area associated with Xīn Jingluo (medial palmar surface from wrist to little finger tip). The affected area can assume a bright red hue or a dramatically pink flush. Although, objectively, it need not feel hot to the touch the palms themselves, subjectively, can feel as if they are burning (like the sensation experienced after coming into a warm room after having made snowballs outside). The sensation is one of tingling or “pins and needles” that is not at all pleasant.

Alternatively (rarely are these two clinical manifestations present at the same time), the palms can sweat, often profusely. This sweating is typically confined exclusively to the palms.

Another common physical symptom accompanying this exacerbated emotional state is that the person feels or hears their heart beating. Palpitations can become increasingly apparent, and disturbing, to the client. Irregularities with breathing are also common. As the emotional disorder takes firmer hold patients find themselves, unconsciously, holding their breath, then having to gasp

and gulp in air to recover themselves. This, in itself, gives rise to or increases panic. Shallow and / or too fast breathing is also common. Some complain of sore or aching chests.

These are very distinctive physical accompaniments to disruption or distress of Xīn Shén. They are compounded by increased inability to get off to sleep. This can create a vicious cycle that promotes even further deterioration. Night time becomes dreaded. The prospect of having to try to go to sleep assumes threatening proportions. Victims, consequently, feel, appear and sound increasingly wretched. Bed time, instead of being a haven of peace becomes a harbinger or torment.

The emotional aspects are, broadly speaking, more serious extensions of those already touched upon. If the pathology is permitted to progress, the client starts to experience disorientation in increased amounts and severity. They feel as if they are losing their grip of and upon reality. Rational control feels like it is slipping more and more from their grasp. The fear increases. The worries become more intrusive and even more difficult to overcome. Anxiety becomes a constant, rather than an intermittent, state. Intimations of terror begin to creep in. Patients sense that they are “losing context” coupled with a sense that things are getting increasingly and irretrievably “out of control”. This gives a rise to a sense of helplessness and bewilderment, in equal portions.

Soon they think that they are “quietly going mad”, that they are daily receding from the realms and safeguards of reality. The familiarity of the ‘everyday’ is lost. The prospect of reclaiming control, and the consequent safety that comes from control, seems less and less likely. Desperation melds with confusion. Anxiety accelerates. Unreality looms. ‘Madness’ threatens. Terror approaches.

This is often when they present in my TCM surgery.