

*Since I left You, mine eye is in my mind; And that which governs me to go about
Doth part his function, and is partly blind, seems seeing, but effectually is out; For
it no form delivers to the heart...*

Shakespeare's Sonnet CXIII

CHAPTER TWENTY-SEVEN

MORE HEART MATTERS

DEFINING "FEELING"

The word "feeling" has many meanings. To continue in the discussion of "Heart," I must make it clear which one I'm using: when I say "feeling," "feelings," and "felt," I'm referring to sensory and heart-wave input to the brain. For example, input from the nerves of smell, taste, vision, hearing, or touch brings sensory input to the brain. This input is *felt*. The five types of sensory nerves impart *feelings* to the brain.

The sixth type of feeling, or "sixth sense," is emotional and intuitional feeling. Examples of this type of feeling are the expansion or tightening in the chest in response to an increase or decrease, respectively, in resonance with sensory or thought experiences. The names we give to these emotions are love, compassion, joy, grief, and fearlessness, to name a few. These are purely sensory *feelings*, not thought processes. They are not related to ego.

Emotionalism

Ego-based thought processes can roil in the mind to create conditions of jealousy, greed, self-pity, negative criticism, disappointment, anxiety, and all the other types of negative thinking. These are types of emotionalism. I am *not* using the word "feeling" to refer to emotionalism, even though that can be one of the standard English meanings of the word "feeling."

Emotionalism *begins* in the mind – it does not originate directly from sensory input. All of these thought-based conditions come from the ego. As ego combines with various thoughts of satisfaction or dissatisfaction of one sort or another, emotionalism arises. Emotionalism does not arise directly from the six senses. Emotionalism is ego-based *interpretations* of the brain's information: the *results* of mental manipulations.

Emotionalism *can* be related to sensory feeling, inasmuch as emotionalism can be triggered when sensory feeling is combined with ego-based thinking. For example, *seeing* the expensive car of a business competitor can trigger jealousy. In this case, the sensory input of vision goes to the brain where the *ego* processes the visual information about the car and creates jealousy.

In another example, the smell of a remembered perfume can combine with the ego and trigger thoughts of bitterness (Why did she leave me for that jerk?) or lust (My sexual desire is being stimulated!). Jealousy, lust and bitterness are examples of emotionalism, not basic *feeling*.

The smell of familiar perfume is an olfactory *feeling*. A heart-based response to the perfume will resonate with the perfume smell and accept it for what it is: a flowery smell, a musky smell, or a spicy smell. The heart-based response can simply enjoy, or not, the feeling of the smell.

A mind-based response to the smell will reflect the desires of the ego: "I'm still angry at her," or "I'm wild with desire!"

Emotionalism is not sensory feeling. Emotionalism is ego and thought habits *responding* to feeling, responding to sensory information or to a train of thought.

In this book, as I use the word “feeling,” be aware that I am talking about the incoming sensations from the six senses. I am *not* talking about emotionalism.

The sense of touch

The sense of touch is the one that is extremely inhibited during automatic dissociation. Some people are understandably misguided by the use of the word “touch” in describing this sense. They imagine that it refers only to the sensations that occur when a person’s reaches out to “touch” another surface. But the sense of touch refers to much more than that. A better way of describing the sense of “touch” might be to call it the sense of “everything that isn’t a smell, taste, sight, or sound.” But that would be too wordy. The sense of touch includes the ability to know where a body part is even if the eyes are closed and cannot see the body part (proprioception). The sense of touch includes the ability to feel pain, warmth, or vitality inside the body or on the surface of the body (internal and external physical awareness).

The sixth sense

The “sense” of emotion can register the sensory *feeling* in the heart that arises from vibrations of love, compassion, gratitude, contentment, joy and intuitive knowledge and “hunches.” When we “feel” loving thoughts being directed to us from across the room and the chest expands a bit from that “feeling,” we are using the sixth sense: pure heart resonance.

PDers and the inhibition of feeling

When I write about PDers being numb, I am referring primarily to their senses of touch and their sixth sense, even though their sense of sight, sound, taste and smell are also altered and somewhat inhibited. When I speak of feeling, in general, I am referring to all six forms of sensory feeling. All of these forms of feeling are conveyed to the brain from the five types of sensory nerves and the heart-nerves. The brain receives the input. The brain *interprets* the information based on the *amount* of signals from the heart-nerves (which is based on the amount of joy-of-living that the heart is feeling at that moment), *and* on whether or not the heart is using predominantly the sympathetic nerves or the parasympathetic nerves, *and* the extent to which brain wave patterns are *entrained* with the heart wave patterns at that moment.

After the first experience of a particular sensory input, the brain *may* interpret subsequent experiences of the same sensory input based on ongoing heart patterns, but it may also interpret the experiences based on previous experience: habit. For example, in the music-recognition pattern described earlier in the chapter, the sound of an old favorite song may generate a heart response based on previous heart experiences that were occurring at the time the song was first heard.

I am not actually wandering from the point of Parkinson’s. The manner in which the brain uses habit to build on fear-based experiences, until, in some people, including some PDers, the entire brain is linked up to a habit of fear, is related to this process.¹

¹ Post Traumatic Stress Disorder is related to this phenomenon, in which a terrible fear links up with more and more brain regions, and the habit of visiting these fears becomes increasingly entrenched.

HEART-NERVES AND HEART RESONANCE

I am proposing, based on Asian medicine principles, Vedic teachings, and our experiences with PDer's during recovery, the following: in times of safety, the which heart-nerve system is used, the vagus nerve or the spinal nerve, is the primary determinant of whether the incoming information is perceived as good (resonant) or not, and to what degree.

If a person feels safe, he primarily uses the vagus nerve to send and receive signals to and from the brain. If a person is wary, frightened, or dissociated, he uses primarily the heart's spinal nerve to send and receive signals to and from the brain.

When a person feels safe

If the brain is in sync with the heart, the *vagus* nerve signals from the heart influence the brain to *interpret* and *act on* all other incoming sensory information at that moment with a positive response and memory. The information from the vagus nerves shares information about both the *type* of heart response (on a 3-D sliding scale from glorious to mundane, based on resonance) and the *quantity* of heart response (a lot or a little).

The brain notes whether the heart is declaring "highly resonant," "not resonant" or somewhere in between, and also notes "how much." The brain then responds to internal and external sensory information accordingly.

In times of safety, the heart-nerves tell the brain what is going on, and the brain interprets sensations and responds to them in a positive manner.

When a person doesn't feel safe

When a person perceives danger and/or he experiences automatic dissociation or selective dissociation from the heart, the brain disrupts the resonance of heart and brain wave patterns. The heart and brain roles are reversed: the brain tells the heart what to do.

In times of potential danger, difficulty, or dissociation, the brain sends signals to and from the heart using, predominantly, the spinal nerves (instead of the vagus nerves). The brain then interprets sensory information directly from the five senses – instead of running all sensory information past the heart's "interpretive" center. The brain interprets sensory information using adrenaline-based thinking.

This sympathetic nervous system type of response to sensory input is extremely fast. It is very efficient. Of more concern to the person with Parkinson's, adrenaline-based motor responses and adrenaline-based *thinking* do not register or involve the full spectrum of *feeling* or emotion, nor does it allow for the full spectrum of imagination or visualization. In particular, the ability to feel sensory awareness of the insides of one's body is inhibited when a person is sympathetic mode dominant.

(As noted earlier, most people are usually using a *blend* of sympathetic and parasympathetic responses. All breathing requires use of the sympathetic system. Digestion and relaxation require the use of the parasympathetic. Most people are always somewhere in between pure sympathetic and pure parasympathetic. Based on a person's thoughts or feelings at any given moment, people move closer to one side or the other of the continuum between these two conditions.)

As mentioned earlier in the "chased by a ravening lion" example, *feelings* of physical or emotional pain get in the way when a person is in danger. Conveniently, these distracting types of sensory perception are not accessible when adrenaline-based thinking is dominant. When the brain decides that danger is dominant, the heart and brain waves patterns are not entrained and a

person can't feel the insides of his own body or his sixth sense. And as noted already, the areas of the brain that allow for playful imagination, visualization, and creating positive outcome scenarios are also not accessible when adrenaline-based thinking is ongoing. In times of high danger, a person thinks. He doesn't feel his own body very well, nor does he feel the *any* of the senses via his heart's resonance.

An example: feeling the sea lions

Let me share a quick story that might demonstrate the differences that occur in sensory awareness, in *feeling*, when one is adrenaline-dominant (heart and brain wave patterns disconnected) and when one is dopamine-dominant (heart and brain wave patterns in sync, the parasympathetic system dominating the sympathetic system).

A deeply thoughtful and considerate PD patient, who felt himself to be a person of great sensitivity to others and therefore full of feelings, told me (I paraphrase), "I'm finally willing to admit that maybe I am a bit disconnected from my feelings.

"Last night I couldn't sleep, so my wife suggested that I remember how I'd felt earlier that day at the ocean-side cliffs, as we watched the sea lions out on their rock. So I thought about what I'd noticed about the sea lions: how many there were; how they used flippers like legs as they climbed up out of the water; how the bigger ones bullied the smaller ones for position; how the ocean, the sea lions, the rock and the clouds formed a harmonious picture. None of these things seemed to bring me closer to dozing, so I asked my wife what she had noticed about the sea lions that would be helpful in falling asleep.

"She replied that she could remember the gentle rolling sensation flowing back and forth in her chest in time with the ocean waves, the letting-go of her worries. As she *felt* what the sea lions must have felt as they surrendered their weight to the perfect support of the ocean swells, she felt a sense of surrender to the universe. She felt an expansion in her heart from the warmth and relaxation they projected as they basked in the sun. She felt, in sync with the sea lions, a swelling in the chest from their sheer joy-of-being as they slapped fins and roared at each other.

The PDer continued, "Everything that I remembered had to do with numbers, colors, shapes or actions: things that I could think about, in words. Everything that my wife remembered had to do with how her heart and body had felt the sensations of the sun, the ocean's support, and the joy projected by the sea lions. We'd spent half an hour in the same place and we had no actual experiences in common."

This PDer's "feelings" from his day at the beach are typical of those of many a PDer; and they aren't actually feelings: they are thoughts. His wife's feelings were dopamine-based – and they were, in fact, feelings: not processed emotions and thoughts, but *feelings*.¹

¹ Flying completely off the point, I'll mention that, as in this example, most of my married PD patients have spouses who are temperamental opposites. I suspect that only rarely would two adrenaline-dominant people be able to find a lasting marriage formula. However, I do know of one couple in which both parties developed Parkinson's disease. They were still temperamental opposites: he was a "slow mover," artistic, and he was drifting into worsening depression. She was wary, hyper-alert and always on the go, with crisp math and organization skills, and she was drifting into increased anxiety. He recovered very easily, and experienced no surprising changes as his heart became more resonant, except for an increased interest in physical fitness. She also recovered easily, but noticed many personality changes, including an "opening" of the heart, changes in sensory awareness, a new ability to experience calm, and a letting go of most of her exacting mental priorities.

Another example: hearing the birds

One PDer told me, prior to his recovery, that he no longer knew the meaning of the word “joy.” Recently, several years after fully recovering, he told me that during a morning meditation on his balcony, with the late-winter sun streaming down on him, a returning flock of birds in a nearby tree suddenly burst into celebratory song. “I felt my heart expanding.” He gestured with his arms making a big circle, his hands a good foot out in front of his chest. He continued, “The feeling was so intense, I almost cried.”

His “heart expanding” was able to occur because he once again had a functional heart-mind relationship. His heart was capable of feeling, and was capable of transmitting awareness of feelings to his mind.

Just to be on the safe side, I’ll be redundant yet again: when I speak of using the heart to feel, I am talking about the way the heart expands or not in response to internal or external sensory and thought input. After the initial event heart resonance, the heart response, or lack of it, then influences subsequent thoughts, moods, emotions, and motor functionality.

In this example, the feeling of joy he experienced from hearing the birds was not based on thoughts: just the reverse; he heard the birds and his heart resonated with the sound; his subsequent thoughts were flavored by his heart’s experience of joy, the heart’s resonance with something beautiful or harmonious.¹

The “closed heart”

A person whose “heart is closed” to his own physical and emotional pain does not perceive his other feelings as well, either. For example, many PDers report that colors seem brighter after recovery. Environmental sounds are more pleasing, less irritating, after recovery. The recovered PDer spontaneously sees changing playful images in floating clouds and faces in the leaves of trees, even though he may have lived decades, or even most of his life, without having been *able* to behold these most basic imaginings.

After recovery, a PDer responds to sensory experiences as if his brain wave patterns were entrained with his heart wave pattern. And these sensory experiences are clearly different, much richer and fuller, than what he’d experienced in the past. Therefore, we can conclude that, while having Parkinson’s (and in many cases, for decades prior to his diagnosis), his brain wave patterns were probably *not* entrained with his heart wave patterns: he had been primarily in sympathetic, or even dissociated, mode.

¹ We say that the heart is “heavy” when sad, “stuck in the throat” when fearful, “jumps for joy” when excited, “breaks in two” when sundered by fate from a loved one, “palpitates” with worry, or “swells” with joy or justifiable pride. It is “closed off” when sullen feelings of resentment, anger, self-pity, or fear predominate. These heart conditions, or heart “feelings,” affect the information being processed by the brain at that time.

An emotionally healthy person will sometimes shut down the nattering mind and float along with his imagination or simply enjoy his feelings. His heart is *always* wide open. Conversely, a person with advancing Parkinson’s typically keeps his heart completely or partially shut down. If he tends towards depression, he may feel as if he is becoming lifeless. If he tends towards anxiety, he rarely, if ever, shuts down his restless or anxious inner monologue.

TWO TYPES OF MOVEMENT: DOPAMINE-BASED AND ADRENALINE-BASED

In case the PDer is wondering where all this is going, I'm about to bring it back to the processes that most PDers are worried about: motor function and neurotransmitters.

Dopamine-based movement

Spontaneous, easy motor function actually *combines* motor and mental processes. Playful pretending, unselfconscious dancing, eating relaxedly and *all* forms of dopamine-based movement are activities in which a person effortlessly transforms his *idea* of movement, his *mental image* of movement, into the manifestation of movement. The *idea* is triggered by dopamine. Acetylcholine, another neurotransmitter, then activates the rest of the nerves in the nerve chain, including the nerves that go into the muscles, causing healthy muscle contraction.¹

In the split second before a healthy person activates a dopamine-based movement, he imagines himself performing the activity. The imagination then activates the motor function. A healthy ability to visualize is driven by dopamine. The ability to *visualize* or *imagine* oneself moving is a crucial step in dopamine-based motor function.

In healthy people, the transition from mental image to motor response is so quick that most people never know they are doing it. Some people, such as dancers and athletes, who need to move even “more so” than most people, know very well that what they are trying to do is use their bodies in such a way as to most perfectly express the *idea* of movements that they are mentally picturing or feeling.²

Dopamine-based movement is relatively effortless, and it originates in the positive imagination. This imagination is only available when the heart and brain wave patterns are in sync.³

¹ Neurologists know perfectly well that acetylcholine, and not dopamine, activates the muscles. However, they often tell people with Parkinson's that their *muscles* don't work because of a dopamine deficiency. Evidently, some doctors conveniently ignore everything they've learned about muscle function when confronted with the evidence that PDers can move easily when under the influence of dopamine – a powerful *mind*-altering drug. They then tell their patients that dopamine causes movement – even though most doctors learned in *high school* that acetylcholine is actually the neurotransmitter that activates the muscles.

² Trainers for top athletes and dancers have found that a performer can improve his game or art *more* by spending hours *imagining* himself moving better than he can by actually *practicing* the physical movements. They have learned that the two most important factors in improving performance are improving the ability to imagine the movement and refining the imagined movement; the importance of training of the muscles runs a distant third.

³ A person needn't always imagine every detail of movement. He *may* imagine a specific, single movement, or he may use a habit “shortcut” that accesses a motion-integration sequence that has been stashed in the “complex learned-movements” sector at the back of the brain (the cerebellum). Even shortcuts are either adrenaline activated or dopamine activated. Complex learned-movements created while using dopamine can only be activated by using the dopamine-based shortcut. Adrenaline-based complex learned movements are activated by an adrenaline-based shortcut.

Children who merrily practice emergency drills may have no ability to access those drill skills during an actual emergency; habits learned while using dopamine may not be accessible to the mind when the brain is in adrenaline mode.

For example, playing the violin is an activity that uses habits of highly complex, highly integrated movements. The following vignette suggests that the violinist with Parkinson's had two complete sets of integrated movements stored in her cerebellum. One was used for playing violin with adrenaline, one was used for playing with dopamine.

Secondarily, as a person moves, his body feels the internal sensations generated by movement. These feelings, when perceived by a brain that is in sync with the heart, are gratifying, enjoyable.

Consider the movements that a cat makes when he wakes up from his nap. He languorously stretches one muscle after another, enjoying the sensations generated by the use of his body. He does this because it feels good; the sensations generated thereby are pleasing.

This type of self-awareness of movement is dopamine-based. This type of self-awareness and feeling is only accessible to the brain when the heart and brain are entrained, and when adequate amounts of heart-nerve signals are making their way to the brain.

Adrenaline-based movement

Adrenaline-based movement is command-based movement. A person using adrenaline to run *or* to stand stock-still is mentally *telling* himself what to do. Whether the command is coming from an instinct center or from rational consciousness, adrenaline-based motor function is generated by brain commands to perform specific actions.

These mental commands can allow a person to “keep going when the going gets tough.” As one PDer told me, “I just force myself to keep putting one foot in front of the other.”

Another example of adrenaline-based movement is the instinctive behavior that allows the tiny prairie dog mother to defend her pup by attacking a large coyote. When using this type of instinctive movement, the “command form,” though non-verbal, is used to execute motor function. Fear-driven, adrenaline-based motor function, even when instinctive, uses a motor command system that *tells* the body what to do. This is somewhat the “opposite” of the dopamine-based system, in which movement is a form of self-expression, the expression of an imagined movement.

Adrenaline is the neurotransmitter that most people use in situations that require the “mind over matter” principle. A person in this situation tells himself, commands himself, consciously or from habit or instinct, to perform a certain activity, and the motor function obeys.¹

This violinist, a recovered PDer, taking up the violin again after not having played for nearly a decade, was astonished at the abrupt change in her playing that occurred after about two weeks of practice. She wrote the following: “Last night, I suddenly played the way I used to play when I was twenty, not the way that I played in my thirties and forties. The effortless expression of musical ideas and the absence of mental determination reminded me of how I played when I was in college. My bowing movements, in particular, were led by the music, instead of by me. There is no way I could have mentally directed myself to play that way. My adult son, with a degree in music and an excellent ear, was startled. He said lovingly, if somewhat tactlessly, “You actually *did* use to play the violin!” Although he had heard me playing professionally when I was in my forties, he had never heard me play when I played with my heart instead of my mind. I could feel the difference; he could hear it.”

Both of her styles of playing used effective cerebellar (complex learned-habit) movements that performed the correct motions. But the set that was activated by dopamine used different emotional motivations and slightly different, but *audibly* noticeable, movements.

¹ This usage is actually a perversion of the excellent “Mind over matter” principle. PDers use this principle with a grim determination, convinced that they can perform anything if they put their mind to it firmly enough. The steadily increasing paralysis of Parkinson’s, *despite* their increasingly frantic efforts to mentally command themselves to move, should drive home to them that their fear-based mind *cannot* conquer the physical body, or “matter.” The actual meaning of this principle is that matter, being created by Divine thought, or Mind, is therefore subordinate to Mind. Attunement with Divine Mind can therefore conquer any material problem because all of the universe, all of creation, is a construct of that Divine Mind.

In the adrenaline-based mind, the mind that is not entrained with the heart, self-awareness of movement results in emotionalism rather than feeling. For example, after an adrenaline-dominant athlete runs a race, he may feel a surge of pride in the accomplishments of his body. He may be excited by the motor stimulation, he may be exhilarated by his motor prowess. Or similarly, after completing his yoga practice, he may feel good because he has virtuously accomplished what he set out to do. But these emotions are based on his ego-based thoughts of self-approval or the thrill of increased oxygen. He may feel vitalized by his motor activities, but he is not necessarily *feeling* his motor sensations. When I speak of feeling one's motor actions, I am thinking of the way that the cat feels pleasure in his own heart's resonance with his physical stretching movements. When a person is mentally or egoistically stimulated by his use of motor functions, this is not necessarily *sensory* feeling of the body – this is stimulation of the ego.

A quick aside to consider waking up in the morning

Although many PDers cannot believe it, some people wake up in the morning and languorously stretch, just like a cat. As these people come to consciousness after a night's sleep, they go through a progression of mental states. First, they realize that they *are*; then they realize *who* they are. Next, they notice the sensations of the body. They may notice the feeling of the sheets' texture on their feet. They may notice the feeling of the cool morning air on the face. As they slowly check in with all their body parts, enjoying the sensations of being alive and awake, they tentatively move and stretch to create and enjoy the feeling of life returning to the relaxed limbs. As the limbs move, the contented heart notices the pleasant feelings generated thereby. The heart swells as it resonates with the sensations being generated by movement of the body. It sends this pleasant information to the brain.

Twenty minutes later, while going through his morning toiletries, this person may wonder what day of the week it is, and start to think about his calendar for the day.

Compare this with the way that most of my PD patients describe their long-time wake-up routine. They return to wakeful consciousness and realize *who* they are. Next, they become aware of *where* they are. Their next thought often jolts the PDer into full alertness. The mental wording of the thought may be something along the lines of “*Uh oh! What day is it? And what am I supposed to be doing?!*”

Adrenaline-based sensory awareness

As another example of the difference in sensory perception when the brain waves are disconnected from the heart, many PDers have complained to me that they never felt any of the advertised happiness or joy from doing hatha (physical) yoga, Tai Ji Chuan, or Qi Gong exercises. This is because they were mentally focused on the positions and competency of their

Fear, according to eastern thought, is the child of material creation, not the parent. If one is focused on matter, one fears the changes and dissolution of matter that are inevitable in the temporary, illusory constructs of time and the atom. (Twenty-first century physics confirms that atoms are not “stable building blocks.” Their subatomic bits are constantly moving in and out of existence, changing from energy into matter and then back again to pure energy.)

Oppositely, attunement with timelessness and unchanging Truth, Love, and Divine Mind allows one to be fearless. Divine Mind can rule over matter. When one is locked into fear-based thinking, one cannot attain attunement with peace, joy, or Divine understanding. One *cannot* employ the *true* principle of Mind over matter if one is the slave of fear: when ruled by fear, one's mind is attuned with ego, and not Truth.

movements. They were unable to actually *feel* the pleasant increase in the heart's electromagnetic field that occurs naturally from resonating with one's own movement.¹

In a healthy person who is *not* using the sympathetic (danger) mode, the heart's energetic field resonates with the vibrations of one's own movement. The heart waves amplify, grow larger still, from their entrainment with the brain wave patterns that harmoniously "fit" with the heart resonance.

If the brain waves are in sync with the heart waves, the heart feeling amplifies as it resonates with the brain as the heart and brain together enjoy the sensory input from the pleasant movements of conscious movement: movement is *supposed* to be a rewarding sensory experience, not a command-based method for getting from one place to another. Animals do not ponder how to move; except during times of imminent danger, they move in the manner that is most rewarding – from a sensory standpoint. Animals do not get Parkinson's disease.

Leaving all the electromagnetics aside for a moment, one might say that the heart expands with increased joy-of-being when one is aware of his own existence and the movements generated by his conscious imaginings.

As the resonance amplifies the heart feeling, the expansion and relaxation in the chest allows more life force to flow through the heart. This further increases one's feelings of well-being and joy. This is the happiness or joy that is supposed to occur during hatha yoga, Tai Chi Chuan practice, or the sheer joy of self-expression through movement.

Understanding the relationship between *feeling* and heart field expansion, *joie de vivre*, and joy-based, not fear-based, will to live, can be crucial in understanding the mental/emotional blockage of Parkinson's. Combining that understanding with the information about the two types of movement, adrenaline-based and dopamine-based, can help PDer's when the time comes to re-open the heart.

Some PDer's have been strongly resistant to the idea that the connection between the heart and the brain might be involved in the movement inhibition of Parkinson's disease. To help support this idea, I will share some ancient Vedic theories.²

An Eastern understanding of the relationship between heart and mind

The Vedas (Hindu scriptures) explain how Universal Life Force energy is transmuted into the individualized energy that drives the human body. Life Force (*prana*) courses into the body at the back of the neck, in the vicinity of the medulla oblongata (in the brain stem, which is also near the area from which the vagus nerve emerges). Next, when energy flows from the midbrain

¹ Looking ahead, when we get these PDer's to stop pretending that their heart is small, dark, or whatever dismal construct they have invented, and pretend instead that their heart is healthy, they may suddenly experience a wave of positive feeling: if so, they often say that this is the first wave of truly positive feeling that they have had in their whole life – despite decades of yoga, Qi Gong, Tai Ji, or other "joy-inducing" modalities.

² I am often asked how we came up with our extremely simple treatments for turning off the sympathetic system. The treatments are based on a Vedic understanding of the Self-delusory nature of sympathetic system thinking. While it may seem that a section on Vedic philosophy is completely unnecessary in this chapter, the ancient theory led us to the very simple treatments that we eventually developed.

into the body, the heart is the first substation. The heart serves as a regulator for how much energy can flow into the rest of the body.¹

Practically speaking, the heart might be thought of as an amperage regulator. After the vibratory energy that pours into the body at the medulla is stored in the brain and converted into energy that is usable in the body, it flows into the heart before it goes anywhere else. From the heart, the energy is distributed to the five senses and the sixth sense. From these energies, the heart, the sensory organs and the brain are constructed and maintained. These become the instruments of feeling and self-awareness.

More philosophically, the condensation of universal energy into individual bits of energy is done by creating the principle of Individual Ego. From Individual Ego is derived *chitta* (individualized feeling, self-awareness).

The relationship between feeling and self-awareness

In order for a being to imagine that he exists as an individual entity, separate from the cosmic energy, he must have self-awareness.²

The basis of self-awareness is feeling. Via the information experienced through the five senses and the sixth sense of pure heart feeling, one knows that one is. Without the ability to feel, one cannot experience. One cannot know that one exists.

For adepts of Vedic philosophy, I'll mention that, even on the astral level of existence, in which tangible feelings do not exist in the same manner, the soul still has self-awareness, because he can still *feel*, perceive, the vibrations of sensations such as color and sound. Even on the causal plane, in which one exists as pure thought, with no body or even the astral vibratory energetics of a body, an individual still has self-awareness because he still *feels* a response to different thoughts (expansive feelings if the thoughts are attuned with Right, painful constrictive

¹ Not everyone can tolerate the same amounts of energy flowing into the heart and body. A saint has conditioned himself, either consciously, through meditation and spiritual practices, and/or somewhat unwittingly, through pure devotion, to handle vast amounts of energy flowing into the heart. Oppositely, one who is extremely self-centered draws in exactly enough energy to maintain his life, and no more. Even in English, this latter situation can be referred to as "the heart being closed off to others." The heart, in such a situation, is not actually closed, but it is restricted to the energetic needs of the individual.

The Hindu teachings warn that the spiritual novice cannot tolerate the high levels of energy that flow directly from the Source. Paramahansa Yogananda writes for the modern audience that unrestricted flow of divine energy into one's unprepared body and consciousness would be like running one hundred thousand watts through a forty-watt light bulb: the filament would burn up.

The energy flowing into the body is coming from an infinite Source that is rooted in Love. The capacity of the heart to admit that energy into the body is based on the degree to which an individual can surrender to the influx of that energy, surrender to that Love. The opposite of surrender is resistance. If too much energy flows through an area of high resistance, heat is generated. If too much love flows through the heart of a person who is resisting, he will literally burn up. The heart serves to regulate the amount of energy that flows into the system, based on how widely the door of the heart is held open. Our will and habits, combined, tell us how wide to open the door to the heart.

² Self-awareness, awareness that one is separate or distinct from the Infinite, in this philosophical understanding, is *not* a construct of consciousness. For example, when a person wakes up from sleeping, from the *subconscious* state, he can still tell you whether or not he slept well or poorly. His self-awareness, his idea that he exists separately from the Infinite, never ceases, whether he is using the subconscious (during sleep), conscious, or superconscious state.

feelings if thoughts are attuned with Wrong). These *feelings* give believability to the delusory experience of self-awareness.¹

To the saint of any culture, who may vocalize in his native language but whose speech is always directed by the language of his heart, the inherent connection between feeling and self-awareness is obvious. However, the English speaker who has been taught that feeling and self-awareness are two different words representing two different states of consciousness may be puzzled by the statement that feeling and self-awareness are the same thing.

They are. This point is very important. It is confusion about this principle that can lead to the development of Parkinson's disease. Confusion about this principle can contribute to a consciously-induced and maintained dissociation response, and to a condition of partial recovery from Parkinson's.

¹ The Sanskrit language is exceptionally refined. For example, it has over one thousand words, each with a slightly different meaning, for the different aspects of God. Therefore, I found it fascinating that, in a book I read long ago, the word *chitta* is translated into English using two words joined by a slash: feeling/self-awareness. This rather suggests that, in the Vedic tradition, feeling and self-awareness are one and the same. More terribly, it also suggests that, at least to the English-speaking population, self-awareness and feeling are two different things. Is it possible that some English speakers honestly think that they can have self-awareness even if they have no feeling? What a horrible thought.

Who would want to have awareness of self and, at the same time, have no ability to register heart-feeling? If all world scriptures speak truth, and all creation was built out of the vibrations of love, why would a person want to have self-awareness and simultaneously have no ability to feel those vibrations, feel the love out of which he was made: the love that permeates the universe, the love that knows itself by experiencing, feeling, itself? One pundit has said that God, infinite and eternal, made creation because only so could He *experience*, could He feel through sensory experience, his own ideas. When the Divine energy in a person's eyes beholds God's creation of Divine energy condensed into clouds and trees, God's energy is beholding, feeling, and resonating with God's energy. God is enjoying, through the delusion of his fleeting, ever-changing creation, his own ideas. To do this, he must use feeling and self-awareness.

(My editor asked me to reference the above definition of *chitta*. While digging for the book in which I'd long ago read the above definition of *chitta*, I found an even more detailed translation that amounts to the same thing: "Chitta is a comprehensive term for the aggregate of mind-stuff that produces intelligent consciousness, the power of feeling." This was in *God Speaks To Arjuna: The Bhagavad Gita: Royal Science of God Realization*, Paramahansa Yogananda, Self-Realization Fellowship, 1995, p. 472. This fuller description still makes the same point: intelligent consciousness, or self-awareness, is one and the same with feeling. If a person imagines otherwise, a delusory pathology – such as the one that causes Parkinson's disease – is in place.

Next, I picked up another book, *The Holy Science*, by Swami Sri Yukteswar (1855-1936), one of the most respected and analytical yogis of his day. In this book, defining "Chit" (*chitta* is the individual's feeling, Chit is the universal form of feeling), the author declared synonymity between Universal self-awareness and feeling, The Universal Heart, and Universal Love. In other words, Feeling, Self-awareness, Love, and Heart are the same.

Getting back to the point, the only times that a person loses his intuitive connection with God (Heart, Love) are when, because of fear, he disconnects his brain waves from his heart waves. In this condition, a person may still have self-awareness, but he will have this awareness through the warped interpretation that his fear-based mind (the *manas*) puts on all incoming sensory awareness. In this condition, a person may be aware that he exists, but he cannot be aware of his true Self, or soul. To have soul awareness, Self-awareness, a person must have feelings that are being interpreted correctly, via a mind that is attuned with the heart (the *Buddhi* Mind).

Going off on another tangent, it may be of etymological interest that, at least when I started this project, India had the lowest rate of Parkinson's per population in the world. The British Isles – which use two mutually exclusive ideas, "feeling" and "self-awareness," in an attempt to describe what is, in essence, one inseparable unity – has a relatively high rate of Parkinson's.

Getting back to recovery from Parkinson's disease

Partial recovery from Parkinson's occurs when a PDer's unhealed injury begins to heal but the PDer remains locked into dissociative mode for certain compartmentalized behaviors and thoughts. In some cases, if he decided that his body had "betrayed" him by developing Parkinson's disease, he may have dissociated from his *entire body* at the time of diagnosis.

When using the dissociative mode, a person has decreased sensory awareness of his physical body, decreased feelings.

And here's the kicker: due to reciprocity, refusal to recognize and embrace the feelings of one's body and emotions, refusal to allow a proprioceptive and internal-sensation relationship with one's own body, can keep one from feeling joy. A joyless life is not worth living: if life is not desired, the heart prepares for death. It does this by decreasing the core levels of dopamine in the heart. This creates the same type of decrease in core dopamine that is observed in a dissociation response.

This means that, by consciously refusing to once again embrace one's own feelings even though the injury event is over and done with, a person can remain locked into the dissociative mode.

In humans, a fleeting dissociation response might last for a few minutes. A severe dissociation response may last for several hours. A consciously induced and retained dissociation response, one that has been cultivated as emotional protection or a sign of "superior virtue or intelligence" may last for a lifetime.

The dissociation response is designed to make an animal feel and behave as if dead. The dissociation response *decreases* the core level of dopamine in the heart. The dissociation response numbs the animal in preparation for death.

Whether or not a PDer proclaims "I *want* to be alive! I *want* to recover!" does not matter. If he is selectively dissociating from his heart, his *body* will behave as if it is preparing to die. Even if the PDer's foot injury is physically healed and the PDer is physiologically capable once again of releasing brain dopamine to activate movement, he may not be able to activate the level of *heart* dopamine needed to activate the brain's dopamine centers.

In order to fully recover, the PDer must consciously turn off the compartmentalized response that allowed him to minimize his heart's recognition of physical and emotional pain when engaged in certain thoughts or activities. Otherwise, whenever he is engaged in those particular thoughts or activities that he has determined are not to be trusted, his physical condition will orient towards an increasingly death-like state of immobility.¹

¹ The question arises, "Why do dopamine-enhancing medications for Parkinson's have to get into the brain, and not just get to the heart?" In idiopathic Parkinson's, the most common drug, L-dopa, does not actually convert into dopamine until it gets into the brain. Remember, the PDer's heart is busily operating a sympathetic nervous system response. An increase in the underlying amount of core heart dopamine will only increase the amount of the sympathetic system response. Because of the underlying dissociation response, a "play dead" response, a PDer can only be stimulated to movement if the L-dopa converts into dopamine in the brain, *overriding* the heart's instructions to play dead by flooding the brain with movement-inducing dopamine. As and aside, it may be of interest to note that heart researchers, in order to measure the activity levels of dopamine receptors in the heart, use a G-dopa dopamine analog, and not an L-dopa dopamine analog.

Also, this entire essay is overly simplistic. The body has many types of dopamine receptors, and they all activate different functions. These receptors are activated or turned off by various thoughts and by heart instructions. Any discussion of heart versus brain responses must include the electromagnetic effects that heart and brain waves

Joy is the king; the heart is the throne of the king

In Chinese medicine, the heart is considered the most important organ. The heart is referred to as the King or as the home of Joy. In some cultures, it is also the access point for Love or the Divine Mother. The brain is merely one of the subordinate organs.

We can see this principle even in western medicine: we know that a person can be brain-dead but remain alive. But when the body can no longer support life, when the will can no longer support life, or in some cases, when the heart is “broken” from grief, the heart no longer sends sufficient signals to the brain. Death ensues. Even in modern English our language still supports this understanding of the heart. When we simply cannot bring ourselves to do something, we say, “I don’t have the heart for it.” We don’t say, “I don’t have the brains for it.”

Cultural influence

Many well-meaning people have mistakenly learned, somewhere along the way, that the route to spirituality involves overcoming one’s “feelings” by pretending they don’t exist. First off, very often, these teachings are referring to emotionalism, not sensory perception. Secondly, in order to not be jerked around by one’s feelings, one should not suppress feelings or emotionalism. He must *transmute* feelings (*or* emotionalism stemming from feelings) into the underlying energies from which they are derived. This conversion can be done using either Wisdom or Love. The mere denial of feeling is nothing but a lie to oneself. These lies, also known as suppressed feelings or feelings from which one has dissociated, have a nasty habit of popping up somewhere else, sometimes in a form unrecognizable from the original, and sometimes distorted by the ego into something far uglier than the original feeling.¹

It is true that, in order to ultimately overcome Ego, to become one with God, one must conquer (not be dominated by) the *illusion* of feelings. To do this, one must recognize feelings

have on each other and the role of consciousness in regulating physiology. The western method of discussing one chemical response as if that response can be separated from the cascade of subsequent and integrated responses in a living system is increasingly recognized by advanced biochemical researchers as pure foolishness. However, this is the model that western doctors still cling to.

And what of the placebo effect? Does it affect the brain or the heart? The brain can be trained. While the heart responds to the resonances of every moment, the brain operates, to a large extent, via habit. Remember the example of music, in which a brain linkage to an old song can activate a remembered-feeling response when the song is heard again? That feeling is partly new response, and partly a learned response. In the case of the dopamine-enhancing drugs, a PDer can form positive, movement-allowing mental links with the experience of taking his medication. He will then be able to activate a learned dopamine-for-movement brain response when his brain makes the link between taking a pill and subsequent ease of movement.

When using a placebo, the positive thoughts and expectations generated by this brain link may resonate with the heart and allow the heart to shift its balance toward dopamine for awhile – but only for as long as the positive thoughts or expectations are flowing. It is important to note that those PDers who have *not* already learned, via the drugs, how to step lightly and easily, may *not* have a good positive placebo response. Instead, those PDers who have never learned to move easily (by taking drugs) tend to be more susceptible to the *negative* placebo response, in which they move more poorly when they think that they will move poorly.

The placebo response can only work by activating what a person is capable of imagining. It doesn’t matter if the PDer tells himself superficially positive thoughts: a PDer who cannot imagine what a good response to treatment *feels* like will not be able to respond to a positive placebo with a good response.

¹ I quoted this line earlier, but it’s worth repeating: “Truths suppressed lead disconcertingly to a host of errors.” From Paramahansa Yoganada’s *Autobiography of a Yogi*.

for what they are, not suppress or deny them. What are feelings, truly? They can be described as the sensory events generated by the Divine Intelligence experiencing Itself as creation. When a person looks at a tree, it is the Divine capacity for imagining vision in the person enjoying the experience, that is to say the *feeling*, of looking at Divinity, looking at itself, in the shape of a tree. Feelings are not bad; they are merely an illusion whereby Love can perceive Its own imaginings by pretending that It is an ego (a self-aware individual) experiencing creation.¹

IN SUMMARY

This brief introduction into heart energetics barely scratches the surface of the role – in healthy people – of heart-nerves, the heart’s electromagnetic waves and the phenomenon of

¹ I will share an example of dealing with feelings of foot injury that demonstrates the correct way to deal with physical pain.

Paramahansa Yoganada was working with yoga students on a construction project, when a large cement cylinder was accidentally rolled over his foot. His foot was utterly smashed. The swelling and discoloration were almost instantaneous. The great yogi said, “My foot is injured. Please help me to my room.” Notice what he did: he observed the injury. He did not deny the fact of the injury. He asked for assistance. (This humble request was certainly made for teaching purposes: he was setting an example.) He willingly accepted the help of others, and was helped up the stairs to his room. His students asked him to miraculously heal himself. “Ask God to heal your foot!” they begged him. Yogananda declined, explaining, “My Divine Mother already knows what has happened to my foot.”

The next day, the guru was barely able to hobble about with a cane. The guru’s disciples were deeply concerned because he was scheduled to speak before an audience of several thousand people in just three days. They were afraid that he would not make a good impression if he could barely walk. They had seen the guru work healing miracles on others; they begged him to work a miracle on his foot. Again, he replied that Divine Mother already knew about his foot injury.

The guru made a point of telling his disciples that he was not being negatively affected by pain. He understood the pain signals from his foot were merely communications to his brain that that foot was injured. His equanimity was untouched by fear. Thus, the pain signals merely conveyed information; they triggered no emotionalism. Additionally, using his ability to cognize matter and electricity as forms of light and sound, he did not even need to perceive the electrical signals as pain signals, *per se*.

On the day of the lecture, Yogananda’s foot was still horribly swollen. His foot did not fit into a shoe. The disciples were mortified by the idea that their teacher was planning to shuffle onto the stage of the great hall with one foot in a loose slipper.

They begged again that the guru work a miracle. He declined. Moments before his lecture, he waited in the wings. When he was announced, he kicked off his sandal from one foot and the slipper from the other. He strode barefoot across the stage. His astonished students saw from the wings of the stage that his foot was completely healed.

The most important points in this lesson are that he acknowledged his injury. He allowed those around him to help him. He observed the phenomenon of pain. He intuitively understood the underlying process by which light is transformed into matter, assuming the roles of physical body parts. He could perceive the physical experience of his smashed foot as a convincing transformation of light into broken bones, muscles, nerves and the brain’s response. He was not emotionally influenced by his smashed foot. At no time did he imagine that his injury was out of sync with the Wisdom and Love of the universe. When the time was right for his foot to be healed, it was healed. He may have also contributed to the healing by applying the principle of Mind over matter.

This is the exact opposite of being frightened by an injury and dealing with it by permanently dissociating from it, pretending that it never happened. This latter method, the denial method, is the “technique” used by people with Parkinson’s to prevent themselves from noticing their foot injury – a severe injury that “never hurt much” or that, in some cases, “never happened.”

I do not have a reference for the above foot injury anecdote. I recall coming across Yogananda’s own telling of it in a collection of transcriptions of his lectures. I have also heard the story from one of the monastics who serves at one of the ashrams founded by Yogananda.

heart-brain wave entrainment and the corresponding relationship between adrenaline-based motor function and dopamine-based motor function.

This chapter also introduces a tiny droplet of information about heart from Vedic teachings: the heart is the regulator of how much energy can be allowed into the body for the work of movement, thinking, and feeling, among other actions.¹

In closing, remember: the heart-mind integrating problem does not exist to the same degree in all people with Parkinson's disease. Each person with Parkinson's disease is unique.

As mentioned often, not *all* PDer's are maintaining a severe dissociation response that prevents access to their feelings. *Some* PDer's are only mentally blocked with regard to the existence of the foot injury. When these PDer's attention is gently brought to the foot, the blockage melts away and the foot, and the Parkinson's symptoms heal quickly and smoothly.

But in our experience, *most* of our PD patients have extended foot dissociation to other arenas of the mind – to the point that the mental/emotional blockages need to be consciously fixed.

The dissociation response must be turned off the PDer hopes to re-experience the integration of heart and brain waves and resume healthy levels of release for either type of movement-inducing neurotransmitter, either adrenaline or dopamine.

In order to turn off the dissociation, a person must feel safe. In order to feel safe, a PDer who does not remember what heart feeling is must learn how to experience heart feeling. After he can once again perceive his own heart feelings, he can practice generating the safe feeling.

¹ For those readers familiar with Chinese medical theory, the closed heart, or heart-brain dis-entrainment, is a condition that was referred to as Heart and Kidney (mind) Not Communicating. Over the years, the name Heart and Kidney Not Communicating was assigned to conditions in which various physical body functions in these two organs are not working in sync. However, the original syndrome by this name was a Taoist spiritual condition, not a medical one.

