

How to Heal Your Broken Heart

A Cardiologist's Secrets For Physical,
Emotional, and Spiritual Health

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Dedication

We begin in the Name of God. It is a blessing to begin everything with His Name. I dedicate this book to my lovely wife Pam, Solomon, Ben, and Caroline. They have been patient as I have pursued my dream of writing.

I also want to dedicate this book to everyone whose heart is suffering or in pain. Whether you suffer from anxiety, depression, sadness, anger, other emotional illnesses or an actual physical illness— I want to give you hope. You can heal your broken heart.

Preface

Several years ago I found myself struggling. Although I was a successful physician with a wonderful family, I was sad and frustrated with life. I had been a man of faith for as long as I could remember, but I felt hopelessly distressed. My unhappiness led me on quest for lasting peace, which took some surprising twists and turns which I discuss in this book. In the process, I learned about approaches to emotional healing that had never occurred to me before. I was overjoyed to find my sadness and heaviness washed away.

Yet even as my own life was revolutionized, I soon realized that my personal discoveries had tremendous implications for my medical practice in the field of cardiology. Although I had not struggled with major physical illness, I realized that many of my patients were coming to me for symptoms that had emotional and even spiritual causes. As I began to incorporate my new understanding of the connection between mental, spiritual and physical health, I was astonished to watch countless patients become healed of their emotional and even their physical afflictions.

I wrote this book to chronicle the amazing things that can happen to a broken heart when we take a broader view of health. This book tells the stories of my patients and shares the wisdom I have gained both as a physician, and as one who has personally experienced the benefits of emotional and spiritual healing. I invite you to open your mind to *Healing Your Broken Heart*. I am certain that you will not be disappointed.

Kirk Laman, D.O., F.A.C.C.

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Chapter One

Broken Hearts

From the moment I caught a glimpse of her in the hall, I knew she was deeply troubled. Andrea was an African American woman in her late fifties. I knew from her file she had heart disease, but wasn't that which caught my attention. It was something other than the fact that she was an extremely heavy woman, weighing probably over four hundred pounds. She carried most of her weight in her hips and thighs, which dwarfed her enormous torso. Her silhouette reminded me of an upside down bowling pin—large at the bottom and thin at the top.

Despite her illness and extreme obesity, it was Andrea's demeanor that sparked my deepest concern. She carried a sense of hopelessness as she plodded along the hallway: the way her shoulders drooped, and how she labored with each step, like every one could be her last. I immediately sensed her despair as we passed each other in the corridor, without my brain making a conscious decision to do so. I returned to my desk and made two phone calls regarding other patients- then I entered the examination room to meet her in person.

“Hello, I'm doctor Laman, a heart specialist. Your doctor has asked me to see you,” I said, sitting down in a chair across from her. I scanned her chart. “What seems to be the problem?” I watched her closely as she enunciated her response. Her hair was black, tightly coiled with a small fringe of gray poking out from beneath a blue patterned bandana. Her eyes were wide, dark brown, but her lids didn't open much. They looked like her shoulders—drooping and sad.

“I’ve been having something going on in my chest,” she said. I watched her tongue as she talked. It too was thick, and it made her words come dripping out, as if she could barely get them off her tongue. It took all her effort just to respond. “I have been getting a pressure sensation in my chest. It feels like a big ball has been blown up inside,” she said.

We talked further, and I listened her tell the history of what she had been experiencing. We talked about her chest discomfort, her recent medical events, and pretty much everything that could have a bearing on her health. It was clear from our conversation that her excessive weight was taking its toll. Everyday life was now a struggle and at age fifty-eight, she was literally running out of gas. Cooking, cleaning, even just getting in and out of bed in the morning drained what little energy she could muster.

Her illness was a long time in the making. She had always been large, but grew up being much more physically active. From a very young age she had been called to take care of the people around her. She had endured an abusive, alcoholic step-father, while taking care of her many sisters and brothers. Her mother was around, but even she demanded Andrea’s care. Her mother suffered from Diabetes and was not able to do much because of a stroke. When she was fifteen her mother passed away, and her step-father disappeared. She went to live with an aunt, but left home while still a teenager, got married, and became pregnant. Soon she was raising five kids of her own and taking care of her husband, who like her stepfather was an alcoholic. He too was prone to violent verbal outbursts and at times physical abuse.

Nothing ever seemed to come easy for Andrea. The needs and wants of *her* life had always come second. She stayed in her abusive marriage way too long for the sake of her children. All those years, her health only worsened, and her weight, like her life, got out of control. Like everyone, all she really wanted was kindness and affection. After years and years of disappointment and struggle, she had moved from unhappy to hopeless.

One day, her physical discomfort went from painful to life-threatening. She woke up to find that the usual heaviness in her chest had grown into acute pain. She ignored it for a while, thinking that if she threw herself into her never-ending chores—laundry, dishes, and the like--it would go away. It didn't. The pain she was experiencing was a heart attack. A cholesterol deposit inside one of her major heart arteries had ruptured, creating bleeding and the formation of a blood clot. All of this leads to a complete blockage of the blood flow going to her heart. She ended up in the hospital for five days. After having a balloon angioplasty and a metal stent placed to hold open her coronary artery, she was sent to my cardiology office.

Our first office visit confirmed my initial impression. Like so many of my patients, Andrea's extreme physical symptoms had emotional and spiritual roots. After interviewing her, it was obvious that she didn't *just* have a physical blockage of the heart arteries. She also had emotional wounds. She suffered from intense sadness and despondency. Even though she had undergone a balloon angioplasty, and was on medications for her heart, she was still experiencing discomfort in the chest. This was unusual. Most people have no symptoms after having their heart attack fixed with stents and medications.

“Who do you have in your life that you can count on for love and support?” I asked her. I was trying to find out why she seemed so sad. It is well known that patients who suffer from depression have a much higher chance of having further complications after their heart attack. I was wondering if some of her symptoms might be from anxiety or fear. I also wanted to know who might be there for her to help her with chores while she recuperated. Having emotional support at home could also be important.

Within seconds of asking her this question large tears began rolling down her cheeks.

“No one, no one,” she stuttered. “I do everything.”

“Don’t you have a sister, your Aunt?” I asked.

She shook her head through the tears. “My mother is dead. My sisters are all gone,” she sobbed. “I feel alone. I feel all alone.”

She cried and cried that day. The tears that welled up and overflowed were the tears of a heart that knew nothing but pain. She needed someone to listen to her, and I provided what comfort I could. Most medical doctors shy away from people who show their emotions. We are trained to evaluate and address physical symptoms in a rational and methodical way. We don’t always know what to do when a person breaks down and begins crying in our office. Many doctors will react to such a situation by leaving the room, in hopes of avoiding the awkward situation.

As a medical student, I observed many decent physicians who had no clue how to handle sad and despondent patients. When I first started practicing cardiology, I too would feel uncomfortable when my patients displayed their emotions. Yet after years of addressing physical symptoms alone, I took the initiative to obtain additional training to

help patients experiencing pain or sadness—people whose hearts are crying inside. Now I actually teach 1 and 2 day, workshops to share the methods you are reading about in this book.

Although it may not seem obvious, people like Andrea are not rare. Many individuals suffer silently in deep emotional distress that can grow into physical illness. It has been reported that 40 million Americans suffer from depression. Depression is a serious illness, going far beyond just having a bad day or even a bad week. (1) A similar number are diagnosed with anxiety. (2) Not only that, but the National Institute of Health reports that people today may be developing depression earlier in life than in generations past. Far more than just a quality of life issue, it can cause its victims to be completely incapacitated for weeks or even years.

These people are not just in hospitals or mental institutions. People who are fretful, and worried, burdened with the events of daily life live all around us. They are people with whom we associate everyday. They are co-workers and family members. And although most people cope with the worries and problems of modern life, it is taking a growing toll on an increasing number.

Connecting the Dots

Cardiologists are of course aware of these statistics and know that not everyone suffers from heart disease or other ailments just because of what is happening physically. High cholesterol, smoking, high blood pressure, and diabetes are listed as the chief risk factors for heart disease. Yet, new evidence has shown that a person's psychosocial experiences can also have a profound affect on the development of heart disease. (3)

Numerous research studies are available documenting the link between the emotions and heart related illness. (4-8)

Even most non-religious people acknowledge that human beings consist of more than just muscles, bones and organs. While the most hardened atheist may insist that emotions are nothing more than chemical reactions, common sense dictates that we are more than the sum of our physical parts. What ancient healers from the tribal elders in sub-Saharan Africa to pre-Colombian North America long understood is that this part of us that is “more” than our body is in fact inexorably connected to it. When things go wrong in what many languages and faiths choose to call our “spirit,” our body suffers. Sometimes the physical symptoms have spiritual causes.

None of this diminishes the amazing implications of recent medical and technological advancements, nor do I ever advocate ignoring physical symptoms and appropriate treatment. What I am in fact most excited about is the prospect of combining the amazing knowledge we are gaining about the physical body with the ancient wisdom our forefathers possessed about the soul and spirit. This is the frontier of healing and health that I believe offers the most hope.

In the past few years, scientists have discovered that inflammation occurring inside the heart arteries also plays a role in the arteries becoming clogged with cholesterol. The inner lining, a one cell thick layer called the *Intima* malfunctions. Because of this inflammation white blood cells migrate into the artery wall, bringing with them fatty deposits. Soon the artery fills with this fat, then thickens, and eventually scars—leading to diminish blood flow. Luckily, medications that limit this inflammation have been successfully used to help prevent heart disease.

Two of the most successful medications used for heart patients—beta-blockers, and ace inhibitors, specifically work at the hormonal level. They reduce the influence of adrenaline and adrenaline-like substances on the heart and circulatory system. (9,10). Adrenaline, you may recall, is one of the stimulating hormones in the body. It is the hormone released when we get upset, nervous, or frightened. Commonly called the fight or flight hormone, it is released when the body perceives some danger or stress. Unfortunately, in heart patients, the body often secretes excessive adrenaline with deleterious effects. At an unconscious level the body is stimulated, almost as if it is being whipped into frenzy. Such stress due to high levels of adrenaline can actually damage the heart.

The results of using ace inhibitors and beta-blockers in the treatment of heart disease have been nothing short of miraculous. In patients who have had damage of their heart muscle from heart attacks, a thirty percent reduction in death, and episodes of congestive heart failure has been documented. (11-12) Currently, most medical research is aimed at the chemical and molecular level, trying to find various minute protein molecules that could be useful in treating heart disease. I applaud and welcome this progress.

Yet, some psychologists and psychiatrists are also looking at the effect that our emotions have on the development of heart illness. Ongoing studies of depression and anxiety have shown a direct link with these illnesses and the development of heart disease. It is known that patients with depression are twice as likely to die from the complications of a heart attack when compared with people who don't have depression. (13) People suffering from anxiety have similar worrisome complications. (14) In some

studies, anxiety and depression carry as much risk for the development of heart disease as high cholesterol and diabetes. Citing this evidence, certain experts are suggesting that anxiety should be classified as new risk factors for the development of heart disease, and the American Heart Association and American College of Cardiology now actually include depression on their list of factors for creating heart disease.

Like a growing number of clinical physicians, I have seen many patients like Andrea who have significant emotional issues as well as physical heart ailments. In my seminar, *Simple Ways to a Stress Free Life*, I work at helping people find the psychological triggers that are helping to create psychological illness. It has been my experience that identifying and treating the emotional illness of a person can have a profound affect on the outcome of their heart illness.. In Andrea this was certainly the case.

During our first visit together I developed an idea of where I thought we should go with her medical treatment. Andrea's symptoms of chest pain had persisted past her initial hospitalization. Persistence of such pain was unusual but not extraordinary. Patients sometimes have closure of stents. It is uncommon for them to close down immediately after they are placed, but not impossible.

"Does nitroglycerine help the pain?" I asked her. Nitroglycerine is a common medicine that is used for heart related pain. If it quickly relieves the pain this would be a good sign that diminished blood flow to the heart could be causing her symptoms.

"Sometimes, but not all the time," she answered.

"Does the pain happen when you walk?" I asked her.

"On occasion, but not every-time," she replied.

The pain she was experiencing after her surgical procedure was what we call atypical. It doesn't carry the typical symptoms of angina. Angina means a "grip in the chest," and if it is typical, it is a fairly good indicator of a blockage of the heart arteries. The fact that her pain was not typical made me more suspicious that it her pain might be emotional or anxiety related.

What is a Broken Heart?

Indeed after observing her and listening to her story of severe sadness and loss, I was convinced that she suffered from what I call *a broken heart*. By broken, I mean a heart that is not just sad, but that has been deeply tormented by life's difficulties and pain. Perhaps someone has endured repeated physical or emotional abuse. He or she may have been struck by an intense tragedy and been unable to cope with the grief. Such a heart carries deep emotional wounds—wounds profound enough to alter the normal function on every level—emotionally, psychologically, and even physically. A person doesn't always realize that their heavyhearted state is influencing their health. Frequently, such a person is in denial about the depth of his or her distress. Psychologists tell us that denial is the most common coping mechanism for trauma. Anger, sadness, fear, loneliness, hopelessness, and grief—all of these emotions (and others) if left unchecked can help create the environment for illness. I believe they can lead to actual heart disease, heart conditions that as a cardiologist I treat everyday.

Although some scientists may find this far-fetched, a growing body of medical research has borne out the possibility. Dean Ornish, M.D. is a respected cardiologist from the University of California at San Francisco. Dr. Ornish was the first physician to

prove clinically that heart disease could be prevented and even reversed. Prior to his work in the 1980's, heart disease was considered universally fatal. In his book, *Love and Survival*, he documents the hundreds of research studies showing a direct link between the lack of love and illness. People who are alone, who don't have friends, are sick more often. They have more heart disease and more strokes. They even have a shorter life span than people blessed with a wide circle of support. Clearly, when people have hearts that are troubled—when hearts are broken inside, it can profoundly influence their health, particularly their heart health.

Of course people inside and outside medicine have long known intuitively that such a connection exists. For decades, many patients have sought to take a broader view of healing and health than the traditional medical community offers. Holistic medicine, naturopathy, the popularity of yoga and many other forms of mind-body therapy are just a few examples of the modern response to the link between emotional and physical health. It has been estimated that over 60 million Americans see a practitioner of alternative medicine every year. Clearly, many people who are suffering physically know that they need more than physical treatment.

Traditional medicine has responded by focusing almost exclusively on developing medications for treating such emotional heart-related illness. Ongoing studies to see if the use of anti-depressant and anti-anxiety could reduce the incidence of heart disease have not to date been entirely successful. Anti-depressant medications work on the chemical metabolism of the brain. They alter the hormonal structure. Yet, they don't cure mental illness. Just as a hypertensive medication doesn't cure high blood pressure (if the medication is stopped the high blood pressure returns), unless the root cause of the

depression is relieved once the medications are withdrawn depression will return. Don't misunderstand me: I fully support the use of medications to help prevent the serious complications that may occur with untreated illness. I am simply pointing out that medications that alleviate symptoms are often not the only treatment needed.

Cholesterol blockages need to be addressed, but hearts that have grown stiff because of sadness and despair need those causes addressed too. Like a rusty piece of machinery they need to be oiled with the antidote to sadness and depression—joy and love. But what doctor can prescribe joy? After a lifetime of pain, how can the deep weeping be stopped? Is there real hope for a broken heart?

Andrea, and patients like her can help show us the way.

A New Kind of Hope

Shortly, after completing my physical exam, Andrea and I had a long talk. I suggested that since her symptoms were not typical it would be useful to obtain a stress test or perhaps even repeat her cardiac catheterization to make sure her symptoms were not serious. A cardiac catheterization was the test she had completed while in the hospital in which dye was injected into her heart arteries to see the cholesterol blockages.

After weighing all the options she decided she would like to repeat the catheterization to be absolutely sure she didn't have a return of her blockages. Within a week she was able to have a second heart catheterization. My suspicions were confirmed. Andrea's arteries were open. The stent was clear of any blockages. Her chest pain however was still there. I had placed her on a longer acting form of nitroglycerine as well as raising the dosage of her beta-blocker.

When these medications didn't help, I suggested that perhaps anxiety or depression could be influencing her chest pain. We discussed the use of anti-depressants or anti-anxiety medications. She said she was willing to give them a try. I contacted her internist and she was placed on an appropriate medication. She was encouraged to stay on her other heart medications and we made a follow up visit if this treatment wasn't effective.

A few months later, I once again saw her in the office.

"How is your chest pain doing?" I asked her.

"I still have it," she lamented. "It's not overpowering, but I can't perform my chores or do the things I need to do. I haven't been able to work in quite some time."

"How are you feeling emotionally?" I asked her.

"About the same," she said shyly. Her eyes looked down and away. She was embarrassed to delve too far into the subject.

"I have something that might be able to help you," I suggested. I went on to explain that I had a suspicion that part of her chest pain might be emotional in nature. We had tried the typical medical treatments without much success. I inquired about her openness in trying something that might be considered "off the beaten track" in terms of traditional medical care. In our previous conversations we had casually discussed her spiritual values and practices. I knew that she was Catholic, but didn't attend mass much. She believed strongly that a higher power existed but didn't have much of a practical commitment to spiritual things. Based on this I felt she might be willing to try something different.

“For the past few years,” I explained, “I’ve been teaching patients who are suffering with sadness and emotional pain a useful skill called, *practicing remembrance*. It is a simple technique for helping the heart spiritually and emotionally.” I gave her an account of the medical facts related to depression and anxiety and how sadness could influence her medically.

“Hum,” she said, listening closely. “So where does this technique come from. And what exactly am I supposed to be *remembering*?”

I explained that “practicing remembrance” was a spiritual technique for addressing the condition and needs of the heart by repeating a sacred word for God. In almost every religious/spiritual traditional it is accepted that God *is* love. If we remember God we are in essence remembering love and acknowledging our need for it and Him.

This particular method of *remembering* God in this way is an ancient and celebrated Sufi practice. Sufism is a mystical tradition that grew out of Islam in the mid-600s, but has been repeatedly persecuted by fundamentalists over the centuries. Many scholars believe that Sufis also absorbed wisdom from the Christian monastic tradition and Hindu mysticism of their time period, making them considerably more inclusive than other forms of their religion. It has a rich heritage of both addressing the inner needs of its subjects as well as preserving ancient traditions developed long ago.

The system of *practicing remembrance* has been utilized for centuries to bring peace and joy to the heart. Practicing remembrance is a heart-centered method of breath, sound, and deep devotional prayer (see the appendix). In many ways it is similar to meditation, but a person doesn’t try to control their thoughts or clear their mind of conscious thought while practicing remembrance. Like many other mystical traditions,

the idea is to allow a transcendent spiritual experience to address deep needs that themselves transcend the physical realm.

I watched her closely as I explained the background of *practicing remembrance*. I also related some stories of other patients who had received benefit. She seemed willing to accept trying something different. I stressed that this wouldn't replace her current medical care in any way, but would complement her current treatment.

"Do you think you might be willing to add this to what we've already been doing?" I asked.

"Do you think it can really help?" She asked. She still had that forlorn look on her face.

"Yes, I believe it can make a difference," I said reassuringly. "I've had a number of patients improve using this practice." I noticed a slight brightening of her eyes with my positive outlook. Often, hope itself can be a remarkable healer.

"OK, I'm willing to give it a try," she replied.

Over the next fifteen minutes I taught her the technique of *practicing remembrance*. It involved relaxation, breathing, and a basic recitation. When I had demonstrated how simple it was, I guided her through some of its nuances. Not your typical visit to the cardiologist, I admit!

She cooperated, and followed my instructions willingly.

"How does that feel?" I asked after we were finished.

"Good," she said. She took a deep breath to get her bearings and take stock of how she felt. "That's pretty amazing. I feel calmer already," she said, surprised.

“Yes, it can be very powerful,” I said.

Before she left the office, I asked her to take the time to practice remembrance for twenty minutes each day. I explained that, like any new habit, it would take some time to feel comfortable. I also asked her to come to a workshop that I would be holding for some more in-depth training on *practicing remembrance* that weekend. We then agreed that I would see her back in the office in a few months.

In a little over three months, I was scanning my list of scheduled office patients one morning and noticed her name. I hadn’t seen her walk in this time, and I wondered how she was doing. She was my third appointment of the morning, and after finishing my other two patients I strode into her room, not sure of what would await me.

I entered the room and was startled by her immediate broad smile: her countenance completely was different from the first time I met her. Her eyes were bright and her face beamed. Her weight hadn’t changed but her emotional heaviness was definitely better.

“Hi, how are you doing? How’s your chest pain?” I inquired, smiling back.

“It’s gone,” she said, her face aglow. “All of it—it’s completely gone. And I can’t tell you how much better I feel.”

“How so?” I asked.

She began talking quickly. For the first time since I had seen her as a patient she was actually animated and excited about life.

“At first I didn’t think this would help. But I did as you asked,” she said. “I practiced faithfully everyday for twenty minutes. It took a couple weeks and then I

started noticing changes. The heaviness in my chest started getting lighter. Like something was lifting off of my body. And I got calmer,” she said.

“Yes,” I said nodding.

“And the more I did it, the better I felt,” she went on. “And then about a month after starting, on a particularly stressful day—I was feeling down and lonely, I sat down and did the remembrance for about forty-five minutes. And the most amazing thing happened. It was like someone started pouring peace and calmness into my heart, like a cool liquid on hot coals. And I felt something lift inside my heart. Since then I haven’t had any more chest pain. My sadness is also getting better. The world doesn’t feel so big and scary any more!”

“Yes, I can see that you’re definitely better,” I said watching her.

“I can’t tell you how much I want to thank you,” she said, “for listening to me and giving me hope.”

“You’re quite welcome,” I said, feeling very happy for her. She got out of her chair and gave me a long hug.

“Thank you again,” she said, “you don’t know what this means to me.”

Her weight was still an issue that needed to be addressed, but she seemed far more motivated to deal with it than she had ever been before. She went on to share that she had started a regular walking program, and was meeting once a month with a woman’s group for people who had been in abusive relationships. We finished the rest of her office visit by discussing her need to continue on a Mediterranean diet, and alter some of her lifestyle choices regarding exercise. I followed Andrea in my practice for the next two years until

she decided to move back down south to be closer to some relatives. During this time she had no further episodes of chest pain and was never in the hospital. She came to quite of few workshops that I held teaching people how to live with an open heart. Her ongoing progress was a constant reminder of the importance of dealing with the body, mind and spirit in our quest for health.

Andrea lost a good deal of weight as well, but this was also directly connected to her improvement in emotional health. As I've already mentioned, depression can affect every area of life. A depressed or overly anxious person has tremendous difficulty being motivated to make the necessary changes in diet and exercise. As her inner pain and hopelessness abated, Andrea was increasingly willing to take better care of herself physically. The tremendous weeping that choked her heart had been swept away, and her body began to show the positive results.

On her last office visit (which was quite tearful) before she moved away, she said something that to me summed up her experience.

"I never realized the importance of having love in my life could make with my health," she said. "Practicing remembrance has given me the love I always wanted. It's been the best thing that has ever happened to me."

I watched her walk out of the office that day wondering what would happen to her. I was hopeful and just a little sad that she was leaving. Andrea's testimony is proof that pain and sadness, the inner torment of suffering hearts can be fixed. People like her are the reason I do what I do. As a physician who has devoted his life to art of healing, it is the first secret that I want to share you:

Secret #1: Your Broken Heart can be Healed!

For Further Thought

In order to help you begin the process of healing your heart, I have included some questions to be posed at the end of each chapter. These questions are designed to get you thinking about what is going on in your life. Hopefully, they will be able to assist you in your journey towards healing.

Chapter 1

Was there ever a time in your life when you felt completely alone?

Have you ever had your heart broken? If yes, did it affect you physically?