Dopamine Energetics and the Heart Center

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ABSTRACT

Introduction: The relationship between dopamine and Parkinson's disease is well-known. What is perhaps less appreciated is the role of dopamine in other common conditions and the increasing use of dopamine-regulating drugs to treat them.

Methods: This article explores the energetics of dopamine syndromes, discusses the impact of dopamine-regulating drugs, and suggests some acupuncture protocols as creative alternatives.

Cases: Case reports on using acupuncture to treat restless legs, regional pain, anxiety/depression/dizziness, parkinsonism, and epilepsy are presented.

Conclusion: Acupuncture for treating dopamine syndromes may have tremendous potential. The assistance acupuncture can provide in opening the Heart Center can prove to be a life-changing event.

Keywords: Dopamine, Acupuncture, Anxiety, Depression, Bipolar Disease, Parkinson's, Restless Legs, Addictions, The Heart Center, Wind

INTRODUCTION

DOPAMINE IS A PRECURSOR of norepinephrine and epinephrine (adrenaline) and is a central nervous system (CNS) neurotransmitter. Conventionally, dopamine has been considered to be an important signal between neurons that coordinates smooth movement and muscle control. Although its role in Parkinson's disease (PD) is well-known, dopamine dysregulation has been linked to many other conditions, including restless legs syndrome (RLS),^{1,2} fibromyalgia,³ attention-deficit hyperactivity disorder (ADHD),⁴ regional pain syndrome,⁵ schizophrenia,⁶ depression,⁷ obesity,⁸ various drug addictions, and even compulsive gambling.⁹

Dopamine agonists are generally used to stimulate the brain, while antagonists are used to calm it down. Both aspects have become a major focus of new drug development. Yet, while marketing these drugs is advancing at great speed, the negative consequences of tinkering with brain biochemistry seem to be quietly ignored. However, research has shown consistently that drugs that perturb neurotransmitter functioning often do more harm than good.¹⁰

Perhaps, for some patients, acupuncture might be an alternative. After all, many dopamine syndromes represent global energetic imbalances. Even PD is not necessarily totally resistant to acupuncture, provided some parameters are heeded. It could be that dopamine-related syndromes have a common energetic basis, which, if identified, might lead to some creative acupuncture protocols.

Parkinson's Disease

PD is the quintessential dopamine-deficiency condition, and it affects ~ 1% of the population over age 60 in North America.¹¹ The disease is generally attributed to a progressive destruction of dopamine-producing cells in the *substantia nigra* region of the brainstem, but the reason for this destruction remains largely unknown. Indeed, there may be multiple causes, ranging from head injuries; carbonmonoxide poisoning; medications such as reserpine, chlorpromazine, and verapamil; and heavy metals such as manganese and iron.¹² To add to the list, an inherited form of Parkinsonism was discovered in 1997 (related to a mutation in the *SNCA*

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gene), and several more have been discovered since that time (related to *Parkin, DJ-1, PINK1, LRRK2*).¹³

Curiously, the term Parkinson's *disease* is actually a misnomer, because it is really a syndrome.^{14,15} This differentiation is not just semantic; it has practical implications for research and treatment options. For example, acupuncture would almost certainly be unhelpful for someone with the *PINK1* gene, who had overexposure to manganese or iron, and who was already taking levodopa (L-DOPA). Indeed, to do a trial of any kind on PD, without recognizing that it is not actually a disease, will inevitably produce meaningless results.¹⁶ This lack of discrimination might, in part, be responsible for the general consensus that acupuncture is not particularly effective for treating PD.¹⁷

Restless Legs Syndrome

RLS refers to unpleasant sensations in the legs and an urge to move them. Symptoms occur primarily at night, and the sensations range in severity from mild to severe.¹⁸ Although such symptoms might seem trivial in the grand scheme of things, there has been a vigorous campaign to elevate the condition to disease status, in order to market ropinirole and pramipexole. The campaign uses advocacy websites and press releases to exaggerate RLS prevalence and severity.¹⁹

Pain and Mood Disorders

Dopamine deficiency has been associated with various pain conditions, including fibromyalgia,³ burning mouth syndrome, regional pain, and diabetic neuropathy⁵; dopamine dysregulation has been suggested as a mechanism behind mood disorders ranging from ADHD to depression.³ Some researchers have suggested that all of these imbalances are related and should be grouped under the umbrella of *ADHD/fibromyalgia and related symptoms complex.*²⁰

Addictions

Dopamine dysregulation has been linked to various addictions, including cocaine, amphetamines, alcohol, heroin, nicotine, overeating, and gambling.^{8,9,21,22} Moreover, compulsive gambling is one of the major side-effects of dopamine agonists. Apparently, dopamine is released when risk, reward, and the unexpected interact, and addictions of any kind can feed into the cycle. It seems that, when a drug, food, or behavior becomes linked to feelings of pleasure, then a Pavlovian attachment forms that can be hard to break.

Schizophrenia

Dopamine dysregulation has been associated with schizophrenia.^{23,24} The association rests on the observations that many antipsychotics are dopamine-receptor antagonists and that dopamine-stimulating drugs such as amphetamines can induce psychosis. The theory posits a varying disturbance at the D_1 and D_2 receptors, with both over- and undertransmission. While clearly not sufficient to explain everything about the disorder, the concept of dopamine disturbance does offer a direct relationship to symptoms and remains a significant part of the overall picture.

Epilepsy

Epilepsy has also been associated with dopamine dysregulation.²⁵ The view has been supported by the observation that seizures can be precipitated as a consequence of treating other neurologic disorders with D_2 antagonists (schizophrenia) or D_1 agonists (parkinsonism). Although dopamine-modulating drugs are not routinely used in epilepsy, some researchers have argued they should perhaps be given more consideration.²⁶

Dopamine and Chinese Medicine

In addition to motivation and fine motor control, dopamine function is found in pleasure, desire, cognition, and memory.²⁷ Furthermore, it seems the will to initiate movement is affected.²⁸ Lack of dopamine leads to depression and cognitive slowing, while too much dopamine leads to addictive and manic behaviors. A Chinese Medicine (CM) practitioner might recognize these functions as being attributes of both Heart and Mind, with associated Kidney/Liver Disharmony.

In CM, the Western notions of Heart and Mind are integrated under the term *Xin* (or Heart–Mind), a term that is often translated, rather confusingly, simply as *Heart*.²⁹ For example, depression is often attributed to deficient Heart Spirit, agitation and manic symptoms to flaring of Heart Fire, and schizophrenia to Phlegm misting the Heart. But in all of these patterns, it is really the whole Heart–Mind functioning that is implicated.

In addition to a *Xin* disturbance, various shaking phenomena are very much part of the picture in dopamine syndromes, whether they be parkinsonian tremors; restless legs; anxietyrelated tremors; or drug side-effects, such as disturbed dreams, agitation, and tardive dyskinesia.^{30,31} In CM, shaking phenomena are related to Wind, while agitation and disturbed dreams are regarded to Wind Heat agitating the *Hun*. Both of these phenomena point to a Liver disharmony.

Traditional Chinese Medicine (TCM) often posits various predisposing factors behind Wind and mood disorders, such as Liver Blood or Kidney Yin Deficiency.³² However, perhaps before these Deficiencies arise, there is an established Heart–Mind disruption, within the context of a patient's constitutional type. Janice Walton-Hadlock, DAOM, for example, has taken this position with regard to Parkinson's syndrome.³³

An interesting question might be "how does an imbalance of the Heart–Mind give rise to Wind?" One explanation involves likening *Xin* to a windstorm, with the Mind as the circulating Wind, and the Heart as the eye of the storm. Just as there is calm at the eye of a hurricane, there is a zone at the center of the Heart–Mind where all agitation comes to rest. If the quiet of the Heart Center is not accessible, Qi tends to oscillate, either mentally as anxiety or physically as tremors (Figs. 1 and 2).

Dopamine-Regulating Drugs

Dopamine agonists are used to treat depression (bupropion), ADHD (methylphenidate), PD (L-DOPA), and RLS and fibromyalgia (ropinirole, pramexipole),³⁴ while dopamine antagonists are used for nausea (metoclopramide, droperidol, and domperidone) and for bipolar disease and schizophrenia (clozapine, risperidone, olanzepine, quetiapine, and ziprasidone).

A perusal of the side-effects reveals that, in addition to the drugs' specific effects on Heart Fire, one way or another they all stimulate Wind and agitate the *Hun* (Table 1).

The Energetic Impact of Drugs

Dopamine agonists. Stimulation of Heart Fire may appear to lift a patient's spirits in the short-term, but, in the long-term, such stimulation will deplete the patient's Qi, leading to increased Yin Deficiency and stirring of Wind. Moreover, by shoring up the ego-mind, agonists may actually exacerbate the Heart-Mind split. Ego fortification can give people the illusion that the drugs are helpful, when, in fact, these patients' brain functioning has been compromised. Emotional blunting is misinterpreted as mood improvement, mental disinhibition is misinterpreted as reduced anxiety, and drug dependence develops as the body habituates to the continuous ingestion of the drug.

Despite the widespread use of dopamine agonists, there is precious little evidence of any long-term benefit from them for any of the conditions for which these drugs are marketed.^{35,36} Even in Parkinson's syndrome, wherein drug treatment is rarely questioned, there is no evidence that drugs slow down the progression of the disease.³⁷ Yet, there is plenty of evidence of long-term impact, ranging from drug dependence to tardive dyskinesia, to increased suicides, violence, and various out-of-control behaviors. It is curious that more people do not associate these dangers with prescription drugs, although they might with social drugs.



FIG. 1. Smooth Qi flow through an open Heart.



FIG. 2. Oscillating Qi flow when Heart and Mind split.

For example, when alcohol or cocaine users become disinhibited and disregard social norms, society generally disapproves, and physicians refer these users to detoxification programs. Yet, when someone who is taking dopamine agonist acts strangely, physicians may increase the dose or switch to another stimulant, when, in fact, reducing the dose might be a better idea.

Dopamine antagonists. Antagonists may temporarily reduce Heart Fire but, in the long run, users get locked into a psychic hibernation that precludes access to the Heart Center. What is perhaps worse is that these patients often never realize what has been lost. Psychiatrist Peter R. Breggin, MD, has called this phenomenon *spellbinding*. As he stated, mind-altering drugs do not correct chemical imbalances, the drugs create these imbalances. Furthermore, he added that there has never has been any evidence of a chemical imbalance in any psychiatric disease. The whole concept was pulled out of thin air.³⁸

The point is that, while both agonists and antagonists may superficially give the appearance of symptom improvement, energetically they aggravate Wind, disturb the *Hun*, and mist the Heart–Mind.

Other Relevant Splits

In addition to the key issue of the Heart–Mind split,²⁹ there are a number of other splits relevant to dopamine syndromes that have their roots in the primal separation of Yin and Yang.³⁹

Starting with the existential split, these subsequent splits gradually lead to increasing fragmentation of the personality, which, at the most material level, are reflected in the familiar constitutional tendencies. For example, bipolar constitutional types tend to be Fire; parkinsonian sufferers are typically Metal^{40,41}; regional pain syndrome may point to a Wood phenomenon; fibromyalgia and obesity reflect Earth themes; and RLS may be more common in Water constitutional types (Fig. 3).

The Heart–Mind split gives rise to dissociation, which is generally expressed by overintellectualization combined with decreased body awareness. The Heart–Body split (*Chong Mai*) accentuates the issue and gives rise to body compartmentalization. The ego's profound distrust of symptoms leads to a

Drug	Side-effects	Inferred CM effect
Agonists Ropinirole Pramipexole	Nausea, dizziness, hallucinations, orthostatic hypotension, tachycardia, narcolepsy, compulsive gambling & hypersexuality	↑Heart Fire ↑Wind <i>Hun</i> disturbance
Levodopa	Nausea, dizziness, drowsiness, blurred vision, digestive disturbance, myalgias, strange dreams, arrhythmias, seizures & dyskinesia	↑Wind <i>Hun</i> disturbance
Methylphenidate Dexedrine	Anxiety, nausea, arrhythmias, dizziness, obsessive- compulsive behavior, psychosis, growth stunting, agitation, hostility & suicide	↑Heart Fire ↑Wind <i>Hun</i> disturbance ↓Kidney Yin
Bupropion	Insomnia, headaches, nausea, constipation, tremor, weight loss, seizures, agitation, hostility, mania, hallucinations & suicide.	↑Heart Fire ↑Wind <i>Hun</i> disturbance
Antagonists (Quetiapine)	Flat affect, restlessness, dysphoria, insomnia, myalgias, sedation, constipation, tardive dyskinesia, weight gain, diabetes & metabolic syndrome	↓Heart Spirit ↑Wind, ↓LI Yang ↓Spleen Qi <i>Hun</i> disturbance
Metoclopramide, Domperidone	Restlessness, dizziness, lassitude, tachycardia & tardive dyskinesia	↑Wind <i>Hun</i> disturbance ↓Heart Spirit

TABLE 1. SIDE-EFFECTS OF SOME COMMON DOPAMINE REGULATORS

CM, Chinese Medicine.

containment-withdrawal strategy in which symptomatic areas become walled off into psychosomatic "cysts."⁴² Typically, such areas have Blood Stagnation and are surrounded by tension bands that are often described as "energy blocks." For example, a pelvic block is common in RLS, a diaphragm block in anxiety, a chest/shoulder in bipolar disease, and a chest/ throat block in PD.

The Heart–Body split refers to a block between the pelvis and the Heart.⁴³ Although ubiquitous, for some people particularly those with mood disorders—it can be pivotal. If the pelvic energies are suppressed or otherwise inaccessible, then it becomes impossible for an individual to feel integrated. In Vedic philosophy, the root chakra is thought to be the source of *kundalini*, a potential source of energy depicted as two snakes sleeping in the root chakra. Many people are familiar with the images of coiled snakes and caduceus as symbols of modern medicine. When the snakes are awakened, their energies flow up the *Du Mai* (*Sushumna*) opening the successive chakras as they move. At the Heart chakra level the kundalini typically encounters a difficulty known as the *knot of Vishnu*, which, in CM, is probably equivalent to the Heart-Protector Pericardium (PC), and which represents a barrier to accessing the Heart Center.



FIG. 3. How dopamine-related syndromes arise from splits in consciousness and their relationship to Chinese Medicine's 5 Phases. ADHD, attention-deficit hyperactivity disorder.

Finally, all of the abovementioned splits arise from the primary existential split between Yin and Yang. This separation gives rise to the erroneous assumption that humans are separate and alienated beings, somehow divorced from the whole.³⁹ Transcending the existential split and returning to the Tao solves most, if not all, difficulties, because the very notion of there being a problem is eliminated.

Figure 3 illustrates how the Heart-Mind/Heart-Body splits lie behind the various dopamine syndromes. At the body level, the Wood sector may be more relevant because Wood is involved in ego-building; while, at the higher chakra levels, the Metal sector comes to the fore, because it is involved in relinquishing the ego. Water is the beginning and the end and relates directly to the Tao; Earth is the center of the wheel; and the Fire sector, if optimally functioning, should integrate the upper and lower chakras (i.e., the personal and the transpersonal, the small shen and the large Shen). This view allows an integration of the Vedic chakras with CM's Five-Phase model. This model suggests that patients with PD are perhaps too impervious, too trapped in their egos; while patients with schizophrenia might be too porous, allowing too much transpersonal energy into their awareness without sufficient grounding (Earth) to assimilate the energies.

Acupuncture Focuses

Many dopamine-related conditions have tremors or other unusual movements as part of their manifestations, and, in CM, tremors are very much related to Wind, which, in turn, is related to the Liver. Too much Wind leads to tremors, too little to Stagnation.

When the Yin traps Wind, Heat is generated and goes to the eyes. From there, it can move to GV 16 (*Fengfu*) and into the brain, causing a "cotton wool" sensation or mental fogginess. Alternatively, Heat can move to the *Yang Ming* giving rise to intestinal disturbance; from there, the Heat can move to the *Zang-Fu shu* points (causing numbness and stiffness); and, from there, the Heat can move to the *Du Mai*, where the Heat may again rise up to the brain, giving rise to CNS damage (such as a cerebrovascular accident [*Zhong-* *feng*], epilepsy [*Dianxian*], or neurologic illnesses such as multiple sclerosis [*Wei* syndrome]).

For those reasons, TCM treatments often focus on the Wind and Heat (i.e., calming the Wind in Excess states, mobilizing the Qi in rigidity states, and removing Heat). This approach addresses the outward manifestation of disturbed Qi. But the imbalance will reaccumulate unless access to the Heart Center itself is cultivated.

The Heart Protector and the Nine Heart Palaces

In CM the Fire element has two Yin organs, the Heart and the Heart Protector-PC (HP or PC). Although, anatomically, the PC surrounds the heart, in CM the PC refers more to the energetic function of protecting the Heart from various insults experienced during the process of ego-building.

To understand better how the PC functions, the concept of the Nine Heart Palaces—or life lessons—can be helpful. The Palaces refer to areas of life that frequently generate anxiety and psychosocial distress. In order to avoid feeling emotional pain, people develop strategies of avoidance, based in the PC functioning. Specifically, these palaces include: Health; Abundance; Prosperity; Relationships; Creativity; Adventure; Career; Wisdom; and, finally, Home. Most of these Palaces are self-explanatory, with perhaps the exception of the Abundance/Prosperity dichotomy, which superficially appear to be similar. However, Abundance refers to the feeling that one has enough resources (Wood), while Prosperity refers more to the notion of altruistic giving (Fire). The Palaces can be categorized according to Elements and/or Extraordinary Meridians (Table 2).⁴⁴

That said, identifying the Palace in which the patient is having most difficulty could lead to a therapeutic conversation regarding HT and PC function. For example, if someone is doing a job he or she dislikes to make a living, it would be because there are difficulties in the Career Palace (not to mention the Abundance and Prosperity Palaces). If such a person takes a dopamine agonist, that patient may feel more able to function in a less-than-ideal situation, but by strengthening the PC function the drug is simultaneously blocking access to the Heart Center.

Palace	Description	Element	Extraordinary meridian(s)
Health	Responsibility of one's parents when young, self when older	Wood	Dai Mai
Abundance	The feeling one has enough resources to live comfortably	Wood	Yang Wei Mai
Prosperity	Generosity, altruism, reputation, honor	Fire	Du Mai
Relationships	Loving supportive relationships	Fire/Earth	Yang Qiao Mai
Creativity-Children	Children, art, writing; leaving a legacy which lives on	Metal	Yin Wei Mai & Yin Qiao Mai
Global-Adventure	Traveling, doing new things, expanding relationships beyond immediate family	Metal	Yin Qiao Mai
Knowledge-Career	Having a suitable education and fulfilling career	Water	Chong Mai
Wisdom	Self-acceptance; self-worth, having a broad outlook	Water/Earth	Ren Mai
Home	Sense of completion, coming home	Earth	None

TABLE 2. THE NINE HEART PALACES WITH ASSOCIATED CORRESPONDENCES

If TCM acupuncture proves to be disappointing for treating some dopamine-related syndromes it might be because these treatments are aimed at relieving the superficial symptoms of Heat and tremor while the root energetic imbalance actually lies much deeper in the field. A more broad-spectrum approach might involve addressing several levels simultaneously, that is, (1) Constitutional issues, (2) The Heart–Mind split and dissociation, (3) the Heart–Body split, and, finally (4) the Existential split.

Acupuncture Strategies

Reducing Heat in the head usually involves utilizing points on the GB and *Du Mai*, such as GV 16 (*Fengfu*), GV 20 (*Baihui*), Ex-HN 1 (*Sishencong*), and GB 13 (*Benshen*), or GB 20 (*Fengchi*). Interestingly, deep needling of GV 16 has been specifically recommended for PD.⁴⁵ Peripheral points might include LI 4 (*Hegu*), LR 3 (*Taichong*), GB 34 (*Yanglingchuan*), SP 6 (*Sanyinjiao*), PC 6 (*Neiguan*), and TE 5 (*Waiguan*).

For integrating Heart and Mind, PC 6 and TE 5 are key peripheral points, while CV 17 (*Danzhong*), and GV 10 (*Lingtai*) are useful local points, along with similar points in the same areas (Table 3). PC 6 and TE 5 are pivotal. As the *Luo* point of the Pericardium, PC 6 can open a direct doorway to the Heart, while TE 5 vents trapped Heat to the Exterior.⁴⁶ PC 6 can be needled and left in place to calm the mind, or vigorously stimulated with acupressure to loosen the rust of rigid parkinsonian armoring.

TABLE 3. SOME SIGNIFICANT POINTS MENTIONED IN THE TEXT

Indication	Point	Pinyin
Heat (& Wind)	GV 20	Baihui
	LI 4	Hegu
	LV 3	Taichong
	GB 34	Yanglingchuan
	SP 6	Sanyinjiao
Wind (& Heat)	GV 16	Fengfu
	TH 17	Yifeng
	GB 20	Fengshi
	GB 31	Fengshi
Luo points	PC 6	Neiguan
	TH 5	Waiguan
Heart chakra	CV 17	Danzhong
	GV 10	Lingtai
Pelvic chakra	CV 4	Guanyuan
	GV 4	Mingmen
Chong Mai	SP 4	Gongsun
U	PC 6	Neiguan
	ST 30	Qichong
Du Mai	SI 3	Houxi
	BL 62	Shenmai
Ren Mai	LU 7	Lieque
	KI 6	Zhaohai

Heart–Mind Split. Explore Window-to-the-Sky points. Palpate the neck and choose tender points, especially those that correlate with the constitutional type. For example, if working with the *Yang Ming*, then ST 9 (*Renying*), LI 17 (*Tianding*), or 18 (*Futu*) might well be tender. This does not preclude other Window points. Any can be used, especially if they are active.

Heart–Body split. Exploring this split is particularly important in patients with mood disorders, pelvic pain or Coldness, RLS, or histories of pelvic trauma. The *Chong Mai* can be opened with SP 4 (*Gongsun*) and PC 6, combined with ST 30 (*Qichong*). Another useful combination is KI 6 (*Zhaohai*), KI 21 (*Youmen*), and KI 27 (*Shufu*), again combined with ST 30.⁴⁷ In the meantime, the *Du Mai* can be opened with SI 3 (*Houxi*) and BL 62 (*Shenmai*). Local points include those in the areas of the Heart and pelvic chakras (Table 3). A more dynamic–interactive approach (DIA) can be facilitated by introducing breathing, sound, and movement.⁴⁸

The Existential split. Using acupuncture to align with the Tao symbolically can performed when patients are resting in the Heart Center and interacting with the practitioner at a deeper spirit level. The key is to identify the right moment to needle the Heart and Crown chakras. Clues include a shift the patient's field toward calmness, together with reduced ego chatter and the emergence of meaningful philosophical questions. Specific points might include CV 17, GV 24.5 (*Yintang*), *Sishencong*, and GV 20.

CASES

Case 1—Restless Legs Syndrome

A 41-year-old woman with a Fire Constitutional type presented with chronic back pain, depression, insomnia, and restless legs. She was on multiple drugs, including oxycodone, citalopram, ropinirole, quetiapine, and zopiclone. She expressed an interest in stopping the drugs and made a commitment to a series of weekly treatments. Acupuncture involved Constitutional Fire and Water points, such as BL 62, KI 6, and PC 6. She was encouraged to explore dynamism (DIA) by giving free expression to movement/sound/ emotion. A gradual and sequential reduction in her prescription drug use was instituted, starting with ropinirole and oxycodone, then moving to quetiapine, and finishing with zopiclone and citalopram. As she gradually stopped the drugs, during treatment sessions she would frequently shout, cry, and express terror, while her body moved chaotically. Then, during one session, she spontaneously entered a calm Heart-Centered state that was a totally new experience for her. She became intensely curious and started to cultivate the state with daily meditation, while gradually reducing her

drug intake. As of this writing (5 years later) she remains pain- and drug-free.

Case 2—Regional Pain Syndrome

A 34-year-old man strained his groin at work and subsequently developed an inguinal hernia. He had had a total of five surgeries in the area, including two remote surgeries for undescended testicles, and three postinjury surgeries, including standard hernia repair, and insertion and subsequent removal of a mesh. Two years later, he presented with chronic left-leg pain and depression. He was taking bupropion, citalopram, temazepam, Percocet[®] (an oxycodone and acetaminophen combination), and Tylenol[®] #3 (an acetaminophen, codeine, and caffeine combination) The injury aggravated preexisting difficulties in several Palaces including Abundance, Creativity, Relationships, and Career, consistent with a disturbance in the Water–Wood–Fire axis, reflecting ego-building.

Treatment focused on mobilizing Qi in the Jue Yin–Wood sector with points, such as GB 40 (*Qiuxu*), LR 3, and PC 6, opening the Exit–Entry points from LR 14 \rightarrow LU 1, and stimulating Window points, such as TE 16 and GB 20. DIA was initiated with breathing techniques. During his first treatment session, with the use of only LR 3 and GB 40, he went into an altered state, began to growl like a large cat, pawed the floor as if he had claws, and even tore the mattress cover with his teeth. He later told us he felt like a panther, a creature with which he had great affinity. Further exploration of this power-animal phenomenon led to a remarkable change in his demeanor, with the emergence of a softness and warmth he had not experienced for years.

He went home with a new curiosity and motivation to explore this remarkable aspect of himself. Over the next 6 months, he was able to stop all of his medications. As of this writing, some 10 years later, he still occasionally calls me to update me on how things are going for him.

Case 3—Anxiety/Depression/Dizziness

A 48-year-old woman presented with depression, dizziness, and neck dystonia. A head computed tomography scan was negative for any problem; and an ear–nose–and-throat consultation proved to be uninformative. She tried various different medications, including benzodiazepines, betahistine, cycobenzaprine, gabapentin, bupropion, and quetiapine. Over time, she became bupropion-dependent, and despite several attempts, was unable to discontinue it.

During acupuncture, using only a minimal number of points, such as SP 4 and PC 6, to open the *Chong Mai*, she entered a state of absolute terror, with her legs kicking, and her shoulders, arms, and hands moving spontaneously as if sweeping a field until coming to rest over the Heart chakra. At that point, needles were inserted in CV 17, GV 20, and KI 24. She became profoundly calm, and, when asked about her state of mind, volunteered that all her symptoms had

disappeared temporarily. This pattern was repeated over successive acupuncture treatments during a 1-year period. She began doing what might be called spontaneous Qigong at home. Gradual repetition and home meditation techniques stabilized the Heart-centered state. As of this writing, she remains symptom-free.

Case 4—Parkinsonism

A 65-year-old engineer with early parkinsonian symptoms was keen to explore the psychologic dynamics of his illness. He had declined conventional treatment with L-DOPA/carbidopa, and although he had tried ropinirole, had never persisted with it. He had significant unresolved issues in the relationship Palace, both with personal relationships and God, and had distanced himself from his Heart pain by dissociation. This strategy had allowed him to have a successful teaching career until tremor and rigidity intervened.

Acupuncture was directed primarily at opening the Heart to bring warmth to the Metal sector, with points such as CV 17, PC 6, LU 1, and ST 36. Despite the clear theme of betrayal, his habitual dissociation made true letting go into his rage very difficult. Despite that, occasionally there were experiences of Heart centering in which his tremor stopped, but he would immediately analyze them, at which juncture, his tremor would recur. It took some time before he could allow the experience to be what it was without habitually withdrawing into his intellect. During one session, he railed at the God for betraying him, and, in the context of a PC 6 massage, he began sweating, his chest and hands warmed up, and he began to laugh.

This was the beginning of a profound healing journey. He came periodically for acupuncture over a period of 4 years. Although his tremor/rigidity did not recede, he gradually came to a greater sense of acceptance, and he never returned to using any drugs.

Case 5: Epilepsy

A 54-year-old woman with epilepsy came to the clinic to explore the energetics of the condition. She had been taking carbamazapine and phenytoin for years, and, more recently, quetiapine as a sleep aid. Although antiseizure drugs are not particularly associated with the dopamine system, quetiapine certainly is, and all three can block access to the Heart Center. She had difficulties in her Career and Relationship Palaces, and felt that she had missed out on life. The pressure from missed opportunities built up and gave rise to her seizures. Much of her difficulty was in the Wood and Fire arenas.

This patient attended a residential clinic, where it was possible to risk a seizure in a controlled environment—a phenomenon that actually happened during one of her first few acupuncture sessions. However, the remarkable thing was that she was able to stay conscious throughout the seizure. After that, further seizure activity, involving myoclonic shaking and other unusual movements during acupuncture, became a common occurrence.

After completing the clinic's program, she gradually tapered off carbamazepine while using acupuncture to balance her Earth/Wood/Fire and align the *Du Mai*. Acupuncture included points such as ST 36, SP 4, PC 6, TE 5, and GV 4, 16, and 20. Over a period of 6 months, she stopped all her medications and, as of this writing, she remains seizure-free. Time and clarity allowed her to solve her Heart Palace difficulties by leaving her unsatisfying marriage, and she now runs workshops for patients with epilepsy who wish to withdraw from their medications.

DISCUSSION

When considering acupuncture as a therapeutic option, contradictions and conundrums frequently arise, particularly if the conventional treatment regimen includes a drug or drugs that interfere with biologic mechanisms. In this article, the obvious conundrum involves grappling with the fact that, while medications might helpful in the short-term, they are probably not so good in the long-term. Patients generally avoid this issue by not looking too closely at it, convincing themselves they have psychiatric conditions, rooted in biochemical imbalances, which require ongoing treatment and monitoring. Given that this perspective is often intimately bound up with a strategy for living, it can be risky to point out its limitations before people are ready to hear the message. For that reason the first steps toward change are generally initiated better by patients themselves. The practitioner can perhaps encourage, but not force a patient to start a different kind of treatment.

That said, breaking free of the primary conundrum brings patients directly to the contradiction between Mind (which seeks to know through diagnosis), and Heart, which can only "be" in the moment, knows nothing of diagnosis, and can only acknowledge the pain (or joy) of present circumstances. The rift can be bridged if the ego chooses to stay present. This is easier said than done, perhaps, but it is here that acupuncture can be truly helpful.

As practitioners, although we are often aware of both sides of such dilemmas, we may not know what, if anything, to do in any particular circumstance. After all, it would be unhelpful to discontinue drugs that could be life-saving, or to suggest acupuncture when people are not ready to receive it. Yet, we all know patients who are taking medications for unclear reasons, who might be far better trying to access a more intuitive Heart-centered approach to their difficulties. This is our professional conundrum; perhaps a pointer to our own Heart-Mind split. There is no answer to this conundrum, except, perhaps, to rest in the "not-knowing" of the Tao.

CONCLUSIONS

Dopamine-modulating drugs may be a boon for the pharmaceutical industry, but the widespread use of them has

left a questionable legacy, in which many people have become both pharmaceutical-dependent and blocked from accessing their Heart Centers. In the meantime, patients who use such drugs generally have little idea of their negative consequences. Indeed, many patients are under a firm impression that they have chemical imbalances that require corrections.

For that reason, acupuncture for dopamine syndromes may have tremendous potential. The therapeutic goal is nothing less than to free people from pharmaceutical dependencies, and help these patients reengage with life from a Heart-centered perspective.

Clearly, practitioners should be selective before accepting patients. A dose of caution may be in order for practitioners who are too cavalier or who underestimate the difficulties of drug withdrawal. More-suitable patients are those who make a clear choice, demonstrate commitment and earnestness, and agree to take full responsibility for all the difficulties encountered along the way. Other patients who not so inclined might be served better by reading pertinent literature on the long-term effects of mood-altering drugs. A good place to start might be a guide by Peter R. Breggin, MD.⁴⁹

If such limitations can be negotiated, the potential rewards are enormous. This is because the Heart Center is always available. For the right person at the right moment, the assistance acupuncture can provide by opening the Heart Center can prove to be a life-changing event, for which patients are often supremely grateful. For the physician, few experiences can be more rewarding than that of helping someone find a way Home.

AUTHOR DISCLOSURE STATEMENT

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