Chronic Problems Related to Gall Bladder Dysfunction / Disease, Part 4

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In this article you are invited to consider the relationship between the progression of gall bladder dysfunction, migraine headaches, and the existential questions of life. Chronic headache patterns often have a correlation to cognitive dissonance of mental and emotional conflict in which one feels split, torn, or confused between competing urges, behaviors, or decisions in their life.

While the gall bladder is not the only organ that reacts to the stress of emotional and mental dissonance, it is among the first responders (1). And, because of its anatomic centrality it exerts an enormous influence upon vascular efficiency, especially, I propose, upon blood flow to and from the brain.

I have previously described the body's stereotypical response to stress as a "cringing of the body's sacs and a shortening and narrowing of its tubes." The net sum of these reflexive reactions invariably includes the muscular tube of the esophagus pulling the head down and forward upon the neck. Let us remember that the esophagus has its fascial mooring to the sphenobasilar junction and therefore may directly communicate gastrointestinal tensions from the abdomen to the craniocervical relationship (the base of the skull and the cervical spine) as its fibers shorten and narrow. (2)

The gall bladder as an organ is a sac, too. The stress-related effects of its cringing or resulting inflammation can neurologically provoke contracture of the right hemi-diaphragm and the lesser omentum. A shortening of these structures in their relationship to the lower esophagus mechanically adds a downward tension, further racheting the head upon the neck.(3) Additionally, the gall bladder tends to discharge its tensions into the spinal cord into the phrenic nerve circuit which has its nerve roots between C3 – 4 – 5.

Releasing the tensions of these cervical segments is often my first step in assisting clients with migraines. Let us remember that the nerves supplying the longus colli and capitus muscles and the scalene and levator scapulae muscles receive their neural supply from C 3-4 and that the neural supply for brachial plexus begins at C5 allowing for a distribution of tensions from the gut tube to be communicated to the neck and upper extremities. Contracture of and from any additional upper extremity muscles via their fascial relatedness in sum may further exert a pull upon the cranium downward upon the neck.

Most often clients have described that their migraines begin as a building tension in their middle-to-upper neck spreading up and forward into the cranium usually affecting one or sometimes both sides of their head and usually one eye more than the other. When a client reports that their pain begins "within or just behind their eye" and moves backward, I request that they go back to their physician or seek further medical testing to rule out the possibility of cranial or cervical pathologies. (5)

My clinical experience suggests that compression within the intricate matrix of the craniocervical relationship is a significant contributor to chronic migraines. The simplest way to conceive of this is to propose that the brain gets either too little blood (ischemia) to maintain its complex functioning and starts painfully screaming for more supply; or, to imagine that the compressive elements described earlier have substantially slowed the drainage of blood and lymph from the

brain, creating painful pressure. Thus, either ischemia or pressure build-up produce the same result. And, I propose that they may co-exist in different parts of the brain.

Earlier I noted that gall bladder dysfunction has a potential effect upon vascular supply to and from the brain. I have already described two of the mechanisms via its influence upon the esophagus and through the discharge of phrenic neural tensions into C3-4-5 that may impede delivery of fresh blood or, slow the venous and lymphatic drainage from the brain.

A third proposed mechanism is the heart's inability to supply the brain and body simultaneously in the face of a congested or inflamed gall bladder reducing the speed and volume of venous blood flowing into the inferior vena cava then the right atrium via the tricuspid valve.

As was noted in my last article, the tricuspid valve of the heart acts as a primary feedback regulator of pressure for the heart and that "the important factor determining the amount of blood pumped by the heart is still the rate of entry of blood into the heart." (3&6) Thus, it is proposed that reduced speed and volume of arterial blood has a domino effect upon its distribution as it exits the heart through the ascending aortic arch into the subclavian, vertebral, external and internal carotid arteries and through the descending aorta. Especially, that in response to the intensity of a moment or, more commonly, in response to a protracted period of the mental and emotional dissonance anguish, confusion, or conflict that the neurocirculatory regulators of the heart go on tilt, unable to equitably supply all channels. Some tissues get more blood than others. Too many fires to put out simultaneously.

This assertion suggests that lack of blood flow to the brain is more likely to trigger a migraine. I harbored this assumption for many years yet my clinical experience during the last 8 years and escalating success rate in assisting clients with migraines indicates that it is blood being retained in the cranium which tends more often to be the trigger.

How is this possible? I return to the basics of our evolutionary physiology as humans. Simply stated, the body has developed a tendency to preserve fat, retain fluids, and to congest blood (when the flow has been slowed for whatever reason). The notion that the body would congest blood during a disruption of its normal delivery schedule or in response to a gradual reduction of delivery (timing and volume) is similar to how the body tends to respond to even the prospect or, the actual experience of famine, by hoarding what it does have.(7) This description represents a slight variation of the blocked drainage thesis proposed earlier. Nothing is 100%. Both, the retention of blood or inadequate supply are accurate postulations within my experience, and other possibilities exist as well.

And, current medical opinion is conflicted about the exact etiologies of migraines. According to a recent Mayo Clinic Health Letter, "the cause of migraines isn't fully understood."(8) Thus, our clinical postulations as a profession may actually offer light to a human vexation that has lived in shadow for millennia.

The most common profile of clients who have come to my office with migraines have been people who are experiencing some kind of exquisite life transition where they are re-defining who they are; loss of long-term employment, needing to leave someone they have truly loved in

order to regain their health, and/or following a nasty divorce, a serious injury or illness, the death of a loved one.

Exquisite life transitions unearth the existential questions of life. They rock our carefully constructed world. And, these transitions often tweak the gall bladder. Eighteen years ago, I personally experienced the theorized notion that the gall bladder consistently demonstrated itself to be highly correlated with the emotions and thought patterns of blame, bitterness, and resentment proposed by Lansing Barrett Gresham, the founder of Integrated Awareness®.(8) He had developed his empirical model through the use of energetic touch with different body sites and specific organs relating the emotional, mental, and spiritual themes of what his guests would address during, after, or between appointments. Over the ensuing years I have repeatedly confirmed these associations with clients along with many additional correlations introduced in his second book The Body's Map of Consciousness® Volume I: Movement. (9)

Let's consider the number of colloquial phrases within the English language that reference the human neck and cranium as a bridge to how existential questions may participate in the gall bladder's progression toward dysfunction: "you're a pain in the neck"x "you give me a headache every time I see you,"x "I get a splitting headache whenever I have to go to work / school / (fill in the blank for yourself)x "I'm fed up to here (hand raised to one's chin)." These phrases certainly communicate elements of blame, bitterness, and resentment.

To my sensibilities existential questions reflect the cornerstones of our identityxhow we perceive our relationship to self and others: what do we believe in our heart of hearts is possible for us to feel, experience, or achieve. Who am I now and, who do I wish to become? What is my life purpose? How do I desire to contribute to humanity? Did I choose to be here in the first place?

Quite often these foundational queries are veiled x unconsidered and unanswered in the web of a client's chronic somatic profile. I find that exploring such questions with clients is a major contribution that allows them a context for reconsidering, refining or, redefining their sense of self and what is possible for them. Commonly clients are encouraged to seek out qualified therapeutic counseling to more fully delve into these queries. It is my experience that touch therapies assist to open the windows and doors of perception.

Existential questions of life reflect the full scope and continuum of consciousness including whatever one considers as sacred or divine or, not. Among the many possible there is one question that to me reflects the bookends of the continuum.

Did I choose this Life?

I have experienced this question to be the most important. I used to imagine that this was only a question that one who lives in California would ask. Time and experience has shown itself to be universally relevant. When one accepts the premise and embodiment that we actually choose this life then most of what we blame and resent others for is placed into a larger perspective of ownership. We more naturally gravitate toward accepting the responsibility and willingness to risk creating a life that works for us. We recognize our ability to co-create our reality and we accept that random exists as well. And, the process of embodying this premise can take awhile.

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The other end of the continuum where we believe ourselves to be a biological accident, sent back to “earth school”, rejected by God or, any other rationale that dispossesses us of the inherent capacity to choose and to learn from the positive or negative consequences of our choices, leads us into a spiral of victim consciousness. Feeling as though life happens to us with varying emotional flavors and behaviors of compensation, hiding, comparing one’s self to others, blaming others and resenting them; making excuses for what we have or haven’t done and feeling less worthy than others. It is my personal and professional experience that we all wrestle with this alligator and others.

Having specialized in working with chronic ailments, it continues to be my experience that the inclusion of a client’s existential cosmology is a significant variable to the healing process. In response, clients report that their awareness expands toward a more spacious possible future, one in which they perceive new choices and options for themselves. Further, the more at peace we are within ourselves the less we feed the inflammatory cycles that are so often associated with chronic conditions.

It is quite interesting that in ancient Hebrew the word reconciliation means to “change through the gut.”(11) Reconciling the deep losses of life with its seeming inherent unfairness and to come out the other end without blame, bitterness, or resentment is a process for which we all can have compassion and challenge.

For the record, it’s not the gall bladder per se, rather its anatomic centrality in the dance of psyche and soma that characterizes its importance. I am not proposing that if one can dial up with the right answer to the existential questions of life that they will be happy, age gracefully, and won’t be hit sideways by some random event. There is no inference of causation stated here, only the postulation in common sense that protracted internal turmoil participates in the stress and progression of gall bladder dysfunction and chronic migraine headaches. It is how we perceive life and what is possible for ourselves that is central to the degree to which we experience stress.

In conclusion, allow me to acknowledge that I have fallen short of my stated goal to be able to distill all that I wished to share in this article and to complete the gall bladder series with a crescendo. Instead I am surrendering to how I perceive anatomy and physiology and consciousness elements actually work together, by sliding the focus of our attention from one arena to the next, recognizing their inherent interconnectedness and relatedness is simultaneous and ongoing as a unified sentient organism.

My next series of articles will build upon elements of this one and will describe another progression toward dysfunction/disease of similar stealth and insidiousness: one that has been anecdotally estimated to effect approximately 80% of the population. Stay tuned.

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