MERCOLA
Take Control of Your Health

Do Organs Have a Mind of Their Own?

Analysis by A Midwestern Doctor | August 12, 2023

STORY AT-A-GLANCE

- Organ transplant recipients often experience inexplicable personality changes and memories that appear to come from donor of the original organ
- In many of those cases, it appears that emotions which were trapped in the donor (e.g., because of the donor's sudden traumatic death) transfer into the recipient
- This transference provides critical insights into both the nature of consciousness and ways to mitigate many of the struggles transplant recipients face

Modern science is founded upon a materialistic paradigm that rejects anything which suggests there is more to each human being than just our flesh and bones. Yet, as medical science finds more and more ways to pry open the doors between life and death, evidence always emerges suggesting the spirit is just as much a part of the human experience as our bodies and minds.

For example, cardiac resuscitation, a modern scientific miracle, made it possible to bring individuals who had died back from beyond the grave. In turn, **there are many cases of resuscitated individuals** reporting experiences (such as one witnessing and then recalling events that happened while they were clinically dead) that challenge medical science's conception that conscious arises from electrical activity within the brain.

Organ Transplants

Organ transplants are another example of how medical science, through attempting to break a fundamental constraint of nature in order to save lives, simultaneously opened the door to an understanding of consciousness that challenges the entire materialistic paradigm modern science rests upon.

My interest in this topic first emerged from a conversation years ago with a very innovative mentor who had a knack for finding unconventional solutions to otherwise unsolvable medical issues. The topic at hand was organ transplantation, something which typically suffers from the following issues:

- Recipients can experience a variety of unusual symptoms from the new organ which significantly affect their quality of life.
- There is always a high risk the transplanted organ will fail. Likewise, there is a high risk of death for individuals who received transplanted organs (e.g., **15% - 20% of recipients die within a year** of a heart transplant, and after that, there is a constant 4% death rate per year, which results in only 50% being alive after 10 years).
- Many of the issues with heart transplants arise from the immune system viewing the organ as a foreign invader and attacking it. Preventing this requires taking heavy doses of immunosuppressive drugs which both create symptoms from their intrinsic toxicity and from the immune suppression that they create (which in turn requires taking even more medications for life).

  To share one story from medical school, I spent quite a bit of time with at the hospital with a classmate who had a kidney transplant, was repeatedly hospitalized for recurrent urinary tract infections, and when hospitalized, required somewhat dangerous intravenous antibiotics.

Note: Because of how problematic transplants can be (yet alone how difficult it is to get a donor organ), I believe anything that can be done to avoid needing a transplant should be the number one priority.

Often when organs fail, the failure is preceded by a gradual decline which can potentially be halted if appropriate steps to reverse that unhealthy momentum are taken early enough in the disease process. Once a significant loss of function has occurred, the only approaches I have ever seen bring those organs back were correctly administered **systemic regenerative therapies**.

I hence asked my mentor if they had ever found anything which helped and their answer was immediate:

> *"You have to **clear the trapped emotions**."*

At the time, I didn't really know what to make of this response; I trusted my mentor's results but this really was quite the odd answer. Years later when I came across Paul Pearsall's **The Heart's Code** that response began to make a lot more sense.

Note: much of what follows is sourced from Pearsall's **book**. Due to graphic nature of some of the stories within it, I chose to present summarized versions which did not explicitly restate those details. For those who are interested in the full versions, they can be found within **his book**.

The Heart's Code

Personality changes are frequently observed after organ transplantations, especially with heart transplants. Since the existence of this phenomenon challenges the materialistic paradigm of where consciousness comes from, very discordant views exist towards it within the medical profession.

Many adamantly deny it happens, some attribute it to other factors (e.g., the extreme stress of waiting for a transplant as your life lies in the balance while always needing to be ready to go the instant it becomes available, the experience of the transplant surgery or the psychological effects of the immunosuppressant drugs), but in face of the overwhelming evidence something we can't explain is happening, there have been those who were compelled to study it.

For example, Dr. Benjamin Bunzel in the Department of Surgery at the University Hospital in Vienna **studied 47 heart transplant patients** and found that 79% believed their personality had not been affected be the transplant (but gave signs indicating otherwise to the interviewer), 15% believed it had changed due to the life-threatening event of transplantation rather than from their new heart, while 6% (three in total) reported a distinct change of personality due to their new hearts.

In those three individuals, each noted that they felt compelled to change their prior feelings and reactions to accommodate what they sensed as coming from the memories of their donor.

One reported switching from always being anxious to having a calm heart. The second (a 45-year-old man who received the heart of a 17-year-old boy) reported that he became driven to listen to loud music with headphones or from his car stereo, while his family reported that it seemed as though the little boy in him had come out. The final individual reported being drawn to attending church, his marriage changing and feeling as though his donor was living inside him.

Note: as discussed further below, Pearsall found that approximately 10% heart transplant recipients were overtly sensitive to experiencing emotions they believed come from their donor.

The most well-known personality change was detailed within **A Change of Heart**, a memoir written by Clair Sylvia, **who at the age of 47, received a heart and lung transplant**.

> *"[At the time her transplant] **she heard from a nurse** that her donor was an 18-year-old boy from Maine who died in a motorcycle accident, but the hospital refused to tell her more, arguing (as most hospitals do) that this is an emotional can of worms for all concerned."*
>
> *Five months afterwards she had a vivid dream about a tall, thin young man whose name was Tim, and whose surname began with L. In the dream, writes Sylvia, "we kiss, and as we do I inhale him into me. It feels like the deepest*

breath I have ever taken. And I know at that moment the two of us, Tim and I, will be together for ever.

I woke up knowing - really knowing - that Tim L was my donor and that some parts of his spirit and personality were now in me."

At first, Sylvia accepted the advice to leave well alone, but she continued to experience disturbing, unfamiliar feelings and appetites - from her strange new desire to drink beer [which started immediately after the surgery] and eat chicken nuggets, to the profound sense that "the very centre of my being was not mine".

The mysterious new entity within her body reminded her of pregnancy, when she felt she embodied something "foreign and beyond my control, yet terribly precious and vulnerable [as if] a second soul were sharing my body". And that soul was stereotypically masculine, making her more aggressive and confident.

Friends remarked that after the transplant she was walking more like a man and she found herself attracted by rounded, blonde women - "as if some male energy in me was responding to them."

Note: I have seen cases that suggest things experienced by a pregnant mother can shape the deepest layers of the child's personality, direct the course of their entire life, and in some cases be recalled by the individual. I suspect this is why some ancient cultures believed it was critical for a child's wellbeing to have the mother live in a non-stressful environment throughout the pregnancy.

Likewise, numerous stories exist showing that individuals who have been close to each other often have an invisible connection. This is most frequently observed with twins (every now and then a twin I know shares a compelling example), with the best example being **the Jim twins**, who were separated at birth and then 39 years later discovered innumerable and almost impossible to explain similarities in the paths their lives took.

Numerous accounts (such as those listed by Pearsall) also exist of a spouse sensing when something terrible has happened to their partner, and as documented in Dogs That Know When Their Owners Are Coming Home, there have been many instances of pet owners viscerally experiencing the violent death of their pet.

> *"It was not until 1990, she says, that Sylvia traced the identity of her donor through his obituary in a local paper. His name was Tim, his surname did begin with L, and when Sylvia eventually visited his family she learnt that he had been restlessly energetic, with a love of chicken nuggets, junk food and beer [the habits she adopted after the transplant]."*

Note: another woman interviewed by Pearsall who received the heart of a young man reported "When we dance now, my husband says I always try to lead. I think it's the macho male heart in me making me do that."

Pearsall's Discoveries

In certain cancers, treating them requires taking a heavy dose of chemotherapy that destroys the bone marrow (marrow produces your blood cells and immune system). In these patients, they often first receive chemotherapy and then a bone marrow transplant from a healthy donor to replace their lost bone marrow.

Since Paul Pearsall went through this and was a neuropsychologist, he became compelled to study the psychological effects of transplantation and become a counsellor for individuals who experienced "significant and inexplicable changes in personality" after transplants.

Note: many are now familiar with the Pfizer's biodistribution studies which showed the vaccine concentrates in the ovaries (which likely explains the high rate of menstrual abnormalities seen in approximately half of vaccinated females).

The biodistribution study also showed that the vaccine concentrates in the bone marrow, and I learned from one patient with a marrow transplant that he had avoided

vaccinating because multiple members of his support group had had their marrow transplant fail following COVID vaccination.

In writing **The Heart's Code** Pearsall compiled interviews from 73 heart transplant recipients (along with their family members), 67 individuals who received other organ transplants, and interviewed the family members of 18 now deceased organ donors. To quote Pearsall:

> *"When I listen to the tapes of my interviews with heart and heart-lung transplant recipients and the donor families, I am still taken aback by what they've shared with me."*

From these interviews he found numerous common patterns such as:

- Repeatedly recalling the traumatic manner in which the donor died either through dreams or by feeling something resembling the fatal injury the donor experienced in their own body.

- Changes in culinary and music preferences that matched those of the donor. For example, lifelong vegetarians became carnivores, and carnivores became vegetarian.

- Changes in sexual preferences (e.g., a lifelong lesbian becoming attracted to men and then marrying one, another woman receiving the heart of a sex worker and then becoming hypersexual, or one instead losing their sex drive).

  Note: one of my colleagues has a male patient who received a female heart, then became compelled to become a woman and is now undergoing a gender transition (something the patient had had never even thought of prior to the transplant). Pearsall also shared that a change in gender orientation be reported to him by one transplant recipient he interviewed. All of these examples shed an interesting light on the belief that "love is in the heart."

- Sudden overpowering emotions coming over them out of nowhere they feel as though they have no control over (my mentor also observed this). Likewise, this was

also observed by a Yale surgeon who documented the experiences of a heart transplant recipient the surgeon followed throughout their hospitalization:

> *"I can be sitting here feeling fine and all of a sudden something clicks and I get nervous and everything starts going. Something in my body changes, as if somebody pushed a button. I talked to another transplant patient — he's in his fifth year — and he says it still happens to him."*

Note: personality changes are sometimes reported after certain pharmaceuticals. For example, birth control pills are well known for doing this and sometimes breaking long term relationships apart either due to the pill being started or terminated after years of use. Likewise, I previously discussed how statins often have this tragic side effect.

Recently, I discussed the common observation that the COVID vaccines cause significant cognitive impairment and in that article, multiple readers shared severe and tragic personality changes that had occurred in their significant other.

Heart Transplant Experiences

In his book, Pearsall shared some of the most compelling cases he came across. Given his meticulous use of citations, that he cowrote a paper detailing many inexplicable personality transferences with an academic who independently verified those stories, that he was regularly invited to speak on national television, and the fact that many of his stories match the patterns my colleagues have come across, I am inclined to believe Pearsall was being truthful.

Nonetheless, some of these stories are so extraordinary, I am nonetheless skeptical of them, and unfortunately Pearsall is no longer alive, so it is not possible to verify them with him. Those stories are as follows:

> *"I recently spoke to an international group of psychologists, psychiatrists, and social workers meeting in Houston, Texas.*
>
> *I spoke to them about my ideas about the central role of the heart in our psychological and spiritual life, and following my presentation, a psychiatrist*

came to the microphone during the question and answer session to ask me about one of her patients whose experience seemed to substantiate my ideas about cellular memories and a thinking heart.

The case disturbed her so much that she struggled to speak through her tears. Sobbing to the point that the audience and I had difficulty understanding her, she said, "I have a patient, an eight-year-old little girl who received the heart of a murdered ten-year-old girl.

Her mother brought her to me when she started screaming at night about her dreams of the man who had murdered her donor. She said her daughter knew who it was. After several sessions, I just could not deny the reality of what this child was telling me.

Her mother and I finally decided to call the police and, using the descriptions from the little girl, they found the murderer. He was easily convicted with evidence my patient provided.

The time, the weapon, the place, the clothes he wore, what the little girl he killed had said to him ... everything the little heart transplant recipient reported was completely accurate." As the therapist returned to her seat, the audience of scientifically trained and clinically experienced professionals sat in silence.”

As far as I know, no one has been able independently confirm the above story happened, as each existing reference to it cites Pearsall’s book. However, there are other cases of the donor’s final memories being recalled by the recipient.

For example, a 36 year-old female received the heart of a 21 year-old girl who was killed while running across the street to show her fiancé a picture of her new wedding dress. That recipient reported having a dream almost every night about the girl stating:

“I know she was young and pretty and very happy. I've always been sort of a somewhat down type of person yet, somehow [since the transplant], I have this new happiness in me I never experienced before.”

Note: a profound improvement in her mood was also immediately noticed by her family.

There are other compelling examples as well:

> *"I met the family of my donor and they said their son was a bright young [twenty three year-old] artist and that he was gay. Now I wonder if, when I look at my husband, I am looking at him like a woman would look at him like I used to do, or if I am looking at him like a young gay man would look at him. And one more thing.*
>
> *His mother said they shot him in the back. After my surgery, I've had shooting pains in my lower back, but I guess that's just the surgery acting up.*
>
> *Husband of recipient: She has completely changed how she dresses now [she wears much more revealing clothes now] and sometimes during the night she will awake suddenly and scream. I used to think she was having a heart attack, but she would point to her back and say it was like a shooting pain right in the middle of her back."*

The next story comes from a 41 year-old male who received the heart of a 19 year-old girl who was killed when her car was struck by a train:

> *"I felt it when I woke up. You know how it feels different after a thunderstorm or heavy rain? You know that feeling in the air? That's kind of how it felt. It was like a storm had happened inside me or like I had been struck by lightning. There is a new energy in me. I feel like nineteen again. I'm sure I got a strong young man's heart because sometimes I can feel like a roar or surging power within me that I never felt before.*
>
> *I think he was probably a truck driver or something like that, and he was probably killed by a cement truck or something like that. I feel this sense of speed and raw power in me."*
>
> *Wife of recipient: "He's a kid again. He used to struggle to breathe and had no stamina at all, but now he's like a teenager. The transplant changed him*

completely. He keeps talking about power and energy all the time. He says he has had several dreams that he is driving a huge truck or is the engineer of a large steam engine. He is sure that his donor was driving a big truck that hit a bigger truck."

Sometimes the transfer of memories is not as apparent without the full context to interpret it:

"Oh my God, David, no!," cried Glenda when she saw the bright lights headed straight for their car. As the squeal of the tires burning to grip the road became one with her own shrill shriek of helpless terror, she knew that she had lost her husband forever. Moments before the car came crashing through their windshield, the couple had argued over something silly and had been sitting in resentful silence.

They had had these little emotional scuffles before, but unlike in the past when they had had skirmishes, this time there would be no opportunity to apologize and reconfirm their love.

Glenda is a practicing family physician. She is well-versed in bioscience and, as I do, admires the rigor and healthy skepticism of modern science. Now, however, the power of something that transcends what science calls common sense was tugging at her heart.

"David's heart is here," she added. "I can't believe I'm saying that to you, but I feel it. His recipient is here in this hospital." At that moment, the door opened and the young man and his mother walked hurriedly down the center aisle of the chapel.

Glenda's hand began to tremble and tears rolled down her cheek. She closed her eyes and whispered, "I love you David. Everything is copacetic." She removed her hand, hugged the young man to her chest, and all of us wiped tears from our eyes. Glenda and the young man sat down and, silhouetted against the background of the stained-glass window of the chapel, held hands in silence.

Speaking in her heavy Spanish accent, the young man's mother told me, "My son uses that word 'copacetic' all the time now. He never used it before he got his new heart, but after his surgery, it was the first thing, he said to me when he could talk. I didn't know what it means. He said everything was copacetic. It is not a word I know in Spanish."

Glenda overheard us, her eyes widened, she turned toward us and said, "That word was our signal that everything was OK. Every time we argued and made up, we would both say that everything was copacetic."

Another case illustrates the different ways a donor's heart can diffuse into the consciousness of the recipient:

"It's really strange, but when I'm cleaning house or just sitting around reading, all of a sudden this unusual taste comes to my mouth. It's very hard to describe, but it's very distinctive. I can taste something and all of a sudden I start thinking about my donor, who he or she is, and how they lived. After a while, the taste goes away and so do the thoughts, but the taste always seems to come first."

One case argued strongly against preconceived notions of the recipient causing the personality changes:

"A 47 year-old white male foundry worker, who received the heart of a 17 year-old black male student, discovered after the operation that he had developed a fascination for classical music. He reasoned that since his donor would have preferred 'rap' music, his newfound love for classical music could not possibly have anything to do with his new heart.

As it turned out, the donor actually loved classical music, and died "hugging his violin case" on the way to his violin class [he was hit by a car]."

One case illustrates many of the different changes that can occur simultaneously:

The donor's mother: "My Sara was the most loving girl. She owned and operated her own health food restaurant and scolded me constantly about not being a

vegetarian. She was a great kid — wild, but great. She was into the free-love thing and had a different man in her life every few months.

She was man-crazy when she was a little girl and it never stopped. She was able to write some notes to me when she was dying. She was so out of it, but she kept saying how she could feel the impact of the car hitting them. She said she could feel it going through her body."

The recipient: "You can tell people about this if you want to, but it will make you sound crazy. When I got my new heart, two things happened to me.

First, almost every night, and still sometimes now, I actually feel the accident my donor had. I can feel the impact in my chest. It slams into me, but my doctor said everything looks fine. Also, I hate meat now. I can't stand it. I was McDonald's biggest money-maker, and now meat makes me throw up. Actually, whenever I smell it, my heart starts to race. But that's not the big deal.

My doctor said that's just due to my medicines. I couldn't tell him, but what really bothers me is that I'm engaged to be married now. He's a great guy and we love each other. The [chemistry] is terrific. The problem is, I'm gay. At least, I thought I was. After my transplant, I'm not ... I have absolutely no desire to be with a woman. I think I got a gender transplant."

Note: Susie's brother also noted that Susie had been an outspoken lesbian but following the transplant, that personality completely disappeared.

One of the most interesting cases was first documented in **the Daily Mail**. It suggests that abstract skills can also be transferred:

"William Sheridan's drawing skills were stuck at nursery level. His stick figures were the sort you would expect of a child. But as he convalesced after a heart transplant operation, he experienced an astonishing revelation.

Suddenly he was blessed with an artistic talent he simply did not recognise, producing beautiful drawings of wildlife and landscapes. He was even more

amazed when he discovered what he now believes to be the explanation. The man who donated his new heart was a keen artist."

Note: Pearsall also shared the case of a sensitive nurse who worked in a cancer unit. Two years after her transplant, she became an energy healer and remarked that "I had a new heart with new energy and memories physically placed in me. That really gets your brain's attention about 'otherness' and 'individuality'."

In rare cases, heart transplant recipients are able to meet their donors, due to a phenomenon known as "domino transplants" where a patient with failing lungs receives both a heart and lungs simultaneously and then donates their heart to someone else.

When Pearsall interviewed a heart transplant recipient (Fred) and his donor (Jim), both of their wives noted the husband had taken on personality traits of their heart donor (e.g., the depression and romanticism of Jim's now deceased donor), and that Fred periodically **subconsciously** mistook his wife for Jim's wife.

A longer list of some of the most compelling cases Pearsall came across can be found in the article he published. Many of the themes mentioned above are echoed within the article's stories (e.g., the donor communicating to their family through the recipient, and the donor's talents, fears or memories being transferred to the recipient).

Additionally, a brief documentary compiled on Pearsall's work shows live testimonials of transplant recipients affirming these inexplicable transferences of consciousness do in fact happen.

Other Transplanted Organs

Pearsall has also observed personality changes with other organ transplants (e.g., liver and kidney) such as recipients sensing changes in their sense of smell, food preferences, and various emotional factors. However, unlike the heart transplants, these changes were less dramatic, usually transitory and could potentially be due to something else (e.g., transplant medications).

> *"My colleagues who have worked with transplant recipients have seen similar changes to those described by Pearsall in kidney, liver, and lung transplants, and also noted that certain challenging emotions will spontaneously emerge in the transplant recipients. However, like Pearsall, they believe the most dramatic changes occur in heart transplant recipients."*

Within Chinese Medicine (and to varying extents other holistic medical systems), a belief exists that many of the emotions within the body are generated by the internal organs (while other deeper ones like compassion are generated directly by the spirit). In turn, an imbalance in the organ will generate the emotion (which resolves once the organ is treated), and conversely, excessive amounts of the paired emotion will cause physiologic dysfunction in the organ.

The five classic Chinese pairings are the Liver with Anger, the Lung with Grief, the Heart with Joy (which becomes problematic when excessive), the Spleen with Pensiveness (the emotion that drives excessive thought), and the Kidneys with Fear. For instance, excessively drinking alcohol (which injures the liver) is known to create both anger and depression (another emotion of the liver) in the alcoholic.

Since there are twelve organs within the Chinese model and far more than five emotions, many more pairings exist. It was not possible for me to accurately present those additional pairings because after the first five, existing systems slightly differ in what is paired with what.

That said, I've found when talking to individuals who have worked with transplant recipients for organs besides the heart, they've found the emotional preferences and emotional changes they observe typically match the pathologic emotions associated with the transplanted organ.

Since the emotions we experience compromise a significant portion of the human experience, the possibility that emotions can emerge from the organs, and more importantly, be transplanted into others raises significant questions as to where our consciousness actually emerges from.

Note: one of the key things that prompted the development of crowd psychology was the observation that emotions could be contagious and rapidly spread throughout groups of people. When you see this happen firsthand with a hostile emotion, it is quite disconcerting to observe and almost seems as though **something** is jumping from person to person.

Sensitivity to Personality Changes

Since the majority of people who receive heart transplants do not experience significant personality changes, this lead Pearsall to inquire as to what made some individuals sensitive to those personality changes. Pearsall discovered eighteen personality traits often shared by those sensitive individuals.

In contrast, those who did not believe they developed personality changes from the transplant tended to have the opposite personality traits. The traits shared by sensitive individuals were as follows:

1. **A feminine point of view —** All but two of those who reported recovering the cellular memories of their donor were women.

2. **Open-Minded —** Most were "accommodators" rather than "assimilators." Psychologist Jean Piaget described the process of "accommodation" as revising existing schemata, our mental models of persons, objects, events, and situations. He defined "assimilation" as interpreting new information in light of and without changing existing schemata.

3. **Body aware —** Most were very tuned in to their body and showed a high degree of what psychologist Howard Gardner calls "bodily kinesthetic intelligence." They seemed to have good control of their bodily motions and high capacity to handle objects skillfully. Many were athletes, carpenters, musicians, and dancers.

4. **Music lover —** They enjoyed music (often classical), showed a good sense of rhythm, and reacted strongly and emotionally to various sounds and tones.

5. **Highly creative —** Most reported a vivid, active fantasy life prior to their transplant. Many reported that they loved to read and write, enjoyed poetry or going to plays. When asked if they "were more head or heart," they all responded "heart."

6. **Environmentally sensitive —** They were hyperalert to their environment. When asked to write down a description of a scene they had just experienced, they were extremely accurate down to very fine details compared to the patients who took the path of the head.

7. **Good visualization ability —** They were easily able to conjure up and share visual images. When asked to describe their donor, they were more than willing to do so and were often surprisingly thorough and accurate.

8. **Psychic-Sensitive —** They were described by family members or friends as being "psychic" or "very sensitive" to things others are not sensitive to and that they showed this sensitivity long before their illness was diagnosed and their eventual transplant. In some cases, the sensitivity instead developed after the transplant.

9. **Dependent —** They showed a tendency to be very trusting and dependent on others and very sensitive to others' views of them. Many had been in therapy, reported enjoying books about psychology, and had embraced various theories of self-help in prior years.

10. **Compulsive —** They tended to be compulsive and self-critical. Family members described them as hard workers and as being more impatient with their own imperfections than with those of other people.

11. **Unresolved grief —** They had experienced what they described and family members confirmed as a "severe break" in a prior emotional bond.

12. **Animal loving —** They loved animals and felt certain that animals were sentient. Most had pets or wished they had pets and said that animals were often more sensitive than many humans.

13. **Climate sensitive —** They reported loving nature, talking to plants, enjoying a stroll in the woods, and were emotionally very dependent on climate. Despite their love of nature, however, many had allergies.

14. **Involved —** They showed a high degree of absorption and creativity in anything they attempted and often said whatever they were doing was fun. Family members said they often got so involved with what they were doing that they lost track of time or forgot to eat or sleep.

15. **Dreamer —** Long before they had become ill or had a transplant, most reported extensive dreaming, memory for dreams, and interest in the significance of their dreams. Following their transplant, most reported dreaming about their donor.

16. **Sensual —** Most reported being highly sensual. Spouses and family members confirmed that they were gender, tender, and enjoyed hugging and hand-holding.

17. **Ectomorphic —** Most were slender, had narrow faces, tended to be underweight even before their illness and transplant, and — less consistently — had dark eyes.

18. **"Flower"more than "fighter" —** Most were able to "go with the flow," as opposed to trying to control situations.

Note: One thing that jumped out at me about this list was that many of them both matched my own nature and that which I have observed in individuals who are more likely to suffer adverse reactions to pharmaceutical products and surgical procedures.

The susceptibility sensitive individuals have to medical injuries has always profoundly bothered me as I feel they are often the ones most able to see what is wrong with the world (and thus driven to heal it) but instead are often left permanently disabled from previous medical injuries.

Unfortunately, doctors in practice often don't realize that these sensitive individuals exist and instead assume the sensitive patients should have the same tolerance to medications their other patients do.

The Source of Memories

One question I've pondered for decades is where do memories come from. For example, this came up a lot during medical school when I was trying to dissect how I was actually recalling information (so I could optimize my studying process).

In my medical practice, I frequently see patients with traumatic memories stored within their tissues that resurface throughout their everyday lives, and which often disappear once something is done to address them (e.g., one vet who had years of PTSD from being hit by an IED in Iraq recovered after neural therapy was performed on his scars from the IED blast).

Similarly, one of the common pharmaceutical injuries I come across is cognitive impairment. This including losing parts of one's memory (statins are well-known for this and more recently I've seen numerous patients who developed memory impairment after COVID vaccination).

Each of these examples raise a lot of questions of exactly where memories come from, especially when you try to explore your own memories or hear stories of patients searching for theirs.

The origin of memories has also been an active area of scientific research for decades, but has by and large remained a mystery because while parts of the brain are known to be involved in memory, no specific area has been identified as the storage site of our memories.

Instead, existing research suggests memories are stored in a broad network distributed throughout the brain, and there are schools of thought that argue the memory in the brain is akin to a hologram or that the brain does not store a memory but rather encodes a pathway for accessing where the memory is actually stored.

As the examples throughout this article show, transplanted organs can transfer emotions, preferences, memories and skills from the donor to the recipient. As we consider this, it becomes clear that the nature of memory is another area, which when

peered deeply enough into raises many profound questions on exactly what it means to be human.

The Burden of a New Heart

Individuals who receive organ transplants, especially of the heart, often experience a variety of negative emotions towards the process (e.g., heart transplant patients are characterized by their surgeons as being especially anxious patients when compared to those receiving other organs).

Some of that is thought to come from the fear and anxiety of not knowing if one will be able to receive the organ before they succumb to their illness and some of it comes from the sense of personal failure in requiring a transplant.

However, the majority comes from **not wanting to accept** a foreign being has entered them and may begin to shape their personality, beliefs, preferences and habits (e.g., transplant recipients often worry about character of their donor rather than the donor's health).

I (and others cited by Pearsall) argue this reflects the human brain's longstanding need to create the illusion it is in control over everything, a tendency that spiritual systems throughout history have identified as a root cause of human suffering.

For example, the Yale surgeon who followed the heart transplant patient revealed that this had been shared by the patient's wife:

> *"[He] occasionally seems to go into a trance, sometimes for hours at a time. He seems to be thinking about nothing, she said, but his mind is really trying to escape those thoughts about whose heart he is carrying."*

Each researchers who studied transplant recipients noticed that individuals who did not report any personality changes had been created by their new heart often gave characteristic tells indicating they were being influenced by their new heart and simultaneously demonstrated overt denial something like that could be happening.

Likewise, the non-sensitives tended to view the sensitive individuals in a negative light, believing the sensitives were weird, irrational, or deluding themselves and were hence were often hostile to the mere suggestion personality transference could occur.

Additionally, Pearsall shared a story of being contacted by a board certified psychologist who attacked Pearsall's theory and then later admitted he had received a kidney from a young hispanic man and went from having a profound dislike of spicy foods to regularly craving tacos and burritos.

Note: Throughout my life, I have seen very similar defensive responses to those seen by Pearsall's "non-sensitives" whenever an uncomfortable piece of data emerges which challenges the materialistic paradigm someone's sense of reality revolves around.

When interviewing transplant patients, Pearsall found after the transplant, they typically followed a process resembling **the five stages of grief** (denial, anger, bargaining, depression and acceptance).

> *"First, there was the fighting stage, a severe anxiety, cynicism, and often anger with their situation. This was followed by a flow stage, a kind of enlightened euphoria and sense of being a pioneer or great adventurer often shown in the form of transplant advocacy and political and spiritual commitment to the issue of transplantation.*
>
> *Next, there was the anguish stage in which grieving and guilt not only for the donor but for the heart they lost took place at various levels and in various ways. There was often severe depression during this part of the cycle of adjustment. Finally, there seemed to be a crossroads in the heart transplantation adjustment process.*
>
> *One road, and the road most often traveled, was a return to cynicism, intellectualization, and much stronger denial than that prior to or just after the transplant. One in ten however instead became intensely interested in the meaning of their heart transplant, interested in the characteristics of their*

> *donor, and reported experiencing clear and intense dreams not only about the transplant but about their often very accurate image of their donor."*

Additionally, Pearsall interviewed three transplant surgeons and six nurses who worked with transplant patients. They had all seen things that made them suspect personality aspects were being transferred during the transplantation process, but almost all of them (except for two nurses) wished to remain anonymous until credible scientific evidence existed to substantiate their observations.

Reasons cited included "I don't want my colleagues to think I'm nuts," "I'm afraid I would frighten my patients," and the nurses not wanting to make the doctors they worked with "be uncomfortable."

Note: the collective psychology described above is very similar to what is repeatedly observed in the medical field. For instance, many saw unacceptable COVID-19 vaccine injuries were happening but were not willing to speak out until a few brave pioneers took on the risk to speak out about what they were seeing.

As a result, the dam is finally breaking on acknowledging the vaccine's issues, but had the culture of medicine not been one that sanctioned those who spoke against the prevailing narratives, the COVID-19 vaccines could have been stopped before many of their future recipients would be injured by them.

Rejection or Acceptance

Since, not only physical ailments, but also **psychiatric disorders are frequently observed in heart transplant patients**, this raises the possibility the two may be interrelated. Some, such as an academic **Pearsall cited** concluded just that:

> *"Transplant professionals generally agree that psychological rejection of the heart is sometimes associated with physiological rejection."*

Note: researchers also found transplant recipients often feared the donor's heart would reject them.

Within this paradigm, individuals thus have two choices: they can resist the new heart (which often fragments them psychologically) or they can embrace the new heart. This dichotomy was encapsulated by the fact those who psychologically resist the new heart often refer to it as “the heart” whereas those who embrace it tend to refer to it as “my heart.”

Likewise, this serves as metaphor for the management of organ transplants, where doctors utilize pharmaceuticals to force the immune system to stop resisting the foreign organ. Yet despite the medications used for that purpose, the host never stops resisting, hence requiring both a continual need of immune suppressing drugs and the constant danger the organ will nonetheless be rejected.

Since the immune response is heavily influenced by psychological factors, this provides a potential mechanism for one’s conscious or subconscious outlook towards their new organ to affect the long-term viability of the transplant.

In 1997, **the New York Times covered** one woman's heart transplant journey. Its author attended an annual Valentine's Day party held for more than one hundred heart transplant recipients. There, according to Pearsall, almost every recipient reported "spiritual memories," or feelings of the energy of their donor. The authors description of that party encapsulates what appears to be the ideal way to treat a new heart:

> *All the people I met at the party spoke in the same reverent tones about the angel in their chests, about this gift, this responsibility they now bear, and the little prayer they say to the other person inside them. It was as if they were part of some strange new cult, the tribe of the transplanted.*

Note: the experience of a guardian angel or new friend living in one’s chest was also reported in some of the cases **Pearsall copublished**.

Adapting to a New Organ

As best as I can tell, a healthy psychological integration of the new heart appears to often meet the needs of the transplant recipient. At times this happens naturally. For

example:

> *One eight-year-old boy who had received a new heart described the "falling into" rather than "achieving" nature of cardio-sensitivity and cardio-contemplation. He said, "I can feel the other little boy inside me. I didn't at first, but when my immunity was up and they finally let me play with Pierre [the family French poodle] again, I began to call him King. I don't know why. Maybe my donor's dog was called King.*
>
> *Anyway, now I can feel the other boy with me. It's like when you don't know you bumped your knee and then, when you sit down and watch TV or something and you look and see the bruise, that's when you start to feel it and can't ignore it anymore. Even after it gets better or the scab falls off, your leg can always remember where it was hurt."*

In other cases, it takes a bit of work. Sylvia (the author of previously described memoir) for instance came to believe that after the sudden trauma of a fatal incident the spirit of the victim gets "stuck".

> *"I did the work needed to release Tim's spirit," she says. "I feel integrated now. I don't dream about Tim anymore; his spirit let go of me after a ritual motorbike ride."*

Note: a few methods of **clearing trapped emotions** (e.g., from trauma) I've come across use an agent which elicits a dream where the trapped emotion is released. Since I have not used them directly, I can't comment on their efficacy, but one colleague very much believes in the agents he uses for this purpose.

My mentor told me that each transplant patient reported suddenly feeling different inside themselves soon after the transplant, felt they were going to go in a different direction, that they had no control over it and that nothing could be done to change it. In many cases, this was accompanied by a wide range of symptoms such as those shared by other transplant recipients throughout this article.

With each of these patients, my mentor found numerous trapped emotions that needed to be released, and trauma (e.g., scars) from the transplant surgery that needed to be addressed with neural therapy. While this greatly improved the quality of life of those patients and in some cases the functioning of their transplanted organ, it was never possible (for obvious reasons) to ethnically assess if it also reduced the need for immune suppressing medications.

Another colleague who also works with trapped emotions found that there were typically numerous trapped emotions carried by the previous organ which were often negative in nature. My colleague also shared that if those emotions are released, the recipient's body is able to accept the organ with a lot more ease instead of fighting against it or rejecting it.

A variety of related beliefs (cited by Pearsall) have emerged to explain why certain emotions transfer to transplant recipients. For example, two mediums he interviewed shared their perspective that because of the suddenness of the death of most donors, the donor's spirit may not yet have realized that its body is actually dead and the transplanted heart keeps acting as if it were in its former body, not realizing its original owner is gone.

Conclusion

While many of the ideas Pearsall put forward are difficult to either affirm or disprove, there appears to be an abundance of evidence showing that something science cannot explains happens when someone receives the gift of another's organs, and that whatever is happening cuts to the core of the human experience.

One of my foundational beliefs is that if something is true, it will inevitably be rediscovered regardless of how it's looked at. Within many different belief systems, the heart is viewed as both where consciousness (or at least a part of it) resides within the body and the part of you which connects to everything else (in either a harmonious or conflicting manner). All of this is why for example I believe:

- So many people assess others by the qualities they perceive within their hearts.
- Why members of a heart donor's family repeatedly report being absolutely certain they can sense the donor's spirit in the recipient.
- Why we feel a tightening in our chest when something alarming occurs (e.g., you see police sirens turn on right behind your car).
- Why it often seems as though our minds is composed of different consciousness (e.g., the rational one originating from the brain and the intuitive one originating from the heart).

Note: To illustrate this point, Pearsall highlighted the phenomenon observed in hypnosis where a hypnotized individual can be made unaware of something in their environment but simultaneously demonstrate another part of their mind is aware that thing exists.

Furthermore, some of those traditions believe each being's consciousness is a product of multiple fragments of consciousness coming together into one cohesive whole. While this seems inconceivable at first, the stories of the transplant recipients inheriting shards of consciousness that reshape the core aspects of their personality begin to shed light on how this might be possible.

At the start of this article, I shared my belief that science often finds itself stumbling upon universal truths which threaten the foundational beliefs of the existing scientific institutions. Because of this, evidence supporting vital truths often struggles greatly to become recognized, but nonetheless, pressure always builds until the dam holding that truth back bursts.

For example, we've seen this process rapidly transpire with the lie that the COVID-19 vaccines were "safe and effective" being forced onto the world and then be gradually chipped away, and now we have arrived at the point that the dam holding it back is developing innumerable leaks.

In my eyes, another critical area to re-examine is the notion that the heart is simply a pump — a theory which has a surprising number of holes (discussed further in this **previous article** that sought to explain what creates the motion that propels fluids within

the body). Here, I attempted to touch upon once facet of the growing body of evidence that the heart plays a vital role in the consciousness and communication of the body.

In next segment of this exploration into the heart, I will discuss innovative Russian research which highlights many of the other critical functions of the heart that make life possible, but remain almost completely unknown outside of a few very small circles.

It is my belief that the critical factors those researchers identified help to explain why the heart, which if it is just a pump should be the easiest organ to replace, has instead been so challenging to make a mechanical replacement for.

As I conclude this article, I want to thank each of you for your openness to considering the unconventional ideas put forward here and the time you spent doing so. It is my sincere belief that our culture being able to adopt paradigm shifting ideas which require us to accept the interconnectedness of the world we inhabit is critical for the evolution of our species and to meet the unprecedented challenges of the modern era.

A Note From Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician in the Midwest and a longtime reader of Mercola.com. I appreciate his exceptional insight on a wide range of topics and I'm grateful to share them. I also respect his desire to remain anonymous as he is still on the front lines treating patients. To find more of AMD's work, be sure to check out **The Forgotten Side of Medicine** on Substack.