

The Mystery of Transplanted Consciousness – When Organs Transfer More Than Function

Analysis by [A Midwestern Doctor](#)

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STORY AT-A-GLANCE

- › When organs are transplanted, memories, personalities, preferences, and skills (including what happened at the donor's moment of death) have been repeatedly observed to transfer from the donor to recipient in a manner that strongly suggests a real transference is occurring – raising significant questions as to where our consciousness or memories come from and who we actually are
- › Dr. Paul Pearsall's groundbreaking research documented 73 heart transplant cases where recipients experienced dramatic personality changes, food preferences, sexual orientation shifts, and even acquired new skills that perfectly matched their unknown donors
- › Approximately 10% of heart transplant recipients report experiencing emotions they believe come from their donor, with the most sensitive individuals sharing specific personality traits like being highly creative, body-aware, and psychically sensitive
- › The most extraordinary cases include an 8-year-old girl who received a murdered child's heart and provided police with accurate details that led to the killer's conviction, and recipients who suddenly developed artistic abilities matching their donor's talents
- › Approaches exist to address "trapped emotions" in transplanted organs through mind-body therapies, which can improve recipient quality of life and reduce organ rejection by helping the body accept rather than fight the foreign organ

When organ transplantation first became possible, doctors celebrated it as one of medicine's greatest achievements — literally giving someone the gift of life through another's ultimate sacrifice. But what nobody anticipated was that along with functional organs, something far more mysterious might also transfer: aspects of the donor's consciousness, personality, memories, and even skills.

The evidence for this phenomenon has been accumulating for decades, yet mainstream medicine largely ignores it because it challenges fundamental assumptions about where consciousness comes from. If memories and personality traits can be stored in organs rather than just the brain, this would completely revolutionize our understanding of human consciousness.

The Reality of Living with Transplants

While transplants are called "medical miracles," they're far from perfect. The failure rates tell a sobering story:

- **Lung** — 10.4% within a year,¹ 72% within 10 years²
- **Heart** — 7.8% within a year,³ 46% within 10 years⁴
- **Kidney** — 5% within a year, 46.4% within 10 years^{5,6}
- **Liver** — 7.6% within a year, 32.5% within 10 years^{7,8}

Given these risks, patients must follow incredibly strict regimens: taking immune-suppressing medications costing \$10,000 to \$30,000 annually, permanently avoiding alcohol and drugs, constant bloodwork monitoring, and doing everything possible to avoid infections. The immune-suppressing medications have side effects ranging from mild tremors and headaches to serious infections, kidney damage, and metabolic disturbances. Corticosteroids used in transplant management have even [more extensive side effects](#).

The vaccination requirements became controversial during COVID-19 when people were denied transplants for refusing COVID vaccines (and in some cases were severely injured when they finally submitted to vaccination). What frustrated me most was that nobody mentioned the COVID vaccine could actually increase transplant rejection risk by provoking autoimmunity or that [numerous publications have now corroborated this link](#).

Note: *[DMSO has been shown to prevent rejection of certain grafts](#) like skin grafts⁹ and insulin-producing cells,¹⁰ and likely would help transplanted organs, but this hasn't been tested.*

One reader shared: "I took care of a patient who had a kidney transplant 9 years ago then got his COVID shot and had spontaneous organ rejection and needed the kidney removed. From what other nurses told me, it is happening more and more often."¹¹

But beyond these medical challenges, transplant patients face something even stranger — significant psychiatric changes that suggest something profound is being transferred along with the organs.

The Heart's Secret Code

Dr. Benjamin Bunzel at the University Hospital in Vienna studied 47 heart transplant patients and found that while 79% claimed their personality hadn't changed (though showed signs otherwise), 6% reported distinct personality changes they attributed directly to their new hearts. These individuals felt compelled to accommodate what they sensed as their donor's memories.¹²

When studied more extensively, approximately 10% of heart transplant recipients reported experiencing emotions they believed came from their donor.¹³

Claire Sylvia's Transformation

The most documented case comes from Claire Sylvia's memoir "A Change of Heart."¹⁴ At 47, she received a heart and lung transplant and immediately started craving beer and chicken nuggets — foods she'd never liked.¹⁵

"Five months later, she dreamed about a young man named Tim whose surname began with L. In the dream, 'we kiss, and as we do I inhale him into me ... I woke up knowing that Tim L was my donor and that some parts of his spirit and personality were now in me.'"

She described feeling like "a second soul was sharing my body" — one that was stereotypically masculine, making her more aggressive and confident. Friends noticed she walked differently, and she found herself attracted to blonde women "as if some male energy in me was responding to them."

When she finally traced her donor's identity through an obituary, his name was indeed Tim L., and his family confirmed he'd been energetic with a love of chicken nuggets and beer — exactly the preferences she'd developed.

Note: Another woman who received a young man's heart 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."¹⁶

Paul Pearsall's Groundbreaking Research

The most comprehensive study was done by neuropsychologist Paul Pearsall, who underwent bone marrow transplantation himself.¹⁷ For "The Heart's Code," he interviewed 73 heart transplant recipients, 67 other organ recipients, and families of 18 deceased donors.¹⁸

As Pearsall reflected: "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." He identified consistent patterns:

- **Traumatic memory transfer** — Recipients repeatedly recalled their donor's death through dreams or physical sensations, despite knowing nothing about the donor.
- **Preference changes** — Dramatic shifts in food and music tastes matching the donor — vegetarians becoming carnivores and vice versa.
- **Sexual orientation changes** — Including a lifelong lesbian becoming attracted to men and marrying one.

***Note:** One of my colleagues has a male patient who received a female heart, then became compelled to transition to becoming a woman — something never considered before the transplant. Likewise, a reader shared that after a man received a pig's heart valve, "his wife found her husband had shifted from a normal sex life to wanting sex several times a day every day."*¹⁹

- **Overwhelming emotions** — A Yale surgeon documented one recipient saying: "I can be sitting here feeling fine and all of a sudden something clicks and I get nervous ... Something in my body changes, as if somebody pushed a button."²⁰

The Most Extraordinary Cases

Pearsall documented several cases so remarkable they seem almost impossible. Given his meticulous citations and published academic paper with independent verification,²¹ these deserve serious consideration:

- **The Murder Conviction** — An eight-year-old who received a murdered ten-year-old's heart began having nightmares about the killer. Using the child's descriptions, police found and convicted the murderer based on completely accurate details about timing, weapon, location, and the victim's final words.²²
- **The Artist's Heart** — The Daily Mail documented William Sheridan, whose drawing skills were "stuck at nursery level" until his heart transplant. Suddenly, he could produce beautiful drawings of wildlife and landscapes. His donor had been a keen artist.²³

- **The Copacetic Connection** — A physician whose husband David died in a car crash later met a transplant recipient. She whispered to him, "I love you David. Everything is copacetic." The recipient's mother revealed: "My son uses that word 'copacetic' all the time now. He never used it before he got his new heart." This had been the couple's special signal.
- **The Violin Case** — A 47-year-old foundry worker received a 17-year-old Black student's heart and developed a fascination with classical music. Initially dismissing any connection (thinking his donor would prefer rap), he later learned the donor had died clutching his violin case on the way to violin lessons.
- **Complete Transformation** — One recipient experienced multiple changes — feeling the donor's fatal car accident in her chest, becoming vegetarian after being "McDonald's biggest money-maker," and changing from gay to straight: "After my transplant, I'm not ... I have absolutely no desire to be with a woman. I think I got a gender transplant."

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.²⁴ 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.

Note: Numerous readers have also shared with me that while they had not had a transplant, they had received significant blood transfusions (e.g., to save them from otherwise fatal traumatic blood loss) and had noticed they had experienced some of the personality changes described throughout this article, although not to the same degree as those seen in Pearsall's cases.

This could argue that part of your personality is information within the blood – something congruent with ideas put forward by long forgotten Russian research on **the full capacities of the heart**.

The Sensitive Recipients

Since most heart recipients don't report dramatic changes, Pearsall studied what made some sensitive to personality transfer. He identified eighteen traits commonly shared by sensitive individuals:

1. **Feminine perspective** (all but two were women)
2. **Open-minded** ("accommodators" vs. "assimilators")
3. **Body aware** (high kinesthetic intelligence)
4. **Music lovers** (especially classical)
5. **Highly creative** (vivid fantasy lives)
6. **Environmentally sensitive** (hyperalert to surroundings)
7. **Good visualization** (accurate donor descriptions)
8. **Psychically sensitive** (described as sensitive before transplant)
9. **Dependent** (trusting, therapy experience)
10. **Compulsive** (self-critical, hard workers)

11. Unresolved grief (prior emotional breaks)

12. Animal loving (believed animals were sentient)

13. Climate sensitive (loved nature, talked to plants)

14. Highly involved (lost track of time in activities)

15. Extensive dreaming (dreamed about donors post-transplant)

16. Highly sensual (enjoyed physical affection)

17. Ectomorphic (slender, narrow faces)

18. "Flow" vs. "fight" (went with flow vs. controlling)

Note: Many traits match what I observe in (**frequently hypermobile**) individuals who are more susceptible to pharmaceutical reactions – **the "sensitive patients."**

Other Organs and Chinese Medicine

Pearsall observed personality changes in liver and kidney recipients too, though less dramatically. Within Chinese Medicine, emotions are believed to originate from specific organs: liver with anger, lung with grief, heart with joy, spleen with pensiveness, and kidneys with fear. My colleagues working with transplant recipients find that emotional changes typically match the pathological emotions associated with the transplanted organ according to Chinese medicine.

Note: The development of crowd psychology²⁵ was partly based on observing that emotions could be contagious, rapidly spreading through groups – almost as though something jumps from person to person.

Where Are Memories Really Stored?

This raises fundamental questions about memory. In my medical practice, I frequently see patients with **traumatic memories stored in their tissues** that resurface in daily life and often disappear once addressed. For example, a veteran with PTSD from an IED blast recovered after **neural therapy** on his blast scars — again raising profound questions about where many memories reside.

Memory research, in turn, suggests memories exist in distributed brain networks as destroying specific parts of the brain not being able to eliminate memory, with theories proposing the brain functions like a hologram or encodes pathways for accessing memories stored elsewhere — such as those from the previous donor.²⁶

Since academic success revolves around memorization, I've extensively explored this subject, in the process discovering both critical pitfalls to avoid (e.g., **statins**, **COVID vaccinations**, and **benzodiazepines**) and in turn attribute my academic success to learning how memories entered the mind and discovering **a simple but highly effective memorization technique** which for some reason is never taught in schools.

In turn, exploring my own mind has led me to suspect some memories aren't stored within the body, potentially providing a mechanism for organs to "transfer" complex memories.

The Psychology of New Hearts

Heart recipients often struggle psychologically, primarily from unwillingness to accept that a foreign being has entered them and may influence their personality. Recipients often worry more about their donor's character than health.²⁷

A Yale surgeon noted one patient's wife sharing: "[He] occasionally seems to go into a trance ... his mind is really trying to escape those thoughts about whose heart he is carrying."

Pearsall found recipients typically followed five stages of grief: fighting (anxiety, anger), flow (euphoria, advocacy), anguish (depression, guilt), and finally a crossroads where most returned to stronger denial, while one in ten became intensely interested in their donor.²⁸

Since psychiatric disorders are frequently observed in heart recipients, psychological and physiological rejection may be interrelated.²⁹ An academic cited by Pearsall concluded: "Transplant professionals generally agree that psychological rejection of the heart is sometimes associated with physiological rejection."³⁰

Those who psychologically resist refer to "the heart" while those embracing it say "my heart." The New York Times covered a Valentine's Day party for heart recipients where almost everyone reported "spiritual memories." The author described: "All the people spoke in 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."³¹

Addressing Trapped Emotions

Throughout my life, I've found that permanent resolution of difficult emotions typically requires treating them as tangible entities trapped within the body, then using mind-body approaches to release them.

Note: *Psychedelic-assisted psychotherapy sometimes permanently addresses these issues, while EMDR (often insurance-covered) or psychotherapy with hypnosis can help.*

Many approaches rely on Chinese medicine frameworks linking organs to emotions. In Sylvia's story, she suggested that like trapped emotions, donor spirits can get "stuck" in organs: "I did the work needed to release Tim's spirit. I feel integrated now. I don't dream about Tim anymore; his spirit let go of me after a ritual motorbike ride."³²

Years ago, when I had a patient struggling with a transplanted organ, I asked a mentor for help. He immediately stated: "You have to clear the trapped emotions." Since then we've found:

- Donated organs often contain many trapped emotions, many negative, along with other aspects of the individual's energetic matrix.
- Releasing trapped organ emotions frequently improves recipient quality of life, sometimes improves organ function (including cases heading toward failure), and makes it easier for recipients' bodies to accept organs rather than fighting them.
- While mind-body methods normally treat trapped emotions, **sometimes trauma release techniques** also greatly improve life for transplant recipients.

Unethical Organ Procurement

Costs for organ transplants range from \$446,800 to \$1,918,700 (depending on the organ).³³ As an incredibly limited supply of (frequently life-saving organs) exist, these factors **have created a thriving black market** where organs are either obtained from conscious but unwilling donors. Likewise, within America, organ donors are typically restricted to “brain dead” patients whose organs still work, but are otherwise assumed to be dead.

Unfortunately, as I showed **here**, there is extensive evidence that many of those patients are not dead, and there have been many documented cases of fully paralyzed patients, who, by a miracle, were able to regain motor control of their body shortly before having their organs harvested.

This raises a concerning question: is it possible that individuals who didn't want their organs harvested have been transplanted into recipients who then experienced traumatic emotions from the harvesting moments — which then passed into the donors?

Note: *Many readers have shared that while they hadn't had transplants, they received significant blood transfusions and noticed personality changes described in this article, though less dramatically. This could argue that personality information exists within blood — congruent with forgotten Russian research on **the full capacities of the heart**.*

What This Means for Medicine and Consciousness

The evidence suggests several revolutionary possibilities:

- **Consciousness isn't brain-only** — We may need a more distributed model recognizing the entire body's role in generating our sense of self.
- **Better therapeutic approaches** — The success addressing "trapped emotions" in transplanted organs suggests new therapeutic avenues worth exploring.
- **Memory research revolution** — Evidence suggests memories may not be stored exclusively in the brain, opening new research directions.
- **Support for recipients** — Transplant recipients deserve acknowledgment and support for personality changes rather than dismissal.

Often, better alternatives exist than the false choice between bad and worse options. Many "vegetative" patients with signs of consciousness had traumatic brain injuries that **IV DMSO has been proven to treat** effectively for over 50 years.

Note: *The fact that IV DMSO would significantly reduce "brain dead patients" makes me wonder if protecting the organ donation supply was why **DMSO faced such opposition** for treating a pressing medical need.*

I've also seen countless cases of failing organs restored with integrative therapies, eliminating the need for transplants. My philosophy is informing patients in early organ failure stages about what to expect, motivating them to address problems before requiring transplants.

While skeptics may dismiss these accounts as coincidence, the consistency of reports across different researchers, cultures, and time periods suggests there's more here than conventional science acknowledges.

For transplant recipients experiencing unexplained personality changes, memories, or foreign preferences — you're not alone. These experiences, while not yet fully understood by medical science, are a very real phenomenon.

As we push medical boundaries with procedures like organ transplantation, we must remain open to phenomena challenging our current understanding of consciousness, memory, and what it means to be human. The mystery of transplanted consciousness may ultimately teach us as much about life's nature as it does about the remarkable interconnectedness of all living beings.

Author's Note: *This is an abridged version of [a longer article](#) which goes into greater detail on the points mentioned here (e.g., the therapies which can restore failing organs, the extensive body of data consciousness resides in the organs, and methods for releasing trapped emotional trauma) along with the extensive evidence “brain dead” patients actually aren’t brain dead. That article, along with additional links and references can be read [here](#).*

A Note from Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician from the Midwest and a longtime reader of Mercola.com. I appreciate AMD's exceptional insight on a wide range of topics and am grateful to share it. I also respect AMD's desire to remain anonymous since AMD 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.

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What led to ticagrelor's approval despite serious FDA reviewer objections?

Long-term data showed better survival and fewer strokes across countries in every subgroup studied

Multiple new studies confirmed superior outcomes for U.S. patients compared with other blood thinners

FDA leaders ignored internal objections and approved despite unresolved safety concerns

FDA reviewers later agreed the drug's data gaps were acceptable given its strong market potential worldwide

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