Gladdening the Heart: Historical Perspectives and Therapeutics

Ayo Ngozi, Tai Sophia Institute

The concept of gladdening the heart is ancient, mentioned in Egyptian scrolls, the biblical Psalms, the Qur'an, and by many other cultural healing traditions throughout the ages. It is interpreted here as therapeutic approaches taken to relieve emotional and physiological symptoms of sadness and grief, increase joy and delight, and restore a sense of hope and wholeness. While there certainly are somatic heart-related conditions that herbal therapeutics address, this paper does not speak specifically to supporting the physical heart; rather, it explores support for the emotional heart. Gladdening the heart is an antidote to what modern clinicians may term dysthymia, depression, or anxiety; it was also clearly understood by earlier practitioners of medicine as an antidote to melancholy.

While gladdening the heart has physiological implications, these do not define the concept. The Eclectic physician John Milton Scudder (1874) expresses the physician's responsibility to offer an anchor of hope to the sick, as "the want of hope is one of the most serious things we have to contend with in disease." It is this hope that provides a connection to the world, relieves suffering, and lends the strength necessary for recovery from illness. Gladdening the heart might take place through application of material therapies — herbal remedies, nutrition, and other support of the body's systems — and, equally importantly, through the relationship between the practitioner and the client. From a modern clinical perspective, gladdening the heart speaks to the therapeutic acts of offering possibility and a new narrative to clients who are stuck in patterns that do not serve their wellness.

Gladdening the Heart: Indications in Traditional Practice

Historically and cross-culturally, herbalists observed specific indications that denoted states in which gladdening the heart might serve. These included physical signs such as facial expression, quality of voice, posture, and movement. They also observed that chronic illness could affect mental and emotional states, and that these were inextricable from the physical experience of illness. The condition of the brain and nervous system were understood to be clearly expressed on the surface, especially on the face. The eyes, in particular, reflected a person's emotional state: "A bright and sparkling eye" denoted a pleased mind state, whereas dullness or deadness of the eye was characteristic of sorrow, grief, or of "any cause which lowers the circulation" (Scudder 1874). Where the traditional view of circulation was as an expression of vitality and warmth, physical expressions of sorrow or grief could represent coldness and a lack of vitality. As circulation, driven by the heart itself, is a means of physiological connection and integration, the Eclectics observed an opposite energetic...
concept in the experience of anguish, physically expressed as "that indescribable sensation as if the life was being forcibly riven from the part." Scudder associated anguish with angina pectoris, neuralgia of the heart and uterus, somatic pain and hypochondria, conditions which are all potentially or overtly somatic in nature.

Although he wrote from a homeopathic perspective rather than that of traditional western herbalism, homeopathic physician Edwin Hale's (n.d.) description of certain specific indications for the use of Actaea racemosa (black cohosh) provides a clear and eloquent picture of a patient in need of a gladdened heart, who experiences joy and delight, melancholy was regarded as a temporary and transient state. Further, melancholy was to be seen as a part of the cycle of life, not to be avoided, but to be experienced in its season as a counterpart to life's joy:

[For a pint of honey thou shalt here likely find a gallon of gall, for a dram of pleasure a pound of pain, for an inch of mirth an ell of moan, as ivy doth an oak, these miseries encompass our life. And it is most absurd and ridiculous for any mortal man to look for a perpetual tenure of happiness in his life.]

While he includes melancholy as part of life, Burton delineates between its transitory experience and the evolution over time into a fixed and chronic disease, a "settled humour." Fleeting melancholy abated with time and a natural cycling back to a state of joy, but chronic melancholy called for therapeutic intervention.

Hale's description could be interpreted by modern practitioners as depression or depressive anxiety; earlier physicians would likely have labeled it "melancholy."

Early in the 17th century, English scholar Robert Burton drew from the disciplines of medicine, history, literature, religion, and astrology to write his seminal multi-volume text The Anatomy of Melancholy (1652/1686). According to Burton, melancholy was not simply sadness, but also encompassed fear and sorrow, shame, envy or malice, anger, desire for revenge, and discontent. The melancholy man, Burton writes, "is dull, sad, sour, lumpish, ill disposed, solitary, any way moved, or displeased." The feeling of melancholy, he argues, is an unavoidable consequence of being human. As all people are subject to occasions or seasons of difficulty, heaviness of spirit, fear, grief, sickness, and any number of other situations calling us away from pleasure,
In determining treatment, herbalists throughout history drew upon a number of models that explained the nature of the disturbance and directed them toward proper channels of healing in order to return gladness to their patients' hearts. Early Greek medicine, not unlike its counterparts around the world, utilized energetic concepts in diagnosing and discussing both disease and medicines or other healing therapies. The Hippocratic model established four elements (air, fire, earth, water); qualities (hot and moist, hot and dry, cold and dry, cold and moist); and humours (blood, yellow bile, black bile, phlegm). In the second century, Galen of Pergamon began building upon this foundation, expanding the Greek model to explain human temperament according to humoral imbalance. The sanguine personality was typified as joyous, the choleric as angry, the melancholic as fearful, morose or grief-stricken, and the phlegmatic as indifferent (Conway 2011). Given this understanding, gladdening the heart would have been therapeutic in addressing melancholic and phlegmatic personalities or disorders. In the 20th century, British psychologist Hans Eysenck (1985) linked these ideas to his own interpretation of personality types, adapting the Hippocratic/Galenic models so that the melancholic nature ranges between unstable and introverted, characterized by people who are moody, anxious, rigid, sober, pessimistic, reserved, unsociable, and quiet. Melancholic's energetic opposite, by both ancient standards and this modern interpretation, is sanguine, possessing traits of sociability, responsiveness, levity, talkativeness, and a carefree presence (Conway 2011). This interpretation parallels historical thought regarding the energetics undergirding therapeutic approaches to gladdening the heart.

The Body as Site of Melancholy in Western Herbalism

The idea that the body is a complex web of interrelated systems and functions, a tenet in some modern philosophies of medicine, is not an entirely new concept. In the 17th century, English herbalist and astrologer Nicholas Culpeper argued that it is not necessarily or exclusively the brain that requires treatment in the presence of mental affliction, but all organs and systems underlying the affliction. In his view, vapors rising from overheated organs in other parts of the body (for example, from the womb in cases of gynecologically-explained mental afflictions) could rise to the brain, causing the onset of mental illness (Tobyn 2002). While modern herbalists may not speak of this in terms of humours or energetics, the assumption of treating the whole person from a standpoint that the body is a complex and interrelated web of parts, functions and influences is a given.

Culpeper explains depression as an affliction of the heart, caused by the rising of melancholic fumes from an imbalanced...
Hypericum perforatum—

Clusiaceae
(St. John’s wort). Photo courtesy of 7Song

spleen, affecting vitality and spreading this affliction throughout the body (Tobyn 2002). In this case, both strengthening the heart and protecting it from the influences of other organs or humours were therapeutically in order. Other practitioners and historical texts cite the many ways in which the heart is affected by grief, sadness, or worry: physician Rolla Thomas (1907) cites emotion as a cause of cardiac arrhythmia or palpitations, conditions acknowledged by modern practitioners to be anxiety-related.

While some contemporaries eschewed the idea that emotions impacted health states, Scudder (1874) and other physicians bore witness to their influence, as well as the will and intention of patients on their recovery from disease. A review of western historical texts confirms that emotion was associated with the functions of specific organs—the heart, brain, gastrointestinal tract, kidney and bladder were particularly affected. Burton (1652/1886) describes the heart as “the seat and fountain of life, of heat, of spirits, of pulse and respiration—the sun of our body, the king and sole commander of it—the seat and organ of all passions and affections,” whose function in moving blood commands the flow of the body’s other humours. Read in this way, the act of gladdening the heart is the same as “lifting the spirits” and creating movement, possibility, or hope.

The brain was considered by early western physicians as the “dwelling-house and seat of the soul, the habitation of wisdom, memory, judgment, reason” (Burton 1652/1886). The Eclectic view broadened this notion to include not only reason and emotion but also volition and sensation (Scudder 1874). The Eclectics viewed emotional imbalances as having a physical cause and basis which, if addressed, could be permanently cured. Scudder uses the common Eclectic standards of “excess,” “defect” or “perversion” (operating “above, below and from” normal function or state) in describing a number of emotional states and their treatments. He explains hysteria as an excess condition in which “too great a manifestation and rapid alternation” of emotions affected the brain. An example of emotional defect is indifference, with its lack of volition or will corresponding to what is known today as depression. As an example of perversion of sympathetic innervation, Scudder describes vegetative states and irregularities of the pulse.

The gastrointestinal tract, kidneys and
urinary system were seen as other sites of the body in which melancholy took its toll. Thomas (n.d.) identifies many GI conditions that could be caused by "grief, melancholy, prolonged and severe mental exertion, financial or family troubles" while the Physiomedicalist William Cook (1869) describes the link between the condition of the nervous system and kidney health. Physicians viewed the relationship between melancholy and physical symptoms as a two-way relationship in which health conditions contributed to or are associated with expression of irritability, restlessness, anxiety, depression, and melancholy.

**Traditional Herbal Therapeutics for Gladdening the Heart**

Historically, western herbalists took into account energetic properties such as heat and cold, moisture and dryness, and the movement of humours throughout the body. They also looked to such esoteric understandings as spiritual and astrological affinities of plants and bodily organs. Then, as now, herbs were not to be employed as "silver bullet" remedies; the actions they were to have upon the system were carefully considered in relieving affictions and disease. Some strategies were specific to the body parts affected. For example, because the brain is easily affected by temperature and has a tendency toward dampness, Culpeper purged cold and moist humours with warming and drying herbs, including aromatic or pungent selections.

This same principle was applied in healing affictions of the heart, in which the goal was to "refresh the vital spirits, making them lively and active." Cordials, syrups and conserves were used in such cases, as sugar was seen as warming and moist, thus amenable to the heart tissues. Herbs taken in this form were also thought by Culpeper to protect the heart and the brain from melancholic vapours which would affect mood and thoughts. Lack of vitality and other depressed physical symptoms such as anorexia, constipation, and lack of libido called for the correction of spleen imbalance (Tolyn 2002). *Hypericum perforatum* (St. John's wort) and *Borago officinalis* (borage) were among the remedies that affected the spleen, thereby lifting the spirits.

Physician-philosophers of old also carefully considered the astrological implications of the organs and functions of the body, specific herbs to be used as remedies, and the planting times of herbs. Culpeper's *Complete Herbal* and *The English Physician* are classic 17th-century texts providing traditional views of herbs' planetary aspects in relation to conditions and organs they were best suited to treat. For example, herbs falling under the dominion of the Sun or under the sign of Leo were commonly used when warmth, circulation, and increased vitality were needed to strengthen the emotional heart. By contrast, as Saturn was said by the ancient Greeks to be melancholic in nature, herbs under its rule would not have been used to gladden the heart.

*Based on these therapeutic principles, it is apparent that nervine or anxiolytic herbs were not historically the primary remedies for treating the melancholic heart or mind. Heart-gladdening herbs were more likely to be introduced because of their actions as warming aromatics, stomachics, stimulants, antispasmodics, even emetics. Cook (1869) criticizes the allopathic model of his time —
specifically, its use of narcotics, sedatives, anodynes and possibly antidepressants — for its propensity to deaden natural sensibilities as a strategy for managing suffering, which directly opposed his Physiomedicalist approach. While he sees the usefulness of nervines, he also notes the insufficiency of the term as it relates to relieving suffering. Cook's rationale is that while all relief of suffering arises through action on the nervous tissue, not all nervines relieve suffering; conversely, many remedies that may relieve suffering do not necessarily act upon the nerves. Instead, he proposes a new term: "parodyne," combining the Greek prefix para- (contrary to, against) and adyne (pain). Writes Cook, "The compound word would thus apply to agents that acted contrary to pain; and in the light of Physio-Medical principles, would present the understanding that they afforded relief by remediating the conditions on which the pain depended, without impairing nervous sensibility." While Cook does not provide an example of a parodyne herb in this writing, one that fits his description might be *Petasites hybridus* (butterbur). Anti-inflammatory, anti-allergic and anti-spasmodic, butterbur is particularly effective in treating migraine pain because of its effect on vasculature, with a marked affinity for cerebral blood vessels, but it does not act on the nervous system.

That said, some herbs traditionally used to gladden the heart are in fact considered nervines or antidepressants in modern times. *Melissa officinalis* (lemon balm) is an example, cited for centuries as a specific remedy for melancholy, and also as a tonic herb for the nervous system, increasing memory, brain function, and longevity. Paracelsus, writing in the 15th and 16th centuries, noted that its regular use would "completely revivify" a person (Grieve 1931/1977); his choice of words implies a return of liveliness, a key notion of gladdening the heart. The 17th-century diarist John Evelyn is frequently quoted as writing that "Balm is sovereign for the brain, strengthening the memory and powerfully chasing away melancholy" and that, when steeped in wine, "comforts the heart and driveth away melancholy and sadness" (Phaenouf 2005, Grieve 1931/1977). Culpeper (n.d.) writes: "Seraphio saith, it causes the mind and heart to become merry, and reviveth the heart, faintings and swoonings... and driveth away all troublesome cares and thoughts out of the mind, arising from melancholy and black choler."

Another historical remedy for melancholy and sadness is *Borago officinalis* (borage), an herb of Jupiter and governed by the sign of Leo. In his 1597 text *The Herball*, John Gerard wrote of borage: "Those of our time do use the flowers in salads to exhilarate and make the mind glad. There be also many things made of them, used everywhere for the comfort of the heart, for the driving away of sorrow, and increasing the joy of the mind. The leaves and flowers of Borage put into wine make men and women glad and merry and drive away all sadness, dullness, and melancholy, as Dioscorides and Pliny affirm. Syrup made of the flowers of borage comforteth the heart; purgeth melancholy and quieteth the frantic and lunatic person (Wilkinson 1858, Grieve 1931/1977).

Borage is not considered a nervine, thymoleptic or anxiolytic herb by modern standards. But historically, the whole plant, cooling and mucilaginous, was deemed useful for strengthening the heart. Culpeper (n.d.) writes of the qualities of the leaf and root "used in putrid and pestilential fevers to defend the
relaxing) diuretic in atonic or feeble renal conditions. Juniper was also used historically to bring warmth and movement to the GI tract where digestion was hampered by cold, and to the uterus in the case of suppressed menses and slow labor (Culpeper n.d., Cook 1869, Ellingwood 1919). Women’s “peculiar and half-hysteric forms of nervousness” was also an indication for juniper (Cook 1869), which was also used historically to fortify the brain and strengthen the nerves. The theory of the four humours is apparent here in its connection between the cold, damp humours that indicate melancholy and the use of warm, dry, carminative aromatics to balance them. In addition, juniper acts on organs and functions traditionally associated with emotional imbalances.

Some herbs ruled by the Sun, like Angelica archangelica, also served as “spiritual” alexipharmicals, that is, heart-protecting antidotes to poisons of non-physical source. Herbalist Maud Grieve (1931/1977) writes:

According to one legend, Angelica was revealed in a dream by an angel to cure the plague. Another explanation of the name of this plant is that it blooms on the day of Michael the Archangel and is on that account a preservative against evil spirits and witchcraft: all parts of the plant were believed efficacious against spells and enchantment. It was held in such esteem that it was called “The Root of the Holy Ghost.”

Also governed by Leo, angelica was considered by Culpeper to be “in all epidemical diseases caused by Saturn, as good as a preservative as grows.” As mentioned earlier, Saturn was recognized by the ancient Greeks to be melancholic in nature. While Culpeper stops short of attributing poisons to spiritual causes, he does credit angelica for its ability to ease “all pains and torments coming of cold and wind” and “resist poison by defending and comforting the heart, blood and spirits.”

Alexipharmical properties aside, angelica’s physiological actions illustrate its warm and moving qualities. Angelica was used historically as a carminative, stimulant, stomachic and diaphoretic useful in colds and
fever, coughs, wind and colic, urinary diseases and suppression of menses, not unlike juniper.

**Historical Implications for Modern Therapeutics**

In considering modern parallels to the traditional discussion of melancholy, we find new perspectives on the idea introduced by Burton regarding melancholy as a chronic condition. Dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, a defining feature of clinical depression, can be considered a state dependent on “the presence of pathobiologic phenomena that are related to a particular phase of illness rather than being constitutively present” (Gillespie & Nemeroff 2005). This idea redefines clients’ relationships with depression from a more empowered position: while the body may be the site of the depression, the person experiencing it is not the syndrome himself. This is one way in which a window of hope — previously explained as critical in a person’s recovery — is opened.

Today, melancholy as an illness or specific indication is rarely mentioned. Its closest modern analogue is depression, where a complex web of hormones, neurotransmitters and other molecules such as inflammatory cytokines and prostaglandins, operating on many body systems, play a role in mood, sickness, behavior, and other disorders in which gladdening the heart is indicated. Armed with experiential knowledge rather than clinical evidence, historical herbalists knew that plant medicines, whose constituents interact in similar complexity as the body’s systems, are well-matched remedies for healing in such a physiological environment. They also observed the complex, intimate, two-way connection between influences on the psyche (like mood, emotions, attitudes, and beliefs) and the body’s physiology and biochemical processes. This observation is mirrored and expanded by contemporary ideas of psychoneuroimmunology, the study of the interrelationships between mental, neuronal, and immune system processes as key regulators of the body-mind environment (Conway 2011), and biopsychosocial influences on health and wellness.

It is now commonly understood that health

The influence of socioeconomic factors, and ways that the practitioner can instill hope and empowerment, are important considerations when working with depressed and melancholy clients. and wellness are inherently biopsychosocial in nature. One feature of melancholy and depression is a feeling of hopelessness. Physician Robert Hedaya (2006) writes, “our position in the hierarchy determines the degree of control we have (or think we have) over our environment.” The perceived sense of control, and whether it is externally- or internally-based, is a fulcrum in the balance of psychosocial influences and physiological function. As communities become increasingly stratified by income, education, and ethnicity, hierarchies of health and wellness become more apparent. The influence of socioeconomic factors, and ways that the practitioner can instill hope and empowerment, are important considerations when working with depressed and melancholy clients.

It is within the healing relationship that practitioners bear witness to their clients’ suffering, and can communicate, genuinely and with full integrity, a commitment to care and support. Where Eclectic physicians concluded that offering the “anchor of hope” was in itself medicine, more recent practitioners have elaborated on the theme. Behavioral scientist Thomas Egnew (2005) asserts that healing is, at
its essence, the process of returning to wholeness, and that one role of the healer in this process is “to establish connexional relationships with his or her patients and guide them in reworking of their life narratives to create meaning in and transcend their suffering.” Hedaya (2006) reminds practitioners of the responsibility to work with clients to not only find hope, but to (re)discover happiness and joie de vivre as an important part of health recovery. Psychologists James Hillman and Michael Ventura (1992) point to the importance of finding beauty as a means of gladdening the heart, writing that “[t]he greatest moral choice we can make today, if we are truly concerned with the oppressed and stressed lives of our clients’ souls, is to sharpen their sense of beauty.”

Perhaps the search for beauty in our everyday lives is the search for connection. Connection, a means by which we are made whole, can happen through sharing with others; the connections found in the context of community is deeply healing and has the capacity to relieve stress, improve mood, and even mediate neuroendocrine stress responses and immunity (Kikusui, Winslow et al 2006). For this reason, non-herbal therapies such as support groups can be very helpful. However, connection may also be considered at its core a spiritual activity. While some medical practitioners raise concerns about the ethics of recommending “non-medical” interventions (meditation, for example), this perspective is quite different from both traditional views and more current, holistic clinical perspectives. Among the benefits that may be ascribed to a patient’s “faith” include arriving at meaning of suffering; methods of coping with that suffering; support and a sense of belonging; and self-worth and self-value (Conway 2006). A spiritual orientation, whether or not it is accompanied by religious practice, can serve as a deep source of hope, inspiration, and possibility to the grieving and the melancholy.

Conclusion
The notion of gladdening the heart was one well-known and practiced by traditional western herbalists and physicians, with identifiable symptoms and specific indications for its employ.

Energetic concepts popularized by Hippocratic-Galenic thought led to developing therapeutic strategies that informed the ways the heart might be gladdened. Deep-seated melancholy was seen as a disturbance in the natural cycle of emotions, as well as the natural flow of humours. Herbal remedies used to gladden the heart were energetically balancing to the tissues in which this emotion was most greatly expressed — generally the brain, heart, and gut — or were spiritually protective against perceived forces that acted against the life force of individuals.

Historically, western herbalism recognized specific emotions and behaviors — fear, sadness and grief, anguish, isolation — as aspects of melancholy. Modern practitioners may use different terms, such as depression, anxiety, or dysthymia. In both cases, gladdening the heart requires that practitioners recognize the inextricable link between the emotional and the physiological, a biopsychosocial connection that is influenced by a variety of factors. Individuals’ concepts of health and illness, empowerment and hopelessness, have a reciprocal relationship with the functional and tissue state of the various parts of the nervous and immune systems. To gladden the heart means to address all of these factors, using herbal therapies to support and mediate physiological pathways and function, while simultaneously offering hope, empowerment, and the opportunity to create a new narrative that supports joy in living. The context in which this happens is the relationship between practitioner and client, one that is in itself medicine.