

CHAPTER 1

Introduction

The Fainting Phenomenon is intended to help the large numbers of people whose lives are negatively affected by the threat—and the reality—of fainting. Research has discovered a lot about what causes fainting. However, we have a long way to go, especially in educating both physicians and the public.

We now know that the brain and the autonomic nervous system (ANS) automatically regulate many of the normal functions of the body. This is especially true when the functions are outside of your conscious control, such as control of your heart rate, blood pressure, body temperature, and bowel function.

Think of your brain as being like a thermostat. The thermostat in your home automatically instructs your heating system to turn on and off in response to changes in temperature. Once you set the thermostat, you do not usually have to think about it after that. But what if your furnace suddenly was not putting out the heat needed to keep you warm? You might assume that something is wrong with the furnace—all you know is that you are cold. What if, when you called in a repair person, you were told that there was nothing wrong with your furnace? Hopefully, the repair person would next think to check your thermostat to see if it was working properly. But think how you would feel if, instead of checking the thermostat, the repair person concluded that your blue-tinged skin and goose bumps “must all be in your imagination.”

This is what can happen to someone with a disorder that causes fainting. Your brain and nervous system work in much the same way as the thermostat. You are not normally aware of your brain and ANS functioning, only of the end results . . . or lack of them. Imagine a situation in which you went to your doctor and reported that your heart seemed to stop at times. It would be both upsetting and frustrating if, after checking your heart, your doctor concluded that since there was nothing wrong with the heart itself, the problem must be “in your head.” In a way, the doctor might be right, but not the way you think.

The stopping of your heart might actually be due to some malfunction of the signals sent to the heart from the brain and the ANS. The furnace—your heart—might check out okay, but still not be working properly because of problems with the thermostat—your brain—or the wiring connecting the two—the ANS. A whole new branch of medicine has developed to look at symptoms caused by malfunctioning of your brain and/or ANS.

It is interesting to note that a number of people with disorders of the ANS have been misdiagnosed as having other disorders. For example, people with some types of ANS disorders can experience extreme fatigue because of the way the brain and ANS regulate blood pressure and heart rate. These individuals

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may be mistakenly diagnosed as having chronic fatigue syndrome. It is estimated that as many as 20% of the people diagnosed as having chronic fatigue syndrome may actually have ANS problems. Why is this important? There is currently no uniformly effective treatment for chronic fatigue syndrome. ANS disorders, on the other hand, can often be successfully treated, allowing the person to return to normal functioning. When the correct diagnosis is missed, it can be tragic for individuals who may continue to be almost totally incapacitated; they may not be able to function. The symptoms can have negative effects on all aspects of their life, including personal relationships, the ability to hold a job, and enjoyment of hobbies, among others.

Knowledge is power! It is important for you to know that symptoms such as fainting or chronic fatigue may possibly be a sign of a disorder of your ANS. Just because the underlying cause for these symptoms does not show up in a basic physical examination or a blood test is not proof that your problems are psychosomatic, that is, caused by psychological instead of physical problems.