

## Rapid Communication

# A Novel Approach to the Management of Chronic Pain Using HeartSpeak®, an Emotional-Somatic Release Technique, In a Yoga Context

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**Received:** October 30, 2023**Accepted:** November 24, 2023**Published:** December 01, 2023**Abstract**

There is a compelling link between chronic pain, stress, emotions, memory and the fascial system which warrants further investigation. This study explored if HeartSpeak, a new mindbody intervention, should be considered for management of chronic pain. In this prospective, uncontrolled pilot study, HeartSpeak, which seems to release emotional memories stored in the body, was applied in the context of a yoga / movement class for those suffering from chronic pain. Pain scores were recorded before and after each fortnightly class for 6 months. Over the 12 classes, 96 people participated, the mean pre-class NPRS was 5.5 (SD=2.3), and the mean post-class NPRS was 2.9 (SD=2.7), which difference reached statistical significance ( $p<0.01$ ). These results suggest that HeartSpeak may be useful in reducing chronic pain levels, however caution is urged in interpreting these results until more research is completed.

**Keywords:** HeartSpeak; Chronic pain; Yoga; Mind-body; Fascial system

**Abbreviations:** NPRS: Numerical Pain Rating Scale; SD: Standard Deviation

**Introduction**

The link between chronic pain, stress, emotion, memory and the fascial system has become compelling [1,2]. It is now clear that to effectively help those in chronic pain, both the physical and mental/emotional aspects of pain must be addressed [3-5]. Less evident is how to make use of this relationship, since mindbody approaches, such as mindfulness and yoga, show only small effect sizes and inconsistent outcomes, compared to traditional pharmaceutical approaches [6-8]. Correspondingly, many commonly used pain medications have negative consequences, such as drowsiness, constipation, dependence, and addiction [6,9,10]. Certainly, consideration of new approaches is warranted. The objective of this pilot study was to investigate if a new mindbody intervention, HeartSpeak, should be considered for management of chronic pain.

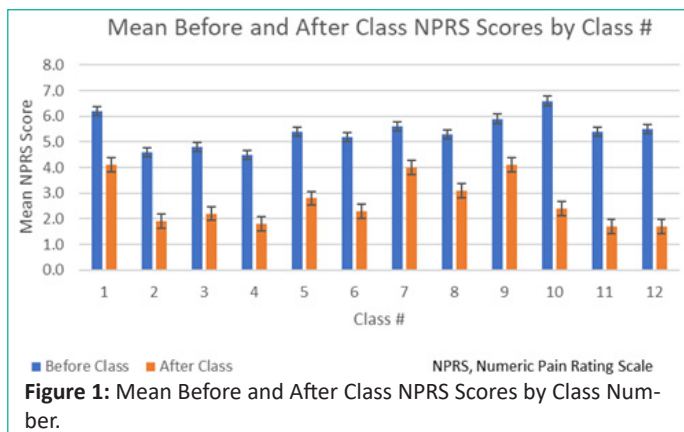
**Methods**

During this prospective, uncontrolled pilot study, participants were recruited from a bimonthly gentle yoga / movement class targeted to those in chronic pain. Along with the gentle yo-

ga-type movements, participants were invited to participate in a new mindbody intervention, HeartSpeak, which that involved feeling specific feelings. At various times during this 1-hour class, the instructor would guide the participants through feeling a selection of emotions, the goal of which was to release pain, muscle tension and fascial adhesions. Over the course of 6 months (12 classes), volunteers completed a 0-10 numerical pain rating scale (NPRS; 0=No pain, 10=Worst pain ever), both before and after class, and using a paired sample t-test the differences in NPRS scores pre- and post-class were analysed.

**Results**

In the 12 classes, a total of 96 participants provided NPRS feedback, including 16 males and 80 females (17% males, 83% females). The mean number of participants providing feedback each class was 8 (SD=2.2), which represented approximately half of each class. Over the 12 classes, the mean pre-class NPRS was 5.5 (SD=2.3), and the mean post-class NPRS was 2.9 (SD=2.7), which difference reached statistical significance



**Table 1:** NPRS Scores by Class Number.

		NPRS Scores							
Participants				Before Class		After Class		p-value	
Class #	n	Female	Male	Mean	SD	Mean	SD		
1	12	10	2	6.2	2.1	4.1	2.9	<b>0.0209</b>	
2	8	5	3	4.6	2.6	1.9	2.6	<b>0.0038</b>	
3	5	4	1	4.8	1.3	2.2	1.5	<b>0.0029</b>	
4	6	5	1	4.5	1.8	1.8	1.8	<b>0.0336</b>	
5	10	8	2	5.4	2.9	2.8	3.7	<b>0.0133</b>	
6	6	5	1	5.2	2.5	2.3	1.4	0.0595	
7	10	8	2	5.6	1.6	4	2.5	<b>0.0161</b>	
8	7	6	1	5.3	2.1	3.1	2.9	0.0781	
9	11	10	1	5.9	2.3	4.1	3	<b>0.0162</b>	
10	8	7	1	6.6	2.7	2.4	3.3	<b>0.0044</b>	
11	7	6	1	5.4	2.4	1.7	1.8	<b>0.0141</b>	
12	6	6	0	5.5	3.4	1.7	1.4	<b>0.0432</b>	
<b>Totals</b>	96	80	16						
<b>Means</b>	8	6.7	1.3	5.4		2.7		<b>0.0255</b>	

SD: Standard Deviation; NPRS: Numerical Pain Rating Scale

( $p < 0.01$ ). In all 12 classes, the mean NPRS scores were lower after class (post-class) compared to before class (pre-class), which reached significance ( $p < 0.05$ ) in 10 of the 12 classes. For a summary of NPRS scores by class, see Figure 1 and Table 1 above.

**Discussion**

These preliminary results may suggest that this novel mind-body, emotional-somatic release technique, HeartSpeak, may be useful in lowering subjective pain in those suffering from chronic pain. Limitations of this study include the lack of control group and the inability to blind participants and the instruc-

tor. Further research is warranted and should incorporate more comprehensive blinding and a control group. As an example, a control group could participate in only the yoga/movement aspect of the class, while the experimental group would receive the HeartSpeak intervention emotional-somatic release intervention as well as the yoga / movement class. Until such a randomised controlled trial is completed, no causation of effect can be established, and therefore, caution is urged when interpreting these results.

**References**

1. Linton SJ. A review of psychological risk factors in back and neck pain. *Spine*. 2000; 25: 1148-56.
2. Gatchel RJ, Peng YB, Peters ML, Fuchs PN, Turk DC. The biopsychosocial approach to chronic pain: scientific advances and future directions. *Psychol Bull*. 2007; 133: 581-624.
3. Melzack R, Wall PD. *Science*. *Pain Mech New Theor*. 1965; 150: 971-9.
4. Moseley JB, O'Malley K, Petersen NJ, Menke TJ, Brody BA, Kuykendall DH, et al. A controlled trial of arthroscopic surgery for osteoarthritis of the knee. *N Engl J Med*. 2002; 347: 81-8.
5. Galasso A, Urits I, An D, Nguyen D, Borchart M, Yazdi C, et al. A comprehensive review of the treatment and management of myofascial pain syndrome. *Curr Pain Headache Rep*. 2020; 24: 43.
6. Hilton L, Hempel S, Ewing BA, Apyaydin E, Xenakis L, Newberry S, et al. Mindfulness meditation for chronic pain: systematic review and meta-analysis. *J Pharmacol Exp Ther*. 2014; 351: 327-35. 2017; 51: 199-213.
7. Johnson AC, Greenwood-Van Meerveld B. Stress-induced pain: A target for the development of novel therapeutics. *J Pharmacol Exp Ther*. 2014; 351: 327-35.
8. Posadzki P, Ernst E, Terry R, Lee MS. Is yoga effective for pain? A systematic review of randomized clinical trials. *Med*. 2011; 19: 281-7.
9. Häuser W, Schug S, Furlan AD. The opioid epidemic and national guidelines for opioid therapy for chronic noncancer pain: A perspective from different continents. *PAIN Rep*. 2017; 2: e599.
10. Chou R, Turner JA, Devine EB, Hansen RN, Sullivan SD, Blazina I, et al. The effectiveness and risks of long-term opioid therapy for chronic pain: A systematic review for a National Institutes of Health Pathways to Prevention Workshop. *Ann Intern Med*. 2015; 162: 276-86.