

How to Beat Mainstream Medicine's “Dirty Dozen”



—Dr. Marc Micozzi—

Copyright © 2026 NewMarket Health Publishing, LLC, PO Box 913, Frederick, MD 21705. tel. 888-884-7768. For international orders, please dial 443-353-4245. If you would like to contact us via our website please visit <https://logicalhealthalternatives.com>.

No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including recording, photocopying, or via a computerized or electric storage or retrieval system without permission granted in writing from the publisher. The information contained herein is obtained from sources believed to be reliable, but its accuracy cannot be guaranteed.

All material in this publication is provided for information only and may not be construed as medical advice or instruction. No action or inaction should be taken based solely on the contents of this publication; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being.

The information and opinions provided in this publication are believed to be accurate and sound, based on the best judgment available to the authors, and readers who fail to consult with appropriate health authorities assume the risk of any injuries. The publisher is not responsible for errors or omissions.

Lost in the wilderness: Why mainstream medicine will never completely solve the puzzle of these chronic illnesses

There are **12 chronic illnesses** that have been confounding physicians to the point of abandonment for decades. They include:

1. Asthma & Allergies
2. Chronic fatigue syndrome
3. Depression
4. Fibromyalgia
5. Hypertension
6. Irritable bowel syndrome
7. Migraine headaches
8. Phantom pain
9. Post-Traumatic Stress Disorder (PTSD)
10. Rheumatoid arthritis
11. Skin problems such as eczema and psoriasis
12. Ulcers

And if you or a family member is one of the tens of millions of Americans who has ever struggled with one or more of these, you know just how debilitating and frustrating they are. Even worse, the “Dirty Dozen” is particularly bothersome to most medical researchers because they want to try and find a single factor—a simple cause-and-effect relationship.

But it’s just not that simple

The “Dirty Dozen” is a complex crew—but that doesn’t mean they can’t be stopped. You need time, experience, and deep understanding of how the body, and YOUR body specifically, is connected.

Namely, that the brain and the rest of the body are not separate, but emotionally and physically connected. Everything we feel, think, know, intuit, remember, or even have forgotten is united in the body and the mind.

Many symptoms of chronic illness are clues to the feelings bottled up around them. When these clues are deciphered correctly, they tell us something about the personality experiencing them. Many chronic symptoms that you can’t shrug off or medicate away, that can’t be surgically removed or made to disappear, are anchored in your personality, rooted in your temperament.

Different people process their feelings in different

ways. Your emotional style is a fundamental aspect of who you are. It affects more than just your outlook on life. It can affect your wellbeing as well.

Many chronic ailments are not the result of germs or genes, but are rooted in your emotional biology. This link between your emotional type and health explains why modern medicine—which views treatment as “one size fits all”—often fails to successfully treat chronic pain and illness.

Indeed, this insight is the basis of approaching the Dirty Dozen—through targeting your *emotional type*.

The term is intended to capture the way different people feel their feelings (or don’t). It relates to the brain; it relates to the rest of the body; it relates to your genetic inheritance; and it relates to the way you were raised.

Your emotional type indicates how likely you are to be affected by certain chronic conditions. And it indicates which therapies may work best for you.

In this important sense, the Dirty Dozen are different from cancer, diabetes, multiple sclerosis, or any disease that has a readily identifiable physical basis and originates primarily in the body itself. While feelings and emotions may become involved in these diseases—it’s mostly after the fact. The cause or trigger to developing these diseases is not a matter of an individual’s *very being*.

Take chronic fatigue syndrome (CFS) for example. CFS has been around, under different names, since at least 2000 BC. The combination of symptoms associated with CFS—disabling tiredness, muscle pain, sleep difficulties, memory problems, headache, depression—was long considered to be a product of the patient’s mind. More recently it’s been noted, though, that CFS is often preceded by a traumatic event or a viral infection. So it seemed like a breakthrough when an American research team, in 2009, found a retrovirus in the blood of a high proportion of people with CFS. However, two follow-up studies failed to find that same association—so the puzzle remains.

The same story applies to ulcers. At first it was generally accepted that stress had a lot to do with the development of ulcers. Then, about 20 years ago, Australian researchers produced evidence that a bacterium in the

stomach lining, known as *H. pylori*, is responsible. So, modern medicine dropped the idea of stress and went after killing the bacteria that “causes” ulcers. However, while it’s true that most cases of ulcer—about 90 percent—are associated with *H. pylori*, only about 10 percent of people infected with this bacterium develop ulcers. And another 15 percent of patients don’t have it in their stomachs at all. So the “silver bullet” isn’t completely convincing. Some other factor—anxiety or stress once again being likely—must be at work, at least with many people.

The more that CFS, migraine, fibromyalgia, irritable bowel syndrome, and other conditions are studied, the less they seem explainable by a single cause.

“Going with your gut,” “heart-breaking,” and “all-in-your-head” revelations: The truisms behind today’s most common sayings

Surely you’ve heard the phrase “I’m not feeling myself today.” That feeling is linked to your body, how you physically feel.

In fact, there’s a fast-growing discipline known as psycho-neuroimmunology, which studies this interaction between the brain and body, the nervous and immune systems, personality and stress, and emotions and health.

Again, it comes back to the inherent connection of body and mind. How you “feel” is *not* just “all in your head.”

Here’s an example. Think for a moment about your most indelible lifetime memory. Many today would say the collapse of the World Trade Center on 9-11-2001. Before then, many of a certain age and up would say it was President John F. Kennedy’s assassination in 1963. Or perhaps it’s the moment you heard your beloved say “I do.” The more intense the feeling or the more vivid the encounter, the stronger the recollection will be. Experiences that scare, shock, or thrill us are among our most indelible lifetime memories.

And such memories are whole body recollections, relying on connections between the amygdala (a part of the brain that stays on alert for major threats), the vagus nerve (which connects the brain to the adrenal glands atop the kidneys and to the whole body), the adrenal glands themselves (which secrete the “fight or flight” hormones), and the rest of the vital organs and nervous system.

In fact, our vital organs together contain more chemical messengers (neurotransmitters and neuropeptides that are critical for brain activity), than does the brain itself!

Here’s another example. Surely you’ve experienced a “gut feeling” about something. Something that gave you pause. That nagging doubt. These feelings don’t come out of nowhere. They emanate from a very tangible part of your body—the gut.

The gut actually has its own self-contained nervous system, known as the enteric nervous system. It can operate in the complete absence of input from the brain or even the spinal cord. It is vast, with more than one-hundred million nerve cells in the small intestine alone. Add to that the nerve cells of the esophagus, stomach, and large intestine...the result is that the gut contains *more nerve cells than does the spinal cord*. Making it effectively your “second brain.”

Within this “second brain” is a vast chemical factory. It produces every type of neurotransmitter that can be found in the brain. Neurotransmitters are like the “words” that nerve cells use to communicate. The stream of messages in the gut is so continuous, in fact, that scientists have even come up with a name for it—the brain-gut axis.

So the term “gut feeling” is no mere figure of speech. Those feelings that bother you, but that you just can’t put your finger on, are well worth your time to decipher—and embrace.

Other everyday terms about the body are also much more than metaphors. Consider the following:

“My heart is full.”

“That’s a heart-warming story.”

“What he did was cold-hearted.”

“My heart’s just not in it.”

“In my heart, I know it’s true.”

Not only can the brain communicate instantaneously with the heart via receptors in the heart for neuropeptides (the brain’s words), but the heart’s atrium area produces a hormone that affects several parts of the brain as well as the pituitary and pineal glands.

What’s more, remarkably, the heart registers by far the strongest electrical and magnetic activity of any organ in the body, including the brain. Indeed, the

heart's projected energy can continue to fill a room long after the people occupying it have left. Equally stunning is the finding that the heart energies of spouses living together can become entrained—that is, their hearts are literally beating together.

Clearly, the notion of mind and body as two different domains needs to change. Our muscles, our organs, our skin, our nervous system, our endocrine system, our immune system—all are connected, sending cellular and chemical messages to each other continuously and instantaneously. States of health and illness, feeling and mood, reflect the state of the self at any given moment. Mind and body are one.

So seen this way, each of us is psychosomatic! It's *necessary and normal*! And it's the key to defeating the Dirty Dozen.

It all comes down to how you experience your feelings. Do they flow easily? Are you “thin skinned?” Or do they flow slower and thicker? Are you more “thick skinned?”

The characteristic way that you literally *feel* can make you more prone to certain symptoms or conditions. And conversely, when we look at the different conditions through the lens of emotions or feelings and how they took root...the best ways of treating that condition come to light.

The “Dirty Dozen”:

Case studies and solutions from the inside

The one common denominator in approaching the Dirty Dozen, of course, is the use of a Complementary and Alternative Medicine (CAM) therapy. In general, CAM therapies are well situated to help someone struggling with one of the Dirty Dozen. CAM therapies are all psychosomatic—meaning they address the emotional/mental as well as the physical. They address the whole person, not just the symptoms.

We've seen that, for a variety of chronic conditions, intense, emotional experiences—particularly in childhood—reverberate “under the radar” throughout one's life. And it's clear that intensive experiences have various health effects depending on *personality type*. This can also be referred to as a *boundary type*. (Boundary types are detailed at length in Jawer & Micozzi *Your Emotional Type*.)

If you have a thick boundary, you tend to have diffi-

culty realizing that you're feeling anything significant. You may have some awareness of the presence of the feelings but you may be slow to appreciate their intensity. If you have a thin boundary there will be no doubt among yourself or others as to the extent of feelings you are experiencing at any given moment.

Depending on your boundary type, you will be more prone to certain chronic conditions. Following are the Dirty Dozen ailments and how they relate to the boundary types.

Asthma & Allergies: Many people, unfortunately, suffer from asthma and allergies together. And there is intriguing evidence that they are both indicative of thin boundaries (detailed in Jawer & Micozzi *The Spiritual Anatomy of Emotion*). Symptoms are often experienced by people who are emotionally receptive, but who tend to “wall off” stressful feelings or memories. If you're a thin boundary person, the more the external environment “gets” to you, the more your body and mind will overreact to it. And your symptoms will be aggravated.

Chronic fatigue syndrome (CFS): The ability of thick boundary people to handle any given situation with a minimum of emotional upset can lead them to take on greater and greater responsibility until they become over-extended personally and professionally. Many people overtaken by CFS fit this profile. People who tend to contract CFS are not the aggressive, “do it today or you're fired,” hard-driving Type A personality. Rather than teeing off on others, they typically blame themselves. These are people who are used to graciously “taking it”—until something happens *and their bodies say no*.

The risk of developing CFS has also been linked to a period of time involving a high level of stress, or trauma, where symptoms may not present for an entire decade after the event. There is also evidence that shows childhood trauma—especially sexual abuse and physical or emotional neglect—increases the odds of CFS occurring later in life.

In cases of CFS, something eventually happens to throw off the old order. The prompt needn't be large, but it bears some relation to the original circumstances. A sight, a smell, a passing remark. Just one stressful experience is all it may take. Your natural inclination is, once again, to deny or minimize the validity of what is happening. But the very effort involved in suppressing

those feelings requires energy. And you've finally sapped all of your resources to keep the long-relegated feelings at bay...resulting in instant fatigue. Meanwhile, your life is turned upside down as the CFS symptoms take hold.

Depression: Depression frequently accompanies many of the Dirty Dozen. And it's difficult to tease out where those other conditions end and depression begins. Many researchers once believed that psychosomatic ailments were brought on by the person's depression. However, more recent studies suggest that people can become depressed as a consequence of the illnesses with which they're afflicted. Especially for a person whose been told, "It's all in your head."

As for which boundary type depression is most associated with...based on the research and observations, depression may actually "have no boundary." It can affect anyone based on their response to a significant loss or disappointment. The depressed person is in an ongoing funk. Sad most of the time, happy at others, but the dominant feeling is "blah." It's more of an existential pain than a piercing, physical discomfort. This is because the underlying feelings are essentially on "mute." Depression, therefore, requires a more active, conscious effort to overcome. This is different from other conditions where the solution is often linked to the person simply being open to reconciliation with the displaced or ignored feelings.

Fibromyalgia (FMS): People with fibromyalgia report that specific parts of their body are painful to the touch. They may also have a generalized feeling of muscle tenderness and "aching all over." They may also experience tingling sensations, localized numbness, headache, fatigue, difficulty sleeping, anxiety, and irritable bowel symptoms. So, while FMS may appear to be a musculoskeletal illness, it is better viewed as a more generalized disturbance of how the central nervous system processes pain. And the evidence suggests that FMS is a thin boundary condition. While some may have a genetic predisposition, in many cases, childhood trauma sensitizes them. As a rough analogy, think of what happens in cases of whiplash. People involved in even low-speed accidents will often clench their muscles and brace themselves for an anticipated impact. The effort expended in "hunkering down" can result in persistent neck or back pain. In a parallel way, significant emotional stressors can cause a thin boundary person to clench his

or her feeling energy, compressing it, and setting the stage for later FMS symptoms.

Hypertension: Hypertension, or high blood pressure, is related to thick boundary types...where stressful or threatening feelings have gone "underground" within the body and mind. In most stressful situations, many people will actually feel their blood pressure rising, their heart rate increasing, their palms sweating, and body temperature rising. But individuals who have hypertension or chronic cardiovascular problems tend to completely lack awareness of these dramatic physical shifts. If you were to hook the person up to a heart monitor and physically measure the stress response, the stressful situation or underlying emotions may obviously be causing the person physical turmoil. Yet the individual will tend to sense only an emptiness, detachment, or obliviousness. This discrepancy between their physical and surface calm is a measure of how disassociated they are from the intensive feelings lurking within.

Irritable bowel syndrome (IBS): People with IBS—10 to 15 percent of the U.S. population and nearly three-quarters of them women—experience chronic gastrointestinal pain and discomfort (also known by the medical term colitis). Astonishingly, half of them have a history of being physically or sexually abused. Others experienced such childhood traumas as a parental divorce, a major illness or accident, or the death of a loved one. But it also runs in families. And it's demonstrably a thin boundary condition. Sufferers are often described as "overly anxious" and even "driven." It also often co-occurs with seasonal allergies and allergic eczema. And people with IBS are more likely to suffer from fibromyalgia and migraine. All thin boundary conditions.

Another important difference between IBS and thick boundary conditions relates to serotonin (95 percent of which is actually found in the gut). The level of serotonin in IBS patients (and, for that matter, fibromyalgia sufferers) is low compared with individuals experiencing the thick boundary condition of chronic fatigue syndrome. And while serotonin is far from the sole actor, the difference points toward a meaningful distinction in boundary type among these conditions.

Migraine headaches: Migraine pain is a good illustration of the thin boundary dilemma. The fact that a migraine can be brought on by just about anything—an aroma, a noise, a food, a glare, changing weather conditions, or emotional upset—is indicative of a highly sensi-

tive, thin boundary person who may be taken by surprise by their feelings. Biologically, migraine is a two-step process. In the lead-up phase, before the headache is experienced but when sufferers tend to feel depressed, irritable, or restless, serotonin levels are unusually high, constricting blood flow. Then, when the headache actually hits, serotonin levels drop sharply and the blood vessels dilate. If a person is going through a stressful period, blood flow to the extremities will be constricted; this can last for hours or days. Finally, when they relax a bit, the blood flow returns strongly to the extremities. The blood vessels dilate and the migraine occurs.

Phantom pain: This is a challenging condition wherein people who have lost a limb will complain vigorously about strange sensations where their arm or leg, hand or foot used to be. “Cramping,” “itching,” “burning,” and “shooting” pains are the adjectives most commonly used. In every case, the person is convinced that the limb is still there. These cases have yet to be understood. But perhaps phantom pain can be explained through feelings and the energy they harbor. What distinguishes the 30 percent of amputees who don’t experience phantom pain from the majority who do? Similarly, why should some people’s sensations come and go while other’s remain constant? The answer might have to do with the extent to which feelings are dissociated in that person. Someone who is chronically dissociated (or thick boundary) is much more likely to feel phantom pain. A person that can come to terms with his or her deepest feelings, dissociation—and phantom pain—will be reduced.

Post-traumatic stress disorder (PTSD): The most distressing aspect of PTSD is how the individual essentially relives the traumatic event as though it’s a clear and present danger. The sights, sounds, smells, and—especially—feelings are brought into visceral reality. This ready flow of emotions is most clearly linked to a thin boundary type. The reactive nature of the thin boundary person with PTSD is captured by the following remark from a combat veteran. The smell of gunpowder, he said, not only makes him feel hot, “It’s as if my whole metabolism changes.” The experience is intense as well as instantaneous. So much so that the replayed experience feels almost identical to the original trauma.

Rheumatoid arthritis (RA): Unlike the wear and tear of osteoarthritis, rheumatoid arthritis is an autoimmune disorder where the immune system mistakenly at-

tacks the person’s own tissue. Symptoms include painful swelling of the tissue lining the joints, typically the small joints of the hands and feet, and sometimes fever and fatigue. RA is associated with a thick boundary person. Someone skilled at hiding feelings. Patients may describe themselves with comments like, “I’m in a bind,” “I’m in a rut,” or “I can’t get moving.” Rather than embrace his or her feelings and needs and do something about them, the person with rheumatoid arthritis tends to focus on other people and act upon *their* feelings and needs.

Skin conditions, such as eczema & psoriasis:

Skin is extremely sensitive, not only to the outside world and touch, but as well as to our own changes in feeling and mood. It’s our body’s internal nervous system turned outward. It shouldn’t be surprising, then, that nearly half of all skin disorders may reflect a psychosomatic disturbance. Anyone with an emotional conflict “under the skin” can conceivably become affected. And anyone who can learn to untangle the conflict can effect a remission. Thin boundary people see the quickest resolution given their higher-than-average ability to identify their feelings and “liberate” the energy that’s constrained.

Ulcers: Ulcers were once thought to be tied to the *H. pylori* bacterium in the stomach. However, as noted above, the overwhelming majority of people with *H. pylori* in their system don’t develop a stomach ulcer, and others who do don’t even harbor the bacterium. Thick boundary people, who tend to hold everything in, are more likely to develop ulcers.

The oft-missed FIRST STEP to beating chronic conditions: Finding your emotional type

We have just now discovered an important way of understanding how the mind-body perceives and processes emotions, moods, and other feelings that affect and reflect our health. And by now, you probably have a good idea whether you’re on the thin or thick side of the boundary spectrum.

The following simple simple survey will allow you to quickly answer and score your boundary type. It’s called the Boundary Questionnaire.

The original Boundary Questionnaire (BQ) was developed by Ernest Hartmann, MD, a researcher at Tufts University, based on research he conducted in the 1980s. The full version consists of 146 questions

grouped into a dozen categories. The categories reflect themes such as “Interpersonal,” “Thoughts/Feelings/Moods,” “Child-hood/Adolescence/Adult,” and “Sleep/Dream/Waking.” (Hartmann, *Dreams and Nightmares*. Plenum Press, 1998.)

Following is a shorter version of the questionnaire consisting of 18 questions.

It’s important to note that no one is reducible to a single spot on the boundary spectrum. You may be thin in some respects, thick in others. Moreover, where you fall on the spectrum is not fixed for life. You may develop thinner boundaries as you get older as a result of your

unique experiences. You can also become thicker or thinner depending on the medications you’re taking or how tired you happen to be. Still, as a general personality trait, your boundary type won’t vary too much from day to day or year to year.

Please note: There are no “right” or “wrong” responses. Consider these statements merely as prompts intended to get a feeling of where you are at this time in your life. Please rate each of the statements from 0 to 4 (0 indicates “not at all true of me”; 4 indicates “very true of me”). Try to respond to all of the statements as quickly as you can.

1. My feelings blend into one another. 0 1 2 3 4	11. When something happens to a friend of mine or to a lover, it is almost as if it happened to me. 0 1 2 3 4
2. I am very close to my childhood feelings. 0 1 2 3 4	12. When I work on a project, I don’t like to tie myself down to a definite outline. I rather like to let my mind wander. 0 1 2 3 4
3. I am easily hurt. 0 1 2 3 4	13. In my dreams, people sometimes merge into each other or become other people. 0 1 2 3 4
4. I spend a lot of time daydreaming, fantasizing or in reverie. 0 1 2 3 4	14. I believe I am influenced by forces that no one can understand. 0 1 2 3 4
5. I like stories that have a definite beginning, middle and end. 0 1 2 3 4	15. There are no sharp dividing lines between normal people, people with problems and people who are considered psychotic or crazy. 0 1 2 3 4
6. A good organization is one in which all the lines of responsibility are precise and clearly established. 0 1 2 3 4	16. I am a down-to-earth, no-nonsense kind of person. 0 1 2 3 4
7. There is a place for everything, and everything should be in its place. 0 1 2 3 4	17. I think I would enjoy being some kind of creative artist. 0 1 2 3 4
8. Sometimes it’s scary when one gets too involved with another person. 0 1 2 3 4	18. I have had the experience of someone calling me or speaking my name and not being sure whether it was really happening or whether I was imagining it. 0 1 2 3 4
9. A good parent has to be a bit of a child, too. 0 1 2 3 4	
10. I can easily imagine myself as an animal or what it might be like to be an animal. 0 1 2 3 4	

Obtaining your score

To obtain your score, simply add up the scores (0-4) for all questions—**except for questions 5, 6, 7, and 16 which should be scored backward** (i.e., for these questions an answer of “0” is scored as 4, “1” is scored as 3, “2” is scored as 2, “3” is scored as 1, and “4” is scored as 0).

Scores below 30 are considered definitely “thick” and scores above 42 are considered definitely “thin.” See where you are on the spectrum below:

THICK BOUNDARY-----MIDDLE-----THIN BOUNDARY
0 9 18 27 36 45 54 63 72

The right treatments for your boundary type

Just as the Dirty Dozen are linked to the boundary types, your boundary type is related to the effectiveness of the CAM therapies. In true complementary fashion, the real secret to treating the Dirty Dozen ailments is to look at all the tendencies together. What therapies work best for the conditions? Then which of those therapies work best for you?

Unfortunately, I just don’t have the space to get into all of the details here. But below is a quick glance at the top seven therapies and where they fall along the boundary spectrum.

The seven therapies presented below are well established, safe, and effective treatments that are, or rapidly becoming, widely available. We address only proven treatments that are widely available and have been used for decades if not longer.

This picture shows the treatments that are most specific to Thin boundary conditions on the left, with those most specific to THICK boundary conditions on the right; and arranged in between as to their degree of specificity for one or the other. In terms of general treatments for your boundary type, the most strongly specific treatments for thick personality boundaries (in this order) are: Guided Imagery, Relaxation & Stress Management, Meditation & Yoga. For Thin boundary types: Hypnosis is the therapy of choice when effective for your condition (which you’ll find detailed in *Your Emotional Type*), followed by Acupuncture. Biofeedback is equally specific for thick or thin boundaries.

Before you consider using any therapy for any of these Dirty Dozen disorders find out your emotional boundary type first.

Spectrum of treatments along boundary lines—A thumbnail reference

THIN.....MIDPOINT..... THICK					
Hypnosis	Acupuncture	Biofeedback	Guided Imagery	Stress Reduction	Meditation & Yoga