

Lovesickness: The Most Common Form of Heart Disease

Nancy Dzaja

*“My mouth doth water, and my breast doth swell,
My tongue doth itch, my thoughts in labour be;”¹*

As Astrophil pines for his Stella in Sir Philip Sidney's sonnet, he describes the physical symptoms of his infatuation which point to a rampant case of lovesickness. In addition to its common presence in works of literature, lovesickness has been described as an actual medical entity with a specific etiology, pathogenesis, and treatment. Amazingly, many of the described symptoms of lovesickness are consistent across time and place, including fever, agitation, loss of appetite, headache, rapid breathing, and palpitations. On the other hand, other aspects of the disease and its care differ tremendously depending on the cultural context. Lovesickness (also known as lover's malady, mal de ojo, mal amor, amor heroes, inordinate love, or philocaptio) had a variety of proposed etiologies. In the Middle Ages it was often attributed to love philters and demons, while the ancient Nahua of Mexico thought it had to do with the evil eye. The disease had serious consequences: failure to treat an afflicted patient could result in losing one's genitalia, death, or eternal damnation. Treatments were creative and varied widely, from herbal remedies to the prescription of sexual intercourse, to drinking water that had been boiled in the desired person's underwear. Lovesickness is a disease that permeates medical literature since the time of Hippocrates, and may still have a place in modern medicine in the form of somatoform disorder, bipolar disorder, or erotomania.

Introduction

In a case description, the physician Erasistratus (4th century BC) is called to the bedside of Prince Antiochus, who is extremely ill. On examination, the prince is weak, emaciated, and near death, and no one understands why. As Erasistratus feels Antiochus' wrist, he realizes that the prince's pulse quickens and he becomes flushed when his stepmother Stratonice enters the room. Erasistratus realizes that Antiochus is suffering from lovesickness, and tells King Seleucus, who gives his wife to his son.² Similar stories are attributed to Hippocrates and Galen. Indeed, lovesickness is a disease that permeates medical literature and the ability to diagnose it was the sign of a great physician.² Descriptions of the disease have changed extensively over hundreds of years and it may exist today in the guise of psychiatric disorders.

Signs and Symptoms

The signs and symptoms of lovesickness (also known as lover's malady, *mal de ojo*, *mal amor*, *amor heroes*, inordinate love, or *philocaptio*) are often consistent regardless of time or culture. Lovesickness involves fixation on a person: the

afflicted individual has obsessive thoughts about the object of their fixation.³ Insomnia, loss of appetite, hollowing of the eyes, anorexia, pallor, rapid pulse, and jaundice are consistently described.^{3,4,5,6}

Other symptoms are more specific to the time or place in which they were described. For example, the Islamic physician Rhazes (850-923 AD) described a unique syndrome. In the early stages, the patient's eyesight would become weak, the tongue would dry up and pustules would grow on it.⁵ A dusty substance, and marks like dog bites would appear on the patient's back, calves, and face. If untreated, the person would eventually wander through cemeteries at night and howl like a wolf.

One of the manifestations in medieval Spain was the "Frog/Diana syndrome," caused by excessive desire of a person, and led to a person viewing something unpleasant and repulsive as beautiful and desirable.⁶

Some medieval writings connect lovesickness and bipolar disease. Depressive symptoms of weeping, insomnia, and loss of appetite were accompanied by manic symptoms in many.⁴ Rapid mood swings between

inappropriate laughter and depression were common.⁶ Ferrand described a situation where patients “have a look about them that suggests they see something pleasing, or else are hearing it, or longing for it...one moment they laugh, a moment later they turn sad and weep, now they jest, and a short time later are sorrowful, pensive, and solitary.”⁵ Toohey maintained that the depressive type was more of a cliché with the manic form more common, and patients often becoming violent.⁷ Similarly, Hippocrates described violent symptoms with melancholy madness, which may have been related to lovesickness.⁵ He described how some women are prone to this condition, which causes them to become insane, homicidal, and produces a desire to asphyxiate themselves. This is akin to the violent impulses that may occur in people during a psychotic manic episode.

The Nahua of Mexico describe unique findings, including grabbing posts as substitutes for the desired person, the formation of blisters on the face, and a red eye with a yellowish mucus discharge.⁸ In extreme cases, the disease interrupted the circulation, causing blood to freeze in the heart. Lovesickness could also result in the disappearance of the genitals. Although the major symptoms of lovesickness are fairly consistent, the disease also had a lot of variability in its atypical presentations.

Etiology and Pathogenesis

Physicians of Hippocrates’ era believed that maintaining a balance of the four humors (blood, phlegm, choler, and melancholy) was essential to maintaining health.^{5,10} Disturbances of the melancholy humor led to psychological problems and somatic side effects, resulting in symptoms of lovesickness. The early Christian writers did not clearly distinguish between illnesses of the body and illnesses of the spirit,⁵ believing that lovesickness was a disease of the senses that could also corrupt the soul.

Medieval medical writings had a more clearly defined pathogenesis for the disease. The first stage occurs when the object of desire causes overheating of the “vital spirit.”⁴ The vital spirit inflames the middle ventricle of the brain,

which was where the faculty of estimation (or the *virtus aestimativa*) is located, resulting in dryness in the faculty of imagination (*virtus imaginative*). Consequently, the image of the beloved becomes imprinted in the patient’s memory, causing obsession, decreased ability to reason, and abnormal behaviour.⁶

Hereditary causes were considered possible during the Renaissance. The child of a parent who suffered from lovesickness was at greater risk unless this predisposition was countered by other factors including a good education, excellent discipline, or an orderly lifestyle.⁵ It was also believed that most people who developed the illness had a susceptibility to it: young children, the very old, eunuchs, and the impotent were considered essentially immune.⁵

Lovesickness befell men and women equally in the ancient Nahua. The disease did not necessarily occur in the person who was experiencing the desire: it had to do with which person was the weakest.⁸ The stronger person had more heat power in their eyes, and could cause harm to others by looking directly at them. For example, a woman might see a man she liked and make him ill by looking directly into his eyes. For this reason, lovesickness was considered a form of *mal ojo*, or evil eye.

Magical and Demonic Causes

In the Middle Ages, use of magic in the matters of love was fairly popular. For example, some believed that hair from a hyena’s muzzle was a love charm when placed on a woman’s lips.¹¹ Similarly, it was thought that if a woman kept the Eucharistic host in her mouth while kissing her beloved, she could make him fall in love with her permanently. In the 13th and 14th centuries, academics began writing about “visual *species*,” objects that mediated between the physical world and the mind. *Visual species* could cause lovesickness by imprinting images into the imagination from a distance. It followed that incantations and magic could also generate *species* in the mind and cause changes that affected the body. Consequently, magic was a possible cause of lovesickness. Temptation by demons was could also cause the disease since it

was thought that the Devil had a partiality for inflicting sexually-related diseases on people.¹² By the 15th century, lovesickness became associated with the occult and the disease was listed as a widespread form of witchcraft in manuals for witch hunters.¹¹ During the Renaissance, potions and philters were also considered to be possible causes of the disease.¹¹

Lovesickness in Women versus Men

The sex of the patient was also a risk factor. In medieval times, lovesickness tended to be a male disease, especially since medical writings came from monasteries where the illness was negatively regarded.¹³ Eventually, lovesickness became regarded as a form of courtly love, where a man worships and idolizes a woman as perfect even while she scornfully rejects him. This form of love was considered ennobling and chaste. In the Renaissance the illness was interpreted as a shameful and debasing sexual, and not a mental disease, and so it became attributed to women.¹³ According to medical treatises, women enjoyed intercourse more than men, were more impulsive, and were not rational enough to resist their desires.⁵ Medical writers believed lovesickness could be caused by a distended clitoris, or by satyriasis (pain caused by a voracious desire for sexual intercourse).⁵ An illness known as uterine fury may also have been linked to lovesickness: in this disease, the woman has an inordinate interest in sex and experiences painless burning sensations in her genitals.⁵ Uterine fury was usually a disease of overly sensuous, greedy, and gluttonous women.

Treatment

Treatment options varied depending on the cultural values and medical beliefs of the time. Greek and Roman physicians often prescribed sexual intercourse for the illness. Galen maintained that men should make love for the sake of staying healthy, even if they derived no pleasure from it.³ Similarly, the Iranian physician Avicenna recommended sexual intercourse, but only if law and religion allowed it.⁵ If this was not possible, physicians would attempt to distract their patients with baths, sleep, and exercise.

They also hired old women to belittle the object of the patient's affection.

During the medieval period, many people perceived sexual activity in general as capable of corrupting the soul. Consequently, most therapies during this time revolved around distraction. Herbal remedies helped rid the body of destructive humors.⁶ Distracting the patient could be done in a number of ways, including sending the patient on a trip or inflicting pain.⁶ Some believed that scaring the patient into good behaviour was the most effective cure: patients were told that sexual activity could lead to blindness, gout, accelerated aging, kidney failure, pulmonary disease, genital sores, baldness, infection, the conception of monstrous children, and even eternal damnation.⁶ Perhaps the most dramatic of treatments in this time period involved attempting to change the patient's perception of his beloved from adoration to disgust. This was done in many creative ways, such as forcing the patient to stare at a cloth soaked in the woman's urine or menstrual blood, or burning her stool in front of the patient.⁶

Cures during the Renaissance tended to be more invasive, with blood letting being a popular choice.⁵ If a distended clitoris was the origin of the problem, then cutting it could bring about recovery.⁵ Pharmacological treatments included opium to treat the associated insomnia, and hemlock to reduce sexual desire.

Because the Nahua of Mexico believed that the root of the illness was excessive heat from a person's eye, most treatments involved the use of cold water.⁸ Some examples include drinking water from abandoned wells, drinking the saliva or urine from the desired person, or drinking water that had been boiled in the person's underwear. Having the patient gaze directly into the eyes of the person to eventually satisfy their desire was another method.

Lovesickness in Modern Medicine

Lovesickness has been a common medical entity for hundreds of years, and yet it has no mention in modern medical texts. It is possible that the disease exists today under a different title. Many symptoms of lovesickness are similar to

symptoms of modern psychiatric disorders, including obsession, rapid mood swings, loss of appetite, insomnia, and compulsions. In a recent study, Marazziti et al looked at serotonin levels in people who had recently fallen in love and patients with obsessive-compulsive disorder. They found that both groups had lower than normal levels of serotonin, suggesting shared psychological elements.¹⁴ Many of the symptoms of lovesickness have to do with alternating between depression and mania, so perhaps lovesickness in modern medicine is encompassed in bipolar disorder. One study used functional MRI scanning to show that very specific areas of the brain were activated in patients who were in love,¹⁵ and perhaps a pathological stimulus in these areas of the brain could lead to lovesickness. Tallis makes the point that some of the therapy used for lovesickness over a thousand years ago is similar to modern cognitive behavioural therapy, such as Avicenna's encouragement of distracting the patient from his fixation using physical exercise, trips, and so on.¹⁶ Finally, lovesickness may be a somatoform disorder, where physical symptoms exist that are not part of another medical condition or mental disorder. These patients may have psychological conflicts that are translated into somatic problems.

Conclusion

Lovesickness was a common disease that persisted throughout centuries and may still endure today. The supposed etiological factors and treatments changed as cultural beliefs evolved and as the understanding of science developed. Many of the symptoms and signs remained constant regardless of what point in time or in what culture you examine them; this adds to the authenticity of the disease. Many aspects of the disease can be explained by elements of modern psychiatric disorders, which makes it likely that there are still many patients suffering from lovesickness even today.

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