

# Dreaming and Interventional Cardiology: Case Report

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Sleep and dreaming play important physiological and psychological role in human life. And though dreams played important role and sometimes even changed course of mankind history, very seldom both doctors and patients talked about it. Article is case report of precognitive dream of patient with heart attack and analysis of population of consecutive 100 patients admitted to hospital with heart attack in relation to presence and meaning of precognitive dreams. Our study proves that we can talk about precognitive dreams in population of patients with heart attack however what may be their influence on patients' wellbeing is matter of open questions.

*Keywords:* dreaming, heart attack, precognition

## Introduction

Sleeping is crucial and fundamental physiological process that allows body to regenerate (Kawalec & Pawlas, 2013). There are many different sleeping disturbances (Foley, Ancoli-Isreal, Britz, & Walsh, 2004) but what is also interesting about sleeping are dreams. Dreaming, beginning with ancient time, was considered as mysterious part of our lives close to something supernatural and divine (Frazer, 1978). For ages dreams played important role in our culture. We can find many examples of meaningful dreams in Holy Bible (1990) or other holy books. Dreams were important for history and science (example of Friedrich August Kekulé von Stradonitz inviting chemical structure of benzene (Royston, 1989). Dreams' interpretation was subject of psychological studies and interpretations (Freud & Harold, 2013). Nowadays, though sleep is well recognized physiological phenomenon and all sleep stages are well described, still little is known about process of dreaming and its potential influence on our life. We deeply feel, which is maybe not very scientific, that dreams play and can play important role in our life and some people suggest that we can create dreams in preferable ways which can significantly influence quality of our life (Tuccillo, Zeizel, & Peisel, 2013).

## Study Aim

Though acute cardiac medicine is highly technically advanced and complex, many times doctors and nurses face situations which cannot be explained in strict scientific way.

Our study was done at cardiology unit of acute coronary syndromes in State Clinical Hospital No. 2 in Rzeszów, Poland, where patients with acute coronary syndromes, like myocardial infarctions, are hospitalized.

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The method of study was very simple: patients admitted to the hospital who underwent successful percutaneous intervention (procedure aiming to restore proper blood flow in arteries supplying heart) were asked simple question: Did you have a dream within last days that made you think that something wrong may happen? In case of positive answer, patients were asked to describe the dream as accurately as possible.

Table 1 contains inclusion and exclusion criteria we used as well as demographical and clinical data of patients.

Table 1

*Clinical Characteristics of Study Group*

Inclusion criteria:	-Aged between 18 to 70 patient clinically stable; -No symptoms of ischaemia; -No hemodynamic instability or electrical instability (no significant clinical symptoms of cardiac disease).
Exclusion criteria:	-History of depression, anxiety or any psychiatric disorder; -No consent for answering the question.
Demographical data of patients:	Men: 65; women: 35; Mean age: 65.
Reason for admission (numbers):	ST elevation myocardial infarction—40; Non-ST elevation myocardial infarction—45; Unstable angina—15.

## Results

39% patients said that they do not have any dreams at all. 48% admitted that they generally have dreams but within last days nothing strange or nothing what could make them think that something dangerous is to happen.

What is interesting is that 13 patients had dream that made them nervous and made them think that something wrong may happen in their lives.

One of the patients dreamt about his teeth falling off. Two people had dreams about their relatives who passed away. Five people admitted that they woke up in the morning with sense of having bad dream but could not recall any details of it. Four people had dreams with motif of running away or being chased by people or animal.

One dream was extremely striking and deserves detailed description. The patient was 68-year old female, retired nurse, working at internal ward and cardiology ward, admitted to hospital with ST-elevation myocardial infarction from district hospital. The night before the cardiac event, she had a dream about walking through town market in the noon of beautiful summer day. Suddenly she noticed a man wearing warm coat and hat coming across the market towards her. Surprised with strange inadequate wear, she started to watch closer to the man. As he came closer she recognized her former chief, cardiologist, who died many years ago because of myocardial infarction (sic!). He came close to her, grabbed her strongly and kept her for a moment in his hands. After that, he whispered to her ear: "it is not time for you" and just walked away.

The patient admitted that in the morning she did not pay any attention to the dream. She frequently had dreams but never perceived them as form of precognition. Only after being recognized with myocardial infarction she started to think about it and said that the dream was kind of message.

## Discussion

Sleep and dreams play important role in our life. In the clinical world driven by evidence based medicine, intuition, precognition or dreams have very low level of scientific significance and clinicians rather ask about

quality of sleep as possible risk factor of uncontrolled hypertension then dream (Szymański, Karpiński, Płatek, & Opolski, 2013). It is well understood as these phenomena sneak out in many ways methodological restrictions. Still examples like above illustrate that in high tech medicine there is space of such phenomena that can influence clinical outcome. 13% patients, including one extremely striking case, experienced before acute coronary syndrome, dreamt that in a way predicted clinical event. Questions like: How that changed their lives? Did it influence their coping process after myocardial infarction? Did it influence their quality of sleep or did it evoke sleep disturbances or anxiety disorders? are unanswered.

Taking into consideration that in Poland ca. 120,000 people undergo each year percutaneous coronary intervention because of acute coronary syndrome and study group is representative, each year we have a group of 15,600 people who experienced such situation.

Maybe is it high time to have a closer look at that group?

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