

HEPATITIS C

PROGRESS

Alexandre Duchêne is an interesting man. He's never been a heavy drinker, or a drug user, or been involved in promiscuous sex, or had surgery or a blood transfusion, yet he has hepatitis C.

He is a baker and so he often has to get up very early. He manages to do this and do his job without much problem except for the occasional outbreak of fever and shortness of breath caused by lung congestion.

No one really knows the etiology of his hepatitis. The only possibility seems to be infection from some dental work, that more closely resembled torture, about ten years ago. Mr D has had some very distressing experiences in hospital - the cauterising operation for haemorrhaged varicose veins in the oesophagus did not go as well as it could. He had, what turned out to be, four litres of fluid drained from his right lung. In the hospital he caught a nasty bladder infection. Side-effects of the medication made his blood pressure drop to dangerously low levels. A trial period of Interferon treatment for the hepatitis left him iller than he had been before, and with serious nausea and disorientation. The second time he had fluid drained from his lung there was two litres of fluid and his pleura had started to come away from the thoracic wall. He developed a mysterious virus-like infection which comes at irregular intervals making him weak and feverish for days at a time which then stops as suddenly as it started. His liver was so seriously cirrhotic that he was scheduled for a liver transplant. He also had quite serious sub-cutaneous oedema in the lower legs.

Despite shortness of breath and coughing from the congested lung and the pain he has suffered from endless catheterisation, intravenous drips, fibre optic probes etc. Alexandre maintains a quiet and resolute sense of good humour. He does have good resources. He loves to fish, is enthusiastic about contemporary music and has a happy family life with his wife and two children. The pattern of lightning rages and temper tantrums often associated with hepatitis A and B is completely absent. I've met several people with hep C over the years and I've been surprised to notice some common characteristics, they are all: men, exceptionally good-natured and even-tempered.

When we started working, the first thing that was obvious was that he had lots of potency even though it wasn't being expressed very clearly. There was serious congestion around the liver but it started to shift into the CRI easily. The initial sessions were mainly about building up resource and expressing potency. He had quite a bit of compression around the SBJ which released readily.

Mainly we worked with stillpoints and EV4s as well as spending considerable time just listening to the liver and right lung. The midlines were also a focus as there was little strength and clarity being demonstrated. They gradually developed over the course of the first eight sessions. The proposed operation to 're-glue' the pleura of the lungs together was cancelled as the condition had improved.

In the liver, the lateral superior part of the lateral segment of the left lobe started to diffuse its sense of dark, dense solidity in the sixth session. There was more compression in the SBJ which released in the same session - (Mr. D was born by Cæsarean section which often creates SBJ compression).

In the next session, similar isolated points in the posterior liver segment started to shift into a direct expression of health.

In the eighth session the CRI started to fully manifest itself for the first time. This was really important for me. Despite the fact that there had been several changes I was still having doubts about the effectiveness of the treatment.

Unfortunately Alexandre then had another difficult experience in hospital - he'd gone to have his lung aspirated again (3.3 litres this time) and the doctor had gone out of the room leaving him on the aspirator and forgot to come back. His lung got sucked into the machine causing him a lot of pain that lasted some days afterwards. Also the intravenous drip was badly placed, causing sub-cutaneous bleeding and pain, and the medication he was given made him severely nauseous.

With each session the picture changed a bit. More potency was expressed, the midlines became clearer and the long tide started to manifest. The main focus in the lung was in the apex and that shifted in the fifth session.

Little by little the long tide started to become more apparent. After the ninth session the long tide was so definite in its expression that I surprised myself by saying to him 'so much has developed cranially that I can't help wondering why this isn't reflected in the tests the hospital runs'. I felt a little awkward after saying that, wondering how inappropriate it might be in terms of giving him possibly false hopes or putting him under pressure to perform. Next time he came he had a big smile on his face. The latest test results showed the liver function had gone from 5% (which it had been for a long time) to 50% - a tenfold improvement. I smiled a lot too. He reported that the surgeons have changed their minds about the need for a transplant and are now planning another Interferon treatment. Although the previous Interferon intake had caused so many problems, the doctors then proposed a cocktail with Ribavirin which has often had much less undesirable effects. Currently I feel fairly anxious about this and can't help wondering if this will set him back again. Despite Mr. D's experiences in hospital he has confidence in allopathic procedure and wants to give it a go. This leaves me in an uneasy balance between supporting him and giving voice to my reservations. I contacted Dr Andreas Moritz, (liver expert and author of *The Amazing Liver Cleanse* - see *Fulcrum* 26) and asked his opinion. He concurred, stating that Interferon was likely to considerably worsen AD's condition. In response to my question about whether it would be appropriate for someone with serious cirrhosis to undergo the liver cleanse, he replied that it would very likely help and that he'd seen no undesirable effects even with severe cirrhosis. I discussed this with Mr D and he is considering doing the liver cleanse. He has not so far felt like it, though he is open to the idea.

Mij Ferrett

In the eleventh session there was a lot of release of twisting forces held in the tentorium as well as a settling of the asynchronous movement of the temporals. These two events are usually a sign that there has been an important shift in the overall health of the system.

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We have now done 13 sessions. He no longer has bouts of fever and the expression of the tide is now very clear. Recently my attention has been particularly drawn to the cavernous sinus, the hypophysis and pituitary. There was a lot of density there which has cleared with spontaneous shifts into stillpoints in inhalation.

Despite (or maybe because of) the savage dental work it is only recently that his system has started to show a draw to the facial area. In the latest session we were able to work with the

mandible and maxillae externally. The straight sinus is starting to clarify as a natural fulcrum but this too is relatively recent.

It seems that the path the work is likely to follow will include intra-oral facial work and venous sinus drainage, as well as a draw into the cerebral hemispheres and associated structures. I imagine that the impact of the dental work was so extreme on his system that it is only as a result of so much resolution and development of resource in the rest of the system that it is now starting to be possible to work with facial and cranial CNS relationships.

Apart from his experiences in hospital the only treatment Mr D has had is craniosacral. Incrementally the oedema in his legs has diminished, the fluid in the lung is still an issue and he is still bothered by the coughing and shortness of breath that it creates. What has changed though is that now the lung partially drains itself so that he has not needed to go into hospital to have it drained for a long while. The liver has improved hugely, a bit at a time, and now it is expressing health clearly. What has been interesting in this case is its lack of drama. Nothing spectacular has happened, no big bangs, no massive revelations, no catharsis, just plugging away working with resource and potency and a gradual development of health. °

Remembering Alison Tyas

25th October 1965 - 21st June 2002

*Alison, who trained with CTET in 1994, passed away on Midsummer's day.
Shortly before she left, she wrote the following:*

An Insight

Over the last few years and more intensely as love and death draw me closer, I've realised that we all have our own organic shape. It's a dynamic, ever changing shape and naturally, through our own human consciousness and personality, it is the expression of the Divine. For there to be true harmony and peace on earth between human beings, other beings and the planet, we need to retain this natural, dynamic ever changing expression of the Divine. In order for us to do this, our deepest wants and needs require honour and respect. We need to be able to love each other without holding on to each other in any way.