

## Healing Crisis

A healing crisis is an occurrence or experience which can follow treatment with – most frequently – a non-allopathic therapy for either a specific or general problem which manifests on the physical plane. Well recognised in the field of homeopathy, where the philosophy of 'like cures like' often brings on a temporary 'aggravation' of problematic symptoms (eczema getting worse, irritability flaring up, that sort of thing), it frequently occurs with other forms of complimentary therapy as well.

Generally speaking, unlike homeopathy, the cause of such a crisis in other therapies does not arise from the concept of like curing like, but from the law of opposites. In crystal therapy, for example, if someone has issues at the heart chakra as a result of personal trauma, broken relationships or ancestral ties, then using crystals like rose quartz, green aventurine or pink tourmaline will bring loving, heart-centred energy to that chakra to encourage the negativity of those issues to be released and replaced instead by the particular energy raised by the crystals. There are some crystals which can work by intensifying emotions such as malachite, ruby or some of the jaspers, but, on the whole, crystals work on this 'remove and replace' basis.

How does a healing crisis manifest itself? There appears to be little in the way of formal research into this area, despite it being a relatively common occurrence, and one is generally restricted to describing subjective and anecdotal evidence. General symptoms can include any or all of the following: skin eruptions or rashes of various types, nausea, vomiting, headache, sleepiness or unusual fatigue, constipation, diarrhoea, head or chest colds, ear infections, boils - to name but a few. An initial healing crisis often lasts around three days but if the energy of the client is low, it may last a week or more. However, there is also a general consensus of opinion that how the crisis presents itself will often reflect the issues with which the client presents – bearing in mind that overt physical symptoms are not necessarily directly related to any underlying emotional or psychological issues. What is also considered important is that the *quality* of the symptoms are different from what a person may usually expect. For example, a head cold (throat chakra/communication issues) may initially be absolutely dire, but resolve far quicker than usual; a migraine (third eye chakra/seeing issues) may be more intense at onset but leave fewer residual symptoms, or a twisted ankle (base chakra/grounding issues) requiring bed rest suddenly resolves overnight.

Why do clients suffer healing crises? Various described as 'a moment of opportunity', a process of elimination, a meeting of the Shadow Self, or a route to wellness or a self-cure, the reasons are somewhat imprecise and frequently couched in rather esoteric New Age vocabulary. Intuitively one has the sense that as the therapeutic agent begins to work on the energy field of the client, the changes there ripple back through that field until they finally reach the physical body, where they manifest themselves in the various symptoms, beginning the process of release and realignment to the true Self: ease rather than dis-ease.

Why some clients suffer more severe symptoms than others is equally multifactorial, and probably has much to do with their level of belief and acceptance of the treatment they receive, their emotional and psychological state at the time of receiving treatment and their degree of sensitivity to energetic methods. It may even be affected by ancestral, karmic or time-line issues in this or other realities.

The skill of the therapist is to be able tread an appropriate and mindful middle way for the client: to prepare the client sufficiently so that a healing crisis does not come as a dreadful shock, yet at the same time not to scare them into the very symptoms being described. The healer will have to be guided by a number of factors, including:

- the client's presenting symptoms,
- what the healer learns about any underlying symptoms,
- the client's psychological state and their ability to understand and accept the reason for the healing crisis.

Should the client present with symptoms of a healing crisis during treatment, the therapist can do a number of practical things to ease the client's symptoms. A working knowledge of First Aid will be particularly beneficial, as is a handy bottle of Rescue Remedy (or other essence equivalent), but above all a calm and professional manner throughout is absolutely essential. Here are some other suggestions:

***The client may start shivering and present with symptoms of early shock.***

Firstly ground the client by whichever method is considered most suitable or effective. Warmth and comfort is essential, so keep the client well covered and turn the heating up if necessary. Provide warm/soothing drinks (oral fluids will also help to ground). Talking often helps at this stage. Give them plenty of time to calm down and relax.

***Symptoms of respiratory distress***

Ground again, then sit the patient up if they are not already doing so. If they are already on bronchodilators, it may be appropriate for the client to use them. Encourage slow, deep relaxed breathing from the diaphragm until the client is calm.

***Gastric symptoms***

Provide all the necessary equipment (tissues, nearby toilet, etc) and a sensitive attitude.

***Neurological symptoms: fitting, twitching, visual disturbances, etc.***

The therapist should make sure beforehand whether the client has a history of such problems and know how to give first aid for fits. The symptoms of other disturbances are often short-lived, and other than to reassure the client, there is little to be done in the immediate period.

***Emotional distress***

This can manifest in many ways, most often in floods of uncontrolled tears. It is essential that the therapist give the client time to work through these tears, to listen if the client wishes and for the moment to pass in its own time. However, outbursts of extreme anger, rage or violence should not be tolerated and must be dealt with in a positive, assertive and robust manner. Suffice to say these are generally rare.

Clearly, if any symptoms are particularly severe (impending cardiac arrest, asthma attack, or status epilepticus for example) then medical treatment should be sought as a matter of urgency.

The therapist must also be willing to provide adequate care and support to the client in the days following such a crisis, and be pragmatic about the relevance of symptomatic/allopathic relief during the healing crisis. Above all the therapist must remain impartial, non-judgmental and in tune with the needs of the client at this difficult and often frightening time. Avoidance of blame is essential: the client needs to fully understand that the cause of, for example, their diarrhoea is not the 'fault' of the red carnelian placed on their sacral chakra, but part and parcel of their process of getting rid of issues related to their sense of self worth, creative expression, and so on. Unfortunately the (erroneous) claims made by allopathic medicine for immediate cure do tend to colour people's attitudes to other forms of healing and it is often difficult to make people fully comprehend the different perspective complementary therapies take and the nature of the holistic process. Making clients realise that complementary therapies are a co-operative venture in which they actively participate will also help to improve their understanding of their condition and of any symptoms of crisis.

Here are some real examples of some effects of the healing crisis

- An acute onset of skin rash on the arms in a specific pattern which was so severe the skin blistered – then cleared up within a matter of minutes, following a Reiki session;
- Sudden nausea and projectile vomiting after one dose of a homeopathic remedy;
- Full-blown symptoms of food poisoning following a Kairos therapy session;
- Almost total spinal seizure, acute fatigue, diarrhoea and migraine after two chiropractic sessions.

The response from the various therapists to these symptoms was interesting to say the least. The homeopath was very impressed, the chiropractor wanted to write it up as an unusual case, the kairos therapist just took copious notes and the reiki practitioner gave some very impenetrable advice which didn't really make any sense. On the whole, aside from the homeopath none of the therapists really knew how to properly counsel anyone following such reactions. These examples graphically illustrate the need for all therapists to understand the nature of the healing crisis and the importance of understanding the physical and emotional consequences a client may have to endure.