

12 STEPS THAT CHANGE THE LIFE OF THE PATIENT IN COMA

1. The patient in coma is hypersensitive. In the moment of the life danger all the filters of the senses were opened so he would be able to react as fast as possible when the life danger would be gone. The life danger is not gone because the patient *can not* move.

2. The goal of the treatment must be to make it possible to the patient to function normal. To be able to function normal a normal function must be asked. That includes the function of the breathing and the function of the intestines as well as the function of movement, which is disturbed, the reason that the patient *can not* move without help.

3. The starting point of the treatment must be the situation the patient is in. He *can not* move so all tests that expect a movement are not to be used. The patient must be examined by helping him to make movements. He will be able to move if the needed help is given.

The needed help might be a start of the movement or help that diminishes the gravity power. If the patient does not make the movement, which is clear when a lot of power is needed to make the movement, the movement should not be made.

As the patient needs time to find the movement in his movement remembrance, he must first be told, which movement will be made and that should be a functional one. "Bow your leg" is not functional but "bring your knee up and touch my hand" is.

4. The patient must be taken out of the bed and put into an electrical wheelchair with standing possibility and every 7

minutes his position must be changed a little bit so the postural tonus will be able to normalize.

The electrical wheelchair with standing possibility has to be specially installed so the patient will be able to conduct it himself as soon as possible.

5. The patient must be given food and drinks that he likes so he will be able to normalize his digestion system. This will give him moving energy that he can use for other movements. Moving energy is the energy that makes that someone has a good or bad condition. The less moving energy the worse the condition.

Every movement that is not automatically made, gives more moving energy than it costs, the reason why moving betters the condition.

6. The skull of the patient must be mobilized as he has not been able to move. Especially if the patient lies in bed all the time, the skull will not be flexible enough to allow the brain a normal function. To the skull also belong the jaws, cheeks and ears that can be pulled, as well as the nose that should be treated every hour:

First pull the nose bone gently to the front, after the breathing push it gently to the back and wait for the breathing again.

Then pull the tip of the nose down and after the breathing push it up and wait for the breathing.

Pull the nose to one side and wait for the breathing. Do these three steps 4 times.

All handling should be very careful as the patient feels everything 12 times stronger than the moving person. Every touch is painful and the carefulness and need of the touch makes it bearable.

7. Through the life danger the patient has changed his tension. He is in a tension that is prepared to flee, like the

sprinter that is prepared to start to run. If the sprinter has too much energy in the start off, he will not be able to stay in position but start, before the start-off shot was given.

The patient in coma is in the same start-off energy. He has started already, but the movement that should come afterwards, did not come. The patient is like hanging in the sky with only a small thread connecting him to the earth.

This connection must be bettered by moving the patient the way he needs to get a better connection to the earth.

8. Movements must be made here and now. The patient is still in the moment of the trauma and all experiences do not come after that but are experienced as being in this moment of the trauma. If time would be in a horizontal space and the future is ahead, the past back and now in the body, for the patient in coma the past is under him, he is the moment of the trauma and the future is above him. All in the same line.

By bringing him in here and now by being in here and now when he is moved guided, he will be able to change his idea of time and this is needed as time is connected to movements. The moving person knows what time it is because he knows what movements he has made and how fast he has been moving.

The patient in coma *can not* move and that makes that he does not know what time it is. To him time does not exist. Time is repaired if the patient can move again.

9. The patient *can* make movements but they are too small to gain movement energy out of them. He must be helped to make the movements that he can make, bigger. That is done by guided moving.

By finding the movement that is easily made and that gives a feeling of joy and happiness and making this

movement 12 times, the patient will be able to re-find this movement later. He will not be able to move every of the 12 times equally, but by making the movement 12 times, it is connected in itself and next times it will be connected to other movements as a movement is always part of several moving patterns.

If a movement is having a blockade, the therapist has to feel if this is the end of the movement or a blockade that vanishes if one waits a moment. No machine can do a job like this.

10.

As the function of the intestines is disturbed, the valves have to be treated. This is done by connecting them to each other. The four valves have to be connected to each other to be able to do their job.

This connection is made by putting the hands on two of them and waiting until one feels that there is movement in the intestines. Than one of the hands stays where it is and the other one is put on another valve. This hand stays when the next change is made. All valves are connected 4 times in this scheme.

11.

As the body experience is gone because no movements can be made, the body must be connected in itself again. This can be done by connecting the joints with each other.

First one connects the same joints with each other f.ex. shoulders, the elbows, the wrists, the hands. Than one connects the hips, the knees, the ankles and the feet. Than one connects the shoulder with the hip, the elbow with the knee, the wrist with the ankle and the hand with the foot. First cross over, than at the same side and than the next combination.

This will give the patient a much better awareness of his physical body.

12.

The patient must be offered a functional daytime. He must be helped to move all day to gain as much moving energy as possible. The sooner this is started, the better the still available moving energy will flow and can be used.

A personal assistant is needed to help the patient all day to move the way he wants to move and the patient will be able to move without help soon so the personal assistant will no longer be needed.

The patient in coma wants to live, else he would have died immediately.

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Patients in coma need a change of therapy if the given therapy is not having the result that is wanted. By changing the point of view and the starting point, the therapy will also be changed. By keeping the goal in the eye, the handling of the patient will be different.

If the goal is to make it possible to the patient to move without help, the treatment must have the intention to give just enough help to move.

This just enough help is the guided movement that makes the patient happy and that shows that the patient *can* move.

No machine will be able to feel this movement, but human being will be able to feel how the patient moves and react on that adequate.

This help makes it possible to the patient to move more and these movements allow him to move without help.

By following these 12 points, one experiences the effect of them.

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from the hpi-method
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