

# The Rowan Centre

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## New hope for people with MS

We have started using the Lightning Process training programme to help people with MS. The initial results are astonishingly good, so we are beginning to share the news with others.

The pathological findings in cases of relapsing and remitting MS are characterised by lesions in the myelin sheaths which appear to be constant and unchanged in both the **good** and **poor** phases of the illness. This logically leads to a hypothesis that there is some other factor at work, in addition to the pathological findings, which is mediating the symptom picture and varying degree of disability in the remission or relapse phases.

Our questions then are,

1. Is there any way of accessing or capitalising on that natural ability of the body to improve and recover in spite of the consistent presence of lesions?
2. Can the length of the remission phase be extended, say to 50 or 70 years? In other words, could remission really be recovery?

So the point is, if the lesions or scleroses don't change, but the persons' symptoms go, then maybe **the lesions are also a symptom, so are not the cause of the problem** and something else is at work. The Phil Parker Lightning Process® has addressed the 'something else' with thousands of people with CFS and M.E, as well as many other chronic illnesses. A few years ago three people with MS who trialled the Lightning Process with Phil Parker got some good results, so it looks very hopeful. There is also evidence of people with lesions who have never had symptoms.

More recently we have had 12 people with MS with a wide variety of symptoms. They are all recovering remarkably well so far, so we have now started gathering evidence that full recovery may be possible and sustainable. In our opinion, the difference between relapsing/remitting MS and progressive MS is not crucial to recovery. The more relevant factor seems to be the patient's willingness to commit to doing the Lightning Process training programme effectively.

These are just a handful of cases but the results are so good they are at the very least a cause for great interest in the potential for others. So much so, that we have met with the MS Society's research team in London to discuss what has been achieved to date. We are now putting together a pilot medical research study with the hope that this will lead to full clinical trials, a process which could take approximately five years.

It is early days so we can make no huge claims, but would welcome the opportunity to share this information in more detail and offer the same programme to others with MS if they feel ready to take on the challenge! We have permission to share case notes (anonymously) so if you'd like to know more please contact us.

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