



EFT SUCCESS STORY KNEE PAIN RELIEF

Annie O'Grady, Certified EFT Practitioner

A new client of mine, Delrae, an attractive woman in mid-life, walked slowly into my office. She was limping and a little bent over, because of severe pain in her left knee. She later rated this pain at 10/10 "most of the time," so that she was constantly holding back tears. Because of the pain, she had not been able to bend that knee for six months. Arthritis had robbed the knee of cartilage, so she was walking, or limping, "bone on bone."

Delrae assumed that the lack of cartilage meant that she would always have to be in pain. She was exploring her options around knee replacement, visiting physiotherapists and doctors. She had done some tapping years ago, and wondered if EFT could help her now.

An hour later she walked around my room without that left knee pain. She easily bent the knee to a right angle. She was standing upright. Six weeks later Delrae emailed me. She was jubilant that, not only was the knee still free of pain, but the improvement in her posture had apparently freed a trapped nerve that had been creating a sciatica-type pain in her lower back, so she was now free of that too. She added, "I still need to do exercises for the knee, but it's all good."

How did this happen?

Here is how this new freedom happened so quickly for her. I explained to Delrae that because I am not a medical practitioner, our work together would address the emotional and cognitive issues contributing to the pain. I told her that, as unlikely as it seems, I had read of cases where people with a similar knee problem had become pain free, although there was no guarantee this would happen for her. I shortened my client intake process with her as I was keen to start tap-



ping, because she was in such pain. Even so, gathering information took up a third of the session time.

I asked basic health questions. She had been diagnosed with depression recently, had a weight issue, and suffered from various other aches and pains. She quoted a recent X-ray on her left knee as showing "L4/5 and L5/S1 disc height is lost, and Grade 1 anterolisthesis at L4/5."

I next asked her to list traumas she'd experienced throughout her life, especially up to age 18. I gave her a one page questionnaire from the US Adverse Childhood Experiences (ACE) major scientific study of how trauma in early life is likely to result in serious illness or behavioral problems later in life. This includes arthritis, as well as cancer, heart disease, bone fracture, diabetes, and more. Delrae briefly identified traumas from her upbringing, including physical violence in her home, lack of emotional support, often watching her mother being physi-

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cally attacked, having a mentally ill family member. She also included trauma caused through her church upbringing. Simply listening these memories brought tears—and she had not even thought about traumas beyond age 18.

Where to start?

Delrae now said that she constantly felt angry and tense, so to me that was the place to start. I was of course looking for the fastest way to relieve her suffering in the knee. If this doorway did not lower the pain, I would try another.

Her left knee pain was 10. Her anger about having it was 10. I asked her to imagine the color of the pain, and she said red. “Even though I have this terrible red pain always in my left knee, and I am so angry about it, I love and accept myself deeply and completely.” I tap along with my clients. Our first round took both the anger and the pain from 10 to 9. So we continued with this, and over the rest of the session her Subjective Units of Disturbance Scale (SUDS) slowly crept down by ones. The color of the pain started to fade.

Along the way Delrae became overwhelmed a couple of times, and I taught her the overwhelm protocol of tapping silent rounds to swiftly restore calm. As we tapped away the current stress, her anger focus shifted between anger about the knee pain to anger about her remembered childhood situ-

ations. We were still working generally about her anger. Occasionally another aspect would intrude, especially sadness, and we would tap that down before returning to the anger. When both anger and pain had reduced to 1, we did the Choices process: “Even though I still have some pain in my left knee, I choose instead to have total peace (her words) in my left knee.” She reached 0.

Testing the work

Then I asked her to test how her knee felt when she walked on it. That was when she walked around the room, marveling at being free of the pain that had blighted her life, and at her new mobility. I explained that we could not predict how long freedom from this pain would last. If it came back, I said, that would probably be a signal that she needed to clear more of her burden of emotional pain, but she would need also to consult her doctor. Some modern research suggests that emotional pain can exacerbate physical pain by at least 65 percent. Here, we had done a lot better.

Follow up report

As time went on and Delrae did not return for another session, I was disappointed not to be assisting her to heal from her many traumas, to see what difference we could make with other physical pain and with her depression and weight.

But she had taken away my how-to EFT

book, *Tapping Your Troubles Away with EFT*.

Six weeks after her session she emailed me that the knee was still free of pain. She also reported that, because her posture was now upright and she no longer limped, the lower back sciatica-type pain had also disappeared. “Tapping has very much become a regular happening in my life now, and once again, ever so grateful to you.” (As am I, to EFT and Gary Craig...)

Delrae also wrote, “The surgeons are saying yes, go ahead with knee replacement. But just at the moment I’m doing so well. I will give it some consideration if I’m in trouble. I only wish we had stem cell work going on in Australia as they are in the US, having great successes with knees, rebuilding the cartilage.”

She now has a breathing space to consider her choices for longer-term care of the knee. Meanwhile, she is able to return part time to her own bodywork practice, which requires her to be able to stand and bend for up to an hour, and some of her depression has lifted. She is no longer always on the verge of tears

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