My Encounter with Covid-19

Mobilizing the Will to Live

Vladimir Pozharashki

My encounter with the virus began in late October 2020 with a light cough. I tested positive, and immediately went to Tokuda Hospital for an examination. I then began the approved home treatment protocol. During the first few days, I had a cough, a temperature, weakness, muscle aches, and abdominal discomfort. On the third day, I felt some improvement, and thought: “There it goes; I’m getting better. That was it!” Unfortunately, on the fifth day, my existing symptoms worsened. The insidiousness of this disease is in its long-lasting effects, compared to other viruses I have encountered, and in its imperceptible pathological effect on various tissues and systems that leads to disintegration. It affects the lungs, mucous membranes, kidneys, the coagulation system, the nervous system – including the sensory organs of smell and taste – the psyche, and much more.

As a doctor, carefully observing my condition, I was quite concerned about one of my symptoms – the progressive loss of strength. When I got up and tried to move a bit, my weakness sent me back to bed. I preferred to sleep. I returned to the hospital for re-examination. My colleagues at the emergency room offered to admit me to the hospital. I had already developed pneumonia, and my saturation (blood oxygen level) was insufficient. One of my inflammatory markers was significantly elevated, which led me to wonder if my body was overreacting to a disease it could not overcome.

In the hospital, they put me on intravenous medical treatment, and immediately gave me an oxygen nasal cannula. They told me to use the oxygen at all times. This is when things became interesting. I noticed that with the oxygen, I would calm down within 30-45 minutes, but gradually, my breathing would become shallow, reaching respiratory distress and completely obstruction; for a minute, it would become difficult to inhale or exhale, and I would choke, which led me to cough to recover my breath. It would take minutes to recover my normal breathing rate. This, along with my observation of the extremely high level of inflammatory marker (CRP) in my blood, and my restricted breathing volume, gave me reason to suspect a secondary pathogenic mechanism in addition to the main inflammatory process in my lungs.

“If I ask myself what the most integrating force in nature is, I can give no better answer than love.”
I am referring to the distress syndrome that presents as confusion, disruption, and blocking of the internal self-healing process. The healing process is always imperceptibly active within, and functions in the background to guarantee health. Self-healing is a dynamic constant process in the body and mind, providing the internal balance we call health. If it is disrupted or dis-oriented, as occurs when the stress of illness continues for long enough without successful healthy adaptation, the process turns from health-bearing and organizing to a disorganizing distress nucleus with a logic opposed to health. Based on my observations, I firmly believe that its nature is not only somatic, but also psychosomatic.

I think that medical treatment external to the body, as adequately as it may be delivered with considerable experience, sophisticated equipment, and complete care, is unfortunately often not sufficient for healing unless it is also supported by the internal self-healing process. In fact, external medical treatment is not specific enough, because it is aimed at the consequences and not at the direct cause of the illness. Targeting the direct cause can only be done by the body’s own capacity to build specific antibodies against the virus. Thus, the two healing processes must work hand in hand to adequately move towards recovery and health.

The Will to Live

When I experienced the obstructed breathing in my chest and felt my body’s distress reaction, and when I saw the decreasing blood saturation indicators, which surprised even me, I asked myself whether I wanted to live. The answer was YES. But along with my yes came the realization that to want to live meant taking action toward achieving my desire. The will to survive mobilized my strength to live and recuperate.

Based on the observations described so far, along with my knowledge of psychosomatics and body psychotherapy, I decided to start breathing as deeply and as intensely as possible – to breathe with the full knowledge that I needed oxygen if I wanted to live. Thus, for more than 24 hours, I breathed with my mouth open, most of the time near an open window. I was fighting for my oxygen, for my life. The general effect was interesting – soothing and relieving.

I believe breathing is important as a process, and not only because it is physiologically significant. Breathing not only “steals” from the environment the oxygen needed to release the energy of nutrients but at an impulse level, it also bears within itself the impulse of life. True life begins at birth with the first deep breath. Breathing is an automatic process, and we do not think about how important it is, precisely because we receive it ready-made. Our life ends with the last exhalation, and with it the impulse of life – its flame – burns out. Life is in between these two bodily, and, why not, mental, movements. Life itself is movement. Thus, by consciously activating our breathing, we bring ourselves back to life, strengthening the flame, gathering its fuel, and with them, movement and balance. Otherwise, we are soon gone.

The Physiological Benefit of Deep Breathing

The lungs are affected to varying degrees by the infectious virus. The functional part of the lung’s parenchyma is a fine alveolar membrane which, when expanded, presents a huge area for exchange potential. I’m talking about the alveolar wall, the structural and functional elements of lung tissue. This thin wall allows oxygen from the air into the blood in one direction, and releases CO2 in the opposite direction. When affected by a virus, the alveolar wall swells and thickens; hence its permeability decreases, which then reduces the exchange of oxygen and CO2.

The lungs do not have their own motor activity. They passively spread as a result of the active unconscious breathing movements of the chest muscles. Automatically regulated based on the body’s moment-to-moment needs, active unconscious breathing movements regulate the breathing rhythm. A decrease in thoracic cavity movement leads to insufficient spread of the pulmonary tissue. If the pulmonary tissue does not spread, not only does its oxygen and CO2 exchange function plummet, but its own blood supply decreases – leaving the lungs themselves neither well-fed nor energized. This automatically reduces their resistance at a tissue level, and in viral inflammation, increases the conditions for deepening the disease tumefaction. This, I believe, is a key moment in the disease making a negative turn.

The Inner Self-Healer

In my opinion, and especially based on pulmonary clinical findings, active breathing is of key importance in treating this disease in order to awaken the inner self-healer so that it can face the disease hand in hand with the medical treatment. However, this is something only patients can do, rather than those who are treating them. Those doing the treatment can only invite the ill person to actively participate. No one else can breathe for them.

The need for mechanical breathing in intensive care units is a sign of the lungs’ depleted ability to fight, of their inability to compensate for the inflammation. Indeed, this depends mainly on the underlying viral damage to the pulmonary tissue, but why not also on whether I have tried to actively support my own forces of resistance? In this situation, life needs rational, conscious support.
During the 16th hour of breathing, I meditated. Tears streamed down my cheeks. I asked myself why I was crying, and the answer came: fear. A vital fear had nestled itself inside. A fear for my life. Somewhere deep down, these days without improvement had frightened me. I feared my state was worsening – a fear I had not perceived until then. My body was scared. By this, I mean that my subconscious body and mental movements, which are part of the internal self-healer, were scared, and therefore blocked. When I say internal self-healer, I am not referring to anything esoteric. Very far from it. I am a doctor and body psychotherapist. I see the internal self-healer as the psycho-neuro-endocrine-immunological net (PNEI), which, at a higher level, coordinates and integrates the separate systems to balance the whole organism and maintain health. For years now, this phenomenon has been mentioned in some medical fields.

Once I perceived this fear, my body relaxed and warmed up. Breathing further eased. I continued to breathe sturdily, breathing against fear. I proceeded continued this way in the following days and weeks, gradually less intensively. Seeing my blood saturation at almost normal levels, my hospital colleagues removed the oxygen, and left me to breathe on my own and decide to give myself oxygen as needed. If I ever stopped deep breathing, my saturation immediately dropped. I realized I was fighting for my life. One thought remained in my mind: “I want to live.” A pretty good motive if you think about it.

Covid-19 – The Fear Virus

Fear indirectly, but insidiously, infects us, gradually and imperceptibly, through the virus’ intimate mechanism of obstructing breathing and confusing the psyche. I believe the media contributed its fair share to stoking public fear, while failing to give adequate logical explanations, and instead opting for chaos and sensationalism. I believe in the importance of individual adequate, rational understanding. I believe that actively supporting medical treatment is essential in order to stand strong together in the face of this 21st century plague, rather than becoming crushed by fear and its cause.

Recommendations Based on my Personal Experience

Active breathing. Breathe actively, as deeply as possible, but do not force yourself. Gradually bring your breathing into a rhythm that allows relaxation. Remain consciously in this rhythm for hours. Bend your knees if you feel more comfortable. If dizziness occurs, massage your head and take a brief rest.

Relaxation. General relaxation and relaxation of the rhythm of your breathing are signs of success. The process will become automatic, and could potentially continue at the same rhythm and depth while asleep at night, as happened in my case. To create more space, breathe lying on your right, on your left, on your belly with a pillow under your chest (despite the heaviness, which should release in about half an hour), or on your back – with or without a pillow between your shoulder blades, so that your shoulders fall back and your chest opens up.

Do not do too much of anything! Slowly, carefully, gradually, observe. From time to time, try to take a deep breath, and hold it one to two seconds in order to open your lungs. It could stimulate a cough, but if that cough is not too strong, it’s a bit of gymnastics for your lungs. Spit out the mucus!

When you feel improvement. Put on some music and breathe. You’ll gradually feel full of energy. Do not seek quick effects, simply an effect. This is the moment when, if you feel you have enough strength, stand up, and carefully move your body in the upright position. Move with the full awareness of your moment-to-moment energy. Move your legs, your hips, your back, your shoulders, and breathe. If you have the strength, dance. Why not? Breathing in an upright position opens the base of the lungs, which, when lying down, does not fully spread open and is the site where pneumonias form from lying in bed.

Breathing leads to unleashing your energy. Use it to move, which will further revitalize you. Remain wary of not crossing over the line toward fatigue. The strategy I propose is to slowly and carefully recultivate your energy.

If you feel revitalized. Lie down and rest for up to 30 minutes. Then continue your active breathing. The aim is to oxygenate your blood slowly and gradually, to carefully and gradually energize and soothe your body in order to regenerate the self-healing processes by shifting them out of distress. The process is slow, and requires constant care and self-observation. What I am describing worked out well for me, and I relatively quickly managed to make it out of the downwards spiral I had gone into, and out of the hospital — but unfortunately, not so quickly out of the disease itself. I consider my experience one of personal self-discipline.

My message to the virus. “I will live because I want to. I will not give in to fear. Because even if I die, and before I die, I will live with the feeling of being alive and fighting. I will not be dead in advance from fear or lack of a will to live. I face you with my entire personal resources and with the invaluable help that the treatment and care of those around me provide.” And to my caregivers, a deep and sincere “Thank you” for their care, their attention, and their dedicated work!

Follow Up Observations

Looking back, I no longer speak of my symptoms, but of their overall effect and of the correct attitude and relationship to have toward them. As a causative agent, this virus affects many tissues and body systems. The symp-
tom's I described above were the basic ones, but there were all kinds, everywhere — including mental. I felt seriously confused, and I remember telling my wife, who was caring for me: “I need to meditate. It helps me pull myself together. It immediately has a beneficial effect.”

It was mentioned in a clinical practice article that about 20% of cases showed an exacerbation of psychopathology. Such a multitargeted attack against the organism leads to confusion in the self-regulation system.

Life is a structure, and death is the loss of such. If I ask myself what the most integrating force in nature is, I can give no better answer than love. I believe it is important to be warm and caring in our attitude towards the ill, but also for those who are ill to realize how important it is at such times to take good care of themselves. To nurture their warm inner core as it becomes disoriented, to give it a lot of love and care to help it gradually reorganize itself in order to bring back the state of health. Meditation, prayer, deep and steady breathing, listening to soft or lively music as preferred, and rest. These activities reintegrate the systems, and anyone can do them for themselves.

Vladimir Pozharashki, MD, has been a Medical doctor since 1991. He now works as a body psychotherapist in private practice in Sofia, Bulgaria, specializing in obsessive-compulsive disorders. He is the author of the book OCD. Obsessive-compulsive disorder or the drama to be strange. His interests are early trauma bodywork, integrative body psychotherapy and the philosophy of life. He is married and lives with his family in Sofia.