

SHIATSU AND ARTHRITIS

RESEARCH:

What do Shiatsu Practitioners Treat? Nicola Pooley and Philip Harris.

Conclusion: It is clearly evident from both the pilot study (published at the first stage) and the main survey that musculoskeletal and psychological problems were the most common conditions presenting for Shiatsu treatment. The most frequent musculoskeletal problems were neck/shoulder problems and arthritis. Depression was the main psychological problem followed by stress and anxiety. Other conditions commonly reported in the main survey included Myalgic encephalomyelitis, irritable bowel syndrome, hypertension and asthma.

CASE STUDY 1

I treated Miss S seven times between January and June 1999 whilst I was training to be a Shiatsu practitioner. I used this series of treatments as a case study for my college diploma.

Presenting Symptoms

Ms S suffered from Rheumatoid Arthritis. It had originally started 5 years previously during her marriage break-up. It was currently not at its most acute, but her symptoms included stiffness and discomfort in all her joints which restricted her movement — this was worse from her hips down, she had a constant nagging ache in her knees, her left side was worse than her right and she walked very stiffly. Her hands also could be badly affected, and her fingers frequently 'locked'. Acute phases were triggered by emotional/physical stress. The symptoms were always worse just prior to and during menstruation. She had two large non-painful ganglia on the backs of her wrists. She took anti-inflammatories, particularly when her symptoms were acute.

Ms S looked pale, with a 'greyness' about her and she had pronounced dark rings around her eyes. She had a bent, hunched posture that 'protected' her chest area, her right shoulder was higher than her left. She had particularly weak legs. Her energy was low, especially in the mornings. She also suffered frequent mouth ulcers.

Her menstruation was irregular, she experienced PMT when she was very irritable, and she had painful cramps at onset of her period.

Personal Situation

Ms S was a divorced Moslem single-mother, aged 32. She and her daughter (5) lived with her parents. Her ex-husband had recently contacted her demanding access to their daughter — the first time in 5 years — and this worried her. She was studying for final university exams. She was worried about the future, family, her performance — never felt she was good enough. She easily became emotional/panicky under pressure. She used to plan rigidly, but for the last 5 years has worked day-to-day, deliberately not planning.

Treatment Aims

To increase Ms S's mobility and reduce her discomfort. Her energy flow needed improving to open her shoulders and chest and deepen her breathing, and to increase her overall energy levels. In Traditional Chinese Medical Terms both her Kidney and Spleen energy needed strengthening and her energy flow smoothed to help both her arthritis and her PMT.

Treatments

All treatments incorporated joint mobilisation work and Kidney warming. I worked acupoints to help her leg strength, her joints, and strengthen her Spleen and Kidney energies. I also recommended acupoints for her to stimulate herself, which she did twice a day.

The first few treatments caused an increase in her stiffness immediately after the treatment, as her body wasn't used to being mobilised ... but after a couple of days this stiffness lessened and her symptoms were improved. By the 2nd treatment she already reported a big difference in her leg strength, as she had been working the points I recommended daily. Her knee pain had lessened and her mobility in the morning was better. At the third treatment she again reported improved movement and less pain. Her ganglia had also reduced in size and she had more energy. She was pre-menstrual at her third treatment and would have expected to have had worse arthritis symptoms than she in fact had. After the next couple of treatments her energy was much better and her stiffness much improved. Her knee pain had gone completely and her hands were much better — the joints just sticking slightly, but no pain. Her daughter had to be rushed to hospital and she had a family funeral the previous week, and she would have expected this to have triggered a worsening in her arthritis, but it didn't ... she felt surprisingly calm and 'in control'. Her ganglia decreased by 50% in size. By the 7th treatment I noted that her mobility had improved a lot. The 3rd finger on her right hand was still locking, but there was no pain. Her hip mobility was pretty much what you'd expect in a healthy person's and she was looking calm and well.

Ms S kept diary of her condition and attitudes during the 6 months of treatment. Her findings were:

- mobility much improved, stiffness nearly gone, no longer problem in mornings;
- legs much stronger; walking easier;
- period now regular; PMT less irritable; doesn't exacerbate arthritis; flow lessened from 7-5 days.
- emotional crises have stopped exacerbating arthritis;
- feels calmer; mentally stronger; able to deal with crises, and ex-husband's access demands;
- more positive about self-worth; feels able to stop worrying about future — looks ahead positively;
- for last month she had taken no medication;
- she had had no mouth ulcers in the last 4 months.

Several factors helped Ms S's condition: finishing her university degree (achievement); acceptance for teacher training (future/self-worth); support of family. Shiatsu gave support and helped to balance her energy, which allowed her to take control of own health and mental attitudes. She worked very hard using acupoints and monitoring their progress and effect. She was keen to continue treatment as she felt it was having a positive effect.

I continued to treat her on a regular basis — mainly monthly, but with a few gaps — until I moved away from the area in December 2001. During that time she had no acute phases of arthritis. She did have a few 'blips' where some of her symptoms worsened slightly, always around times of stress: for instance when she went to teacher training college, she experienced some increase in the size of her ganglia and some increased stiffness, especially in her knees, but this was short-lived. She found

her school placements extremely draining of her energy, but didn't notice significant deterioration in her arthritis. She really learned to breathe and open up and enjoy the shiatsu treatments.

The emphasis of the treatments changed to emotional support and stress relief. In late 2000 she got a job which she enjoyed though found stressful, and in 2001 bought a place of her own for her and her daughter, which was a huge decision for her. She also started to think about 'boyfriends', which was a side of her life she had not thought about since her marriage broke down. Ms S changed a great deal in the time I knew her: she really blossomed and became much more positive about herself and her future, and her arthritis no longer dominated her life.

Susan Crawshaw, MRSS. 9 March 2006.

CASE STUDY 2

Taken from the Gazette (South Shields) 19th September 2006

Cheryl's walking tall thanks to Shiatsu Society

Busy wife and mother Cheryl Sugden had got to the stage where just trying to put her foot on the ground was agony. The 36 year-old, of Kipling Avenue, Boldon Colliery, was told by the hospital that she'd suffered a stress fracture and that there was nothing they could do. Cheryl, who was also diagnosed with juvenile arthritis when she was 11, was in constant pain.

"I was hobbling around for months and it got to the stage that just trying to walk brought tears to my eyes," said Cheryl.

It was no joke for a young mum with three active children, all under the age of eight. She found out about Shiatsu Works through a friend.

"I couldn't believe the difference it made after just two treatments," she said. It was just so great to find something that worked."

James said: "Cheryl had suffered a stress fracture and the pain and swelling had never really gone away. The hospital had X-rayed her foot on numerous occasions, but couldn't find a problem, so in turn she was taking strong painkillers. After her first shiatsu treatment, the eased and the swelling reduced. It took two more treatments for her foot to get better completely. Cheryl just had to allow her body and mind to let go of the injury. Because of the nature of Shiatsu she was allowed to relax, while I could do some deep work in her ankle, pressing and holding meridians to unblock the stagnant energy that was in her foot. I now see Cheryl on a regular basis and her foot is not a problem any more."

CASE STUDY 3

Personal History

K is an 81-year-old-male who lives with his wife in a small seaside town in Northumberland. He keeps himself busy and active as possible writing a regular column for the local community newspaper and involving himself to a degree in town

politics. He has always been physically active and used to be a goalkeeper, playing football on a professional basis.

K is tall, i.e. over 6' and has a stooped gait. He has a lean physic apart from his mid-rift which is quite round. He is generally quite pale with bright white hair with a slightly green hue evident around his mouth at times. He has one son who lives in Thailand and who he therefore does not see very often. K and his wife seem quite isolated as they do not appear to have any friends in the area and his only family lives abroad. He comes across as being quite assertive and can demand a lot of time and attention at times. He keeps in touch with his sporting network and occasionally attends functions. He has studied Shiatsu in America and believes this to be the best treatment in relieving the pressure on his neck and shoulders. Although K is not very mobile, he walks daily and does abdominal breathing.

Medical History

K has chronic rheumatoid, which creates a lot of pressure on his neck and shoulders, which is worse in wet weather and in wind. He has high blood pressure and takes a variety of medication for this. He suffered from thrombosis in 1995 with an embolism in his lung and left leg. He takes a number of drugs mainly for high blood pressure and heart disease.

- Codyramol – An analgesic pain killer
- Warfarin - Anti-coagulant to thin the blood
- Isosorbide - Affects blood pressure
- Atendol - Beta Blocker
- Amlodipine - Blood Pressure Medication

His high blood pressure is likely to be hereditary as his father also suffered from it. K has been very physically active in his life with frequent injuries. He has had broken wrists on two occasions in 1942 and 1943 and has a dislocated finger on his left hand.

Presenting Symptoms:

- Arthritis: K suffers from chronic pain and a feeling of weight on the neck and shoulders. His neck movement is consequently severely limited.
- Thrombosis: This produces pain particularly in the left leg with a swelling of the ankle
- Difficulty in coming to terms with an ageing body.
- Trauma related to recent car accident.

K has been coming for regular treatments since April 2004. Initially GB, BL and LU presented most frequently but this has changed over the course of treatments. I have documented the last 6 treatments.

Aims:

Primary aims were to create some release in the shoulder and neck area and encourage the flow of blood around the body. At times there was an energetic imbalance evident on the left side of the body and treatments aimed to create a more even distribution of Qi and encourage better flow of energy, especially in the legs.

Treatments:

1. 6.09.04 Kyo: SI Jitsu: TH

Car accident 2 weeks ago, causing a serious drain on energy, with headaches, weakness and nausea. Very agitated about the whole incident. Pressure on back and shoulders with associated heaviness. Concern over partners declining health, Cramps and pain in legs.

2. 13.09.04 Kyo: LIV Jitsu: SI
Back pain in lower back due to over stretching. Pressure and heaviness on the neck and shoulders.

3. 27.09.04 Kyo: HT Jitsu: LU
Concern over wife's declining health and her associated loss of confidence and will to live! Very little exercise due to greater caring role. Bad cramp in left leg.

4. 11.10.04 Kyo: TH Jitsu: LIV
Cramp in both legs but more in left. Still worrying about wife's health – trying to be philosophical. Shoulders and neck feeling quite good this week.

5. 1.11.04 Kyo: SP Jitsu: HT
Pain and heaviness in neck over weekend – possibly due to damp, windy weather. K doesn't like the wind and March/April is usually his worst time of year. Bad cramp in left leg. Disturbed sleep. Wife improving.

6. 8.11.04 Kyo: LIV Jitsu: HT
Bad week with cramp in both legs. Stiffness and heaviness around his neck and shoulders. His wife is in better spirits and health. They are off to Thailand to visit their son for an extended break over Christmas. He talks of moving over to live with his son and this may happen soon. Also, concern over whether his wife will be physically capable of managing the journey twice.

TCM Diagnosis

K initially came to me for relief of his shoulder and neck pain with an associated heaviness caused by arthritis. Initial treatments consistently presented GB and LIV indicating poor circulation and lack of flexibility in that area. The associated pain with this condition also made him susceptible to low mood. It is likely that his long-term usage of a variety of drugs to control pain and blood pressure have put a strain on the Liver's detoxifying capacity, weakening its physical function and inducing heat. Liver disharmony is also evident in his lack of flexibility (i.e. his resistance to try out suggested activities to support his condition) both on a physical and emotional level. The functioning of the heart will be affected by his various heart conditions with Heart Yang Deficiency manifesting in circulatory problems, fatigue and shortness of breath with little exertion. K's advancing age is likely to exhibit Kidney Yang Deficiency, which will affect Heart Yang.

Zen Shiatsu Diagnosis

More recent treatments have presented meridians related to the Fire element. K's trauma in relation to his car accident is likely to have created some shock and his difficulty in coming to terms with his declining health will have affected the emotional function of assimilation related to the SI. The function of emotional defence within TH is likely to relate to his growing concern over his wife's health.

Persistent presentation of LIV is likely to relate to the process of detoxification. Within Zen Shiatsu the activities of the Liver are seen as executing the life's plan. At this stage in his life K feels there is little creative activity to engage him and it feels like he has lost any focus on the rest of his life. His cramps, general stiffness and inflexibility both physically and emotionally are related to Zen Shiatsu as well as TCM.

Results of treatments:

Work on K's neck and shoulders always created release and gradual increased movements in the neck. K was always relieved after the treatments with a heightened mood and an increase in energy. The uneven distribution of energy particularly on his left side is likely to be due to his embolism and his left leg was susceptible to cramps. Treatments released areas of cramp creating a more even distribution of energy. Throughout the treatments there seemed to be a more noticeable acceptance of his health and that of his wife.

Conclusions:

We talked about how a change of diet could help his condition particularly cutting down on dairy products and fresh fruits and vegetables from the nightshade family. We also talked about glucosamine, which may help with his arthritic pain. Although K was very open to Shiatsu and he felt it greatly supported his condition there was a resistance to trying out other things, which may support him and his wife. He found excuses to avoid changing his diet and it was clear he had not tried any of the other things we discussed i.e. ginger compresses, glucosamine, homeopathy for his wife etc. I can only attribute this to him being set in his ways and wanting to avoid any further change. He was happy with what the shiatsu achieved and for him at this stage in his life and that was enough!

Hala Zaluckowska