

## SHIATSU AND CANCER

As with many other complementary therapies a major benefit for people affected by cancer is having time to talk, be listened to and heard in a safe environment. The shiatsu practitioner is trained to relate to people as individuals and assess their physical, mental, emotional and spiritual needs – essential in recovery from cancer. The power of touch used in shiatsu should never be underestimated.

Shiatsu can offer valuable support from the point of diagnosis, immediately after surgery and throughout radiotherapy and chemotherapy. Once treatment is finished, shiatsu sessions can aid recovery, help to renew energy and motivate people to take responsibility for their wellbeing.

**Shiatsu** offers a drug free solution to reduce side effects such as pain, nausea and lethargy associated with surgery, radiotherapy and chemotherapy and may help to reduce hot flushes in hormone therapy.

**Shiatsu** restores and balances energy levels and triggers the relaxation response easing stress and tension in the body and mind and encouraging restful sleep.

**Shiatsu** facilitates emotional release without the need to ask searching questions, helping to reduce levels of fear and anxiety, dissipate anger and frustration and assist the grieving process.

**Shiatsu** moves the lymph helping to minimise the risk of lymphoedema.

**Shiatsu** assists with the detoxification process.

**Shiatsu** helps to restore hormonal balance in hormone related cancers

**Shiatsu** encourages correct posture, breathing, stretching and exercise

**Shiatsu** may help to boost the immune response

**Shiatsu** improves circulation and enhances wellbeing

**Shiatsu** awakens the spirit and inspires hope for the future.

**Shiatsu** helps people to get back in control, encourages self management and empowers people to take responsibility for their healing and well-being, thereby improving their quality of life.

**Shiatsu is offered to people affected by cancer at many specialised centres including the Sheffield and Rotherham Cavendish Cancer Centres and Bristol Cancer Centre.**

### **Bristol Cancer Help Centre**

Bristol Cancer Help Centre, described as “representing the gold star standard for complementary care in cancer” by Professor Karol Sikora, Director of Cancer Services for the World Health Organisation, has had a Shiatsu practitioner in its Therapy Team for over 10 years.

Thea Bailey, MRSS(T), has, literally, handled hundreds of cancer patients, not only from the UK but across the world. Thea explains: “Shiatsu allows someone to feel a genuine sense of support, to relax more deeply, to gain greater awareness of their breathing and thus greater ability to release tensions, causing relief around sites of deep pain. When the mind, body and spirit is in a more harmonious state then, as we all know, the body’s own healing potential has far greater capacity to become even more effective.”

Thea sees patient’s improvements manifesting not only in their physical health but in their increased ability to make important decisions. Patients realise the benefits of the Shiatsu and often report this back to their GP’s and oncologists. Thea says “the relief which gentle Shiatsu enables is profound. Patients can create an additional supportive care network, and it is now recognised how positive such relaxing and stress relieving effects of Shiatsu are, in conjunction with other ongoing treatments.”

As part of the Centre and Exeter University's MA course in Complementary Health Studies, Thea has been teaching students about touch and cancer. She also has contact with medical students at Bristol University, informing them about the role complementary therapies can have in cancer care. Doctors, nurses and midwives have all come to Thea as clients in her private practice. She says they have come to respect the brilliant way that working through touch, helping connect someone to their whole self, can lead to improved health and well-being – thereby playing a huge part in someone's recovery.

Thea is passionate about the work she does, explaining "For me this is vitally important work about the way we connect with our patients, and how we can use touch safely and therapeutically. Shiatsu is safe and highly effective for patients in critical states of health."

## **UNIVERSITY OF DERBY**

Press release - April 15, 2009

### Buxton Students Give Free Alternative Care to Cancer Patients

Cancer patients have spoken of their delight at a new partnership between the University of Derby and a local hospice giving them free complementary therapy.

Having completed specialist training, spa managers and assessors at the University of Derby Buxton, have taught students how to deliver therapies, including massage, manicures, pedicures and spa treatments, to cancer patients and carers associated with Blythe House Hospice, in Chapel en le Frith.

Clients from the hospice have already started noticing the benefits.

Lynn Ashton, 60, from Disley in Cheshire was first diagnosed with (an early stage) breast tumour in 2004. An operation removed a tumour but a second tumour was found in 2007. Lynn said that she thought the new scheme was invaluable.

She said: "Many people who've been through massive trauma don't realise they need support. Blythe House helped me understand that I was running on empty and needed to look after myself. I feel physically and emotionally recharged after a session in the spa. Something as simple as a massage can make the world of difference."

The treatments being offered are aimed to help people cope with the effects of their illness and the side-effects of their treatments.

Anne Cawthorn from the Living Well Centre at Blythe House said: "Historically people diagnosed with cancer were not offered this kind of support but we believe that alongside traditional medicine, alternative treatments can have positive effects.

"Living with cancer can be very stressful and receiving a treatment can help to reduce anxiety levels, or simply allow the person to feel pampered."

Twelve spa managers and staff have received the specialised training and now offer the free treatments at the beautifully refurbished Devonshire Spa at the University of Derby Buxton or at the Living Well Centre at Blythe House Hospice in Chapel en le Frith in the High Peak.

Some of Buxton's final year BSc International Spa Management students were involved in the training therefore educating the spa managers of the future, and continuing the education of the industry as a whole.

Nadine McNamara, 30, a Level 2 NVQ Beauty Therapy student, said: "This scheme is providing us with an incredible learning experience. It's important for us to experience working with different client groups and to assess and deliver treatments whilst responding to the particular needs of the client.

"What we are offering is something that can help people feel better when they may be at a very low point in their lives. It's incredibly rewarding for me as a therapist."

Debbie Lees, 50, from Glossop, in Derbyshire, was diagnosed with breast cancer in 2002. She had an initial operation to remove a tumor in early 2003 and since then has had surgery a further 11 times.

She said: "Support for people with cancer has moved on so much since 2002 and it's thanks to partnerships like this one.

"Cancer can have a devastating effect on a person's identity and breast cancer in particular can wreck a woman's sense of her own femininity. The treatments we're receiving help to restore those important feelings."

Dr Peter Mackereth, Reader in Integrated Health at the University of Derby, said: "It is really important that we prepare our students to work in the real world, where one in three people will be diagnosed with cancer during their lifetime. The specialist training provided information about cancer and its treatments – students were also shown how to adapt their treatments so that therapies can be given safely and sensitively."

Amanda Garrington, Operations Co-ordinator at The Devonshire Spa said: "The service we provide is a gift given to the carers and patients of this incredible organisation who all work so hard to provide a sanctuary of support for our local community."

Blythe House, Chapel-en-le-Frith, offers free, individualised, holistic care and support for anyone in the High Peak living with cancer or other serious, life threatening illness.

The partnership is also supported by The Christie NHS Foundation Trust in Manchester, where Peter Mackereth is Clinical Lead for Complementary Therapies. The Christie Trust is a specialist NHS cancer centre offering high-quality diagnosis, treatment and care for cancer patients, and world-class research education in all aspects of cancer.

For more information about the Living Well Services contact Blythe House on 01298 815388. For further media information please contact Annabel Harvey – Press and PR Officer at the University of Derby, 01332 593004, [a.harvey@derby.ac.uk](mailto:a.harvey@derby.ac.uk). For media information please contact the University's Press Office Administration Assistant Anne Wake on 01332 591

### **RESEARCH:**

#### **Thwaite J. Complementary Therapies: a patient's choice. *Complementary Therapies in Nursing & Midwifery*. 2(3):68-70, 1996.**

An anecdotal account by a patient (Judith Thwaite) relating how a variety of complementary therapies helped her cope in her conventional medical treatment for non-Hodgkins lymphoma. In the abstract the author says that she visited the Royal Homeopathic Hospital, London, regularly for massage, Shiatsu, acupuncture and reflexology.

#### **Collins KB, Thomas DJ. *Journal of the American Academy of Nurse Practitioners*, Feb 2004; Vol. 16 (2):76-80.**

The aim of this review was to evaluate existing research into the use of acupuncture and acupressure (Shiatsu incorporates acupressure) in the management of chemotherapy-induced nausea and vomiting in order to give nurse practitioners the information needed to provide the best care for their patients.

**Results:** Used in conjunction with current antiemetic drugs, acupuncture and acupressure have been shown to be safe and effective for the relief of nausea and vomiting resulting from chemotherapy. (Even with the best antiemetic pharmacological agents, 60% of cancer patients experience nausea and vomiting when undergoing chemotherapy treatments).

#### **Acupressure (Shiatsu incorporates acupressure) for nausea and vomiting in cancer patients receiving chemotherapy.**

***Klein J, Griffiths P.*** *St Mary's Hospital, London, UK.* [joan.klein@st-marys.nhs.uk](mailto:joan.klein@st-marys.nhs.uk)

Practitioners working with patients undergoing chemotherapy regularly encourage them to use acupressure in the form of Sea Bands for the relief of treatment-related nausea and vomiting. This mini-review sets out to uncover and examine the evidence base for this recommendation. A mini systematic review was carried out to identify randomized controlled trials comparing the use of acupressure plus usual care with usual care alone. The population was adult patients receiving cancer chemotherapy. The outcome was nausea or vomiting duration or intensity. Searches on Medline, Embase, AMED, the Cochrane Library, Cancerlit and Cinahl identified two randomized controlled trials involving 482 patients with compared acupressure to no intervention control. The results suggest that acupressure may decrease nausea among patients undergoing chemotherapy but further work is required before conclusively advising patients on the efficacy of acupressure in preventing and treating chemotherapy-induced nausea.

Publication Types: [Review](#). PMID: 15389150 [PubMed - indexed for MEDLINE].

#### **Effect of acupressure (Shiatsu incorporates acupressure) on nausea and vomiting during chemotherapy cycle for Korean postoperative stomach cancer patients.**

***Shin YH, Kim TL, Shin MS, Juon HS.*** *Keimyung University, Dongsan-dong, Jung-gu, Daegu, Korea.* [Cancer Nurs.](#) 2004 Jul-Aug;27(4):267-74.

Despite the development of effective antiemetic drugs, nausea and vomiting remain the main side effects associated with cancer chemotherapy. The purpose of this study was to examine the effect of acupressure on emesis control in postoperative gastric cancer patients undergoing chemotherapy. Forty postoperative gastric cancer patients receiving the first cycle of chemotherapy with cisplatin and 5-Fluorouracil were divided into control and intervention groups (n = 20 each). Both groups received regular antiemesis medication; however, the intervention group received acupressure training and was instructed to perform the finger acupressure maneuver for 5 minutes on P6 (Nei-Guan) point located at 3-finger widths up from the first palmar crease, between palmaris longus and flexor carpi radialis tendons point, at least 3 times a day before chemotherapy and mealtimes or based on their needs. Both groups received equally frequent nursing visits and consultations, and reported nausea and vomiting using Rhode's Index of Nausea, Vomiting and Retching. We found

significant differences between intervention and control groups in the severity of nausea and vomiting, the duration of nausea, and frequency of vomiting. This study suggests that acupressure on P6 point appears to be an effective adjunct maneuver in the course of emesis control.

Publication Types: [Clinical Trial](#), [Controlled Clinical Trial](#), [Multicenter Study](#)  
PMID: 15292721 [PubMed - indexed for MEDLINE].

#### **Acupressure (Shiatsu incorporates acupressure) for nausea: results of a pilot study.**

[Dibble SL](#), [Chapman J](#), [Mack KA](#), [Shih AS](#). *Institute for Health and Aging, University of California, San Francisco, USA. [sdibble@itsa.ucsf.edu](mailto:sdibble@itsa.ucsf.edu). [Oncol Nurs Forum](#). 2000 Jan-Feb;27(1):41-7.*

**PURPOSE/OBJECTIVES:** To compare differences in nausea experience and intensity in women undergoing chemotherapy for breast cancer between those receiving usual care plus acupressure training and treatment and those receiving only usual care. **DESIGN:** Single-cycle, randomized clinical trial. **SETTING:** Outpatient oncology clinic in a major teaching medical center and a private outpatient oncology practice. **SAMPLE:** Seventeen women participated in the study. The typical participant was 49.5 years old (SD = 6.0), Caucasian (59%), not married/partnered (76%), on disability (53%), born a U.S. citizen (76%), and heterosexual (88%); lived alone (59%); had at least graduated from high school (100%); and had an annual personal income of \$50,000 or greater (65%). **METHODS:** The intervention included finger acupressure bilaterally at P6 and ST36, acupressure points located on the forearm and by the knee. Baseline and poststudy questionnaires plus a daily log were used to collect data. **MAIN RESEARCH VARIABLES:** Nausea experience measured by the Rhodes inventory of Nausea, Vomiting, and Retching and nausea intensity. **FINDINGS:** Significant differences existed between the two groups in regard to nausea experience ( $p < 0.01$ ) and nausea intensity ( $p < 0.04$ ) during the first 10 days of the chemotherapy cycle, with the acupressure group reporting less intensity and experience of nausea.

**CONCLUSIONS:** Finger acupressure may decrease nausea among women undergoing chemotherapy for breast cancer.

**IMPLICATIONS FOR NURSING PRACTICE:** This study must be replicated prior to advising patients about the efficacy of acupressure for the treatment of nausea.

Publication Types: [Clinical Trial](#) & [Randomized Controlled Trial](#)  
PMID: 10660922 [PubMed - indexed for MEDLINE]

#### **Using acupuncture and acupressure (Shiatsu incorporates acupressure) to treat postoperative emesis.**

[Mann E](#). [Prof Nurse](#). 1999 Jul;14(10):691-4. *Poole Hospital (NHS) Trust.*

Interest in non-pharmacological strategies to manage health-care problems is increasing. Effective treatment for postoperative nausea and vomiting continues to be elusive, despite the introduction of new anti-emetic drugs. Acupuncture and acupressure might offer an effective, safe, simple and cheap therapy.

Publication Types: [Review](#). PMID: 10481718 [PubMed - indexed for MEDLINE]

### **ARTICLES**

#### **The Role of Shiatsu in the Treatment of the Side-Effects of Chemotherapy**

**By Dominique Chevalier translated by Chris Atkinson MRSS**

In 2004, Dominique, a trained Physiotherapist, was working as part of a Palliative Care team in the hospital service of Saintes in South-West France. During this time, he was also in his final year of Shiatsu training. This extract of his study into the effectiveness of Shiatsu in helping cancer patients overcome side-effects of chemotherapy was carried out as part of his final year assessment.

Thanks to the open-mindedness of the doctors in his department, he was given the opportunity, very rare in France, of treating existing hospital patients with Shiatsu. Patients were referred by the doctors of the Department of Oncology, who also supervised the study. The patients received the Shiatsu free of charge, and the treatments were carried out as part of the normal routine of the Department.

Chris Atkinson

My starting point for this study was an article by De. Koster-Vidal which included the following:

“I discovered the existence of Shiatsu through one of my patients undergoing chemotherapy for breast cancer. I was surprised by her general state of health, the absence of side effects and the speed of recuperation after her chemotherapy sessions (only one day of tiredness). She said “In fact, Doctor, I don’t know if I ought to tell you, but before and after my chemotherapy, I am having Shiatsu treatments”. Since then, I have had the opportunity to observe the effects of this discipline on other patients”.

This prompted me to think about bringing together my study of Shiatsu and my own professional practice in caring for cancer patients.

Could Shiatsu be a useful aid in diminishing the side-effects of chemotherapy? And if so, how could the outcome be evaluated?

The study was carried out from September 2004 to May 2005 with 16 patients in the care of the Oncology Department of the Hospital of Saintes in Southwest France. None of the patients knew Shiatsu and each patient had already received 3 chemotherapy treatments. All of them had experienced post-chemotherapy side effects, of which the most frequent were:

- Physical fatigue
- Nausea
- Hair loss
- Psychological fatigue
- Vomiting
- Problems with the mouth
- Constipation
- Skin problems and sensations of tingling.

It was during consultations with certain patients concerning their experience of side-effects that the Oncologist proposed a series of Shiatsu treatments, as an additional part of their treatment in hospital.

The first appointment took the form of a general explanation of Shiatsu, an outline of what would happen during the session, and what possible effects could be expected. The patient was given a written summary of the method, specifying that the Shiatsu sessions were intended as a complement to the existing medical treatment and in no way a replacement. In addition, the patient was asked to sign a Form of Consent.

Before each Shiatsu treatment, the patient was asked to evaluate their experience of side-effects after chemotherapy. For each specific symptom, the following criteria were noted:

- The onset of the symptom, its duration and intensity, and any other relevant comments.
- The intensity of the discomfort was noted on a scale of 1 to 10 (0 = no discomfort 10 = maximum discomfort).

The Shiatsu sessions took place as soon as possible following the chemotherapy, as this gave the best opportunity for the collection of statistics. Individual case notes were taken and a synthesis of symptoms was established for each patient.

In treatment two Meridians were frequently found to be significant: Liver and Stomach; the Liver having a clear association with the storage, distribution and elimination of the toxins inherent in the chemotherapy, and Stomach relating to the preoccupation with nausea and vomiting experienced by the patients. Each session began with a systematic treatment of these two meridians, in order to address the most distressing aspects of the chemotherapy.

Generally speaking, almost all the side-effects were diminished, some more than others, ranging from 40% to 83% reduction. The average rate of improvement for the combined side-effects of all the patients was 64%. The most significant improvements occurred with the very common side-effect of vomiting and nausea. In one case, a patient who, before Shiatsu, had been vomiting up to 10 times a day for the whole week following the chemotherapy, vomited 3 times only on the day after the chemotherapy, after the first Shiatsu treatment.

Another significant improvement was in mouth problems: patients were quickly able to resume normal eating because of this improvement, and therefore more quickly recovered from physical fatigue.

This table below shows the rate of improvement for each side-effect.

Side-effect	Average intensity without Shiatsu	Average intensity with Shiatsu	0% gain
Hair loss	7.6	6.1	20.0
Nausea	7	2.2	68.6
Vomiting	6.9	1.2	82.6
Physical fatigue	8.4	2.8	66.7
Psychological fatigue	8.2	4.7	42.7
Skin problems	4.6	1.3	71.7
Tingling sensations	4.8	1.0	79.2

Headache	3.0	1.0	66.7
Shivering	6.0	1.0	83.3
Diarrhoea	4.0	2.9	28.8
Constipation	6.2	1.8	71.0
Mouth problems	6.5	1.4	78.5
Liver pain	6.0	0.0	100.0
Fever	8.5	2.7	68.8
Muscular/articular pain	4.0	2.2	45.0
Odour of the chem.	10.0	3.3	67.0
Coughing	8.0	5.3	33.8
Ringing in the ears	8.0	0.0	100.0
Sensation of drunkenness	9.0	1.8	80.0
Total	6.5	2.3	64.4

On the other hand, the side-effect least improved was that of hair loss. However, Shiatsu enabled the patients to find the wearing of the refrigerated cap more acceptable, on an emotional level. The distress caused by loss of hair and its relation to the question of self-acceptance, evolved positively with time.

Second least improved was psychological fatigue. It is difficult to measure the extent of this effect, since there are many factors involved, even when the general effects of Shiatsu were appreciated by the patients. Both physical and mental fatigue were found to be linked with nausea and vomiting. As vomiting and nausea subsided, symptoms of fatigue became less extreme, and patients' general state improved.

#### Case study results

The following case most closely represents the trend of results in the whole study.

The table below represents the progress of side-effects for this patient.

All the patient's side-effects diminished significantly and cumulatively over the period of the study, while she was receiving Shiatsu combined with chemotherapy.

Sex: F		Age: 46		Principal pathology: breast cancer Metastases: bones				
Chemotherapy								
<ul style="list-style-type: none"> <li>• Product: FEC 100</li> <li>• Timing: 1 treatment every 3 weeks</li> <li>• Total number envisaged: 6</li> <li>• Refrigerated cap: yes</li> </ul>								
Number of treatments before beginning Shiatsu: 1								
Symptoms	Chemo. Without Shiatsu	Shiatsu 1	Shiatsu 2	Shiatsu 3	Shiatsu 4	Shiatsu 5	Average after Shiatsu	0% gain
Hair loss	10	10	10	10	5	3	7.6	24.0
Nausea	8	0	10	0	0	0	2.0	75.0
Vomiting	8	0	10	0	0	0	2.0	75
Physical fatigue	10	7	9	4	4	0	4.8	52.0
Psychological fatigue	10	7	9	2	3	0	4.2	58.0
Oral problems	10	2	2	0	0	0	0.8	92.0
Herpes	10	0	0	0	2	0	0.4	96.0
Sensation of drunkenness	9	9	0	0	0	0	1.8	80.0
	75						23.6	<b>68.5</b>
<b>Duration of fatigue after chemo, without Shiatsu: 8 days</b>					<b>With Shiatsu: 0.5 days</b>		<b>0% gain: 93.8</b>	

It is important to note in Fig 1. the values shown in the 2<sup>nd</sup> session. All the side-effects either returned to their original intensity, or stayed the same. This session took place 4 days after the chemotherapy treatment, while all the rest were able to be carried out immediately following the chemotherapy, which indicates the importance of the timing of the Shiatsu treatment.

### General conclusions

Shiatsu appeared to diminish many side-effects of the chemotherapy, particularly where the Shiatsu session closely followed the chemotherapy, ideally the same day and immediately following the perfusion.

Since this study was completed, other patients have been offered the same opportunity of receiving Shiatsu as a complementary treatment to chemotherapy, and their reactions have confirmed the results of the study.

The Shiatsu treatment was easily integrated into the hospital routine, taking its place in a programme of patient care, promoting the well being of patients and as an important aid to medical treatment.

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## **Working with Cancer - Carol Dean, MRSS(T)**

*Printed in the Shiatsu Society Journal Spring 2010*

*I have been working with cancer patients and their carers for the past four years. I work at the Cavendish Cancer Centre, a charity offering free complementary therapies to patients and their carers. I also work at Weston Park Cancer Support Centre, which is attached to Weston Park Cancer Hospital, one of the largest in the country.*

Four years is but a blink of the eye in the scheme of life but I would like to share something of what I have learned. However, before you go on to read this I would like you to take a few moments out to do a short visualisation:

*Find a quiet space, close your eyes, and let your breathing find its natural rhythm. Imagine you are in your clinic and your first client is someone you have never met before but you know that they have a cancer diagnosis. You are waiting for them to arrive, how do you feel at the prospect of treating them? What emotions do you identify with? What is your biggest fear? Stay with this for a few moments. Now imagine you have finished your treatment and your client has left. How do you feel? What emotions do you identify with? What is your biggest fear?*

Many of you reading this, whether you are a student, graduate or practitioner may have felt some trepidation, anxiety or even fear about working with someone with cancer. This doesn't mean you are any less of a therapist than someone who has experience of working in this field. The German poet Goethe once said; 'we fear what we don't understand'. I hope this piece may provide some useful information to begin to help lessen any fears.

Both conventional and non-conventional treatment approaches have their strengths and weaknesses. Western medicine is good at diagnosis and the understanding of the tumour pathology, and at reducing the tumour tissue, i.e. attempting resolution or remission. It is not so good at giving treatments which are non-invasive or non-toxic. It often finds it difficult to see the patient as an individual; it asks what is the best treatment rather than what does the individual patient need?

Non-conventional medicine is less good at understanding cancer pathology and being specific. It is unable, as yet, to prove efficacy and cannot quote statistics. However, it is good at understanding the concept of health, promoting healthy habits, strengthening the immune system and helping patients to get in touch with themselves.

Both modalities and methods of treatments have something to offer the client. It is essential for the good of the patient to bring both approaches together. Shiatsu can help the body to help itself and is generally a positive tool to improve the outcome of other treatments, including chemotherapy, radiotherapy and hormone therapy.

I am not going to talk about the TCM pathology of cancer, interesting though it is. I would like to offer some practical tips on working with some of the side effects of the various cancer

treatments, as the side effects of these treatments can be greatly eased with Shiatsu. The 3 main treatment types I would like to focus on are chemotherapy, radiotherapy and hormone therapy.

**Chemotherapy** is the use of anti-cancer (cytotoxic) drugs to destroy any cancer cells that may have spread from the tumour site into the bloodstream or the lymphatic system. This is known as systemic treatment because the whole body is exposed to the drugs. The drugs are mainly given by injection into a vein, by continuous infusion or by tablet.

**Radiotherapy** is the use of high energy x-rays to destroy cancer cells that may remain in and around the area after surgery, but to cause as little harm as possible to normal cells. Sometimes the lymph nodes will also be treated depending on whether or not they contain cancer cells. In most cases radiotherapy is used after surgery. It is usually recommended after any type of breast-conserving surgery to reduce the risk of the cancer coming back in the same breast.

**Hormonal therapies** work by altering the levels of particular hormones in the body. Some cancers depend on certain hormones in order to divide and grow. By altering the level of hormones in the body, or blocking the hormones from attaching to the cancer cells the cancer can be controlled. Some breast cancer cells are stimulated to grow by progesterone and/or oestrogen. A test is now routinely done after surgery to check for this and is known as a **hormone receptor test**. If it is positive then hormone therapy may be suitable. Hormone therapy prevents oestrogen and progesterone from stimulating the growth of breast cancer cells. Hormone therapy usually starts after surgery and can be given in conjunction with chemotherapy or radiotherapy. Generally they are given for some years (usually around 5 years) to prevent the chances of the breast cancer returning. The most common hormone therapies are: - Tamoxifen, Arimidex, Aromasin and Femera. Approximately 75% of breast cancers in post-menopausal women are oestrogen sensitive and approximately 50-60% in pre-menopausal women. A small proportion of tumours (approx. 5%) are sensitive to progesterone only.

Unfortunately, all of these treatments have side effects and people experience any of them to varying degrees of severity. Common short-term side effects of chemotherapy can include nausea, mouth ulcers, vomiting, hair loss and fatigue (often very debilitating). As chemotherapy can affect healthy blood cells a client may be more prone to infections and anaemia. A longer-term side effect of chemotherapy is that it can affect egg development, which in turn can affect fertility. Some women may find their periods become irregular, stop temporarily or cease altogether.

Common short-term side effects of radiotherapy include skin reaction, redness or darkening of the affected area, itchiness, tenderness, soreness, fatigue, loss of appetite, nausea, and heartburn. One of the main longer-term side effects of radiotherapy can be the development of lymphoedema. Fibrosis can also develop, which causes a build up of scar tissue, this can also cause lymphoedema.

Common side effects of hormone therapy include menopausal symptoms- hot flushes, night sweats, mood swings, weight gain, joint pain, and mild nausea, leg cramps at night. Pre-menopausal women may experience a thinning of the bones.

So, given the range of symptoms mentioned above, where do we go from here?

The common factor of Western options for treating cancer is that they are, for the most part, aggressive treatments. They are Yang in nature and in their effects on the body. They give a rapid blast of treatment and induce a range of heat-related symptoms. They damage Spleen Ki and heat and dry the blood, particularly of the Liver and Kidney. The aim of conventional treatment is to melt the stagnant lump of Phlegm or Blood with heat. This may have some results if the person is Yang deficient to begin with. If the person is Yin or Blood deficient then the hot nature of the treatment may cause further Phlegm production as the Yin becomes more deficient. (Gascoigne, 2001).

The essence of treating anyone with cancer is, of course, to treat the person and not the cancer. For many people the side effects of treatments are their most pre-occupying thoughts when they come for Shiatsu.

Chemotherapy drugs can be seen as an external pathogen/poison being introduced into the body. Nausea and vomiting are symptoms of rising, or rebellious, Stomach Ki. Stomach Ki usually

descends but can be blocked by a pathogen or it can be too weak to descend. I have found the following points helpful when incorporated into a gentle treatment.

- HC-6
- St-36, 44
- CV-12
- Sp-6
- Lv-3
- LI-4

Work these points very gently if the platelet count is low.

Prostate, breast, endometrial and thyroid cancers are hormone dependent cancers. Oestrogen and testosterone can stimulate the growth of the tumour.

Hormone therapy induces early onset of the menopause and all the associated symptoms that go with this. The most debilitating symptom people experience is hot flushes. Male prostate and female breast cancer patients, who are undergoing hormone therapy and present with hot flushes, can be seen as Yin deficient. In both cases there is a depletion of Kidney Yin, Essence, Blood and Fluids. The focus of any treatment would be to nourish Kidney Yin. I have found the following points to be beneficial in many cases.

- CV-4
- Kd-3, 6, 9, 10
- Sp-6

If a client is interested in food recommendations, I suggest avoiding spicy foods, caffeine, alcohol, sugar and hot drinks. I am reluctant to make many recommendations unless a client specifically asks for them as I feel generally they have enough to cope with, and the effects of their treatments can be quite restrictive on their lifestyle as it is.

One of the more debilitating, and lasting, effects of cancer treatments is lymphoedema. This is a swelling caused by a build-up of lymph in the tissues. This build-up is a result of damage to the lymph system because of surgery or radiotherapy to the lymph nodes in the axilla and surrounding areas. Lymphoedema can occur immediately following surgery or radiotherapy or can develop later, sometimes many years after treatment. Lymphoedema is a long-term condition; it can be controlled but will never be resolved. Symptoms include: -

- Swelling of arm, hand or finger are most common
- Swelling can also affect the breast\chest, shoulder
- Skin may feel stretched
- Movements may be restricted
- Pins and needles sensation, aching, heaviness in arm

A quarter to one-third of patients who have surgery or radiotherapy to the armpit as part of their treatment for breast cancer may go on to develop lymphoedema at some time in their life.

Lymph nodes that have been damaged or removed cannot be replaced. Symptoms of lymphoedema can be managed and improved in most cases. Treatment is aimed at reducing swelling by encouraging other parts of the lymphatic system to work more effectively. This can be done by:

- Looking after your skin
- Wearing an elastic compression sleeve
- Exercising

**How can Shiatsu help?** Based on the principle that the flow of lymph is unidirectional, it is important to work with the flow of lymph, encouraging movement of lymph away from the absent, or damaged, nodes back to the healthy nodes. The focus of your treatment would therefore be towards the centre, or core, of the body. Be cautious about incorporating stretches and rotations, as the affected limb may be swollen and painful on movement.

### **Final thoughts**

How do we take care of both ourselves as a practitioner and the client?

***Be honest in what you tell your client.*** Cancer patients are extremely vulnerable. Nothing is ever certain for them. A cancer sufferer at some point may approach you for treatment in your Shiatsu career. Approach the task with respect and realism, along with a recognition that you are both setting out on a journey with an unknown outcome.

You can say with confidence that your aim is to help the patient boost their immunity, vitality and general health in order to help give them a better chance, or, if palliative therapy is the course of treatment, then to help make their life more comfortable. It is important to communicate to patients that you are not treating the cancer but the person.

It is important that you should not influence the patient's treatment choice, e.g. whether a patient does or does not have chemotherapy\radiotherapy or any other treatment for their condition.

The Cancer Act 1939 actually specifies the following under prohibition of certain advertisements:

No person shall take any part in the publication of any advert containing an offer **to treat any person for cancer**, or to **prescribe any remedy therefore**, or to **give any advice in connection with the treatment thereof**.

As a closure to reading this article you might like to go back to the visualisation you did at the beginning and try it again...

## **References**

Breast Cancer Care Fact sheets

[www.Breastcancercare.org.uk](http://www.Breastcancercare.org.uk)

[www.cancerbackup.org.uk](http://www.cancerbackup.org.uk)

Gascoigne S. (2001). The Clinical Medicine Guide. Jigme Press

***As a therapeutic model, Shiatsu does not distinguish 'cancer' from the 'person' in the context of their lives.***